NY Rising Housing Recovery Program
Homeowner Grant Agreement

SPECIAL NOTICE FOR TWO-FAMILY HOME OWNERS

Our records indicate that your Property may be a two-family home with a separate rental unit. Two-family homes, with at least one owner-occupied unit are eligible for CDBG-DR assistance. Whether or not the unit is income producing or rented on a full-time basis will not affect your award, but there may be other requirements imposed by the federal government with which you must comply and which will provide additional benefits for tenants who may be temporarily or permanently displaced.

HUD requires that we comply with the terms of the Uniform Relocation Act (URA) which is intended to protect tenants in any project that is assisted with federal funds. The URA requires that certain notices be provided to all tenants. Therefore, we ask that you provide the following information. If you have any questions about this process, please contact your Customer Representative to discuss.

1. Does the Property contain a rental unit with separate kitchen/bathroom facilities and a separate entrance?
   - YES  NO  If you answered “no” to this question, skip to the Signature Page.

2. Do you and your tenant have a lease with a formally established rent that entitles the tenant to sole occupancy of the unit?
   - YES  NO  If you answered “no” to this question, skip to the Signature Page.

3. If you do have a full time rental unit, was this unit occupied at the time of the relevant Storm?
   - YES  NO

4. If you do have a full time rental unit, has this unit been occupied by a permanent tenant (e.g. a tenant with a lease of 1 year or longer) since the date on which you first applied to the NY Rising Program?
   - YES  NO

5. If your full time rental unit has been occupied by a permanent tenant since you first applied to the NY Rising Program, is that tenant still in residence in your unit?
   - YES  NO
Provide the full name(s) and current mailing address(es) of all tenants since the date of the Storm. (Attach additional sheets if necessary)

Name ________________________________

Address ________________________________

City __________________ State ____________

Zip Code ________________________________

Note: If you do not know the correct current address of a former tenant, please contact your Customer Representative who will attempt to assist you. It is important that you make your best efforts to contact all tenants to ensure that they are provided with any benefits to which they may be entitled.

If you have answered “YES” to question 3, 4 or 5, you must contact your Customer Representative to determine the next steps with respect to your current or former tenant.

**IF YOU CURRENTLY HAVE A TENANT LIVING IN YOUR UNIT**

If the rehabilitation of your property is not yet complete, some tenants may be required to move temporarily in order for you to perform any remaining rehabilitation. However, there are certain regulations with which you must comply and, if appropriate, we will work with you and your tenants to find temporary replacement housing and assist with any additional costs.

**DO NOT TAKE ANY STEPS TO REMOVE ANY CURRENT TENANTS UNTIL YOU HAVE CONFERRED WITH YOUR CUSTOMER REPRESENTATIVE WHO WILL WORK WITH YOU TO ENSURE THAT ANY TEMPORARY RELOCATION IS UNDERTAKEN PURSUANT TO HUD REGULATIONS.**

**IF YOU HAD TENANTS AT THE TIME OF THE STORM WHO HAVE SINCE VACATED**

Any tenants that were residing in your rental unit at the time of the Storm, but have since vacated the unit, may be eligible for URA benefits. As a result, it is important to attempt to locate such tenants and to determine whether they are entitled to relocation assistance.
I understand that this form will be incorporated as an addendum to my New York Rising Housing Recovery Grant Agreement. I certify that all of the information I have provided here is, to true, accurate and complete.

Signature ___________________________ Date ______________

Print Name ________________________________

Signature ___________________________ Date ______________

Print Name ________________________________

Signature ___________________________ Date ______________

Print Name ________________________________

Signature ___________________________ Date ______________

Print Name ________________________________

Signature ___________________________ Date ______________

Print Name ________________________________

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Print Name ________________________________