



COVID-19 Rental Assistance Grant

In response to the adverse economic impacts of the COVID-19 pandemic, the Cuero Development Corporation has developed a COVID-19 Rental Assistance Grant Program. This program provides grants up to \$6,000 for businesses that have been significantly impacted by this pandemic and that generate sales tax.

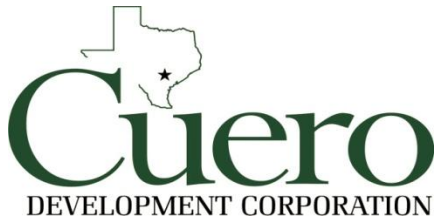
The grant is available to all non-home-based small businesses in the City of Cuero; however, priority will be given to businesses that have frequent and/or close contact with customers. Categories of eligible small businesses include: retail (storefront), restaurant/food business; personal care products (barber shop, nail salons, spas, etc.); and art galleries and performance venue merchandising. Rental Assistance is paid monthly to the landlord at 50% of the lease amount up to \$1,000 monthly up to a maximum of six months for future payments only.

Businesses must meet all the following criteria.

Please acknowledge that the below qualifications have been met by initialing in the boxes:

- Physical and publicly accessible location in the City of Cuero.
- In good standing with the City of Cuero regarding licensing and finance, including being current on sales and tax payments.
- This business generates sales tax or is a non-sales tax producing business as outlined as a previously non-essential business in the Governor's Executive Order to include cosmetology salons, barber shops, massage establishments, gyms, and daycare centers within the City of Cuero.
- Experienced or projected to experience a decline in revenue as a result of the COVID-19 pandemic.
- Engaged in activities that are legal under city and state law.
- Meet program technical requirements including ability to provide financial records to support grant request.
- Registered with the Texas Secretary of State's Office.
- Ineligible: Home-based businesses.

If your business meets the above criteria, please complete and email the application below to: Bobby Seiferman at bseiferman@cityofcuero.com. Funding for this grant is limited and is subject to closure once budgeted funds are expended.



CUERO DEVELOPMENT CORPORATION RENTAL ASSISTANCE PROGRAM

214 E. Main St.
P.O. Box 660

Cuero, Texas 77954
www.cuerodc.com

phone 361-275-8178
cuerod@cityofcuero.com

fax 361-275-6274
cell 512-925-4048

Applications must be complete and signed off by CDC staff five (5) days before the Board of Directors' monthly meeting.

Applicant		Mailing Address	
Phone Number	Email	Fax Number	

Name of Business: _____

Location of Business: _____

Description of Business: _____

Type of Business (Check one):

- Apparel/Accessories – Men and Women/Family Clothing
- Eating Places
- Home Furnishing Stores: Appliances, Computers
- Retail
- Shoes Stores
- Specialty Food Stores
- Specialty Retail: Hobby, Toys, and Games
- Sporting Goods Stores

PROPERTY OWNER INFORMATION

Property Address: _____

Name of Property Owner: _____

Property Owner Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Cell: _____

Fax: _____ Email: _____

LEASE INFORMATION

Location of Leased Space: _____

Lease Start Date: _____ Lease Expiration Date: _____

Monthly Rent: _____ Square Feet Leased: _____

Does any owner or officer of the business leasing the space have a business or familiar relationship to the property being leased? ____ Yes ____ No If yes, please explain:

Grant assistance and amount applied for:

Rental Assistance: \$ _____ /Month Number of Months: _____

I have read and understand the guidelines for this program. I understand that an application for funding is not a guarantee of funding and disbursement of funds will be made in compliance with the terms of the program. I understand that approval by the Cuero Development Corporation's Rental Assistance Program is subject to availability of funds. Further, I affirm that the above information I have provided is true and accurate.

**Please understand that this application is subject to Public Records

Applicant Signature Date

Property owner signature Date

CDC Receipt of completed application Date

Approved by CDC Board of Directors Date