

New York State
Division of Housing and Community Renewal
Office of Community Development

DHCR Applicant Registration Form

A. General Applicant Information:

Legal Name of Organization or Individual: _____

Federal Identification/Social Security Number: _____

DOS Charitable Organization No.: _____

Fiscal Year End Date (MM/DD) /

Acronyms and/or Aliases: _____

B. Type of Applicant - Check ALL that apply

- | | |
|---|---|
| <input type="checkbox"/> 01 Individual | <input type="checkbox"/> 16 Charitable Organization |
| <input type="checkbox"/> 02 Neighborhood Preservation Company | <input type="checkbox"/> 17 Financial Institution |
| <input type="checkbox"/> 03 Rural Preservation Company | <input type="checkbox"/> 18 Mobile Home Resident Association |
| <input type="checkbox"/> 04 Local Program Administrator | <input type="checkbox"/> 19 Mobile Home Park Cooperation |
| <input type="checkbox"/> 05 Public Housing Authority | <input type="checkbox"/> 20 Native American Tribal Organization |
| <input type="checkbox"/> 06 Housing Development Fund Co. | <input type="checkbox"/> 21 Partnership (Not Limited) |
| <input type="checkbox"/> 07 Town Government | <input type="checkbox"/> 22 NYS Agency |
| <input type="checkbox"/> 08 Village Government | <input type="checkbox"/> 23 Public Benefit Corporation |
| <input type="checkbox"/> 09 City Government | <input type="checkbox"/> 24 Limited Partnership |
| <input type="checkbox"/> 10 County Government | <input type="checkbox"/> 25 Community Housing Development |
| <input type="checkbox"/> 11 Municipal Designee | <input type="checkbox"/> 26 Tax Exempt Status (501(C)(3) |
| <input type="checkbox"/> 12 Non-Profit Corporation | <input type="checkbox"/> 27 Limited Liability Corporation |
| <input type="checkbox"/> 13 Limited Profit Corporation | <input type="checkbox"/> 28 Section 8 Administrator |
| <input type="checkbox"/> 14 For Profit Corporation | <input type="checkbox"/> 29 Weatherization Subgrantee |
| <input type="checkbox"/> 15 Unincorporated Association | |

C. Applicant Phone and Internet Data:

Phone Number: () - Ext.: _____

Fax Number: () - _____

Email Address: _____

URL: _____

D. Applicant's Primary Mailing Address

_____	_____	
PO Box	Extra Address Info Such As In Care Of, Building Name...	
_____	_____	_____
Street Number	Street Name	Street Suffix
_____	_____	_____
Room Number	City	County
_____	_____	_____
State	Zip Code	

E. Applicant's Primary Contact Person:

_____	_____	_____
Last Name	First Name	Middle Initial

Title		

F. Other Applicant Principals - If applicable, please enter the Names & Titles of the Applicant's Executive Director, Chairperson, Board President, N/RPC Contact Person, and Weatherization Program Contact Person.

_____	_____	_____
Last Name	First Name	Middle Initial

Title		

_____	_____	_____
Last Name	First Name	Middle Initial

Title		

_____	_____	_____
Last Name	First Name	Middle Initial

Title		

_____	_____	_____
Last Name	First Name	Middle Initial

Title		

_____	_____	_____
Last Name	First Name	Middle Initial

Title		

G. Security Manager Designation for Web-based Applications.

If you intend to submit an application for funding to DHCR over the internet, or use the CD Online (CDOL) Applications System for any other purpose, you must designate a Security Manager to authorize and monitor access to the System. You may also designate a second Security Manager if you wish. The Security Manager's responsibilities include:

1. designating on-line those employees (System Users) who will be allowed access to the CD Online (CDOL) Applications System ;
2. ensuring that each System User is assigned the appropriate permissions within the CDOL;
3. notifying System Users of their User IDs and initial passwords, and stressing the necessity to keep their passwords strictly confidential at all times;
4. keeping the System User's information current;
5. resetting System User's passwords as necessary; and
6. inactivating System Users as necessary.

Security Manager 1 Information:

(Last Name) (First Name) (Email Address)
Is this person authorized to electronically certify and submit applications on behalf of the applicant? Yes No

Security Manager 2 Information:

(Last Name) (First Name) (Email Address)
Is this person authorized to electronically certify and submit applications on behalf of the applicant? Yes No

Applicant Certification

I certify that I am authorized to file this form with the New York State Division of Housing and Community Renewal (DHCR) on behalf of the corporation/municipality/firm/person/association/partnership, and to execute all necessary documents.

I certify that all of the data contained on this Form is true, complete and correct to the best of my knowledge and belief. I will report any changes or additions to the information provided in this Form, and will furnish such further documentation or information as maybe requested by DHCR.

I further certify that I am authorized to designate the person named in Section G of this Form as the Applicant's Security Manager for the CD Online Applications System, and that it is my responsibility to notify DHCR immediately if this person leaves the Applicant's employ.

(Last Name) (First Name) (Email Address)

(Title) (Signature)

Date: / /

Mail Completed Forms to:
NYS DHCR
MSR Unit, Room 603S
Hampton Plaza 38-40 State Street
Albany, NY 12207