NYS Homes and Community Renewal
2019 Lake Ontario-St. Lawrence River
Flood Relief and Recovery Program Application

Applications must be postmarked no later than October 31, 2019 or submitted in person to the local not-for-profit administering the Program no later than 4:00pm on October 31, 2019.

The disclosure of information and submission of supporting materials related to this application is voluntary. However, failure to provide such may delay or prevent the applicant from receiving assistance.

Please use a secure method to send your documents, such as registered or certified mail. This ensures that you will receive confirmation that your application has been received.

Applicant Information:

Name of Applicant (property owner): _____

Name of Co-Applicant (if applicable): _____

Damaged Property Information:

Street Address: _____

City/Town: _____ County: _____

Mailing Address (if different): _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

Household Information:

List all household members including yourself (If more than 5 people, use additional sheet).

Full Name (Please Print)	**Disabled or Over Age 60**	**Date of Birth**
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

1. Is the damaged property your primary residence? ☐ Yes ☐ No
2. Are all tax payments current on the residence? ☐ Yes ☐ No
3. Are mortgage payments current on the residence? ☐ Yes ☐ No ☐ N/A
4. Do you have insurance (homeowners, mobile home, flood, etc.)? ☐ Yes ☐ No
5. Did you receive, or do you have an application pending for insurance reimbursement, or assistance from a government entity related to damages or losses incurred related to the property for which you are applying? ☐ Yes ☐ No
   If so, please explain: _____

   _____

_____

_____

_____

6. Please check the types of damage the property sustained below:
   - ☐ Home
   - ☐ Water and/or sewer/septic systems
   - ☐ Shoreline
   - ☐ Other property damage
7. Please describe the damage sustained, including the type of home (single family home, mobile home, etc.): _____

_____

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_____

The following documents must be submitted by all applicants. Please do not send originals.

Apply by the October 31, 2019 deadline even if you are awaiting estimates, permits or other documentation.

- ☐ Completed and signed application form
- ☐ Proof of identity (copy of the social security cards, driver's license or birth certificates for all household members)
- ☐ Proof of primary residency (see Program Guidelines for comprehensive list)
- ☐ Copy of Deed
- ☐ Evidence of current homeowner's insurance
- ☐ Copy of most recently paid property taxes, including county, school, village
- ☐ Statement showing mortgage is paid to date, if applicable
- ☐ Utility bill
- ☐ Estimates for work to be done. If emergency repairs had to be completed, please provide a copy of the invoice marked paid as well as proof of payment. Please also provide before and after pictures to substantiate the scope of work.
- ☐ DEC Permits or Letters of No Jurisdiction

Please Read, Sign and Date

I swear and/or affirm that the information given on, or in conjunction with, this application is true and correct. I realize that any false statements or other misrepresentations knowingly made by me in connection with this application and subsequent requests for information may result in my being found ineligible for the assistance paid to me or on my behalf. Additionally, any false statements or misrepresentation knowingly made by me for purposes of obtaining assistance under this program may result in action(s) which may subject me to civil/and or criminal penalties, and/or the recapture of grant funds. I understand that by signing this Application/Certification, I consent to any investigation to verify or confirm the information I have given and any other investigation or inspection by any authorized government agency in connection with this request for assistance. I consent to allow the information provided on this application to be used in referrals to other housing assistance programs. I consent to the release of photographs and information related to work provided in conjunction with these grant funds.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Submit Completed Application to the Local Program Administrator Serving Your County

Cayuga, Monroe and Wayne Counties
Sheen Housing
1 Wellness Way
Post Office Box 460
Bloomfield, NY 14469
Phone: 585-657-4114
Website: https://sheenhousing.org/
Email: sheen2LOC@gmail.com

Niagara County
Niagara Falls Neighborhood Housing Services, Inc.
479 16th Street
Niagara Falls, NY 14303
Phone: 1-833-HomeToMe (1-833-466-3866)
Website: https://nfnhs.org/2019-lake-ontario-flood-recovery/
Email: Flood@nwcpniagarafalls.org

Orleans County
The Housing Council at PathStone, Inc.
75 College Avenue, Suite 412
Rochester, NY 14607
Phone: 585-546-3700
Website: https://www.thehousingcouncil.org/home
Email: FloodRelief@pathstone.org

Jefferson, Oswego and St. Lawrence Counties
Neighbors of Watertown, Inc.
112 Franklin Street
Watertown, NY 13601
Phone: 315-782-8497
Website: https://www.neighborsofwatertown.com/
Email: floodinfo@neighborsofwatertown.com

FOR OFFICE USE ONLY

Date Received: _____ Reviewed by: _____ Date: _____