

Individual Property Data Sheet

Municipal Name	
Project Name	

Complete an Individual Property Data Sheet for each building in this application. Limit description to the space provided on this form. Attach a photograph of the building façade for each property. Attach a Site Control Affidavit for non-municipally owned properties (Part 6.c).

Site Name/Address	
Size (in square feet):	
Is the municipality the owner of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, Name of Property Owner:	
Is the property owner an official of the applicant municipality, or spouse, son or daughter of a municipal official?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assessed Value of Property		Date of Last Assessment	
----------------------------	--	-------------------------	--

Is the building/property located in an:	If YES, provide name of zone/area:
Brownfield Opportunity Area <input type="checkbox"/> Yes <input type="checkbox"/> No	

Project Type: (Check all that apply) (See Section 7 of Guidelines for Definitions)	Demolition <input type="checkbox"/>	Rehabilitation <input type="checkbox"/>	
	Deconstruction <input type="checkbox"/>	Reconstruction <input type="checkbox"/>	
In specific terms, describe the reuse strategy for this property.			
Estimated start date:			
Estimated completion date:			
Describe status of permits, zoning or other regulatory requirements.			

ATTACHMENTS: (1) Façade Photo (2) Site Control Affidavit (if necessary)

Municipal Name	
Project Name	

Site Name/Address	
ESD Region	
Total Square Feet (SF)	

Check One in Each Column

Building Type *	Type of Construction (commercial/mixed-use only)	Building Category *	Project Type *
Residential <input type="checkbox"/>	Office – Class A <input type="checkbox"/>	Vacant <input type="checkbox"/>	Demolition <input type="checkbox"/>
Commercial <input type="checkbox"/>	Office – Class B <input type="checkbox"/>	Abandoned <input type="checkbox"/>	Deconstruction <input type="checkbox"/>
Mixed-Use <input type="checkbox"/>	Office – Class C <input type="checkbox"/>	Surplus <input type="checkbox"/>	Rehabilitation <input type="checkbox"/>
	Office – Class D <input type="checkbox"/>	Condemned <input type="checkbox"/>	Reconstruction <input type="checkbox"/>
	Light Mfg – Class B <input type="checkbox"/>		
	Light Mfg – Class C <input type="checkbox"/>		
	Light Mfg – Class D <input type="checkbox"/>		
	Retail – Class C <input type="checkbox"/>		
	Retail – Class D <input type="checkbox"/>		

* See Guidelines Section 7 for Definitions.

RNY Funding Calculation for Commercial Buildings (Commercial ONLY)							
(Commercial Allowance	x	Total SF)	+	(HazMat Allowance	x	Total SF)	= Maximum RNY Funding Request
	x		+		x		=

* See Guidelines Section 5 for Commercial and HazMat Allowance Charts

Sources of Project Financing as itemized on the Sources and Uses Statement			
Name of Entity	Funding Amount	Documentation Attached *	
Cash		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bank		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other 1		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other 2		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other 3		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other 4		Yes <input type="checkbox"/>	No <input type="checkbox"/>

* ATTACHMENT:

- (1) Letters of commitment for all financing sources
- (2) Documentation for all equity commitments

Part 7.c – 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.