



**Housing Trust Fund Corporation
NY Rising Housing Recovery Program**

INTERIM MORTGAGE ASSISTANCE (IMA) PROGRAM APPLICATION

General Information

The Interim Mortgage Assistance (IMA) program is designed to assist New York residents who have been displaced as a result of Superstorm Sandy, Hurricane Irene and/or Tropical Storm Lee, (the “Storms”) and who are experiencing a hardship paying both mortgage payments and rental payments while displaced. Homeowners must be current participants in the NY Rising Housing Recovery program. The program is structured to pay to each eligible applicant the monthly mortgage costs (interest, principal, taxes, and escrow) while displaced, not to exceed \$3,000 per month, for up to 20 non-consecutive months. The award was previously based on a formula that calculated the lesser of the monthly Mortgage Costs or the Additional Housing Costs. With Federal approval of the NY State Action Plan Amendment #6, starting on July 1, 2014 the award calculation will be the monthly Mortgage Costs.

The applicant must provide a current mortgage statement and monthly rental receipts. Applicants may be eligible to receive retroactive payments for up to six (6) months prior to the date of applying to the IMA Program if mortgage and rental receipts are provided for each month reimbursement is requested. Payments are made on a reimbursement basis.

If the damaged Property is located in the 100-year floodplain, the Homeowner is required to purchase and maintain flood insurance, in accordance with federal law, and to provide documentation of compliance with this requirement. Flood insurance must be maintained in perpetuity. If the property is sold or otherwise conveyed, the Homeowner must notify the new owner, in writing, of the requirement to obtain and maintain flood insurance in perpetuity in accordance with federal law. Such notice must be contained in the deed transferring the Property.

Application Submission

Applicants interested in receiving assistance through the IMA Program should submit the application using either of the following methods:

- Email application and supporting documents to: IMA_ACH@nysandyhelp.ny.gov (preferred method); or
- Mail application and supporting documents to:
*NY Rising Housing Recovery Center, Attn: IMA
 500 Bi-County Boulevard Farmingdale, NY 11735 (alternative method)*

A complete application package consists of the following:

- This Application
- Copy of voided check (for direct deposit payments)
- Most recent mortgage statement summary from your lender showing monthly payment, balance and payment status
- Proof of payment (e.g. receipts, cancelled checks, bank statements showing funds transfer) for **all mortgage and rent payments** and other related housing costs such as utilities for the month(s) you were displaced from your damaged Property.
- Copy of **all lease agreements** for your temporary housing
- Completed ACH form

Owner Last Name: _____

Application Number: _____



HOMEOWNER INFORMATION

Property Owner's Name(s): _____

Stormed Damaged Property Address: _____

Current Mailing Address: _____

City/State/Zip Code: _____

NY Rising Application Number: _____

DISPLACED/TEMPORARY RENTAL HOUSING INFORMATION

Landlord's Name: _____

Landlord's Phone Number: _____

Rental Address: _____

City/State/Zip Code: _____

APPLICANT ELIGIBILITY

Was the Storm Damaged Property your Primary Residence on the date of the Storm? Yes No

Have you made both a mortgage payment for the Storm Damaged Property AND rent payments (or other type of payment) for temporary replacement properties in any month while you have been displaced? Yes No

Are you currently making mortgage payments for the Storm Damaged Property AND paying rent for temporary housing? Yes No

Are you receiving displacement housing benefits from an insurance company or any other source? Yes No

Have you exhausted all FEMA assistance available to you for rental costs? (Including Temporary Shelter assistance) Yes No

Are you currently receiving Disaster Housing Assistance Program (DHAP) assistance from the Federal Emergency Management Agency (FEMA) or any other displacement housing benefits from an insurance company or any other source? Note that IMA payments will affect the amount of assistance a homeowner receives from DHAP. Yes No

Are your mortgage payments current? Yes No

If not, how many months are your payments in arrears? _____

If your mortgage payments are not current, have you been served with a notice of a Court action for foreclosure? (If court action has been taken, please provide all documentation relative to the court action.) Yes No

Owner Last Name: _____

Application Number: _____



LENDER ACCOUNT INFORMATION

Name of Lender	
Monthly Mortgage Payment Amount	
Monthly Payment Due Date	
Account Number	
Mortgage ID Number	
Lender's Phone #	
Name and Address of Mortgage Servicer (including State and Zip code)	

IMA PAYMENT INFORMATION

Reimbursement for prior mortgage payments may be by check or by ACH transfer to your personal checking or savings account. If you would like to receive funds via ACH please fill out the ACH form.

INTERIM MORTGAGE ASSISTANCE (IMA) PROGRAM CERTIFICATIONS

Duplication of Benefits

This certification requires you, the Homeowner, to inform the Housing Trust Fund Corporation (HTFC) if you've received or are entitled to any financial assistance from any other government agency (e.g. FEMA) or program, insurance company, private charitable organization (e.g. Red Cross) or any other source, to help you pay for either the mortgage on your primary residence or temporary replacement housing required because your primary residence became uninhabitable due to damage sustained as the result of one or more of the Storms.

I/we hereby certify as follows (please check one from the category).

___ I /we received funds for temporary replacement housing while displaced from the Storm Damaged Property which was my/our primary residence and which became uninhabitable due to one of the Storms. Yes No

___ I/we received funds for mortgage assistance while displaced from the Storm Damaged Property which was my/our primary residence and which became uninhabitable due to one of the Storms. Yes No

CLAIMS INFORMATION:

If you answered "Yes" to either or both of the above questions please complete the following table or tables, using information from the organizations that provided you with temporary replacement housing funds. If necessary please add a separate sheet with additional information.



Entity Name:	
Date of First Payment:	
Date of Last Payment:	
Funding Source Contact Address:	
Funding Source Contact Number:	
Total Funds Received:	
Was Assistance used for Temporary Replacement Housing Assistance (RHA) or Mortgage Assistance (MA)	<input type="checkbox"/> RHA <input type="checkbox"/> MA

Entity Name:	
Date of First Payment:	
Date of Last Payment:	
Funding Source Contact Address:	
Funding Source Contact Number:	
Total Funds Received:	
Was Assistance used for Temporary Replacement Housing Assistance (RHA) or Mortgage Assistance (MA)	<input type="checkbox"/> RHA <input type="checkbox"/> MA

By executing this IMA Program Application Certification, homeowner acknowledges and understands that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or entry, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five years, or both, for any violation of such Section.

By executing this IMA Program Application Certification, homeowner acknowledge and understand that Section 189 of the New York State Finance Law: (1) makes it a violation of state law to knowingly present or cause to be presented to any employee, officer or agent of the State of New York (including any division or public benefit corporation) (a) a false or fraudulent claim for payment or approval; or (b) to use or cause to be made or use a false record or statement to get a false or fraudulent claim paid or approved by the State of New York. Persons who violate this Section 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/we hereby certify the truth and accuracy of the information contained herein.

OWNER: _____ Date _____

Print Name: _____

OWNER: _____ Date _____

Print Name: _____



New York State
Housing Trust Fund Corporation

**NYS CDBG-DR
ACH/DIRECT DEPOSIT AUTHORIZATION**

NOTE: Please type or clearly print all requested information

PART 1: Payee Identification

Payee Name			
Project Number		Contact Name	
Payee Email Address		Payee Phone Number (with area code)	
Payee Street Address		City	State Zip Code
Payee Type <input type="checkbox"/> Owner <input type="checkbox"/> Property Manager/Agent			

PART 2: Financial Institution Information

Name of Financial Institution		Account Number	
Name on Account		Nine Digit Routing Number	
Financial Institution Street Address		City	State Zip Code
Account Type <input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation, Partnership, etc.) <input type="checkbox"/> Gov't <input type="checkbox"/> Other _____			

PART 3: Authorization

I authorize the State of New York to deposit payments by electronic funds transfer (ACH) into the above referenced account. I acknowledge that if I fail to provide complete and accurate information on this authorization form, processing of this form and payments may be delayed. This authorization will remain in effect until written notice to terminate is received.	
WARNING: Federal law prohibits HTFC from processing international ACH transactions (IAT). If any payment to you from HTFC will result in an IAT under National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you, DO NOT COMPLETE THIS FORM.	
Please initial in the box to the right to indicate you have read the above warning. If you fail to initial here, direct deposit will not be approved.	
Authorized Signatory	Date
Authorized Signatory Title	