NY Rising Housing Recovery Program

DESIGN PROFESSIONAL CERTIFICATION OF PAYMENT FORM

INSTRUCTIONS: New York State has received an allocation of Community Development Block Grant Disaster Recovery ("CDBG-DR") funds from the United States Department of Housing and Urban Development, ("HUD") a portion of which is to be used to assist New York homeowners whose primary residences suffered damage as a result of Superstorm Sandy, Hurricane Irene, and/or Tropical Storm Lee. The funds are administered by the Housing Trust Fund Corporation ("HTFC") which has implemented the NY Rising Housing Recovery Program ("Program") to award a portion of those funds to homeowners affected by these Storms.

We have been informed that you were selected by the homeowner named below to act as a design professional for their home repair and/or reconstruction projects. As the design work was already completed at the time of the Program's initial damage assessment inspection (AA), we require that you complete and sign this Certification of Payment received, in order for the Homeowner to receive reimbursement for funds spent on architect and/or engineer fees.

Application #: _____

Homeowner Name(s): _____

Damaged Property Address: _____

Design Professional Company Name(s):

_____

Company Address: _____

City: _____ County: _____, New York

Zip: _____ Phone: _____

CERTIFICATION

The undersigned does hereby certify receipt of the sum of:_____

_____Dollars ($_____)

from _____
(Homeowner),
as payment for the preparation of a Statement of Work, designs, drawings, plans and other services required to obtain a building permit for the reconstruction and or repair of the above referenced damaged property address.

The undersigned further acknowledges the jurisdiction of the Office of New York State Attorney General and other law enforcement agencies to pursue violations, including those under the New York State False Claims Act and the federal False Claims Act in connection with receipt of funds from the Program, and

By completing and signing this form, you are certifying that the information you are providing is true, complete and accurate. Presenting false or fraudulent information may subject you to penalties under State and Federal law, as further described herein.

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

By executing this Certification, Design Professional 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.

Dated this _____ day of _____, 2014.

_____
Company Name

_____ _____
Signature Print Name