



# City of Lynn

## Office of Economic & Community Development Commercial Facade Improvement Program Application

Date: \_\_\_\_\_ (Application must be approved before the completion of the project)

### I. APPLICANT INFORMATION

1. Applicant's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Tax ID #: \_\_\_\_\_ Website: \_\_\_\_\_  
UEI# (issued by [SAM.gov](https://sam.gov)): \_\_\_\_\_

2. Business Organization of Applicant:  
 Corporation  Partnership  Sole Proprietorship  
 Other: \_\_\_\_\_

Business Name: \_\_\_\_\_

3. Relationship of the Applicant to the façade/storefront to be renovated:  
 Owner  Tenant:

4. Required documentation to be submitted with application (please attach copies):

- Property tax form completed by City of Lynn Treasurer/Collector's Office
- Business Certificate issued by City of Lynn City Clerk
- Sign Permit issued by City of Lynn Inspectional Services Department
- Estimates for façade improvements (with renderings/proofs/markups). **Note:** At least two estimates are required
- Pictures of current façade/existing signage
- Business Owner/Employee Income Self-Certification & Data Collection Forms - attached to this form

### II. PROPOSED PROJECT INFORMATION

1. Description of Building to be rehabilitated:  
Street Address: \_\_\_\_\_  
Building Dimensions:  
Frontage \_\_\_\_\_ Feet ~ Depth \_\_\_\_\_ Feet ~ Hight \_\_\_\_\_ Feet ~ # of Floors \_\_\_\_\_  
Does the building contain residential units? Yes  No  (If yes, how many?) \_\_\_\_\_



# City of Lynn

## Office of Economic & Community Development Commercial Facade Improvement Program Application

2. Describe the scope of work for this proposed Facade/Signage Improvement Project. (Check all that apply and/or describe improvement ideas)

- |   |  |
|---|--|
| <input type="checkbox"/> Exterior Signage             | <input type="checkbox"/> Exterior Lighting         |
| <input type="checkbox"/> Restoration of Arch. Details | <input type="checkbox"/> Storefront Windows        |
| <input type="checkbox"/> Metal/Wood Storefront System | <input type="checkbox"/> Exterior Paneling Siding  |
| <input type="checkbox"/> Accessible Entrance          | <input type="checkbox"/> Add Architectural Details |
| <input type="checkbox"/> Exterior Painting            | <input type="checkbox"/> Storefront Door           |
| <input type="checkbox"/> Awning/Canopy                | <input type="checkbox"/> Other: _____              |

3. *If known*, please indicate the estimated project cost or the total amount budgeted for improvements. The City's will take into account the project budget when creating the designs, if consulting and technical assistance is needed.

\$ \_\_\_\_\_ **Total Project Cost or Total Budget**

4. *If known*, please provide information on the architect/designer responsible for your drawings, plans and permits.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

5. How did you hear about the Commercial Façade Improvement Program?

---

---

---

6. Is the Business where the proposed improvements will be made new or existing?

---



# City of Lynn

Office of Economic & Community Development  
Commercial Facade Improvement Program Application

## **CERTIFICATION**

The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project, and the undersigned agrees to promptly inform the City of Lynn Office of Economic and Community Development of any changes in the proposed project which may occur. The undersigned building owner further certifies that the named business has permission to make improvements to the property and participate in the City of Lynn's Commercial Facade Improvement Program and the lease agreement between the building owner and tenant shall expire on \_\_\_\_\_, 20\_\_\_\_. All parties agree to the terms and conditions set forth in the City of Lynn Office of Economic & Community Development Commercial Façade Improvement Program, a copy of which will be provided upon approval of this application or as requested. Both parties agree not to change or alter the façade improvements without prior written approval from the City of Lynn Department of Community Development for five years from the date of the grant check issued under the Commercial Façade Improvement Program.

---

Signature of Building Owner

---

Date

---

Print Name

---

Signature of Commercial Tenant (if Applicant)

---

Date

---

Print Name

## **RETURN COMPLETED APPLICATION**

Deliver, Mail, or E-mail the Completed Application with required attachments to [facadeapplication@lynnma.gov](mailto:facadeapplication@lynnma.gov) or

Office of Economic & Community Development  
Lynn City Hall, Room 311  
3 City Hall Square  
Lynn, MA 01901



# City of Lynn

Office of Economic & Community Development  
Commercial Facade Improvement Program Application

## Business Owner/Employee Income Self-Certification Form

I, \_\_\_\_\_ (Name of Business Owner), am an owner/employee of \_\_\_\_\_ (Name of Business) and hereby certify that the family size and annual household income range information that I provide below is accurate and that this information is necessary for the aforementioned business to be eligible for assistance under the Commercial Façade Improvement Program.

\_\_\_\_\_  
(Signature of owner/employee)

\_\_\_\_\_  
(Date)

(Circle number of persons in household and the range of family's annual household income)  
HUD Income Guidelines Effective: May 15, 2023

HOUSEHOLD SIZE	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low Income	0- \$31,150	0- \$35,600	0- \$40,050	0- \$44,500	0- \$48,100	0- \$51,650	0- \$55,200	0- \$58,750
Low Income	\$31,151- \$51,950	\$35,601- \$59,400	\$40,051- \$66,800	\$44,501- \$74,200	\$48,101- \$80,150	\$51,651- \$86,100	\$55,201- \$92,050	\$58,751- \$97,950
Moderate Income	\$51,951- \$82,950	\$59,401- \$94,800	\$66,801- \$106,650	\$74,201- \$118,450	\$80,151- \$127,950	\$86,101- \$137,450	\$92,051- \$146,900	\$97,951- \$156,400
Non-Low/Mod Income	\$82,951+	\$94,801+	\$106,651+	\$118,451+	\$127,951+	\$137,451+	\$146,901+	\$156,401+

*Example: I am an owner/employee who is married with two children. I earn \$40,000 a year and my wife earns \$40,000 a year. Our family's annual household income is \$80,000. I would circle "4 Persons", and circle "\$74,201-\$118,450" because my family's annual household income (\$80,000) falls between \$74,201-\$118,450 for a family of four.*

HUD Income Guidelines Effective: May 15, 2023

HOUSEHOLD SIZE	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low Income	0- \$31,150	0- \$35,600	0- \$40,050	0- \$44,500	0- \$48,100	0- \$51,650	0- \$55,200	0- \$58,750
Low Income	\$31,151- \$51,950	\$35,601- \$59,400	\$40,051- \$66,800	\$44,501- \$74,200	\$48,101- \$80,150	\$51,651- \$86,100	\$55,201- \$92,050	\$58,751- \$97,950
Moderate Income	\$51,951- \$82,950	\$59,401- \$94,800	\$66,801- \$106,650	\$74,201- \$118,450	\$80,151- \$127,950	\$86,101- \$137,450	\$92,051- \$146,900	\$97,951- \$156,400
Non-Low/Mod Income	\$82,951+	\$94,801+	\$106,651+	\$118,451+	\$127,951+	\$137,451+	\$146,901+	\$156,401+



# City of Lynn

## Office of Economic & Community Development

### Commercial Facade Improvement Program Application

### Business Owner/Employee Data Collection Form

*Please check as applicable:*

	<b>Race</b>	<b>Hispanic Yes/No</b>
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
Am. Indian/Alaskan Native & Black/African Am.	<input type="checkbox"/>	<input type="checkbox"/>
Other Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>

White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	White & Hispanic	Of the total beneficiaries of White, enter the number who are Hispanic
Black/African American	A person having origins in any of the black racial groups of Africa.	Black/African American & Hispanic	Of the total beneficiaries of Black/African American, enter the number who are Hispanic
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	Asian & Hispanic	Of the total beneficiaries of Asian, enter the number who are Hispanic
American Indian/Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.	American Indian/Alaskan Native & Hispanic	Of the total beneficiaries of American Indian/Alaskan Native, enter the number who are Hispanic
Native Hawaiian/Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	Native Hawaiian/Other Pacific Islander & Hispanic	Of the total beneficiaries of Native Hawaiian/Other Pacific Islander & Hispanic, enter the number who are Hispanic
American Indian/Alaskan Native & White	A person having these multiple racial origins as defined above.	American Indian/Alaskan Native & White & Hispanic	Of the total beneficiaries of American Indian/Alaskan Native & White & Hispanic, enter the number who are Hispanic
Asian & White	A person having these multiple racial origins as defined above.	Asian & White & Hispanic	Of the total beneficiaries of Asian & White & Hispanic, enter the number who are Hispanic
Black/African American & White	A person having these multiple racial origins as defined above.	Black/African American & White & Hispanic	Of the total beneficiaries of Black/African American & White & Hispanic, enter the number who are Hispanic
American Indian/Alaskan Native & Black/African American	A person having these multiple racial origins as defined above.	American Indian/Alaskan Native & Black/African American & Hispanic	Of the total beneficiaries of American Indian/Alaskan Native & Black/African American & Hispanic, enter the number who are Hispanic
Other Multi-Racial	Category used for reporting individual responses that are not included in any of the categories listed above.	Other Multi-Racial & Hispanic	Of the total beneficiaries of Other Multi-Racial & Hispanic, enter the number who are Hispanic



# City of Lynn

## Office of Economic & Community Development Commercial Facade Improvement Program Application

### CHECKLIST

(To be completed by Office of Economic & Community Development)

**Business Name:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Business Owner LMI Person?** \_\_\_ Yes \_\_\_ No      **Income Level:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Hispanic:** \_\_\_ Yes \_\_\_ No

**Business Address:** \_\_\_\_\_

**UEI#:** \_\_\_\_\_ **Date Application Received:** \_\_\_\_\_

**New Business** \_\_\_ **Existing Business** \_\_\_

- Property Taxes Paid
- Picture of existing façade condition attached
- Quote(s) Attached (with drawing/sign proofs/markups)
- Sign Permit Attached
- Business Certificate Attached
- Confirmed lease will be in place for 24+ months
- Confirmed Permission from building owner to participate in program

---

#### Description of Condition Prior to improvements:

\_\_\_\_\_

**Approved** (Approval letter attached)      **Approved Amount: \$** \_\_\_\_\_

**Declined** (comments required)

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

#### Application Approved As:

- Benefit to LMI Person (Business Owner Self-Certified as LMI Person)
- Benefit to LMA (Facade improvements to a commercial structure serving a predominantly LMI primarily residential area.) Census Tract & Block: \_\_\_\_\_ LMI%: \_\_\_\_\_
- Elimination of Slum & Blight (Commercial revitalization through façade improvements)
  - Before/after pictures attached to application
  - Located in the designated slum & blighted area (City's CRA)
  - Located Outside CRA (spot basis)

**Set up in IDIS** IDIS #: \_\_\_\_\_ **Set Up By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Activity Name:** \_\_\_\_\_

**Funding Source:** CDBG FY20 \_\_\_\_\_ Non-CDBG (Describe): \_\_\_\_\_

*\*Once the activity is set up in IDIS, the approved applicant may request reimbursement. A completed Payment Request Form with supporting documentation (letter of request, invoices, and proof of payment) must be submitted to the approving CD staff for review and sign off and then forwarded to fiscal for final review and sign off and payment processing.*