

# Property Data Sheet

Municipal Name	
Project Name	

- Complete an Individual Property Data Sheet for each property 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.
- Attach letters of commitment for ALL financing sources

Property Name/Address	
Size (in square feet):	
Is the municipality the owner of this property?	Yes      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?	Yes      No

Assessed Value of Property		Date of Last Assessment	
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Is the building/property located in a Brownfield Opportunity Area? Yes                      No	If YES, provide name of zone/area:
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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.	

# Property Data Sheet - Individual Property Budget

Check One in Each Column

<b>Building Type*</b> (Upon Project Completion)	<b>Type of Construction</b> (Commercial/Mixed-Use Only)	<b>Building Category*</b>	<b>Project Type*</b>
Residential Commercial Mixed-Use	Office - Class A Office - Class B Office - Class C Office - Class D Light Mfg - Class A Light Mfg - Class B Light Mfg - Class C Light Mfg - Class D Retail - Class C Retail - Class D	Vacant Abandoned Surplus Condemned	Demolition Deconstruction Rehabilitation Reconstruction

\*See Guidelines Section 7 for Definitions.

## Funding Request Calculations

- Please complete the applicable calculations for your project.
- See Guidelines Section 5 for Commercial and HazMat Allowance Charts.
- Please note, that the funding requests cannot exceed the project budget.
- The funding request cannot exceed the municipal funding cap, found in Section 5 of the guidelines.
- Please enter square footage for each category, even when it does not apply. If you are not seeking HazMat reimbursement, please enter 0.
- Please be patient as the residential calculations take some time to update.

### COMMERCIAL PROJECTS

<b>RNY Funding Calculations for Commercial DEMOLITION Projects</b>								
(Demolition Allowance	x	Total Sqft)	+	(HazMat Allowance	x	Total Sqft)	=	Maximum RNY Funding Request
	x		+		x		=	

<b>RNY Funding Calculations for Commercial REHABILITATION/RECONSTRUCTION Projects</b>								
(Construction Allowance	x	Total Sqft)	+	(HazMat Allowance	x	Total Sqft)	=	Maximum RNY Funding Request
	x		+		x		=	

**RESIDENTIAL PROJECTS**

Enter 1 for Residential Projects \_\_\_\_\_

**Does this project include affordable housing?**

Yes – What percentage of the project includes affordable housing? \_\_\_\_\_

RNY Funding Calculations for Single Family/Apartment Style Residential DEMOLITION Projects						
Residential Allowance	+	(HazMat Allowance		Total Sqft)	=	Maximum RNY Funding Request
	+		X		=	

RNY Funding Calculations for Single Family Residential REHABILITATION/RECONSTRUCTION Projects						
Residential Allowance	+	(HazMat Allowance		Total Sqft)	=	Maximum RNY Funding Request
	+		X		=	

RNY Funding Calculations for Apartment Style Residential REHABILITATION/RECONSTRUCTION Projects										
Number of Apartments	x	Allowance	+	(HazMat Allowance	x	Total Sqft)	+	Affordable Housing Allowance	=	Maximum RNY Funding Request
	X		+		X		+		=	

\*If you have determined the project is eligible for the **Affordable Housing Allowance**, please enter "\$150,000" in the Affordable Housing Allowance prompt above. If not, please enter \$0.

RNY Funding Calculations for Single Family Residential DEMOLITION & REHAB/RECON Projects				
Demolition Funding Request Amount	+	Reconstruction Funding Request Amount	=	Total Funding Request
	+		=	

\*\*If your **Single-Family Residential** project involves **both Demolition and Reconstruction**, please complete the individual Demolition and Reconstruction funding sections and add them together above for your Total Funding Request.

<b>RNY Funding Calculations for Apartment Style Residential DEMOLITION &amp; REHAB/RECON Projects</b>				
Residential Demolition Funding Request Amount	+	Apartment Style Rehabilitation/ Reconstruction Funding Request Amount	=	Total Funding Request
	+		=	

\*\*If your **Apartment Style Residential** project involves **both Demolition and Reconstruction**, please complete the individual Demolition and Reconstruction funding sections and add them together above for your Total Funding Request.

Please confirm your **Municipality’s Funding Cap** noted in Section 5 of the Guidelines here:

\_\_\_\_\_

**PLEASE BE ADVISED THAT IF YOUR FUNDING REQUEST CALCULATED ABOVE EXCEEDS YOUR MUNICIPALITY’S CAP, YOU WILL NEED TO REDUCE YOUR REQUEST TO THE CAP AMOUNT.**



# Property Data Sheet – Sources and Uses Statement

<b>Municipal Name:</b>					<b>Property Assessment List Individual Property Number:</b>				
<b>Site Name and Address:</b>									
Use of Funds		Source of Funds							
	Total	Restore	Muni	Equity*	Bank*				
<b>Acquisition</b>									
▪ Land									
▪ Building									
Subtotal									
<b>General Construction</b>									
▪ New Construction									
▪ Renovation									
Subtotal									
<b>Infrastructure / Site Preparation</b>									
▪ Demolition									
▪ Enviro Cleanup									
▪ Excavation / Grading									
▪ On-Site Streets									
▪ Parking									
▪ Water / Sewer									
Subtotal									
<b>Indirect / Soft Costs</b>									
▪ Closing Costs									
▪ Contingencies									
▪ Engineering									
▪ Environmental Assessment									
▪ Fees									
▪ Inspections									
▪ Insurance									
▪ Legal Costs									
▪ Professional Service / Consultants									
Subtotal									
<b>LETTER OF COMMITMENT IS ATTACHED</b>									
<b>Other Costs</b>									
•									
•									
•									
Subtotal									
<b>TOTAL</b>									

## 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. I/we further understand that the Restore NY program provides grants for up to 90% of the costs to demolish, deconstruct, rehabilitate, and/or 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 owner(s) 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:** \_\_\_\_\_

*(IF APPLICABLE)*

It is anticipated that site control will transfer to \_\_\_\_\_ on or  
(NAME(S) OF FUTURE PROPERTY OWNER)

before \_\_\_\_\_. I/we certify that I/we, as the future rightful owner(s) of  
(DATE)

such property, 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: \_\_\_\_\_

## Site Control Affidavit for Non-Municipally Owned Properties

Municipal Name	
Project Name	

This is to certify that I have reviewed the tax rolls 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/ \_\_\_\_\_  
(MUNICIPAL OFFICIAL)

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.**