

# Nassau County HOME Program

Funding Application

Homeownership or Rental Activities  
New Construction and Rehabilitation

**NASSAU COUNTY  
OFFICE OF HOUSING & COMMUNITY DEVELOPMENT  
40 MAIN STREET  
HEMPSTEAD, NY 11550**



**Nassau County HOME Program  
Homeownership or Rental Activities  
New Construction and Rehabilitation  
APPLICATION GUIDELINES**

**Before You Begin**

This packet contains information necessary to apply for funding under the Nassau County HOME Investment Partnerships (HOME) Program. Before completing this application you should become familiar with the Nassau County HOME Program Guidelines and appropriate federal regulations associated with the Program. The Program Guidelines are included in your application packet. Please contact the Office of Housing and Community Development (OHCD) at (516) 572-1915 if you have any questions regarding this application process.

**Submission & Process**

Applications are accepted on an ongoing basis, as long as funding is available. The Nassau County Office of Housing and Community Development (OHCD) will handle review and underwriting of the proposal. OHCD staff will evaluate the application for consistency with its Consolidated Plan and funding priorities, eligibility, completeness, quality, impact, feasibility and long term viability. During the review process the applicant may be requested to submit additional information or answer questions pertaining to the proposal.

**Application Checklist**

**Section A**

- For applicant:**
  - a) **If non-profit:** 1) Copy of IRS 501(c) determination and Date of Incorporation,  
2) Most recent Annual Report and/or audited financial statements.  
*Certified financial statements may be substituted for the audited financial statements.*
  - b) **If for-profit:** 1) Date of Incorporation, and  
2) Most recent Audit/financial statements, and  
3) List of officers and directors of corporation or partnership.
  - c) **If proprietorship:** 1) Personal financial statement (one copy for confidential internal review).
- General Release Form**

**Section B - Application Package Sections:**

- Applicant Information**
- Applicant History**
- Proposal Basics**
- Project Basics**
- Narratives**
- Partner Information**
- Applicant, Architect & Contractor Experience**
- Other Required Information**
- Budget**
- Sources & Uses/Funding Commitments**
- 15 year Operating Pro forma (for rental properties only)**
- Environmental Questionnaire**
- Maps & Photos**
- Letters of Support**
- Certifications**



**NASSAU COUNTY OFFICE OF HOUSING & COMMUNITY DEVELOPMENT**  
*Nassau County HOME Program*  
*Activity Application*  
*New Construction and Rehab*

OCD Use Only:  
 Application #: \_\_\_\_\_

SECTION 1: APPLICANT INFORMATION								
<b>1.1</b>	<b>Legal Name of Applicant:</b> <i>(Attach copy of W-9)</i>	_____						
<b>1.2</b>	<b>Address of Applicant:</b>	_____						
<b>1.3</b>	<b>Chief Officer:</b> <i>(If more than one, attach a list with all Officers)</i>	Name: _____ Title: _____  Address: _____  Phone: _____ Fax: _____ E-Mail: _____						
<b>1.4</b>	<b>Description of Applicant:</b> <i>(200 Character maximum)</i>	_____						
	<b>Type of Applicant</b>	<table border="0" style="width: 100%;"> <tr> <td>Non-profit <input type="checkbox"/></td> <td>Corporation <input type="checkbox"/></td> </tr> <tr> <td>For-profit <input type="checkbox"/></td> <td>Sole Proprietorship <input type="checkbox"/></td> </tr> <tr> <td>Local Government <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> </table>	Non-profit <input type="checkbox"/>	Corporation <input type="checkbox"/>	For-profit <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Local Government <input type="checkbox"/>	Other <input type="checkbox"/>
Non-profit <input type="checkbox"/>	Corporation <input type="checkbox"/>							
For-profit <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>							
Local Government <input type="checkbox"/>	Other <input type="checkbox"/>							
<b>1.5</b>	<b>Applicant Website:</b>	_____						
<b>1.6</b>	<b>Federal Employer Id. Number:</b>	_____						
<b>1.7</b>	<b>Social Security Number:</b>	_____						

## SECTION 2: APPLICANT HISTORY

<b>2.1</b>	Have you received funding from Nassau County within the last 3-years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>														
	Provide total number project funding by Nassau County within the last 3 years. <span style="float: right;">_____</span>														
	If yes, provide the following for each project funded in last 3 years: <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: none;">Agency:</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Project Name:</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Amount:</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Term:</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Description:</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Status:</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Issues:</td> <td style="border: none;">_____</td> </tr> </table>	Agency:	_____	Project Name:	_____	Amount:	_____	Term:	_____	Description:	_____	Status:	_____	Issues:	_____
Agency:	_____														
Project Name:	_____														
Amount:	_____														
Term:	_____														
Description:	_____														
Status:	_____														
Issues:	_____														
<b>2.2</b>	Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>														
	If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues.														
<b>2.3</b>	Is the applicant or any principal the subject of any proceedings that are pending, or to the best of applicant's knowledge, threatened against applicant and/or any principal that may result in any adverse change in applicant's financial condition or materially and adversely affect applicant's operations? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>														
	If yes, provide requested information.														
<b>2.4</b>	Does the applicant or any principal owe any debt to the Federal Government or Nassau County? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>														
	If yes, list reason and amount:														

## SECTION 3: PROPOSAL BASICS

<b>3.1</b>	<b>Submittal Date:</b>			
<b>3.2</b>	<b>Project Title:</b>			
<b>3.3</b>	<b>Brief Project Description:</b>	<i>If preferable, you can submit separate attachment on project description which includes mention of the below referenced items. (550 Character maximum)</i>		
<b>3.4</b>	<b>Project Location:</b>	Street Address: _____	City: _____ County: _____	
		Zip: _____		
<b>3.5</b>	<b>Areas Served:</b>	_____		
<b>3.6</b>	<b>CHDO Eligible:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Capacity:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Developer <input type="checkbox"/> Sponsor		
<b>3.7</b>	<b>Project Contact:</b>	Name: _____	Title: _____	
		Address: _____		
		Phone: _____		
		Fax: _____		
		E-Mail: _____		
<b>3.8</b>	<b>Project Period:</b>	Start Date: _____	End Date: _____	
<b>3.9</b>	<b>HOME Request:</b> <i>(Rental Development)</i>	Amount: \$ _____ <input type="checkbox"/> Construction <input type="checkbox"/> Permanent <input type="checkbox"/> Loan	Requested Rate: _____%	Requested Term: _____
		Describe the form of HOME funds investment for the development (acquisition, construction financing, development subsidy etc.) and repayment if applicable:		
<b>3.10</b>	<b>HOME Request:</b> <i>(Homeowner Development)</i>	Amount: \$ _____ <input type="checkbox"/> Construction <input type="checkbox"/> Permanent <input type="checkbox"/> Loan	Requested Rate: _____%	Requested Term: _____
		Describe the form of HOME funds investment for the development (acquisition, construction financing, development subsidy etc.) and repayment if applicable:		

<b>3.11</b>	<b>HOME Request:</b> <i>(Homebuyer)</i>	Describe the form of HOME funds investment to the homebuyer (down payment assistance, second mortgage financing etc.) and repayment if applicable:		
	Amount: \$ _____	<input type="checkbox"/> Amortized loan <input type="checkbox"/> Deferred Payment Loan <input type="checkbox"/> Forgivable Loan <input type="checkbox"/> Grant	Requested Rate: _____%	Requested Term: _____

## SECTION 4: PROJECT BASICS

*A SEPARATE NARRATIVE AND WORKSHEET MAY BE PROVIDED IN PLACE OF INDIVIDUAL ANSWERS TO THE BELOW ITEMS*

	<b>Basics:</b>	<input type="checkbox"/> New Construction <input type="checkbox"/> Rehab		Style: _____	
		Total # Units: _____		Targeting: <input type="checkbox"/> Families <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled	Design Needs: <input type="checkbox"/> Accessible <input type="checkbox"/> Adaptable Other: _____
		# Market _____	# 51-80% ami _____		
		Estimated Sales Price: \$ _____			
4.2	<b>Site &amp; Building Information:</b>	Complete Worksheet A for each property			
4.3	<b>Timeline:</b>	<b>Description of Tasks</b>	<b>Estimated Completion</b>		
		<b>Acquisition</b>			
		<b>Zoning</b>			
		<b>Initial Drawings/Scope of Work</b>			
		<b>Complete Plans &amp; Specs</b>			
		<b>Selection of Contractor</b>			
		<b>Construction Contract</b>			
		<b>Closing for Funds</b>			
		<b>Construction</b>			
		<b>Marketing/Buyer Selection</b>			
		<b>Occupancy</b>			
4.4	<b>Design Components:</b>	<p><b>Accessibility:</b> Describe any design and construction considerations that make the project more accessible or adaptable for physically or sensory impaired individuals:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Energy Efficiency:</b> Describe any steps to be taken to make the property more energy efficient and reduce the overall energy costs of the building(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Green Technology:</b> Describe any methods that will be used in the design or building materials that promote green initiatives:</p> <p>_____</p> <p>_____</p> <p>_____</p>			

		<b>Amenities:</b>				
		Square Footage: Above grade: _____ Below grade: _____ <input type="checkbox"/> Finished?				
		<input type="checkbox"/> Range <input type="checkbox"/> Refrigerator <input type="checkbox"/> Disposal	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Microwave <input type="checkbox"/> Central A/C	<input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> W/D hookups	<input type="checkbox"/> Carpet flooring <input type="checkbox"/> Wood flooring <input type="checkbox"/> Laminate flooring <input type="checkbox"/> Vinyl flooring	
		# Beds: _____	Sizes (s/f): _____			
		# Baths: _____	Sizes (s/f): _____			
		Foundation:	<input type="checkbox"/> Slab	<input type="checkbox"/> Crawl	<input type="checkbox"/> Partial Basement	<input type="checkbox"/> Full Basement
		Parking:	<input type="checkbox"/> Street	<input type="checkbox"/> Drive	<input type="checkbox"/> Garage	
				# spaces _____	# spaces _____	
		Other (describe):				



## SECTION 5: NARRATIVE

*A SEPARATE NARRATIVE MAY BE PROVIDED IN PLACE OF INDIVIDUAL ANSWERS TO THE BELOW*

<b>5.1</b>	<b>Project Details:</b>	Describe the project details including general administration, construction process and oversight.
<b>5.2</b>	<b>Impact:</b>	Describe the projects intended impact on the neighborhood and populations to be served including social services or housing counseling offered to the buyer.
<b>5.3</b>	<b>Marketing &amp; Outreach:</b>	Describe methods that will be used to market the housing and steps to outreach to populations least likely to apply. (An Affirmative Marketing Plan will be required for all funded projects.)
<b>5.4</b>	<b>Owner Intake &amp; Selection:</b>	Describe the applicant intake and selection process including acceptance criteria.
<b>5.5</b>	<b>Lead Based Paint Procedures:</b>	Describe issues with lead based paint and actions to address those as applicable.
<b>5.6</b>	<b>Relocation:</b>	If Relocation is required, please include the plan as an attachment in Section 8

## SECTION 6: DEVELOPMENT TEAM INFORMATION

<b>6.1</b>	<b>Owner:</b>	
	<b>Owner Contact:</b>	Name: _____ Title: _____  Address: _____  Phone: _____ Fax: _____ E-Mail: _____
<b>6.2</b>	<b>Developer:</b>	
	<b>Developer Contact:</b>	Name: _____ Title: _____  Address: _____  Phone: _____ Fax: _____ E-Mail: _____
<b>6.3</b>	<b>Architect:</b>	
	<b>Architect Contact:</b>	Name: _____ Title: _____  Address: _____  Phone: _____ Fax: _____ E-Mail: _____
<b>6.4</b>	<b>Contractor:</b>	
	<b>Contractor Contact:</b>	Name: _____ Title: _____  Address: _____  Phone: _____ Fax: _____ E-Mail: _____
<b>6.5</b>	<b>Attorney:</b>	
	<b>Attorney Contact:</b>	Name: _____ Title: _____  Address: _____  Phone: _____ Fax: _____ E-Mail: _____

<b>6.6</b>	<b>Other:</b>	_____
	<b>Other Contact:</b>	Name: _____ Title: _____  Address: _____  Phone: _____ Fax: _____ E-Mail: _____
<b>6.7</b>	<b>Other:</b>	_____
	<b>Other Contact:</b>	Name: _____ Title: _____  Address: _____  Phone: _____ Fax: _____ E-Mail: _____

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## SECTION 7: APPLICANT EXPERIENCE

*A SEPARATE NARRATIVE MAY BE PROVIDED IN PLACE OF INDIVIDUAL ANSWERS TO THE BELOW*

### Applicant Previous Experience Form

Project Name	Owner/Contact	Applicant Individual Involved	Project Type (list all that apply) SF = 1-4 Units MF = 4+ Units NC = New Construction R = Rehabilitation	# of Units	Total Development Cost	Sources of Funds	Project Status P = Pre-development U = Under Construction PS = Placed in Service
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

## SECTION 7: ARCHITECT EXPERIENCE

*A SEPARATE NARRATIVE MAY BE PROVIDED IN PLACE OF INDIVIDUAL ANSWERS TO THE BELOW*

### Architect Previous Experience Form

Project Name	Owner/Contact	Applicant Individual Involved	Project Type (list all that apply) SF = 1-4 Units MF = 4+ Units NC = New Construction R = Rehabilitation	# of Units	Total Development Cost	Sources of Funds	Project Status P = Pre-development U = Under Construction PS = Placed in Service
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

## SECTION 7: CONTRACTOR EXPERIENCE

*A SEPARATE NARRATIVE MAY BE PROVIDED IN PLACE OF INDIVIDUAL ANSWERS TO THE BELOW*

### Contractor Previous Experience Form

Project Name	Owner/Contact	Applicant Individual Involved	Project Type (list all that apply) SF = 1-4 Units MF = 4+ Units NC = New Construction	# of Units	Total Development Cost	Sources of Funds	Project Status P = Pre-development U = Under Construction PS = Placed in Service
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

## SECTION 8: OTHER REQUIRED DOCUMENTATION

<b>8.1</b>	<b>Budget</b>	Detailed Project Budget
<b>8.2</b>	<b>Sources and Uses</b>	Statement of Sources and Uses statement including commitment letters for all other funds.
<b>8.3</b>	<b>Operating Pro forma</b>	15-year operating pro forma (operating budget), complete with assumptions
<b>8.4</b>	<b>Environmental Questionnaire</b>	Form B
<b>8.5</b>	<b>Maps and Photos</b>	Include project location map with photos of the area and surrounding neighborhood.
<b>8.6</b>	<b>Other</b>	Attach as applicable: Relocation Plan Affirmative Marketing/Outreach Plan Market Study
<b>8.7</b>	<b>Letters of Support</b>	Letter of support from the elected official of the municipality.
<b>8.8</b>	<b>Certifications</b>	Applicant certifications signed by authorized signatory (must be original signatures), Form C



# FORM A

## SITE & BUILDING INFORMATION

(COMPLETE ONE FOR EACH PROPERTY)

Street Address: _____ City: _____ Zip: _____	Lot Size: _____ Building Sq. Footage: _____ Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No Zoning Classification: _____ Re-zoning Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Re-zoning Underway: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Prior Use: _____
--	--

Ownership:

Acquisition Required:  Yes  No      Clear Title:  Yes  No  Unknown

Sales Price: \$ \_\_\_\_\_      Deed Restrictions: \_\_\_\_\_

Appraisal Completed:  Yes  No      Value: \$ \_\_\_\_\_

If acquisitions is underway please complete the following:

Option to Purchase      Terms: \_\_\_\_\_

Sales Contract

Other      Seller: \_\_\_\_\_

Contact: \_\_\_\_\_

Occupancy:

Occupied Building       Vacant Building       Vacant Lot

Owner Occupied

Tenant Occupied

\*If the building is occupied, the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) will be triggered and must be followed. Certain notifications are required for both owner occupied and tenant occupied buildings. Non compliance with the URA will deem project ineligible.

Property Taxes and Assessments: Taxes Current: <input type="checkbox"/> Yes <input type="checkbox"/> No Current Property Tax Liability: \$ _____ Current Assessed Value: \$ _____ Current Tax Rate: _____ Current Exemptions: _____	After Project Completion: Estimated Property Tax Liability: \$ _____ Estimated Assessed Value: \$ _____ Estimated Tax Rate: _____ Proposed Exemptions: _____
--	--

Utilities Present:  Water  Sewer  Gas  Electric  Other \_\_\_\_\_

Utilities to be Brought:  Water  Sewer  Gas  Electric  Other \_\_\_\_\_

Describe surrounding neighborhood including amenities, distance to nearest LIRR station and bus routes, schools, parks, employment centers, shopping, etc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FORM B

## ENVIRONMENTAL QUESTIONNAIRE

(COMPLETE ONE FOR EACH PROPERTY)

Street Address: _____ City: _____ Zip: _____		Attachments: Flood Map: <input type="checkbox"/> Yes <input type="checkbox"/> No Zoning Map: <input type="checkbox"/> Yes <input type="checkbox"/> No Re-zoning Underway: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Prior Use: _____
Site Environment: 1. 2. 3. 4. 5.	Is this a single family or multifamily property? _____ For multifamily buildings (5+ units), how many units are there currently _____, proposed _____ Will the project necessitate a change in zoning? <input type="checkbox"/> Yes <input type="checkbox"/> No a. What is the property's present land use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural What is the property's prior land use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural Is the proposed project rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Will the footprint of the property change? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, what percentage _____ % b. What is the estimated cost of rehab \$ _____ c. What is the estimated after rehab value \$ _____	
Historic Preservation:	If the building has historic significance or the property is located within a historic district, special design considerations may need to be made in accordance with federal or local historic preservation guidelines. Is the property/building listed in the Federal Register of Historic Places, located in a local historic district or have historic significance to the best of your knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No  If so, attach a map of local historic district or information on Federal Register listing.	
Floodplain	If the property is located in the 100 year floodplain, flood insurance will be required. Is the property located in a 100 year floodplain according to a FEMA map? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wetland 1. 2.	Is the property location in or near a wetland? <input type="checkbox"/> Yes <input type="checkbox"/> No Does water accumulate on or near the property or does water run through or near the site in the form of a creek or stream at any time during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drainage	If the project impacts or is located near a drainage way (creek or steam bed) of a water shed that drains an area of more than one square mile, a drainage permit from the New York Department of Natural Resources will be required before construction may begin. Is the property on or near a drainage way of a water shed that drains an area of more than 1 square mile? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Noise</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>If noises from nearby uses impact the property, the Owner should consider including design standards which mitigate noise hazards.</p> <p>Is the project site located within 3,000 feet of a railroad? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Name of railroad company: _____  Contact person: _____  Telephone number: _____</p> <p>Is the site located within 1,000 feet of a major road, highway or freeway? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Name of road: _____</p> <p>Is the project site located within 15 miles of a military airport or within 5 miles of a commercial airport with scheduled air service?</p> <p>If yes: Name &amp; address of airport: _____  Contact person: _____  Telephone number: _____</p> <p>Is the project site located near (1 mile radius) any other noise generating source (e.g. Industrial plant)?</p> <p>If yes: Name &amp; address of company: _____  Contact person: _____  Telephone number: _____</p>
<p>Hazards</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>	<p>If hazards from nearby uses impact the property, the Owner should consider including design standards which mitigate these hazards.</p> <p>Is the project site located near or in an area(s) where conventional petroleum fuels (e.g. gasoline), hazardous gases (e.g. liquid propane), or chemicals of a flammable nature (e.g. benzene or hexane) are stored in a structure or an above-ground storage tank? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the project site located near or in an area where gas pipelines, electrical transmission lines, or electrical sub-stations are located? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the project site located on or near a waste dump or landfill site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the project site near an industry which disposes of chemicals or hazardous wastes on its own premises?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there evidence that asbestos will be removed from the structure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any natural hazards located on or adjacent to the site such as steep slopes, geologic faults, or hazardous terrain features? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## FORM C: APPLICANT CERTIFICATION

Applicant hereby certifies that:

The developer will meet the Nassau County HOME Investment Partnerships Program requirements, rules and objectives.

All authorizations required to perform the project, described in its application, have either been obtained or will be obtained before project commencement.

The project complies with all applicable state, federal, and local environmental and zoning laws, ordinances, and regulations and that all required licenses, permits, etc., have either been obtained or will be obtained before project commencement.

Neither applicant, nor project partners identified, have been barred from contracting with a unit of state or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 (720 ILCS 5/33 E-3 and 5/33 E-4).

As of the submittal date, the information provided in its application is accurate, and the individual(s) signing below are authorized to submit this application.

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my knowledge and belief, the information contained herein is true, correct, and complete. I also authorize Nassau County Office of Housing and Community Development to obtain any information that may have a bearing on this application. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.

Signature

Name & Title

Date

## **SUBMISSION OF APPLICATION**

Each application submitted under these guidelines must include all of the information required in the funding application documentation set forth in the Application Instructions. Applications under this program will be accepted on an ongoing basis, subject to funding availability. Nassau County will accept applications, printed or electronic with original signature pages at the following address:

Nassau County Office of Housing and Community Development  
Attn: James Nemley  
40 Main Street – Suite B  
Hempstead, NY 11550