



SBL # \_\_\_\_\_

**REQUEST TO ACQUIRE CITY OWNED PROPERTY**

OFFICE OF THE CITY ASSESSOR

714 RIDGE RD.

ROOM 213

LACKAWANNA, NY

14218

716-827-6473

FAX 716-827-6434

COMMERCIAL

RESIDENTIAL

IMPROVED

VACANT LAND

**CITY OF LACKAWANNA SELLS ALL PROPERTY AT FAIR MARKET VALUE TO  
BE COMPLETED BY CLIENT**

*CITY PARCEL:*

Number \_\_\_\_\_ Street \_\_\_\_\_ SBL # \_\_\_\_\_

*For the following, please provide information as it appears on your deed or as you wish to be listed as owner:*

PURCHASER: **Legal** Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

SPOUSE / CO-OWNER (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address (NO PO BOX) \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: (Home) ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ (work / cell) ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Contact (if different) \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Corporate / Business Name \_\_\_\_\_

Corporate / Business ID # \_\_\_\_\_

Business Partners / ownership information \_\_\_\_\_

Intended User for this Property:

Build  Yard  Parking  Residential Use  Income Property

Commercial Use

PLEASE PROVIDE DETAILS

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

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**PLEASE ATTACH THE FOLLOWING**

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

Proof of income \_\_\_\_\_

VACANT LOT PURCHASE: Copies of Paid tax receipts for all properties owned in the City of Lackawanna. If a business or corporation, please attach copies of the last two (2) years' tax returns. Proper permits and building plans must be submitted and approved prior to construction of any improvements. A reverter clause may be required.

***THE CITY OF LACKAWANNA MUST RECEIVE THE FULL DOLLAR AMOUNT FOR REQUESTED PROPERTY NO LATER THAN TWO WEEKS AFTER COUNCIL APPROVAL. This payment is made in the office of the City Treasurer (room 211). Paperwork (deed) will be processed within 2 weeks of payment received.***

*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 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: \_\_\_\_\_ DATE: \_\_\_\_\_

Requested Purchase Price \$ \_\_\_\_\_

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OFFICE USE:

SBL # \_\_\_\_\_ Lot Size: \_\_\_\_\_ Assessed Value \$ \_\_\_\_\_

Property Code \_\_\_\_\_ Type \_\_\_\_\_ Zoning \_\_\_\_\_ Ward \_\_\_\_\_

Structure acquisition request:

Copy of financial qualification (\$5,000 min) / Income Proof / W-2 Statement / Tax Receipts

Completed repair / Rehabilitation / Redevelopment proposal with budget and financing detail