

**DC COVID-19 COMMERCIAL TENANT RENTAL PAYMENT PLAN PROGRAM
APPLICATION**

This application (the “**Application**”) is being made available to eligible commercial tenants (each, a “**Tenant**” or, collectively, the “**Tenants**”) pursuant to Section 8 of the Coronavirus Omnibus Emergency Amendment Act of 2020, as may be amended and/or supplemented, from time to time (the “**Act**”). Eligible commercial Tenants under the Act that demonstrate financial hardship resulting directly or indirectly from the COVID-19 public health emergency are eligible for rent relief, upon terms to be agreed upon with your landlord (the “**Landlord**”) based upon the circumstances of each eligible Tenant in accordance with the Act.

To be an eligible tenant under the Act, Tenant must be under a lease with Landlord for either: (a) commercial retail space, or (b) commercial space (other than commercial retail space) that is less than 6,500 square feet in size and that comprises all or part of a commercial building. Further, Tenant must have notified Landlord of Tenant’s inability to pay all or part of Tenant’s rent due to the COVID-19 public health emergency in accordance with the Act. A franchisee is not an eligible tenant, unless the franchise is owned by a District of Columbia resident in accordance with the Act.

Please complete and submit this Application along with all supporting documentation noted below to:

Landlord
c/o Mike Gordon | Vice President, Leasing
Blake Real Estate, Inc.
1150 Connecticut Avenue NW, Suite 900
Washington, DC 20036
Phone: 202-413-6280
E-mail: mgordon@blakereal.com
www.blakereal.com

Landlord will evaluate your Application and determine eligibility for rent relief. Tenant’s failure to submit the required information will affect that determination. Landlord will contact you as soon as practicable to discuss the details and term of any proposed rent relief.

Tenant’s Legal Name	Tenant’s Primary Contact
Tenant’s Business Address	Primary Contact Email Address
Tenant’s Business Phone	Primary Contact Phone

Eligibility for the program will be established based upon responses to the questions below.

Question	Yes	No
1. Is the Tenant currently past due on any rental payment obligations to Landlord? If yes, please describe the payments that are past due, including the amount that Tenant believes is owed for each payment (attach additional pages if necessary):	<input type="checkbox"/>	<input type="checkbox"/>
2. Other than past due rent, has Tenant received a default notice from Landlord with respect	<input type="checkbox"/>	<input type="checkbox"/>

to any default that is uncured?		
If yes, please describe the nature of the default and any steps that Tenant is taking to cure the default (attach additional pages if necessary):		
3. Is Tenant currently receiving a rent reduction under the mortgage relief program established pursuant to Section 202 of the COVID-19 Response Supplemental Emergency Amendment Act of 2020, as amended by the COVID-19 Supplemental Corrections Emergency act of 2020?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Tenant a franchise?	<input type="checkbox"/>	<input type="checkbox"/>
5. If you answered yes to Question 4, is Tenant owned by a D.C. resident?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is Tenant unable to pay all or a portion of rent due as a result of the COVID-19 public health emergency?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe the portion of rent that Tenant is unable to pay:		
7. Is Tenant experiencing a financial hardship resulting directly or indirectly from the COVID-19 public health emergency?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe the hardship and how it results directly or indirectly from the COVID-19 public health emergency (attach additional pages if necessary):		
8. Has Tenant considered commencing proceedings for bankruptcy or insolvency protection within the next 18 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has Tenant filed any claim(s) for business interruption insurance?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe the status of each claim, including the determination of each claim by Tenant's insurance carrier and the amount of any insurance proceeds received by Tenant (attach additional pages if necessary):		
10. Has Tenant applied for any other relief related to the COVID-19 public health emergency through grant programs, small business loans or other programs, including the Federal Paycheck Protection Program, Federal Main Street Lending Program or the DC Restaurant Relief Program?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe the type of relief requested and the amount of relief requested (attach additional pages if necessary). Please attach copies of all such applications. Further, if Tenant has actually received any relief that Tenant has requested, please describe the type of relief actually received (for example, relief received from the Federal Paycheck Protection Program), the amount of money actually received by Tenant and the date that any such monies were received by Tenant (attach additional pages if necessary):		
11. Was Tenant required by any governmental authority to close for business at any time during the COVID-19 public health emergency?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state the period of time that Tenant was required to close (attach additional pages if necessary):		

12. Was Tenant required by any governmental authority to modify or reduce its operations at any time during the COVID-19 public health emergency (for example, offering services by appointment only or being permitted to provide services on a reduced capacity basis)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe all government-mandated modifications/restrictions to Tenant's operations and the time period applicable to those modified/restricted operations (attach additional pages if necessary):		
13. Please describe any income or financial support received by Tenant with regard to the COVID-19 public health emergency that is not otherwise disclosed in the information provided with this Application (attach additional pages if necessary):		
14. Has Tenant reduced the compensation paid by Tenant to any of Tenant's employees including, but not limited to, any of Tenant's executives (for example, Tenant's President, Vice President, etc..)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state the amount of each such employee's original compensation, the amount of each such employee's reduced compensation and the time period that the reduction in compensation has been in effect (attach additional pages if necessary):		

Required Tenant Financial Information:

Gross Sales	Rent to Sales Ratio	Net Income (after adding back non-cash charges)
2020 YTD	2020 YTD	2020 YTD
2019	2019	2019
2018	2018	2018
2017	2017	2017
2016	2016	2016

In addition to the foregoing please attach the following financial statements for the current year and the two (2) years prior, if available:

- Balance Sheet
- Income Statement (Profit and Loss)
- Cash Flow Statement
- Cash Flow Projection for the upcoming twelve (12) month period

Certification:

By signing this Application, I do hereby certify that the information provided in this Application and the information provided in all supporting documents is true and accurate in all material respects.

Signature of Authorized Representative of Tenant

Date

Print Name

Title