

TO COMPLETE THIS FORM:

Print, fill out the requested information, sign, and email to the Property Manager. Thank you.

COVID-19 RENT RELIEF APPLICATION AND AFFIDAVIT – OFFICE/RETAIL TENANT

GENERAL INFORMATION:

Tenant Name*: _____

Premises Address: _____

Name of Primary Point of Contact: _____

Phone Number of Primary Point of Contact: _____

E-mail of Primary Point of Contact: _____

RENT RELIEF REQUEST INFORMATION:

Please provide a description of the rent relief requested:

Please provide supporting documentation on the following in connection with the rent relief requested:

Financial Statements:

- Please provide year-to-date audited financial statements and for the previous year.
- Please provide forecasted revenue from today for the next 12 months.
- For Retail Tenants: Provide gross sales figures for the previous year

Business Plan: Please provide any “going-forward” business plans including information regarding pending business interruption insurance claims and applications to federal and local benefit programs, and how operations will be modified in response to COVID-19.

ADDITIONAL INFORMATION:

Please include any other additional information to assist us in determining the appropriate rent relief package.

I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I am signing this Application and Affidavit by electronically entering my name below or providing a wet signature.

By: _____

Name: _____

Title: _____

* Landlord reserves the right to modify the rent payment program terms and procedures subject to applicable law.