

New York State Homeowner Assistance Fund (NYS HAF) Request for Review

Please submit this Request for Review form if you believe the NYS HAF Program has made an error regarding your eligibility for the program, if you want to dispute the amount awarded, to reactivate an inactive application, or contest a fraud determination on your application. **This form must be submitted within ten (10) business days of the determination that you wish to dispute.**

Instructions

Please complete this form and submit it to review@nyhomeownerfund.org
You may contact the NYS HAF Call Center for assistance at **1-844-77-NYHAF**
(1-844-776-9423)

We will respond in writing within 15 business days of submission.

Applicant Name (Please print) _____

Current Phone Number _____

Address _____

Application # _____

Date of Eligibility/ Award / Inactive / Fraud Determination: _____

PLEASE NOTE: While submitting new information / documentation is not required, doing so will help us better understand and process your Request for Review.

Reason for Request for Review

Please check the box for the reason for your Request for Review and attach documents as described below. Official program information about eligibility and award calculation may be found in the [HAF Policy Manual](#).

Eligibility

NYS HAF determined that I do not own my home.

Please select which document(s) you have attached to support your claim that you own the home:

- Title Deed / Grant Deed
- Land Contract
- Homeowner's Insurance Policy
- Co-op Lease (Proprietary Lease)
- HOA or Co-Op Statement
- Heirship documentation or will
- Other _____

NYS HAF determined that my property type is not HAF-eligible.

Please select which document(s) you have attached to support your claim that your property type is HAF-eligible:

- Title Deed / Grant Deed
- Land Contract
- Property Tax Bill
- Homeowner's Insurance Policy
- Co-op lease (Proprietary Lease)
- HOA or Co-op Statement
- Heirship documentation or will
- Other _____

NYS HAF determined that I do not occupy my home as my primary residence.

Please select which document(s) you have attached to support your claim that the property is your primary residence. Document(s) must include applicant name AND address:

- Mortgage statement
- Utility bill
- Phone bill
- Cable bill
- Pay stub (most recent)
- 2022 income tax return

Valid government-issued ID card, such as a current driver's license or current voter registration card

NYS HAF determined that my mortgage loan was above the maximum eligible size (exceeds the Conforming Loan Limit (CLL)).

Please select which document(s) you have attached to show that in the year your mortgage loan was issued to you, the loan amount did not exceed the federal CLL. You can find the applicable CLL listed by county [here](#). [Section 6 of the "Mortgage Reinstatement/Principal Reduction (MR/PR) Eligibility Criteria" section of the [NYS HAF Policy Manual](#)]:

Servicer/lender documentation showing the unpaid principal balance (UPB) at the time of loan origination, such as a copy of your promissory note, or a copy of your signed closing disclosures (Please note that unsigned closing disclosures/unsigned loan application documentation is insufficient).

Mortgage statement showing unpaid principal balance (UPB) at the time of origination

Other _____

NYS HAF determined that it could not assist me without exceeding the maximum award size.

If you are seeking mortgage assistance and owe less than \$95,000 on your account, provide an account statement showing the amount owed to your mortgage servicer.

If you are seeking non-mortgage assistance and owe less than \$50,000, provide an account statement(s) showing the amount(s) owed.

If you are seeking mortgage assistance only and owe more than \$95,000 on your account, but have personal funds available to pay the amount owed above \$95,000, please provide proof of payment (for example, a copy of the check or wiring confirmation, or a bank statement showing the withdrawal).

If you are seeking non-mortgage assistance only and owe more than \$50,000, but have personal funds available to pay the amount owed above \$50,000, please provide a bank statement, an approval letter from another grant program, and/or other documentation showing you have the funds available to cover what you owe in excess of \$50,000.

NYS HAF determined my household income is above 100% of the area median income (AMI).

Please select which document(s) you have attached to support your claim that your household income is not above 100% of AMI:

- Income-based benefit statement from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance (Family Assistance / Safety Net Assistance), Home Energy Assistance Program (HEAP), Section 8, or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

If none of the above apply, please submit documents as described in the table below:

Please select which document(s) you have attached to support your claim that your household income is not above 100% AMI:

IF YOU OR ADULT HOUSEHOLD MEMBERS....	THEN PROVIDE....
File annual tax returns	<input type="checkbox"/> 2022 tax returns for all adults residing in the household, OR as many of the following as applicable: <ul style="list-style-type: none"> <input type="checkbox"/> most recent paycheck/stubs from all adult household members <input type="checkbox"/> benefit letters from any government agencies from which any adult household member receives money regularly <input type="checkbox"/> dividends from stocks or payouts from retirement plans, OR <input type="checkbox"/> If any adult household members are unable to substantiate their income through the above documentation, or if they don't have income, a NYS HAF attestation of income.
Do not have tax returns but receive wages from your employer	<input type="checkbox"/> 2022 W2, OR <input type="checkbox"/> One most recent paycheck or pay stub, OR <input type="checkbox"/> Letter from employer stating pay and hours for all adult members of the household. In addition, you must provide documentation for all other types of household income from this list
If you have self-employment income / gig worker income not reflected in a 2022 tax return	<input type="checkbox"/> IRS 1099 form for adult household members; In addition, you must provide documentation for all other types of household income from this list.
Receive pension / retirement income	<input type="checkbox"/> Pension or annuity benefits statement for all adult household members

Receive Social Security income, worker's compensation, unemployment, foster care	<input type="checkbox"/> Benefits statement or award letter for all adult household members
Receive rental income	<input type="checkbox"/> Written lease or rent receipts for all rental units
Other	<input type="checkbox"/> _____

NYS HAF could not verify my identity.

Please select which document(s) you have attached to verify your identity (PDF or photo of document is acceptable):

- Passport
- Social Security Card
- Driver's license
- Military ID
- Naturalization Certificate
- Lawful Permanent Residency Card
- Other Government Issued Photo ID

NYS HAF determined that my mortgage modification offer resolved my outstanding arrears without program assistance.

To verify that your mortgage modification offer did not resolve your outstanding arrears, you MUST submit documentation that demonstrates that the only modification offers received by your servicer would:

- Increase your monthly payments, AND / OR
 - Require you to pay more than 50% of your gross monthly household income towards your monthly mortgage principal and interest, taxes, insurance, and/or condo / co-op / HOA fees. To contest this, provide a recent mortgage statement or other documentation that proves that your new monthly mortgage payment after the modification will be more than 50% of your current gross monthly household income.
- OR
- Require you to pay your missed or forborne payments in a lump sum or repayment plan, instead of deferring or recapitalizing those amounts.
 - I never received a loan modification, deferral, or other offer from my servicer.

NYS HAF determined that I cannot afford my ongoing housing costs.

To contest this, you must provide a statement explaining why you indicated that you are unable to pay ongoing housing costs in your application.

NYS HAF determined that I am not delinquent on any eligible housing payments
Please attach documents as described in the chart below.

Please select which document(s) you are submitting to show that you are delinquent (at least 30 days past due) on your housing payment:

IF YOU ARE...	THEN PROVIDE...
Delinquent on your MORTGAGE	<input type="checkbox"/> Mortgage statement showing default status
Delinquent or coming out of forbearance on a MANUFACTURED home loan (e.g., chattel loan or retail installment contract)	<input type="checkbox"/> Letter from your chattel lender showing your amount past due; OR <input type="checkbox"/> Copy of your rent to own or retail installment contract showing the amount you are past due
Delinquent on COOP or CONDO CHARGES	<input type="checkbox"/> Bill or statement from your Co-oP or condo association or your management company showing your amount past due
Delinquent or coming out of forbearance on a REVERSE MORTGAGE	<input type="checkbox"/> Mortgage statement showing default status
Delinquent on your PROPERTY TAXES (including Sewer and Water)	<input type="checkbox"/> Statement from your property tax collector showing the amount that is past due

Inactive File

My file is inactive and I have new documents to submit.
To reactivate your application, you MUST submit the documentation NYS HAF requested before your application became inactive and state the reason for your inactivity and untimely response to the program’s request(s). Failure to provide this information may result in the denial of your RfR without review.

Award Amount

I believe my NYS HAF award amount is incorrect.
Please check the box for what documentation you are submitting to show why the amount of your NYS HAF award is incorrect. Please note that NYS HAF will only revise your award if you show delinquent amounts for eligible costs that were due and owing as of the date of the award. For non-mortgage arrears, costs must have been due prior to January 1, 2023 and for county/municipal debts, made part of a collection lien:

- Loss mitigation offer / workout letter
- Statement of amount owed from the entity you owe (e.g. co-op association, tax authority, etc)
- Other _____

Please provide one of the following forms of documentation to support your request:

- Proof current arrears are less than \$50K if seeking non-mortgage assistance or less than \$95K if seeking mortgage assistance
- Proof of additional funds to pay toward arrears exceeding \$50K if seeking non-mortgage assistance or less than \$95K if seeking mortgage assistance
- Documentation from your mortgage servicer offering a newly available loss mitigation option

Fraud Determination

- My application was deemed ineligible due to potential fraud

Please note: If you are completing this Request for Review form to contest a potential fraud determination, submit this form to fraudreview@nyhomeownerfund.org within five (5) business days of the date on the notification letter you received, including your reasons for requesting a review and any relevant documentation. The program will review Requests for Review and respond within 15 business days of receiving the Request for Review. Please note that all Request for Review determinations are final and cannot be appealed.

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