

## Site Control Affidavit for Non-Municipally Owned Properties

Municipal Name	
Project Name	

It is my/our understanding that \_\_\_\_\_ will submit a Restore NY  
(MUNICIPAL NAME)  
grant proposal to Empire State Development Corporation requesting funds to revitalize urban centers,  
induce commercial investment and improve the local housing stock.

I/we further understand that the Restore NY program provides grants for up to 90% of the costs to  
demolish, deconstruct, rehabilitate and reconstruct residential and commercial properties, subject to  
applicable program grant limits.

I/we further understand that the \_\_\_\_\_ is proposing to use these  
(MUNICIPAL NAME)  
funds to demolish, deconstruct, rehabilitate and/or reconstruct my property at

\_\_\_\_\_  
STREET, CITY, STATE, ZIP (COUNTY)

I/we certify that I/we are the rightful owners of such property and that I/we consent to have my/our  
property included in the Restore NY application and will allow the municipality control of the above  
mentioned property for the purposes outlined in this application.

/s/ \_\_\_\_\_  
Type/Print Name \_\_\_\_\_ Phone: \_\_\_\_\_

/s/ \_\_\_\_\_  
Type/Print Name \_\_\_\_\_ Phone: \_\_\_\_\_

This is to certify that I have reviewed the tax roles for the \_\_\_\_\_  
(MUNICIPAL NAME)  
and determined that \_\_\_\_\_ is/are the owner(s) of record of  
(NAME(S) OF PROPERTY OWNER)

\_\_\_\_\_  
STREET, CITY, STATE, ZIP (COUNTY)

TAX MAP #

as of the most recent assessment period and that no transfer of ownership information has been  
transmitted to the \_\_\_\_\_ since that date.  
(MUNICIPAL NAME)

/s/ \_\_\_\_\_  
(CITY CLERK / TREASURER)

Type/Print Name \_\_\_\_\_

**NOTE: For long term leased properties where the lessee is in control of the property (e.g., a ground lessee), the lessee must also submit a signed Site Control Affidavit.**