



CONTRACTOR VERIFICATION FORM

APPLICANT NAME: _____
 ADDRESS: _____
 APPLICATION ID: _____

PLEASE COMPLETE AND RETURN THIS FORM VIA EMAIL: nysandyhelp.sm.ura@nysandyhelp.ny.gov OR MAIL:

**Governor's Office of Storm Recovery
 ATTN: URA Specialist
 700 Rockaway Turnpike, 2nd Floor
 Lawrence, NY 11559**

CONTRACTOR NAME: _____
 COMPANY NAME: _____
 COMPANY ADDRESS: _____

DATE CONSTRUCTION TO BEGIN: _____ EXPECTED COMPLETION DATE: _____

Will any tenants need to be relocated during the construction period? Yes No

If yes, please list all tenants and units that will need to be vacated during construction:

Unit #	Tenant Name(s)	Anticipated Relocation Start Date	Anticipated Relocation End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does all personal property need to be removed from the unit during tenant relocation? Yes No

Do you have insurance that will cover loss or damage to any remaining property? Yes No

CONTRACTOR: The information provided is accurate to the best of my knowledge at this time. I understand that maintaining the construction schedule is critical to both the owner and any tenant who is relocated.

 Contractor Name Date

 Contractor Signature

APPLICANT: I understand and agree with all the information provided by my contractor. I understand that the program only provides relocation benefits to tenants who occupy legal rental units. I hereby certify that my rental unit is a legal rental unit as defined by city code.

 Applicant Name Date

 Applicant Signature