New York State HOME Program

FY 2026

Community Development Online (CDOL)

HOME Application Instructions

NEW YORK STATE OF OPPORTUNITY. | Homes and Community Renewal

Table of Contents

I. New York State HOME Program 1
Program Description 1
Eligible Applicants 1
II. Community Development Online (CDOL) Application System 1
Registering Applicant & Security Manager 1
III. Identifying and Registering Organization's Electronic Signatory 2
Verifying Applicant Information 3
IV. Application Overview 3
Contents of Application 3
Application Process 4
V. Completing Application Exhibits 4
Creating a New Application in CDOL 4
Application Exhibit Navigation 4
VI. Exhibit 1 - Application Summary 5
Exhibit 1A. Funds Requested and Activities/Uses 5
Exhibit 1B. Applicant Information 8
Exhibit 1C. Program Detail Information 9
VII. Exhibit 2 – Proposal and Program Design 10
Exhibit 2A. Program Abstract 10
Exhibit 2B. Area Median Income 11
Exhibit 2C. Service Area 12
Exhibit 2D-2G 13
Exhibit 2D. Housing Rehabilitation 13
Exhibit 2E. Homeownership Assistance 15
Exhibit 2F. Manufactured Housing Replacement 17
Exhibit 2G. Tenant Based Rental Assistance 19
Exhibit 2H. Waitlist 20
Exhibit 2I. Program Regulations 21
VIII. Exhibit 3 Organizational Capacity 22
Exhibit 3A. Key Staffing 22
Exhibit 3B. Relevant Experience 23
Exhibit 3C. Administrative Experience 23
IX. Exhibit 4 – Budget/Financing Plan 24
Exhibit 4A. Budget Narrative 24
X. Validating Application Exhibits 24
XI. Applicant / Owner Certification 25

Certifying Application Exhibits 25
XII. Application Attachments 25
Attachment Instructions 26
XIII. Uploading & Certifying Attachments 26
Uploading Attachments 26
Submitting and Certifying Application Attachments 27

I. New York State HOME Program

Program Description

HOME Investment Partnership Program funds are allocated annually to New York State by the U.S. Department of Housing and Urban Development (HUD). The NYS HOME Program is administered by the Housing Trust Fund Corporation through the Office of Community Renewal (OCR). The program funds a variety of residential housing activities to expand the supply of decent, safe, and affordable housing throughout the State of New York.

Eligible Applicants

Eligible applicants for this funding round are units of local government to include counties, cities, towns and villages, agencies or instrumentalities of government, such as Urban Renewal Agencies or Community Development Agencies, established pursuant to legislation and designated by the chief executive to act on behalf of the jurisdiction, non-profit organizations incorporated under State Non-Profit Corporation Law, and Public Housing Authorities. Note that Public Housing Authorities are not units of local government, as defined by HUD, and should therefore apply as non-profit organizations.

While all areas of New York State are eligible, programs located within another HOME Participating Jurisdiction, should provide evidence of funding commitments from the alternate local HOME PJ. Thus, showing the leveraging of additional funds for their program and reducing the amount of funds needed from the NYS HOME Program.

To be eligible to apply, applicants must have been in existence for at least one year prior to application, providing recent and relevant residential housing services to the community and in good standing with all required registrations and other funding sources.

Applicants that are 1) not up to date with charities bureau registration or other required filings, 2) on a funds suspended or debarment list or 3) in default or non-compliant with existing HCR contracts are not eligible to apply.

II. Community Development Online (CDOL) Application System

Applications for NYS HOME Program funding are submitted through the Community Development Online (CDOL) application system. Applicants may make a request, based on demonstrated need, to submit a paper application in lieu of using the CDOL.

Requests for approval to submit a paper application must be sent to ocrinfo@hcr.ny.gov.

NYS HOME Program Application exhibits and attachments must be submitted *and certified* in the CDOL system by 4:00 PM (EST) Thursday September 17, 2026.

Applications and supplemental materials received after the stated deadline will be considered a late submission and will not be accepted or reviewed.

Registering Applicant & Security Manager

Please review the following to confirm that the applicant organization is prepared to use the CDOL system.

To use CDOL, applicants must:

- Be registered in the New York State Homes and Community Renewal (HCR) Statewide Housing Activity Reporting System (SHARS)

- Have designated a Security Manager for their organization. The Security Manager will serve as the individual who authorizes and monitors access to CDOL for the applicant's organization, including which people can update the organization's applications. Security Managers may go into CDOL system and add or remove users for their organization.

Forms are available on HCR's website: https://hcr.ny.gov/community-development-online.

A. **If the organization has not previously applied for funding:**

Submit an Applicant Registration Form to register as a SHARS Applicant AND CDOL a Security Manager Registration Form following directions on the form itself. OCR staff will register the organization and Security Manager and e-mail a USER ID and password to access CDOL.

B. **If the organization is a registered SHARS applicant, but has not registered to use CDOL:**

Complete and return the Security Manager Registration Form with an original authorized signature to the address specified on the form and OCR will e-mail a User ID and temporary password with which to access the CDOL system.

C. **If the organization has previously used the CDOL system to apply for funding:**

Applicants who used CDOL in the past will still be registered and may use the user ID and password previously assigned to them. To retrieve a forgotten password, go to CDOL and enter the USER ID and e-mail address. A new password will be automatically e-mailed. If the email address associated with the USER ID has changed, and the password or USER ID has been lost, please send an email to **ocrinfo@hcr.ny.gov** for assistance.

III. Identifying and Registering Organization's Electronic Signatory

Applications submitted through the CDOL system must be electronically certified by an authorized representative of the applicant's organization. The person who will certify the application must be set up in CDOL as a user for the applicant organization. The Security Manager (identified on the Security Manager Registration Form) may add the certifier by following these steps:

1. Log into CDOL and click on the User Administration link at the top of the page. The organization name will be displayed with a list of CDOL users.

2. To add the organization's authorized signatory, click 'Add New User', and enter their first and last name, and e-mail address.

3. Select their access level from the drop-down box. Applicant inquiry allows the user to view but not change the application. Applicant update allows the user to make changes to the application.

4. Click the box that reads 'Authorized to Sign Certification'

5. Click the box next to the organization name. Then click 'Submit'.

6. CDOL will generate an e-mail providing the user with their User ID and temporary password. Later, when the application exhibits are complete, validated, and ready to be submitted, the certifier must log-in to the CDOL, complete the certification, and submit the application exhibits. Required application attachments must also be certified prior to submission.

Verifying Applicant Information

Prior to beginning a new application using the CDOL system, the applicant organization must verify and update the organization information. To do so, log in and from the CDOL Main Menu, select the 'View' button to the right of the organization's name, under the 'Organization' heading. A pop-up window will appear with the organization information HCR has on file. If any of the information displayed is incorrect or needs updating, close the pop-up window and select the 'Edit' button to the right of the organization name. Please be sure to include the name and mailing address for the contact authorized to execute a contract with HTFC. It is important for HCR and HTFC to know where to mail potential award and contract materials.

An organization may update its organization information in CDOL at any time but may not change the organization information on the application once it has been submitted.

CDOL Applicant Information Fields to review and verify:

1. General Applicant Information
   - If applicable, the applicant's Department of State (DOS) Charities Registration Number.
   - The month and day of the applicant's fiscal year end date (for example: 12/31).
   - Any aliases or acronyms the organization is also known as.

2. Type of Applicant
   Select each applicable applicant type.
   If applicable, add or correct the date of the non-profit applicant's legal incorporation.

3. Phone and Internet Data
   - If necessary, edit the applicant's telephone and fax numbers, e-mail address and URL.

4. Mailing Address (es)
   - If necessary, edit the applicant's primary mailing address in D1. If the mailing address for correspondence related to this application differs from the primary address, add the address in Section D2. The applicant will be able to select the address to which the award decision or contract correspondence should be mailed.

5. Primary Contact
   - If necessary, edit the name, title, phone number, extension, and e-mail address of the person who is the primary contact for the organization. This person must have the authority to legally represent the applicant.

6. Other Principals
   - If necessary, edit or add principal organizations or employees of the applicant organization. For example, the Executive Director, CEO, Board President, or general partner.

IV. Application Overview

Contents of Application

A complete NYS HOME Program application includes four (4) exhibits, an electronic certification, and up to three (3) possible attachments.

Exhibits:

Exhibit 1 – Application Summary

Exhibit 2 – Proposal and Program Design

Exhibit 3 – Organizational Capacity

Exhibit 4 – Budget/Financing Plan

Attachments:

Attachment 1 – Grant Verification Form(s) (Optional)

Attachment 2 – Vender Responsibility Questionnaire (VRQ) (Required for non-profits)

Attachment 3 – Office of Community Renewal Program Applicant Certification (Required)

Application Process

The submission of a NYS HOME Program application via CDOL requires five steps:

1. Completing four (4) online application exhibits.
2. Validating online application exhibits.
3. Certifying and submitting online application exhibits.
4. Uploading and submitting three (3) attachments.
5. Certifying attachments.

V. Completing Application Exhibits

Do not enter zero '0' in exhibit fields. If funds are not requested for a particular Activity, please leave the field blank.

Creating a New Application in CDOL

1. Log in to CDOL https://hcr.ny.gov/community-development-online

2. Select 'HOME LPA' from the 'Application Type' drop-down menu.

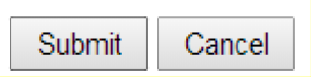
3. Next to 'Start a New Application' under the 'Applications' **heading, enter a distinct name** for the proposed program. If awarded, the Application Name entered here will be used to label contract materials and to describe the program throughout the contract term.

4. Select 'Submit' button.

   A table of contents will be displayed with a list of all NYS HOME Program Application Exhibits broken down by **individual screens in CDOL**. **Instructions for** completing each exhibit follow.

Application Exhibit Navigation

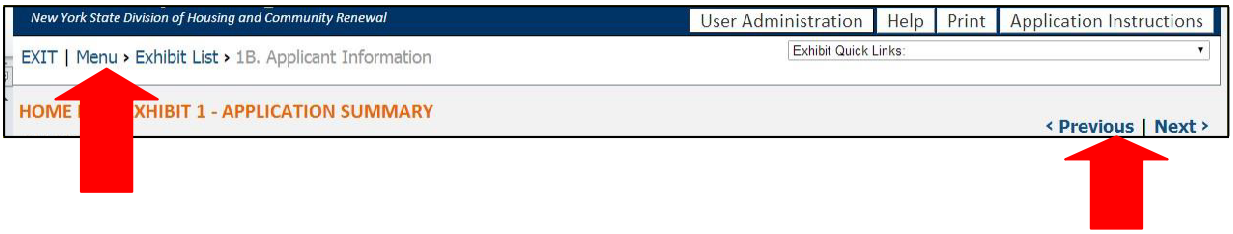
Complete the required fields for each Exhibit as explained below in the detailed instructions that follow. Once the information is entered in each field, and the exhibit is complete, select 'Submit' at the bottom of the screen.



1. If the Exhibit is complete and accurate, a message will appear at the top of the screen in green to notify the applicant that the 'Updates have been successfully saved'.

2. If errors are present in the Exhibit, a message will appear in red at the top of the screen, and individual error messages will appear under the fields causing the error message(s). Follow instructions to correct the error(s) and select 'submit' again.

Once the message 'Updates have been successfully saved,' is displayed Select the 'Next' navigation button at the top right of the screen to move to the next application Exhibit.



DO NOT use the internet browser back and forward buttons to navigate in CDOL. Use the Previous and Next links in the top right of the screen, or the Menu and Exhibit List links in the top left of the screen. If an applicant uses the browser back and forward buttons, application information may be lost.

VI. Exhibit 1 - Application Summary

Select 'Edit' on line 1A to begin completing the application fields.

Exhibit 1A. Funds Requested and Activities/Uses

Please refer to the Budget Policy in the HOME General Admin Plan and Budget Worksheets posted on the HCR HOME Program website (https://hcr.ny.gov/nys-home-program) when creating the program budget. Be sure to select the correct activity in the Budget Worksheet and formulate a budget. The final budget amount should equal the amount requested in this section.

1. **Local Program Name:**
A Program Name was entered on the main menu when the application was created. The Program Name will auto populate from the main menu into this field; however, a new name can be created using this field. Please enter a brief, descriptive name. If awarded, the Program Name entered here will be used to label contract materials and to describe the program throughout the contract term, e.g., City of Sample 2020 HOME Program.

2. **HOME LPA Funds Requested:**
This field will be automatically filled based on responses entered in fields below.

3. **HOME LOCAL Program Information**

a. Indicate if the application is proposing an eligible CHDO set-aside activity. Yes or no.

b. HOME Program Activities/Uses of Funds:
Identify the Activity or Use of Funds proposed in the application. Enter the number of households for TBRA or number of units for all other activities that will be assisted and the dollar amount (rounded to the nearest dollar) of HOME funds requested. Staff costs of project delivery, administrative costs and any other funding sources should be identified in the table.

Use the information and limits below to complete this section. Applicants should utilize the HOME General Admin Plan Budget Policy section and the HOME Budget Workbook available on the HCR HOME Program website (https://hcr.ny.gov/nys-home-program) when creating the program budget.

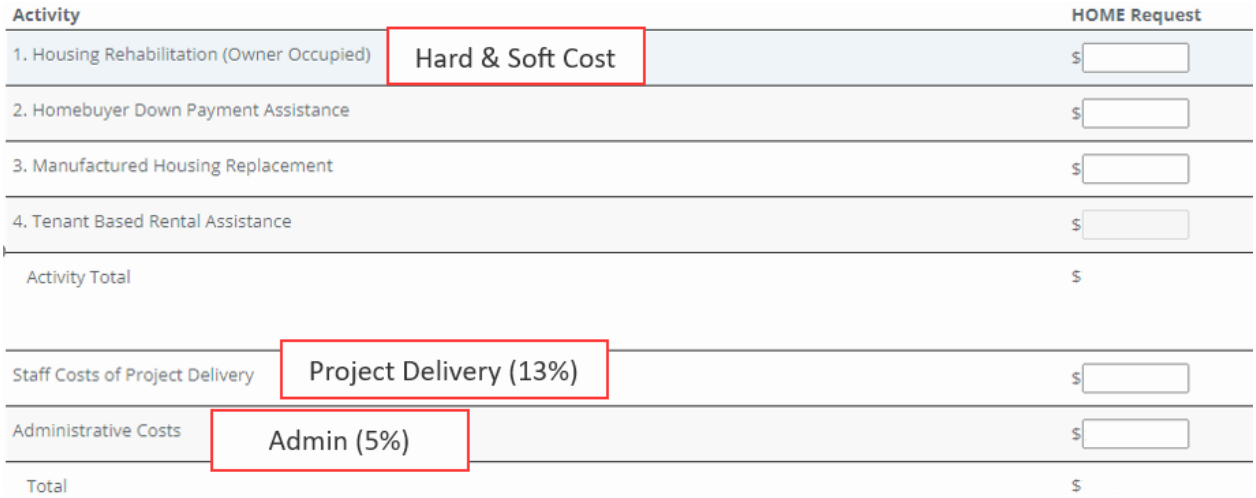
Do not enter zero ‘0’ in exhibit fields. If funds are not requested for a particular Activity, please leave the field blank.

ELIGIBLE ACTIVITIES, MAXIMUM AWARD AMOUNTS, MAXIMUM PER UNIT AMOUNTS:

Note: the activity amount entered in rows 1-4 should not include staff costs of project delivery or administrative costs, as those are separate line items on the table. All activities require a minimum request of $100,000.

Note: Once an activity is selected (screenshot 1) and data is entered into the correlating exhibits (screenshot 2), it cannot be changed. A new application will have to be created if need to change budget items.

Screenshot 1:



Screenshot 2:

1. **Housing Rehabilitation**
   Funds may be requested for the moderate repair or rehabilitation of an owner-occupied standard single-family dwelling and/or manufactured homes produced after July 1, 2006. All assisted owner-occupied households must at or below 80% of AMI. All HOME assisted units must meet NYS and/or Local Code upon completion of construction activities. Applicants that wish to assist rental units as a part of their program must receive OCR approval prior to

submitting an application by contacting Homeprogram@hcr.ny.gov. The request must demonstrate applicant's superior knowledge of HOME rental requirements. Otherwise, rental units must be cost allocated out of the project and cannot receive funding.

Maximum Award up to $750,000
Maximum Per-unit for standard "stick built" homes up to $65,000
Maximum Per-unit for manufactured homes up to $30,000

2. **Homeownership Assistance with and without Rehabilitation**
All households assisted must be under 80% of area median income. Funds may be requested to assist homebuyers with down payment and/or closing costs to purchase a single family existing or newly constructed home, condominium, co-op or manufactured home sited on privately owned land to be owned by the homebuyer. Funds may also be requested as part of this same application to assist with housing rehabilitation for the home to be purchased in addition to down payment and/or closing costs assistance. The home must meet NYS and/or local Code prior to closing unless the unit will be rehabbed, then the unit must meet NYS and/or Local Code upon completion of construction activities. Applicants that wish to assist purchasing homes that include rental units must receive OCR approval prior to submitting an application by contacting Homeprogram@hcr.ny.gov. The request and must demonstrate applicant's superior knowledge of HOME rental requirements. Otherwise, rental units must be cost allocated out of the project and cannot receive funding.

Maximum Award up to $800,000 –
Maximum Per-unit Down Payment/Closing Cost only up to $80,000
Maximum Per-unit with Rehabilitation up to $100,000

3. **Manufactured Housing Replacement**
Funds may be requested to assist an owner-occupied household at or below 80% of AMI to demolish and dispose of a sub-standard manufactured or mobile home and replace it with a new manufactured home. Replacement with a stick-built home is not allowed.

The unit must be installed on the same lot and can replace a unit that was demolished within the last 12 months prior to the date of commitment. Assistance may be provided to replace manufactured homes in parks (where land is rented by the homeowner), parks cooperatives, or for homes sited on land owned by the homeowner. Programs may propose to provide assistance to specific manufactured home parks. Applicants that wish to provide both replacement of existing units and purchase new units for currently vacant sites must receive prior approval to apply by contacting Homeprogram@hcr.ny.gov.

Maximum Award up to $1,700,000 – Maximum Per-unit up to $170,000

4. **Tenant Based Rental Assistance (TBRA)**
Funds may be requested to provide the following to assist households at or below 60% of area median income:
- Rental assistance including utility costs
- Security deposits of up to one month's rent, provided as stand-alone assistance or in conjunction with a TBRA rental assistance
- Utility deposits (only in conjunction with rent or security deposits)

Renters living in single family units, condos, coops, or manufactured homes are eligible. Applications for one-time support to cover tenant security deposits and first month rent are highly encouraged. Applicants that can administer regional TBRA programs to promote greater geographic coverage are preferred. Partnerships with legal services, Section 8, and other related organizations exhibiting formal referral arrangements should be demonstrated.

Maximum Award up to $1,250,000 – Maximum Per-household (tenant) up to $60,000

NOTE: Applicants must select one (1) activity per application, as identified in Exhibit 1A section

3c. Homeownership Assistance
Required if applying for Homeownership Assistance.

HOME funds may be used to assist homebuyers with down payment assistance/closing costs and rehabilitation depending on the physical needs and condition of housing stock in the program area. Applicants must answer "Yes" to item 3c if the application includes HOME funds for rehabilitation.

It must still be noted throughout the application where applicable that minor rehabilitation will be included whether it will be funded by HOME or another source (ex. In the abstract, budget and budget narrative, etc.)

3d. Manufactured Housing Replacement
Required if applying for Manufactured Housing Replacement. Applicants must answer item "d" indicating if the program will be replacing units in parks.

3e. Housing Rehabilitation
Required if applying for Housing Rehabilitation. Applicants must answer item "e" indicating if the organization is a Weatherization Assistant Program provider.

3f. Subrecipient
Required for local government/municipal applicants to identify if a Subrecipient will administer any part of the proposed program. Specific to the HOME program, State Recipients (Cities, towns, counties, and villages) can further contract with and assign Subrecipients to carry out all or a portion of the proposed program. The Subrecipient must adhere to applicable Federal regulations.

The State recipient must provide justification for the Subrecipient structure and if awarded execute the applicable Subrecipient Agreement provided by HTFC that complies with HOME regulations and 2 CFR 200.

Note: A Subrecipient differs from a Contractor. A Contractor generally supplies goods and services, typically for a pre-determined fee, must be properly procured and is not responsible for administration of the award itself.

Select "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 1B. Applicant Information

If the applicant organization information has already been verified, as instructed above, limited fields on this screen require completion. These may include:

5b. If applicable, indicate whether or not all required periodic or annual written reports have been filed in a timely manner (non-profit applicants only).

5c. Enter the Unique Entity Identifier (UEI) assigned by SAM.gov for the associated with applicant entity. (REQUIRED)

- The Unique Entity ID is a 12-character, alphanumeric value generated while registering in

SAM.gov. If you are registered in SAM.gov (active or not), you already have a Unique Entity ID. It is viewable at SAM.gov. If you are new to SAM.gov and will be registering for the first time, you will get your Unique Entity ID during registration. Receiving this ID is required prior to contract execution.

- Use these instructions to look up your UIE number - GSAFSD Tier 0 Knowledge Base - How can I view my Unique Entity ID?

- The UEI must be:
    - Linked to the applicant organization
    - Registered with an address that matches the application
    - Shows that the SAM.gov registration is currently active
    - Publicly accessible so if awarded it can be verified by HCR upon contract execution

6. Select the Official Mailing Address for correspondence related to this application.

7. These fields will auto populate from the applicant organization information. If it did not populate, fill in the information.

8. Complete this section for the individual who will be the primary contact person for correspondence related to this application if awarded. **This person should be part of the applicant organization and not a consultant**. If this person also is the individual authorized to execute an agreement with the HTFC should the proposal be funded, select "Yes" next to that question. If "Yes" is selected do not complete question 9, an error message will occur. If "No" is selected completing question 9 is required. Please note for City, County, Town, or Village applicants only the Chief Elected. Official is authorized to execute a contract with HTFC.

9. If the contact selected as the primary contact is not authorized to execute a contract with Housing Trust Fund Corporation (HTFC), complete the fields to identify a contact who is authorized. Please note for City, County, Town, or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

Select "Submit" at the bottom of the screen and use the "Next" link in the top right to move to the next screen.

Exhibit 1C. Program Detail Information

1C-1. Counties/Municipalities

1. Program County: Select the county from the drop-down menu.
2. Countywide: Indicate if the program proposed is scattered site and will serve the entire county.
3. If 'yes' is selected for the above question, click 'submit' and go on to the next page.
   If 'no' is selected, choose the municipality to be served from the drop-down Municipality menu. Click 'submit'. The page will be redisplayed with the county name and selected municipality in a grid. If multiple municipalities are to be served, add another municipality by clicking the 'add' button at the bottom of the grid. The county and municipality drop-downs will become available again. Select the county and municipality and click 'submit'. Repeat this step until all program municipalities have been added.
4. If the program will serve multiple counties: Complete the steps outlined above. To add another county, click the 'add' button. When the page is redisplayed, select another county from the drop-down menu.

NOTE: Programs do not need to serve the same NPP or RPP service area.

Select “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

1C-2. Regional Council

Select the Regional Council(s) associated with the region(s) in which the program is located. Information is available for reference here: http://regionalcouncils.ny.gov
Select “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

1C-3. Latitude & Longitude

Enter the program latitude and longitude. Applicants must enter the latitude and longitude with enough digits to completely fill the question field. If the source used does not result in enough digits to completely fill the field, just add zeros at the end. Applicants may use online sources to obtain the Latitude or Longitude.

Using the link in CDOL Latitude and Longitude Finder, applicants can follow the instructions to obtain the data.

Note – the Longitude data is a negative number

- For a Program proposing assistance to a single address, or property, use that address to obtain the latitude and longitude for the program.

- For a Program in a single municipality, select an address in a central location to obtain the latitude and longitude for the application.

- For a Program spanning a county, multiple counties, select a central point, or use the address of the applicant organization’s office if centrally located.

Select “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

1D. Political Districts

Locate and click on the name(s) of the Assembly Member who represents the locality in which the program will be administered. Click on the top arrow to move the name into the box on the right. (A name can be removed by clicking on the bottom arrow). Repeat this as necessary for each Assembly, Senate and Congressional Representative who serves the program Municipality(ies).

Select “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

VII. Exhibit 2 – Proposal and Program Design

Exhibit 2A. Program Abstract

All applicants must complete this section. Follow the sample text provided to draft a brief abstract of the proposed program. **Please note, the abstract provided may be included in press materials.** This abstract should include but not be limited to the following information: Organization name, service area, requested amount of funds, main goal(s) of the program, proposed activity (Housing Rehabilitation, Homeownership Assistance, Manufactured Housing Replacement, Tenant Based Rental Assistance),

proposed unit goals, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served.

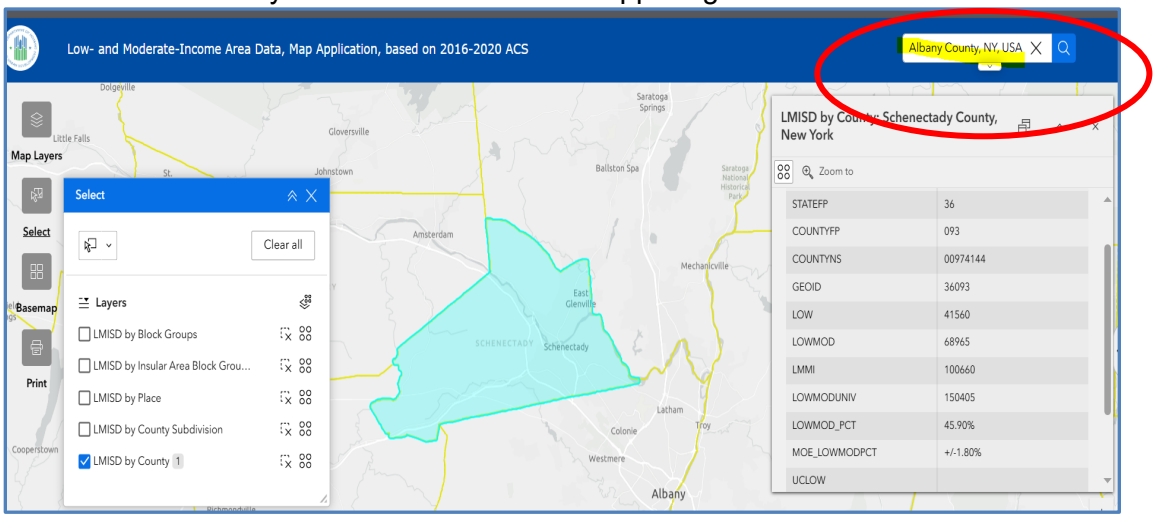
Sample text: The Sample Organization proposes to utilize $300,000 in HOME funds to provide renovations to approximately 15 low-income homeowners in the City of Sample. The program will also utilize $100,000 from the City of Sample and $50,000 from other grant sources (specify) to supplement the HOME funds for a total program cost of $450,000.
PLEASE NOTE: Applications are subject to public inspection following the completion of the funding round. Therefore, all information that is provided must be in a "blind" format. Do NOT provide information that identifies individual residents of the service area.

"Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

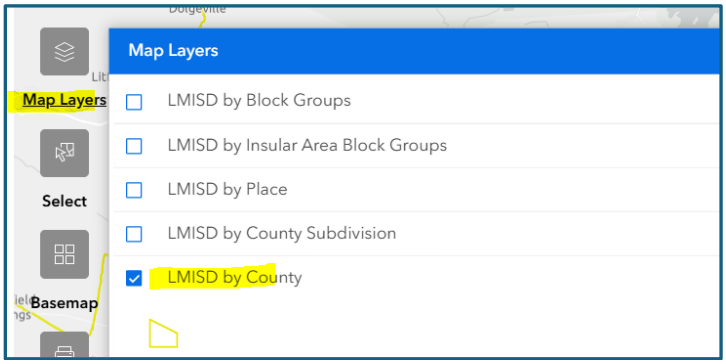
Exhibit 2B. Area Median Income

All applicants must complete this section. Using the HUD Low and Moderate Income (LMI) I Mapping tool as indicated below, enter the percentage of individuals below 80% AMI in the proposed service area.

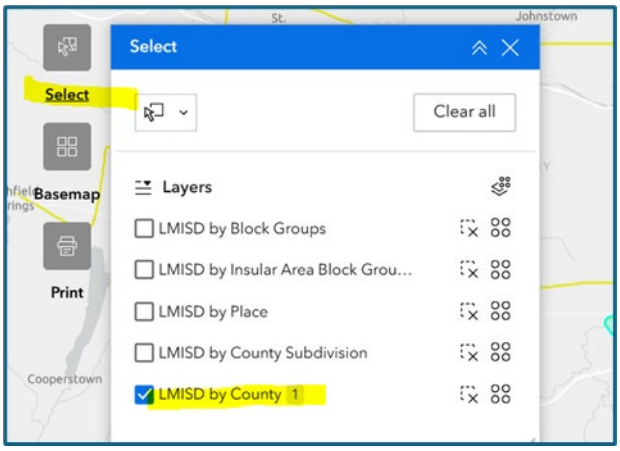
1. Access the HUD LMI mapping tool to access the data - LMISD Map Application 2016-2020
   Note: you may have to open the link in another web browser, separate from CDOL
2. Type the service area county in the search box in the upper right corner



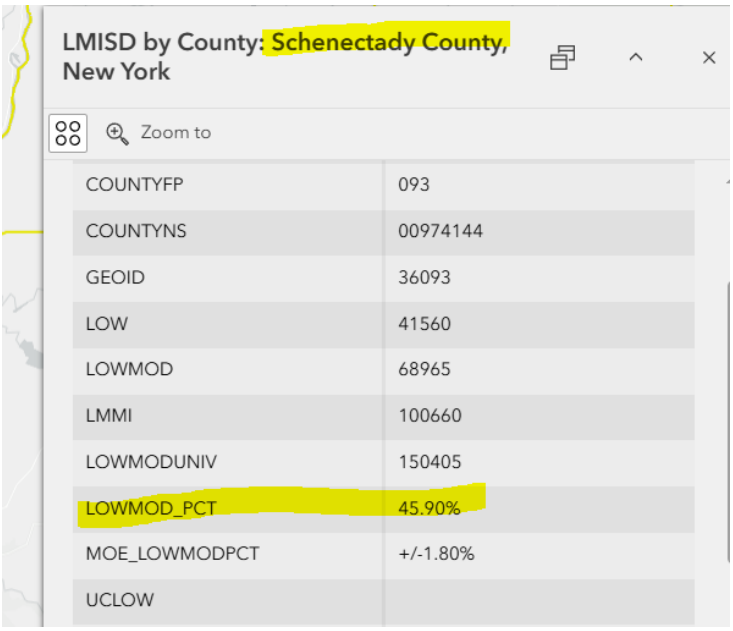
3. Set the Map Layers so that only the LMISD by County is checked if your services area covers an entire county. Or check the box for LMISD by County Subdivision is your service is a municipality.



4. Set the Select tool so just LMISD by County is checked if your services area covers an entire county. Or check the box for LMISD by County Subdivision is your service is a municipality.



5. Click on the service area county on the map, and a table will appear listing the income data
6. Ensuring that the correct service area county is selected, note the LMI percentage listed on the table. In this example it's 45.9%



7. Enter the LMI percentage in CDOL

If serving multiple counties, enter the average of all counties served in CDOL. Example – If serving 3 counties that have 20%, 35%, and 50% of individuals below 80% AMI, you would find the average of those 3 counties (35%).

Select "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 2C. Service Area

All applicants must complete the following narrative:

- Does the program cover a municipality(ies) designated as a Pro-Housing Community, or has the municipality(ies) submitted a Letter of Intent initiating the Pro-Housing Community certification process?
- Identify the targeted service area and explain how the proposed service area was selected
- Describe the services currently provided by the applicant in the proposed service area
- Explain how the proposed program will address the needs in the service area
- Explain the need for public investment, specifically why HOME funds are required to complete the proposed program

NOTE: If applying for MHR funds to be used in park(s), please answer the questions as they relate to the park(s) for the proposed program.

Select "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 2D-2G

These exhibits are based on based on the activity selected in Exhibit 1A.3.

2D – Housing Rehabilitation
2E – Homeownership (HOA Assistance
Note: If applying for DPA with Rehab, applicant must also complete Exhibit 2D
2F – Manufactured Housing Replacement
2G – Tenant Based Rental Assistance

NOTE: The non- applicable activity exhibits will still be viewable in CDOL but cannot be edited. Applicant should choose next to skip through non-applicable screens as needed.

Exhibit 2D. Housing Rehabilitation

To be completed by applicants requesting HOME funds for Housing Rehabilitation Activities

1. Need

Explain in narrative form the need for Housing Rehabilitation in the proposed service area including but not limited to:

- Percent of owner-occupied housing units
- Percentage of owner-occupied housing units built before 1980
- Median year structure built by tenure
- The current housing condition in your service area, including challenges that low-income homeowners face

Note: Rental units cannot be assisted without prior review and approval. Applicants that wish to assist rental units as a part of the program must demonstrate superior knowledge of HOME rental requirements and ability to comply during the Period of Affordability. Applicants may request approval prior to submitting an application by emailing HOMEProgram@hcr.ny.gov. Otherwise, rental units must be cost allocated out of the project and cannot receive funding.

a. The percentage of owner-occupied housing units

i. https://data.census.gov/cedsci/ (use an alternate web browser if site will not load)
ii. In the Census search bar enter the service area county and "S2504"
i. For example, *Albany County S2504*
iii. Select table S2504 Physical Housing Characteristics for Occupied Housing Units

iv. Use the table to look up the number of occupied housing units and the number of owner-occupied housing units
v. Divide the number of owner-occupied housing units by the number of occupied housing units
vi. Identify the percentage of owner-occupied housing units in the narrative

	Albany County, New York					
	Occupied housing units		Percent occupied housing units		Owner-occupied housing units	
Label	Estimate	Margin of Error	Estimate	Margin ...	Estimate	Margin o...
Occupied housing units	128,122	±890	128,122	±890	71,829	±1,052
UNITS IN STRUCTURE						
1, detached	65,945	±1,121	51.5%	±0.9	61,184	±963
1, attached	6,072	±620	4.7%	±0.5	3,557	±469
2 apartments	19,243	±1,202	15.0%	±0.9	4,439	±430
3 or 4 apartments	10,752	±778	8.4%	±0.6	806	±192
5 to 9 apartments	8,105	±714	6.3%	±0.6	284	±125
10 or more apartments	16,478	±913	12.9%	±0.7	420	±128
Mobile home or other type of housing	1,527	±264	1.2%	±0.2	1,139	±221

b. Percentage of owner-occupied housing units built before 1980

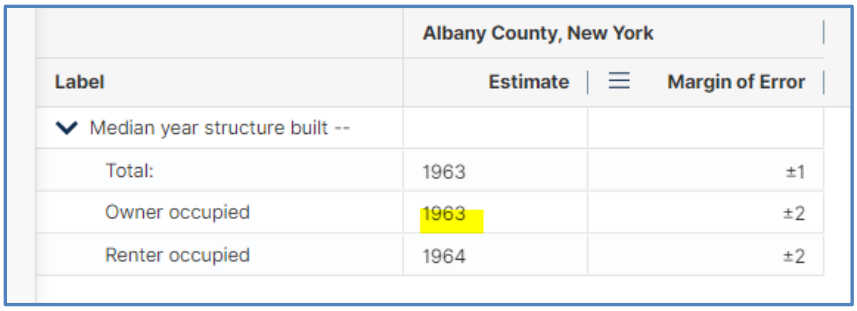
i. Use the same table S2504
ii. In the column Percent Owner-Occupied Housing Units, scroll down to the row titled Year Structure Built
iii. Add the estimates from the following fields “Built 1960 to 1979”, “Built 1940 to 1959”, and “Built 1939 or earlier” to get the total percentage built prior to 1980.
iv. Identify the percentage of units built before 1980 in the narrative

Label	Albany County, New York	
	Owner-occupied housing units	Percent owner-occupied housing units
	Margin of Error	Estimate
Occupied housing units	±2,494	73,258
UNITS IN STRUCTURE		
YEAR STRUCTURE BUILT		
2020 or later	±371	0.7%
2010 to 2019	±840	4.8%
2000 to 2009	±888	6.0%
1980 to 1999	±1,823	19.3%
1960 to 1979	±1,760	24.6%
1940 to 1959	±1,888	24.1%
1939 or earlier	±1,849	20.5%

c. Median year structure built by tenure

i. In the Census search bar enter the service area county and “B25037”
- example *Albany County B25037*

ii. Identify the Median Year Structure Built by Tenure for owner occupied units in the narrative



Label	Albany County, New York Estimate	Margin of Error
Median year structure built --		
Total:	1963	±1
Owner occupied	1963	±2
Renter occupied	1964	±2

Once all questions have been addressed, select "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

2. Activity Regulations

Describe the following key components of Housing Rehabilitation:

- The process and timing for all required inspections of a unit
- The method that will be used to determine the after-rehab value and when this will be determined
- How the LPA will address lead-based paint hazards including but not limited to: required inspections, levels of lead hazard controls, and clearance testing

Select "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 2E. Homeownership Assistance

To be completed by applicants requesting HOME funds for Homeownership Assistance
NOTE- If applying for Homeownership Assistance with rehabilitation, exhibit 2D is required.

1. Need

Explain the need for Homeownership Assistance in the proposed service area including but not limited to:

- Median sale price
- Percent change in median sale price from the previous year
- The current housing market in your service area, including the number of single-family homes for sale in the service area under HUD's HOME Homeownership Value Limits.
- Challenges that prohibit low-income buyers from being able to obtain a mortgage or purchase a home without assistance

Note: Rental units cannot be assisted without prior review and approval. Applicants that wish to assist rental units as a part of the program must demonstrate superior knowledge of HOME rental requirements and ability to comply during the Period of Affordability. Applicants may request approval prior to submitting an application by emailing HOMEProgram@hcr.ny.gov. Otherwise, rental units must be cost allocated out of the project and cannot receive funding.

For the first two bullet points, use the appropriate data source based on the proposed service areas.

- For service areas in Albany, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington County, use the Capital Region instructions.

- All other counties can skip below to 'All Other Counties".

a. Median Sale Price & Percent change in Median sale price from 2025

Capital Region service areas – including the following counties: Albany, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington

Use this chart to answer the first two bullet points in the narrative response.
Capital Region Real Estate Market Statistics – Greater Capital Association of Realtors (gcar.com)

i. Click on the report link above
ii. Scroll down to Archives list
iii. Select December 2025 and then the report for the proposed service area county
iv. Identify the Median Sale Price for Year-to-Date 2025 in the top chart on the report
v. Identify the +/- percent of change in the median sale price for the Year to Date

	December			Year to Date		
	2024	2025	+ / –	2024	2025	+ / –
New Listings	115	**91**	- 20.9%	2,727	**2,750**	+ 0.8%
Closed Sales	198	**221**	+ 11.6%	2,292	**2,340**	+ 2.1%
Median Sales Price*	$340,000	**$337,500**	- 0.7%	$335,000	**$345,000**	+ 3.0%
Percent of Original List Price Received*	100.7%	**98.6%**	- 2.1%	101.5%	**100.7%**	- 0.7%
Days on Market Until Sale	20	**26**	+ 24.9%	22	**22**	+ 1.0%
Inventory of Homes for Sale	237	**206**	- 13.1%	--	--	--
Months Supply of Inventory	1.2	**1.1**	- 13.0%	--	--	--

* Does not account for seller concessions. | Activity for one month can sometimes look extreme due to small sample size.

All Other Counties –

Use this chart to answer the first two bullet points listed in CDOL NYSAR_ANN_2025.pdf

i. Click on the report link above
ii. Scroll down to the section *Area Historical Median Prices (page 9 of 10)*
iii. Identify the amount listed for the 2025 Median Price for the service area
iv. Using the same report and section, identify the +/- percentage change listed in the second to last column, *Change from 2024,* in the narrative

2025 Annual Report on the New York State Market

Area Historical Median Prices

nysar
New York State Association of REALTORS®, Inc.

	2021	2022	2023	2024	2025	Change From 2024*	Change From 2021
New York State	**$360,000**	**$385,000**	**$385,000**	**$413,000**	**$430,000**	**+ 4.1%**	**+ 19.4%**
Albany*	--	--	--	--	--	--	--
Allegany	$98,950	$114,250	$128,250	$140,000	$155,000	+ 10.7%	+ 56.6%
Bronx	$415,250	$440,000	$390,000	$385,000	$412,000	+ 7.0%	- 0.8%
Broome	$145,000	$155,000	$166,000	$175,000	$191,275	+ 9.3%	+ 31.9%
Cattaraugus	$138,000	$137,500	$140,000	$158,500	$180,000	+ 13.6%	+ 30.4%
Cayuga	$165,800	$175,000	$180,000	$194,500	$220,000	+ 13.1%	+ 32.7%

To determine the number of single-family homes for sale in the service area below the maximum purchase price, follow these steps.

1. Open www.realtor.com in a web browser.
2. Search the service area (by county, city, town, village, etc.).
3. Filter the price by adding the HUD maximum purchase price.
4. Filter the property type to include house, condo, and townhome only.
5. Filter the listing status to hide pending sales and 55+ communities.
6. The top left of the webpage under "Homes for sale…" will indicate the number of homes for sale in the service area that meet the appropriate criteria.

Select "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

2. Activity Regulations

Describe the following key components of Homeownership Assistance:

- The process for determining the maximum allowable purchase price of a unit
- The process of underwriting the home purchase including but not limited to affordability, feasibility, and ongoing housing costs
- What HUD-certified counseling agency will perform pre-purchase homebuyer counseling
- When a Lead Based Paint Visual Assessment is required and who is qualified to conduct the assessment

Once all questions have been addressed, select "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 2F. Manufactured Housing Replacement

To be completed by applicants requesting HOME funds for Manufactured Housing Replacement Activities

1. Need

Explain the need for Manufactured Housing Replacement in the proposed service area including but not limited to:

- The percentage of ownership of manufactured homes
- The number of health violations in mobile home parks in the proposed service area, if applicable
- The current condition of manufactured housing units in your service area and the need for a Manufactured Housing Replacement program

a. Percentage of ownership of Manufactured home

i. Use the census data https://data.census.gov/cedsci/ (use an alternate web browser if site will not load)
ii. In the census search bar enter the service area county and "S2504". For example, "Albany County S2504"
iii. Select table S2504 Physical Housing Characteristics for Occupied Housing Units
iv. Use the table to look up the percentage of *owner-occupied* units for Mobile home or other type of housing owner-occupied housing units. Be sure to use the column "Percent owner-occupied housing units" and the row labeled "Mobile home or other Type of housing".

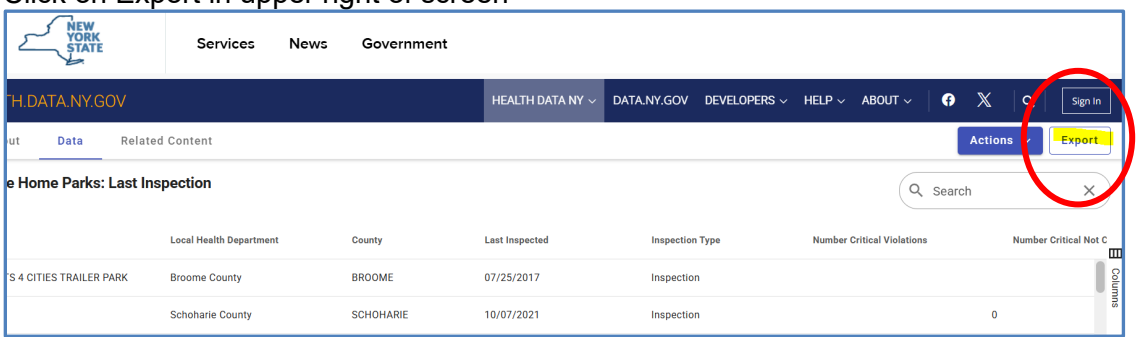
Label	d housing units Estimate	Margin of Error	Owner-occupied housing units Estimate	Margin of Error	Percent owner-occupied housing units Estimate
Occupied housing units	128,122	±890	71,829	±1,052	71,829
UNITS IN STRUCTURE					
1, detached	51.5%	±0.9	61,184	±963	85.2%
1, attached	4.7%	±0.5	3,557	±469	5.0%
2 apartments	15.0%	±0.9	4,439	±430	6.2%
3 or 4 apartments	8.4%	±0.6	806	±192	1.1%
5 to 9 apartments	6.3%	±0.6	284	±125	0.4%
10 or more apartments	12.9%	±0.7	420	±128	0.6%
Mobile home or other type of housing	1.2%	±0.2	1,139	±221	1.6%
YEAR STRUCTURE BUILT					

v. Identify the rate (percentage) of owner-occupied mobile homes in the narrative

b. Number of Health Violations in Mobile Home parks

i. Use the data provided here: https://health.data.ny.gov/Health/Mobile-Home-Parks-Last-Inspection/d3mj-xg62/data_preview

ii. Click on Export in upper right of screen



iii. Download the files as a CSV file

iv. Filter column C by the county(ies) in the proposed service area

v. Add up all the violations for all 3 columns F, G, & H- *Number Critical Violations, Number Critical Not Corrected and Number Non-Critical Violations*

vi. Identify the total in Number of Health Violations in Mobile Home Parks in the narrative

Once all questions have been addressed, select “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

2. Activity Regulations

Describe the following key components of Manufactured Housing Replacement:

- The estimated per unit cost and how this was determined including the costs for each component including the permanent foundation.
- The process of how a permanent foundation will be installed.
- The applicant’s definition of a sub-standard manufactured housing unit.
- Temporary relocation and other fees related to relocation (storage) that are expected per unit, is any.

Select “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

Exhibit 2G. Tenant Based Rental Assistance
To be completed by applicants requesting HOME funds for Tenant Based Rental Assistance Activities

1. Need

Explain in narrative form the need for Tenant-Based Rental Assistance in the proposed service area including but not limited to:

- The percentage of rental households whose rent is greater than 30% of their income
- Annual income needed to afford a 2-bedroom apartment compared to the estimated renter median household income
- Number of households on the Section 8 waiting list

a. <u>The percentage of rental households whose rent is greater than 30% of income.</u>

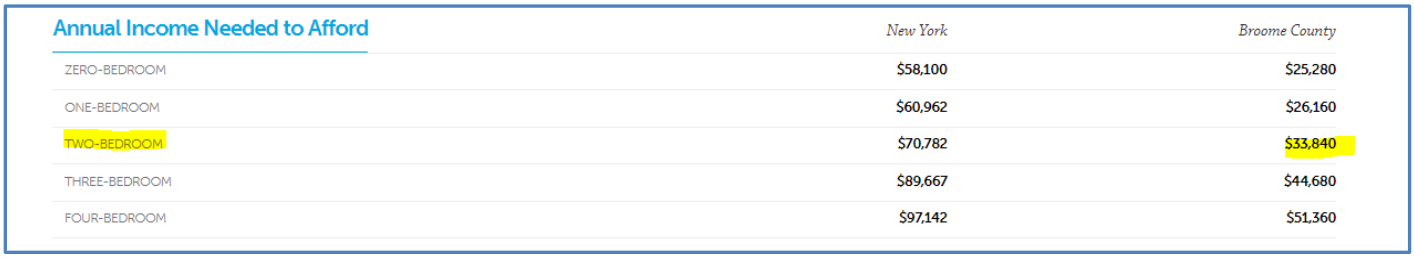
i. Use the census data https://data.census.gov/cedsci/ (use an alternate web browser if site will not load)
ii. In the census search bar enter the service area county and "DP04". For example, Albany County DP04"
iii. Select table DP04 Selected Housing Characteristics
iv. In the first column, scroll down to the bottom of the data to the row titled Gross Rent as a Percentage of Household Income
v. Add up the rows with percentage of renters paying 30.0-34.9 percent and 35.0 percent or more in the column titled Percent
vi. Identify the combined total percentage in the narrative

GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)			
Occupied units paying rent (excluding units where GRAPI cannot...	54,301	±1,274	54,301
Less than 15.0 percent	6,694	±630	12.3%
15.0 to 19.9 percent	8,444	±736	15.6%
20.0 to 24.9 percent	7,932	±807	14.6%
25.0 to 29.9 percent	6,918	±694	12.7%
30.0 to 34.9 percent	4,776	±614	8.8%
35.0 percent or more	19,537	±975	36.0%

b. <u>Annual income needed to afford a 2-bedroom apartment compared to the estimated renter median housing income</u>

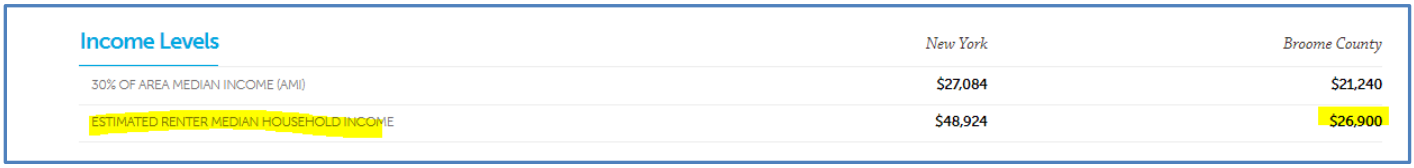
i. Use the same National Low Income Housing Coalition data https://nlihc.org/oor/state/ny
ii. Scroll down to the Compare Jurisdictions section, and in the select jurisdiction text box, type the service area county

iii. Once the county data is shown, scroll down to the Annual Income Needed to Afford
iv. Identify the annual income needed for 2-bedroom unit for the county in the narrative



Annual Income Needed to Afford	New York	Broome County
ZERO-BEDROOM	$58,100	$25,280
ONE-BEDROOM	$60,962	$26,160
TWO-BEDROOM	$70,782	$33,840
THREE-BEDROOM	$89,667	$44,680
FOUR-BEDROOM	$97,142	$51,360

v. Scroll down to Income Levels and identify the Estimated Renter Median Housing Income and compare to the Annual Income Need to Afford a 2-bedroom apartment noted above in the narrative



Income Levels	New York	Broome County
30% OF AREA MEDIAN INCOME (AMI)	$27,084	$21,240
ESTIMATED RENTER MEDIAN HOUSEHOLD INCOME	$48,924	$26,900

c. Number of households on Section 8 waiting list

i. Contact the local Section 8 program for your service area to obtain this information
ii. Identify the number of households on the Section 8 waiting list in the narrative

Once all questions have been addressed, select “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

2. Activity Regulations

Demonstrate understanding of key components of the Tenant-Based Rental Assistance program by describing:

- How the payment/rent standard will be determined and/or where they were obtained
- How the monthly subsidy will be determined
- How the minimum tenant contribution will be determined
- How the utility allowance will be determined and/or where they were obtained
- Whether the program will be providing security deposit only assistance
- The procedures in place to conduct biannual income certification and annual property inspections
- The procedure for reviewing the tenant/owner’s lease (not LPA or HTFC agreements), to confirm requirements including the minimum and maximum lease terms, and to ensure the rent is reasonable and the lease does not include any prohibited language
- The process for handling rent increases
- Whether the program will have priorities or preferences

Select “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

Exhibit 2H. Waitlist

All applicants must complete the following narrative.

Is there a pool of applicants that are pre-qualified to receive HOME assistance if awarded? This could include a pipeline of referrals from another service agency. Income qualification can be preliminary, based on stated income.

If yes, provide the number of households on the waitlist, details related to the existing waitlist and procedures for development and managing the list.
Explain:

- Which eligibility criteria are confirmed to add an individual to the list?
- What is the process for keeping the list up to date?
- Where are referrals coming from?

If no, describe administrative procedures in place to ensure timely implementation for the proposed program. Include a description of the approach to establishing a pipeline of referrals, and an applicant recruitment strategy to ensure there will be enough applicants to fulfill the proposed level of assistance.

Select “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

Exhibit 2l. Program Regulations

All applicants must complete this narrative section. Answers provided in this section will be used to assess applicant’s understanding of HOME State and Federal regulations.

An answer to each regulatory item is required.

NOTE – applicant may enter N/A if role listed is not applicable to proposed program, such as TBRA.

1. Procurement: Describe all services including consultants, Subrecipients and/or contractors that will be procured for the proposed program. Outline the process for advertisement and selection and describe how the process will comply with federal regulations.

2. Fair Housing: What policies and procedures are in place to ensure fair housing? Is there a Fair Housing/Affirmative Marketing Plan already in place?

3. Tenant Selection Plan: For Tenant Based Rental Assistance Only; Otherwise enter "N/A": Explain the components of the tenant selection plan including how households will be selected for participation in the program.

4. Property Standard Inspections: Requirements depend on activity. For example, Tenant Based Rental Assistance activities require annual inspections compliant with 2 CFR 92.251(f). All other activities require property adherence to NYS Code and Property Standards outlined in 2 CFR 92.251(b)-(c) & (e). Explain the process for achieving compliance for each unit including, but not limited to, who will be performing inspections and how compliance will be documented.

5. Security Instrument (Grant Enforcement Mortgage) For Housing Rehabilitation, Homeownership Assistance and Manufactured Housing Replacement; Otherwise enter ‘N/A’: Describe procedures planned to confirm a participant's understanding of the program requirements and obligations prior to signing and executing the security instruments. Specifically, explain how and when a participant will be informed of the terms of the required security instrument(s) including but not limited to:
    - The length of the POA
    - When the POA begins
    - When the Grant Enforcement Mortgage will be signed
    - How the Grant Enforcement Mortgage will be publicly recorded

6. Written Agreement for Housing Rehabilitation, Homeownership Assistance and Manufactured Housing Replacement; Otherwise enter “N/A”: Summarize how and when a homeowner/homebuyer will be informed of the terms of the written agreement including but not limited to
    - When the written agreement will be signed

- The difference between the written agreement and the security instrument(s)
- The timing of documenting eligibility

7. Written Agreements for Tenant Based Rental Assistance: Otherwise enter "N/A": Summarize how and when a tenant will be informed of the terms of the tenant written agreement, including but not limited to:
    - When the written agreement will be signed
    - The timing of documenting eligibility

    Summarize how and when an owner will be informed of the terms of the owner written agreement, including but not limited to:
    - When the written agreement will be signed
    - The timing of documenting eligibility

8. Income Certification: Describe the process of determining income eligibility including but not limited to:
    - How to identify the area median income limit
    - Which method will be utilized [92.203(b)]
    - The type of supporting documentation
    - Acknowledge plan to use and prior experience using the HUD CPD calculator
    - When income determination must be complete
    - If / when income determination must be reexamined

9. Amount of HOME Assistance/Rental Assistance: Describe how the amount of HOME assistance for each household will be determined including the maximum per unit subsidy/ rental assistance subsidy and breakdown of hard costs, soft costs, and project delivery.

Select "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

VIII. Exhibit 3 Organizational Capacity

All applicants must complete this Exhibit.

Exhibit 3A. Key Staffing

Identify the employees or consultants assigned to work on the proposed program for each of the roles listed below. Include their relevant experience and the estimated number of hours per week they will be working on the HOME program.

For local government/municipal applicants, if a Subrecipient will be utilized, this should be explained as part of the response for General HOME Program Management and other tasks as applicable. There must be justification for the State Recipient/Subrecipient Structure. The State recipient must explain the value added for this structure. If awarded, the State recipient must have an appropriate Subrecipient Agreement with a qualified Subrecipient that follows HOME regs and 2 CFR 200.

NOTE – Applicant may enter N/A if role listed is not applicable to the proposed program, such as TBRA.

1. General HOME Program Management and Compliance Oversight
2. Income Eligibility/Application Review
3. Property Standards oversight including Construction Management, TBRA Inspections, Code Compliance
4. Preparation of Scope of Work/Cost Estimates
5. Procurement Efforts

6. Environmental Review Activities
7. Lead Based Paint/Asbestos Activities
8. Disbursements/ Fiscal Management
9. Homebuyer Counseling (DPA, enter N/A if not DPA)
10. Rental Administration (TBRA, enter N/A if not TBRA)

Select "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 3B. Relevant Experience

Provide examples for up to five recent HOME awards or similar Office of Community Renewal programs that applicant has administered within the past three to five years, including those that are in progress and/or those completed during that timeframe.

If experience listed is not with the Office of Community Renewal, applicant must upload a Grant Verification Form for each source of funding under Attachment 2.

Note - To get credit for relevant non-OCR grant experience the Grant Verification Form must be signed by grantor, not the grant recipient.

Leaving this response blank will result in zero points for this section.

Check the 'Not Applicable' box at the top of the Exhibit if there is no relevant experience to report.

- Type: From the drop-down menu, select the type of activity that best describes the project/program.
- Contract Start/End Dates: Enter the month and year (mm/yyyy) that work on the project/program began and the month it was completed, or the expected completion date.
- Number of Units: Enter the total number of units or households assisted by the program.
- Award Amount: Enter the total award amount
- Total Cost: Enter the total cost of the program, rounded to the nearest thousand.
- Program Funding Source: Enter the name of the primary funding program that provided funding for the project/program.

When all required data has been entered, click 'Submit' and the data will be redisplayed in a grid format. To add another record, click the 'Add' button at the bottom of the grid and repeat the steps listed above.

Select "Submit" at the bottom of the screen and use "Next" link at the top right to advance to the next screen.

Exhibit 3C. Administrative Experience

1. How is the Applicant uniquely positioned to accomplish the goals of the application? Identify policies and procedures in place that will ensure timely implementation of the proposed program, including actions that will be taken to commit funds to a unit in IDIS by month 8. Use the Project Checklist Workbook on the HOME website https://hcr.ny.gov/nys-home-program.

2. Briefly explain any accomplishment(s) while administering a previous housing-related program. For municipalities without direct housing program experience, elaborate on steps taken to understand

housing needs within the municipality, code enforcement and/or other related housing activities.

3. Briefly explain any obstacles, delays or administrative issues while administering a previous housing-related program and how they were overcome. Explain changes that were implemented to ensure successful administration of future grants.

Select “Submit” at the bottom of the screen and use “Next” link at the top right to advance to the next screen.

IX. Exhibit 4 – Budget/Financing Plan

All applicants must complete this Exhibit.

Exhibit 4A. Budget Narrative

Use this field to explain the program budget which must be consistent with the budget table from Exhibit 1. Applicants should utilize the Budget Policy section of the HOME General Admin Plan and the HOME Budget Workbook available on the HCR HOME Program website (https://hcr.ny.gov/nys-home- program) when creating the program budget. Be sure to select the correct activity on the budget worksheet. Specifically, the narrative should identify:

a. The total program cost (including HOME funds and other funds, if applicable)
b. How budget figures were determined (estimates, previous grant experience etc.)
c. The expected amount of HOME assistance per unit and how that was determined
d. If major budget items are not paid for with HOME funds, will the items be paid for with other sources of funding or conducted in-house
e. The plan for covering project costs prior to the disbursement of HOME funds
f. The internal process for requesting disbursements including the staff responsible and separation of duties

Select “Submit” at the bottom of the screen and return to the Menu using the navigation link in the top left corner of the screen.

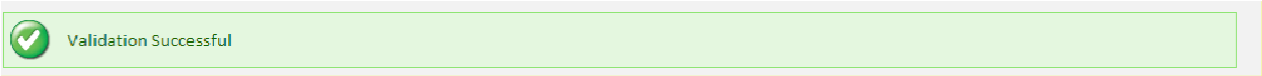
X. Validating Application Exhibits

An application must pass a series of validations before the application exhibits can be certified and submitted. To validate the application, return to the Menu using the navigation links in the top left corner of the screen. Click 'validate' to the right of the application name.

The Validate Application screen will be displayed. Click 'Validate' again to begin the validation process. The validation process is done in 3 steps:

- Step 1 checks to confirm that all required Exhibits have been entered.
- Step 2 checks to confirm that all required Exhibits are complete.
- Step 3 checks to confirm that the information entered is consistent across Exhibits.

If any incomplete Exhibits, fields, or inconsistencies are found, the applicant will receive the message: "Validation failed, please make the necessary corrections.” Below this message, an explanation(s) of the problems found during the validation process will be displayed. Return to the Exhibits identified and complete them and/or correct the inconsistencies found. Each problem listed will have a link that will return the user to the applicable Exhibit. If there are several errors, it is suggested that the applicant select the 'Print' button in the Banner. This will open a new window to display and reference the error messages. The applicant must continue the validation process until the message "Validation Successful" is displayed.



XI. Applicant / Owner Certification

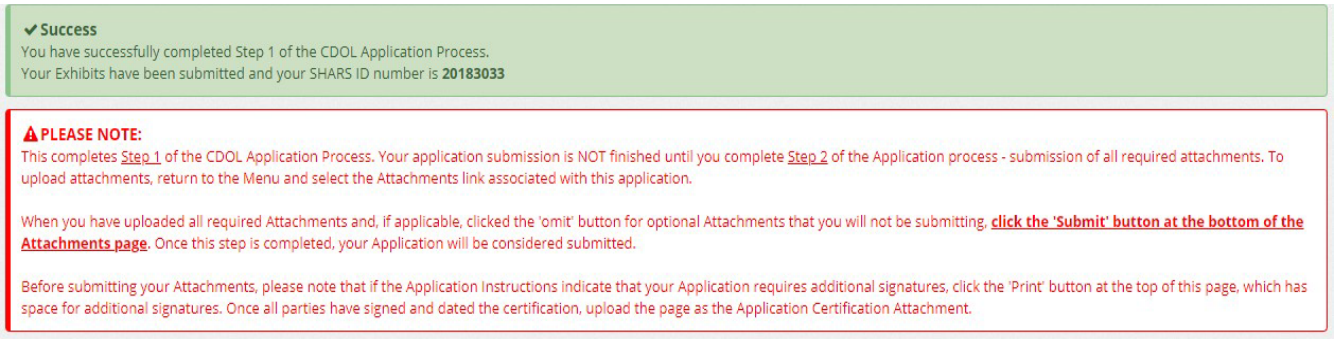
Certifying Application Exhibits

Please Note: Once the application is certified, the application it cannot be changed.

After successful validation the 'Certify' link will be made available to users with the authorization to certify the application. If the person completing the application is not the person authorized on the Security Manager Designation Form to electronically certify the application, the person who is authorized must sign into CDOL to complete this step. The only way to get the 'Certify' link is to run a successful validation. If the validation is completed, but the application is not certified, the validation will have to be run again.

Attachments may be uploaded at any time during the application process, including after certification is complete.

To electronically certify and submit the application exhibits, click the 'Certify' link on the Validation page. At the bottom of the Applicant/Owner Certification enter the password and title and click the 'Submit' button. If the certification and submission was successful, CDOL will display a message acknowledging successful submission of the Exhibits or Step 1 of the CDOL Application Process. This message will also provide the application's SHARS ID number, which will be used to identify the application. An e-mail message will also be sent confirming successful submission of the application exhibits. This will change the application status from "In Progress" to "Certified." **Additional steps are required to complete and submit the application.**



A new window will open showing the completed application. Please save a copy electronically and print a copy for the applicant's records.

Return to the main menu using the navigation links in the top left corner of the screen. Now that the application exhibits are certified and submitted, click on the 'Attachments' link next to the application on the main menu. The 'Attachments' link will transfer the user to the Upload Attachments process.

Please Note: An application will not be considered complete until all required attachments are uploaded, submitted, and certified. Any portion of the application exhibits or attachments that have not been submitted by the deadline specified will not be accepted.

XII. Application Attachments

Attachment 1 – Grant Verification Form (Optional)
Attachment 2 – Vendor Responsibility Questionnaire (Required for non-profits)

Attachment Instructions

Mandatory attachments are indicated in CDOL. **For optional items, applicant must select 'omit' if attachments will not be uploaded.**

Attachment 1 – Grant Verification Form (if applicable)
If relevant experience is not with the Office of Community Renewal, applicant must upload a Grant Verification Form available here https://hcr.ny.gov/nys-home-program located under Funding Round Documents for each experience listed in Exhibit 3B.
Applicants without prior HOME or OCR experience should use this as an opportunity to provide documentation of other experience, capacity to administer programs, and recommendations from other funders.

NOTE: The Grant Verification Form must be signed by grantor, not the grant recipient/HOME applicant.

Attachment 2 – Vendor Responsibility Questionnaire (VRQ) - Required for not-for-profit applicants.
Provide a PDF of the not-for-profit VRQ based on program activity (Construction or Non-Construction). Units of local government do not have to submit this form. The applicant should select the questionnaire that most closely reflects its business characteristics. **The Questionnaire must be dated within the calendar year of the application** and include the VRQ Contract History Form if the organization has received state funds in the last three years. If an applicant is required to file a VRQ through the VendRep system for other state funding sources, a PDF of the full VendRep submission with a certification dated in the calendar year of this application is acceptable. Screenshots of a confirmed VendRep submission are not adequate.

Further instructions and VRQ forms are available on the Office of the State Comptroller's website: https://www.osc.ny.gov/state-vendors/vendrep/vendor-responsibility-forms

Attachment 3 – Office of Community Renewal Program Applicant Certification (Required)
The Office of Community Renewal Program Applicant Certification Form available here https://hcr.ny.gov/nys-home-program must be fully completed and signed by a member of the applicant organization designated as the authorized signatory for the contract (if awarded) and/or who has the authority to make the certifications for the proposed program. This form cannot be signed by administrative staff or consultants.
If the applicant cannot "Agree" to all certifications and responds, "Do Not Agree", a full explanation and supporting documentation must be uploaded as part of this attachment for review and consideration.

XIII. Uploading & Certifying Attachments

Uploading Attachments

Return to the Menu, then click on the 'Attachments' link to the right of the application name. This link will access the Attachment Upload window. The Attachment Upload page lists the applicable attachments for the application.

To the right of each listed attachment is an 'Add' link. Click the 'Add' to begin to attach files. Select the 'Browse' button to browse for the file to be uploaded. After locating and selecting the file, click the 'Upload' button to begin the upload. A progress bar will display the progress of the upload. Once complete, the applicant will be redirected to the main attachment Upload screen. The uploaded file name will be displayed under the attachment.

To the right of each uploaded file will be two links: 'View' and 'Delete'. 'View' allows the applicant to view

and optionally print the file to verify that the correct document is attached. 'Remove' allows the applicant to delete the file prior to submission.

Attachments that are not required will have an 'Omit' link. Applicants must click the 'Omit' link if an optional attachment will not be included.

An applicant may upload multiple files for each attachment. Please limit the uploaded files to those documents specifically requested in the Attachment Instructions. Whenever possible, combine multiple files into one. All required attachments must be uploaded before the group can be submitted.

Submitting and Certifying Application Attachments

When all required application attachments have been uploaded, the organization's authorized signatory must log-in and click 'Submit' on the Attachment Upload page. CDOL will display an 'Attachment Receipt' then an 'Attachment Certification' which must both be clicked to complete the submission. Once complete, a message will appear at the top of the screen indicating that the application attachments have been successfully submitted, and the application process is complete. Once the attachments have been submitted, the HOME LPA Program Application is complete and may not be changed.

Return to the main menu using the navigation menu in the top left corner of the screen. Now that the application exhibits and attachments are complete, submitted, and certified, the Application Status next to the application name should indicate Completed.

Remember to save a copy of the application and all attachments for your records.

NYS HOME Program Application exhibits and attachments must be submitted and certified in the CDOL system no later than 4:00 PM (EST) Thursday September 17, 2026. Applications and supplemental materials will not be accepted after the stated deadline.