

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED December 1, 2008	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY December 1, 2008	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: New York State Housing Finance Agency	Organizational Unit: Department: Housing Programs
Organizational DUNS: 084004919	Division: Housing Programs
Address: Street: 641 Lexington Avenue 4th Floor City: New York County: NY State: NY Zip Code: 10022	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: Arlo Middle Name: Monell Last Name: Chase Suffix: Esq. Email: achase@nyhomes.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 13-6019627	Phone Number (give area code) 2128720307	Fax Number (give area code) 917 2740307
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-228 TITLE (Name of Program): Community Development Block Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Please review Substantial Plan Amendment dated December 1, 2008 for a full description. The basic intent of the project is to provide funds to not-for-profit organizations and local governments to purchase, rehabilitate and re-sell or rent vacant, foreclosed and abandoned homes thereby increasing neighborhood stabilization.
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): New York State	14. CONGRESSIONAL DISTRICTS OF: a. Applicant NY-14 b. Project All NY
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13. PROPOSED PROJECT Start Date: February 15, 2009 Ending Date: February 14, 2013	15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal HUD</td> <td>\$</td> <td>54,556,454⁰⁰</td> </tr> <tr> <td>b. Applicant HFA affiliate-AHC</td> <td>\$</td> <td>10,000,000⁰⁰</td> </tr> <tr> <td>c. State DHCR</td> <td>\$</td> <td>2,000,000⁰⁰</td> </tr> <tr> <td>d. Local County, municipal</td> <td>\$</td> <td>6,000,000⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>5,000,000⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>77,556,454⁰⁰</td> </tr> </table>	a. Federal HUD	\$	54,556,454 ⁰⁰	b. Applicant HFA affiliate-AHC	\$	10,000,000 ⁰⁰	c. State DHCR	\$	2,000,000 ⁰⁰	d. Local County, municipal	\$	6,000,000 ⁰⁰	e. Other	\$	0 ⁰⁰	f. Program Income	\$	5,000,000 ⁰⁰	g. TOTAL	\$	77,556,454 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal HUD	\$	54,556,454 ⁰⁰																					
b. Applicant HFA affiliate-AHC	\$	10,000,000 ⁰⁰																					
c. State DHCR	\$	2,000,000 ⁰⁰																					
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e. Other	\$	0 ⁰⁰																					
f. Program Income	\$	5,000,000 ⁰⁰																					
g. TOTAL	\$	77,556,454 ⁰⁰																					

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Ms.	First Name Priscilla	Middle Name
Last Name Almodovar		Suffix
b. Title President/Chief Executive Officer		c. Telephone Number (give area code) 212 872 0301
d. Signature of Authorized Representative 		e. Date Signed 11/25/08