

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

Building Type* (Upon Project Completion)	Type of Construction (Commercial/Mixed-Use Only)	Building Category*	Project Type*
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

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

RNY Funding Calculations for Commercial REHABILITATION/RECONSTRUCTION Projects								
(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
		\$70,000								
	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.

RNY Funding Calculations for Apartment Style Residential DEMOLITION & REHAB/RECON Projects				
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. The calculation may result in a number higher than the municipality's final grant 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.

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.