

APPLICATION FOR ASSUMPTION

Each applicant seeking assumption of an existing Project must complete this form and provide additional information if requested. A **non-refundable** application fee of \$350 must be included with this application. Make check payable to COMIDA. If assumption is approved, assumption will require preparation of

Please answer all questions. Use "None" or "Not Applicable" where necessary. Information in this application may be subject to public review under New York State Law, except for information that is considered deniable by the Freedom of Information Law. This form is available online at www.monroecountyida.org.

I.	PROJECT	III. APPLICANT Legal Counsel
a.	City/State/Zip ROCHESTER NY	Name TOM SPLAIN Firm SELF Employed
b.	Current Project Owner 195 MONRAE UL	City/State/Zip Bch. N/ 14618 Telephone # 585.271.6078 Email Town SPLAINLAW COM
C.	project? YESNO	IV. CERTIFICATION
a.	APPLICANT Name HFC ASSOCIASES, UC Address City/State/Zip TAX ID No Contact Name PATILIA CVALER	Current Project Owner represents that (i) it is not in default under any documents executed in connection with the Project being assigned; (ii) Assignee must agree to assume Current Project Owner's rights, interest, duties, obligations and liability set forth in any documents executed in connection with the Project being assigned; and (iii) Assignee will pay all fees of the Agency and its counsel in connection with the assignment of said Project.
	Title	Signed: Current Project Owner:
b.	Owners of 20% or more Applicant Company	Name, Title Date
	Do any of these owners currently own property within Monroe County New York? YESNOX	Assignee: HECOSSOCIORES, LU Name, Title Date