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 legal documentation and a fee of $2,000 plus legal costs.

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.monroecountyyida.org.

I. PROJECT

a. Address 795 MONROE AVE
   City/State/Zip ROCHESTER NY
   TAX Map No

b. Current Project Owner 795 MONROE LLC

c. Does Applicant contemplate any changes in use or tenancy of the project? YES ☐ NO ☑
   If YES, provide information on additional pages.

II. APPLICANT

a. Name HFC ASSOCIATES, LLC
   Address 2190 N WASHINGTON ST
   City/State/Zip ROCHESTER 14625
   TAX ID No 87-2416660
   Contact Name PATRICIA CIVLIER
   Title OWNER
   Telephone # 585.333.1250
   Email N/A

d. Owners of 20% or more Applicant Company
   PATRICIA CIVLIER

Do any of these owners currently own property within Monroe County New York? YES ☐ NO ☑

III. APPLICANT Legal Counsel

Name TOM SPLAIN
Firm SELF EMPLOYED
Address 1507 MONROE AVE.
City/State/Zip ROCHESTER 14618
Telephone # 585.271.6078
Email TOM.SPLAIN@LAW.COM

IV. CERTIFICATION

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.

Signed:

Current Project Owner:

[Signature]

Name, Title Date

Assignee:

[Signature]

Name, Title Date

1150 CityPlace_ 50 West Main Street_ Rochester, New York 14614
(585) 763-2000 _ Fax (585) 763-2002 _ www.monroecountyyida.org