## CITY OF NEWTON, ILLINOIS <u>APPLICATION FOR TAX INCREMENT FINANCING (TIF) ASSISTANCE</u> PRIVATE REDEVELOPMENT INCENTIVE

Complete this form in its entirety and attach all necessary documents. Submit the completed application to the City of Newton at 108 N Van Buren, Newton, IL 62448. If you have any questions, contact Amber Volk, Economic Development Coordinator at 618-783-3409 or by email at jaspercountyjedi@gmail.com.

Applicant Name:		(please ]	orint or type)	
Mailing Address:		Fax:		
Daytime Phone:				
1. Applicant interest in property  Owner/Mortgage		Purchaser	□ Tenant	
2. Property owner name:				
3. Business name(s):				
4. Project address or location:				
5. Property tax ID number(s):				
6. Current use of property:				
7. Proposed use of property: _				
8. Choose the applicable proje	ect (check all that apply)	□ New construct	ion	
$\Box$ Interior renovation $\Box$ Exterior renovation/restoration $\Box$ Site Improvement $\Box$ Other				
9. Estimated total project cost	: \$			
10. Describe the work propose	ed for the property:			
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11. TIF Request \$\_\_\_\_

12. Describe TIF request:\_\_\_\_\_

13. Attach the following documentation to support the project and to complete the application for TIF assistance:

 $\sqrt{\text{Preliminary}}$ , itemized cost estimates or quotes from a contractor or design professional;

 $\sqrt{\text{Scaled plans, renderings, and/or photos, as applicable, clearly illustrating the proposed improvements; and}$ 

 $\sqrt{A}$  copy of the Warranty Deed, including a legal description and owner name for the property. 14. Sign and date below to complete the application.

Applicant Signature

Date

<u>IMPORTANT:</u> If the Finance Committee votes on a level of assistance it will be included in a contract agreement between the City and redeveloper. NO WORK SHALL BEGIN UNTIL THE CONTRACT DOCUMENTS ARE APPROVED BY THE CITY COUNCIL. Any work that begins prior to contract approval shall be ineligible for TIF assistance. There is a 1% application fee paid to Jasper Economic Development Inc. for administration of the TIF program. The applicant agrees to comply with all City, State and Federal regulations.

FOR OFFICE USE ONLY	TIF # 1	Date of Finance Committee review:	
Committee action & form of assistance:			
Comments;			
City Council review and action by ordina	ance. Da	te of Council Approval:	