

## DOWNTOWN DEVELOPMENT DISTRICTS (DDD)

R9-S2019 (FY19)

## **APPLICATION EXHIBIT: TENANT-OWNER CONSENT FORM**

This form is required **only if the applicant is a tenant** and is making real property investments to the portion of the building or facility for which he/she holds a <u>valid</u> lease. Tenants are required to submit written, notarized consent from the owner of the building to be eligible for a DDD Rebate.

Under circumstances where property owners make their consent contingent upon the applicant's coordination with other tenants in the building/facility, tenants must also complete the Tenant Coordination section of this form. **If there is no coordination** with the other tenants, DSHA will use a proration procedure based on the usable floor space leased by the investor. Please refer to the example of Multiple-Tenant Proration on the bottom of the first page of the Tenant-Owner Consent form.

1. APPLICANT (INVESTOR) INFORMATION				
Investor's Legal Name:				
Federal Employment ID #	# (FEIN)/Social Security Number:			
Physical Address of Inves	tment:			
City:	County: Select State: DE Zip Code:			
2. PROPERTY OWNER INFORMATION				
Owner's Name:	Title:			
Daytime Phone:	E-mail:			
Principal Mailing Address	::			
City:	State: Zip Code:			
3. TENANT QUALIFYING PRORATION				
Square footage leased by	investor (for which rebate is being sought):	0		
Total usable floor space i	0			
Percentage of usable floor space occupied by investor (calculates automatically):				
4. TYPE OF CONSENT				
Please select only one.				
Sole Tenant:	My consent is <u>not</u> contingent on coordination as this applicant is the sole ter	nant in this building.		
OR				
Multiple Tenants:	My consent is <u>not</u> contingent upon the applicant coordinating with the buil	ding's other tenants.		
	My consent <u>is</u> contingent upon the applicant coordinating with the building	's other tenants.		



Signature:

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#### **EXAMPLE OF MULTIPLE-TENANT PRORATION**

A commercial building is occupied by two tenants. Each tenant makes improvements to the portion of the building of which they lease, but the two tenants do <u>not</u> coordinate their applications. The <u>total usable floor</u> space in the building is 100,000 square feet. Each tenant leases one half of the building (50% each). Tenant A spent \$300,000 in qualified real property investments; Tenant B spent \$200,000. Since the cumulative investment (Tenant A and Tenant B) is \$500,000, the maximum rebate for the entire building is capped at \$100,000. Below is the calculation for both tenants without and with coordination.

#### **Without Coordination**

Because Tenant A and Tenant B each lease 50% of the building, each tenant is eligible for a \$50,000 (\$100K/2) rebate.

#### **With Coordination**

Tenant A is eligible for a \$60,000 (\$300K x 20%) rebate and Tenant B is eligible for a \$40,000 (\$200K x 20%) rebate.

5. NOTARIZED CONSENT OF OWNER
, owner of the property as described in the Property Owner Information section,
grants permission to the tenant referenced in the Application Information section to apply for the DDD Rebate in the amount of
Signature:
Sworn and subscribed to before me, a Notary Public, in and for the State of Delaware by
this day of , 201
Notary Public:
My Commission Expires:
6. APPLICANT DECLARATION
I, the undersigned, as the qualified district investor or on behalf of the qualified district investor, hereby apply to the Delaware State Housing Authority for District Rebate funding and attest that the information provided is, to the best of my knowledge, accurate.
Furthermore, the applicant hereby certifies to DSHA that the real property investment is not in any way owned, operated, managed, controlled or otherwise affiliated with any person who has been found guilty or pled guilty to any crime, including a felony, misdemeanor or offense involving fraud, dishonesty, deceit, breach of trust, embezzlement or any other financial crime.
I fully understand that it is a Class A misdemeanor punishable by fine up to \$2,300, up to 1 year in prison, restitution, and other conditions as the court deems appropriate, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 11, Delaware Code, Section 1233.
DISCLAIMER
Applicant understands the information submitted in this application is for the purpose of applying to DSHA for funding consideration and that acceptance of such submission does not constitute approval by DSHA.
I electronically certify that all of the above is true: Select
Legal Name of Applicant:
Name of Authorized Signer:
Title of Authorized Signer:

Date:



# **DOWNTOWN DEVELOPMENT DISTRICTS (DDD)**

October 2018

### **TENANT-OWNER COORDINATION FORM**

Under circumstances where property owners make their consent contingent upon the applicant's coordination with other tenants in the building/facility, tenants must also complete the Tenant Coordination form. Investors shall provide a copy of this form to all other tenants of the building/facility for them to complete, sign and have notarized. All signed original forms must be included with the investor's application.

Coordination is to ensure that no more than the rebate cap is requested within a five-consecutive-year period per building/facility starting with the year in which a rebate is first awarded (small projects) or reserved (large project set-aside). If the required coordination does not take place, DSHA will determine the maximum rebate amount available based on the proportion of the building/facility owned/leased by the investor.

1. DECLARATION			
As a Tenant or the authorized re	presentative of a Tenant located within the	building at	
I acknowledge that		is applying for th	ne Downtown
Development Districts Rebate.	As a Tenant or the authorized representative	e of the Tenant listed below, I give my	consent to
		to apply for the DDD Rebate in th	e amount of
. I am awar	e that the DDD Rebate is capped at \$1.5 mill	ion for a five-consecutive-year term an	d the filing of
this application and subsequent	disbursal of funds will be counted towards	reaching the rebate cap applicable to	this property.
2. NOTARIZED SIGNATURE OI	F COORDINATING TENANT		
Tenant Name:			
Representative, Title:		Square footage leased:	
Signature:		Date:	
Sworn and subscribed to before m	e, a Notary Public, in and for the State of Dela	ware by	
this day of	, 201		
Notary Public:			
My Commission Expires:		_	