Housing Trust Fund Corporation
Office of Community Renewal Returned Funds Coversheet

INSTRUCTIONS
Provide all Project and Building Information requested below. All checks should be made payable to the: Housing Trust Fund Corporation. Include the SHARS ID or Project # and the building address in the Memo section of the check.

Mail this form and the check to:
NYS Housing Trust Fund General
Box 8000 Department 573
Buffalo, NY 14267-0002

Please contact your OCR program administrator for approval prior to the return of any funds.

PROJECT INFORMATION:

Today's Date:		Amount:	
SHARS ID or Project #:		Check #:	
Program Name	Plus One ADU		
LPA/Organization Name:			
Person completing form:		Phone: ( ) ext.	
OCR staff who approved this return and date of approval:			

LIEN RELEASE REQUEST:

☐ If the security instrument attached to the above project is in the name of New York State or Housing Trust Fund Corporation and release of Lien is required, please indicate here by checking the box.

- Attach a copy of all pages of the executed and filed security instrument. Indicate where to email the release and mail the hard copy to be filed. *(Contact name, Address, Phone number)*

NOTE: If the security instrument is in the name of the organization, municipality, or LPA, the lien release should be prepared by them directly.

BUILDING INFORMATION:

Program Beneficiary Name:			
Building Street Address:		ZIP Code:	
City:	County:		
IDIS Activity #:			
Description of reason for return/recapture of funds and date of the event.			

HCR Office Use Only

Funds Type:	SELECT ONE
Recapture:	*Funds disbursed for program activity, sent back for non-compliance with regulatory term, property sale.*
Return:	*Funds disbursed not assigned to a program activity and not used. Returned to HCR because it's unused, or program terminated early.*
Repayment:	

SHARS Program Code:

HCR Program Contact Name:

Comments: