



NY Rising Housing Recovery Program

REPAYMENT BY PERSONAL CHECK FORM

Revised: May 4, 2016

Applicants repaying funds to the NY Rising Program because they have been overpaid or because they have decided to withdraw from the Program should fill out this form. Please contact your Customer Representative to verify the amount of overpayment or total payment that the Program has disbursed to you.

This form and a personal check, money order, or bank check should be made payable to **Housing Trust Fund Corp.** and **must be mailed** to:

State of New York Commissioner of Taxation & Finance
PO Box 8000, Department 70
Buffalo, NY 14267-002

Personal repayment checks **may not be delivered**, either in person or by mail, to your Customer Representative.

APPLICANT INFORMATION

Applicant ID Number: _____

Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

REPAYMENT INFORMATION

Check Date: _____ Check Number: _____ Check Amount: _____

This check is:

- Full repayment of all NY Rising Funds received to date
- Partial repayment of NY Rising Funds received to date

Applicant Signature

Date

Applicant Signature

Date

REPAYMENT BY PERSONAL CHECK