



Interim Mortgage Assistance Data Form

Homeowner Information

Property Owner Name(s) _____

Storm Damaged Property Address _____

Current Mailing Address _____

City/State/Zip Code _____

Current Phone Number _____

Rehab Application Number _____

Rental Information

Landlord Name _____

Landlord Phone Number _____

Rental Address _____

City/State/Zip Code _____

Eligibility

When did you evacuate the Storm Damaged Property? _____

Was the Storm Damaged Property your Primary Residence on that date? Y / N

Are you currently receiving Disaster Housing Assistance Program (DHAP) assistance? Y / N

Are you receiving displacement benefits from an insurance company or any other source? Y / N

Have you used all available FEMA assistance for rental costs
(including Temporary Shelter assistance)? Y / N

Are you currently making mortgage payments for the Storm Damaged Property

IMA DATA FORM

Owner Last Name _____ Application Number _____

AND paying rent (or other type of payment) for a temporary replacement property? Y / N

For any period of time since evacuating the Storm Damaged Property,
have you made any mortgage payments for the Storm Damaged Property
AND paid rent (or other type of payment) for a temporary replacement property? Y / N

Are your mortgage payments up to date? Y/NN

If not, have you been served with a notice from the Court that the
mortgage lender has started a foreclosure action? Y / N

Mortgage Account Information

| | |
|---|--|
| Name of Financial Institution | |
| Routing Number | |
| Monthly Mortgage Payment Amount: | |
| Monthly Payment Due Date | |
| Account Number | |
| Mortgage Identification Number | |
| Financial Institution Phone Number | |
| Name and Address of Mortgage Servicer (Including State and Zip Code) | |

Personal Account Information

Reimbursement for prior mortgage payments may be by check or by ACH transfer to your personal bank account. Please fill in the following information and provide a copy of a voided check for this account.

| | |
|------------------------------------|--|
| Name on Account | |
| Name of Financial Institution | |
| Routing Number | |
| Account Number | |
| Financial Institution Phone Number | |

IMA DATA FORM

Owner Last Name _____ Application Number _____



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

**INTERIM MORTGAGE ASSISTANCE TAX ASSESSMENT
CERTIFICATION FORM**

Owner Name(s): _____

Storm Damaged Property Address: _____

City: _____, **County:** _____, NY

Zip: _____

In connection with my/our application to HTFC's NY Rising Housing Recovery Program (the Program), I/we (the Owner(s)) hereby certify that:

____ I/We owned the Storm Damaged Property and occupied it, as our primary residence, during one or more of the following Periods of Eligibility:

- Hurricane 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

____ I/WE are applying for Interim Mortgage Assistance (IMA) AND since the relevant Period of Eligibility [**check as applicable**]:

____ I/we have received a reduction in my property taxes, and it is reflected in the most recent mortgage statement that I've provided to the Program.

____ I/we have received a reduction in my property taxes, but it is not reflected in the most recent mortgage statement that I've provided to the Program. (Attach record of decision)

____ I/we have submitted a request for a reduction in property taxes through the property tax grievance process, but have not yet received a decision. I hereby promise to submit a record of decision to my customer representative, within 3 business days of my/our receiving one.

____ I/we have not submitted a request for a reduction in property taxes for damage resulting from Hurricane Sandy, Hurricane Irene or Tropical Storm Lee.

IMA TAX ASSESSMENT CERTIFICATION FORM

Owner Last Name _____ Application Number _____



By executing this Interim Mortgage Assistance Tax Assessment Certification, you acknowledge and understand 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 Interim Mortgage Assistance Tax Assessment Certification, you 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____.

PROPERTY OWNER(S):

IMA TAX ASSESSMENT CERTIFICATION FORM

Owner Last Name _____ Application Number _____



NY RISING HOUSING RECOVERY PROGRAM INTERIM MORTGAGE ASSISTANCE

CERTIFICATION REGARDING DUPLICATION OF BENEFITS

INSTRUCTIONS: The Interim Mortgage Assistance Program is intended to help New York homeowners who were displaced from their primary residences as a result of Hurricane Sandy, Hurricane Irene, or Tropical Storm Lee (collectively, the “Storms”).

You may be eligible for assistance if (1) you have an outstanding mortgage on your primary residence, (2) you have been, are currently, or will be unable to occupy your primary residence due to Storm damage, AND (3) you have had to pay for temporary housing during that time. Your actual eligibility will be determined by the IMA program, following receipt of your IMA application and any required documentation.

This certification requires you, the Applicant(s), to inform the Housing Trust Fund Corporation (HTFC) if you’ve received or are entitled to any money or financial assistance from any other government agency (e.g. FEMA) or program, any insurance coverage, private, charitable organization (e.g. Red Cross) or any other source, to help you pay for either your temporary replacement housing or the mortgage on your primary residence because of damage sustained because of a Storm.

Note that by 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.

Owner(s) Name(s): _____

Storm Damaged Property Address: _____

City: _____ **County:** _____, New York

Zip: _____

IMA DOB CERTIFICATION FORM

Owner Last Name _____ Application Number _____



I/we hereby certify as follows (please check one from the category).

I/we received funds, for temporary replacement housing while displaced from the Storm Damaged Property which was my/our primary residence.

Yes_____ No_____

___I/we received funds, for mortgage assistance during the Period of Eligibility while displaced from the Storm Damaged Property which was my/our primary residence.

Yes_____No_____

CLAIMS INFORMATION:

If you answered “Yes” to either or both of the above questions please complete the following table or tables, using information from the relevant funding entity or entities. If necessary please add a separate sheet with additional information.

| | |
|---|-----------------------|
| Entity Name: | Total Funds Received: |
| Start Date of Funds: | End Date of Funds: |
| Funding Source Contact Number: | |
| Funding Source Contact Address: | |
| Was this Temporary Replacement Housing Assistance or Mortgage Assistance? | |

| | |
|---|-----------------------|
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By executing this Program Eligibility Certification, homeowner 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.

I/we hereby certify the truth and accuracy of the information contained herein.

OWNER: _____ Date _____

Print Name: _____

OWNER: _____ Date _____

Print Name: _____

IMA DOB CERTIFICATION FORM

Owner Last Name _____ Application Number _____