

ID # (Staff Only) <input style="width:90%;" type="text"/>	State of New York Mohawk Valley and 2013 Upstate Flood Recovery Program Disaster Assistance Application
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Staff Initials (Staff Only): **NYS Flood Helpline 1-888-769-7243**

Instructions: This application will be used to determine your eligibility for homeowner, renter, small business and/or farm assistance under the above program. In order to qualify for grant assistance, you must live in the County of Herkimer, Madison, Montgomery, Niagara or Oneida.

CONSENT AND RELEASE

I (Applicant/Occupant) do hereby consent to, and authorize, the Housing Trust Fund Corporation (HTFC) (including its partners, affiliates, agents and contractors) to request, review and share any and all information received with respect to my application for the Mohawk Valley and 2013 Upstate Flood Recovery Program, whether provided by me or by third parties, as needed to determine my eligibility for the Program and otherwise process the amount of assistance under the Program. I agree to hold the HTFC and its agents, partners, affiliates and contractors harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way related to any disclosure of my personal information acquired for processing my application and benefits under the Program.

I understand that I may revoke or terminate this consent and release at any time by giving written notice to HTFC. I further understand and acknowledge that any such revocation (ending) of this Consent may affect my ability to receive assistance under the Program.

NON-DISCRIMINATION STATEMENT

Federal law requires that disaster aid be given in a fair and impartial manner, without discrimination on the grounds of race, color, religion, nationality, sex, age, handicap, or economic status.

1. Applying for: <input type="checkbox"/> Home <input type="checkbox"/> Renter <input type="checkbox"/> Small Business <input type="checkbox"/> Farm	2. Interested in a Buy-Out of your Property (if residence is destroyed)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Name of Applicant: (Last, First MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input style="width:90%;" type="text"/>	4. Primary Language: <input style="width:90%;" type="text"/>
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5. Home Phone Number: <input style="width:90%;" type="text"/>	5. Work Phone Number: <input style="width:90%;" type="text"/>	7. Cell or Mobile Phone Number: <input style="width:90%;" type="text"/>
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8. E-Mail Address: <input style="width:90%;" type="text"/>	9. Date Damage Occurred: <input style="width:90%;" type="text"/>
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10. Current Mailing Address: No. / Street or PO Box	Apt./Lot #	City	State	Zip
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

11. Damaged Property Address: No. / Street or PO Box	Apt./Lot #	City	State	Zip
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

12. Please include any special instructions, landmarks, GPS coordinates, etc, to assist in locating damaged property.

13. Names of all persons living in home at time of disaster	Relationship to Applicant	Age	Names (Continued)	Relationship to Applicant	Age
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14. Insurance information: (Mark all types of insurance, that you maintain or maintained, when damage occurred, whether or not it provides coverage, or may provide coverage for the damage sustained to your home, business or farm.)

I have no insurance (skip to #15) I have: Homeowners Mobile Home Renters Vehicle Flood (NFIP) Other:

I am filing a claim for: Home Mobile Home Renters Vehicle Flood (NFIP) Other:

My insurance benefits have: covered all damage been insufficient been delayed days Other:

Did you submit a claim? Yes No If yes, date of submission: Did you receive a claim notice Yes No

If yes, amount: \$

14. (Continued) Insurance Company(s)

Insurance Policy(s) Number(s)

15. What are your disaster-related urgent needs? Food Clothing Shelter Transportation Medicine Other

16a. Have you applied for assistance from any other gov't agency? Yes (List) (Examples: SBA, USDA Loans)

- No
- I did not qualify for the assistance
 - I qualified, but the assistance received does not meet the total necessary expense or serious need
 - I have not received a determination

17. Did you own or rent at your primary residence before the disaster? Own Rent

18. Type of home: House Apartment/Multi-family Building Mobile Home Other

Approximate Sq. Ft. # of Floors # of Bedrooms # of Bathrooms

19. Were you living there at the time of the disaster? Yes No 20. Are you living there now? Yes No

21. If not, where are you living now? Family/Friends Hotel Damaged dwelling Mass Shelter Other

22. Do you have damages to **Personal Property**? Yes (Refer to #24) No

23. PRIMARY RESIDENCE DAMAGES:

(List next to each item whether damages occurred at Primary Residence. Must provide proof of ownership before eligibility can be determined.) Eligible Housing Activities may include the repair/replacement of damage to real property, including, but not limited to:

- Roof repair/replacement
- Window/door repair/replacement
- Siding repair/replacement
- Flooring repair/replacement
- Drywall/finishing to pre-event condition
- Insulation
- Bathroom repair/rehabilitation
- Foundation repairs
- Kitchen cabinet replacement
- Well/septic replcement or connection to municipal system
- Electrical system repair/replacement from the weatherhead
- Attached or detache garage repair/rehabilitation
- Replacement of disaster-impacted non-luxury residential appliances, including, but not limited to:

- Stoves
- Refrigerator
- Water heaters
- Heating Systems
- Fuel tanks (oil/propane but not actual fuel replacement)
- Water filtration systems
- Washing machines and/or dryers

Environmental Health Hazard Mitigation costs related to the repair or rehabilitation of disaster-impacted property (i.e. lead based paint abatement, asbestos removal, mold remediation, or other health hazards) including testing and clearance requirements.

Limited personal property such as furniture from the interior of the home, and equipment related to small businesses operating out of the home or that allowed the homeowners to telecommute (unless equipment was purchased/leased by the employer).

Temporary storage unit rental

Other

24. PERSONAL PROPERTY DAMAGES FOR HOMEOWNERS AND RENTERS: (Include full description of clothing items, itemized losses. Must provide proof of ownership; some items may require model or serial numbers before eligibility can be determined.) Eligible costs may include the repair/replacement of damage to personal property, including, but not limited to:

Replacement or repair of furniture including, but not limited to:

- Sofa
- Tables, buffets, credenzes
- Kitchen table and chairs
- Bedroom furniture such as beds and dressers
- Desks, computers and home office equipment

Personal cell phone (up to one per resident of the home or rental unit)

Temporary storage unit rental

Security deposit to rent new unit if existing unit is not available due to damage caused by or related to the flooding

Other

Or NO REPORT OF DAMAGE TO PERSONAL PROPERTY

25. BUSINESS DAMAGES

Self-Employment is primary income? Yes No

Own/Represent a business or rental property affected by disaster?

County where business is located

Town or billage where business is located

Legal Name of Business

Name of Business owner, if different from above

Business Mailing Address, if different from above

Contact Person

Contact Person Phone Number

Contact Person Email Address

Federal employee Identification Number

Number of Employees Full Time Part Time Seasonal/Migrant

NYS Real Property Tax ID Number

DUNS Number

Business Structure MWBE (State certified) Specify business structure

Brief description of business operation

Identify damages to primary business:

Eligible Small Business Activities include, but are not limited to:

- Purchase of equipment, materials, inventory, furniture, fixtures
- Construction, rehabilitation, reconstruction of flood damaged buildings
- Engineering, architectural, and/or design costs
- Other

26. FARM SPECIFIC DATA

For farms seeking assistance, provide the following information:

Legal name or farm

Brief description of farm operation; include the type fo farm operation, acres in productions, crops grown and number of animals

On-Farm Capital Projects – Up to a maximum of \$50,000 in funding to provide assistance to capital projects which include, but are not limited to, the following:

- Bulk tanks and storage bins
- Hoop houses, high tunnels
- Permanent Equipment and fixtures
- Structural supports for orchards and vineyards
- Root stock for orchards and vineyards
- Certain farm product inventory including but not limited to lost or destroyed seed, fertilizer, persticides, etc.
- Repair to flood damaged, privately owned, culverts and farm access roads
- Other

27. ADDITIONAL INFORMATION: (Lists and Descriptions of Imminent Danger to Home, Small Business, or Farm Access Issues, Damaged Utilities, Completed Repairs, etc., or anything else you think is important for us to know about your immediate disaster-related need(s):

APPLICANT'S STATEMENT AND RELEASE

Initial ALL Items (Required)

The information I have given is true, complete and correct to the best of my knowledge. I understand if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of State laws.

I have not received or refused assistance from any other source, that I have or could have used in place of the expenses for which I am applying.

If the disaster-related damage is due to a flood, eligibility may be limited or may require additional future insurance.

I will refund to the State or its agent any part of a grant made for which assistance from other means is received or that is not spent as identified in the grant document.

I will abide by the requirements of any grant I receive, including but not limited to: providing appropriate documentation and receipts; meeting all deadlines; purchasing only eligible items; and so on.

Failure to comply with any or all grant requirements may result in ineligibility for future disaster assistance.

I authorize the State or its agent to verify all information given by me in order to determine my eligibility for disaster assistance. This release authorizes the State and its agents to inspect the damages reported here to determine eligibility and ongoing program compliance as necessary while I am present. If I do not allow these inspections, my application will be denied or program participation terminated.

By signing this Application, I hereby acknowledge and understand that it is a violation of State law to (a) knowingly present or cause to be presented to any employee, officer or agent of the State of New York (including any public benefit corporation or public authority) a false or fraudulent claim for payment or approval; or (b) use or cause to be made a false record or statement or to get a false or fraudulent claim paid or approved by the State of New York (State Finance Law, Sect. 189). Persons who violate this law may be liable for a civil penalty of not less than \$6,000 and not more than \$12,000, plus three times the amount of all damages, including consequential damages, sustained because of their action as well as costs incurred to recover any such penalties or damages.

I have read, or had read to me, the disclosure statements contained within this form, and I acknowledge and understand as the applicant, if approved, I will be the individual whom the funds are granted.

By Checking this box and sending this form electronically I am acknowledging accuracy of this application and authorizing all specific details as if I were actually signing this document.

Signature: Date: