In connection with my application ("Application"), to HTFC’s NY Rising Housing Recovery Program I hereby certify that:

1. All information contained in the Application and any documentation submitted by me with respect to my Application is true, correct, and complete. Such information has [check as applicable]:

   _____ not changed since it was submitted
   _____ changed only as described by me in the attached statement

   (a) I am the owner and was the owner of the above Property during one or more of the following Periods of Eligibility:
       • Superstorm Sandy: October 27, 2012 to November 8, 2012
       • Hurricane Irene: August 26, 2011 to September 4, 2011
       • Tropical Storm Lee: September 7, 2011 to September 11, 2011
   
   (b) My Property was damaged by Superstorm Sandy, Hurricane Irene and/or Tropical Storm Lee.
   
   (c) The above Property was leased as a residential, full-time rental property (i.e. NOT a seasonal or vacation rental) during one or more of the above Periods of Eligibility.

2. I understand that if my Property is accepted into the program, and accepts funds for reimbursement, rehabilitation and/or reconstruction, the Property will be required to maintain flood insurance at all times. I understand that failure to maintain such flood insurance may result in our being ineligible for future federal assistance relating to flood damage to my Property. I also understand that, under federal law, flood insurance must be maintained in perpetuity, regardless of transfer of ownership of such property, and that
in the event of a transfer of the Property, I am required to notify the transferee in writing of the requirement to have flood insurance, by executing and recording a covenant on the deed. I understand that if I fail to do so, and, subsequent to the transfer of the property, (a) the transferee fails to obtain or maintain flood insurance, (b) the property is damaged by a flood disaster, and (c) federal disaster relief assistance is provided for the repair, replacement, or restoration of the property as a result of such damage, I will be required to reimburse the federal government in an amount equal to the amount of the federal disaster relief assistance provided with respect to the property.

3. When this instrument is executed by more than one person, it should be interpreted as if pertinent verbs, nouns, and pronouns were changed correspondingly.

(The remainder of this page has been intentionally left blank.)

PROGRAM ELIGIBILITY CERTIFICATION FORM
Owner Last Name __________________ Application Number ____________________
Page 2 of 5
By executing this Program Eligibility Certification, property owner 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 Program Eligibility Certification, property owners acknowledge and understand 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.

EXECUTED this ____ day of ____________, 20__.

OWNER(S):

____________________________________

____________________________________

PROGRAM ELIGIBILITY CERTIFICATION FORM

Owner Last Name ______________________ Application Number ________________________

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STATE OF NEW YORK       

COUNTY OF

On the _____ day of __________________, in the year __________, before me, the undersigned, personally appeared <<NAME>>, 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

PROGRAM ELIGIBILITY CERTIFICATION FORM
Owner Last Name ______________________ Application Number ____________________________
Changes in information/documentation since my application was filed

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