New York State Homes and Community Renewal
SHARS-CDOL 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 <u>ALL</u> that apply

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

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	

G. **Security Manager Designation for Web-based Applications:**
In order to submit an application for funding to the Office of Community Renewal (OCR) using the Community Development Online (CDOL) Applications System, 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 CDOL;
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,
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

Full Name	
Email Address	
Is this person authorized certify and submit Applications?	☐ Yes ☐ No

Security Manager 2 Information

Full Name	
Email Address	

Is this person authorized certify and submit Applications?	☐ Yes ☐ No

Applicant Certification:

I certify that I am authorized to file this Form with DHCR/HTFC 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 may be requested by DHCR/HTFC.

I further certify that I am authorized to designate the person(s) named in this Form as the Applicant's Security Manager(s) for the CDOL, and that it is my responsibility to notify DHCR/HTFC immediately if this person leaves the Applicant's employ.

_____   _____   _____
Signature of certifying representative   Title   Date

_____   _____
Name   Email Address

Email completed form to: **OCRInfo@hcr.ny.gov**
Please add in the "Subject" line of the email "CDOL Security Manager Request Form"
Once the form is processed the username and passwords will be emailed to the designated Security Managers.