

**New York State Homes and Community Renewal  
SHARS Applicant Registration  
Form**

**A. General Applicant Information:**

Legal Name of Organization/Municipality	
Federal Identification #	
DOS Charitable Organization #	
Fiscal Year End Date (MM/DD)	
Acronyms and/or Aliases	

**B. Type of Applicant - Check ALL that apply**

- |  |  |
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| <ul style="list-style-type: none"> <li>01-Individual</li> <li>02-Neighborhood Preservation Company</li> <li>03-Rural Preservation Company</li> <li>04-Local Program Administrator</li> <li>05-Public Housing Authority</li> <li>06-Housing Development Fund Co.</li> <li>07-Town Government</li> <li>08 Village Government</li> <li>09-City Government</li> <li>10—County Government</li> <li>11-Municipal Designee</li> <li>12-Non-Profit Corporation</li> <li>13-Limited Profit Corporation</li> <li>14-For Profit Corporation</li> <li>15-Unincorporated Association</li> </ul> | <ul style="list-style-type: none"> <li>16-Charitable Organization</li> <li>17-Financial Institution</li> <li>18-Mobile Home Resident Association</li> <li>19-Mobile Home Park Cooperation</li> <li>20-Native American Tribal Organization</li> <li>21-Partnership (Not Limited)</li> <li>22-NYS Agency</li> <li>23-Public Benefit Corporation</li> <li>24-Limited Partnership</li> <li>25-Community Housing Development</li> <li>26-Tax Exempt Status (501(C)(3))</li> <li>27-Limited Liability Corporation</li> <li>28-Section 8 Administrator</li> <li>29-Weatherization Subgrantee</li> </ul> |
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**C. Applicant Phone and Internet Data:**

Phone Number		Ext.		Fax Number	
Email Address					
URL					

**D. Applicant's Primary Mailing Address:**

Full Street Address				Room/Suite #	
P.O. Box (if applicable)		City			
State		Zip		County	

**E. Applicant's Primary Contact Person:**

Last Name		First Name	
Title		Email	

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

Last Name		First Name	
Title		Email	
Last Name		First Name	
Title		Email	
Last Name		First Name	
Title		Email	
Last Name		First Name	
Title		Email	
Last Name		First Name	
Title		Email	

Email completed form to: [OCRInfo@hcr.ny.gov](mailto:OCRInfo@hcr.ny.gov)  
Please add in the "Subject" line of the email "SHARS Registration form.