

**OWNER APPROVAL**

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**Instructions:** All owners of the facility must sign this Owner Approval form. Attach proof of ownership.

Type of Facility (check one):  Applicant-Owned  Applicant-Leased

Facility Address: \_\_\_\_\_

Is there more than one owner of this facility?  Yes  No

If yes, provide names and addresses of all owners below.

Owner Name(s) and Address(es):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THIS SECTION FOR APPLICANT-LEASED FACILITY:**

Name of Tenant [Participant Organization]: \_\_\_\_\_

How long has the tenant occupied this site? \_\_\_\_\_ Years \_\_\_\_\_ Months

What is the end date of the current lease? \_\_\_\_\_

Can the lease with this tenant be extended?  Yes  No If yes, how long? \_\_\_\_\_ Years \_\_\_\_\_ Months

I, the undersigned, am the / an owner of the above facility. I have read the Project Application – Part 2 (Facility Improvement) concerning my property and approve the work proposed in the application.

Owner Name (Typed)	Owner Signature	Date
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