



COMMERCIAL SPACE APPLICATION FORM

COMMERCIAL SPACE INFORMATION

Date: _____ Name of Development: _____

Store Address: _____

ELEGIBILITY

Eligibility for a commercial lease will be based on the following:

- Experience starting and operating similar retail businesses
- Financial ability
- Proposed use that is consistent with NYCHA’s plans and goals

REQUIRED FORMS

Below please find the list of forms that you need to submit. It is very important that all forms be completed thoroughly before submitting for review.

- ☐ A COMPLETED COMMERICAL SPACE APPLICATION FORM (See pages 2 & 3)
- ☐ A COMPLETED 12 MONTH CASH FLOW ANALYSIS (See pages 4 & 5)
- ☐ A COMPLETED DOING BUSINESS DATA FORM
- ☐ A COMPLETED FACILITIES PLANNING BACKGROUND QUESTIONNAIRE
- ☐ A COMPLETED CONSENT FOR CREDIT CHECK

REQUIRED DOCUMENTS

Below please find a list of documents that you need to submit for review.

- ☐ COPIES OF INDIVIDUAL FEDERAL INCOME TAX RETURNS FOR THE LAST THREE (3) YEARS
- ☐ COPIES OF BUSINESS FEDERAL INCOME TAX RETURNS FOR THE LAST THREE (3) YEARS (If Applicable)
- ☐ DOCUMENTATION FOR ALL CASH/ASSETS (Copies of your checking and/or savings account(s) statement(s))
- ☐ COPIES OF ANY LICENSES NEEDED TO OPERATE THE PROPOSED BUSINESS (For example, professional license for a beauty salon, etc.)
- ☐ A BUSINESS CERTIFICATE OR CERTIFICATE OF INCORPORATION (If Applicable)
- ☐ ONE FORM OF GOVERNMENT ISSUED PHOTO IDENTIFICATION (Driver license, passport, alien registration card, etc.)
- ☐ THREE BUSINESS REFERENCES ON COMPANY LETTERHEAD
- ☐ ONE PERSONAL REFERENCE

INSURANCE INFORMATION

At the time of lease signing Applicant must provide proof of the following insurance coverage:

- Commercial General Liability Insurance for a combined single limit for bodily injury and property damages of not less than \$1,000,000.00 per occurrence and \$2,000,000.00 in the aggregate
- Workers Compensation Insurance and/or Workers Compensation Waiver Form CE-200

NOTE: All insurance policies must be:

- Written with a company authorized and licensed to do business in New York State, with an “A.M. Best” rating of at least “B+”
- Paid for one year from the projected lease start date
- Written with NYCHA as an “additional named insured” in the policies
- Written on an occurrence basis, giving the Authority thirty days written notice prior to reduction or cancellation

BACKGROUND INVESTIGATION

During the application process you will be subject to a background investigation by the Office of the Inspector General, which include a tax search.

OTHER

Tenant accepts space in “AS IS” condition. NYCHA makes no warranties to the condition of the Premises or its compliance with local codes and laws. Tenant will be responsible for all maintenance and all costs arising from Tenant’s use of the Premises.

Please send the completed forms and all required documentation to:

New York City Housing Authority
Department of Real Estate Services
250 Broadway, 10th Floor
New York, NY 10007
ATTN: Anita Rovtar

NEW YORK CITY HOUSING AUTHORITY
COMMERCIAL SPACE APPLICATION FORM (CONT'D)

LEASE TYPE: ☐ NEW LEASE ☐ RENEWAL LEASE ☐ TRANSFER/ASSIGNMENT OF LEASE

PERSONAL INFORMATION

1. Name of Applicant/Principal(s): _____
2. Home Address: _____
City: _____ State: _____ Zip Code: _____
3. Mailing Address (If different from above): _____
City: _____ State: _____ Zip Code: _____
4. DOB: _____ 5. SSN#: _____ 6. TAX ID#: _____
7. Home Phone: _____ 8. Business Phone: _____
9. Mobile Phone: _____ 10. E-mail Address: _____

BUSINESS INFORMATION

11. Company Name (Enter full legal name): _____
12. Do you or have you ever leased space with the Housing Authority?
☐ No ☐ Yes (If yes, specify date and development name) _____
13. Type of Company:
☐ Business Corporation
☐ Partnership
☐ Sole Proprietorship
☐ Other (Specify) _____
14. Names, dates of births and titles of ALL partners/stockholders
- | | | |
|------------------|------------|--------------|
| Full Name: _____ | DOB: _____ | Title: _____ |
| Full Name: _____ | DOB: _____ | Title: _____ |
| Full Name: _____ | DOB: _____ | Title: _____ |
15. Proposed business: Describe principal products/commodities sold or services offered.

16. What is your experience in the field? If None, so state: _____

17. Is your company licensed/authorized to do business in New York State? ☐ No ☐ Yes
18. Is your company licensed/authorized to do business in other states? ☐ No ☐ Yes (Specify) _____
19. If licensing permits or certificates are required to operate the business, please identify:
- | Type of License/Permit | Issued by | Issued Date | Expiration Date |
|------------------------|-----------|-------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
20. Have you ever had a business license revoked? ☐ No ☐ Yes (If yes, explain briefly)

NEW YORK CITY HOUSING AUTHORITY
COMMERCIAL SPACE APPLICATION FORM (CONT'D)

FINANCIAL INFORMATION

21. Gross Receipts/Sales (Complete accordingly for last three (3) years):

Current Year 20	_____	\$	_____
Last Year 20	_____	\$	_____
Previous Year 20	_____	\$	_____

22. Identify bank(s) where applicant's/firm's accounts are maintained.

<u>Name of Bank</u>	<u>Bank Address</u>	<u>Account No.</u>	<u>Type of Account</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. Do you have a line of credit? ☐ No ☐ Yes (If yes, identify below)

<u>Source</u>	<u>Limit</u>	<u>Name of Guarantor</u>
_____	\$ _____	_____
_____	\$ _____	_____

24. List current creditor(s) and/or lender(s) and/or loan(s) in the firm.

<u>Name of Creditor/Lender</u>	<u>Type of Credit/Loan</u>	<u>Dollar Value</u>
_____	_____	\$ _____
_____	_____	\$ _____

APPLICANT'S DECLARATION/SIGNATURE

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY OR WILLFULLY MADE A FALSE STATEMENT, GIVEN FALSE INFORMATION OR OMITTED INFORMATION IN CONNECTION WITH THIS APPLICATION.

Applicant's Signature (Print & Sign) _____

Date _____