
**Communication Designee Form
New York State Homeowner Assistance Fund Program**

Permission to Speak With Your Point of Contact

Please note: This form can be completed by hand or electronically. If you are completing the form electronically, please download this form before typing into the fields below.

This section should be completed by _____ only.

Applicant Name

We understand that the organization or person below is helping you with your NYS HAF application:

Designee Organization or Individual Name

Designee Phone Number

Designee E-mail Address

Please sign or type your name below to give the above organization or individual permission to communicate with the program about your application.

Applicant Name

Date

Application Number (if known)

**You can contact NYS HAF to revoke this designation at any time.
NYS HAF Call Center: 1-844-77-NYHAF (1-844-776-9423)**