



**COMMERCIAL SPACE APPLICATION FORM**

**COMMERCIAL SPACE INFORMATION**

Date: \_\_\_\_\_ Name of Development: \_\_\_\_\_

Store Address: \_\_\_\_\_

**ELIGIBILITY**

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 COMMERCIAL 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 MAYOR'S OFFICE OF CONTRACTS VENDOR QUESTIONNAIRES (ONLINE FORMS)**
- 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, 10<sup>th</sup> 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:  

<u>Type of License/Permit</u>	<u>Issued by</u>	<u>Issued Date</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- 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