



**Manor Economic Development
Rental Assistance Program Incentive**

Application for Assistance

PURPOSE

This form provides basic information used by Manor Economic Development Department in determining the eligibility of a new small business or existing small business for acquiring rental assistance from the City of Manor. All assistance is based on City Council approval of the annual fiscal year budget. All assistance is available throughout the year on a first come, first serve basis until total funds are depleted and at that time no more applications will be accepted.

APPLICANT

Name of Applicant:

Edith Villarreal

Location of Business:

14001 Shadowglen Blvd Ste C
Manor Texas 78653

Description of Business:

Full service salon specialized in hair extensions services and hair extension store.

Phone: _____

Mobile: 512-504-4506

Fax Number: _____

Email of Applicant:

edith g m@hotmail.com
Estylessalon@yahoo.com

Permanent Mailing Address of Applicant: ___
11316 Runnel Ridge Rd
Manor Texas 78653

Federal Tax ID Number: _____

Applicant's Business Background: _
I have been in the beauty industry for about 20 years, in 2005 I moved to Austin and started working as commission based hair stylist for local salons until 2008 when I decided I wanted my own salon. Due to a divorce I was in the need of selling my business and move to a hair studio in 2015 where my career took an interest in hair extensions and E'style was born, my clientele started to grow continuously and the hair sales were added until it became exclusive for hair extension. Sadly during pandemic times my business had to change and I started working from home where I have a small set up and from where I started selling hair to other stylist. It is time for E'style to have a bigger location and be able to be a full service salon again servicing our Manor community and surrounding areas.

Applicants are required to submit (1) a completed application form, (2) a copy of an executed lease between the Applicant and the property owner, (3) a business plan and a proposed budget, (5) financial documents (business or personal tax returns for 2 years, etc.), and (6) a business marketing plan. Complete application packets must be submitted to the Economic Development Director by the end of the month to be considered at the City of Manor City Council meeting held the 3rd Wednesday of the following month.

Rental Assistance applied for:
Number of Months _____ 10 _____

LEASE INFORMATION

Location of Leased Space:
14001 Shadowglen Blvd Ste C
Manor Texas 78653

Lease Start Date: 1/1/2024
Lease Expiration Date: 12/31/2027

Monthly Rent:
2341.50 rent plus 1170.75 triple net

Utilities Included In Rent (Y/N):

taxes, insurance, CAM, structural

Square Feet Leased: 1338

PROPERTY OWNER INFORMATION

Name of Property Owner

HFS BROTHERS INVESTMENTS LLC.

Address of Property Owner: _____

Mailing Address (if different) : _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Mobile Number:

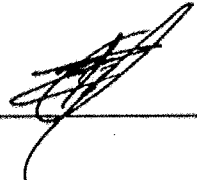
Email Address: _____

Does any owner or officer of the business leasing the space have a business or family relationship to the property being leased? ___ Yes ___ No

If yes, explain: _____

TERMINATION OF RENTAL ASSISTANCE – Rental Assistance will be terminated if approved applicant has not paid all City fees and does not have a Certificate of Occupancy.

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 or disapproval by the City of Manor and City Council for is at their discretion. Further, I affirm that the information I have provided is true and accurate.



Signature

1/11/2024

Date

Address questions to Scott Jones, Economic Development Director, City of Manor
Contact Information: Phone - 512-364-2747, Email – sjones@manortx.gov

For Internal Purposes:

Applicant #: _____ Approved on: _____ Declined on: _____