



**NEW YORK CITY HOUSING AUTHORITY**  
**COMMERCIAL SPACE APPLICATION FORM**

**COMMERCIAL SPACE INFORMATION**

Date: \_\_\_\_\_

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

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

**REQUIRED DOCUMENTATION**

**Dear Applicant:**

Below please find a list of documents that you need to submit **in addition to** the Commercial Space Application Form and the Business Entity Questionnaire (BEQ). It is very important that all items in the Commercial Space Application Form and Business Entity Questionnaire be completed **thoroughly** before submitting for review.

- COPIES OF YOUR LAST THREE (3) FEDERAL INCOME TAX RETURNS**  
(Business owners should include copies of both business and personal Federal Income Tax Returns.)
- DOCUMENTATION FOR ALL CASH/LIQUID 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**
- A COMPLETED 12 MONTH CASH FLOW PROJECTION** ( See pages 4 & 5)
- 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**

If selected as the tenant you must provide the following when you sign the lease:

- 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
- Plate Glass Insurance

**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 may include a tax search.**

Please send the completed Commercial Space Application Form, Business Entity Questionnaire and all required documentation to:

New York City Housing Authority  
Facility Planning & Administration  
250 Broadway, 10<sup>th</sup> Floor  
New York, NY 10007  
**ATTN: Anita Miletic**

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

**LEASE TYPE:**    NEW LEASE      LEASE RENEWAL      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. E-mail Address: \_\_\_\_\_

**BUSINESS INFORMATION**

- 10. Company Name (Enter full legal name): \_\_\_\_\_
- 11. Do you now or have you ever leased space with the Housing Authority?  
 No    Yes (If yes, specify date and development name)  
\_\_\_\_\_
- 12. Type of Company:  
 Business Corporation  
 Partnership  
 Sole Proprietorship  
 Other(Specify) \_\_\_\_\_
- 13. Names and titles of **ALL** partners/stockholders.  
Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_
- 14. Proposed business: Describe principal products/commodities sold or services offered.  
\_\_\_\_\_  
\_\_\_\_\_
- 15. What is your experience in the field? \_\_\_\_\_  
\_\_\_\_\_
- 16. Is your company licensed/authorized to do business in New York State/NYC?    No    Yes

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

17. Is your company licensed/authorized to do business in other states?  No  Yes (Specify) \_\_\_\_\_

18. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Have you ever had a business license revoked?  No  Yes (If yes, explain briefly)  
 \_\_\_\_\_

**FINANCIAL INFORMATION**

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

Current Year 200\_\_ \$ \_\_\_\_\_  
 Last Year 200\_\_ \$ \_\_\_\_\_  
 Previous Year 200\_\_ \$ \_\_\_\_\_

21. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

23. List current creditor(s) or lender(s) or loan(s) to the applicant/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