



**Housing Trust Fund Corporation  
NY Rising Housing Recovery Program**

Applicants have the ability to designate a third party to obtain information on their Program Assistance Application. This third party is known as the **Communication Designee** and they will be authorized to make inquiries of the applicant's Program status either in person, via the phone, email, and/or mail. The person designated as the Communication Designee is not authorized to sign the Grant Agreement or any other documents or Affidavits on behalf of the applicant unless they also hold a valid Power of Attorney.

**COMMUNICATION DESIGNEE FORM**

I hereby certify that I, \_\_\_\_\_, am the record title holder or a successor in interest to the record title holder of the property located at:

\_\_\_\_\_.

My daytime phone number is \_\_\_\_\_. I do hereby authorize

\_\_\_\_\_ to be my Communication Designee in connection

with the NY Rising Housing Recovery Program application ID number \_\_\_\_\_.

In addition to providing the application ID, the following code word will be used to ensure the identity of the communication designee: \_\_\_\_\_.

My Communication Designee's address is: \_\_\_\_\_

\_\_\_\_\_, and daytime phone number is

\_\_\_\_\_. This Designee Assignment will be valid until \_\_\_\_\_ but in no instance longer than one year from the date of my signature below.

\_\_\_\_\_  
Applicant Signature  
Signed \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Co-Applicant Signature  
Signed \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Communication Designee Signature  
Signed \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.



State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the under-signed, personally appeared

\_\_\_\_\_, applicant, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Sworn before me

\_\_\_\_\_  
Notary Public (print)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the under-signed, personally appeared

\_\_\_\_\_, co – applicant, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Sworn before me

\_\_\_\_\_  
Notary Public (print)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.



State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the under-signed,  
personally appeared

\_\_\_\_\_, designee,  
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s)  
whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they  
executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument,  
the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Sworn before me

\_\_\_\_\_  
Notary Public (print)