



Small Business Lease - Emergency Assistance Grant Program "SBL-EAGP"

We're There First

Applicant and Business Information

Applicant Name: _____
Applicant Phone Number: _____ E-mail: _____
Business Name: _____ EIN or SS#: _____
Business Address: _____ City: _____
County: _____ State: _____ Zip Code: _____
Nature of Business: _____

Lease Information

Name of Landlord : _____
Phone Number: _____ E-mail: _____
Lease Effective Date: _____ Term of Lease: _____
Date of last lease payment: _____

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Amount Requested: _____ (not to exceed \$10,000)
Use of space: Commercial Mixed-Use Store Front
Is your business in good standing with the state of NJ? YES/NO
the grant program.

Additional Information

Has applicant been adversely impacted by COVID-19? Yes No

If Yes, please specify:

Has applicant received Cares Act (Coronavirus Relief Fund) financial assistance (local/county/state/federal) for lease payments (rent) as a result of COVID-19?

Yes No If Yes, please specify:

Background Information

Has applicant been convicted and or found guilty and/or pled guilty and/or found liable and/or paid a fine or otherwise paid to settle any allegations made by the government in any court to any violation of law, other than minor traffic offenses? if yes, please explain.

Yes No

Has applicant been denied a license or permit required to engage in its business or profession or has any such license or permit or been suspended or revoked by any government?

Yes No

Certification of Application

I, THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:

1. I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28 -2 and civil action by the NJRA.
2. I authorize the NJRA to contact my landlord in connection with the Small Business Lease-Emergency Assistance Grant Program.
3. I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey.
4. I declare my business has never violated the terms of a State/Public agreement or transaction that resulted in any criminal or civil charges by a government business.

I CERTIFY THAT THE INFORMATION PRESENTED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature : _____ Date: _____