

The Berea Community Development Corporation

99 South Rocky River Drive

Berea OH 44017

Phone 440-826-4727

Fax 440-243-5036

APPLICATION FOR RENT REIMBURSEMENT GRANT

Name of Property Owner: _____

Address of Property: _____

Permanent Parcel Number: _____ Phone # of Property Owner: _____

Name of Business Owner: _____

Phone # of Business Owner: _____

Business Description _____

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).

Maximum monthly assistance provided by the City of Berea: \$_____ (The City of Berea 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, evidence of rent payment will need to be provided by the business).

Rent Reimbursement Grant Starting Date: _____ Ending Date: _____
(Grant can be renewed for a second year)

Signatures:

Business Owner: _____ Date: _____

Community Development Administrator: _____ Date: _____