



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

**INSURANCE CERTIFICATION FORM FOR RENTAL PROPERTY OWNERS**

**INSTRUCTIONS:** This form requires you, the Applicant(s), to inform the Housing Trust Fund Corp. (“HTFC”) whether you maintained property and/or flood insurance policies on your unit (the “Property”) during the Period of Eligibility (see below) for which you have applied for assistance from HTFC’s NY Rising Housing Recovery Rental Property Program (the “Program”), whether such policies were in effect on the date that your Property was damaged and, if so, to provide information about any claims you may have made under either or both policies.

Note that each Period of Eligibility corresponds to the dates of one of three major storms in New York: Hurricane Irene, Tropical Storm Lee, or Superstorm Sandy (each, individually, a “Storm” and collectively, the “Storms”).

PERIODS OF ELIGIBILITY:

- Hurricane Irene: August 26, 2011 to September 4, 2011
- Tropical Storm Lee: September 7, 2011 to September 10, 2011
- Superstorm Sandy: October 27, 2012 to November 8, 2012

If you answer below that a property insurance policy and/or a flood insurance policy WAS in effect during the relevant Period of Eligibility, then you must also fill out the next section (“ADDITIONAL POLICY & CLAIMS INFORMATION”) and provide HTFC with copies of the relevant information and correspondence described in that section. You must also read the Certification at the end of this form and sign and date this form.

If you answer below that NO insurance policies (a property insurance policy and/or flood insurance policy) were in effect during the relevant Period of Eligibility, then you may SKIP THE ADDITIONAL INFORMATION SECTION. HOWEVER, you must read the Certification at the end of this form and sign and date this form.

Note that in 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 below.

**INDIVIDUAL INSURANCE CERTIFICATION FORM**

Owner Last Name \_\_\_\_\_ Application Number \_\_\_\_\_



INSURANCE COVERAGE DURING PERIOD OF ELIGIBILITY:

I/we hereby state and certify as follows (please check two; one from each category):

Property Insurance Policy:

A property insurance policy, covering my Property, **WAS** in effect during the Period of Eligibility for which I/we have applied for assistance from the Program, and specifically, that such policy WAS in effect on the date that the Property was damaged by the Storm(s).

A property insurance policy, covering my Property, **WAS NOT** in effect on the date that the Property was damaged by the Storm(s).

Flood Insurance Policy:

A flood insurance policy, covering my Property, **WAS** in effect during the Period of Eligibility for which I/we have applied for assistance from the Program, and specifically, that such policy WAS in effect on the date that the Property was damaged by the Storm(s).

A flood insurance policy, covering my Property, **WAS NOT** in effect on the date that the Property was damaged by the Storm(s).

ADDITIONAL POLICY & CLAIMS INFORMATION:

If you answered above that a property insurance policy and/or flood insurance policy WAS in effect on the date that your Property was damaged by the Storm(s), please complete the following chart or charts, using information from the relevant insurance policy or policies. The space for Notes at the bottom is provided to you in case you are unsure about whether an insurance payment is for structural damage or personal property.

**INDIVIDUAL INSURANCE CERTIFICATION FORM**

Owner Last Name \_\_\_\_\_ Application Number \_\_\_\_\_



Property Insurance

Company Name:		Policy Number
Claim Number:		Total Settled Amt:
Personal Property Settled Amount:		Structural Damage Settled Amount:

Flood Insurance

Company Name:		Policy Number
Claim Number:		Total Settled Amt:
Personal Property Settled Amount:		Structural Damage Settled Amount:

Notes:

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Please also attach copies of the following to this Insurance Certification:

- (1) The declaration page for each of the above insurance policies and any claim form filed for any Property damage resulting from the relevant Storm or Storms, and
- (2) All correspondence relating to any such claim(s).

I further certify no other correspondence with respect to any such insurance claims has been received by me/us as of the date of this Insurance Certification.

**INDIVIDUAL INSURANCE CERTIFICATION FORM**

Owner Last Name \_\_\_\_\_ Application Number \_\_\_\_\_



CERTIFICATION:

**By executing this Insurance Certification, the Applicant(s) 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 (5) years, or both, for any violation of such Section.**

**By executing this Insurance Certification, the Applicant(s) 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 \_\_\_\_\_, 20\_\_\_\_\_.

I/We hereby certify that all statements made herein and any information provided in connection with this Insurance Certification are true, complete and accurate, as of the date listed above:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Applicant's name

\_\_\_\_\_  
Joint Applicant's Signature

\_\_\_\_\_  
Print Joint Applicant's name

STATE OF NEW YORK     )

**INDIVIDUAL INSURANCE CERTIFICATION FORM**

Owner Last Name \_\_\_\_\_ Application Number \_\_\_\_\_



COUNTY OF \_\_\_\_\_ ) ss.:  
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On the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_ 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.

\_\_\_\_\_  
 Notary Public

STATE OF NEW YORK )  
 ) ss.:  
 COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_ 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.

\_\_\_\_\_  
 Notary Public

**INDIVIDUAL INSURANCE CERTIFICATION FORM**

Owner Last Name \_\_\_\_\_ Application Number \_\_\_\_\_