

SEIDEN & SCHEIN, P.C.

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NEW YORK, NEW YORK 10022

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OF COUNSEL:
DAVID F. YAHNER
HILLARY A. POTASHNICK

July 6, 2016

Via EMAIL & HAND DELIVERY:

Inclusionary Housing Program
New York City Department of
Housing Preservation and Development
100 Gold Street, 5G
New York, New York 10038
Attn: Michael Lostocco

**Re: Affordable Housing Plan Application Pursuant to the Inclusionary Housing
Program for SMBRO Rivington, LLC and SMSIS Rivington, LLC, Suffolk MS,
LLC and SM Hillel, LLC, as tenants-in-common
255-259 East Houston Street, New York, New York 10002
Block: 355; Lot: 54 (the "IHP Application")**

Dear Michael,


On behalf of SMBRO Rivington, LLC, SMSIS Rivington, LLC, Suffolk MS, LLC and SM Hillel, LLC, we hereby submit the IHP Application for the project located at 255-259 East Houston Street, New York, New York 10002 (the "Project"). In connection therewith, the following items are being submitted for your review:

1. Affordable Housing Plan Application;
2. Executive Summary (made a part hereof as Exhibit 1);
3. Architect's Affidavit (to be submitted under separate cover and made a part hereof as Exhibit 2);
4. Stacking Chart (made a part hereof as Exhibit 3);
5. Doing Business Data Form (made a part hereof as Exhibit 4);

6. Proof of Service to Manhattan Community District 3 (made a part hereof as Exhibit 5);
7. \$100.00 IHP Application Fee (made a part hereof as Exhibit 6);
8. \$100.00 HPD Construction Signage Fee (made a part hereof as Exhibit 7);
9. Sponsor Disclosure Statements for the Administering Agent (to be submitted under separate cover and shall be made a part hereof as Exhibit 8);
10. Applicant's Organizational Charts (made a part hereof as Exhibit 9);
11. General Contractor's Organizational Chart (to be submitted under separate cover and shall be made a part hereof as Exhibit 10);
12. Employer Identification Numbers for Applicant, Owner (if different than Applicant), Architect, and Attorney (made a part hereof as Exhibit 11); Administering Agent and General Contractor Employer Identification Numbers (to be submitted under separate cover and made a part hereof as Exhibit 11);
13. Tax Memo Property List (made a part hereof as Exhibit 12).
14. Pre-Transaction Affidavits (to be submitted under separate cover and shall be made a part hereof as Exhibit 13);
15. Project Underwriting (to be submitted under separate cover and shall be made a part hereof as Exhibit 14);

Please do not hesitate to contact us if you have any questions or require additional information regarding the Project or IH Application. We look forward to working with the HPD on this Project.

Sincerely,
SEIDEN & SCHEIN, P.C.

By: 
Lynn Greenholtz

THE CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
OFFICE OF NEIGHBORHOOD STRATEGIES
100 GOLD STREET, FIFTH FLOOR, NEW YORK, NEW YORK 10038
(212) 863-8228

AFFORDABLE HOUSING PLAN APPLICATION PURSUANT TO THE INCLUSIONARY HOUSING PROGRAM

Please indicate "Not Applicable" or "NA" where appropriate. Do not leave any lines blank.

- 1. Applicant:** SMBRO Rivington, LLC (40%), SMSIS Rivington, LLC (10%), Suffolk MS, LLC (30%), and SM Hillel, LLC (20%) as tenants in common
Address: 185 Great Neck Road, Suite 250, Great Neck, NY 11021
Fax: 516-487-5692
Email: samy@smaequities.com
Primary Contact (Name/Phone/Email): Samy Mahfar / 516-487-5690/
samy@smaequities.com

- 2. Owner (if different):** Same as Above
Address: _____
Fax: _____
Email: _____
Primary Contact (Name/Phone/Email):

- 3. Administering Agent:** Housing Partnership Development Corp.
Address: 242 West 36th Street 3rd Floor, New York, NY 10018
Fax: 646-217-3788
Email: _____
Primary Contact (Name/Phone/Email):
Sheila Martin / (646) 217-3370 / smartin@housingpartnership.com

- 4. General Contractor:** Bravo Builders
Address: 57 East 11th street, 2nd floor, New York, NY 10003
Fax: _____
Email: _____
Primary Contact (Name/Phone/Email):
Robert Palumbo / 646.852.6464 / rpalumbo@bravobuildersnyc.com

5. **Architect:** Stephen B. Jacobs Group PC
Address: 381 Park Avenue South, New York, New York 10016
Fax: 212-421-8471
Email: tyong@sbjgroup.com
Primary Contact (Name/Phone/Email): _____
Ts Yong / 212-421-3712 ext. 250 / tyong@sbjgroup.com

6. **Attorney and Firm:** Seiden & Schein, P.C.
Address: 570 Lexington Avenue, 14th Fl., New York, New York 10022
Fax: 212-593-4545
Email: aschein@seidenschein.com
Primary Contact (Name/Phone/Email): Alvin Schein / 212-935-1400 /
aschein@seidenschein.com

7. **Location of Affordable Housing Units**
Street Address: 255-259 East Houston Street, New York, New York 10002
Borough: Manhattan
Block(s)/Lot(s): 355 / 54
Community Board: Manhattan Community Board #3

8. **Inclusionary Housing District of Affordable Housing Units**
☐ R-10 Inclusionary:
Is project privately financed (Yes/No)? _____
☒ IH Designated Area (Insert ZR section reference, e.g., §23-952, §98-26, §62-352, etc):
§23-952
☐ Special District: _____
☐ Other (please explain): _____

9. If publicly financed, list all sources of governmental assistance, including lower income housing tax credits, bond financing, and land disposition programs:
N/A

10. Type of Project (check all that apply)

Construction type

- ☒ New Construction
- ☐ Preservation
- ☐ Substantial Rehabilitation

10. Type of Project (continued)

Location

☒ On-site

☐ Off-site

Inclusionary Units

☒ Rental

☐ Homeownership

Non-Inclusionary Units

☒ Rental

☐ Homeownership

☐ Not Applicable

Unit Count

Total Units: 88

Total IH Units: 18

Super's Units: 0

11. Income Distribution of Affordable Housing Units

Number of low-income units (equal to or less than 80% AMI): 18

Number of moderate-income units (equal to or less than 125% AMI):

Number of middle-income units (equal to or less than 175% AMI):

12. Tax Exemption To Be Requested: 421-a

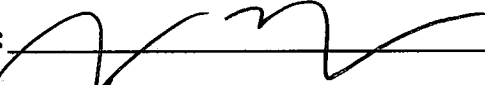
13. If the project will contain a condominium or cooperative structure, please describe the structure and the use of each unit. If not, please indicate N/A:

N/A

[SIGNATURE PAGE TO FOLLOW]

[SIGNATURE PAGE]

APPLICANT: SMBRO RIVINGTON, LLC

Authorized Signature of Applicant: 

Print name: Sassan Mahfar

Date: 10-5-2016

APPLICANT: SMSIS RIVINGTON, LLC

Authorized Signature of Applicant: 

Print name: Sassan Mahfar

Date: 10-5-2016

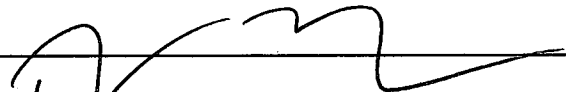
APPLICANT: SUFFOLK MS, LLC

Authorized Signature of Applicant: 

Print name: Sina Mahfar

Date: 10-5-16

APPLICANT: SM HILLEL, LLC

Authorized Signature of Applicant: 

Print name: Sassan Mahfar

Date: 10-5-2016

**INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK**

- EXECUTIVE SUMMARY -

EXHIBIT "1"

255 EAST HOUSTON
255-259 East Houston Street
New York, New York 10002

Executive Summary

Project Overview

255 East Houston (the “Project”) will be a newly constructed 14-story residential building containing approximately 82,233 gross square feet of floor area, inclusive of eighty-eight (88) residential apartments at 255-259 East Houston Street, New York, New York and currently designated as Block 355, Lot 54, respectively, on the Tax Map of the City of New York (the “Site”). The Project Site is located between Suffolk and Norfolk Streets, and occupies approximately 10,843 square foot parcel of land in Manhattan Community District 3.

SMBRO Rivington, LLC, SMSIS Rivington, LLC Suffolk MS, LLC, and SM Hillel, LLC (collectively, the “Applicant”), the owners of the Site, as tenants in common, intend to file an Inclusionary Housing Application with the New York City Department of Housing Preservation and Development (“HPD”) and enter into a regulatory agreement that will provide for eighteen (18) of the apartments be set-aside for households earning no more than 60% of AMI for so long as is required pursuant to the rules of the 421-a tax exemption program (referenced below), and no more than 80% of AMI thereafter (the “Inclusionary Units”). The Inclusionary Units will consist of seven (7) studios, eight (8) one-bedrooms and three (3) two-bedrooms.

Construction of the Project is expected to take approximately 18 months and lease-up is anticipated to start within 18 months after the start of construction.

Financing

It is anticipated that the project will be privately financed unless substantial government assistance financing becomes available.

Tax Exemption

The Project is expected to receive a 421-a tax exemption.

Development Team

The Project will be developed by SMA Equities, one of the preeminent developers of residential housing in the New York City metropolitan area. SMA Equities has developed over 200 residential housing units.

Stephen B. Jacobs Group PC will be the Project architect. Stephen B. Jacobs Group has an extensive record of designing affordable housing in New York City and has designed many buildings with Inclusionary Housing components.

Seiden & Schein, P.C. has been retained to represent the Applicant in connection with the Inclusionary Housing Application for the Project. Seiden & Schein regularly represents developers seeking to obtain benefits under the Inclusionary Housing and 421-a tax exemption programs.

A General Contractor of Construction Manager will be selected prior to commencement of construction.

Stephen B. Jacobs, FAIA
Herbert E. Weber, Jr., AIA
Alexander B. Jacobs, AIA
Ricky Eng, AIA
Jennifer Cheuk, AIA
Isaac-Daniel Astrachan, AIA

ARCHITECT AFFIDAVIT

Address **255 EAST HOUSTON STREET** Borough **MANHATTAN** Block **355** Lot **54**

Total Number of Buildings **ONE**

In connection with the above pending request for the issuance of a Regulatory Agreement ("Agreement") with the New York City Department of Housing Preservation and Development ("HPD"), I, **Stephen B. Jacobs**, certify, under penalty of perjury, that the following statements are true and correct to the best of my knowledge:

1. I am a registered architect licensed to practice and in good standing with the State of New York Department of Education.
2. I am the architect for the project described above ("Project").
3. All capitalized terms not defined herein have the respective meanings set forth in the New York City Zoning Resolution ("Zoning Resolution"). All amounts of floor area stated herein are measured in accordance with the definition of "floor area" set forth in Zoning Resolution § 12-10 and Section 41-15 of the Inclusionary Housing Guidelines ("Floor Area") and are based on the building drawings ("Plans") submitted to the New York City Department of Buildings and HPD for the Project.
4. The Project contains **65,108** square feet of total residential Floor Area.
5. The Project contains **10,685** square feet of Floor Area attributed to dwelling units designated for Affordable Housing to be occupied by Low Income Households. For each separate Affordable Housing dwelling unit to be occupied by Low Income Households:
 - *Such measurement includes the square footage within the inside face of the walls enclosing such dwelling unit (i.e., all floor surfaces within the dwelling unit, including closets, and the partitions that separate rooms that are within the same dwelling unit).*
 - *Such measurement excludes (a) the thickness of exterior walls, (b) the thickness of partitions separating such dwelling unit from any other dwelling units or other spaces, and (c) portions of such dwelling unit that do not qualify as Floor Area.*
6. The Project contains **39,408** square feet of total Floor Area attributed to dwelling units not designated for Affordable Housing to be occupied by Low Income Households. For each separate dwelling unit not designated for Affordable Housing to be occupied by Low Income Households:
 - *Such measurement includes the square footage within the inside face of the walls enclosing such dwelling unit (i.e., all floor surfaces within the dwelling unit, including closets, and the partitions that separate rooms that are within the same dwelling unit).*
 - *Such measurement excludes (a) the thickness of exterior walls, (b) the thickness of partitions separating such dwelling unit from any other dwelling units or other spaces, and (c) portions of such dwelling unit that do not qualify as Floor Area.*

7. The Project contains **0** square feet of total Floor Area attributed to common areas in the building for which a user fee is charged to residents of Affordable Housing Units for their use (including, but not limited to, health clubs, pools, and party rooms).
- *Such measurement includes the square footage within the inside face of the walls enclosing each such separate common area (i.e., all floor surfaces within such common area, including closets, and the partitions that separate rooms that are within the same such common area).*
 - *Such measurement excludes (a) the thickness of exterior walls, (b) the thickness of partitions separating such common area from dwelling units or other spaces, and (c) portions of such common area that do not qualify as Floor Area.*

8. The Project contains **13,888** square feet of total Floor Area devoted to Affordable Housing to be occupied by Low Income Households, calculated as follows:

$$LI + \left\{ \frac{LI}{RFA - (LI + MR) - CA} \times [RFA - (LI + MR) - CA] \right\} = AHFA LI + MR$$

Where:

"RFA" means the total residential Floor Area of the Project, as set forth in Paragraph 4. "LI" means the Floor Area attributed to dwelling units designated for Affordable Housing to be occupied by Low Income Households, as set forth in Paragraph 5.

"MR" means the Floor Area attributed to dwelling units not designated for Affordable Housing to be occupied by Low Income Households, as set forth in Paragraph 6.

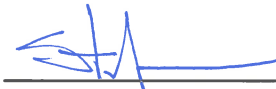
"CA" means the total Floor Area attributed to common areas in the building for which a fee is charged to Low Income Households for their use, as set forth in Paragraph 7. "AHFA" means the total Floor Area devoted to Affordable Housing as set forth in this Paragraph 8.

9. The Affordable Housing Units in the Project are distributed vertically, in accordance with Zoning Resolution § 23-96(b)(1) as indicated on the Unit Height Distribution Chart A attached in Exhibit A.
10. The Affordable Housing Units in the Project are distributed horizontally, in accordance with Zoning Resolution § 23-96(b)(2) as indicated on the Horizontal Unit Distribution Chart B attached in Exhibit A.
11. The Affordable Housing Units in the Project have the following bedroom mix in accordance with Zoning Resolution § [23-96(c)(1)(i)] [23-96(c)(1)(ii)] [23-96(c)(2)] [23-96(c)(3)] as indicated on the Unit Bedroom Mix Chart C attached in Exhibit A.
12. The Affordable Housing Units in the Project comply with the size requirements of Zoning Resolution § 23-96(d) as indicated on Unit Size Chart D attached in Exhibit A.
13. If the Project is constructed in accordance with the Plans, the completed building(s) in the Project will be in compliance with the requirements contained in the following laws and regulations:
- (a) *Chapter 11 of the New York City Building Code; and*
 - (b) *Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and implementing regulations at 24 part CFR 8. Units designated for mobility impairments (5% of the total units) and sensory impairments (2% of the total units) must include both Affordable Units and non-Affordable Units. Units designated for mobility impairment may not be designated for sensory impairments. In calculating the number of designated units, decimals must be rounded up to the next whole number.*

I make these statements as of this 14th day of June, 2016, in order to induce HPD to enter into the Agreement to permit one or more multiple dwellings to receive Floor Area Compensation pursuant to the New York City Zoning Resolution [§ 23-951] [§ 23-952] [§ 23-952 as modified by (insert appropriate section reference(s))] understand that HPD will rely on the veracity of these statements in entering into the Agreement.

I understand that if HPD finds noncompliance with the Zoning Resolution and/or that any of the statements made herein are not accurate, HPD, in its sole discretion, may prevent me from certifying any future projects with HPD. Furthermore, I understand that submission of a false certification may be deemed to be professional misconduct pursuant to Section 6509 of the Education Law.

I also understand that if an HPD review and/or the Department of Building's approval, on completion, of the Project finds that the total Floor Area devoted to Affordable Housing to be occupied by Low Income Households, is different from the statements made herein, HPD will modify all relevant documents relating to this Project to reflect the correct total Floor Area.

 7.12.2016

Architect Signature

Stephen B. Jacobs
Architect Name

9723
License Number

Stephen B. Jacobs Group, PC
Business Name


381 Park Avenue South, New York, NY 10016
Business Address

(212) 421-3712
Phone Number



Seal of Registered Architect:

Sworn to me this 12th day of July, 2016



Notary Public

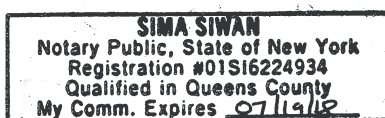


EXHIBIT A

UNIT HEIGHT DISTRIBUTION CHART A												
FLOOR	INCLUSIONARY HOUSING APARTMENT NUMBERS											TOTAL # OF IH UNITS/FLOOR
	A	B	C	D	E	F	G	H	J	K	L	
13												0
12												0
11												0
10												0
9						9F						1
8	8A											1
7	7A					7F						2
6	6A						6G			6K		3
5						5F			5J	5K		3
4	4A						4G		4J			3
3							3G		3J	3K		3
2	2A								2J			2
1												
TOTAL DU :												18

FLOOR	MARKETING FLOOR #	TOTAL # OF UNITS PER FLOOR	IH UNITS PER FLOOR	STAFF UNITS PER FLOOR	NON-IH UNITS PER FLOOR	IH %-AGE
1	1	0	0			0.00%
2	2	9	2		7	22.22%
3	3	10	3		7	30.00%
4	4	10	3		7	30.00%
5	5	10	3		7	30.00%
6	6	10	3		7	30.00%
7	7	10	2		8	20.00%
8	8	7	1		6	14.29%
9	9	6	1		5	16.67%
10	10	4	0		4	0.00%
11	11	4	0		4	0.00%
12	12	4	0		4	0.00%
13	PH	4	0		4	0.00%
TOTAL :		88	18		70	

HORIZONTAL UNIT DISTRIBUTION CHART B						
FLOOR	MARKETING FLOOR #	TOTAL # OF UNITS PER FLOOR	IH UNITS PER FLOOR	STAFF UNITS PER FLOOR	NON-IH UNITS PER FLOOR	IH %-AGE
1	1	0	0			0.00%
2	2	9	2		7	22.22%
3	3	10	3		7	30.00%
4	4	10	3		7	30.00%
5	5	10	3		7	30.00%
6	6	10	3		7	30.00%
7	7	10	2		8	20.00%
8	8	7	1		6	14.29%
9	9	6	1		5	16.67%
10	10	4	0		4	0.00%
11	11	4	0		4	0.00%
12	12	4	0		4	0.00%
13	PH	4	0		4	0.00%
TOTAL :		88	18		70	

UNIT BEDROOM MIX CHART C						
IH TYPES	UNIT SUMMARY	% BREAKDOWN	NON-IH UNIT TYPES	% BREAKDOWN	SUPER/STAFF UNITS	TOTAL NO. OF UNITS
STUDIO	7	38.89%	30	42.86%		37
1 BR.	8	44.44%	31	44.29%		39
2 BR.	3	16.67%	8	11.43%		11
3 BR.	0	0.00%	1	1.43%		1
TOTAL :	18	100.00%	70		0	88

EXHIBIT A (CON'T)

UNIT SIZE CHART D							
UNIT SUMMARY		CONST. FLOOR #	MKTG. FLOOR #	APT LINE	APT #	#BDRMS	NET SQ. FT.
0 BR	37	2	2	A	2A	1BR	592
1 BR	39	2	2	B	2B	STU	360
2 BR	11	2	2	C	2C	STU	360
3 BR	1	2	2	D	2D	1BR	702
TOTAL	88	2	2	E	2E	1BR	599
		2	2	F	2F	1BR	609
		2	2	H1	2H	STU	405
		2	2	J	2J	STU	409
		2	2	K	2K	2BR	1,017
		3	3	A	3A	1BR	592
		3	3	B	3B	STU	360
		3	3	C	3C	STU	360
		3	3	D	3D	1BR	702
		3	3	E	3E	1BR	599
		3	3	F	3F	1BR	610
		3	3	G	3G	STU	410
		3	3	H	3H	STU	420
		3	3	J	3J	STU	410
		3	3	K	3K	2BR	1,010
		4	4	A	4A	1BR	592
		4	4	B	4B	STU	360
		4	4	C	4C	STU	360
		4	4	D	4D	1BR	702
		4	4	E	4E	1BR	599
		4	4	F	4F	1BR	610
		4	4	G	4G	STU	410
		4	4	H	4H	STU	420
		4	4	J	4J	STU	410
		4	4	K	4K	2BR	1,010
		5	5	A	5A	1BR	592
		5	5	B	5B	STU	360
		5	5	C	5C	STU	360
		5	5	D	5D	1BR	702
		5	5	E	5E	1BR	599
		5	5	F	5F	1BR	610
		5	5	G	5G	STU	410
		5	5	H	5H	STU	420
		5	5	J	5J	STU	410
		5	5	K	5K	2BR	1,010

EXHIBIT A (CON'T)

6	6	A	6A	1BR	592
6	6	B	6B	STU	360
6	6	C	6C	STU	360
6	6	D	6D	1BR	695
6	6	E	6E	1BR	599
6	6	F	6F	1BR	610
6	6	G	6G	STU	410
6	6	H	6H	STU	420
6	6	J	6J	STU	410
6	6	K	6K	2BR	1,010
7	7	A	7A	1BR	592
7	7	B	7B	STU	360
7	7	C	7C	STU	360
7	7	D	7D	1BR	695
7	7	E	7E	1BR	599
7	7	F	7F	1BR	610
7	7	G	7G	STU	410
7	7	H	7H	STU	420
7	7	J	7J	STU	410
7	7	K	7K	2BR	1,010
8	8	A	8A	1BR	592
8	8	B	8B	STU	360
8	8	C	8C	STU	360
8	8	D	8D	1BR	695
8	8	E	8E	1BR	599
8	8	F	8F	1BR	610
8	8	L	PH-E	3BR	1,497
9	9	A	9A	1BR	592
9	9	B	9B	STU	360
9	9	C	9C	STU	360
9	9	D	9D	1BR	695
9	9	E	9E	1BR	599
9	9	F	9F	1BR	610
10	10	A1	10A	1BR	633
10	10	D1	10B	2BR	991
10	10	E1	10C	2BR	873
10	10	F1	10D	STU	343
11	11	A2	11A	1BR	612
11	11	D2	11B	1BR	708
11	11	E2	11C	2BR	845
11	11	F1	11D	STU	342
12	12	A2	12A	1BR	612
12	12	C2	12B	1BR	708
12	12	E2	12C	2BR	845
12	12	F1	12D	STU	342
13	PH	A2	PH-A	1BR	612
13	PH	C2	PH-B	1BR	708
13	PH	E2	PH-C	2BR	845
13	PH	F1	PH-D	STU	342
TOTAL (inc. Non-Affordable Dwelling Units) :					42,418

INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC

255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK

- STACKING CHART -

EXHIBIT "3"

255 EAST HOUSTON ST, NEW YORK, NY 10002**SBJG PROJ. # 1446**UNIT BEDROOM MIX **CHART C**

IH TYPES	UNIT SUMMARY	% BREAKDOWN	NON-IH UNIT TYPES	% BREAKDOWN	SUPER/STAFF UNITS	TOTAL NO. OF UNITS
STUDIO	7	38.89%	30	42.86%		37
1 BR.	8	44.44%	31	44.29%		39
2 BR.	3	16.67%	8	11.43%		11
3 BR.	0	0.00%	1	1.43%		1
TOTAL :	18	100.00%	70		0	88

255 EAST HOUSTON ST, NEW YORK, NY 10002

SBJG PROJ. # 1446

UNIT SIZE CHART D							
UNIT SUMMARY		CONST. FLOOR #	MKTG. FLOOR #	APT LINE	APT #	#BDRMS	NET SQ. FT.
0 BR	37	2	2	A	2A	1BR	592
1 BR	39	2	2	B	2B	STU	360
2 BR	11	2	2	C	2C	STU	360
3 BR	1	2	2	D	2D	1BR	693
TOTAL	88	2	2	E	2E	1BR	607
		2	2	F	2F	1BR	610
		2	2	H1	2H	STU	407
		2	2	J	2J	STU	408
		2	2	K	2K	2BR	1,018
		3	3	A	3A	1BR	592
		3	3	B	3B	STU	360
		3	3	C	3C	STU	360
		3	3	D	3D	1BR	693
		3	3	E	3E	1BR	607
		3	3	F	3F	1BR	610
		3	3	G	3G	STU	411
		3	3	H	3H	STU	420
		3	3	J	3J	STU	410
		3	3	K	3K	2BR	1,011
		4	4	A	4A	1BR	592
		4	4	B	4B	STU	360
		4	4	C	4C	STU	360
		4	4	D	4D	1BR	693
		4	4	E	4E	1BR	607
		4	4	F	4F	1BR	610
		4	4	G	4G	STU	411
		4	4	H	4H	STU	420
		4	4	J	4J	STU	410
		4	4	K	4K	2BR	1,011
		5	5	A	5A	1BR	592
		5	5	B	5B	STU	360
		5	5	C	5C	STU	360
		5	5	D	5D	1BR	693
		5	5	E	5E	1BR	607
		5	5	F	5F	1BR	610
		5	5	G	5G	STU	411
		5	5	H	5H	STU	420
		5	5	J	5J	STU	410
		5	5	K	5K	2BR	1,011
		6	6	A	6A	1BR	592

6	6	B	6B	STU	360
6	6	C	6C	STU	360
6	6	D	6D	1BR	693
6	6	E	6E	1BR	607
6	6	F	6F	1BR	610
6	6	G	6G	STU	411
6	6	H	6H	STU	420
6	6	J	6J	STU	410
6	6	K	6K	2BR	1,011
7	7	A	7A	1BR	592
7	7	B	7B	STU	360
7	7	C	7C	STU	360
7	7	D	7D	1BR	693
7	7	E	7E	1BR	607
7	7	F	7F	1BR	610
7	7	G	7G	STU	411
7	7	H	7H	STU	420
7	7	J	7J	STU	410
7	7	K	7K	2BR	1,011
8	8	A	8A	1BR	592
8	8	B	8B	STU	360
8	8	C	8C	STU	360
8	8	D	8D	1BR	693
8	8	E	8E	1BR	607
8	8	F	8F	1BR	610
8	8	L	PH-E	3BR	1,496
9	9	A	9A	1BR	592
9	9	B	9B	STU	360
9	9	C	9C	STU	360
9	9	D	9D	1BR	693
9	9	E	9E	1BR	607
9	9	F	9F	1BR	610
10	10	A1	10A	1BR	633
10	10	D1	10B	2BR	986
10	10	E1	10C	2BR	873
10	10	F1	10D	STU	343
11	11	A2	11A	1BR	612
11	11	D2	11B	1BR	713
11	11	E2	11C	2BR	843
11	11	F1	11D	STU	343
12	12	A2	12A	1BR	612
12	12	C2	12B	1BR	713
12	12	E2	12C	2BR	843
12	12	F1	12D	STU	343
13	PH	A2	PH-A	1BR	612
13	PH	C2	PH-B	1BR	713
13	PH	E2	PH-C	2BR	843
13	PH	F1	PH-D	STU	343
TOTAL (inc. Non-Affordable Dwelling Units) :					42,456

255 EAST HOUSTON ST, NEW YORK, NY 10002

SBJG PROJ. # 1446

UNIT HEIGHT DISTRIBUTION CHART A												
FLOOR	INCLUSIONARY HOUSING APARTMENT NUMBERS											TOTAL # OF INCLUSIONARY UNITS/FLOOR
	A	B	C	D	E	F	G	H	J	K	L	
13												0
12												0
11												0
10												0
9						9F						1
8	8A											1
7	7A					7F						2
6	6A						6G			6K		3
5						5F			5J	5K		3
4	4A						4G		4J			3
3							3G		3J	3K		3
2	2A								2J			2
1												
TOTAL DU :												18

255 EAST HOUSTON ST, NEW YORK, NY 10002**SBJG PROJ. # 1446****HORIZONTAL UNIT DISTRIBUTION CHART B**

FLOOR	MARKETING FLOOR #	TOTAL # OF UNITS PER FLOOR	IH UNITS PER FLOOR	STAFF UNITS PER FLOOR	NON-IH UNITS PER FLOOR	IH %-AGE
1	1	0	0			0.00%
2	2	9	2		7	22.22%
3	3	10	3		7	30.00%
4	4	10	3		7	30.00%
5	5	10	3		7	30.00%
6	6	10	3		7	30.00%
7	7	10	2		8	20.00%
8	8	7	1		6	14.29%
9	9	6	1		5	16.67%
10	10	4	0		4	0.00%
11	11	4	0		4	0.00%
12	12	4	0		4	0.00%
13	13	4	0		4	0.00%
TOTAL :		88	18		70	

SBJG PROJ. # 1446

10

UNIT MIX					
FLOOR	STUDIO	1BR	2BR	3BR	TOTALS
1	4	4	1		9
2	4	4	1		9
3	4	4	1		9
4	4	4	1		9
5	4	4	1		9
6	4	4	1		9
7	4	4	1		9
8	4	4	1		9
9	4	4	1		9
10	4	4	1		9
11	4	4	1		9
12	4	4	1		9
TOTAL	37	39	11	1	88

INCLUSIONARY HOUSING AREA CALCULATIONS

INCLUSIONARY HOUSING AREA CALCULATIONS	
A:	measurement of "floor area" as defined in ZIS 12.3-10 devoted to residential measurement of "floor area" attributed to dwelling units designated for lower income housing.
B:	<p>Housing. For each separate lower income dwelling unit:</p> <p>Such measurement includes square footage within the inside floor of walls enclosing dwelling unit, (i.e. all floor surfaces within the dwelling unit, including closets, and the portions that separate rooms that are within same dwelling unit), (b) such measurement excludes (a) porches of exterior walls (b) porches of exterior walls separating such dwelling unit from other dwelling unit or spaces, and (c) portions of such dwelling unit that does not qualify as floor area.</p>
C:	<p>measurement of "floor area" attributed to dwelling units NOT designated for lower income housing.</p> <p>Such measurement includes square footage within the inside floor of walls enclosing dwelling unit, (i.e. all floor surfaces within the dwelling unit, including closets, and the portions that separate rooms that are within same dwelling unit). Such measurement excludes (a) porches of exterior walls (b) porches of exterior walls separating such dwelling unit from other dwelling unit or spaces, and (c) portions of such dwelling unit that does not qualify as floor area.</p>
D:	measurement of "floor area" attributed to common areas in the building for which a fee is charged for their use.
E:	measurement of "floor area" attributed to common areas in the building for which NO fee is charged for their use. Calculated as follows: A - B - C - D = E

LOW INCOME HOUSING FLOOR AREA	
A=	66,081
B=	10,684
C=	33,432
D=	0
E=	15,955
$B + (B)(C) + (A - B)(C - D)$	
	14,094

ZONING REGULATIONS, FAR BONUS	
ZS 23-154.	
FAR BONUS 1.25 SF FOR EACH SF OF LOW INCOME FAR.	
$10 \times 0.240 \text{ SF} = 14,032 \text{ BONUS FAR.}$	
$14,032 \times 1.25 = 17,540 \text{ MIN REQ. LOW INCOME B/F}$	
PROVIDED:	
14,094	9.5.

unit from other dwelling unit or spaces, and (c) portions of such dwelling unit that does not qualify as floor area.

D: measurement of "Floor Area" attributed to common areas in the building for which a fee is

measurement of "Floor Area" attributed to common areas in the building for which NO fee is charged for the use. Calculated as follows: A, B, C, D = E

is changed for their use. Calculated as follows: $A - B - C - D = E$

**INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK**

- PROOF OF SERVICE ON NEW YORK COMMUNITY BOARD 3-

EXHIBIT "5"

SEIDEN & SCHEIN, P.C.

ATTORNEYS AT LAW

JAY G. SEIDEN
ALVIN SCHEIN
ADAM A. LEVENSON
JANE ROSENBERG
JASON C. HERSHKOWITZ

STACY E. JACOBSON

NICHOLAS DiLORENZO
IVAN HUI
FRANK D. BAQUERO
DAVID SHAMSHOVICH

570 LEXINGTON AVENUE, 14TH FLOOR
NEW YORK, NEW YORK 10022

TELEPHONE: (212) 935-1400
FACSIMILE: (212) 593-4545

OF COUNSEL:
DAVID F. YAHNER
HILLARY A. POTASHNICK

July 5, 2016

BY HAND

Community Board 3, Manhattan
59 East 4th Street
New York, NY 10003
Attn: Jamie Rogers, Chairperson

Re: Affordable Housing Plan Application Pursuant to the Inclusionary
Housing Program for 255 East Houston Street, New York, New York
Block: 355; Lot: 54 (the "IHP Application")

Dear Mr. Rogers:


On behalf of SMBRO Rivington, LLC, SMSIS Rivington, LLC, Suffolk MS, LLC
and SM Hillel, LLC enclosed please find a copy of the following documents for the above-
referenced project:

- Inclusionary Housing Plan Application,
- Executive Summary,
- Stacking Charts, and
- Building Plans.

The original Inclusionary Housing Plan Application has been filed with the New
York City Department of Housing Preservation and Development.

Thank you for your attention to this matter.


Very truly yours,
SEIDEN & SCHEIN, P.C.



Lynn Greenholtz

Received:

Name:
Title:



Q 3:44 PM

255 E. HOUSTON STREET, NEW YORK, NEW YORK
INCLUSIONARY HOUSING APPLICATION

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
)S.S.:
COUNTY OF NEW YORK)

Persaud Premdatt, being duly sworn, deposes and says:

1. This affidavit is being submitted to the New York City Department of Housing and Development, located at 100 Gold Street, New York, New York ("HPD"), in connection with the Inclusionary Housing Application (the "Application") for the captioned project (the "Project").

2. On July 5, 2016, at the instruction of Seiden & Schein, P.C., I delivered a package which contained a copy of the Application (the "Package") to D. Starkes, Manhattan Community Board #3, located at 59 East 4th Street, New York, NY.

3. A representative of the Community Board acknowledged receipt of the Application by signing a copy of the Seiden & Schein, P.C. cover letter that was attached to the Package which is attached to this affidavit as Exhibit A.

Premdatt Persaud
(signature)

Persaud Premdatt
(print name)

Sworn to before me this 5 day of
July, 2016

[Signature]
Notary Public

FRANCIS DAVID BAQUERO
NOTARY PUBLIC, STATE OF NEW YORK
NO. 02BA6342360
QUALIFIED IN NEW YORK COUNTY
MY COMMISSION EXPIRES MAY 23, 2020

NYC IDENTIFICATION CARD

ID NUMBER 16240199264354

NAME
Persaud
Premdatt

ADDRESS
2 Webster Ave Apt.#2D
New York, NY 11230

DATE OF BIRTH 12/31/1956

EYE COLOR	HEIGHT	GENDER
Brown	5' 4"	M

EXPIRATION 04/21/2020



Persaud Premdatt



INCLUSIONARY HOUSING PLAN APPLICATION FOR

**SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK**

- APPLICATION FEE -

EXHIBIT "6"

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

255 E Houston Manager LLC

185 Great Neck Road suite 250
Great Neck, NY 11021

Capital One Bank
60 Cuttermill Road
Great Neck, NY 11021

391


**** ONE HUNDRED AND 00/100 DOLLARS

TO THE
ORDER OF

06/29/2016

\$100.00*****

New York City Department of Finance
PO Box 3120
Church Street Station
New York, NY 10008-0032



⑈00391⑈ ⑆021407912⑆ ⑈7527⑈42817⑈8⑈

**INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK**

- HPD CONSTRUCTION SIGNAGE FEE -

EXHIBIT "7"

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

255 E Houston Manager LLC

185 Great Neck Road suite 250
Great Neck, NY 11021

VOID

Capital One Bank
60 Cuttermill Road
Great Neck, NY 11021

390

**** ONE HUNDRED AND 00/100 DOLLARS


06/29/2016

\$100.00****

TO THE
ORDER OF

HPD
PO Box 9020
Church Street Station
New York, NY 10256

VOID



⑈00390⑈ ⑆021407912⑆ ⑈ 7527⑈42817⑈8 ⑈

**INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK**

- SPONSOR DISCLOSURE FOR THE ADMINISTERING AGENT -

"EXHIBIT 8"

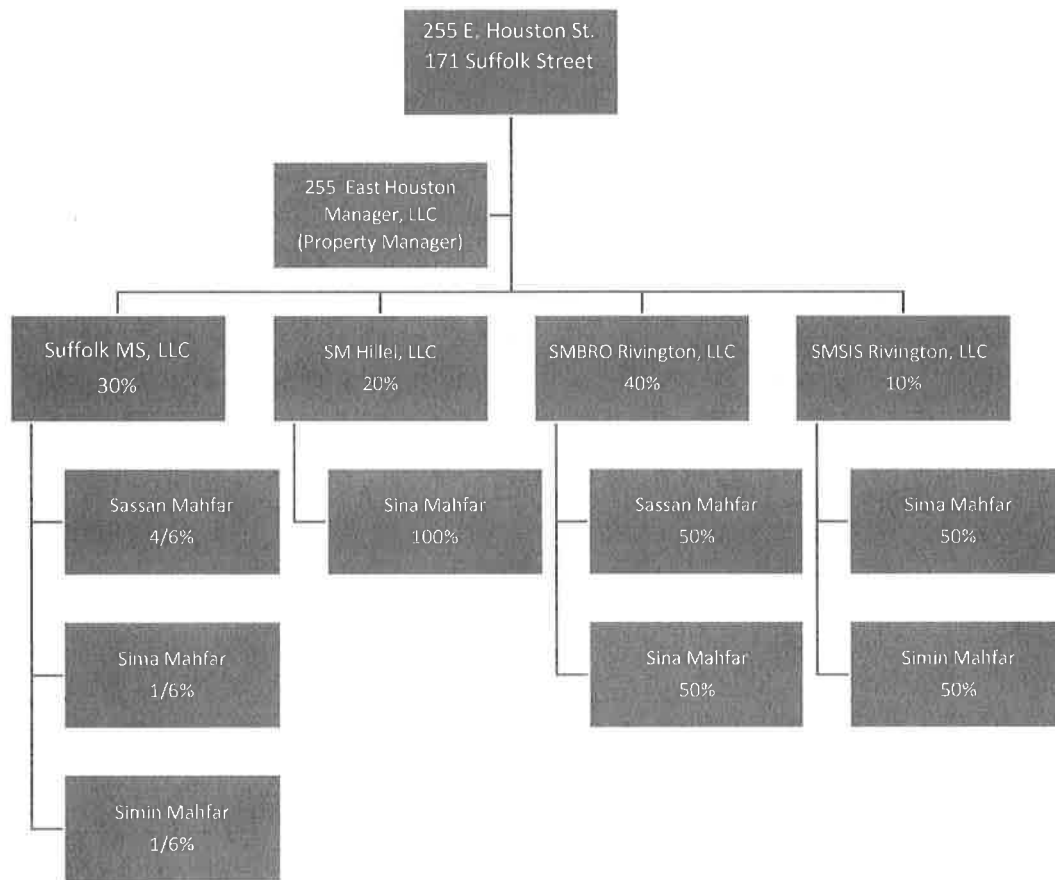
Sponsor Disclosure Statements for the Administering Agent to be submitted under separate cover.

**INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK**

- APPLICANT'S ORGANIZATIONAL CHART -

EXHIBIT "9"



**INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK**

- GENERAL CONTRACTOR'S ORGANIZATIONAL CHART -

EXHIBIT "10"

Organizational Charts for General Contractor to be submitted under separate cover.

**INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK**

- EMPLOYER IDENTIFICATION NUMBERS -

EXHIBIT "11"

**255 East Houston
255 East Houston Street
New York, New York**

Employer Identification Numbers

Applicant:

SMBRO Rivington, LLC – EIN: 46-2836499

Suffolk MS, LLC – EIN: 45-3640665

SM Hillel, LLC – EIN: 47-3683649

SMSIS Rivington, LLC – 46-2837452

Owners: N/A

Administering Agent: To be determined.

EIN: _____

Architect: Stephen B. Jacobs Group, P.C.

EIN: 13-3619461

Attorney: Seiden & Schein, P.C.

EIN: 13-3867920

General Contractor: To be determined.

EIN: _____

**INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK**

- TAX MEMO PROPERTY LIST -

EXHIBIT "12"

Address	Borough*	Block	Lot	Owned, Managed, or Controlled by
138 East 94th Street	1	1522	158	20 Smith Associates, LLC
29 West 30th Street	1	832	24	SMA 29 West, LLC
303 Broome Street	1	418	37	303 Broome Manager, LLC
248 Broome Street	1	409	27	SMGB Broome, LLC
250 Broome Street	1	409	29	SMGB Broome, LLC
252 Broome Street	1	409	31	SMGB Broome, LLC
254 Broome Street	1	409	33	SMGB Broome, LLC
276 5th Avenue	1	831	42	SM 276, LLC
22 Spring Street	1	479	17	22 Spring SM, LLC
131 Orchard Street	1	415	71	SMA Orchard, LLC
75-79 Orchard	1	413	49	75 & 81 Orchard Associates, LLC
81-83 Orchard	1	413	45	75 & 81 Orchard Associates, LLC
1491 Third Avenue	1	1530	1	SM 84 TIC, LLC
1501 Third Ave	1	1530	47	SM 84 TIC, LLC
177 Ludlow	1	412	27	177 Ludlow SM, LLC
143 Ludlow	1	411	27	143 Ludlow SM, LLC
327-331 East Houston	1	345	15,17,19	East Houston Development, LLC
98 MacDougal Street	1	526	56	SM Bleecker, LLC
184 Bleecker Street	1	526	56	SM Bleecker, LLC
255 East Houston Street	1	355	54	Suffolk MS, LLC SMBRO Rivington, LLC & SM Hillel, LLC
1209 Lexington Avenue	1	1510	51	1209 Lexington Avenue SM, LLC
113 Stanton Street	1	411	52	SM Stanton, LLC
102 Norfolk Street	1	353	49	102 Norfolk Street, LLC
41-18 24th Street	4	413	32	LIC 41-18 24th Street, LLC
297-299 3rd Avenue	1	903	58, 57	299 3rd Ave. Manager, LLC
104 Delancey Street	1	410	69	104 Delancey Street SM, LLC
99 Allen Street	1	414	21	99 Allen Realty, LLC
145 West 28th Street	1	804	11	SMA West 28th, LLC
1775 Broadway	1			

* When populating this column, please use the appropriate Borough codes:

Manhattan - 1

Bronx - 2

Brooklyn - 3

Queens - 4

Staten Island - 5

INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC

255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK

- PRE-TRANSACTION AFFIDAVITS -

EXHIBIT "13"

Pre-Transaction Affidavits to be submitted under separate cover.

**INCLUSIONARY HOUSING PLAN APPLICATION FOR
SMBRO RIVINGTON, LLC, SMSIS RIVINGTON, LLC, SUFFOLK MS, LLC and
SM HILLEL, LLC**

**255-259 EAST HOUSTON STREET
NEW YORK, NEW YORK**

- PROJECT UNDERWRITING -

EXHIBIT "14"

Underwriting to be submitted under separate cover

SEIDEN & SCHEIN, P.C.

ATTORNEYS AT LAW

JAY G. SEIDEN
ALVIN SCHEIN
ADAM A. LEVENSON
JANE ROSENBERG
JASON C. HERSHKOWITZ

STACY E. JACOBSON

NICHOLAS DiLORENZO
IVAN HUI
FRANK D. BAQUERO
DAVID SHAMSHOVICH
NICHOLE N. THOMAS

570 LEXINGTON AVENUE, 14TH FLOOR
NEW YORK, NEW YORK 10022

TELEPHONE: (212) 935-1400
FACSIMILE: (212) 593-4545

OF COUNSEL:
DAVID F. YAHNER
HILLARY A. POTASHNICK

August 24, 2016

Via Federal Express

Inclusionary Housing Program
New York City Department of
Housing Preservation and Development
100 Gold Street, 5-G
New York, New York 10038
Attn: Tricia Dietz, Inclusionary Project Manager

**Re: Affordable Housing Plan Application Pursuant to the Inclusionary Housing
Program for SMBRO Rivington, LLC and SMSIS Rivington, LLC, Suffolk MS,
LLC and SM Hillel, LLC, as tenants-in-common
255-259 East Houston Street, New York, New York 10002
Block: 355; Lot: 54 (the "IHP Application")**

Dear Tricia,

On behalf of SMBRO Rivington, LLC, SMSIS Rivington, LLC, Suffolk MS, LLC and SM Hillel, LLC, we hereby submit the Doing Business Data forms for the project located at 255-259 East Houston Street, New York, New York 10002 (the "Project").

Please do not hesitate to contact us if you have any questions or require additional information regarding the Project or IH Application.

Sincerely,
SEIDEN & SCHEIN, P.C.


Lynn Greenholtz, Paralegal



Doing Business Data Form

To be completed by the City Agency prior to distribution	
Agency: _____	Transaction ID: _____
Check One: <input type="checkbox"/> Proposal <input type="checkbox"/> Award	Transaction Type (check one): <input type="checkbox"/> Concession <input type="checkbox"/> Contract <input type="checkbox"/> Economic Development Agreement <input type="checkbox"/> Franchise <input type="checkbox"/> Grant <input type="checkbox"/> Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: SIMSIS Rivington, LLC

Entity EIN/TIN: 46-2837452

Entity Filing Status (select one):

- ☒ Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- ☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- ☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: ☐ Yes ☒ No

Entity Type: ☐ Corporation (any type) ☐ Joint Venture ☒ LLC ☐ Partnership (any type)
 ☐ Sole Proprietor ☐ Other (specify): _____

Address: 185 Great Neck Road, Suite 250

City: Great Neck State: NY Zip: 11021

Phone: 516-487-5690 Fax: 516-487-5692

E-mail: samy@smaequities.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: Sassan (Samy) MI: Last: Mahfar

Office Title: Manager

Employer (if not employed by entity): Self-employed (SMA Equities)

Birth Date (mm/dd/yy): 01/01/70 Home Phone #: 212-831-5215

Home Address: 151 East 85th Street, Apt. 9J, New York, NY 10028

☐ This person replaced former CEO: on date:

Chief Financial Officer (CFO) or equivalent officer☒ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

☐ This person replaced former CFO: on date:

Chief Operating Officer (COO) or equivalent officer☒ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

☐ This person replaced former COO: on date:

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- ☐ The entity is not-for-profit ☐ There are no individual owners ☐ No individual owner holds 10% or more shares in the entity
☐ Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: Simin MI: _____ Last: Mahfar

Office Title: Member

Employer (if not employed by entity): Vantage Point Properties

Birth Date (mm/dd/yy): 03/26/61 Home Phone #: 516-627-1402

Home Address: 93 Cricket Club Dr., Roslyn, NY 11576

First Name: Sima MI: _____ Last: Mahfar

Office Title: Member

Employer (if not employed by entity): Home Maker

Birth Date (mm/dd/yy): 07/14/62 Home Phone #: 516-487-0480

Home Address: 44 Hawthorne Lane, Great Neck, NY 11023

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____



Doing Business Data Form

To be completed by the City Agency prior to distribution	
Agency: _____	Transaction ID: _____
Check One: <input type="checkbox"/> Proposal <input type="checkbox"/> Award	Transaction Type (check one): <input type="checkbox"/> Concession <input type="checkbox"/> Contract <input type="checkbox"/> Economic Development Agreement <input type="checkbox"/> Franchise <input type="checkbox"/> Grant <input type="checkbox"/> Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: SMBRO Rivington, LLC

Entity EIN/TIN: 46-2836499

Entity Filing Status (select one):

- ☒ Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: ☐ Yes ☒ No

Entity Type: ☐ Corporation (any type) ☐ Joint Venture ☒ LLC ☐ Partnership (any type)
 ☐ Sole Proprietor ☐ Other (specify): _____

Address: 185 Great Neck Road, Suite 250

City: Great Neck

State: NY

Zip: 11021

Phone : 516-487-5690

Fax : 516-487-5692

E-mail: samy@smaequities.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: Sassan (Samy) MI: Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity): Self-employed (SMA Equities)

Birth Date (mm/dd/yy): 01/01/70 Home Phone #: 212-831-5215

Home Address: 151 East 85th Street, Apt. 9J, New York, NY 10028

☐ This person replaced former CEO: on date:

Chief Financial Officer (CFO) or equivalent officer☒ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

☐ This person replaced former CFO: on date:

Chief Operating Officer (COO) or equivalent officer☒ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

☐ This person replaced former COO: on date:

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- ☐ The entity is not-for-profit ☐ There are no individual owners ☐ No individual owner holds 10% or more shares in the entity
☐ Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: Sassan (Samy) MI: _____ Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity): Self-employed (SMA Equities)

Birth Date (mm/dd/yy): 01/01/70 Home Phone #: 212-831-5215

Home Address: 151 East 85th Street, Apt. 9J, New York, NY 10028

First Name: Sina MI: _____ Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity): Self-employed (SMA Equities)

Birth Date (mm/dd/yy): 07/27/63 Home Phone #: 516-466-4470

Home Address: 24 Split Rock Rd., Great Neck, NY 11024

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Printed on paper containing 30% post-consumer material



Doing Business Data Form

To be completed by the City Agency prior to distribution	
Agency: _____	Transaction ID: _____
Check One: <input type="checkbox"/> Proposal <input type="checkbox"/> Award	Transaction Type (check one): <input type="checkbox"/> Concession <input type="checkbox"/> Contract <input type="checkbox"/> Economic Development Agreement <input type="checkbox"/> Franchise <input type="checkbox"/> Grant <input type="checkbox"/> Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: Suffolk MS, LLC

Entity EIN/TIN: 45-3640665

Entity Filing Status (select one):

- ☒ Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- ☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- ☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: ☐ Yes ☒ No

Entity Type: ☐ Corporation (any type) ☐ Joint Venture ☒ LLC ☐ Partnership (any type)
 ☐ Sole Proprietor ☐ Other (specify): _____

Address: 185 Great Neck Road, Suite 250

City: Great Neck

State: NY

Zip: 11021

Phone : 516-487-5690

Fax : 516-487-5692

E-mail: samy@smaequities.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: Sassan (Samy) MI: Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity): Self-employed (SMA Equities)

Birth Date (mm/dd/yy): 01/01/70 Home Phone #: 212-831-5215

Home Address: 151 East 85th Street, Apt. 9J, New York, NY 10028

☐ This person replaced former CEO: on date:

Chief Financial Officer (CFO) or equivalent officer☒ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

☐ This person replaced former CFO: on date:

Chief Operating Officer (COO) or equivalent officer☒ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

☐ This person replaced former COO: on date:

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- ☐ The entity is not-for-profit ☐ There are no individual owners ☐ No individual owner holds 10% or more shares in the entity
☐ Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: Sassan (Samy) MI: _____ Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity): Self-employed (SMA Equities)

Birth Date (mm/dd/yy): 01/01/70 Home Phone #: 212-831-5215

Home Address: 151 East 85th Street, Apt. 9J, New York, NY 10028

First Name: Simin MI: _____ Last: Mahfar

Office Title: Member

Employer (if not employed by entity): Vantage Point Properties

Birth Date (mm/dd/yy): 03/26/61 Home Phone #: 516-627-1402

Home Address: 93 Cricket Club Dr., Roslyn, NY 11576

First Name: Sima MI: _____ Last: Mahfar

Office Title: Member

Employer (if not employed by entity): Home Maker

Birth Date (mm/dd/yy): 07/14/62 Home Phone #: 516-487-0480

Home Address: 44 Hawthorne Lane, Great Neck, NY 11023

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Section 4: Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers:

First Name: Sassan (Samy) MI: Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity): Self-employed (SMA Equities)

Birth Date (mm/dd/yy): 01/01/70 Home Phone #: 212-831-5215

Home Address: 151 East 85th Street, Apt. 9J, New York, NY 10028

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

Remove the following previously-reported Senior Managers:

Name: Removal Date:

Name: Removal Date:

Certification

I certify that the information submitted on these four pages and 0 additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: Sassan (Samy) Mahfar

Signature: Date: 8/4/16

Entity Name: Suffolk MS, LLC

Title: Managing Member Work Phone #: 516-487-5690

Return the completed Data Form to the agency that supplied it.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.





Doing Business Data Form: Affordable Housing Transactions

To be completed by the City Agency	
Agency: _____	Submission Date: _____
Transaction ID: _____	
Check One: <input type="checkbox"/> Competitive Solicitation (P) <input type="checkbox"/> Application or Award (A)	
Check One: <input type="checkbox"/> Disposition (D) <input type="checkbox"/> Discretionary Approval (A) <input type="checkbox"/> Tax Benefit (B)	
<input type="checkbox"/> Loan/Grant (L) <input type="checkbox"/> Inclusionary Housing (I) <input type="checkbox"/> Tax Credit (C)	

Entities participating in affordable housing transactions with the City of New York must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for any entity to enter into an affordable housing transaction.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: 255 East Houston Manager, LLC

Entity EIN/TIN: 46-1555215

Entity Filing Status (select one):

- ☒ Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- ☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- ☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: ☐ Yes ☒ No

Entity Type: ☐ Corporation (any type) ☐ Joint Venture ☒ LLC ☐ Partnership (any type)
☐ Sole Proprietor ☐ Other (specify): _____

Address: 185 Great Neck Rd., Suite 250

City: Great Neck State: NY Zip: 11021

Phone : 516-487-5690 Fax : 516-487-5692

E-mail: samy@smaequities.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: Sassan MI: Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity):

Birth Date (mm/dd/yy): 01/01/1970 Home Phone #:

Home Address: 151 East 85th Street, Apt. 9J New York, NY 10028

☐ This person replaced former CEO: on date:

Chief Financial Officer (CFO) or equivalent officer☐ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

☐ This person replaced former CFO: on date:

Chief Operating Officer (COO) or equivalent officer☐ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

☐ This person replaced former COO: on date:

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- ☐ The entity is not-for-profit ☐ There are no individual owners ☐ No individual owner holds 10% or more shares in the entity
☐ Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: Sassan MI: _____ Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): 01/01/70 Home Phone #: _____

Home Address: 151 East 85th Street, Apt. 9J New York, NY 10028

First Name: Sina MI: _____ Last: Mahfar

Office Title: Member

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): 07/27/63 Home Phone #: _____

Home Address: 24 Split Rock Drive, Great Neck NY 11024

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Section 4: Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's affordable housing transactions with the City. Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any affordable housing transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers:

First Name: Sassan MI: Last: Mahfar

Office Title: Managing Member

Employer (if not employed by entity):

Birth Date (mm/dd/yy): 01/01/1970 Home Phone #: 212-831-5115

Home Address: 151 East 85th Street, Apt. 9J New York, NY 10028

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

Remove the following previously-reported Senior Managers:

Name: Removal Date:

Name: Removal Date:

Certification

I certify that the information submitted on these four pages and additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: Sassan Mafar

Signature: Date: 8/22/2016

Entity Name: 255 East Houston Manager, LLC

Title: Member Work Phone #: 516-487-5690

Return the completed Data Form to the agency that supplied it.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.





Doing Business Data Form: Affordable Housing Transactions

To be completed by the City Agency	
Agency: _____	Submission Date: _____
Transaction ID: _____	
Check One: <input type="checkbox"/> Competitive Solicitation (P) <input type="checkbox"/> Application or Award (A)	
Check One: <input type="checkbox"/> Disposition (D) <input type="checkbox"/> Discretionary Approval (A) <input type="checkbox"/> Tax Benefit (B)	
<input type="checkbox"/> Loan/Grant (L) <input type="checkbox"/> Inclusionary Housing (I) <input type="checkbox"/> Tax Credit (C)	

Entities participating in affordable housing transactions with the City of New York must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for any entity to enter into an affordable housing transaction.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: SM Hillel, LLC

Entity EIN/TIN: 47-3683649

Entity Filing Status (select one):

- ☒ Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- ☐ Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- ☐ No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: ☐ Yes ☒ No

Entity Type: ☐ Corporation (any type) ☐ Joint Venture ☒ LLC ☐ Partnership (any type)
☐ Sole Proprietor ☐ Other (specify): _____

Address: 185 Great Neck Rd., Suite 250

City: Great Neck

State: NY

Zip: 11021

Phone: 516-487-5690

Fax: 516-487-5692

E-mail: samy@smaequities.com

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: Sina MI: Last: Mahfar

Office Title: Sole Member

Employer (if not employed by entity):

Birth Date (mm/dd/yy): 07/27/1963 Home Phone #:

Home Address: 24 Split Rock Drive, Great Neck NY 11024

☐ This person replaced former CEO: on date:

Chief Financial Officer (CFO) or equivalent officer☐ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

☐ This person replaced former CFO: on date:

Chief Operating Officer (COO) or equivalent officer☐ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

☐ This person replaced former COO: on date:

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- ☐ The entity is not-for-profit ☐ There are no individual owners ☐ No individual owner holds 10% or more shares in the entity
☐ Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: Sina MI: Last: Mahfar

Office Title: Sole Member

Employer (if not employed by entity):

Birth Date (mm/dd/yy): 7/27/1963 Home Phone #:

Home Address: 24 Split Rock Drive, Great Neck NY 11024

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

Remove the following previously-reported Principal Owners:

Name: Removal Date:

Name: Removal Date:

Name: Removal Date:

Section 4: Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's affordable housing transactions with the City. Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any affordable housing transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers:

First Name: Sina MI: Last: Mahfar

Office Title: Sole Member

Employer (if not employed by entity):

Birth Date (mm/dd/yy): 07/27/1963 Home Phone #:

Home Address: 24 Split Rock Drive, Great Neck NY 11024

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

First Name: MI: Last:

Office Title:

Employer (if not employed by entity):

Birth Date (mm/dd/yy): Home Phone #:

Home Address:

Remove the following previously-reported Senior Managers:

Name: Removal Date:

Name: Removal Date:

Certification

I certify that the information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: Sina Mahfar

Signature: Gina Date: 8/22/2016

Entity Name: SM Hillel, LLC

Title: Sole Member Work Phone #:

Return the completed Data Form to the agency that supplied it.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.



ORIGIN ID: JRBA (212) 935-1400 LYNN GREEN-HOLTZ SEDEN & SCHEN, P.C. 570 LEXINGTON AVE FLOOR 14 NEW YORK, NY 10022 UNITED STATES US		SHIP DATE: 24AUG16 ACTWGT: 1.00 LB CAD: 103875134/NET3790 BILL SENDER
TO TRICIA DIETZ NYC DEPARTMENT OF HOUSING PRESERVAT 100 GOLD STREET, 5-G NEW YORK NY 10038 (212) 865-6685 REF: 255 E HOUSTON INV: DEPT:		
 		
J162016070501uv		
THU - 25 AUG 3:00P STANDARD OVERNIGHT		
TRK# 7770 6822 6322 0201		
E3 PCTA NY-US 10038 EWR		
		

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.