**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