NY Rising Housing Program
REQUEST FOR DESIGN PROFESSIONAL & CONTRACTOR INFORMATION FORM

December 15, 2017

NY Rising Rental Properties Program
The federal government requires that we must collect the name of your design professional and contractor from you. Please select one or both of these options, complete the information on the next page and sign:

☐ I have entered into a contract with a design professional. If I have already entered into a contract with a design professional but do not yet have a contract with a contractor, I understand that I must contract with my contractor as soon as practical following the completion of my design plans but not later than 90 days from the date of this agreement.

☐ I have entered into a contract with a contractor.

I further certify that I will require certification from any consultants, design professional and/or contractor that they are not present on the state or federal debarment lists and that they have all the required licensing and insurance required by the State of New York and the local municipality where my home is being repaired or reconstructed.

I/we also acknowledge and certify that failure to take these actions could lead to a default of the Grant Agreement and that in the event of Default, NY Rising could take any and all actions allowable in the Grant Agreement to enforce its terms.
DESIGN PROFESSIONAL FIRM

Name:

__________________________________________________________

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Address:

__________________________________________________________

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Phone #: ________________________________

License #: ________________________________

Issuing Municipality: ____________________________

NAME:________________________ Application #:________________________
CONTRACTOR FIRM

Name:____________________________________________________________________________
                                                                                   _________
Address:__________________________________________________________________________
                                                                                   _________

Phone # ______________________________________

License #: _________________________________

Issuing Municipality: ________________________

Signed, the ________ day of __________, 2016.

__________________________________________
Signature of Applicant

__________________________________________
Signature of Co-applicant

NAME:________________________  Application #:________________________