



ANDREW M. CUOMO
Governor

NY Rising Housing Program Design Completion Acknowledgement

April 8, 2019

NY Rising Housing Program (applies to all Programs)

Applicant ID #:
Homeowner Name:
Damaged Property Address:

Repair Acknowledgment Form checklist:

- I have attached a copy of the MCC, Pre-cert, Post-Cert, Plans, and/or Permits with this form, indicating which line items have been PERFORMED since the last inspection.
- The Designs are related to any ECR and/or Elevation ECR.
- Total Value of those line items is LESS than the disbursed design fee in my Award Letter but not more than \$5,000.
- I understand that this form is subject to review, and if any of the above criteria is not true, my claim will be denied, and a property re-inspection may be required.

The undersigned, _____
acknowledges that the facts presented herein are true and complete:

THAT, I/we am/are the current owner of record of the property located at:

_____ (the "Property");

THAT, the Property was damaged by Superstorm Sandy, Hurricane Irene, and/or Tropical Storm Lee (the "Named Storms")

THAT, I/we have received grant funding from the Housing Trust Fund Corporation ("HTFC") for the purposes repairing the Property;



**Governor's Office of
Storm Recovery**

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THAT, I/we make this acknowledgment to induce the Housing Trust Fund Corporation ("HTFC") to award funding, knowing HTFC will rely upon the foregoing statements to grant such funding; and

THAT, I/we hereby agree to indemnify the HTFC for all loss, cost or damage which it may sustain as a result of any statements in this acknowledgement being false or fraudulent;

By executing this Acknowledgment, Undersigned certifies that the information provided within this document is true and complete. Presenting false or fraudulent information may subject Undersigned to penalties under State and Federal law, as further described herein.

Undersigned acknowledges and understands 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.

Applicant Signature: _____ Date: _____