



170 Main St East,  
PO Box 236  
Elgin, MN 55932  
(507) 876-2291  
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**COMMERCIAL REHAB PROGRAM**

**APPLICATION FORM**

Purpose is to provide financial assistance to existing business in the City of Elgin.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

1. Applicant's Mailing address: \_\_\_\_\_
2. Email Address: \_\_\_\_\_
3. Phone number: \_\_\_\_\_
4. Business Name: \_\_\_\_\_
5. Business Address of proposed project: \_\_\_\_\_
6. Social Security Number: (used for credit verification): \_\_\_\_\_
7. Is the applicant the deed holder of the building?: \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Is the building located within the City limits of Elgin?: \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Is the building zoned industrial or commercial?: \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Project Summary: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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(If more space is needed, please attach an additional sheet of paper with 10. Project Summary at the top.)

11. Estimated Total Project Cost: \$ \_\_\_\_\_ (Please attach quotes, estimates and/or bids)
12. Total Amount Requested: \$ \_\_\_\_\_ (Maximum request \$10,000)

