

Port of Pasco

Application for Rent Deferral



The Port of Pasco has adopted a temporary COVID-19 Rent Deferral Program to assist qualified Port tenants to continue to operate, retain employees, and return to business at the earliest possible time following the COVID-19 outbreak. Tenants wishing to apply for the program must fill out this application. Requests for assistance will be reviewed as quickly as possible on a case-by-case basis and evaluated as described in the Program plan. If approved, assistance will be formalized with a lease amendment documenting the terms of the offered assistance. Applications must be received by September 15, 2020. Please submit this application with all necessary documentation to mreyna@portofpasco.org. Tenant may be requested to provide the following additional information if determined necessary by the review committee: Income Statement and Balance Sheets for prior 3 months; Bank Statements for prior 3 months; Tax Return for prior year; Excise Tax Report for prior year; Proof of asset(s) ownership if personal guarantee is required for rent relief.

Tenant Applicant Information		
NAME (Last, First, Middle Initial):	Title:	
Business Entity:	Office Phone:	
City / State/ Zip:	Cell Phone:	
Location/Building that rent deferral is being requested for:	Email Address:	
ECONOMIC INJURY/FEDERAL AND INSURANCE OPTIONS		
Were your operations fully or partially suspended as a result of a government order: Yes <input type="checkbox"/> No <input type="checkbox"/>	What specific order:	
If yes, please describe if fully or partially and what parts of your operations continued (attach additional pages if necessary):		
If you were not forced to fully or partially close, how have your business operations been affected by the emergency (attach additional pages if necessary):		
Have you applied for federal Paycheck Protection Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, why not?
What other federal, state, or local assistance programs have you applied for? What was the result?		
Have you evaluated and/or do you qualify for business interruption coverage from your insurance carrier? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Explain:		
Have you applied for a business loan from your financial institution and what was the result? If not, why not?		
Will you be able to pay your rent without this deferral?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Explain:

Do you have other locations? How many? Where? Are they closed?

Provide a description of business impacts and rationale for requesting deferral:

If you are still operating, how will you maintain your business during this period?

If you are closed, what are your plans to restart your business?

Have you lost money through deposits or payments for product/equipment in advance that will not be refunded? If yes, please describe:

Are there other costs, such as equipment leases or debt that will be difficult to cover and remain in business? If yes, please describe:

Please indicate if you are experiencing any of the following:

- supply chain issues rendering you unable to get critical supplies or production parts
- cancelled or postponed delivery of exports
- fewer visitors to the area
- drop in customer volume
- decline in business due to uncertainty and longer-term fears
- Other: _____

Have other types of costs increased? (video conferencing, sanitation, etc.)

Which financial business impacts are you experiencing? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Late payments or collection losses | <input type="checkbox"/> Lack enough staffing to operate |
| <input type="checkbox"/> Lack of cash reserves | <input type="checkbox"/> Temporary closures impacting your ability to operate |
| <input type="checkbox"/> Inability to pay bills and fees | <input type="checkbox"/> Cancelled revenue-producing events/gatherings; or reduced participating at gatherings and events |
| <input type="checkbox"/> Discrimination or unfair treatment | <input type="checkbox"/> Other: _____ |

EMPLOYEES

Please indicate which emergency-related developments have affected your business: such as workers working remotely, workers reduced hours; absenteeism from sick workers; reduced access to clients and customer due to remote working; cancelled business trips (domestic/international), etc. Attach an additional page if needed to fully describe your situation.

Job Impacts Table	Indicate number of employees in each category:				
	Date	Regular Full Time	Part-Time	Seasonal	Interns
Prior to impact of COVID:					
At time of application:					
Anticipated by:					
Anticipated on re-opening:					
Other important change (describe)					

What plans have you made to re-hire employees?

Describe your businesses' impact on the Tri-Cities region. E.g. a major employer, critical service or supply chain, support for major industry, etc.

If rent deferral is approved, what is your preferred schedule for repayment (must be completely repaid no later than March 31, 2021)?

I certify that my answers are true and complete to the best of my knowledge and that I am authorized to sign this document for the above described firm. I also understand that all information provided is subject to disclosure under the Washington State Public Records Act:

Business Owner or Authorized Signature _____ Date _____