



The Berea Community Development Corporation
 99 South Rocky River Drive
 Berea, Ohio 44017
 Phone: 440-826-4727
 Fax: 440-243-5036
www.bereacdc.org

APPLICATION FOR RENT REIMBURSEMENT GRANT

(Applications are due by December 15th of every year)

1. Name of Business Owner (s): _____
2. Phone #: _____ Email: _____
3. Name of Business: _____
4. Address of Property: _____
5. Permanent Parcel Number: _____
6. Business Description _____

7. Name of Property Owner: _____
8. Property Owner's Phone #: _____
9. Monthly Rent: \$ _____ (Rent only, does not include utilities or any other fees or charges. Monthly rent needs to be verified by attaching a copy of the rental agreement).
10. Maximum monthly assistance provided by the City of Berea/BCDC: \$ _____
 (The City of Berea/BCDC will provide 12% of the monthly rent not to exceed \$360.00 per month. Payments will be made on a quarterly basis. Before each quarterly reimbursement is made by the City of Berea/BCDC, evidence of rent payment will need to be provided by the business).
11. Rent Reimbursement Grant Starting Date: _____ Ending Date: _____
12. Business program/marketing plan submitted/approved
13. Occupancy Permit.

Signatures:

Business Owner: _____ Date: _____

Community Development Administrator: _____ Date: _____

<p>Office Use Only: Date Reviewed: _____ Amount Awarded: _____</p>
