



Rental Assistance Program

Administered by:

**The Rockdale Municipal
Development District**

January 2019

Rockdale Municipal Development District Rental Assistance Program

Summary

The Rockdale Municipal Development District (MDD) has created an incentive program for new businesses that are located in the Downtown District, along the Highway 79 corridor and all those tracts of land designated “C-1” or “C-2” (commercial) in the City of Rockdale Code of Ordinances. The program aims to assist these new ventures during the first months of operation with financial assistance.

The MDD has valuable resources that can be put to work for the benefit of your business. This application packet outlines our goals and decision criteria, as well as provides forms and directions for applicants.

Program Features

Rental Assistance Program: This program provides a new business owner with a grant based upon the monthly rent paid by the business. Rent is one of the top fixed expenses for most new businesses and we hope to provide stability by helping to cover this item. The Rental Assistance Program provides rent subsidies of up to a maximum total of \$5,000 per applicant.

Rental assistance awards normally include a monthly payment by check to the property owner/landlord.

Eligibility

The Rockdale Municipal Development District Rental Assistance Program is designed to foster the growth of small businesses. This program is restricted to those commercial establishments who do not own the property in which their business is located as well as meeting one of the following criteria:

New Business

New business seeking to locate within the City of Rockdale.

Relocation location of expanding business

Relocation of an existing business within the city limits due to the significant expansion of the operation.

Complementary Business

Building on the concept of redevelopment of the historical downtown district of Rockdale, commercial enterprises that complement existing commercial establishments are preferred.

While all types of business are eligible to apply for assistance and grants, businesses in the historic downtown district will receive extra consideration as we move to diversify and strengthen the mix of operations in the Downtown District.

The ultimate decision as to whether or not a business meets the above criteria rests with MDD Board of Directors.

Eligible Applicants

The Assistance Program applicant must:

- Be the legal owner of the business
- Show financial stability
- Not owe any back taxes or utility charges
- Subject to criminal background screening
- Provide a signed copy of the lease (with both tenant and landlord signatures)

Funding Eligibility Exclusions

The focus of the Rental Assistance Program is to encourage development of properties for commercial use and development. Therefore, the following are not eligible for funding:

- Individual K12 schools (Public or private)
- Organizations that discriminate on the basis of race, culture, gender, age or religion
- Political activities, Civic organizations

Application Process

1. Submit application to The MDD Office
 - All applications must be submitted to The Rockdale Municipal Development District, P.O. Box 1196, Rockdale, TX 76567.
 - If you have any questions or would like assistance in the application process, please contact;

Kara Z. Clore, CEcD
Executive Director
Rockdale MDD
134 N. Main St.
Rockdale, TX 76567
kclore@rockdalemdd.org
Phone: 512-446-2111

2. Preliminary approval,
 - A letter is sent by the MDD Executive Director stating preliminary approval along with a request for a copy of the lease and signed affidavit from landlord.
3. MDD Board of Directors approval
 - The application will be approved upon a majority vote of the MDD Board of Directors
 - Applicants are required to present their Project to the MDD Board to display the economic value of the Project.
4. Applicant will receive a final approval/denial letter the final approval letter will outline process for receiving funds.

APPLICATION FORM
ROCKDALE MUNICIPAL DEVELOPMENT DISTRICT
Rental Assistance Program

Rockdale MDD
 134 N. Main St.
 Rockdale, TX 76567
 512-446-2111

Date: _____

1. APPLICANT INFORMATION	
A. Applicant's Name	
Mailing Address	
Phone Number	
Cellular Phone Number	
Email Address	
B. Business Name	
Current Physical Address	
Business Phone Number	
Business Email Address	
C. Applicant's Tax ID #	
D. Type of Entity Applying for Award	<input type="checkbox"/> Individual(s) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other

2. PROJECT INFORMATION	
A. Type of Business (Retail, Service, Entertainment, etc.) and Description of Proposed Business (Attach additional pages if needed)	

3. PROPERTY OWNER INFORMATION	
A. Name of Property Owner	
Property Owner Address	
Phone Number	
Cellular Phone Number	
Email Address	
B. Mailing address (if different)	
Address	

4. LEASE INFORMATION	
A. Location of leased space	
B. Lease start date	
C. Lease expiration date	
C. Monthly lease payment	\$
D. Utilities included in lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Square feet leased	
F. Does any owner or officer of the business leasing the space have a business or familial relationship to the property being leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. If you answered yes to 3.F, explain:	

4. REQUIRED APPLICATION DOCUMENTS AND PROCEDURES:

- A. Applicants are **required** to present their Project to the MDD Board to display the economic value of the Project.
- B. Copy of applicant’s driver’s license
- C. Copy of lease
- D. Signed copy of the Credit Report Authorization Form

5. CONDITIONS AND ACKNOWLEDGEMENTS:

This Rental Assistance Program is subject to change or cancellation at any time by a vote of the Rockdale MDD Board of Directors. In addition, any policy or procedure described herein may be waived by official action of this same committee. The MDD reserves the right to reject any and/or all applications.

If I am successful in obtaining a Rental Assistance from the MDD, I am obligated to maintain my business at the location identified in this application for a minimum of 2 years from the time I begin receiving assistance and must complete all obligations outlined in the property lease agreement. If the business is moved or lease obligations are not fulfilled prior to the 2 year timeline without prior approval, I agree to reimburse the Rockdale MDD for the entire amount of the Incentive, this will be guaranteed through a promissory note.

I have read, understand and will comply with the criteria described in this application, as well as the timeline, and I certify that the above information is true and correct to the best of my knowledge. I certify that I am current with all local, state and federal taxes and business fees. I hereby acknowledge my application for an Incentive, and do authorize MDD to obtain verifications from any source named in this application. I understand that approval by Rockdale Municipal Development District Rental Assistance Program is subject to availability of funds

Applicant's Signature: _____

Date: _____

6. APPROVALS (MDD use only)

Received by MDD: Date: _____

Approved/Denied by MDD: Date: _____

Notice to Proceed: Date: _____

Completion: Date: _____

Please indicate any of the following attachments:

Copy of applicant's driver's license

Copy of lease

Signed copy of the Credit Report Authorization Form

CREDIT REPORT AUTHORIZATION FORM

By my signature below I, _____, authorize The Rockdale Municipal Development District to obtain a Background Check and / or Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant's Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Driver's License #: _____ State: _____

Provide Addresses for the Last 7 Years

Current Street Address: _____ City: _____

State: _____ Start Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Signature: _____ Date: _____

****NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE****