

Marlborough Rental Assistance Program Application

Purpose:

To provide rental assistance to new or expanding business owners operating in Marlborough.

Eligibility Requirements and Guidelines:

- New/Expanding Businesses. Applicants must seek to (i) locate a new for profit business in Marlborough, or (ii) relocate an existing for profit business from outside Marlborough.
- Commitment to Marlborough. Applicant must demonstrate that they are willing and able to enter into a multi-year lease, with a minimum three (3) year term, and must demonstrate that they have the financial ability to achieve successful long term operations in the new or existing location.
- Business owners will receive funds on a reimbursement basis upon receipt of documentation that the required periodic rent payment was paid and received by the landlord.
- Rental payment assistance will be paid by check made payable to the business owner, as outlined in the lease, and shall be for only one quarterly rental period at a time.
- Rent reimbursements will not be paid until all landlord or tenant construction has been completed and the business is open for operations.
- Rental reimbursement will cover a maximum of six months of rent, or up to \$15,000.

Instructions:

Please fill out the entire application and submit it with attachments either via email or in hard copy to:

Linda Martins
Marlborough Economic Development Corporation
91 Main Street, Suite 204
Marlborough, MA 01752
Imartins@marlboroughedc.com

Attachments:

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| ☐ Personal Financial Statement |
| ☐ Updated Business Plan |
| ☐ Lease Agreement (copy) |
| *Other Materials as Deemed Necessary |

Certificate of Good Standing

| Business Information | | | | |
|--|-----------------|------|-----|--|
| Name of Business: | | | | |
| Business Address: | | | | |
| Street | | City | Zip | |
| Please indicate if this business is new or existing: | | | | |
| Type of Business: | | | | |
| Contact Name: | | | | |
| Contact Phone: | | | | |
| Contact Email: | | | | |
| Please provide a brief description of the business: | | | | |
| If applicable, location of other operations: | | | | |
| Please indicate whether the lease is gross or triple net, and specify amounts: | | | | |
| Name of Landlord: | | | | |
| Landlord Phone: | Landlord Email: | | | |
| Signature and Certification | | | | |
| I have read and understand the guidelines of the Marlborough Rental Assistance Program. I understand that approval for funds is based on the approval of the Marlborough Economic Development Corporation's Executive Committee and subject to the availability of funds. I hereby certify that the information provided in this application is true and complete. | | | | |
| Signature | | Date | | |