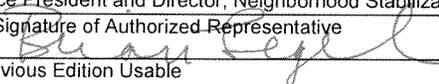


**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> June 29, 2011	Applicant Identifier	
			<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: New York State Housing Finance Agency			<b>Organizational Unit:</b> Department: Neighborhood Stabilization		
Organizational DUNS: 084004019			Division:		
<b>Address:</b> Street: 641 Lexington Avenue			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
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		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 13-6019627			Phone Number (give area code) (212) 872-0470	Fax Number (give area code) (917) 274-0470	
<b>8. TYPE OF APPLICATION:</b> <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)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Neighborhood Stabilization Program 3 14-228			<b>9. NAME OF FEDERAL AGENCY:</b> Department of Housing and Urban Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> New York State			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> New York State Neighborhood Stabilization Program 3		
<b>13. PROPOSED PROJECT</b> Start Date: April 1, 2011			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant NY - All		
Ending Date: April 1, 2014			b. Project NY - 1, 10, 18, 28		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	5,000,000 <sup>00</sup>	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	<sup>00</sup>	DATE:		
c. State	\$	<sup>00</sup>	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	7,001,355 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	9,449,786 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$	<sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	21,451,141 <sup>00</sup>			
<b>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.</b>					
<b>a. Authorized Representative</b>					
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 June 29, 2011		