NEW YORK STATE HOUSING FINANCE AGENCY
HOUSING TRUST FUND CORPORATION
NEW YORK STATE AFFORDABLE HOUSING CORPORATION
STATE OF NEW YORK MORTGAGE AGENCY
STATE OF NEW YORK MUNICIPAL BOND BANK AGENCY
TOBACCO SETTLEMENT FINANCING CORPORATION
(individually, "Agency" and collectively, "Agencies")

Potential Contractor or Vendor
Disclosure of Prior Non-Responsibility Determinations

Name of Individual or Entity Seeking to Enter into the Procurement of a Contract:
_____

Address: _____
_____

Name and Title of Person Submitting this Form: _____
_____

Type of Contract Procurement: _____

Date of Issuance of Solicitation: _____

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement of a Contract in the previous four years?
(Please circle):

        No   Yes

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):

        No   Yes

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity?
(Please circle):

        No   Yes

4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: _____

Date of Finding of non-responsibility: _____

Basis of Finding of non-responsibility: _____
_____
_____
_____
_____
_____
_____

 (Add additional pages as necessary)

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement of a Contract with the above-named individual or entity due to the intentional provision of false or incomplete information?
(Please circle):

                              No   Yes

6. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract:
_____

Basis of Termination or Withholding: _____
_____
_____
(Add additional pages as necessary)

Potential Contractor or Vendor certifies that all information provided to the Agency(ies) with respect to State Finance Law §139-j is complete, true and accurate.

By:_____   Date: _____
    Authorized Signature of Individual Submitting Form

Name: _____

Title: _____