

New York State Division of Housing and Community Renewal

**Member Item Program**

Certificate of Hardship

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_,  
Name Title Name of Organization  
certify that the contract disbursement schedule as outlined in the section titled \_\_\_\_\_ of the  
Member Item Program manual, will cause undue hardship to my organization. The legislative intent requires that  
\_\_\_\_\_ provide services or a program that must be paid immediately  
upon receipt and \_\_\_\_\_ has no other funds available to advance payment.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title

Legislative Intent (directly from the Legislative Intent Form):