

**SIMPLIFIED APPLICATION**  
**The New York State Individual and Family Grant Program**

**SECTION A – INFORMATION**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Telephone: ( 845 ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Business, Farm or Applying Entity (if applicable):  
\_\_\_\_\_

Address of Business: (if applicable):  
\_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Tax Identification Number or Social Security Number: \_\_\_\_\_ County of Business: \_\_\_\_\_

Type of Business, Farm or Applying Entity (If Applicable): \_\_\_\_\_

Number of Employees (as of June 28, 2006 not to exceed 500 full-time employees): \_\_\_\_\_

Nature of Loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Loss: \_\_\_\_\_  
\_\_\_\_\_

**SECTION B – PROOF OF OWNERSHIP/INTEREST (CHECK ONE AND ATTACH COPY)**

- |                  |                                                         |                                                 |                                                     |
|------------------|---------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| <b>Business</b>  | <input checked="" type="checkbox"/> DBA Form            | <input type="checkbox"/> Income Tax Form        | <input type="checkbox"/> Other (explain and attach) |
| <b>Operation</b> | <input type="checkbox"/> Certificate of Incorporation   |                                                 | _____                                               |
|                  | <input type="checkbox"/> Tax Identification Number Form |                                                 | _____                                               |
| <b>Residence</b> | <input type="checkbox"/> Recorded Deed                  | <input type="checkbox"/> Lease                  | <input type="checkbox"/> Other (explain and attach) |
|                  | <input checked="" type="checkbox"/> Mortgage Statement  | <input type="checkbox"/> Real Property Tax Bill | _____                                               |
|                  |                                                         |                                                 | _____                                               |

**SECTION C – ELIGIBILITY FOR STATE GRANT/PROOF OF LOSS\* (check one and attach copy)**

Eligible project costs include damage or destruction to primary residences, personal property, debris removal, emergency housing costs or real property, livestock, machinery or equipment used in the normal course of business and only those damaged or destroyed by the Floods of June 2006. These grants are not to exceed FIVE THOUSAND DOLLARS (\$5,000.00).

- Damage estimate or estimate of repair or replacement to damaged property
  - Letter of denial of insurance coverage for loss or proof of deductible from insurance company
  - Other, explain and attach
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**\*NOTE:** LOSS OF PERSONAL, BUSINESS OR FARM INCOME IS NOT ELIGIBLE UNDER THIS PROGRAM.

**SECTION D – CERTIFICATION**

Please complete the certification on **the following pages** (failure to do so renders application incomplete and ineligible for consideration).

**PLEASE TAKE NOTICE:**

- Your application must be postmarked by Tuesday, September 5, 2006 to be considered for this program.
- This application is a request for a grant and does not convey any award of funds.
- Please allow sufficient time for processing applications.
- Further verification may be required in some cases.
- New York State reserves the right to reject and return incomplete or ineligible applications.
- Program funding is limited. Funds may become exhausted after your application is received and before an award is made.

**Completed applications should be sent to:** New York State Department of Labor

P. O. Box 1279

Albany, NY 12201-1279

**CERTIFICATION**

State of New York, County of

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I am the owner, officer, partner, or sole proprietor of the business, farm, or agricultural enterprise known as:

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**OR:**

I am the owner, tenant or possess an ownership interest in the following real or personal property (if residence, provide address):

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I have previously applied for relief or have been awarded a grant under the following program(s):

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- I am applying for relief under the New York State Individual and Family Grant Program and certify that I have suffered a loss of equipment, property, livestock, machinery, residence (including debris removal, loss of use) or personal property.
- The lost property was used in the normal course of my business or farm operations and I have attached proof of ownership, if applicable.
- I certify under penalty of perjury that the attached application is submitted without any fraudulent intent. I am the authorized individual eligible to make application for my business or residence and this is the only application submitted for this business or residence under these programs. I understand that any award received by me must be used only to pay for the costs described in the application for which the award was granted and that the use of such funds for any other purposes is strictly prohibited.
- I have not received compensation from any insurance proceeds or grants from any other relief program for the portion of this loss for which I am applying for assistance. (Insurance deductibles and uncovered portion of losses are eligible.)
- I have read, accepted and agree to abide by the terms of the program procedures governing the New York State Individual and Family Grant Program which are the subject of the attached application.
- I certify my business, farm, or other entity was operational at the time of the Floods of June 2006.
- I authorize my insurance carrier to release to the New York State Department of Labor or its agent any information needed to verify my claim.
- I agree to indemnify and hold harmless the State of New York, as well as its agents and employees, for any claims arising from the administration of the Program.
- I certify the above information is true and correct to the best of my knowledge, and I understand that the intentional filing of a false instrument with a government agency is a felony. I agree that, should I subsequently become entitled to and receive compensation for the loss or losses that are the subject of this application, I will repay the State any such duplicative compensation.

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(Print Above listed Owner's Name)

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(Above Listed Owner's Signature)

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(Business/Farm/Entity Name, if Applicable)

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(Date)