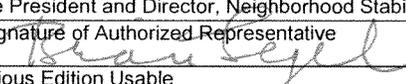


**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED February 25, 2011	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: New York State Housing Finance Agency			Organizational Unit: Department: Neighborhood Stabilization		
Organizational DUNS: 084004019			Division:		
Address: Street: 641 Lexington Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: New York			Prefix: Mr.	First Name: Jason	
County: New York			Middle Name R.		
State: New York			Last Name Pearson		
Zip Code 10022		Suffix:			
Country: United States			Email: jpearson@nyshcr.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 13-6019627			Phone Number (give area code) (212) 872-0470		Fax Number (give area code) (917) 274-0470
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) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Neighborhood Stabilization Program 3 14-228			9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): New York State			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New York State Neighborhood Stabilization Program 3		
13. PROPOSED PROJECT Start Date: April 1, 2011			14. CONGRESSIONAL DISTRICTS OF: a. Applicant NY - All		
Ending Date: April 1, 2014			b. Project NY - All		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	5,000,000 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$	⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	⁰⁰			
g. TOTAL	\$	5,000,000 ⁰⁰			
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 Mr.		First Name Brian		Middle Name	
Last Name Segel			Suffix		
b. Title Vice President and Director, Neighborhood Stabilization			c. Telephone Number (give area code) (212) 872-0702		
d. Signature of Authorized Representative 			e. Date Signed February 25, 2011		