

APPLICANT DESCRIPTION

All applicants must complete Form 1, Part 1, Part 3, and Part 4. Applicants that include a nonprofit organization must also complete Form 1, Part 2. Please fill out appropriate forms completely.

Name of Applicant: _____

Name of Contact Person: _____

Address: _____

Telephone No: _____ Email Address: _____

Is the Applicant a certified Minority-owned or Woman-owned Business Enterprise (M/WBE)? (for informational purposes only) Yes [] No [] (Provide Proof of Certification).

COMPOSITION OF APPLICANT ORGANIZATIONS:

1. Type of organization (*i.e.* partnership, corporation, limited liability company, joint-venture): _____

2. For corporations, provide the names of the officers and any shareholders owning 10% or more. For partnerships, provide the names of all general partners. For joint ventures, provide the information separately for each entity that comprises the joint venture. HPD reserves the right to deny changes made to the composition of the Applicant entity after qualification.

NAME OF ENTITY # 1: _____ **Percent Interest in Proposed Project:** _____

PRINCIPALS: Name/Position/Title	Home Address	Role*	% Interest in Entity

NAME OF ENTITY # 2: _____ **Percent Interest in Proposed Project:** _____

PRINCIPALS: Name/Position/Title	Home Address	Role*	% Interest in Entity

* Role: GP = General/Managing Partner; GC = General Contractor; F = Provides financing, inactive; A = Architect; L = Legal Services; MA = Managing Agent; O = Other (specify)

3. Has any principal identified above, or any organization in which the principal is or was a general partner, corporate officer, or owned more than 10% of the shares of the corporation, been the subject of any of the following:

- (1) Arson conviction or pending case? Yes [] No []
- (2) Harassment complaint filed by the New York State Division of Rent Control or the New York State Division of Housing and Community Renewal? Yes [] No []
- (3) Had an ownership or management interest in a property that was taken *in rem* by the City or assigned by a judge of Landlord and Tenant Court to a 7A Administrator or receiver? Yes [] No []
- (4) City mortgage foreclosure or currently more than 90 days in arrears on any City loan? Yes [] No []
- (5) Default on any contract obligation or agreement of any kind or nature entered into with the City of New York or one of its agencies? Yes [] No []
- (6) In the past 5 years, failed to qualify as a responsible bidder, or refused to enter into a contract after an award has been made, privately or with any government agency? Yes [] No []
- (7) In the last 7 years, filed a bankruptcy petition or been the subject of involuntary bankruptcy proceedings? Yes [] No []
- (8) In the last 5 years, failed to file any required tax returns, or failed to pay any applicable Federal, State of New York, or City taxes or other charges? Yes [] No []
- (9) Been convicted of fraud, bribery, or grand larceny? Yes [] No []

If the answer to any question is yes, provide the following information about each instance: name of principal(s); name(s) of organization(s) or corporation(s); principal's status in the organization or corporation (e.g. officer), the date of the action, and current status and disposition.

CERTIFICATION

[This certification must be signed by one of the principals listed above; if the applicant is a joint venture, it must be signed by a principal of each entity that comprises the joint venture.]

I certify that the information set forth in this application and all attachments and supporting documentation is true and correct. I understand that the City of New York will rely on the information in or attached to this document.

I understand that this statement is part of a continuing application and that until such time that the application is approved, I will report any changes in or additions to the information herein, and will furnish such further documentation or information as may be requested by the City of New York or any agency thereof.

_____ Name of Organization	_____ Signature
_____ Date	_____ Print or Type Name and Title
_____ Name of Organization	_____ Signature
_____ Date	_____ Print or Type Name and Title

**NONPROFIT ORGANIZATION
APPLICANT DESCRIPTION**

Name of
Organization: _____
Office Address: _____

City: _____ State: _____ ZIP Code _____

Executive Director: _____

Contact Person: _____ Title: _____

Phone No. _____

Email Address: _____

Interesting in and intends to apply for financial and/or technical assistance from the Neighborhood Pillars
Program Yes No

Date
Established: _____

Date
Incorporated: _____

CERTIFICATION: I CERTIFY THAT THE INFORMATION SET FORTH IN THIS DISCLOSURE
STATEMENT AND ITS ATTACHMENTS IS TRUE AND CORRECT.

Signature of Officer

Print Name and Title

Date

BIOS OF KEY STAFF FOR ALL APPLICANTS

(Provide a narrative bio for all key staff)

PRESERVATION PROJECT CRITERIA/SPECIALTIES

This form is optional for the Applicant to complete. If completed, HPD will include the building size range, target neighborhoods, and property type specialties for Qualified Preservation Buyers included in the Qualified List for the sole purpose of guiding users of the list to reach out to appropriate organizations for their building typology. HPD does not endorse the ability of a Qualified Preservation Buyer to purchase/own properties.

Building Size Range:

(check all that apply)

- 3 to 20 units
- 21 to 50 units
- 51 to 100 units
- 101 to 200 units
- 200+ units

Target Neighborhoods/Boroughs

(check all that apply, write in specific Community Districts as desired):

- Manhattan** Specific Community Districts: _____
- Brooklyn** Specific Community Districts: _____
- Queens** Specific Community Districts: _____
- Bronx** Specific Community Districts: _____
- Staten Island** Specific Community Districts: _____

Specialties

(check all that apply):

- LIHTC
- Section 8
- HOME
- Scatter Site

SUPPLEMENTAL QUESTIONS FOR ALL APPLICANTS

Answer the following questions. Use additional sheets as necessary. The definitions of terms contained in the Entity and Individual Disclosure Statement applies to these questions.

1. Has the Applicant, any of its employees, or any Related Entity, or any of their respective Principals or Officers, ever been the subject of, or questioned relating to, an investigation by any Government Agency, including, but not limited to, Federal, State, and Municipal Authorities? If yes, provide details.
2. Has the Applicant, any of its employees, or any Related Entity, or any of their respective Principals or Officers, ever been subpoenaed by any Governmental Agency? If yes, provide details.
3. Has the Applicant, any of its employees, or any related Entity, or any of their respective Principals or Officers, ever paid any money, gratuity, or conferred any other benefit, for any purpose, on any public official or any City employee? If yes, provide details.
4. Have there ever been any notifications or findings against the Applicant or any of its contractors/subcontractors of underpayments relating to prevailing wage violations? If yes, provide details.
5. Has the Applicant, any of its employees, or any Related Entity, or any of their respective Principals or Officers, ever been the subject of a monitorship or certification on any public contract or imposed by any government agency, authority or instrumentality? If yes, provide details.
6. Has the Applicant or its principals received any information, or have any reason to believe, that the Applicant, its Principals, or any of its employees, have been associated, or suspected of being associated, with organized crime? If yes, provide details.

CERTIFICATION

I certify that the information set forth in or attached to this Supplemental Questions to Entity and individual Disclosure Statements form ("Supplemental Questions Form") is true and correct to the best of my knowledge and belief.

I am aware that the City of New York is relying upon all of the information set forth in or attached to this Supplemental Questions Form and that this Supplemental Questions Form is submitted to induce the City of New York to approve this application.

I am aware that this Supplemental Questions Form is part of a continuing application, and until such time as the application is finally and unconditionally approved by the City of New York, I will report any changes in or additions to the information set forth herein, and furnish such further documentation or information as may be requested by the City of New York or any agency thereof.

I understand that this Supplemental Questions Form is intended to be a written instrument under Article 175 of the New York Penal Law, and that the making of any false statement in this Supplemental Questions Form, or the failure to update this Certification prior to approval of the application, is a Class E Felony.

SIGNATURE:

PRINT NAME OF PERSON SIGNING ABOVE:

TITLE:

ENTITY (if any):

DATE: