

REQUEST TO ACQUIRE CITY OWNED PROPERTY

OFFICE OF STRATEGIC PLANNING
DIVISION OF REAL ESTATE
901 CITY HALL
BUFFALO, NEW YORK 14202

PRIVATE SALE - LOT ()
PRIVATE SALE - IMPROVED ()
 Residential () Commercial ()
HOMESTEAD - LOT ()
HOMESTEAD - IMPROVED ()
LEASE (GARDEN) ()

REFERRED BY: CATALOG () CBO ()
NEIGHBOR () INTERNET () OTHER _____

TO BE COMPLETED BY CLIENT

CITY PARCEL:

Number _____ Street _____

PURCHASER: ***LEGAL*** Name(last) _____ (first) _____ (MI) _____

Address (no PO BOX) _____ Zip _____

Telephone Number: home _____ work/cell _____

E-Mail Address _____

Contact (if different) _____ Phone _____

Social Security # (Client) _____ (Spouse or Co-owner) _____

Corporate / Business Name _____

Corporate / Business ID # _____

Business Partners / ownership information _____

Property Manager / Agent - Title _____

Address (no PO BOX) _____ Zip _____

Telephone Number _____ cell/fax _____

E-Mail Address _____

Intended Use for this Property:

Build () Yard space () Parking () Short term use ()

Rehab () Reside () Income Property () Commercial use ()

PLEASE PROVIDE DETAILS

List any properties (improved/unimproved) owned by the prospective buyer in the City of Buffalo.

PLEASE ATTACH THE FOLLOWING

IMPROVED PROPERTY ACQUISITION: Copy of financial qualification (\$5,000 min)_____

VACANT LOT ACQUISITION: Copies of tax , water bill, user fee receipts for all properties owned in
the City of Buffalo _____

IF BUSINESS OR CORPORATION, PLEASE ATTACH COPIES OF THE LAST TWO (2) YEARS'
TAX RETURNS

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

AFFIRMATION:

I swear under penalties of perjury that I have completed this request to acquire city owned property completely and accurately. I acknowledge that this information is being provided to a public servant and is a matter of public record. I also understand that the failure to complete the questions completely and accurately could result in rejection of the application, disqualification as a potential purchaser, and subject me to civil and criminal remedies.

SIGNATURE REQUIRED

DATE

Print name _____

OFFICE USE:

SBL # _____

Lot Size _____ Assessed Valuation _____

Property Code _____ Type _____ Zoning _____ District _____

Structure acquisition request:

Copy of financial qualification (\$5,000 min)____ Income Proof _____ W-2 Statement _____ Tax, water
bill, user fee receipts _____ Completed repair / rehabilitation / redevelopment proposal with
budget and financing detail _____

SITE VISIT SCHEDULE: _____

DATE FILE OPENED _____