Please Note: This Program Guide was prepared by the Governor’s Office of Storm Recovery (GOSR) and may be amended at any time. Please visit http://stormrecovery.ny.gov/procurement-opportunities or call 212-480-2377 for the most up-to-date version. (Version 2)
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Section 1—Introduction

In October 2012, Superstorm Sandy caused unprecedented damage across the southern reaches of New York State, resulting in the damage and loss of thousands of housing units. With existing efforts focused on the immediate need of home repair, storm-impacted communities lack resources for mitigating future storm risk.

The Home Elevation Pilot Program (Program) has been devised to address a need that is common across multiple NY Rising Community Reconstruction (NYRCR) Communities within New York City. Accordingly, the Program will be implemented as a pilot, presuming that a centralized non-profit housing assistance organization, New York City agency, or New York State agency could ultimately administer a broad program that covers areas beyond the NY Rising Communities of Southern Staten Island, and Gerritsen Beach and Sheepshead Bay, Brooklyn. Accordingly, the immediate funding for this program will be derived from both the Staten Island NYRCR Committee, and the Gerritsen Beach and Sheepshead Bay NYRCR Committee CDBG-DR allotments, and serve as a pilot in both of these NYRCR Planning Areas.

On July 28, 2015 the Governor’s Office of Storm Recovery (GOSR) selected the St. Bernard Project, Inc. (the subrecipient) to implement the Home Elevation Pilot Program. The program was later renamed “Project UPLIFT” and is referenced in this Program Guide either as Project UPLIFT or program. On October 8, 2015 GOSR entered into a subrecipient agreement with the St. Bernard Project, Inc. The program was officially launched on April 1st, 2016.

Terms used in this document are defined in Section 3—Definitions.

Section 2—Intent

The intent of the Home Elevation Pilot Program or Project UPLIFT is to provide funding to assist in making homes more resilient to flooding and mitigate the impact of increased flood insurance costs by providing home elevation assistance in the form of grants to eligible participants.

At present, the New York City Build It Back Program—the City’s housing recovery program—provides home repair, repair reimbursement, and elevation assistance for formally-declared substantially damaged homes only; therefore, many applicants to the Build It Back Program may be ineligible for home elevation assistance.

The elevation grants under the New York City Build It Back Program are limited to homeowners whose property is located in the 100-year floodplain and whose home was damaged by one (1) of the qualifying-storm events. This pilot program is intended to
fund elevation costs for those low-to moderate income homeowners whose property is located in the 100-year floodplain, but who are ineligible for an elevation grant through the Build It Back Program because their homes were not substantially damaged.

The threat of future flooding, coupled with increased costs for flood insurance, are especially burdensome for vulnerable populations, such as the elderly, persons with disabilities, families with young children, or families with employment concerns or short term financial crises.

Section 3—Definitions

For the purposes of this Program Guide, the following terms have the indicated meaning:

**Application**
The application, which is found in this Program Guide, is to be completed by applicants who pre-qualify for services through the program. (See Pre-Application)

**Area of Shallow Flooding**
Means a designated AO, AH, or VO zone on the flood insurance rate maps with a one-percent chance or greater annual chance of flooding to an average depth of one (1) to three (3) feet where a clearly defined channel does not exist, where the path of flooding is unpredictable and where velocity flow may be evident. Such flooding is characterized by ponding or sheet flow.

**Area of Special Flood Hazard**
The area of land in the floodplain subject to a one-percent or greater chance of flooding in any given year. The area may be designated as zone A on the flood hazard boundary map. After detailed ratemaking has been completed in preparation for publication of the Flood Insurance Rate Mate (FIRM), zone A usually is refined into zones A, AO, AH, A1-99, VO, or V1-30. Services areas for the Program are identified by geographic location and the Preliminary Flood Insurance Rate Maps (PFIRM). (See Service Areas)

**Base Flood**
Means the flood having a one-percent chance of being equaled or exceeded in any given year.

**Basement**
Means any area of the building having its floor subgrade (below ground level) on all sides.

**Coastal High Hazard Area**
Means the area subject to high velocity waters, including but not limited to hurricane wave wash or tsunamis. The area is designated on the FIRM as zone V1-30.

**Elevation**
An elevation project is designed to elevate flood damaged homes to a point at or above the Base Flood Elevation (BFE) plus any additional Freeboard, as required.

**Freeboard**
An additional amount of height above the Base Flood Elevation used as a factor of safety (e.g., 2 feet above the Base Flood) in determining the level at which a structure's lowest floor must be elevated or flood-proofed to be in accordance with state, community, or programmatic regulations. Its purpose is to compensate for the many unknown factors that could contribute to flood heights greater than the BFE, such as wave action or the hydrological effect of urbanization on the watershed. Use of “Freeboard” can result in significantly lower flood insurance rates due to lower flood risk.

**Housing Specialist**
Acts as a case manager providing direct services to applicants throughout the Program on behalf of the Program Administrator.

**Inspector**
Performs site assessments on each qualified applicants home to determine if the structure is suitable for elevation.

**Low to Moderate Income (LMI)**
According to the U.S. Department of Housing and Urban Development (HUD), individuals having a median family income less than 50 percent of the Area Median Income (AMI) are considered “Low Income.” Individuals having a median family income of at least 50 percent and less than 80 percent of the AMI are considered “Moderate Income”.

**Pre-Application**
The pre-application is provided to interested applicants to assess their eligibility for the program. If pre-qualified, pre-applicants will be provided an Application for the program. (See Application)

**Program**
Program refers to the Home Elevation Pilot Program or Project UPLIFT.

**Program Administrator**
The 501(c)(3) Community Based Organization (CBO) selected to manage the Home Elevation Pilot Program or Project UPLIFT. For the purposes of this document, the Program Administrator also includes all local non-profit partners and/or sub-
contractors of the Program Administrator. On July 28, 2015 GOSR selected the St. Bernard Project, Inc. to administer the program. (See Subrecipient)

**Property Owner**
Low- to moderate-income homeowners who reside in the owner occupied single family or two-family/duplex (having no tenants) residential structure are considered elevating their structure but are not fully covered by other existing home elevation assistance programs, including but not limited to the New York City Build It Back Program.

**Service Areas**
Service areas of the program include homes in the 100-year floodplain as identified on the Preliminary Flood Insurance Rate Map (PFIRM) within the Staten Island, and Gerritsen Beach and Sheepshead Bay NY Rising Community boundaries.

**Subrecipient**
The subrecipient is the St. Bernard Project, Inc. (SBP). SBP is managing the program (Program Administrator) and grant funds on behalf of the Governor’s Office of Storm Recovery.

**Substantial Damage**
Substantial Damage is a specific term that applies to a damaged structure in a Special Flood Hazard Area, or floodplain (Zones A and V), for which the total cost of repairs is 50 percent or more of the structure’s market value before the disaster occurred (the value of the land is NOT included in that calculation).

**Substantial Improvement**
Substantial improvement means any reconstruction, rehabilitation, addition, or other improvement of a structure, the cost of which equals or exceeds 50 percent of the market value of the structure before the “start of construction” of the improvement.

This term includes structures which have incurred “substantial damage,” regardless of the actual repair work performed. The term does not, however, include either:

1. Any project for improvement of a structure to correct existing violations of state or local health, sanitary, or safety code specifications which have been identified by the local code enforcement official and which are the minimum necessary to assure safe living conditions or,

2. Any alteration of a “historic structure,” provided that the alteration will not preclude the structure's continued designation as a “historic structure”.

(See Subrecipient)
Section 4 — Eligibility

The Home Elevation Pilot Program or Project UPLIFT (Program) is open to all low- to moderate-income homeowners who reside in their single family or two family/duplex home (primary residence and where there are no tenants) that was flooded by Superstorm Sandy and, is not covered by other existing home elevation assistance programs, including but not limited to the New York City Build It Back Program. These structures must also be located in one of the eligible NY Rising Communities of the east and south shores of Staten Island, or Gerritsen Beach and Sheepshead Bay, Brooklyn.

Project UPLIFT Service Areas

The following maps identify the Program service areas in Staten Island, and Gerritsen Beach and Sheepshead, Brooklyn. The Program Administrator will confirm an applicant’s address to determine eligibility for program services.
Section 5 – Participation

Participation in the Program is strictly voluntary and limited to low- to moderate-income homeowners located in the eligible communities identified above. Neither application to the Program, nor on-site assessment guarantees acceptance and participation in the Program.
Section 6—Conditions

As a recipient of funding under the Program, the applicant receiving services will be required to certify acceptance of the following conditions for funding:

1. That the Property Owner will insure the elevated home to an amount at least equal to the project cost or to the maximum limit of coverage made available with respect to the particular property, whichever is less, through the National Flood Insurance Program (NFIP) as long as the Property Owner holds title to the property.

2. That the Property Owner will maintain the elevated structure in accordance with the flood plain management criteria set forth in Title 44 of the Code of Federal Regulations (CFR) Part 60.3 as long as the Property Owner holds title to the property. These criteria include, but are not limited to, the following measures:
   a. Enclosed areas below the Base Flood Elevation will only be used for parking of vehicles, limited storage, or access to the building;
   b. All interior walls and floors below the Base Flood Elevation will be unfinished or constructed of flood resistant materials;
   c. No mechanical, electrical, HVAC or plumbing devices will be installed below the Base Flood Elevation; and
   d. All enclosed areas below Base Flood Elevation must be equipped with vents in accordance with 44 CFR Part 60 (c) (5), permitting the automatic entry and exit of flood water.

3. The above conditions are binding for the life of the property. Accordingly, the Owner is to provide notice to subsequent purchasers of these conditions, the Property Owner agrees that the County Clerk will legally record with the appropriate jurisdiction’s land records a notice that includes the name of the current property owner (including book/page reference to record of current title, if readily available), a legal description of the property, and the following notice of flood insurance requirements:

   “This property has received Federal elevation assistance. Federal law requires that flood insurance coverage on this property must be maintained during the life of the property regardless of transfer of ownership of such property. Pursuant to 42 U.S.C. §5154a, failure to maintain flood insurance on this property may prohibit the owner from receiving federal disaster assistance with respect to this property.
in the event of a flood disaster. The Property Owner is also required to maintain this property in accordance with the flood plain management criteria of Title 44 of the Code of Federal Regulations Part 60.3”

4. Failure to abide by the above conditions may prohibit the Property Owner and/or any subsequent purchasers from receiving federal disaster assistance with respect to this property in the event of any future flood disasters. If the above conditions are not met, HUD may recoup the amount of the grant award with respect to the subject property, and the Property Owner may be liable to repay such amounts.

These conditions shall be binding upon the respective parties’ heirs, successors, personal representatives, and assignees.

Section 7—Types of Assistance

The Program is limited to the provision of grant funds to homeowners of low- to moderate-income, who own and live in their residence located in the eligible service areas identified above. Eligible elevation activities may include but are not limited to:

- Concrete and block work; masonry work;
- Drilling and installation of piers, columns or piles;
- Beams and columns;
- Embedment and sealant;
- Concrete walls;
- Structural steel work;
- Anchoring and bracing;
- Lifting, jacking and elevating;
- Utility relocation and reconnection;
- Site prep and cleanup;
- Landings and stairs for all entrances;
- Breakaway all necessary walks and drives and repair of same damaged during elevation;
- Foundation and Exterior (detailed below);
- Install turnbuckle tie downs to stabilize against uplift and lateral movement;
- All necessary permits;
- Engineering drawings;
- Elevation Certificates; and
- Soil Stabilization.

Elevation limitations are detailed as follows:
- Additions to the habitable space of the structure are eligible for assistance only
in the following instances:

- The proposed addition is in compliance with current zoning regulations including height, setback, and yard requirements;
- Construction of a utility room above BFE where utilities cannot be stored in the house or there is no other cost effective way to elevate the utilities. If space must be constructed, it should be no greater than 100 square feet;
- Elevation of an existing deck, porch, or stairs; or construction of a new set of steps per minimum code requirements;
- Where homeowner or members of their family are physically disabled or have mobility impairments as in the case of elderly homeowners, a physician’s written confirmation is required before special access is included in the elevation. Multiple special access points are eligible for funding where necessary to meet code compliance. Where ramps are used to provide access, they shall be designed to meet federal standards for slope and width. Where ramps are not technically feasible, a mechanical chairlift may be installed. Such an installation shall be subject to local codes;
- Other eligible costs will be provided to replace, restore or repair the structure in the following instances:
  - Structures with an attached garage will be elevated to provide at least 8 feet (or as defined by local codes and standards) of clear space. The garage may be moved under the structure to utilize a previous surface; but, must be used only for parking or storage in accordance with local floodplain management ordinances and National Flood Insurance Program (NFIP) criteria.

The following repair costs addressing the foundation and exterior of the structure are eligible:

- Repair to the foundation is eligible where it is necessary for the safe elevation of the structure;
- Replacement of termite damaged or dry rotted wood framing members are eligible costs when associated with the elevation, or required for recommended seismic bolting or bracing;
- Minimum costs of exterior sheathing associated with what was damaged or removed during the elevation process only. Exterior finish must meet NFIP flood resistant materials and must meet local codes;
- Insulation of pipes when required by local codes and standards;
- Seismic upgrades per local and/or state codes as required, including bolting structure to foundation, and cripple walls;
- Rough grade of yard and seeding of grass if damaged by equipment during the elevation process or where the elevation action affects slopes; and
- Miscellaneous items such as sidewalks and driveways.

Ineligible elevation activities include, but are not limited to:
• Structures not considered the primary residence (detached garage, shed and/or barns);
• Additions, expansions, or elevations of appurtenances are ineligible except as noted above;
• Elevation that is damaging to the historical character or value of a structure as determined by the New York State Historic Preservation Office;
• Secondary residences (e.g. summer homes and guest cottages not used as permanent, year-round dwellings);
• Properties located in the regulatory floodway or on federal leased land;
• Funds may not be used to elevate a masonry chimney. If a fireplace is the sole source of heating, funds will be used to purchase and install the least expensive heating system adequate to meet the minimum local code requirements;
• HVAC systems cannot be expanded or increased in size and capacity unless the owner pays such costs beyond the HVAC capacity to service the square footage of the original pre-disaster structure;
• Where existing underground utility lines have deteriorated, or do not meet code requirements, additional costs to repair such facilities shall not be eligible for reimbursement;
• An elevation that was begun or completed prior to completion of an Environmental Review and prior to the applicant’s receipt of written approval of the project for funding is ineligible for assistance;
• Costs to elevate higher than the required freeboard of one foot above BFE are not eligible.
• Landscaping costs are ineligible except as noted above;
• Construction of decks or porches, whether or not they existed prior to the flood or the elevation, except those that must be removed in order to do the elevation properly or as noted above;
• The costs to make improvements in cases where existing floor systems have been inadequately designed or constructed with undersized materials are not eligible for assistance;
• Costs for replacement of utility service components which are undersized, of inadequate capacity, or are unsafe are ineligible unless directly related to the action of elevating (i.e. well pumps); and
• New furnaces are ineligible except as noted above.

Section 8—Level of Assistance

A property inspection will be conducted for all qualified applications. This inspection does not guarantee acceptance into the Program, nor elevation assistance. A determination of property elevation will be made at the time of property inspection
and preceding the development of the elevation scope of work. This determination will be conducted by the Housing Inspector/Specialist, who will report findings to the Program Administrator. The Program Administrator, in consultation with the Governor’s Office of Storm Recovery, will evaluate overall Program need, and determine which properties will be accepted for evaluation, based on resources available. Please note that applicants will be required to request and apply for all applicable elevation funding, e.g. Increase Cost of Compliance (ICC) funding to project prior to final calculation and approval of the grant award amount.

If additional work is required as a condition of building permit issuance, and if such work is not listed as eligible above, the owner will be required to provide funds equal to the amount of the cost to complete the required work.

In no event shall elevation grant awards be approved if it is formally determined that the structure is not physically sound and capable of being raised safely. Additionally, an application will not be approved or an award granted if the property is in violation of any applicable State or local code or ordinance, unless such violations are corrected as a result of the work paid for by the Program and/or owner’s contribution, if needed.

Work by the applicant/owner may not be a part of the contract or award. Volunteer assistance is only permissible, if administered through the Program Administrator, carrying the necessary liability insurance policy.

Section 9—Eligibility Requirements

In order to assess initial eligibility, a Pre-Application will be released to Sandy-affected homeowners in the pilot service areas through distribution among local community-based organizations and coalitions, advertised through partner email listserv, mailings, and community events. The Pre-Application will be utilized by SBP to evaluate potential applicants for Project UPLIFT and does not guarantee an offer of a full application or selection to receive home elevation services. Approximately 45 days after submitting a pre-application, qualified applicants will be provided a full application for home elevation services. Full applications will be provided to pre-applicants who meet the required criteria and AMI prioritization requested in initial self-reporting (see attached “Pre-Application” for eligibility questions).

Applicants must be an individual or family who solely owns and occupies a single-family (detached or duplex) residential property or two-family detached or duplex residential property with no tenants, as their primary residence at the time of Superstorm Sandy. This residence must also be located within the GOSR-defined boundaries of the NY Rising Community Reconstruction Communities of Southern
Staten Island, and Gerritsen Beach and Sheepshead Bay, Brooklyn. In addition, eligible applicants meeting the requirements set forth in this section will be evaluated and prioritized for an award based on the criteria in Section 10 of this Program Guide.

**Ownership.** The applicant must currently own the home and property. The applicant must also have owned the damaged home and property at the time Superstorm Sandy occurred. Applicants will be required to provide documentation proving ownership of their property (currently, as well as at the time the storm occurred). Applicants who do not own the property, but whose home is located on family-owned land will be considered on a case by case basis. The following types of ownership will not be accepted: leasehold interest, contracts for sale, quit claim deed, bond for deed, rent to own, or lease to own.

Proof of ownership for applicant eligibility to the Program will be accepted as follows:
- Tax Records demonstrating ownership for the person(s) and property requesting Program funds;
- Copy of property deed with copy of mortgage documentation from lender certifying mortgage is in good standing. If no mortgage is held on the property, a copy of lien release/payoff letter from lender will be accepted, or verification from the Office of the Assessor, whichever is applicable.

Special Circumstances Related to Applicant Ownership may include the following:
- Multiple Individuals on Property Deed. All applicants should complete and sign the Program application. All should be present at closing and all should sign closing documents; unless one (1) family member is granted Power of Attorney for the others on the deed.
- Incapacity or Infirmity of Applicant. If an applicant is incapacitated due to illness or other infirmity, someone with a legal right to bind that person, as is provided by a Power of Attorney should be eligible to apply for assistance on behalf of the Applicant.
- Death of Homeowner(s). If the homeowner has died since the time of the storm, an heir should have been placed in legal possession of the property to be eligible for assistance in place of the deceased owner.

**Occupancy.** The applicant must have occupied the home and property as their primary residence at the time of Superstorm Sandy. Applicants will be required to provide documentation proving occupancy of their property at the time the storm occurred. If the home is habitable, the applicant must currently reside therein.
The following documentation will be accepted in the following order to establish occupancy at the time of Superstorm Sandy:

- Copy of electric, gas, water, sewage/trash, cable television, internet service or landline phone bill. The bill must confirm that service was provided in the month preceding Superstorm Sandy and must match the name and address submitted for assistance on the application for assistance;

- If copies of bills are unavailable, the applicant may provide a certified letter on company/utility letterhead from electric, gas, water, cable television, internet service or landline phone provider certifying service activation in the month preceding the applicable storm with the customer contact information matching the name and address to be submitted for assistance on the application for assistance;

- Applicant driver’s license matching the name and address to be submitted for assistance on the application;

- Copy of credit card bill sent to residence in month preceding the storm with customer contact information matching the name and address to be submitted for assistance on the application;

- Copy of bank statement sent to residence in month preceding the storm with customer contact information matching the name and address to be submitted for assistance on the application;

- Copy of the applicant’s insurance policies in place at time of storm covering the home or the contents of the home. Customer contact information must match the name and address to be submitted for assistance on the application.

**Homeowner Insurance/FEMA Claim.** Applicants, who had insurance at the time of Superstorm Sandy must provide proof of paid homeowner’s insurance for the year that included Superstorm Sandy, a documented insurance claim, or a FEMA claim to confirm that repairs needed were caused by storm damage as a result of Superstorm Sandy. In addition, eligible applicants that receive grant funds under this program will be required to obtain and provide proof of flood insurance, if located in a special flood hazard area.

**Mortgage Payments.** Homeowner(s) must provide proof that mortgage payments are current, if applicable.

**Property Taxes.** All delinquent property taxes shall be paid on the property prior to receiving assistance under the Program. Proof of property tax payment will be
required at time of application.

Section 10—Priority Assistance

Assistance will be given to applicants that have met all eligibility requirements and fall into one (1) of the groups in the following order:

- **PRIORITY ONE (1):**
  Elderly (62 or older), disabled and/or veteran households and/or families with children who have been determined to be of extremely low income (30% of Area Median Income (See chart below))

- **PRIORITY TWO (2):**
  Households who have been determined to be of extremely low income but do not meet the qualifications for priority assistance above (30% of Area Median Income)

- **PRIORITY THREE (3):**
  Elderly (62 or older), disabled and/or veteran households and/or families with children who have been determined to be of very low income (50% of Area Median Income)

- **PRIORITY FOUR (4):**
  Households who have been determined to be of very low income but do not meet the qualifications for priority assistance above (50% of Area Median Income)

- **PRIORITY FIVE (5):**
  Elderly (62 or older), disabled and/or veteran households and/or families with children who have been determined to be of low income (80% of Area Median Income)

- **PRIORITY SIX (6):**
  Households who have been determined to be of low income but do not meet the qualifications for priority assistance above (80% of Area Median Income)

All of the above eligible household applicants may be assisted on a first-come, first-served basis in relationship to the priorities listed above and in the same time and date of their eligibility determination which is established when complete documentation of items requested in the application review process have been submitted and final eligibility can be determined. The submission of an application is
not a guarantee of Program assistance. Total awards through the Pilot Program cannot exceed the Program budget amount and assistance is limited to the total budget allocated.

<table>
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<th>FY 2016 Income Limit Area</th>
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Source: U.S. Department of Housing and Community Development

**Section 11 – Duplication of Benefits**

All applications to the Program will be reviewed for Duplication of Benefits (DOB). Funding assistance from another source prior to or concurrent with the Program’s CDBG-DR grant award will be deducted from an applicant’s total project cost “to the extent such assistance duplicates benefits available to the person for the same purpose from another source.”

This Program’s grant awards will be applied only to the purpose of home elevation. These elevation activities fall under “mitigation” in Superstorm Sandy long-term recovery efforts (see Section 7 “Types of Assistance”), and will exclude activities that fall under “rehabilitation” (i.e., repair and reconstruction).

Thus, an eligible applicant’s grant award will be subtracted by the amount of other assistance awarded for the mitigation purpose of elevating the residence. External benefits earmarked for rehabilitation, or other recovery activities, that were not awarded for the purpose of elevation will not be subtracted.

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1 Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C 5121-5207
All applicants will be required to execute a blanket eligibility release document that will authorize agencies to provide information regarding prior compensation. These agencies include, but are not limited to: Homeowner’s Insurance Providers, Flood/Hazard Insurance Providers, Small Business Administration (SBA), FEMA Hazard Mitigation Grant Program (HMGP), FEMA Increased Cost of Compliance (ICC), and NYC Build It Back (see “Agency-Specific Benefits” below). Acceptable documentation includes receipts and sworn statements/certifications that can be verified or substantiated.

The Program will require submission of all benefits during the full application vetting process, as required by the Stafford Act, in order to assess all "Potentially Duplicative Assistance" to gauge "Assistance Determined to be Duplicative." Documentation that demonstrates rehabilitation and other non-elevation recovery benefits will be requested for confirmation that those funds have not been allocated for the purpose of elevation. In addition, any “partial benefits” will be considered, and “shall not preclude provision of additional Federal assistance for any part of a loss or need for which benefits have not been provided.”

In summary, once the Program has determined the potential award and the total assistance received or to be received, it can “exclude for duplication of benefit purposes, assistance that was: (1) provided for a different purpose; (2) used for a different, eligible purpose.” Funds received or used for a different (eligible) purpose, such as repair and reconstruction, will not reduce the Program’s CDBG-DR award.

Agency-Specific Benefits include:

**National Flood Insurance Program (NFIP).** The National Flood Insurance Program (NFIP) provides flood insurance to homeowners. Although homeowners pay premiums, flood insurance payouts are considered federal monies. Because the purpose of NFIP payouts is to replace or repair the interior and exterior of homes due to flooding, NFIP payouts are considered a Duplication of Benefits for some federally funded programs. However, because NFIP payouts are not intended for the elevation of a property, these payouts are not considered a Duplication of Benefits in elevation projects.

**Increased Cost of Compliance (ICC).** Increased Cost of Compliance (ICC) coverage is additional coverage provided by the NFIP to assist with the added costs of meeting updated Base Flood Elevation requirements. Because the purposes of ICC funding are elevation, relocation, flood-proofing and demolition, ICC payments are considered a Duplication of Benefits for elevation projects.

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2 Stafford Act  
3 Federal Register, Vol. 76
**Small Business Administration (SBA).** In some cases, Small Business Administration (SBA) loans are considered a Duplication of Benefits. These matters are handled on a case by case basis. Other Federal Funding. There are several other sources that could possibly present Duplication of Benefits issues. These cases are also considered on a case by case basis. Possible Duplication of Benefits sources include, but are not limited to, the following: Disaster Housing Grant Program, State Individual & Family Grant (IFG), Hazard Mitigation Grant, Homeowner’s Insurance, Temporary Housing Assistance, Federal Housing Administration (FHA), Volunteer Agencies, and the Cora Brown Fund.

**Other Federal Funding.** There are several other sources that could possibly present Duplication of Benefits issues. Monies received by homeowner for the sole purpose of mitigation or home elevation may be considered a duplication of benefits, impacting eligibility and/or award amount.

In addition, applicants will be required to execute a separate FEMA “Release of Information” form.

The following documents that are required to complete each application will also be reviewed to determine if compensation was received:

- Insurance Award or Denial Letter (if applicable);
- ICC Claims; and
- FEMA Claim/Assistance Award/Denial Letter.

A review of New York City records will be conducted per applicant to identify the total amount of federal assistance provided under Superstorm Sandy. Applicants must be in compliance with all covenants required by the receipt of prior federal disaster recovery assistance.

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**Section 12—Grievance Procedures**

If a homeowner(s) or contractor has a complaint concerning the implementation of the Program, complainants must submit, in writing, their complaint to the Program Administrator within sixty (60) days from the date of decision. The Program Administrator will respond in writing within ten (10) calendar days from the receipt of the written complaint. The response will include a copy of the Program Administrator’s decision, a statement of the facts, and the basis upon which the decision was made. Any applicant who disagrees with the determination of their eligibility for assistance in the Program may appeal the decision to the Governor’s Office of Storm Recovery (GOSR).
Section 13—Conflicts of Interest/Ethics Policy

When there are questions or disagreements concerning the use of program housing funds by city, county, and/or state officials or their immediate families, a dispute will be moderated by the Governor’s Office of Storm Recovery (GOSR).

Section 14—General Operating Procedures

Pre-Application. Applicants must complete and submit a pre-application which will be reviewed by the Program Administrator to determine if an applicant is qualified for services. The pre-application can be found in Appendix A of this program guide. Submission of an application does not guarantee services through Project UPLIFT. Within 45-days, pre-qualified applicants will be notified by the Program Administrator if they qualify for the program and offered an application.

The pre-application includes the following questions:
- Name of applicant and co-applicant
- Property address and contact information
- Household income
- Program specific eligibility questions

Application. If an applicant is pre-qualified for the program, they will receive an application for services from the Program Administrator. Applicants must complete and submit this application, and supporting documentation, that includes but is not limited to the following:
- Copy of FEMA/Insurance/SBA Award or Denial Letter;
- Copy of receipts for storm related (Superstorm Sandy) home repairs (if applicable);
- Copy of Deed or Mortgage, Homestead Exemption at time of Superstorm Sandy;
- Proof of income in form of a copy of most recent Federal Income Tax Returns (including all schedules and attachments for all persons in the household ages 18 and over), copies of paycheck stubs for the last three consecutive months, and/or copies of supplemental income documents (Social Security/SSI, retirement, disability, unemployment benefits, Aid to Families with Dependent Children);
- Copy of most recent property tax payment;
- Original signed FEMA “Release of Information” form; and
- Copies of other identification and support documentation, as requested.

The information collected will be kept confidential and no documentation will be provided to any person or agency without explicit written permission from the
Applicant.

**Applicant Selection and Ranking.** All applications will be reviewed and ranked based on the established priorities set forth in preceding section of this document, “Priority Assistance.” The ranking and selection process utilized in determining eligibility will be placed in each individual applicant’s file.

**Inspection.** In order to determine the extent of the elevation required, an initial inspection of the property will be performed. Based on the inspection, if a property does not qualify for assistance under this program, the applicant will be notified in writing with a copy placed in the individual applicant’s file.

**Environmental Review.** The environmental review process involves an examination of various potential environmental consequences as a result of housing elevation. Each property requesting assistance will be required to undergo a corresponding level of federal and state mandated environmental review. No activity may be undertaken on any applicant property until environmental clearance has been issued.

**Work Write-Up and Cost Estimate.** Once initial eligibility of the applicant has been determined by the Program Administrator, an itemized work write-up and cost estimate for all elevation, labor and materials necessary to meet the goals of the program will be completed by the Housing Specialist/Inspector.

The work write-up will include all items needed to assure compliance with local, state and federal codes and federal Green Building Standards for the elevation of residential housing. Each item of work shall be identified in the work write-up as being either necessary to meet the building code, or for other purposes that may be eligible.

**Consultation with the Applicant.** The Housing Specialist/Inspector will consult with applicant on the finalized work write-up. As a result of the consultation with the applicant, the final work write-up and cost estimate shall be signed and dated by the applicant prior to bidding in order to document their agreement with the work to be done. Applicants whose dwellings are determined to be unsuitable for elevation will be counseled by the program administrative personnel regarding findings and options. Every effort will be made to help those selected for assistance; however, it is recognized herein that the financial limitations of the program and/or applicant (where applicable) will preclude some applicants from receiving assistance under the Program.

**Bid Award and Contractor Selection.** Contracting will be performed on a competitive basis. The Program Administrator will establish a CDBG-DR compliant procedure to pre-qualify contractors who wish to participate and intend to place bids for the
program. In order to participate in the program, all contractors must be appropriately licensed/bonded/insured, as well as meet the minimum requirements applicable to contract work as defined by GOSR.

The Housing Specialist/Inspector will review all bids for completeness to determine if they are reasonable and responsible. Bids not completed as required will be subject to rejection and considered non-responsive.

All bids shall be certified for sixty (60) days. Any contractor who fails to honor any bid prior to expiration of the certification may be temporarily denied the right to participate in the Program for up to six (6) months on the first occurrence and up to one (1) year on the second.

The Program Administrator reserves the right to limit the number of outstanding awards allowed when deemed necessary to meet the goals and objectives of the Program.

**Final Approval.** Prior to the start of the bidding process, the applicant file that includes the applicant intake form, required documentation, inspections and final work write-up will be reviewed for approval and signed by the Program Administrator. Upon completion of the bidding process the bid documents will be reviewed by the Housing Specialist/Inspector for recommendation of bid award to the Program Administrator.

**Construction.** For all elevation work, with the exception of emergency work, the general contractor, unless prohibited by inclement weather, must begin work within seven (7) days after a written “Notice to Proceed” is issued. If the contractor does not commence work within seven (7) days, the Program Administrator may cancel the contract and award the work to the next lowest responsive bidder or request rebidding of the job.

Prior to any work commencing, the contractor shall secure all permits and licenses necessary for the execution of work under the contract. The contractor shall provide a copy of the building permit to the Housing Specialist/Inspector and display the original in plain view at the worksite.

Variations from any work write-up must be documented by a change order authorized by the homeowner and Housing Specialist/Inspector. Although in some cases change orders are inevitable, they will be the exception for the Program.

The contractor is responsible for submitting written change order proposals to the Housing Specialist/Inspector for approval prior to beginning any additional work. Any work not listed in the final work write-up or performed without written authorization
from the homeowner(s), Housing Specialist/Inspector, and Program Administrator will be the financial responsibility of the contractor. Adequate documentation to justify change orders along with a detailed cost for each item must be submitted with all change order requests.

Any change orders initiated by the homeowner(s) and carried out by the contractor will be the financial responsibility of the homeowner(s) as well as any liability arising from the change order.

The Housing Specialist must certify that all work is completed according to work write-up and the appropriate city/county building inspector must certify that all work meets applicable codes before disbursement of final payment.

The contractor shall provide a warranty for all work, materials and labor for a period of one (1) year after acceptance of work by the homeowner(s).

**Time Frame for Completion.** All work shall be satisfactorily completed within one hundred twenty (120) days based on the bid amount and level of elevation construction:

If the contractor does not complete the work within the time frame specified in the work contract, a penalty of $500.00 per day may be withheld from the amount to be paid to the contractor for each day that the work is not completed. It is the responsibility of the contractor, in the event of inclement weather or any other reason beyond the control of the contractor that causes a “no work” day, to contact the Housing Specialist/Inspector on the day of the occurrence. Only “no work” days reported as required will be considered when determining assessment of penalties. Workday summaries must be provided with each request for progress payment to the Housing Inspector/Program Administrator.

**Progress Payments/Completion of Work.** Issuance of progress payments will be dependent upon favorable interim inspection reports indicating that the work required has been completed in conformance with the work write-up and elevation specifications. In the event that work completed is not in compliance, the Housing Specialist/Inspector will advise the contractor of appropriate corrective action to be taken. The initial notification shall be verbal and the Housing Specialist/Inspector will document this notification in the case file. This verbal notification will be followed up by a written memo to the contractor if the work is not completed as required by the verbal notification. No payment will be made until the contractor has satisfactorily completed the necessary corrective action.

**Schedule of Payments.** Contractors will be paid for work satisfactorily completed according to the following schedule:
• Program personnel will provide the homeowner and contractor with a detailed milestone payment schedule for all parties to execute prior to the start of the elevation project; and

The milestone payment schedule will set construction tasks and progress payment installments with checks to be made payable to the contractors. This will ensure that all work has been performed in accordance with the executed contract.

Follow Up Warranty Issues. Homeowners are instructed to contact contractors directly concerning warranty items. If the homeowner is unsuccessful in contacting the contractor, he/she may contact the Program Administrator. The Program Administrator will then coordinate with the contractor to have the complaints resolved. Results of the contractor’s actions shall be recorded as a part of the elevation case file, with copies of all warranty complaints placed in the contractor’s file.

Contractor Default. If any contractor fails to honor any of the terms of the contract, causes any unreasonable delay, allows insurance to cancel, or otherwise does not perform as required, he or she shall be placed in default of the contract and shall also be automatically placed in a “suspended” status. Under such circumstances, a new contractor shall be engaged to complete the remaining work from the existing contract. The contractor and all affected parties shall be notified in writing of this default and the corrective action plan to be taken.

Any contractor may be “suspended” from program participation for a limited period of time pending an investigation to determine if there is a cause to debar, or pursuant to a complaint filed by the homeowner(s). During the period of “suspension,” the suspended contractor will not be allowed to submit a bid or be awarded any new contracts.

Contractors may be recommended for debarment for reasons including, but not limited to, the following:

• Willful violation of the terms and conditions of program participation;

• Willful violation of contract performance relative to specifications and completion dates;

• An established record of failure to perform or of unsatisfactory performance; or,

• Any other reason of such serious compelling nature which affects the contractor’s responsibility and which indicated a lack of business integrity or honesty.
**Property Maintenance.** By applying to and accepting program funds, if awarded, each applicant is required to maintain their property in compliance with all applicable building and property codes. Maintenance of the applicant(s) property will be examined by the Program Administrator throughout the term of the financial assistance. The Program Administrator reserves the right to take any appropriate action necessary to ensure that the elevated property is maintained; action which may include requiring an early payback of financial assistance.

**Data Management.** The Program Administrator will record and maintain all file records. All eligibility information, inspection notes and contractor complaints will be recorded.
EXHIBIT A
Pre-Application for Home Elevation Services
Application for Home Elevation Services

(See Next Page)
Pre-Application for Home Elevation Services

A partnership between the NY Rising Community Reconstruction Program and the St. Bernard Project
For more information, please visit:
http://www.stbernardproject.org/project-uplift.html
If you need assistance completing this pre-application or have questions, please contact Project UPLIFT Program Director Thomas Corley for assistance:

projectuplift@stbernardproject.org
(718) 318 2172
HOME ELEVATION PILOT PROJECT: PRE-APPLICATION

This is a pre-application for home elevation services. A full application for home elevation services will be provided to those applicants who meet initial criteria.

Qualifying applicants will receive a full application within 45 days upon submission of this pre-application.

What is Project UPLIFT?

St. Bernard Project (SBP) assists New York City residents in rehabilitating homes that were damaged by Hurricane Sandy. In partnership with the Governor’s Office of Storm Recovery, NY Rising Community Reconstruction Program, SBP will provide home elevations services to qualifying homeowners through Project UPLIFT. This program is being funded through New York State’s Community Development Block Grant-Disaster Recovery (CDBG-DR) program.

The Project UPLIFT home elevation pilot program is intended to fund elevation costs for low to moderate income homeowners in the 100-year floodplain within two pilot communities (service areas) in New York City. The pilot program is intended for applicants who are ineligible for elevation services through the NYC Build it Back Program. The service areas can be found on page 3 and 4 of this pre-application.

More information can be found by visiting http://www.stbernardproject.org/project-uplift.html or by calling 718-318-2172.

Who is eligible to apply?

All single family homeowners within the service area that experienced damage due to Hurricane Sandy and have not been provided funds for elevation services through any other program are encouraged to apply. Applicants must submit a pre-application for Project UPLIFT no later than May 15th, 2016.

When will services be offered to eligible applicants?

Within 45 days of submitting this pre-application, qualified applicants will be provided a full application for home elevation services. It is expected that the initial pre-application process will take approximately 45 days and the full application process will take up to 30 days. After full applications have been received, properties of eligible applications will be assessed by SBP. If an applicant’s property qualifies for home elevation services, SBP will work with the homeowner and elevation contractors prior to and during elevation. Elevation services are expected to start in the summer of 2016 and all applicants will be served through the pilot project by the end of 2017.

Submission of an application does not guarantee services through Project UPLIFT.
HOME ELEVATION PILOT PROJECT: PRE-APPLICATION

To allow the St. Bernard Project (SBP) to evaluate potential applicants for Project UPLIFT, the following pre-application must be completed and submitted to SBP. Submission of an application does not guarantee services through Project UPLIFT. Applicants must submit a pre-application for Project UPLIFT no later than May 15, 2016. If you need assistance or have any questions, please contact projectuplift@stbernardproject.org or (718) 318 2172.

ALL APPLICANTS ARE ENCOURAGED TO APPLY REGARDLESS OF ANSWERS TO THE FOLLOWING

Applicant Full Name: ___________________________ Signature: _____________________
Co-Applicant Full Name: ______________________ Signature: _____________________
Property Address: __________________________________________________________
Primary Phone Number: ________________ Secondary Phone Number: ________________
E-mail Address: ________________________________________________

My/our household income is at or below the following limits in this table. △ YES △ NO

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<tr>
<th>Household Size:</th>
<th>1 Person</th>
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<th>4 People</th>
<th>5 People</th>
<th>6 People</th>
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<tr>
<td>Income Limit:</td>
<td>$50,750</td>
<td>$58,000</td>
<td>$65,250</td>
<td>$72,500</td>
<td>$78,300</td>
<td>$84,100</td>
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Please check the appropriate box next to each qualifying statement:

- I/we own the property and possess a clear title - ownership must not be contested. △ YES △ NO
- I/we own only one property, which serves as a primary residence. △ YES △ NO
- The property has been damaged by Hurricane Sandy but currently habitable. △ YES △ NO
- The property address is within the 100 year flood plain & designated service area (see attached maps). △ YES △ NO
- The property is not eligible to receive and/or has not received elevation services through another federally funded program (i.e. Build it Back home elevation) △ YES △ NO
- I/we have the ability to self-relocate for the duration of elevation process if approved for home elevation service (no relocation support provided) △ YES △ NO
- I/we currently have flood insurance. △ YES △ NO

Applicants must submit this pre-application for Project UPLIFT no later than May 15, 2016.

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<tr>
<th>Pre-applications can be mailed to</th>
<th>Pre-applications can be emailed to</th>
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<tbody>
<tr>
<td>St. Bernard Project</td>
<td><a href="mailto:projectuplift@stbernardproject.org">projectuplift@stbernardproject.org</a></td>
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<tr>
<td>Project UPLIFT</td>
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<tr>
<td>Attn: Thomas Corley</td>
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<tr>
<td>2-13 Beach 88th Street</td>
<td></td>
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<tr>
<td>Far Rockaway, NY 11693</td>
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</table>
Project UPLIFT Service Areas
For reference, the following maps identify the Project UPLIFT service areas in Staten Island, and Gerritsen Beach and Sheepshead, Brooklyn. SBP staff will confirm your address is within one of these service areas.
Application for Home Elevation Services

A partnership between the NY Rising Community Reconstruction Program and the St. Bernard Project
For more information, please visit:
http://www.stbernardproject.org/project-uplift.html
If you need assistance completing this application or have questions, please contact Project UPLIFT staff for assistance:

projectuplift@stbernardproject.org
(929)-423-6229

Applications with full supporting paperwork must be received by July 15th, 2016.
Application for Home Elevation Services

Background
Through the Governor’s Office of Storm Recovery’s (GOSR) NY Rising Community Reconstruction (NYCR) Program, storm-impacted NYC communities identified a lack of resources for homeowners in mitigating future storm risk, such as elevating their homes.

Responding to this need, GOSR created a home elevation pilot program in Staten Island, and Gerritsen Beach and Sheepshead Bay, Brooklyn (service areas). This pilot, named Project UPLIFT, will be implemented by the St. Bernard Project, Inc. (SBP) in partnership with the State of New York.

This program is being funded through the State of New York’s Community Development Block Grant-Disaster Recovery (CDBG-DR) program.

Program Summary
Project UPLIFT (pilot program), a $7.5 million home elevation pilot program, was launched in the Spring of 2016. The goal of the pilot is to elevate homes above the Federal Emergency Management Agency’s (FEMA’s) Base Flood Elevation (BFE) in three pilot service areas: Staten Island, and Gerritsen Beach and Sheepshead Bay, Brooklyn. Applicants residing in these pilot service areas with a home in a high-risk zone (100-year flood plain) may apply for funding.

The goal of the Program is to fund multiple elevation projects for eligible applications in the pilot service areas. St. Bernard Project, through Project UPLIFT, will provide direct CDBG-DR assistance to low/moderate income homeowners to cover 100% of the cost (less any benefits already received) to elevate their homes above the minimum base flood elevation (BFE).

Application Process
To be eligible for Project UPLIFT, the applicant must meet the following initial criteria:

- Own the property and possess a clear title - ownership must not be contested.
- Property must serve as primary residence.
- Property must have been damaged by Superstorm Sandy but is currently habitable.
- Property address must be within the pilot program service area and in the 100-year flood plain.
- The applicant cannot be approved and in-line to receive elevation services through another federally funded program (i.e. Build it Back)

In addition to the criteria above, applicants must have the ability to self-relocate for the duration of the elevation process if approved for home elevation services (no relocation support provided).

If you have questions or concerns about the eligibility criteria listed here, please contact the Project UPLIFT team to discuss the particulars of your situation.

All homeowners that meet the criteria above are encouraged to apply. SBP will evaluate applications based on this criteria, as well as income based requirements below:
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<tr>
<th>Household Size:</th>
<th>1 Person</th>
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<th>3 People</th>
<th>4 People</th>
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<td>$78,300</td>
<td>$84,100</td>
</tr>
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Note: Applications will be prioritized based on need and submission of an application does not guarantee services through the Program. All applicants are encouraged to apply for services even if they do not meet the baseline requirements. Please refer to the Project UPLIFT website at http://www.stbernardproject.org/project-uplift.html for more details on this Program.

Prior to filling out this application, SBP will determine if the applicant is pre-qualified for services. If an applicant is pre-qualified, they may continue with submitting a full application for services. The next steps are:

- **Step 1:** SBP will notify applicant if they are or are not pre-qualified for home elevation services through Project UPLIFT. Notice will be issued within 45 days of SBP receiving a completed pre-application and those pre-qualified applicants will receive a full application for services (this application).

- **Step 2:** Applicants must complete this Application for Home Elevation Services and provide supporting documentation. Applicants will work with SBP staff throughout the application process. Applications must be received by July 15th, 2016.

- **Step 3:** After submission of a full application, SBP will determine if the applicant is qualified for home elevation services through Project UPLIFT. This may include further review of documentation submitted through the application process, an initial site-visit to an applicant’s home to determine elevation feasibility and cost, and/or funding constraints of the program. Applicants who continue through the process will work with SBP to schedule and conduct a home-visit to collect any missing documents or information, and photos of the property, for initial screening.

- **Step 4:** SBP will verify all information and documentation, including income verification and duplication of benefits check. Upon verification, SBP will notify applicants if they have been approved or denied for services through Project UPLIFT. This can take up to 90 days from the date of application submission.

- **Step 5:** SBP will communicate next steps and a timeline for elevation services if an applicant is selected for funding.

**Submission of an application does not guarantee services through Project UPLIFT.**

General Instructions

- Read the instructions for this application.
• Please write legibly in BLUE or BLACK ink. Do not use pencil or other colors of ink. All blanks must be completed or have N/A written in.
• The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date the application.
• For the purpose of this application, “damaged property” represents the property for which the applicant is requesting elevation services.
• Submit application with all required documentation to projectuplift@stbernardproject.org or mail materials to Project UPLIFT 2-13 Beach 88th Street, Rockaway Beach NY 11693

REQUIRED DOCUMENTATION
Please submit the following documentation along with your completed Project UPLIFT application.

☐ Properly executed Eligibility Release Form
☐ Photos clearly showing the front, back, and sides of the damaged property
☐ FEMA Award/Denial Letter
☐ Build it Back Award/Denial Letter
☐ Small Business Administration (SBA) Award/Denial Letter
☐ Private Insurance Letter (If you did not have private insurance, a written, signed and dated statement indicating that you had no private insurance will be acceptable.)
☐ Copy of the applicant's driver's license (or a state issued photo ID or passport)
☐ Title or Deed of damaged property in applicant's name
☐ Copy of receipts for repairs related to Superstorm Sandy that have been made to the damaged home (If you have trouble locating and copying all receipts, please reach out to Project UPLIFT team)
☐ Provide any and all proof of income for all individuals over the age of 18 that live at the property. This includes…
   ☐ 6 months of bank statements (checking and savings)
   ☐ Last 3 consecutive months of pay check stubs
   ☐ Current copy of social security statement/award letter
   ☐ Current copy of retirement/pension statements
   ☐ Current copy of unemployment statement

Itemized Instructions and Explanations

1. APPLICANT INFORMATION: Provide your legal name, mailing address (may or may not be the damaged property), an e-mail address, your date of birth, your marital status and other fields.
2. **CO-APPLICANT INFORMATION**: List other members of the household, over 18 years old, who hold as much responsibility for the property as the applicant. This person is often referred to as the co-owner of the property. Attach additional sheet if there is more than one co-applicant.

3. **ALTERNATE CONTACTS INFORMATION**: List contacts who are helping you through this process, if applicable (i.e. Disaster Case Manager, Housing Specialist). This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location.

4. **HOUSEHOLD COMPOSITION AND CHARACTERISTICS**: As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, sex, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household (i.e. birth of a child, adoption, legal custody ruling resulting in an additional household member).

5. **RACE AND ETHNICITY OF HEAD of HOUSEHOLD**: This information is being collected to ensure compliance with federal Housing and Equal Opportunity regulations.

6. **ELIGIBILITY INFORMATION**: This information is being collected to further determine program eligibility, including principal residency and FEMA registration information.

7. **DAMAGED PROPERTY INFORMATION**: Provide basic information concerning the damaged property (i.e. physical address of damaged property, floodplain information, and additional deed holders). In order to be eligible to receive assistance under this program, the property must have been damaged as a result of the disaster. Provide information on whether you occupied the property during the time of the Superstorm Sandy, whether you are currently living in that structure, or whether you were displaced because of the disaster.

8. **OTHER ASSISTANCE RECEIVED**: Provide all information concerning property insurance, FEMA, SBA, or any other type of related assistance to the disaster. (If you have questions on what qualified as “assistance received” please reach out to the Project UPLIFT team).

9. **INCOME INFORMATION**: Provide information on all household income sources. Income includes the following: wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members over age 18. Food benefits (SNAP) are NOT considered income.

10. **ASSET INFORMATION**: Provide the requested information on any property you may own. Examples of what constitutes assets are listed below:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
• Retirement and pension funds;
• Mineral rights; and
• Mortgage or deeds of trust held by the applicant

11. APPLICANT CERTIFICATION: Certify that all information in the application is true, to the best of your knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

12. ELIGIBILITY RELEASE: It is required that you sign this form, which allows the Subrecipient, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

If you have any questions about the application or requested materials, please call an SBP Project UPLIFT staff member at (929)-423-6229 e-mail at projectuplift@stbernardproject.org

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<td>Address:</td>
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<tr>
<td>City:</td>
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<td>State and Zip Code:</td>
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### 1. TO BE COMPLETED BY APPLICANT:  
(Head of Household)

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<th>Relationship to Head of Household:</th>
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### 2. TO BE COMPLETED BY CO-APPLICANT:  
(If Applicable)

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### 3. ALTERNATE CONTACTS INFORMATION:  
- This information is being collected to assist SBP in locating you in the event that you move or are living temporarily in another location. You may also list a contact who is helping you through this process.

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Contact Phone No.:</th>
<th>Address:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Contact Phone No.:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### 4. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:  
- As of today, list the Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Relationship to Head of HH</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Marital Status</th>
<th>Race</th>
<th>Is household member listed disabled? Y/N</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
5. RACE AND ETHNICITY OF HEAD OF HOUSEHOLD (Check one): - This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

**RACE (Check all that apply):**

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Other Multi-Racial
- Asian
- White

**ETHNICITY (Check one):**

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”
- Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

6. ELIGIBILITY INFORMATION:

i. Was the unit damaged by Superstorm Sandy? □ YES □ NO

ii. Is the property a single family residence (including manufactured housing units)? □ YES □ NO

iii. At the time of the disaster, were you the owner of this residence? □ YES □ NO

iv. Was the unit the primary residence of the applicant on the date of the disaster? □ YES □ NO

v. Are you currently living in the home now? □ YES □ NO

vi. Did you register with FEMA for disaster related assistance for structural damage to the home? □ YES □ NO

vii. If your home was damaged by Superstorm Sandy, was this damage repaired? □ YES □ NO
### 7. DAMAGED PROPERTY INFORMATION:

Provide basic information concerning the damaged property (i.e. physical address of damaged property, floodplain information, and other names on the deed).

<table>
<thead>
<tr>
<th>Property Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Phone No:</td>
<td></td>
</tr>
</tbody>
</table>

i. What type of structure is the property? (Select One)

- ☐ Single Family Detached
- ☐ Single Family Attached
- ☐ Manufactured Housing Unit
- ☐ Modular
- ☐ Two Family Home
- ☐ Year Built:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

ii. Did you occupy the property at the time of Sandy? ☐ Yes ☐ No

iii. Are you currently living in the property? If no, explain your current living situation: ☐ Yes ☐ No

iv. Is the damaged property in a Flood Plain? ☐ Yes ☐ No ☐ Don't Know

v. Are you seeking assistance for a manufactured/modular housing unit? ☐ Yes ☐ No

vi. Do you have a deed on the damaged property? ☐ Yes ☐ No ☐ Don't Know

vii. Are there any other names on the deed for the damaged property? ☐ Yes ☐ No ☐ N/A

If yes, describe what deed information you have on the damaged property (including any entity, for example, a Trust):

viii. I/We have been displaced from property due to damage caused by the disaster. If yes, explain your current living situation in the space below, i.e. renting in another part of the City, County etc... ☐ Yes ☐ No

ix. Describe the property’s foundation type below, i.e. slab on grade, piers, block etc…

x. Describe the property’s furnace system below, i.e. propane, natural gas, electric baseboard, fuel oil etc…
xi. Does the property have other repair needs or known violations such as NYC Dept. of Buildings? If yes, please explain.

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

xii. If approved for elevation services, do you have access to temporary housing (i.e. family, friend)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

xiii. Are there tenants currently residing at the property?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

xiv. Are you aware of any lead or asbestos containing materials in your home, i.e. paint, pipe wrap etc…

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

xv. Do you have flood insurance on the property?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

### 8. OTHER ASSISTANCE RECEIVED: -

List all other sources of financial or housing assistance received (local, state, federal, and private sources). List all insurance companies that were or are currently covering your real property.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

#### A. FEMA

i. Have you received any disaster related assistance from FEMA for structural damage to your home? (If no, continue to letter B. in this section.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

Amount Approved: 
Amount Received to date: 

ii. What is your FEMA Registration No.(s)?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

#### B. NYC BUILD IT BACK

i. Have you received any disaster related assistance from Build it Back for structural damage to your home? (If no, continue to letter C. in this section.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

Amount Approved: 
Amount Received to date: 

ii. What is your Build it Back application No.(s)?
### C. SMALL BUSINESS ADMINISTRATION

<table>
<thead>
<tr>
<th>i. Have you received any event-related assistance from the SBA for damage to your home? (If no, continue to letter D. in this section.)</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Approved? Amount Received to date:</td>
<td></td>
</tr>
<tr>
<td>ii. What is your SBA Application No.(s)?</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>iii. What is your SBA Loan No.(s)?</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>iv. What is the status of your SBA Loan, i.e. paying as agreed, did not use, etc.</td>
<td></td>
</tr>
</tbody>
</table>

### D. INSURANCE

<table>
<thead>
<tr>
<th>i. Were you carrying Homeowner's Insurance at the time of the event?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If “Yes”, what type?</td>
<td>☐ Hazard ☐ Wind ☐ Flood ☐ Contents</td>
</tr>
<tr>
<td>Other: (Explain)</td>
<td></td>
</tr>
<tr>
<td>ii. Did you file a claim?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Claim Amount Received:</td>
<td>Deductible:</td>
</tr>
<tr>
<td>Purpose: (Explain)</td>
<td></td>
</tr>
<tr>
<td>iii. Provide the name of the Insurance Company(s):</td>
<td></td>
</tr>
<tr>
<td>iv. Is the insurance coverage currently in effect?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>v. Are you involved in an appeal or a lawsuit against your insurance company?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>vi. What is the status of your insurance appeal/lawsuit? (If Applicable)</td>
<td></td>
</tr>
</tbody>
</table>

### E. HAZARD MITIGATION GRANT PROGRAM AND INCREASED COST OF COMPLIANCE

<table>
<thead>
<tr>
<th>i. Have you applied for and/or received any event-related assistance from the Hazard Mitigation Grant Program (HMGP) or Increased Cost of Compliance (ICC) Program for damage to your home from Superstorm Sandy?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If “Yes”, and funds have been received, please provide the amount approved:</td>
<td>HMGP:__________</td>
</tr>
<tr>
<td></td>
<td>ICC:__________</td>
</tr>
</tbody>
</table>
ii. What is your HMGP application number(s)?

iii. What is your ICC application number(s)?

iv. If you have applied for HMGP or ICC funds and have not yet been awarded, what is the status of your application?

F. OTHER

i. Did you receive any other assistance for the repair or elevation of your home? ☐ Yes ☐ No

ii. If yes, explain the type of assistance you received i.e. Red Cross, United Way, previous CDBG Home repair, etc.

9. INCOME INFORMATION: Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, other income for all household members over age 18. List ALL household members and their incomes. Attach a separate sheet if you need more space.

**FOOD STAMPS ARE NOT CONSIDERED INCOME - do not list food stamps.**

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relationship</th>
<th>Sex</th>
<th>Age</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Head of Household</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## A. EMPLOYMENT AND BENEFIT INCOME CERTIFICATION

<table>
<thead>
<tr>
<th>Type of Income (MONTHLY)</th>
<th>Head of Household</th>
<th>Household Member #1</th>
<th>Household Member #2</th>
<th>Household Member #3</th>
<th>Household Member #4</th>
<th>Household Member #5</th>
<th>Household Member #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages/Salaries</td>
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<tr>
<td>Overtime Pay</td>
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<td>Commission</td>
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<td>Fees/Tips</td>
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<td>Bonuses</td>
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<td>Social Security</td>
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<tr>
<td>Retirement/Pension</td>
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<td>Armed Forces Pay</td>
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<tr>
<td>Supplemental Social Security</td>
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<tr>
<td>Supplemental Social Security Disability</td>
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<tr>
<td>Workers Compensation</td>
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<td>Short/Long Term Disability</td>
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<td>Unemployment</td>
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<td>Severance Pay</td>
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<td>Annuities</td>
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<td>Insurance Policy Payment</td>
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<tr>
<td>Other Income</td>
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<tr>
<td>Alimony/Maintenance</td>
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<tr>
<td>Child Support Received</td>
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</tbody>
</table>

### 10. ASSET INFORMATION
Provide the requested information on any property you may own or assets you may have.

1. Do you, or any household member, own any other real estate? ☐ Yes ☐ No ☐ N/A
If yes, provide address, city and state of property(s):

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Type &amp; Source of Asset (checking/savings/retirement account etc.)</th>
<th>Cash Value of Asset</th>
<th>Annual Income From Asset</th>
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</table>

2. Do you have a mortgage on the damaged property you are seeking assistance on? □ Yes □ No
If yes, what is the current balance owed on the mortgage?

3. Are your payments current on your mortgage? □ Yes □ No

4. Is your primary residence currently in foreclosure? □ Yes □ No

5. List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.)

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Type &amp; Source of Asset (checking/savings/retirement account etc.)</th>
<th>Cash Value of Asset</th>
<th>Annual Income From Asset</th>
</tr>
</thead>
<tbody>
<tr>
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11. APPLICANT CERTIFICATION: Certify that all the information in the application is true, to the best of your knowledge.
   - I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under SBP’s Project UPLIFT.
   - I/We hereby certify that all the information provided herein is true and correct.
   - I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.
   - I/We authorize the St. Bernard Project, Inc. and any of its duly authorized representatives to verify all information provided in this application.
   - I/We understand that additional information will likely be required to move forward with this program.
   - I/We understand that if selected for elevation services, I/we must self-relocate for the duration of elevation services.
process as no relocation support is provided by the program.

- I/We understand that submission of an application does not guarantee services through Project UPLIFT.

<table>
<thead>
<tr>
<th>Signature of Applicant:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Co-Applicant:</td>
<td>Date</td>
</tr>
</tbody>
</table>

**Warning:**
Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

---

**12. ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the St. Bernard Project, Inc., State or Vendor to request information from Third Parties concerning your eligibility and participation in this program.

**Applicant Name/s:**

**Applicant Address:**

**Information Covered:** Inquiries may be made about items initialed below by the applicant.

**Instructions to Applicant:** Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the state or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation SBP’S Home Elevation Pilot Program (Project UPLIFT). Each adult member of the household must sign this Eligibility Release.

**Privacy Act Notice Statement:** Subrecipient requires the collection of the information listed in this form to determine an applicant’s eligibility for the Program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant’s eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. St. Bernard Project, Inc. is authorized to ask for this information under the National Affordable Housing Act of 1990.

**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, “Request for a Copy of Tax Form”, must be prepared and signed separately.

**Information Covered:** Inquiries may be made about items initialed below by the applicant.

<table>
<thead>
<tr>
<th>Description</th>
<th>Verification Required</th>
<th>Applicant Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income (all sources)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Assets (all sources)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Property Taxes</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>List other item here:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dependent Income:</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
**Applicant's Authorization:**
I authorize the above-named sub recipient, SBP, or Vendor to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:
(1) A photocopy of this form is as valid as the original; AND
(2) I have the right to review information received using this form; AND
(3) I have the right to a copy of information provided to the Subrecipient and to request correction of any information I believe to be inaccurate; AND
(4) All adult household members will sign this form and cooperate with the Subrecipient in the eligibility verification process.

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signature-Head of Household</strong></td>
<td><strong>Print Name</strong></td>
</tr>
<tr>
<td><strong>Other Household Member</strong></td>
<td><strong>Print Name</strong></td>
</tr>
<tr>
<td><strong>Other Household Member</strong></td>
<td><strong>Print Name</strong></td>
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<td><strong>Other Household Member</strong></td>
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<td><strong>Other Household Member</strong></td>
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</tr>
<tr>
<td><strong>Other Household Member</strong></td>
<td><strong>Print Name</strong></td>
</tr>
</tbody>
</table>
Release of Information Authorization

I/We, _____________________________ (name/s) hereby authorize St. Bernard Project, Inc. to exchange, communicate and share with The State of New York, Governor’s Office of Storm Recovery, Northfield Community Local Development Corporation, Inc. of Staten Island (Northfield LDC), NYC Build it Back and ______________________ (if applicable) my personal information except the following information:

[DESCRIBE INFORMATION NOT TO BE DISCLOSED, IF ANY] for the purpose of helping me to resolve any housing issues due to Superstorm Sandy and/or in connection to my/our Application for Home Elevation Services. I understand that any personal information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

This authorization is valid from the date of my/our/my representative’s signature below and shall expire the earlier of ______________________ [INSERT DATE/EVENT UPON WHICH THIS AUTHORIZATION EXPIRES].

I understand that I have a right to revoke this authorization by providing written notice to Project UPLIFT, c/o the St. Bernard Project, Inc., 2-13 Beach 88th Street, Far Rockaway, NY 11693. However, this authorization may not be revoked by the St. Bernard Project, Inc. its employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

Name of Applicant: ________________________________________________________
Name of Co-Applicant (if applicable): __________________________________________
Signature of Applicant: ______________________________________________________
Signature of Co-Applicant: __________________________________________________
Date: ______________________________
Name of Friends of St. Bernard Project, Inc. Staff: ________________________________
Signature of St. Bernard Project, Inc. Staff: _____________________________________
Date: ______________________________
Project UPLIFT Service Areas

For reference, the following maps identify the Project UPLIFT service areas in Staten Island, and Gerritsen Beach and Sheepshead, Brooklyn. SBP staff will confirm your address is within one of these service areas.
F8: Communication Designation Authorization

I, the undersigned ("Applicant"), hereby appoint the individual named below:

<table>
<thead>
<tr>
<th>Representative’s name</th>
<th>Phone number</th>
<th>Fax number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing address</td>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

as my communication designee (the “Designee”). I authorize the City of New York (the “City”) and its assigns, employees, agents, and contractors (collectively, the “Assistance Providers”) to communicate with the Designee about my application for benefits from the NYC Build It Back program (the “Program”). I grant my Designee full power to receive confidential information about me, including all information that I have provided to the Program and the information that the Program has received from third-party sources, including: federal, state and local agencies; insurance companies; financial institutions; and philanthropic organizations, relating to the Program.

I do not authorize the Designee to receive any benefits on my behalf, make binding decisions on my behalf, or otherwise represent my interests.

If I wish to expand the authority of the Designee, I may do so by requesting from the Program and submitting to the Program a Power of Attorney form.

Indemnification: I agree to indemnify the City of New York (the “City”) and its Assistance Providers for any claims against the City and/or the Assistance Providers and from costs and expenses to which the City and/or the Assistance Providers may be subjected or which they may suffer or incur allegedly arising out of or in connection with this Communication Designation. I understand that any termination of this Communication Designation, whether the result of my revocation of the Communication Designation or otherwise, is not effective as to the City and/or Assistance Providers until the Assistance Providers have actual notice or knowledge of the termination.

Termination: This Communication Designation continues until the termination of the Program or until I revoke it. A sample revocation of a Communication Designation is annexed hereto as Appendix A.

Owner(PrintName)  Signature  Date