## Multifamily Housing Request to Exercise Option to Receive Vacancy Claims Housing Participants in Sandy Declared Disaster Counties

Name of Owner/General Partner: Project Name: Contract/Project Number: Total Number of Assisted Units: Address: City or Locality: County: State:			
Presidentially Declared Disaster area you wish to exercise your option to r	as where part or all the pro- receive vacancy claims on ration of vacancy payments of for vacancy payments of e submitted for each month		ly, you
As a condition of receiving payment within two weeks of determination of possible. In addition, you must certificate the condition of the cond	of the need to use the requir	Notice, you must submit this request to rements in this Notice, or as soon as	HUD
I certify that there are unit units are listed on the attached.	ts that are uninhabitable	at the project as a result of Sandy. T	Γhose
HUD will prosecute false claims & statement 1012; 31 U.S.C. 3729, 3802)	nts. Conviction may result in cri	minal and/or civil penalties. (18 U.S.C. 1001,	1010,
Submission Instructions:			
Complete this form, scan and su Program Center Director.	ıbmit via email to your Field	Office Multifamily Housing Director or	
Requester's Name (Signature)	Requester's Name (Print)	Date	
Please check the appropriate box below  Owner	Management Agent		

<sup>&</sup>lt;sup>1</sup> Uninhabitable refers to a unit that is pending storm damage restoration and may or may not be vacant.

Project Name:													
Contract/Project Number:  Month: Uninhabitable Units:													

Internal HUD Distribution:									
HTHH Sharkey HTH Brennan		HT Golrick		-					
CAHB Forrester		CAD .	CAD Acevedo		H Marin				
Identification Lines:									
J:\HMIP\HTHH\ Request to Exercise Option to Receive Vacancy Claims Sandy Disaster									
Correspondence	Originator	Concurrence	Concurrence	Concurrence	Concurrence	Concurrence	Concurrence		
Code	HTHH	HTH	HTH	HT	CAHB	CAD	Н		
Name	Sharkey	Viviani	Brennan	Golrick	Forrester	Acevedo	Marin		
Date									