NEW YORK STATE | Homes and Community Renewal
Housing Trust Fund Corporation

Office of Community Renewal
Program Applicant Certification

☐	Agree	☐	Do Not Agree	I am a member of the Applicant organization, or an authorized representative, have been designated as the signatory authorized to execute a contract if awarded through this application, and have the authority to make these certifications for the proposed program.
☐	Agree	☐	Do Not Agree	The Applicant organization is authorized to carry out the proposed activities, is familiar with, and will comply with all applicable statutes, rules, and regulations established.
☐	Agree	☐	Do Not Agree	The Office of Community Renewal (OCR) is authorized to forward this application to any other State agency which administers a program for which a funding request is indicated in this application.
☐	Agree	☐	Do Not Agree	The information and supporting documentation contained in this application is true, complete, and accurate to the best of all knowledge. Falsification of information now or in the future will result in the disqualification of application, denial of funding, rescinding of subsequent award and contract, and/or required repayment of funds disbursed for any OCR Program.
☐	Agree	☐	Do Not Agree	The Applicant organization is obligated to notify OCR, in writing, within five (5) business days of any subsequent events or information which would change any statements or representations submitted with this application or would impact the Applicant organization's ability to carry out this award. This includes notification of any change of staff related to the program award and administration.
☐	Agree	☐	Do Not Agree	No member of the Board of Directors or staff of the Applicant organization will directly or indirectly benefit financially from administration of the program. Any matter regarding any potential conflict of interest or appearance of impropriety arising in connection with this program must be disclosed at the time of application or when the conflict is identified.
☐	Agree	☐	Do Not Agree	The Applicant organization will disclose in this application if it or any of its affiliates has filed for bankruptcy in the last seven (7) years. OCR reserves the right to deny the Applicant organization's request for funding based on concerns for the Applicant organization's overall fiscal health and / or capacity.
☐	Agree	☐	Do Not Agree	The Applicant organization has not experienced any of the following and shall notify OCR within five (5) calendar days after obtaining knowledge of: a) the commencement of any investigation or audit of its activities by any governmental agency, specifically housing discrimination; or b) the alleged default by the Applicant organization under any mortgage, deed of trust, security agreement, loan agreement or credit instrument executed; or c) the allegation of ineligible activities, misuse of any award, or failure to comply with the terms of the Application. Upon receipt of such notification, OCR may, in its discretion, withhold or suspend payment of some or all of the Award and reserves the right to deny application for funds for any OCR program.

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☐	Agree	☐	Do Not Agree	Neither the Applicant organization, nor any principal, partner, or staff member of the Applicant organization has experienced default, non-compliance, debarment, suspension or termination of funds, or been otherwise restricted by DOL, HUD, USDA, ESDC, HFA, HTFC, DHCR, AHC or other federal, state, or local authority. Applicant organization does not have unresolved findings raised as a result of audits, management reviews, or other investigations concerning projects, contracts, or programs for which the Applicant organization is involved, and Applicant organization has not been the subject of a claim under employee fidelity insurance.
☐	Agree	☐	Do Not Agree	As a condition of award, OCR may seek to verify certain financial, credit and related information contained in the application concerning the project Applicant organization and other members of the project /program team.
☐	NA	☐	Attached	If the Applicant organization is unable to select “Agree” to any of the items or must disclose information required by the clause a detailed explanation must be provided as an attachment to this form.
HOME & CDBG Applicants Only:				
☐	Agree	☐	Do Not Agree	As an applicant of a federal award, I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.
☐	Agree	☐	Do Not Agree	As an applicant of a federal award, I certify to promptly disclose whenever, in connection with the Federal award (including any activities or subawards thereunder), credible evidence exists of the commission of a violation of Federal criminal law involving fraud, conflict of interest, bribery, or gratuity violations found in Title 18 of the United States Code or a violation of the civil False Claims Act (31 U.S.C. 3729-3733).

_____
Signature

_____
Printed Name

_____
Title

_____
Applicant Organization Name