

# WPB Façade Rebate Program Application

## Property Address:

\_\_\_\_\_ Chicago IL 606  
Street Address City State Zip

\_\_\_\_\_  
Name of Business(es) at above address, if applicable

## Applicant Information:

\_\_\_\_\_  
Business/organization name or property owner (i.e., entity to which rebate check should be made)

\_\_\_\_\_  
Street Address City State Zip

## Contact Person:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Telephone Work Telephone

\_\_\_\_\_  
Fax number E-mail

Indicate whether the Applicant is a tenant, business and property owner or solely the property owner

- Tenant  
 Business and property owner  
 Owner of property but not of current business

Indicate what you are applying for:

*This project is building/storefront improvements (50%, up to \$5000)*

*See Façade Rebate Program Policy for details and requirements of each.*

Indicate amount are you applying for \$ \_\_\_\_\_

**Property Owner Information:** (if Applicant is not the Property Owner)

\_\_\_\_\_  
Individual or company

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Contact Person (if a company)

\_\_\_\_\_  
Home telephone

\_\_\_\_\_  
Work telephone

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
E-mail

**Tenant Information:** (If Applicant is property owner but not business owner)

\_\_\_\_\_  
Business name

\_\_\_\_\_  
Owner's name

\_\_\_\_\_  
Type of business

Has the property received a rebate through this program before?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when \_\_\_\_\_

Have you or your company received a rebate through this program for another property?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,  
when \_\_\_\_\_

Will you or your company be applying for the City of Chicago Facade Rebate program, SBIF funding, Historic Tax Credits or any other grant monies for this project? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details on separate sheet (Type of funding, amount, status, etc.)

Once an application is approved by the Commission, it is valid for one year from the Commission approval date. If an emergency extension is needed, please

contact WPB staff immediately before one year from the approval date has expired.

**Project Description:**

Describe proposed improvements to the building facade (attach additional sheets if necessary).

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**Needs Statement:**

Describe why you need funding from the WPB Façade Rebate Program to complete the proposed project (attach additional sheets if necessary).

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**Additional Information:**

Please complete the attached Work Summary worksheet. Once your façade improvement project is complete, please be sure to re-submit the worksheet, including specifying the date on which each task or job was completed.

*All applications can be submitted digitally (preferred) to [info@wickerparkbucktown.com](mailto:info@wickerparkbucktown.com) or in hard copy to:*

*Wicker Park Bucktown Chamber of Commerce  
Attention: WPB Façade Rebate Program  
1414 N. Ashland  
Chicago, IL 60622*

**WPB Façade Rebate Worksheet: WORK SUMMARY**

Please use this sheet to summarize the progress of your façade project. Only include work that is eligible for a WPB façade rebate (see program policy for guidelines).

|    | Project Address | Job/Task (Describe) | Name of Selected Contractor | Work Complete? (Y/N) | Date Completed (m/d/y) | Cost (\$) | Paid in full? (Y/N) | If Not, How much has been paid? (estimated \$) | Did you include proof of payment* with your application? |
|----|-----------------|---------------------|-----------------------------|----------------------|------------------------|-----------|---------------------|--|--|
| 1  |                 |                     |                             |                      |                        |           |                     |  |  |
| 2  |                 |                     |                             |                      |                        |           |                     |  |  |
| 3  |                 |                     |                             |                      |                        |           |                     |  |  |
| 4  |                 |                     |                             |                      |                        |           |                     |  |  |
| 5  |                 |                     |                             |                      |                        |           |                     |  |  |
| 6  |                 |                     |                             |                      |                        |           |                     |  |  |
| 7  |                 |                     |                             |                      |                        |           |                     |  |  |
| 8  |                 |                     |                             |                      |                        |           |                     |  |  |
| 9  |                 |                     |                             |                      |                        |           |                     |  |  |
| 10 |                 |                     |                             |                      |                        |           |                     |  |  |
| 11 |                 |                     |                             |                      |                        |           |                     |  |  |
| 12 |                 |                     |                             |                      |                        |           |                     |  |  |
| 13 |                 |                     |                             |                      |                        |           |                     |  |  |
| 14 |                 |                     |                             |                      |                        |           |                     |  |  |
| 15 |                 |                     |                             |                      |                        |           |                     |  |  |
| 16 |                 |                     |                             |                      |                        |           |                     |  |  |
| 17 |                 |                     |                             |                      |                        |           |                     |  |  |
| 18 |                 |                     |                             |                      |                        |           |                     |  |  |
| 19 |                 |                     |                             |                      |                        |           |                     |  |  |
| 20 |                 |                     |                             |                      |                        |           |                     |  |  |

\* Eligible proof of payment includes a copy of a cancelled check (made out to a vendor) or a relevant bank statement showing a cleared payment.

**Applicant Disclosure Statement**

I \_\_\_\_\_ (Applicant) assert that the preceding information is true and correct.

Applicant fully understands that all work must comply with the WPB Façade Rebate Guidelines and be approved by the WPB Guide Development Committee and the SSA #33 Commission. The project is not considered approved until the Applicant receives an approval letter from the SSA #33 Commission. If the project has changes after the applicant has received a letter of approval, applicant will have to resubmit all changes and have them approved. If changes are not approved, the applicant will not receive a rebate.

Applicant agrees to comply with all City of Chicago, ADA, State of Illinois, Federal and WPB Façade Rebate Programs/Guidelines and the specific recommendations of the WPB Guide Development Committee and the SSA #33 Commission.

Applicant agrees to submit detailed cost documentation, including cancelled checks/credit card receipts and invoices once the project has been completed and upon request prior to project completion

The applicant understands that WPB may change the requirements of the WPB Façade Rebate Program at any time and reserves the right to deny any project application at any time without explanation. WPB SSA #33 and/or the Wicker Park Bucktown Chamber of Commerce are not responsible for work being completed etc. and all work must be completed within one year of approval date by the SSA #33 Commission.

**APPLICANT RELEASES AND AGREES TO DEFEND AND INDEMNIFY THE LOCAL SSA SERVICE PROVIDER (TOGETHER WITH THEIR OFFICERS, DIRECTORS, AND AGENTS), THE LOCAL SSA COMMISSION, AND THE CITY OF CHICAGO FROM ALL CLAIMS AND CAUSES OF ACTION OF ANY KIND (KNOWN OR UNKNOWN) IN CONNECTION WITH THIS FAÇADE REBATE PROGRAM.**

\_\_\_\_\_  
Applicant (please print name) Date

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Applicant Property Pin Number

**If the Applicant is other than the property owner of the building, the following must be completed by the property owner.**

I \_\_\_\_\_ (Owner) certify that I, owner of the above-cited property give \_\_\_\_\_ (Applicant) authority to implement the described improvements at the property along with any amendments that may be required by the WPB Façade Rebate Program Guidelines. I further acknowledge that WPB SSA #33 and/or the Wicker Park Bucktown Chamber of Commerce assume no liability in the event of any dispute between the Owner and Applicant concerning any building improvement work undertaken by the tenant as a result of the tenant's participation in the WPB Façade Rebate Program. **I RELEASE AND AGREE TO DEFEND AND INDEMNIFY THE LOCAL SSA SERVICE PROVIDER (TOGETHER WITH THEIR OFFICERS, DIRECTORS, AND AGENTS), THE LOCAL SSA COMMISSION, AND THE CITY OF CHICAGO FROM ALL CLAIMS AND CAUSES OF ACTION OF ANY KIND (KNOWN OR UNKNOWN) IN CONNECTION WITH THIS FAÇADE REBATE PROGRAM.**

The Owner understands that WPB may change the requirements of the WPB Façade Rebate Program at any time and reserves the right to deny any project application at any time without explanation. WPB SSA #33 and/or the Wicker Park Bucktown Chamber of Commerce are not responsible for work being completed etc. and all work must be completed within one year of approval date by the SSA #33 Commission.

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Print Owner's Name

Date

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Owners Signature

## APPLICATION CHECKLIST

Please submit checklist with application. **Applications will not be reviewed unless they are complete.**

\_\_\_\_ Completed application

\_\_\_\_ W-9 (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>)

\_\_\_\_ Photos of existing building and area surrounding the proposed project

- Façade
- Upper Floors
- Side of Building
- Adjacent buildings
- Buildings across street, Etc.

\_\_\_\_ Detailed plans, drawings for the project (Initialed by building owner if applicant is not owner of property.)

\_\_\_\_ Project specifications

- List of materials to be used
- Color samples

\_\_\_\_ Detailed cost estimates

- Two (2) different cost estimates

\_\_\_\_ Project Estimate 1: \_\_\_\_\_  
(name of contractor)

\_\_\_\_ Project Estimate 2: \_\_\_\_\_  
(name of contractor)

\_\_\_\_ Permits

- Copy of all the permits that apply for project, if they have been secured at this point

\_\_\_\_ Approval letter from owner of property (If different from applicant)

\_\_\_\_ Disclosure statement

\_\_\_\_ Work Summary worksheet

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Applicant (please print name)

Date

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Applicant Signature

Date