**EXHIBIT F**

**NON-RESIDENTIAL TENANT APPROVAL FORM**

Instructions: The project owner must complete page one of this form and provide the required attachments for review and consideration of any new non-residential tenants in space constructed with CIF funding. Once the HCR Project Manager receives a complete form and set of attachments, they will forward the documents to the Rural & Urban Community Investment Fund (CIF) Program Manager for review and decision.

**SHARs ID**: \_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant/Owner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Contact Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Tenant Name:** \_\_\_\_\_\_\_\_\_

**Current Use –** Retail/Commercial:  Community Facility:  Other: Click here to enter text.

**Current Business Type (ie. grocery, day care):** Click here to enter text.

**Reason for Leaving:** Click here to enter text.

**New Tenant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Use –** Retail/Commercial:  Community Facility:  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Business Type (ie. grocery, day care):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the proposed use/business type meet one of the following priorities as listed in the CIF RFP?**

The new use addresses a critical unmet community need (e.g. access to health care, affordable fresh foods, services for low income seniors, educational opportunities, day care for working families).

The new use is recommended as part of a concerted neighborhood revitalization plan.

If other (please describe how this new use will benefit the housing development and neighborhood):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Square Footage of Commercial Space:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount of Square Footage to be leased by new tenant:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rent/Square Foot or Rent / Month:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date and Term of Lease:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expected Proposed Net Commercial Income:** **Year 1 56,977 Years 1-10 623,879**

**Required Attachments:**

Copy of New Lease

New Exhibit 5 Operating Budget (if non-residential space rents have changed)

Copy of Non-Disturbance and Attenuation Agreement

Copy of latest Audit provided to HTFC Finance Office

Copy of the appropriate section of the Neighborhood Plan that recommends the proposed new use.

**For CIF** **Program Manager Use Only**

CIF Program Managershall review the complete New Non-Residential Tenant Approval Form, the required attachments, answer the questions below and notify the project owner of the decision on the new tenant within 30 days of receipt of a complete form and complete set of attachments.

Program Manager Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the proposed new non-residential use/tenant, meet one of the priorities established in the RFP?

Yes  No

Will the proposed use be an asset to the community and tenants of the building?

Yes  No

Are the proposed non-residential rents sufficient to cover all the non-residential operating and debt service costs?

Yes  No

Do the proposed rents allow for repayment of CIF debt service?

Yes  No

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

The use is approved.  Yes  No

CC: Project Owner

HCR Project Manager

Asset Manager

LivelinkCD