



**New York State
Division of Housing and Community Renewal
Office of Community Development**

Security Manager Designation Form

Security Manager Designation for Web-based Applications.

If you intend to submit an application for funding to the Division of Housing and Community Renewal (DHCR) or the Housing Trust Fund Corporation (HTFC) over the Internet, or use the Community Development Online (CDOL) Applications System for any other purpose, you must designate a Security Manager to authorize and monitor access to the System. You may also designate a second Security Manager if you wish. The Security Manager's responsibilities include:

1. designating on-line those employees (System Users) who will be allowed access to the CDOL;
2. ensuring that each System User is assigned the appropriate permissions within the CDOL;
3. notifying System Users of their User IDs and initial passwords, and stressing the necessity to keep their passwords strictly confidential at all times;
4. keeping the System User's information current;
5. resetting System User's passwords as necessary; and
6. inactivating System Users as necessary.

_____ (Applicant Name) _____ (Federal ID #) _____ () - _____ (Phone Number)

Security Manager 1 Information:

_____ (Last Name) _____ (First Name) _____ (Email Address)

Is this person authorized to electronically certify and submit applications on behalf of the applicant? Yes No

Security Manager 2 Information:

_____ (Last Name) _____ (First Name) _____ (Email Address)

Is this person authorized to electronically certify and submit applications on behalf of the applicant? Yes No

Applicant Certification:

I certify that I am authorized to file this Form with DHCR/HTFC on behalf of the corporation/municipality/firm/person/association/partnership, and to execute all necessary documents.

I certify that all of the data contained on this Form is true, complete and correct to the best of my knowledge and belief. I will report any changes or additions to the information provided in this Form, and will furnish such further documentation or information as may be requested by DHCR/HTFC.

I further certify that I am authorized to designate the person(s) named in this Form as the Applicant's Security Manager(s) for the CDOL, and that it is my responsibility to notify DHCR/HTFC immediately if this person leaves the Applicant's employ.

_____ (Last Name) _____ (First Name) _____ (Email Address)

_____ (Title) _____ (Signature)

Date: / /

Mail Completed Forms to: NYS DHCR 38-40 State Street, Hampton Plaza, MSR Unit, Room 603S, Albany, NY 12207