



# City of York, Nebraska Community Redevelopment Authority

**Request for Tax Increment Financing**  
**Send completed form to [scrawford@cityofyork.net](mailto:scrawford@cityofyork.net)**

**Project:**

1. Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Contact: \_\_\_\_\_

2. Brief description of the business: \_\_\_\_\_

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3. Present ownership of the site: \_\_\_\_\_

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4. Present Project: Building square footage, size of property, description of buildings - materials, etc. Attach site plan, if available.

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Project (Continued)

5. If property is to be subdivided, show division planned.

6. Estimated Project Cost (please enclose construction proforma, if available)

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|-------------------------------------|----------|
| a. Land Acquisition                 | \$ _____ |
| b. Site Development                 | \$ _____ |
| c. Building Cost                    | \$ _____ |
| d. Equipment                        | \$ _____ |
| e. Architectural & Engineering Fees | \$ _____ |
| f. Legal Fees                       | \$ _____ |
| g. Broker Costs                     | \$ _____ |
| h. Financing Costs                  | \$ _____ |
| i. Contingencies                    | \$ _____ |
| j. Other (please specify)           | \$ _____ |
| Total                               | \$ _____ |

7. Total Estimated Market Value at Completion \$ \_\_\_\_\_

8 Source of Funding:

- |                             |          |
|-----------------------------|----------|
| a. Equity                   | \$ _____ |
| b. Bank Loan                | \$ _____ |
| c. Tax Increment Assistance | \$ _____ |
| d. Industrial Revenue Bonds | \$ _____ |
| e. Other                    | \$ _____ |

**Project (Continued):**

9. Name & Address of architect, engineer and general contractor:

Architect: \_\_\_\_\_  
\_\_\_\_\_

Engineer: \_\_\_\_\_  
\_\_\_\_\_

General Contractor: \_\_\_\_\_  
\_\_\_\_\_

10. Estimated real estate taxes on project site upon completion of project: (Please show calculations.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Project Construction schedule:

Construction Start Date: \_\_\_\_\_

Construction Completion Date: \_\_\_\_\_

If phased project: \_\_\_\_\_ Year \_\_\_\_\_ % Complete

\_\_\_\_\_ Year \_\_\_\_\_ %Complete

12. Form of tax increment financing: \_\_\_\_\_ Pay as you go  
or  
\_\_\_\_\_ Bond Issuance

**Tax Increment Finance Request:**

1. Describe amount and purpose for which tax increment financing is required:

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2. Statement of necessity for use of tax increment financing project:

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3. Municipal Reference (if applicable). Please name any other municipalities where in the applicant, or other corporations the applicant has been involved with, has completed developments within the last five years:

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