Lead-Impacted Communities Relocation Assistance Trust
POST OFFICE BOX 96 • PICHER, OKLAHOMA 74360

~ For Internal Use Only ~

Bz____ NP____ Pr____ ID_____

		C	I	R
Rv1_____	Dt_____	❑	❑	❑
Rv2_____	Dt_____	❑	❑	❑
Rv3_____	Dt_____	❑	❑	❑

Non-Residential Buyout Assistance Application

Owner/Manager Name: _____ _____ _____
Last Name *First* *Middle*

Owner/Manager Title: _____

Co-Applicant Name & Title: _____ _____
Title

Company/Organization Name: _____

Business/Organization Type (check one): ❑ sole proprietor ❑ partnership ❑ corporation

❑ estate/trust ❑ 501(c)(3) nonprofit ❑ other (specify): _____

Social Security or FEIN #: _____

Business/Organization Physical Address*:

_____ _____ _____ _____
Street Address *City/Town* *State* *Zip Code*

Business/Organization Mailing Address (if different):

_____ _____ _____ _____
P.O. Box/Street Address *City/Town* *State* *Zip Code*

Business/Organization Phone Number(s): (_____) _____-_____ (_____) _____-_____
Primary *Secondary/Mobile*

Business/Organization Fax Number(s): (_____) _____-_____

I am applying for buyout assistance as a *(check one)*: ❑ **Renter** of Property ❑ **Owner** of Property

FOR RENTERS ONLY... Please list the amount of your monthly rent/lease: $ _____

Landlord Name & Address: _____

***If your business/organization includes rural tracts of land (e.g., farm or ranch) or other real estate property (e.g., landlords renting one or more properties) within the "area of greatest subsidence risk", please complete and attach the SUPPLEMENTAL REAL ESTATE FORM provided by the Trust.**

Please follow instructions and complete information requested on reverse side of form.

Please attach as part of your application each of the following documents to verify your qualification for buyout assistance pursuant to *27A O.S. 2203*. Applicants that are unable to supply any of the requested information must attach a written statement explaining why such information is not available. **The Trust will not be able to begin processing your application until it is complete.** All documents submitted are subject to verification.

- ❑ (If property owner) copy of deeds or other evidence of title, or (if renter) copy of rental contract for business/organization.*****
- ❑ (For renters only) copies of checks or receipts for rent paid to landlord for January 2006 and most recent month
- ❑ Copy of at least one (1) utility bill from January 2006 showing your name and address of operation
- ❑ Copy of at least one (1) utility bill from June or July 2006 showing your name and address of operation
- ❑ Copies of most recent Federal Income Tax forms (2004 or 2005) for business/organization
- ❑ (If needed) SUPPLEMENTAL REAL ESTATE FORM to further describe real property used for business

****Renters may provide copies of other documents proving rental arrangement if no contract exists, such as notarized statement from landlord.***

I certify under penalties of perjury that all information contained in this application, including all attachments hereto, is correct and complete to the best of my knowledge. I further attest that I am the legal owner or agent of the organization listed in this application, which has continually operated at the location(s) listed in this application since January 31, 2006 and is within the area defined by the Lead Impacted Communities Relocation Trust ("Trust") as the "area of greatest subsidence risk". I agree to fully cooperate with the Trust in providing any additional information that may be necessary to verify my qualification for buyout assistance pursuant to *27A O.S. 2203*, including granting to the Trust the right to access and review any confidential documents necessary to establish my qualifications. I understand that documents submitted to the Trust are public records. I hereby submit this correct and complete application to the Trust for its consideration and, by my signature, commit that I am interested in receiving an offer for buyout assistance from the Trust.

****Please note that this application form must be signed in the presence of a Notary Public in order to be considered by the Trust.***

_____ _____

Signature of Authorized Agent *Date Signed*

_____ _____

Signature of Co-Applicant (if applicable) *Date Signed*

STATE OF OKLAHOMA)
) ss
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 2006, by

_____.

_____

Notary Public

My Commission Expires:

_____

Deadline to submit application form to Trust: September 30, 2006