City of York, Nebraska

Community Redevelopment Authority

**Request for Tax Increment Financing**

**Project:**

1. Business Name:

 Address:

 Telephone No.:

 Contact:

2. Brief Description of the Business:

3. Present Ownership of the Site:

4. Present Project: Building square footage, size of property, description of buildings, materials, etc. Attach site plan, if available.

**Project (Continued)**

5. If property is to be subdivided, show division planned:

6. Estimated Project Cost: (Please enclose construction proforma, if available)

 a. Land Acquisition $

 b. Site Development $

 c. Building Cost $

 d. Equipment $

 e. Architectural & Engineering Fees $

 f. Legal Fees $

 g. Financing Costs $

 h. Broker Costs $

 i. Contingencies $

 j. Other (please specify) $

 **Total** $

7. Total Estimated Market Value at Completion $

8. Source of Financing

 a. Equity $

 b. Bank Loan $

 c. Tax Increment Assistance $

 d. Industrial Revenue Bonds $

 e. Other $

**Project (Continued)**

9. Name & Address of architect, engineer and general contractor:

 Architect:

 Engineer:

 General

 Contractor

10. Estimated Real Estate Taxes on Project Site upon Completion of Project:

(show calculation)

11. Project Construction Schedule:

 a. Construction Start Date:

 b. Construction Completion Date:

 c. If phased project: Year % Complete

 Year % Complete

12. Form of Tax Increment Financing: Pay as You Go

 OR

 Bond Issuance

**Tax Increment Finance Request:**

1. Describe amount and purpose of which tax increment financing is required:

2. Statement of necessity for use of tax increment financing project:

3. Municipal Reference (if applicable). Please name any other municipalities where in the

 applicant, or other corporations the applicant has been involved with, has completed

 developments within the last 5 years.