

Document #	Document Role	Current Status
059-HA-10265-2013	Homeowner	In Progress (Not Submitted)

INSTRUCTIONS

Please complete your application below. Note that all required fields are marked with an *.

Select the **Save** button to save your information as you fill out the form.

Select the **Review and Submit** button when you are ready to submit the application.

NOTE: Maximum file size for an upload is 30 MB. Please select the **Save** button after every upload.

GENERAL HOUSING ELIGIBILITY REQUIREMENTS

The information collected in this application will be used to determine whether you qualify for the NYS Recreate NY Smart Home Program. It will not be disclosed outside New York or its Agents without your consent except for verification of information and as required and permitted by law. You do not have to provide this information, but if you do not your application for assistance may be delayed or rejected.

The application should require approximately one (1) hour to complete. You should gather the following list of items before starting as they are needed to complete New York Recreate NY Smart Home Program application:

1. Documentation of ownership for primary residence (deed) or residential income property.
2. Documentation of household income.
3. Evidence of current property tax payment.
4. Documentation of amounts received or approved but not yet accepted from **all** other disaster-related assistance such as flood insurance, homeowners insurance, FEMA, the Small Business Administration (SBA), or other Federal, State, local, private, not-for-profit or other sources.
5. Documentation of the status of mortgage payments.
6. Receipts for repair/rehabilitation/mitigation work already completed at property where damage occurred. Receipt dates **cannot** be prior to the storm.
7. FEMA registration number
8. Tax identification number (Social Security Number or Employee Identification Number if investor owned)
9. Section, Block and Lot numbers

ELIGIBILITY INFORMATION

Is your household considered low- and moderate-income? (Select One)

Yes No*

Low- to Moderate-income means that a household's annual income is at or below 80% of Area Median Income (AMI), as certified by HUD. In order to answer YES to this question, the household gross annual income cannot exceed the maximum amount below based upon your household size.

[Click here](#) for the 2013 Household Gross Annual Income chart.

[Click here](#) for the 2012 Household Gross Annual Income chart

[Click here if you live in Nassau, Suffolk, or Westchester County](#)

Was your home inspected by your local building inspector or floodplain manager and declared to be "substantially damaged"? "Substantially Damaged" means the damage to your home from the storm was greater than 50% of the pre-storm value of your property?

Yes No*

If you answered yes, you will be required to submit a copy of documentation from the inspector or floodplain manager to certify a declaration of "substantially damaged".

Documentation Upload

Are you currently displaced from your primary residence as a result of damage sustained from Hurricane Sandy, Hurricane Irene or Tropical Storm Lee?

Yes No*

If yes, please describe your current living situation:

- Hotel/Motel
- Rental Property
- Family/Friends
- FEMA Trailer
- Other (please explain):

Are you currently receiving or in process to receive assistance from the Disaster Housing Assistance Program (DHAP)?

Yes No*

If the answer to any of the following questions is NO, you may not be eligible for assistance through the Recreate NY Smart Home Program

Did your primary residence sustain damage as a direct result of Hurricane Sandy, Hurricane Irene or Tropical Storm Lee?

Yes No*

If no, did you own a residential income-generating property (rental property) that sustained damage as a direct result of Hurricane Sandy, Hurricane Irene or Tropical Storm Lee?

Yes No*

Is your primary residence or residential income-generating property located in a county designated as a disaster area eligible for FEMA Individual Assistance as a result of Hurricane Sandy, Hurricane Irene or Tropical Storm Lee?

(Eligible Counties: Albany, Broome, Chemung, Chenango, Clinton, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Herkimer, Montgomery,

Nassau, Oneida, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Westchester)

Yes No*

Did you own the property at the time of one of the storms listed above?

Yes No*

Was this property your primary residence at the time of the storm?

Yes No*

Which storm were you impacted by?

Hurricane Sandy Hurricane Irene Tropical Storm Lee

PRIMARY APPLICANT INFORMATION

All persons listed on the deed as an owner will be required to sign all agreements if approved for assistance.

Prefix Last Name First Name Middle Name Suffix
Test * Test *

Social Security No. * Note: Do not enter hyphens into the SSN field. Only enter numbers.

Date of Birth (mm/dd/yyyy)*

Present Mailing Address (where correspondence will be sent)

To enter a P.O. Box as an address, type "PO BOX" for the Address # and the number for the Street Name.

House Number Street Direction Street Name Street Type Unit/Apt. Number
123 * ABC *
City State Zip
Beach * New York * 12345 *

Telephone Numbers

Primary Alternate 1 Alternate 2 Fax
1234567890 *

Head of household

Yes No

Total number residing in household *

No. of Dependents (living at home)

*

E-mail Address

Marital Status

Married Unmarried (single, divorced or widowed) Separated

Is there a co-applicant* for this application? Yes No

(* a co-applicant is the second individual on an application and is required when there is more than one name on a property deed or mortgage.)

PROPERTY OWNERSHIP INFORMATION

NAME ON THE OWNERSHIP/ACQUISITION DEED OF DAMAGED PROPERTY

Last Name First Name Middle Name Suffix
* *

Please provide company name if property is owned by an organization or association.

Company Name

Is this company an owners' association, condo or co-op? If yes, please select the type.

Other:

Are there any other names on the ownership/acquisition deed? Yes No

If yes, please list all other names here:

Last Name First Name Middle Name Suffix Phone

Copy of Deed available: Yes No

If yes, please upload:

If no, please explain:

CO-APPLICANT INFORMATION (AS IDENTIFIED ON DEED OR MORTGAGE)

Prefix Last Name First Name Middle Name Suffix

Telephone Numbers

Primary Alternate 1 Alternate 2 Fax

E-mail Address

Date of Birth (mm/dd/yyyy)

Social Security No. Note: Do not enter hyphens into the SSN field. Only enter numbers.

Marital Status Married Unmarried (single, divorced or widowed) Separated

EMERGENCY CONTACT INFORMATION (FOR PRIMARY APPLICANT)

Prefix Last Name First Name Middle Name Suffix

Present Mailing Address (where correspondence will be sent)

House Number Street Direction Street Name Street Type
City State Zip

Phone

Primary Alternate

POWER OF ATTORNEY OR TRUSTEE OR OTHER LEGAL DESIGNEE Not Applicable

Prefix Last Name First Name Middle Name Suffix

Address

House Number Street Direction Street Name Street Type
City State Zip

Phone

Day Evening

E-mail Address

INFORMATION ABOUT YOUR DAMAGED PROPERTY**STRUCTURE INFORMATION**Same as Present Mailing Address

Address

House Number Street Direction Street Name Street Type Unit/Apt. Number
123 * ABC * *
City County Zip
Beach * Nassau County * 12345 *

Tax Parcel Information (Section, Block, and Lot Number).

Is the property occupied now? Yes NoType of Structure: * Single Multi-Unit (if multi-unit, number of units)Do you own the land associated with this property? Yes No

If no, please list owner name and phone number:

Name: Phone:

Number of stories? *

Estimated Cost to Repair *

Source of Estimated Cost*

- FEMA Insurance 3rd Party Appraisal
 Self Contractor SBA
 Other, explain below

Do you currently have a Contractor hired to work on this home? Yes No

If yes, provide Contractor name and telephone number:

Name: Phone:

Have you started work, repairs or rebuilding on this home? Yes No

If you have started work, what is the actual amount you have spent so far?

Include cost of demolition and clean-up in addition to any repairs.

NOTE: Receipts for rehabilitation, repair and/or mitigation work already completed at the property where the damage occurred are required and should be attached or provided to your case manager.

Receipts Upload

INFORMATION ABOUT YOUR HOME:**PROPERTY PROFILE**

Year your home was built (estimate, if not known)

How many residential structures are on this property? *

Is your property located in the 100-year or 500-year floodplain?*

 100 500 Don't Know No**Environmental Health Hazards**Prior or current knowledge of lead based paint at the property? Yes No UnknownPrior or current knowledge of asbestos at the property? Yes No UnknownPrior or current knowledge of mold at the property? Yes No UnknownAre State, local and other property-related taxes paid and up-to-date? Yes No

If no, please identify which taxes are not up to date, and explain why:

LIEN AND MORTGAGE INFORMATION

Do you have one or more mortgages or equity lines of credit on the damaged home?

Yes No

If YES, For all mortgages and equity lines of credit on your damaged property provide the following information

	Name of Lender	Estimated Payoff Balance	Loan/Account Number
First Mortgage holder			
Second mortgage/equity line of credit			
Third mortgage/equity line of credit			
Fourth mortgage/equity line of credit			

Have any of the above lien or mortgage holders initiated foreclosure proceedings? Yes No

Are you under a forbearance period offered by your lender? Yes No

If yes, explain:

Please provide the most recent monthly mortgage statement you have received from your lender.

Copy of recent mortgage statement attached: Yes No

If yes, please upload:

If no, explanation:

Are all mortgage and/or loan payments up to date? Yes No

If no, please explain:

Were any additional mortgages or equity lines of credit entered into after a declared disaster for the purposes of storm relief?

Yes No

If yes, please explain:

APPLICANT DEMOGRAPHIC INFORMATION

Household Type (please select the most accurate)

- Female headed single parent household
- Male headed single parent household
- Single Adult
- Two or more unrelated adults
- Married with children
- Married without children
- Other

How many people live in your home?

For each person currently living in your home whether related or not, provide the following information:

Person Race* Ethnicity* Disability Status Elderly Status*** Gender: Income ******

Applicant

Co-Applicant

Total Household Income

(Total will be calculated when you click Review and Submit)

* White; Black or African American; American Indian/Alaskan Native; Asian; Native Hawaiian/Other Pacific Islander; American Indian/Alaskan Native and White; Asian and White Black/African American and White; American Indian/Alaskan Native and Black; Other
Please identify if any household member is Hispanic. Hispanic is not considered a race, it is an ethnicity.

** A disabled person is one who has a physical, emotional or mental impairment that:

- (a) Is expected to be of long-continued or indefinite duration;
- (b) Substantially impedes the person's ability to live independently; or
- (c) Is such that the person's ability to live independently could be improved by more suitable housing conditions.

*** An elderly person is defined as a person 62 years of age or older.

***For purposes of verifying income for this program the adjusted gross income shown on the most recent IRS Form 1040 or IRS Form 1040 EZ with all associated forms and schedules is used. A 2012 IRS tax return MUST be submitted for all members of your household that filed a return in 2012 (for example if your son lives in the house with you and he files a separate tax return, that tax return must also be submitted). An Affidavit of Income must be submitted for all members of your household who do not file taxes (See attached Affidavit of Income form). Data for income will correspond to household member name. Income can include: Income from wages, salaries, tips, etc., Business Income/Rental Income, Interest & Dividend Income, Retirement/Pension & Insurance Income, Unemployment & Disability Income, Welfare Assistance, Alimony/Child Support & Gift Income, Armed Forces Income, Public Assistance, Self-employment Income.

RESIDENTIAL INCOME-GENERATING PROPERTY OCCUPANT DEMOGRAPHIC INFORMATION

Total number of Rental Units in Damaged Property:

Of the total, number currently occupied:

Of the total, number that sustained direct damage as a result of the storm:

Unit Number Race* / Household type Ethnicity* Disability Status** Elderly Status*** Total Household Size Income ****

* White; Black or African American; American Indian/Alaskan Native; Asian; Native Hawaiian/Other Pacific Islander; American Indian/Alaskan Native and White; Asian and White Black/African American and White; American Indian/Alaskan Native and Black; Other

(Additional rows will be made available once you have completed the last row and click **Save**).

Please identify if any household member is Hispanic. Hispanic is not considered a race, it is an ethnicity.

** A disabled person is one who has a physical, emotional or mental impairment that:

- (a) Is expected to be of long-continued or indefinite duration;
- (b) Substantially impedes the person's ability to live independently; or
- (c) Is such that the person's ability to live independently could be improved by more suitable housing conditions.

*** An elderly person is defined as a person 62 years of age or older.

***For purposes of verifying income for this program the adjusted gross income shown on the most recent IRS Form 1040 or IRS Form 1040 EZ with all associated forms and schedules is used. A 2012 IRS tax return MUST be submitted for all members of your household that filed a return in 2012 (for example if your son lives in the house with you and he files a separate tax return, that tax return must also be submitted). An Affidavit of Income must be submitted for all members of your household who do not file taxes (See attached Affidavit of Income form). Data for income will correspond to household member name. Income can include: Income from wages, salaries, tips, etc., Business Income/Rental Income, Interest & Dividend Income, Retirement/Pension & Insurance Income, Unemployment & Disability Income, Welfare Assistance, Alimony/Child Support & Gift Income, Armed Forces Income, Public Assistance, and Self-employment Income.

PRIOR DISASTER-RELATED ASSISTANCE RECEIVED TO DATE

The federal Stafford Act directs administrators of federal assistance to ensure that no person, business concern or other entity will receive duplicative assistance. As such, all applicants are required to accurately report all prior financial assistance received for this project. Please complete the following sections and indicate all applicable assistance received or applied for:

FEMA Information

Have you applied for any disaster-related assistance from FEMA as a result of damage to your home?

Yes No *

If yes, what is your FEMA Registration No.?

Have you been approved or denied for, or received any disaster-related assistance for structural damage from FEMA?

Offered Assistance Yes No

Total FEMA amount received or offered

Denied Assistance Yes No

Please upload approval/denial information:

Do you have an appeal pending with FEMA? Yes No

Did FEMA send an inspector to your home to conduct a damage inspection?

Yes No

If yes, please provide the Real Property FEMA Verified Loss (RP FVL) amount:

SMALL BUSINESS ADMINISTRATION (SBA)

Have you applied for any disaster-related assistance from the SBA as a result of damage to your home?

Yes No

If yes, what is your SBA Application No.?

Have you been offer or denied for, or received any storm related assistance from the SBA for damage to your home?

Offered Assistance Yes No

Total SBA amount received or offered

Denied Assistance Yes No

Please upload approval/denial information:

Do you have an appeal pending with SBA? Yes No

Did SBA send an inspector to your home to conduct a damage inspection?

Yes No

If yes, please provide the SBA's real property damage estimate?

HOMEOWNERS INSURANCE POLICY**WAS A HOMEOWNERS INSURANCE POLICY IN EFFECT ON DAMAGED RESIDENCE AT THE TIME OF THE STORM?**

Yes No

If yes, please provide a copy of your insurance policy demonstrating active coverage at the time of damage as well as a copy of the settlement letter, if applicable.

Name of Insured (Check if same as applicant) If not same as applicant, complete following information

First Name Last Name Middle Name Suffix

Name of Insurance Company:

Insurance Policy No. :

Agent's Name: Phone No. of Agent

Insured Value of Structure:

Start Date of Policy in effect at the Time of the Storm:

End Date of Policy in effect at the Time of the Storm:

Total Damage Estimated by Insurer:

Claim No.

If settled, how much for structure?

If pending, how much for structure?

If denied please provide denial letter

Please upload approval/denial information:

FLOOD INSURANCE POLICY**WAS A FLOOD INSURANCE POLICY IN EFFECT ON DAMAGED RESIDENCE AT THE TIME OF THE STORM?**

Yes No

If yes, please provide a copy of your insurance policy demonstrating active coverage at the time of damage as well as a copy of the settlement letter, if applicable.

Name of Insured (Check if same as applicant) If not same as applicant, complete following information

First Name Last Name Middle Name Suffix

Name of Insurance Company:

Insurance Policy No.:

Agent's Name: Phone No. of Agent:

Insured Value of Structure:

Start Date of Policy in effect at the Time of the Storm:

End Date of Policy in effect at the Time of the Storm:

Total Damage Estimated by Insurer:

Claim No.

If settled, how much for structure?

If pending, how much for structure?

If denied please provide denial letter

Please upload approval/denial information:

Prior to this event, did you ever file a claim and receive payment from the National Flood Insurance Program? Yes No

If yes, was flood insurance required? Yes No

If yes, did you maintain evidence of flood insurance? Yes No

PROPERTY INSURANCE POLICY**WAS A PROPERTY INSURANCE POLICY IN EFFECT ON DAMAGED RESIDENCE AT THE TIME OF THE STORM?**

Yes No

If yes, please provide a copy of your insurance policy demonstrating active coverage at the time of damage as well as a copy of the settlement letter.

Name of Insured (Check if same as applicant) If not same as applicant, complete following information

First Name Last Name Middle Name Suffix

Name of Insurance Company:

Agent's Name: Phone No. of Agent:

Insured Value of Structure:

Insurance Policy No.:

Start Date of Policy in effect at the Time of the Storm:

End Date of Policy in effect at the Time of the Storm:

Total Damage Estimated by Insurer:

Claim No.

If settled, how much for structure?

If pending, how much for structure?

If denied please provide denial letter

Please upload approval/denial information:

INSURANCE LITIGATION

Are you actively in dispute with any of your insurance claims?

Yes No

If YES, are you currently involved in litigation with any of your insurance claims?

Yes No

If you are currently involved in litigation related to storm damage with one or more insurance companies, please provide information about your attorney.

First Name Last Name Middle Name Suffix

Address 1

Address 2

City, State Zip -

Phone No.

ASSISTANCE SUMMARY**OTHER STATE /FEDERAL / LOCAL ASSISTANCE**

Have you applied for any storm-related assistance from other federal, state, local, private, not-for-profit or other

resources for damage to your home? Yes No

If YES, What other assistance has been provided?

(Examples include but not limited to: NYS Homeownership Repair and Rebuilding Fund (HRRF) and Empire State Relief Fund (ESRF)).

OTHER LOANS/ PRIVATE ASSISTANCE

Have you applied for a home equity loan to cover costs incurred from storm related damage? Yes No

If yes, please provide status of application.

Have you applied for any personal loans or bank financing, or other non-governmental loan assistance to cover costs incurred from the storm? Yes

No

If yes, please provide status of application

TOTAL ASSISTANCE CALCULATION

(Total will auto populate when you click **Review and Submit**)

Amount received/expected from FEMA

Amount received/expected from SBA

Amount received/expected from Flood Insurance Policy proceeds

Amount received/expected from Homeowners Insurance Policy proceeds

Amount received/expected from Property Insurance Policy proceeds

Amount received/expected from Wind Insurance Policy proceeds

Amount received from any other Governmental Assistance

Amount received from any Non-Governmental Assistance

Total Disaster Compensation (sum of above)

Amount of receipts for prior rehabilitation work completed

ADDITIONAL INFORMATION

If there are special circumstance(s) regarding ownership such as death of the property owner, the property is in trust or there are other legal considerations that you would like to include in the application, please use the space provided below.

DESCRIPTION OF SERVICES:

Narrative: Please provide a brief description of the services you are looking for.

Applicant's Authorization:

I authorize to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- 1) A photocopy of this form is as valid as the original; AND
- 2) I have the right to review information received using this form; AND
- 3) I have the right to a copy of information provided here under and to request correction of any information I believe to be inaccurate; AND
- 4) All named applicants will sign this form and cooperate with the Subrecipient in the eligibility verification process.

***WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

SIGNATURES**APPLICANT CONSENT AGREEMENT:**

I (we) understand that I (we) am (are) obligated to comply with Federal, State, local and other governmental rules and regulations pertaining to this program and will be required to obtain all necessary approvals and permits. By signing below, I (we) hereby release the State of New York, the New York State Housing Trust Fund Corporation, and all of their authorized agents, from any and all claims arising from this project.

I (we) attest that to the best of my (our) knowledge and belief all information submitted in connection with this application shall be accurate and complete. I (we) understand that the submission of inaccurate or fraudulent information may be grounds for denial or recapture of a grant and/or loan, and may be punishable by criminal, civil or administrative penalties. I (we) understand that any information I (we) give may be investigated and verified.

By completing the above information and signing below/submitting this application, I affirm my desire to apply for Recreate NY Smart Home Rehabilitation assistance, available to me through the State of New York. Further, I attest that in completing this application I:

- Understand that I may be contacted by a representative of the State of New York to provide additional information or clarification regarding my application for assistance.
- Understand that I am required to furnish copies of all pertinent documents requested in this application.

- Understand my responsibility to collect any/all necessary documents related to my storm-damaged property pursuant to the application, if not provided in full at the time of application.
 - As part of this application, a waiver is provided to the Federal Emergency Management Agency (FEMA), and the Small Business Administration (SBA), to provide Duplication of Benefits Information to the Housing Trust Fund Corporation to assist in the determination of the cost effectiveness of my participation.
- Signature(s) *
- Printed Name(s) *
- Date *

CERTIFIED STATEMENT OF DAMAGES:

I (we), owner(s) of the property in the {insert the address and city} in the State of New York, certify that funds being requested are for the repair of damage specifically attributed to Hurricane Sandy, Hurricane Irene or Tropical Storm Lee. All funds being requested are for repairs to make the subject property operational and habitable.

Signature(s) *

Date *

CERTIFIED STATEMENT of TAX LIEN:

I(we), owner of the property in the (Locality) at (Address) in the State of New York, certify that there are no state or local tax liens being held against the property for unpaid taxes. I(we) certify that the property is in good standing and that it will be so at the time the contract for program funds is signed.

Signature(s) *

Date *

Click **Review And Submit** at the top of the window to check to see if your application is complete.

This is an equal opportunity program. Federal law prohibits discrimination on the basis of race, color, national origin, sex, age, disability, political beliefs, sexual orientation or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact HUD with inquiries about assistance under Section 504. You may file a complaint form at: Office of Fair Housing and Equal Opportunity, Department of Housing & Urban Development, 451 Seventh Street, S.W., Room 5204 Washington, DC 20410-2000