

Friends of the North Country, Inc.

1387 Hardscrabble Road
Cadyville, NY 12918-1912

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Toll Free: 1-888-355-FONC (3662)
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Executive Director

Bruce Garcia
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Ethel Clarke
Vice Chair

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Secretary

Mark Kaiser
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Directors

Arthur LeFevre
Sustaining Member

Dear Client:

RE: Application

Please complete the attached forms and compile the necessary supporting documents listed on the enclosed document checklist, so that a Housing Counselor can assist you with your Housing issues.

Please call a counselor if you need any assistance completing the forms. When the forms are complete and you have all the necessary documents, please make the necessary arrangements to submit the completed application. Once the application is received it will be reviewed, and a counselor will contact you to continue the next steps of process.

Please note: Receiving or completing this application is **not** a guarantee to receive any specific grant program or service. We do not take walk-in appointments, so if you need assistance, please call the Housing Counseling Assistant to make an appointment.

Emails should be sent to the following addresses or calls should be directed to 518.834.9606 extensions as follows:

Sincerely,

The Housing Counseling Department

Emails should be sent to the following addresses or calls should be directed to 518-293-5045 extensions as follows:

Elizabeth Jent, Housing Counselor, ext. 126 or
ejent@friendsofthenorthcountry.org

Christina Piercy, Housing Counseling Counselor, ext. 125 or
cpiercy@friendsofthenorthcountry.org

Melissa Furnia, Director of Finance and Housing, ext. 134 or
mfurnia@friendsofthenorthcountry.org

- To assist with the provision of safe, decent, affordable housing
- To undertake economic development, which supports community wide revitalization.
- To identify, designate and restore locally significant historic structures.
- To generally act as facilitators in the process of stabilization, growth and development.

Friends of the North Country, Inc.

HUD Certified Housing Counseling Agency



REHAB Application Checklist PHASE 1

Please read, complete, and sign the following attached forms:

- ☐ Application
- ☐ Income and Expense Form
- ☐ Privacy Policy
- ☐ Disclosure Statement
- ☐ Consumer Agency Disclosure
- ☐ HOME Eligibility Release Form
- ☐ Authorization to Obtain/Release/Exchange Information
- ☐ Employment Status Certification Form

Please Collect **and copy** the following supporting documentation:

- ☐ Deed
- ☐ Most Recent Two Years of Land and School Tax Receipts
- ☐ Most Recent Mortgage Statement (if applicable)

Friends of the North Country, Inc.

APPLICATION

1. PERSONAL HOUSEHOLD INFORMATION

A. Applicant

B. Co-Applicant

Name:	Name:
DOB:	DOB:
S.S. #:	S.S. #:
Home Address: Town of: Mailing Address (if different):	Home Address: (if different than applicant)
Home Telephone #: Cell Phone #:	Home Telephone #: Cell Phone #
E-mail address:	E-mail Address:
Place of Employment: Name, Address & Phone #: Start Date:	Place of Employment: Name, Address & Phone #: Start Date:
Are you retired? YES / NO Are you a veteran? YES / NO	Are you retired? YES / NO Are you a veteran? YES / NO
Do you receive Disability Benefits? YES / NO	Do you receive Disability Benefits? YES / NO
Are you a U. S. Citizen? YES / NO If NO provide documentation of citizenship status	Are you a U.S. Citizen: YES / NO If NO provide documentation of citizenship status
Race (select primary): <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:	Race (select primary): <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:
Education: <input type="checkbox"/> GED <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year <input type="checkbox"/> Post-grad <input type="checkbox"/> Other:	Education: <input type="checkbox"/> GED <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year <input type="checkbox"/> Post-grad <input type="checkbox"/> Other:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other:

C. Other Members in Household

Name	Date of Birth	S.S. #	Disabled?
1.			Yes or No
2.			Yes or No
3.			Yes or No
4.			Yes or No

Are you related to any current Staff and/or Board Members of FRIENDS OF THE NORTH COUNTRY, INC:
Yes or No If yes, please state the persons name and relationship to you:

2. HOUSEHOLD INCOME INFORMATION:

Note: For purposes of determining program eligibility, please provide the following information, for ALL members of your household and for ALL sources of income.

FRIENDS OF THE NORTH COUNTRY, Inc. may ask for documentation later.

Sources of Income	Amount Received Monthly (GROSS)	Household Member Who Receives Income	Will there be any change in the next 12 Months?
Wages			
Social Security			
SSI/Disability			
Unemployment			
Worker's Comp			
Pension/Retirement			
Public Assistance			
Dividends &/or Interest			
Income from Real or Personal Property			
Alimony			
Child Support			
Earned Income Tax Credit (divided by 12)			
Rental Income			
Other:			
MONTHLY TOTALS	\$	\$	\$

****If you answered YES, income will change in the next 12 months, please explain:**

Are you seasonally employed: **YES / NO**, if yes please list Employer and Dates Employed:

3. PROPERTY INFORMATION

Do you own your home? **YES / NO** Do you have a mortgage? **YES / NO** Is your Mortgage current? **YES / NO**
If no, when was last payment? _____

If you have a mortgage please provide copy of most recent statement that shows monthly payment and balance. Name of lender: _____ Loan Number: _____

Deed-Date Recorded in County Clerks Office: _____ Book #: _____ Page # _____

Are your property and school taxes paid up-to-date? **YES / NO**

Do you pay water and/or sewer fees to Town or Village? **YES / NO**

Do you have Homeowners and/or Renters Insurance on your home? **YES / NO**

What year was your home built? _____ Is your home a Mobile Home? **YES / NO**

When (what year) did you buy your home? _____ How many bedrooms does your home have? _____

How many stories is your home? _____ Is your home in a flood affected area? **YES / NO**

Do you live at the residence for **at least** 6 months each year? **YES / NO**

Do you own other real estate? **YES / NO**

If yes, location and type (rental, business, camp, etc.) _____

Has this property had housing rehabilitation in the past? **YES / NO**

If yes, date of assistance: _____ **Source of assistance:** _____

Are there any **Judgments or Liens** held against you or this property? **YES / NO**

(such as: liens from Child Support, Medicare, Public Assistance, etc.)

If yes, please explain: _____

Source of Lien: _____

Name & Address of Lien holder(s): _____

Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer? **YES / NO**

Were you guaranteed a loan modification or asked to do any of the following

(please check all that apply): **Pay a fee**____ **sign a contract**____ **redirect mortgage payments**____ **sign over title to your property**____ **or stop making loan payments**____

4. HOUSEHOLD ASSETS

Please list all assets owned by all members of your household and how much each one is worth.

FRIENDS OF THE NORTH COUNTRY, Inc. may ask for documentation later.

Checking & Savings	Cash or Market Value (\$)
Account #:	\$
Name & Address of Bank:	
Account #:	\$
Name & Address of Bank:	
Cash on Hand	\$
Stocks, bonds, Treasury bills, certificates of Deposit (CD), and/or money market accts.	\$
SUBTOTALS-LIQUID ASSETS	\$
Real Estate-NOT including you home (please list parcels separately)	\$

Retirement/Pension Funds	\$
Net Worth of Business(es) Attach current financial statement	\$
Life Insurance:	Net Cash Value
	Face Value of Policy
Assets:	
1. Motorcycle	\$
2. Four wheeler	\$
3. Camper	\$
4. Other _____	\$
5. Other _____	\$
TOTAL HOUSEHOLD ASSETS	\$ _____

Automobiles Owned: (year, make, model, and payment (if any) for each vehicle)

1. _____
2. _____
3. _____

****IMPORTANT!!!! Please read these paragraphs about signing this application****

CERTIFICATION: By signing below, I, the undersigned, hereby certify that the statements and information contained in this application are true and correct. **WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document of jurisdiction of any Department or Agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both. **IN ADDITION,** I, the undersigned, acknowledge that the following statement of purpose has been read and, if necessary, FRIENDS OF THE NORTH COUNTRY, Inc. has been contacted for clarification: Housing Rehabilitation grants are for improving safety, sanitation and in some cases, code-related problems for low-income homeowners and are not intended for remodeling or cosmetic improvements. They are not a substitute for the responsibility of regular maintenance and upkeep and may not remedy every condition of the home that I may find displeasing. The rehabilitation may result in an increase in the assessed value of property and the amount of property insurance coverage required and a potential increase in property taxes. FRIENDS OF THE NORTH COUNTRY, Inc. has information available regarding household budgeting and property maintenance and upkeep so that homeowners can advance homeownership skills.

By my signature below, I verify that I am a legal resident of the United States.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Income and Expense Form

Income:	PER MONTH	NET
Your Employment Income (Gross)		
Your Spouses Employment Income (Gross)		
<i>The following categories should include income from all members of the household</i>		
Net Rental Income		
Bonuses		
Commissions		
Social Security and/or SSD or SSI		
Child Support		
Aid for Dependent Children		
Alimony		
Unemployment		
Other: _____		
TOTAL INCOME:		

Client Name:

Expenses:	PER MONTH
<i>Fixed Expenses:</i>	
<u>Auto:</u>	
Auto Insurance	
Auto Loan	
Auto Tags/Registration	
Auto Repairs/Maintenance	
Gasoline	
<u>Child support/Alimony</u>	
<u>Debts:</u>	
Credit card minimum payments	
Credit collections	
Bankruptcy	
Installment Loans	
Student Loans	
<u>Housing Payment:</u>	
1st Mortgage	
2nd Mortgage	
Homeowner's/Rental Insurance	
Property Taxes	
Lawn Care/snow removal	
Rent	

When entering your income and expenses make sure you enter items on a monthly basis.

Example: If you do not have a monthly fuel oil budget, take the amount you pay per year and divide it by 12 to get a monthly figure. Please call with any questions.

Your counselor will use this form to help you prepare a sustainable budget.

Complete this form accurately as the information is being used to develop counseling strategies.

Please sign this box when you complete the form.

Sign Here:

<u>Insurance:</u>			
<i>Accident and Disability</i>		<u>Household:</u>	
<i>Health Insurance</i>		<i>Alcoholic Beverages</i>	
<i>Life Insurance</i>		<i>Allowance for Children</i>	
<u>Medical:</u>		<i>Checking Account Fees</i>	
<i>Dentist</i>		<i>Barber/Beauty Shop</i>	
<i>Doctor Visit/Copay</i>		<i>Child Care</i>	
<i>Medications</i>		<i>Tobacco</i>	
<u>Miscellaneous:</u>		<i>Cleaning Supplies</i>	
<i>School fees (books, supplies, etc.)</i>		<i>Clothing</i>	
<i>Other</i>		<i>Personal Items/Toiletries</i>	
		<i>Family Pictures/Photos</i>	
<u>Utilities:</u>		<i>Laundry/Cleaning</i>	
<i>Cable TV</i>		<i>Mad Money</i>	
<i>Cell Phone</i>		<i>Repairs/Maintenance</i>	
<i>Electricity</i>		<i>Movie Rental</i>	
<i>Trash Services</i>		<i>Pest Control</i>	
<i>Heating (Natural Gas or Oil)</i>		<i>Vacations</i>	
<i>Water/Sewer</i>		<i>Other</i>	
<i>Telephone (Landline)</i>		<i>Pet Supplies/Expenses</i>	
<i>Internet</i>		<i>Public Transportation</i>	
		<i>Rental Property</i>	
<i>Discretionary Expenses:</i>		<i>Tax (not included elsewhere)</i>	
<u>Charity:</u>		TOTAL EXPENSES:	
<i>Church donations</i>		NET SURPLUS/DEFICIT:	
<i>Other gifts/donations</i>			
<u>Entertainment:</u>			
<i>Athletic events/hobbies</i>			
<i>Dining out</i>			
<i>Books/newspapers/magazines</i>			
<i>TV streaming (Netflix/Hulu etc.)</i>			
<i>Video games</i>			
<i>Other:</i>			
<u>Gifts:</u>			
<i>Birthday gifts</i>			
<i>Holiday gifts</i>			
<u>Food and groceries:</u>			
<i>Food at work</i>			
<i>Groceries</i>			
<i>Meal delivery (takeout, Hello Fresh, etc.)</i>			

Friends of the North Country, Inc.

Privacy Policy

Friends of the North Country, Inc. (FONC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your personal information, including your debt, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization; granted in the Authorization to Release/Obtain Information form. *However, we may use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.*

Release of your anonymous aggregated information to third parties:

FONC may disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process). Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you per your request. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Release of your anonymous aggregated information if you are a client of the Home Owner Protection Program (HOPP)

Your name and telephone number will not be shared with other parties, but other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funders of foreclosure prevention services.

I have read and understand this policy and a copy was given to me for my records.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

DISCLOSURE STATEMENT

Friends of the North Country, Inc. is a private non-profit organization, that has been assisting residents with their housing needs since 1981. The agency offers a variety of housing related services including home improvement grant and loan programs, and residential and foreclosure prevention assistance counseling. The Agency also provides assistance to local governments for community planning efforts and community facility projects. **Friends of the North Country, Inc.**, is a New York State Rural Preservation Company and was certified as a HUD Housing Counseling Agency in April 25, 2004.

Friends of the North Country, Inc. provides services to New York State residents to assist in such areas as:

- First Time Home Buyer Education and Financial Literacy Education workshops
- Assisting clients in becoming first time home buyers
- Home Improvement Programs to assist existing homeowners in maintaining their homes
- Sustaining and revitalizing neighborhoods
- Providing support and non-profit partner referrals for clients to access additional support services to enhance the quality of their lives

Our Mission Statement: Friends of the North Country, Inc. is to assist with the provision of housing, Friends is committed to improving housing conditions and increasing housing choices. In support of this mission we provide:

- Housing Counseling both pre-purchase and post-purchase: funds provided by HUD/NYSHCR
- Foreclosure Prevention Counseling: funds provided by HOPP/BOA (NYS Attorney General), NFMC, HUD/NYSHCR
- Administration of funds from the NYS Affordable Housing Corporation to assist income eligible existing home owners with health and safety issues
- Administration of funds from the NYS HOME Program to assist income eligible existing home owners with health and safety issues
- Administration of funds from the NYS Access to Home Program to provide financial assistance to property owners to make dwelling units accessible for low and moderate income persons with disabilities
- Administration of funds from the NYS Community Development Block Grant in order to develop viable communities by providing decent, affordable housing, and suitable living environments, as well as expanding economic opportunities, principally for persons of low and moderate income.
- Administration of funds from the NY Main Street Programs to provide financial resources and technical assistance to communities to strengthen the economic vitality of the State's traditional Main Streets and neighborhoods

Friends of the North Country, Inc. clients are not required to utilize any other programs provided to receive counseling of any type. Counseling services are free of charge and there are no income restrictions for housing and foreclosure prevention counseling. A credit report fee may be assessed.

By signing this disclosure I understand that I am not under any obligation to utilize any of Friends of the North Country, Inc. other services or programs in order to receive counseling services. I also recognize that I am under no obligation to utilize the services provided by Friends of the North Country, Inc.

Signature_____ Date _____

Signature_____ Date _____

Friends of the North Country, Inc.
HUD Certified Housing Counseling Agency

Consumer Agency Disclosure

Page 1 of 2

The purpose of this disclosure is to enable you to make informed decisions when working with Friends of the North Country. **THIS IS NOT A CONTRACT.** It is a disclosure notice for your information and protection.

CONSUMER INFORMATION

Friends of the North Country, Inc. provides housing counseling assistance and also may offer, from time to time, a variety of housing assistance programs. Friends of the North Country is aware of other service providers throughout the North Country and has provided me with at least three referrals for them. All materials and referrals are provided for your information and assistance, to enable you to make suitable choices. If you would like Friends of the North Country to assist you with other agency programs, you can complete an Authorization to Release Information form so that your counselor can provide information to the service provider you choose to work with. Friends of the North Country works to ensure your privacy. Housing counselors endeavor to provide assistance with care and accountability.

CONSUMER RESPONSIBILITY

Assistance provided to you by a housing counselor does not relieve you, the consumer, of the responsibility to protect your own interests. Any questions on whether a program is right for you, and how programs work, should be posed to your counselor. If you need advice for legal, tax, insurance or other matters it is your responsibility to consult an appropriate professional for those areas. In addition, if you are in a home buying or refinancing situation, there are many different lenders, types of lenders, and loan products (and properties) to investigate. Friends of the North Country can provide multiple referrals to a variety of providers of these types of services. This information is provided for your information and protection only; Friends of the North Country does not have interests in promoting particular entities, and the provision of information does not necessarily constitute a recommendation or endorsement.

ACKNOWLEDGMENTS

I _____, (Counselor) have provided this disclosure form to
_____ (Client) on the _____ day of _____ 20____.

Counseling services will be provided by staff Housing Counselors Elizabeth Jent, Christina Piercy, and/or Director of Finance and Housing Melissa Furnia, per the above-named consumer's request.

I have read this agency disclosure form IN ITS ENTIRETY. I understand that this form is for agency disclosure AND NOT A CONTRACT. It was provided to me by the housing counselor or director named above.

_____, 20 ____
Signature of Consumer(s) (Month) (Day) (Year)

OR

___ As a consumer I recognize that I need not select any housing counseling agency assistance at this time. Therefore, I decline to sign this disclosure. Any additional reason for declining to sign:

_____, 20 ____
Signature of Consumer(s) (Month) (Day) (Year)

HOME Program Eligibility Release Form

Organization requesting release of information
(PJ name, address, telephone, and date)

Information Covered: Inquiries may be made about
items initialed by applicant/tenant.

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME TBRA Program
HOME Homebuyer Program
HOME Rental Rehabilitation Program
HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:
Family Member HEAD

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #3

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #4

X

Friends of the North Country, Inc.
1387 Hardscrabble Road
Cadyville, NY 12918
518-293-5045
www.friendsofthenorthcountry.org

Authorization to Obtain/Release/Exchange Information

I/we hereby authorize Friends of the North Country, Inc. to release/exchange/obtain information from my/our records in order to assist me/us in resolving my/our counseling situation (i.e. Credit card debt, mortgage delinquency, housing rehabilitation). I/we authorize Friends of the North Country, Inc. to share my/our information with HUD for the purposes of grant oversight and Housing Counseling Program Compliance.

My/our information will be released/exchanged/obtained only to those institutions, companies and agencies that Friends of the North Country, Inc. a HUD certified Housing Counseling Agency believes can provide assistance in resolving my/our financial situation. Examples of such entities include credit card companies, mortgage servicers, mortgage investors, public agencies, law enforcement agencies and other nonprofit organizations. Likewise information obtained will only be used as a tool for counseling strategies.

I/we understand that the provision of services at Friends of the North Country, Inc. is not contingent upon my decision concerning the release/exchange or obtainment of information.

The doctrine of informed consent has been explained to me/us, and I/we understand the contents to be released/exchanged/obtained, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I/we hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I/we further acknowledge that I/we may revoke this consent at any time except to the extent that action based on this consent has been taken. I/we also acknowledge that a copy of this form is as valid as the original.

Consumer (printed) _____

Consumer (signed) _____ Date _____

Consumer (printed) _____

Consumer (signed) _____ Date _____

Property Address: _____

Loan Number (if applicable): _____

Counselor (printed) _____

Counselor (signed) _____ Date _____

Employment Status Certification Form

Date: _____

I, _____ (*print name*) certify that:

(*check one*) ☐ I am not working now **OR**

☐ I am working, approximately _____ hours per week, with
(name of employer) : _____,
at (*address*): _____,
and I started there on (*date*): _____.

My last (or previous) employment was with:

_____,
at (*address*): _____,
and ended on (*date*): _____.

The reason for my unemployment (*if applicable*) is:

_____.

☐ I expect to return to work on _____.

or

☐ I do not expect to return to work because: _____

_____.

Signed as of the date first noted on this document,

Signature

Employment Status Certification Form

Date: _____

I, _____ (*print name*) certify that:

(*check one*) ☐ I am not working now **OR**

☐ I am working, approximately _____ hours per week, with
(name of employer) : _____,
at (*address*): _____,
and I started there on (*date*): _____.

My last (or previous) employment was with:

_____,
at (*address*): _____,
and ended on (*date*): _____.

The reason for my unemployment (*if applicable*) is:

_____.

☐ I expect to return to work on _____.

or

☐ I do not expect to return to work because: _____

_____.

Signed as of the date first noted on this document,

Signature



Governor Andrew M. Cuomo

New York State Notice of Important Document

ENGLISH	This is an important document. If you need help to understand it, please call 1-888-469-7365. An interpreter will be provided free.
Español Spanish	Este es un documento importante. Si necesita ayuda en entenderlo, por favor llame al 1-888-469-7365. Se le proveerá un intérprete gratis.
简体字 Simplified Chinese	这是一份重要文件。如果您需要帮助理解此文件，请打电话至1-888-469-7365。您会得到免费翻译服务。
繁體字 Traditional Chinese	这是一份重要文件。如果您需要帮助理解此文件，请打电话至1-888-469-7365。您会得到免费翻译服务。
Kreyòl Ayisyen Haitian Creole	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-888-469-7365. Y ap ba ou yon entèprèt gratis.
Italiano Italian	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-888-469-7365. Un interprete sarà disponibile gratuitamente.
한국어 Korean	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: 1-888-469-7365. 무료 통역이 제공됩니다.
Русский Russian	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-888-469-7365. Переводчик предоставляется бесплатно.
Język Polski Polish	To jest ważny dokument. Jeżeli Pan/Pani potrzebuje pomocy w zrozumieniu go, prosimy zadzwonić pod numer 1-888-469-7365. Bezpłatnie zapewnimy usługi tłumaczeniowe.