



NEW YORK CITY  
HOUSING DEVELOPMENT  
CORPORATION

---

# DISCLOSURE COMPLIANCE PACKAGE

---

## **DEFINITIONS**

“Administrative Code” means the Administrative Code of the City of New York, including but not limited to the Building Code and the Housing Maintenance Code.

“Building Code” means, collectively, both Title 28 of the Administrative Code and Title 27, Chapter 1 of the Administrative Code.

“City” means the City of New York, a municipal corporation.

“City Agency” means any agency, department, office, commission, or instrumentality of the City, including quasi-public corporations, public benefit corporations, and public authorities (e.g., HDC, the New York City Housing Authority, New York City Economic Development Corporation, New York City Transit Authority, New York City Health and Hospitals Corporation, and New York City School Construction Authority).

“EIN” means federal Employer Identification Number or Tax Identification Number.

“Governmental Agency” means a federal, state, or local agency, department, office, commission, or instrumentality, including quasi-public corporations, public benefit corporations, and public authorities (e.g., the New York State Housing Trust Fund and Metropolitan Transportation Authority), grand juries, and City Agencies.

“HDC” means the New York City Housing Development Corporation, all of its subsidiaries, and their respective successors and/or assigns.

“Housing Maintenance Code” means Title 27, Chapter 2 of the Administrative Code.

“HPD” means the City’s Department of Housing Preservation and Development and all of its predecessor agencies.

“Immediate Family” means, with respect to a Participant who is a person (and, where specifically so indicated, with respect to a Principal or Officer), (i) his or her spouse or registered domestic partner, (ii) his or her children and parents, and (iii) the spouses or registered domestic partners of his or her children and parents.

“Joint Venture” means a one-time grouping of two or more persons or entities (or any combination thereof) engaged in the joint conduct of a particular transaction or specific undertaking.

“New Entity” means a single purpose entity that has never owned real property or engaged in any transaction.

“Officer” means (i) any person with signatory authority to legally bind Participant, (ii) any president, vice president, secretary, treasurer, chief executive officer, chief operating officer, or chief financial officer, by whatever titles known, or (iii) any board chair, director, or trustee, by whatever titles known.

“Participant” means the person or entity identified in “Section 1 – Participant Identification” below.

“Principal” means:

- (i) any person or entity (other than a limited partner) owning or controlling twenty percent or more of the ownership interest or twenty percent or more of the profits or losses,
- (ii) all persons related by blood or marriage (other than limited partners), who, in the aggregate, own or control twenty percent or more of the ownership interest or twenty percent or more of the profits or

losses,

- (iii) all persons acting as agents, fiduciaries or nominees, together with or on behalf of a single person or family (other than a limited partners), who, in the aggregate, own or control twenty percent or more of the ownership interest or twenty percent or more of the profits or losses,
- (iv) any current general partner, or managing manager,
- (v) any current Joint Venturer, or
- (vi) any person or entity HDC determines to be a principal in a project.

“Related Entity” means any entity identified in response to Question 5.A, 5.B, 5.C, and 5.D.

“SSN” means Social Security Number.

“Transaction” means the matter with respect to which Participant will interact with HPD and/or HDC, and Participant's role in that matter, including, but not limited to, (i) purchasing City-owned property, (ii) receiving an HPD or HDC loan, (iii) being retained as a general contractor by the purchaser of City-owned property or the recipient of an HPD or HDC loan, (iv) entering into a regulatory agreement with HPD or HDC, (v) being retained as a general contractor or administering agent by a party which has entered into a regulatory agreement with HPD, (vi) entering into a site development agreement, site development and management agreement, or similar agreement with the owner of property to be developed or rehabilitated through an HPD or HDC program, (vii) being retained as a general contractor by a party which has entered into a site development agreement, site development and management agreement, or similar agreement with the owner of property to be developed or rehabilitated through an HPD or HDC program, (viii) leasing or net leasing City-owned property, (ix) being retained as a managing agent by the net lessee of City-owned property or by a Mitchell-Lama housing company, (x) acquiring an ownership interest in property which is encumbered by a City mortgage and/or owned by a Mitchell-Lama housing company or a Redevelopment Company, or (xi) licensing City-owned property.

# Compliance Package

## **INSTRUCTIONS**

Qualifying Participants in HDC Transactions must complete this Compliance Package in its entirety to fulfill their Sponsor Review and, when applicable for joint projects with HPD, Executive Order No. 50 (1980), as amended, (“E.O.50”) preconstruction integrity review requirements. When E.O.50 requirements apply, you must complete the attached rider after completing the signature page in Section 16 and provide a copy of your full submission including E.O.50 rider to your HPD project manager. Note that this package is for both Participants that are entities or individuals. Follow the instructions throughout to determine which sections apply based on whether you are completing the package as an entity or as an individual Participant. Related Entities that are either involved in the Transaction or are the subject of a “Yes” answer to any question in the Sponsor Review portion of this Compliance Package, and each of its Principals and Officers, must submit a Compliance Package (see Section 15).

Whenever an explanation of an answer is required, such explanation must include all material facts on an attachment which is clearly marked to indicate the appropriate question number. If a question does not apply, or cannot be answered due to lack of knowledge, Participant must so indicate.

Where any question asks about a person affiliated with Participant (for example, a Principal, Officer, or Employee), answer for the entire period covered by the question, even if the person was not affiliated with Participant for part of the period.

Submit the completed Compliance Package and all supporting documents (and address any questions concerning such Compliance Package and supporting documents) to:

Hard copies:

Denise Kimball  
New York City Housing Development Corporation  
110 William Street, 10<sup>th</sup> Floor  
New York, NY 10038

Electronic copies (only accepted if you have an HDC/HPD PIN)

dkimball@nychdc.com

## 1. PARTICIPANT IDENTIFICATION

PARTICIPANT:

SSN/EIN:

CONTACT:

BUSINESS ADDRESS:

PHONE:

E-MAIL:

FORMATION DATE:

DATE OF BIRTH:

TYPE OF PARTICIPANT: *(Check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                      | <input type="checkbox"/> Joint Venture                         |
| <input type="checkbox"/> Not-for-Profit Corporation      | <input type="checkbox"/> Business Corporation                  |
| <input type="checkbox"/> General Partnership             | <input type="checkbox"/> Limited Partnership                   |
| <input type="checkbox"/> Limited Liability Company       | <input type="checkbox"/> Limited Liability Partnership         |
| <input type="checkbox"/> HDFC                            | <input type="checkbox"/> 501(c)(3)                             |
| <input type="checkbox"/> Tenants in Common               | <input type="checkbox"/> Joint Tenants                         |
| <input type="checkbox"/> Other* (See instructions below) | <input type="checkbox"/> New Entity** (See instructions below) |

*\* For Other: please explain in full detail, on a separate attachment, Participant's relationship to proposed Transaction, including all titles or positions and the percentage and type of any interest held.*

*\*\* If this is a new entity only complete Section 2 of this Compliance Package.*

ROLE IN PROJECT: *(Check all that apply):*

- |   |  |
|---|--|
| <input type="checkbox"/> Property Owner               | <input type="checkbox"/> Part of Property Owner (Describe Role: _____) |
| <input type="checkbox"/> Borrower                     | <input type="checkbox"/> Part of Borrower (Describe Role: _____)       |
| <input type="checkbox"/> General Contractor           |  |
| <input type="checkbox"/> Subcontractor                |  |
| <input type="checkbox"/> Other (Describe Role: _____) |  |

If Individual: Participant's title or position and brief description of responsibilities:

If Individual: Participant's percentage of and type of interest:

Please identify the ethnicity of the majority ownership of the filing entity:

- |   |  |
|---|--|
| <input type="checkbox"/> White          | <input type="checkbox"/> Asian           |
| <input type="checkbox"/> Black          | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic       | <input type="checkbox"/> Hasidic Jew     |
| <input type="checkbox"/> Not Applicable |  |

Please identify the gender of the majority ownership of the filing entity:

Male

Female

Not Applicable

Please check any of the following if the filing entity is certified as a:

Minority-Owned Business Enterprise

Locally-Based Business Enterprise

Women-Owned Business Enterprise

Emerging Business Enterprise

Disadvantaged Business Enterprise

If certified, please indicate the M/WBE Certifying Entity:

NYC Department of Small Business Services

Port Authority NY/NJ

NYC School Construction Authority

NJ Department of Treasury

NYS Empire State Development Corporation

Other: \_\_\_\_\_

Name of Designated Equal Opportunity Compliance Officer: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Project:

## 2. New Entity Statement (To be Completed by New Entities Only)

An entity that has never owned real property, never engaged in any transaction, and has no financial history may complete this New Entity Section, Section 2, in lieu of completing a Compliance Package and then proceed straight to the signature page, Section 16 of the Compliance Package. All Participants that are not New Entities, including the Principals and Officers of the New Entity, should skip this section and proceed to Section 3.

### **OWNERSHIP**

List all Principals and Officers of the Entity. *If the space below is insufficient, attach additional pages with the relevant information.*

| Individual/Entity Name | Role <sup>1</sup> | % Interest <sup>2</sup> | SSN/EIN <sup>3</sup> |
|------------------------|-------------------|-------------------------|----------------------|
|                        |                   |                         |                      |
|                        |                   |                         |                      |
|                        |                   |                         |                      |
|                        |                   |                         |                      |

1: Enter role in Entity (e.g., shareholder, general partner, limited partner, member, managing member, etc.).

2: Enter percentage interest (owned or controlled) in the Entity.

3: The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose whether compliance with the request is voluntary or mandatory, why the information is requested, and how it will be used. Providing Social Security Numbers and/or Employer Identification Numbers on this form is mandatory. Social Security Numbers and Employer Identification Numbers will be used only to perform a background check, will be kept in a secure location, and will not be used or disclosed for any other purpose.

### **ATTACHMENTS**

Submit the following documents:

- An organization chart showing the entity's current structure (follow format specified in attached template) that includes the EIN of the New Entity.
- Certificate of Incorporation, Certificate of Limited Partnership, Articles of Organization, or equivalent document, plus the Partnership Agreement for any general or limited partnership.
- If the New Entity is an HDFC, Detail when the project was approved by HPD for formation and the names of all individuals and entities submitted in conjunction with the formation of the HDFC. Note: In the event the HDFC has been approved for formation by HPD within 6 months of the submission of this letter, those individuals and entities listed above may be eligible for omission from disclosure for this transaction, which determination shall be at the sole discretion of HDC.

# SPONSOR REVIEW



**3. AFFIDAVIT OF NO CHANGE/LIMITED CHANGE (Sponsor Review Only)**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| A. Has the Participant, as described in Section 1, submitted a complete Compliance Package within the last three years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If yes, please provide the date that the prior Compliance Package was submitted and whether it was submitted to HPD or HDC: ____/____/____ <input type="checkbox"/> HPD <input type="checkbox"/> HDC  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the information provided in the previously submitted Compliance Package remain true and complete, in all aspects, as of today's date?  | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has the Participant or a Related Entity or one or more of their respective Principals or Officers owned, managed, or controlled (directly or indirectly through other entities), any real property (in part or in its entirety) in New York City within the last ten years? |                          | <input type="checkbox"/> |
| E. Is there any litigation pending or threatened against Participant or any of Participant's Immediate Family members, Principals or Officers?   |                          |                          |

**If you are (i) completing this package on behalf of an entity or individual as described in Section 1, (ii) that has submitted a Compliance Package within the last three years, and (iii) all information remains true and complete in all aspects, attach a current property list (if applicable) and then proceed straight to the signature page, Section 16 of the Compliance Package. If there have been limited changes within the last three years, you need to attach the applicable pages from the Compliance Package and/or Appendix and then may proceed straight to the signature page, Section 16 of the Compliance Package.**

**If you have not submitted a complete Compliance Package in the last three years, proceed to Section 4 of the Compliance Package and continue completing the form.**

**4. PARTICIPANT INFORMATION**

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| A. Within the past five years, has Participant or any of Participant's Immediate Family members, Principals, or Officers served, whether in a paid or unpaid capacity, as (i) an elected or appointed official or officer, (ii) a full or part time employee in a City Agency, including HPD or HDC, or (iii) a member of HDC? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If YES, please provide details on a separate attachment.**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| B. Within the past five years, has Participant or any of Participant's Immediate Family members, Principals, or Officers been a party to an agreement with any Governmental Agency, including HPD and/or HDC? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

**If YES, please provide details on a separate attachment with respect to all agreements, transactions, and activities. Please include a list of all agencies and contacts with respect to such activities and the dates of any transaction closings with such Governmental Agencies.**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| C. Does any person or entity hold any form of options, securities, or instruments that can be converted to ownership interests in Participant and that, if exercised, would (combined with any other ownership interest already held by such person or entity) constitute twenty (20%) percent or more of the ownership interest of Participant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

**If YES, please provide details on a separate attachment.**

- |  |  |
|--|--|
| D. Dun & Bradstreet Number:  |  |
| E. State in which Participant is incorporated and date of such incorporation:  |  |
| F. County and State where partnership agreement is filed and date of such filing:  |  |
| G. State of filing of limited liability company or limited liability partnership articles of organization and date of such filing: |  |

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| H. Is Participant using any name, trade name, d/b/a name, abbreviation, EIN, or SSN other than those listed above, or has it done so in the past? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

**If YES, provide such name, trade name, d/b/a name, abbreviation, EIN, or SSN and the details of the relationship (including positions held and ownership interest and percentage) to Participant.**

**4. PARTICIPANT INFORMATION (cont.)**

Yes    No

- I. Is Participant exempt from federal income taxes under the Internal Revenue Code pursuant to a written grant of exemption from the Internal Revenue Service?

**If YES, please provide details on a separate attachment.**

- J. List the name, SSN/EIN, and address of all Principals, but (i) do not list limited partners, and (ii) if a corporation's shares are publicly traded on a securities exchange, only list its Principals. If the space below is inadequate, use a separate attachment.

| Name | SSN/EIN | Home Address | Position/Title | Interest Owned (%) |
|------|---------|--------------|----------------|--------------------|
|      |         |              |                |                    |
|      |         |              |                |                    |
|      |         |              |                |                    |
|      |         |              |                |                    |
|      |         |              |                |                    |

- K. List all Officers of Participant (if the space below is inadequate, use a separate attachment):

| Name | SSN/EIN | Home Address | Position/Title | Interest Owned (%) |
|------|---------|--------------|----------------|--------------------|
|      |         |              |                |                    |
|      |         |              |                |                    |
|      |         |              |                |                    |
|      |         |              |                |                    |
|      |         |              |                |                    |

- L. Is Participant listed on any national or regional stock exchange or on NASDAQ?

**If YES, provide the name of the exchange and the listing on a separate attachment**

- M. Is Participant required to register with the New York State Department of Law (Attorney General)?

**If YES, provide the date of such registration and the date that Participant filed its most recent financial statement on a separate attachment. If 'NO', and Participant is a not-for-profit corporation, state the reason(s) on a separate attachment.**

## 5. RELATED ENTITY INFORMATION

- |    |   | Yes                      | No                       |
|----|---|--------------------------|--------------------------|
| A. | <p>Is Participant or any Immediate Family member a parent of or affiliated with, or does Participant or any Immediate Family member own, manage, control, or have any interest in, any subsidiaries, members, chapters, franchises, affiliates, corporations, partnerships, limited liability companies, limited liability partnerships, firms, organizations, or other entities? The term "affiliated" includes, but is not limited to, common ownership or control or the sharing of substantial physical space, resources, managerial structure, or personnel.</p> <p><b>If YES, on a separate attachment, identify each such entity by name and address, specify its relationship to Participant and identify, if applicable, the Principals and/or Officers common to Participant and such entity.</b></p> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | <p>Is Participant owned, managed or controlled by, or is Participant a subsidiary, member, chapter, franchise, or affiliate of any corporation, partnership, limited liability company, limited liability partnership, firm, organization, or other entity?</p> <p><b>If YES, on a separate attachment, identify each such entity by name and address, specify its relationship to Participant, and identify, if applicable, the Principals and/or Officers common to Participant and such entity.</b></p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | <p>Is Participant or any Immediate Family member affiliated with or does Participant or any Immediate Family member receive a salary from any other companies or entities with which Participant will conduct business in connection with the Transaction?</p> <p><b>If YES, on a separate attachment, identify each such entity by name and address, specify its relationship to Participant, and identify, if applicable, the Principals and/or Officers common to Participant and such entity.</b></p>   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | <p>During the past 3 years, has Participant or any Immediate Family member been a Principal or Officer of, or otherwise owned, managed, controlled, been affiliated with or had any interest in, any other companies or entities?</p> <p><b>If YES, on a separate attachment, identify each such entity by name and address, specify its relationship to Participant, and identify, if applicable, the Principals and/or Officers common to Participant and such entity.</b></p>  | <input type="checkbox"/> | <input type="checkbox"/> |

## 6. REAL PROPERTY

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. During the last ten years, has Participant, any of Participant's Immediate Family members, Principals, or Officers, or any business organization in which Participant was a Principal or Officer owned, managed, or controlled (directly or indirectly through other entities), or held any mortgage on or other interest in, any real property (in part or in its entirety) in New York City? | <input type="checkbox"/> | <input type="checkbox"/> |

**If YES, list such property by address and tax block and lot numbers on a separate attachment, indicate the relevant entity, its relationship to each property, and the dates of such relationship to each property. If Participant was not the owner of record of such real property, state the record owner thereof and Participant's relationship to the owner.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| B. Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers ever owned, managed, or controlled (directly or indirectly through other entities) any real property (in part or in its entirety) located anywhere which (a) was the subject of a fire insurance claim in an aggregate amount in excess of \$10,000, and (b) less than one half of the proceeds of such claim was expended in the restoration of the property? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**If YES, please provide details on a separate attachment.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| C. Has (i) Participant or any Immediate Family member, (ii) any of Participant's or any Related Entity's Principals or Officers, or (iii) any Immediate Family members of Participant's or any Related Entity's Principals or Officers, ever:  |                          |                          |
| (i) owned, managed, or controlled (directly or indirectly through other entities), or held any mortgage on, or other interest in, all or any part of the property comprising the proposed project site?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) owned (directly or indirectly through other entities), or been a successor in interest to an owner of, any property which (i) was acquired or transferred by the City through real property tax or other lien enforcement proceedings, or (ii) was encumbered by a tax lien that the City sold? | <input type="checkbox"/> | <input type="checkbox"/> |

**If YES to C(i) or C(ii), fully identify the parties on a separate attachment setting forth all details of such real property interest, including, but not limited to, the means by which such party ceased to hold such real property interest.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| D. Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers ever been the subject of any City Commission on Human Rights proceeding, any State of New York Division of Human Rights proceeding, or any tenant harassment proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**If YES, please provide details on a separate attachment.**

**6. REAL PROPERTY (cont.)**

- |    |  | Yes                      | No                       |
|----|--|--------------------------|--------------------------|
| E. | <p>Within the last ten years, has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers been cited by the Division of Housing and Community Renewal or the Rent Guidelines Board for failure to comply with the Rent Stabilization Law or Code or for failure to comply with an order of the Division of Housing and Community Renewal or the Rent Guidelines Board?</p>                  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment.</b>  |                          |                          |
| F. | <p>Does Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers currently own, manage or control any properties that have outstanding violations of the Housing Maintenance Code, the Building Code, the Zoning Resolution, or the Multiple Dwelling Law?</p>   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, specify the property, the owner(s) of record and managing agent, the nature and number of violations in each classification, and the number of apartments in each property.</b>   |                          |                          |
| G. | <p>Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers ever been the subject of any action or proceeding to enforce, or order requiring the correction of, a condition that violated any provision of the Housing Maintenance Code, the Building Code, the Administrative Code (other than parking violations), the Zoning Resolution, or the Multiple Dwelling Law?</p>            | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment.</b>  |                          |                          |
| H. | <p>Are there any judgments, consent decrees, stipulations, or other settlements currently outstanding against Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers resulting from lawsuits brought by HPD or the City or any City Agency, including but not limited to (a) civil penalties for failure to correct violations or (b) recoupment of Emergency Repair Program expenses.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment.</b>  |                          |                          |
| I. | <p>Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers, or any property owned, managed, or controlled by any of them, ever been the subject of a stop work order issued by the Department of Buildings or a violation issued by the Occupational Safety and Health Administration?</p>  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment.</b>  |                          |                          |

**6. REAL PROPERTY (cont.)**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| J. Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or officers ever owned, managed, or controlled:   |                          |                          |
| (i) a building which was the subject of a proceeding to appoint an administrator pursuant to Article 7-A of the Real Property Actions and Proceedings Law, to appoint a receiver to remove or remedy a nuisance pursuant to Multiple Dwelling Law §309, or to vest title to abandoned property in a proceeding pursuant to Article 19-A of the Real Property Actions and Proceedings Law?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) any property that had issued against it a precept to abate an unsafe or dangerous structure, or any other unsafe building notice or designation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) any property that was the subject of a vacate order or partial vacate order by any Governmental Agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Does Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers own, manage, or control (directly or indirectly through other entities) any interest in any real property (in part or in its entirety) located in New York City which is currently either in arrears or default on, or the subject of any foreclosure or other lien enforcement action or proceeding with respect to any of the following? |                          |                          |
| 1. Real Property Taxes  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Water/Sewer Charges  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other taxes  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. City mortgage loan   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Other City loan  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Emergency Repair Program Charges   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Alternative Enforcement Program Charges  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Article 7-A Financial Assistance Charges   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Receivership charges   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Relocation charges  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Judgment for civil penalties  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Other judgment  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Any other lien, charge, or contractual obligation due to the City   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Any mortgage, lien, judgement, or contractual obligation to any other party   | <input type="checkbox"/> | <input type="checkbox"/> |

**If YES to any of the above, please provide details on a separate attachment.**

**6. REAL PROPERTY (cont.)**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| L. Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers ever owned, managed, or controlled (directly or indirectly through other entities) any interest in any real property (in part or in its entirety) located in New York City which, during the term of such ownership, management or control, was (a) disposed of while in arrears or default on any of the following, whether by deed in lieu of foreclosure or by any other voluntary or involuntary method, (b) in arrears or default any of the following for more than 90 days, or (c) the subject of a foreclosure or other enforcement action or proceeding with respect to any of the following? |                          |                          |
| 1. Real Property Taxes   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Water/Sewer Charges   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other taxes   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. City mortgage loan  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Other City loan   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Emergency Repair Program Charges  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Alternative Enforcement Program Charges   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Article 7-A Financial Assistance Charges  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Receivership charges  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Relocation charges   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Judgment for civil penalties   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Other judgment   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Any other lien, charge, or contractual obligation due to the City  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Any mortgage, lien, judgement, or contractual obligation to any other party  | <input type="checkbox"/> | <input type="checkbox"/> |

**If YES to any of the above, please provide details on a separate attachment.**



## 7. INTEREST IN THE TRANSACTION

- |    |   | Yes                      | No                       |
|----|---|--------------------------|--------------------------|
| A. | Has Participant or any of Participant's Immediate Family members, Principals, or Officers owned, controlled, or had any interest in any part of the Transaction, including, but not limited to, any real property in the Transaction?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES to any of the above, please provide details on a separate attachment.</b>   |                          |                          |
| B. | Does Participant share office space, staff, equipment, or expenses with any other entity?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment.</b>   |                          |                          |
| C. | Will Participant use or occupy any real property (other than its own offices or any site which is the subject of the Transaction) to carry out this Transaction?  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, provide name and address of the lessor or owner on a separate attachment.</b>  |                          |                          |
| D. | Are any Principals or Officers of Participant related to or affiliated in any way with an entity that leases or owns the real property identified in response to Question 5.C?  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, provide the name, title, and relationship on a separate attachment.</b>  |                          |                          |
| E. | Is Participant or any of Participant's Immediate Family members, Principals, or Officers affiliated with any other entity with which Participant will conduct business in connection with this Transaction?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment.</b>   |                          |                          |
| F. | Will Participant or any of Participant's Immediate Family members, Principals, or Officers receive, directly or indirectly, any form of payment, income, revenue, compensation, or remuneration or anything else of value from any other entity or person with which Participant will conduct business in connection with this Transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment.</b>   |                          |                          |

## 8. GOVERNMENT

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. Has Participant, any Principal or Officer of Participant, or any of their respective Immediate Family members ever been:   |                          |                          |
| (i) Elected or appointed to a City office or employed by a City Agency? Include part time and unpaid positions, and membership in advisory committees or Community Boards.  | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) a consultant or advisor to a City Agency performing services related to the solicitation of, negotiation for, or operation/administration of either (a) the proposed Transaction, or (b) any Transaction with such City Agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If YES to either of the above, provide the name of such person and the City Agency and status with the City on a separate attachment.</b>  |                          |                          |
| B. Has Participant or any of Participant's Immediate Family members, Principals, or Officers:   |                          |                          |
| (i) Ever participated in, or been selected to participate in, any HPD, HDC, or any governmental agency program, project, loan, contract or other activity as a developer, sponsor, contractor, subcontractor, mortgagor, lender, borrower, general partner, managing member or managing manager or in any other capacity?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If YES, state the date, program, project, loan, contract and/or activity, and all relevant details, including identification and brief description of each project, date of completion, role of Participant with regard to each project, and the names of the government agencies involved on a separate attachment.</b> |                          |                          |
| (ii) Ever acted as a developer, contractor, subcontractor, mortgagor, general partner, managing member or managing manager of any non-governmental project involving any private entity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If YES, please list on a separate attachment, the five most recent projects completed, including identification and brief description of each project, date of completion and role of Participant with regard to each project.</b>   |                          |                          |
| (iii) Been awarded a contract with any City Agency in the past five years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If YES, identify the agency, contract or project and all relevant details on a separate attachment.</b>  |                          |                          |
| (iv) Been a subcontractor on any contract with any City Agency in the past five years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If YES, provide the names of the City Agency and the prime contractor and the contract start date on a separate attachment.</b>  |                          |                          |

## 8. GOVERNMENT (cont.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| C. Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers, or any entity in which any of them were then Principals or Officers, ever:              |                          |                          |
| (i) Been found to be a non-responsible bidder or proposer, or otherwise been found to be non-responsible, by any Governmental Agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Been denied pre-qualified vendor status, or had pre-qualified vendor status revoked by any Governmental Agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Been denied a contract with a Governmental Agency despite being a low bidder or highest scoring proposer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) Been denied a contract with a Governmental Agency as a result of an administrative action by any Governmental Agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) Had any form of designation, selection, award, approval, license, permit, authorization, concession, franchise, or lease terminated or revoked by a Governmental Agency?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) Failed to enter into or perform a contract with a Governmental Agency after an award was made, or failed to close on a loan after accepting a loan commitment from a Governmental Agency?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| (vii) Been unable to execute, or unable to perform, a contract or agreement with, or other obligation to, a Governmental Agency because it could not provide the required security, insurance, or surety bond? | <input type="checkbox"/> | <input type="checkbox"/> |
| (viii) Failed to timely complete the performance of its obligations under a contract or agreement with, or other obligation to, a Governmental Agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (ix) Received an extension of time to complete the performance of its obligations under a contract or agreement with, or other obligation to, a Governmental Agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (x) Defaulted on, received a notice of default on, or been declared in default on a contract or agreement with, or other obligation to, a Governmental Agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (xi) Had any contract or agreement with, or other obligation to, a Governmental Agency terminated, canceled or not renewed by such Governmental Agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (xii) Been the subject of a hearing before the New York City Office of Administrative Trials and Hearings?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (xiii) Filed a public improvement lien?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (vx) Been placed on enhanced review status by HPD?   | <input type="checkbox"/> | <input type="checkbox"/> |

**If YES to any of the above, please provide details on a separate attachment.**

**8. GOVERNMENT (cont.)**

- |    |   | Yes                      | No                       |
|----|---|--------------------------|--------------------------|
| D. | Is Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers currently subject to any unsatisfied judgment or lien held by a Governmental Agency, including, but not limited to, judgments or liens based on taxes owed, enforcement proceedings, and/or charges, fines and penalties?<br><br><b>If YES to any of the above, provide the name of the person or entity subject to such judgment or lien, SSN/EIN, Governmental Agency, and date, amount, and type of obligation on a separate attachment.</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Is Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers a party in any lawsuit in which the City or any City Agency (including HPD and/or HDC) is also a party? Do not include any lawsuit covered in your answer to Question 3.G.<br><br><b>If YES, please provide details on a separate attachment.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Are there any persons now serving in a management or advisory capacity to Participant or any Related Entity, whether as a Principal, Officer, attorney, engineer, architect, or in any other capacity, who presently serve or have served as an employee of or a consultant or advisor to HPD and/or HDC (in connection with the proposed Transaction or otherwise)?<br><br><b>If YES, please provide details on a separate attachment.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |

## 9. EQUITY FUNDS AVAILABLE

To be completed only if Participant is an entity and/or if Participant is providing equity funds for the Transaction. If more than one loan is outstanding, please continue, using the same format, on a separate attachment.

### A. OUTSTANDING LOANS (from any source, including mortgage or home-equity loans)

|   |  |
|---|--|
| 1 | Creditor's name and address, including zip code:                 |
| 2 | Contact Person, title of position and telephone number:          |
| 3 | Amount of outstanding loan and date of maturity:<br><br>\$ _____ |

### B. PROJECTED SALE OF ASSETS

| Asset Description | Projected Date of Sale | Market Value (\$) | Outstanding Mortgages or Liens on Asset (\$) |
|-------------------|------------------------|-------------------|--|
|                   |                        |                   |  |
|                   |                        |                   |  |
|                   |                        |                   |  |
|                   |                        |                   |  |

### C. PLEDGED OR HYPOTHECATED STOCK

Yes      No

Has Participant pledged or hypothecated ten (10%) percent or more of its stock of any class to another business or individual to guarantee payment for a debt or obligation?

    

**If YES, please provide the name and address of the holder of such pledge, or the hypothecation, the percentage pledged, and transaction details on a separate attachment.**

## 10. PENDING OR ANTICIPATED ACTIONS THAT MAY AFFECT FINANCIAL STATUS

- |    |  | Yes                      | No                       |
|----|--|--------------------------|--------------------------|
| A. | Is there any litigation pending or threatened against Participant or any of Participant's Immediate Family members, Principals, or Officers?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment.</b>  |                          |                          |
| B. | Is there any existing or pending condition, claim, or event which may materially affect Participant's financial status and/or ability to participate in the Transaction?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment.</b>  |                          |                          |
| C. | Has Participant entered into or does Participant anticipate entering into any arrangement whereby Participant is or will become a guarantor, indemnitor, and/or surety for any obligation (including, but not limited to, any pre-development loans relating to the proposed Transaction)? | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment.</b>  |                          |                          |
| D. | Has Participant entered into any financial arrangement regarding the Transaction (including, but not limited to, any agreements regarding development, partnership, investments, tax credits, etc.)?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide details on a separate attachment and copies of such agreements.</b>  |                          |                          |
| E. | Have any audits of Participant conducted in the past five years revealed any material deficiencies in either its system of internal controls or in its compliance with contractual agreements or laws and regulations?   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>If YES, please provide name of auditing agency, audit date and date corrective action was implemented on a separate attachment.</b>   |                          |                          |
-

## 11. INVESTIGATIONS, CHARGES, CONVICTIONS, ORDERS

**For answers to Questions 11.B and 11.C, do not include any arrest or criminal accusation of an individual not currently pending which was followed by (i) a termination of that criminal action or proceeding in favor of such individual, as defined in Criminal Procedure Law §160.50(2), (ii) a youthful offender adjudication, as defined in subdivision one of Criminal Procedure Law §720.35, (iii) a conviction for a violation sealed pursuant to Criminal Procedure Law §160.55, or (iv) a conviction sealed pursuant to Criminal Procedure Law §160.58.**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. Does Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers have pending against him, her, or it any:  |                          |                          |
| (i) Felony charges or investigations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Misdemeanor or offense charges (other than traffic violations) or investigations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Administrative, regulatory, or statutory charges or investigations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If YES to any of the above, provide the name, SSN/EIN, title, status in Participant, the court, its address, index or docket number, nature and result of charges and date on a separate attachment.</b> |                          |                          |
| B. Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers ever:   |                          |                          |
| 1. Been convicted of, or pled guilty to, a felony?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been convicted of, or pled guilty to, a misdemeanor or offense (other than traffic violations)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been found in violation of, or admitted to a violation of, any administrative, regulatory, or statutory charges requirements?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been investigated for any felony, misdemeanor, or offense (other than traffic violations), or for violation of any administrative, regulatory, or statutory requirement?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Been granted immunity from prosecution?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Been subpoenaed to provide, or voluntarily provided, testimony or documents to any grand jury?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Been subpoenaed to provide testimony or documents to any Governmental Agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Voluntarily appeared before a Governmental Agency to testify concerning an investigation into any transaction, contract, or dealing with any Governmental Agency?  | <input type="checkbox"/> | <input type="checkbox"/> |

9. Been the subject of, or witness in, an investigation (including, but not limited to, any criminal, civil, or regulatory investigation) by any Governmental Agency?
10. Been the subject of any notifications or findings relating to violations of or noncompliance with Labor Law §220, Labor Law §230, the Davis Bacon Act, any other prevailing wage law, or the Fair Labor Standards Act?
11. Been the subject of a monitorship or certification imposed by any Governmental Agency?
12. Paid any money, gratuity, or conferred any other benefit, for any purpose, on any public official or any City employee?

**If YES, please provide details on a separate attachment, including, with respect to any case, the date, charge, place, court, disposition, docket or indictment number and a full explanation.**



## 11. INVESTIGATIONS, CHARGES, CONVICTIONS, ORDERS (cont.)

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <p>C. Have any former Principals, Officers, or employees of Participant been charged with, convicted of, or pled guilty to any crime (including, without limitation, felony, misdemeanor, or violation,) relating to their activities with Participant?</p> <p><b>If YES to any of the above, provide the name, SSN/EIN, title, status in Participant, the court, its address, index or docket number, nature and result of charges and date on a separate attachment.</b></p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>D. Is Participant or any Related Entity currently in default on any obligation or subject to any unsatisfied judgment or lien?</p> <p><b>If YES, identify the debtor and creditor, and state the date, amount, and type of obligation on a separate attachment.</b></p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>E. Is Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers currently subject to any injunction?</p> <p><b>If YES, identify the party subject to the injunction and state all relevant details regarding the injunction on a separate attachment.</b></p>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>F. Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers ever been found to have violated, or admitted to a violation of, any law, rule, or policy prohibiting discrimination, including but not limited to, any policy regarding equal employment opportunity?</p> <p><b>If YES, please provide details on a separate attachment.</b></p>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>G. Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers ever been investigated for, questioned about, arrested for, granted immunity from prosecution on, charged with, indicted on, or convicted of, or pled guilty to or testified about, any potential or alleged criminal, civil, or administrative violation of law (whether by such person or entity or any other person or entity) that is not disclosed in response to another question in this Compliance Package?</p> <p><b>If YES, please provide details on a separate attachment, including, with respect to any case, the date, charge, place, court, disposition, docket or indictment number, and a full explanation</b></p> | <input type="checkbox"/> | <input type="checkbox"/> |

## 12. FINANCIAL RESPONSIBILITY

- A. Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers ever filed a petition for bankruptcy, been adjudicated bankrupt, filed for reorganization, made an assignment for the benefit of creditors, been subject to any involuntary bankruptcy proceedings, or been a principal party in any other type of insolvency proceeding?

**If YES, please state the details including the name of such person or entity, the court, its address, docket number, filing date and discharge date, if not pending, on a separate attachment.**

- B. Has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers failed to file any required federal, state, or local tax returns or failed to pay any applicable federal, state, or local taxes?

**If YES, please provide details on a separate attachment. If Participant is exempt from federal income taxes under the Internal Revenue Code, please attach a written grant of exemption from the Internal Revenue Service.**

- C. Has Participant or any Related Entity ever petitioned a court to transfer or sell all or substantially all of its assets?

**If YES, please provide details on a separate attachment.**

- D. Within the past five years has (i) Participant or any Related Entity and/or (ii) Participant's Immediate Family member, and/or (iii) any entity in which Participant or any Related Entity or Participant's Immediate Family member is or was at any time a Principal, been in default on any obligation (including, without limitation, a construction and/or permanent mortgage loan) which is subject to any unsatisfied judgment or lien (including, without limitation, a tax lien or tax judgment) obtained by any entity, including any bank or other mortgage lender?

**If YES, please provide details on a separate attachment.**

- E. During the last ten years, has Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers:
1. Failed to timely complete the performance of its obligations under a contract, agreement, or other obligation?
  2. Defaulted on, received a notice of default on, or been declared in default on a contract, agreement, or other obligation?
  3. Had any contract, agreement or other obligation terminated, canceled, or not renewed?

**If YES to any of the above, please provide details on a separate attachment.**

**12. FINANCIAL RESPONSIBILITY (cont.)**

- F. Is Participant or any Related Entity or any of their respective Immediate Family members, Principals, or Officers currently in default on any obligation or subject to any unsatisfied judgment or lien?

**If YES, provide the name of the entity, EIN, creditor, and date, amount, and type of obligation in the Appendix.**

**13. CONSTRUCTION AND CONTRACTING EXPERIENCE**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| A. <b>INDIVIDUALS</b> - Has Participant ever held a supervisory position with a construction contractor for an undertaking comparable to the proposed Transaction? | <input type="checkbox"/> | <input type="checkbox"/> |

**If YES, on a separate attachment, please provide the name and address of employer, title of position and brief description of work performed.**

- B. **PARTNERSHIPS/CORPORATIONS/NOT-FOR-PROFIT ORGANIZATIONS/ LIMITED LIABILITY COMPANIES/PARTNERSHIP** - If Participant or a parent corporation, subsidiary or affiliate of Participant is to participate in the Transaction as a general contractor or subcontractor, please provide the following information on a separate attachment:

Name and address of such contractor, contractor's relationship to Participant and prior experience of contractor, including total dollar amount of construction or development work performed by such contractor during the last ten years.

- C. Please identify construction contracts currently held by the contractor.

| Location of Development | Amount of Contract | Construction Start Date | Projected Completion Date |
|-------------------------|--------------------|-------------------------|---------------------------|
|                         |                    |                         |                           |
|                         |                    |                         |                           |
|                         |                    |                         |                           |

## 14. OTHER PARTICIPANTS

- A. **ORGANIZATIONS** - On a separate attachment, list the names and addresses of all organizations which would be potential sponsors, developers, or general contractors of the Transaction. Organizations that will have any continuing proprietary interest in the Transaction should be identified as developers.
- B. **INDIVIDUALS** – On a separate attachment, list the names, titles, and employers of the Principals and Officers of any organization listed for Question 14A.

## 15. ATTACHMENTS

### Attach the following to this Compliance Package:

A. **If Participant is an entity:**

1. An organization chart showing Participant's current structure, including the types of any entities, the names of the Principals and Officers of each entity, their role in the Transaction, and ownership percentages.
2. A Predevelopment Compliance Package completed by each Principal of Participant.
3. A Predevelopment Compliance Package completed by each Officer of Participant.
4. If Participant is a not-for-profit corporation, copies of the three most recent annual external audits.

B. **If you answered "Yes" to any question with regard to a Related Entity or any Related Entity has a role in the Transaction:**

1. A Compliance Package for each such Related Entity.
2. An organization chart showing such Related Entity's current structure, including the types of any entities, the names of the Principals and Officers of each entity, their role in the Transaction (if any), and ownership percentages.
3. A Compliance Package completed by each Principal of such Related Entity.
4. A Compliance Package completed by each Officer of such Related Entity.
5. If such Related Entity is a not-for-profit corporation, copies of the three most recent annual external audits.

**16. SIGNATURE – SPONSOR REVIEW**

**AUTHORIZATION**

I hereby authorize HDC and/or any person or entity acting on behalf of HDC to (i) investigate the Participant’s background, (ii) obtain a credit report concerning the Participant and any Related Entity from an independent reporting agency, and (iii) take whatever steps it or they may deem necessary to achieve such purposes, including, but not limited to, checking the Participant’s references.

**COMPLIANCE PACKAGE CERTIFICATION**

I certify that the information set forth in or attached to this Compliance Package is true and correct to the best of my knowledge and belief.

I am aware that HDC is relying upon all of the information set forth in or attached to this Compliance Package and that this Compliance Package is submitted to induce HDC to approve this Transaction.

I am aware that this Compliance Package is part of a continuing application, and until such time as the Transaction is finally and unconditionally approved by HDC, I will report any changes in or additions to the information set forth herein, and furnish such further documentation or information as may be requested by HDC, including, without limitation, financial statements and/or personal statements of assets and liabilities, in a timely fashion.

I am aware that this New Entity Statement is part of a continuing application, and until such time as the Transaction is finally and unconditionally approved by HDC, I will report any changes in or additions to the information set forth herein, and furnish such further documentation or information as may be requested by HDC, including, without limitation, financial statements and/or personal statements of assets and liabilities.

I understand that, in accordance with Article 175 of the Penal Law, (i) this Compliance Package is a written instrument that will be filed with, and become part of the official business records of, HDC, and (ii) the making of any false statement in this Compliance Package, or in the continuing application of which it is a part, is a felony.

**For electronic submission:**

PIN NUMBER \_\_\_\_\_

NAME OF PERSON SUBMITTING: \_\_\_\_\_

ORGANIZATION (if any): \_\_\_\_\_

DATE: \_\_\_\_\_

**For hardcopy submission:**

SIGNATURE

\_\_\_\_\_

NAME OF PERSON SIGNING ABOVE:

\_\_\_\_\_

ORGANIZATION (if any):

\_\_\_\_\_

DATE:

\_\_\_\_\_

**STATE OF NEW YORK**        )  
  ) **ss.:**  
**COUNTY OF**                    )

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a notary public in and for said state, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
**Notary Public**  
**Commission expires:**

# EXECUTIVE ORDER 50

**Department of Housing Preservation & Development**

*Pursuant to delegation from The Department of  
Small Business Services/Division of Labor Services*

**1. E.O. 50 COMPLIANCE: EMPLOYMENT REPORT**

**DO NOT COMPLETE** this section if you are completing this package on behalf of an INDIVIDUAL or an ENTITY WITHOUT EMPLOYEES.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. Number of Full Time Employees: _____   |                          |                          |
| B. Has an Employment Report already been submitted for a different contract (not covered by this Employment Report) for which you have not yet received compliance certificate? | <input type="checkbox"/> | <input type="checkbox"/> |

**If yes, complete the following information:**

Date submitted: \_\_\_\_\_  
Agency to which submitted: \_\_\_\_\_  
Name of Agency Person: \_\_\_\_\_  
Contract No: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
| C. Is your company or its affiliates a member or members of an employers' trade association which is responsible for negotiating collective bargaining agreements (CBA) which affect construction site hiring? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**If yes, attach a list of such associations and all applicable CBA's.**

- D. Parent Entity: Please complete below or attach a separate sheet if needed.

1. Name of Parent Company: \_\_\_\_\_
2. Employer Identification Number or Federal Tax I.D.: \_\_\_\_\_
3. Parent Company Address and Zip Code: \_\_\_\_\_
4. Company Telephone: \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. President or CEO: \_\_\_\_\_

- |   |                          |                          |
|---|--------------------------|--------------------------|
| E. Has your firm been reviewed by the Department of Small Business Services/Division of Labor Services (DLS) within the past 36 months? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

**If yes, attach a copy of certificate.**



**1. E.O. 50 COMPLIANCE EMPLOYMENT REPORT (cont.)**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| F. Does your firm have the following written policies or practices; if yes, attach the relevant documents (e.g., printed booklets, brochures, manuals, memoranda, etc.). If the policy(ies) are unwritten, attach a full explanation of the practices. See instructions. |                          |                          |
| 1. Health benefit coverage/description(s) for all management, nonunion and union employees (whether company or union administered)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Disability, life, other insurance coverage/description?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Employee Policy/Handbook?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Personnel Policy Manual?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Supervisor's Policy/Manual?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Pension plan or 401k coverage/description for all management, nonunion and union employees, whether company or union administered?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Collective bargaining agreement(s)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Employment Application(s)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does your firm have medical and/or non-medical (i.e. education, military, personal, pregnancy and/or childcare) leave policy?   | <input type="checkbox"/> | <input type="checkbox"/> |

G To comply with the Immigration Reform and Control Act of 1986 when and of whom does your firm require the completion of an I-9 Form?

- |   |                          |
|---|--------------------------|
| 1. Prior to job offer                     | <input type="checkbox"/> |
| 2. After a conditional job offer          | <input type="checkbox"/> |
| 3. After a job offer                      | <input type="checkbox"/> |
| 4. Within the first three days on the job | <input type="checkbox"/> |
| 5. To some applicants                     | <input type="checkbox"/> |
| 6. To all applicants                      | <input type="checkbox"/> |
| 7. To some employees                      | <input type="checkbox"/> |
| 8. To all employees                       | <input type="checkbox"/> |

H. Explain where and how completed I-9 Forms, with their supportive documentation, are maintained and made accessible.

---



---



---

**1. E.O. 50 COMPLIANCE EMPLOYMENT REPORT (cont.)**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| I. Does your firm or any of its collective bargaining agreements require job applicants to take a medical examination? |                          |                          |
| 1. Prior to job offer  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. After a conditional job offer   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. After a job offer   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Within the first three days on the job  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. To some applicants  | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, list the document(s) and page number(s) where these written policies are located:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| J. Does the company have a current affirmative action plan(s) (AAP)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Minorities and Women <input type="checkbox"/>                        |                          |                          |
| Individuals with handicap <input type="checkbox"/>                   |                          |                          |
| Other: Please specify <input type="checkbox"/>                       |                          |                          |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| K. Does your firm or collective bargaining agreement(s) have an internal grievance procedure with respect to EEO complaints? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**If yes, please attach a copy of this policy. If no, attach a report detailing your firm's unwritten procedure for handling EEO complaints.**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| L. Has any employee, within the past three years, filed a complaint pursuant to an internal grievance procedure or with any official of your firm with respect to equal employment opportunity? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

**If yes, attach an internal complaint log containing the number of complaints, the nature of the complaint(s), position(s) of the complainant(s), if an investigation was conducted (y/n), and the current status of the disposition.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| M. Has your firm, within the past three years, been named as a defendant (or respondent) in any administrative or judicial action where the complainant (plaintiff) alleged violation of any anti-discrimination or affirmative action laws? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**If yes, attach a log containing the name of the complainant(s), administrative agency or court in which the action was filed, nature of the complaint(s), current status, and the complaint's disposition (if not pending).**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| N. Are there any jobs for which there are physical qualifications? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**If yes, list the job(s), submit a job description, and state the reason(s) for the qualification(s).**

**2. E.O. 50 COMPLIANCE – A. ANTICIPATED WORKFORCE**

**DO NOT COMPLETE this section if you are completing this package on behalf of an INDIVIDUAL or an ENTITY WITHOUT EMPLOYEES.**

A. Do you plan to subcontract work on this contract? Yes      No  
**If yes, complete the chart below.**      

| SUBCONTRACTOR'S NAME* | CERTIFICATION STATUS (ENTER APPROPRIATE CODE LETTERS BELOW) | OWNERSHIP (ENTER APPROPRIATE CODE LETTERS BELOW) | WORK TO BE PERFORMED BY SUBCONTRACTOR | PROJECTED DOLLAR VALUE OF SUBCONTRACT |
|-----------------------|---|--|---------------------------------------|---------------------------------------|
|                       |   |  |                                       |                                       |
|                       |   |  |                                       |                                       |
|                       |   |  |                                       |                                       |
|                       |   |  |                                       |                                       |
|                       |   |  |                                       |                                       |

**\*If subcontractor is presently unknown, please enter the trade (craft name).**

OWNERSHIP CODES:

W: White  
 B: Black  
 H: Hispanic  
 A: Asian  
 N: Native American

M: Male  
 F: Female

CERTIFICATION STATUS (BY CERTIFYING AGENCY):

MBE  
 WBE  
 MWBE  
 LBE  
 EBE

**2. E.O. 50 COMPLIANCE – B. PROJECTED WORKFORCE**

For each trade to be engaged by your firm, enter the job title, trade classification, and projected number of workers expected to be employed, by ethnicity and gender.

TRADE CLASSIFICATION CODES:

J = Journey Worker

A = Apprentice

H = Helper

TRN = Trainee

| JOB TITLE | TRADE CLASSIFICATION<br>(Check one) |   |   |     | BLACK or AFRICAN AMERICAN |   | HISPANIC OR LATINO |   | AMERICAN INDIAN OR ALASKA NATIVE |   | ASIAN |   | NATIVE HAWAIIAN OR PACIFIC ISLANDER |   | WHITE |   |
|-----------|-------------------------------------|---|---|-----|---------------------------|---|--------------------|---|----------------------------------|---|-------|---|-------------------------------------|---|-------|---|
|           | J                                   | H | A | TRN | M                         | F | M                  | F | M                                | F | M     | F | M                                   | F | M     | F |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |                                     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           | Total Employed                      |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           | Total Minority, Male and Female     |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           | Total Female                        |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |

What are the recruitment sources for your hires (i.e. unions, local employment offices, NYC Workforce 1 Centers, job training)?

**2. E.O. 50 COMPLIANCE – C. CURRENT WORKFORCE**

**For all work performed in New York City, enter the job title, mark the trade classification and enter the number of workers, by ethnicity and gender, employed by your firm.**

J = Journey Worker    A = Apprentice    H = Helper    TRN = Trainee

| Job Title | TRADE CLASSIFICATION<br>(Check one)    |   |   |     | BLACK or AFRICAN AMERICAN |   | HISPANIC OR LATINO |   | AMERICAN INDIAN OR ALASKA NATIVE |   | ASIAN |   | NATIVE HAWAIIAN OR PACIFIC ISLANDER |   | WHITE |   |
|-----------|--|---|---|-----|---------------------------|---|--------------------|---|----------------------------------|---|-------|---|-------------------------------------|---|-------|---|
|           | J                                      | H | A | TRN | M                         | F | M                  | F | M                                | F | M     | F | M                                   | F | M     | F |
|           |  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           |  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           | <b>Total Employed</b>                  |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           | <b>Total Minority, Male and Female</b> |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |
|           | <b>Total Female</b>                    |   |   |     |                           |   |                    |   |                                  |   |       |   |                                     |   |       |   |

What are the recruitment sources for your hires (i.e. unions, local employment offices, NYC Workforce 1 Centers, job training)?

**3. SIGNATURE – EXECUTIVE ORDER 50**

**EMPLOYMENT REPORT CERTIFICATION**

I hereby certify that the information submitted herewith is true and complete to the best of my knowledge and belief and submitted with the understanding that compliance with New York City's equal employment requirements, as contained in Chapter 56 of the City Charter, E.O.50 as amended, and the implementing Rules and Regulations, is a contractual obligation.

Pursuant to Section 50.73 of the rules and regulations implementing E.O.50, the NYC Department of Small Business Services ("SBS") has delegated to HPD the authority to implement, monitor compliance with, and enforce E.O.50 with respect to loans and/or contracts entered into and/or awarded by HPD.

Contractors who fail to comply with the above mentioned requirements or are found to be in noncompliance may be subject to the withholding of final payment.

Willful or fraudulent falsifications of any data or information submitted herewith may result in the termination of the contract between the City and the bidder or contractor and in disapproval of future contracts for a period of up to five years. Further, such falsification may result in civil and/or criminal prosecution.

If contractors are found to be underutilizing minorities and females in any given trade, based on Chapter 56 Section 3H, the SBS/Division of Labor Services reserves the right to request the contractor's workforce data and to implement an employment program.

To the extent permitted by law and consistent with the proper discharge of the SBS/Division of Labor Services' responsibilities under Chapter 56 of the City Charter and E.O.50 and the implementing Rules and Regulations, all information provided by a sponsor, borrower or contractor to HPD shall be confidential.

**For electronic submission:**

PIN NUMBER \_\_\_\_\_

NAME OF PERSON SUBMITTING: \_\_\_\_\_

ORGANIZATION (if any): \_\_\_\_\_

DATE: \_\_\_\_\_

**For hardcopy submission:**

SIGNATURE \_\_\_\_\_

NAME OF PERSON SIGNING ABOVE: \_\_\_\_\_

ORGANIZATION (if any): \_\_\_\_\_

DATE: \_\_\_\_\_