

**2024-2026 New York State Shelter Arrears Eviction Forestallment Program
District Participation Form**

On behalf of the Albany County Department of Social Services, I, Erin M. Stachewicz, as Commissioner of the Albany Department of Social Services, confirm that I have received the 2024-2026 New York State Shelter Arrears Eviction Forestallment (SAEF) Program Guidance and Allocations Local Commissioners Memorandum (LCM). In accordance with the instructions included in the LCM, I am electing to:

Participate in the SAEF program and use the 2024-2026 allocation. I accept my district's allocation amount of \$1,109,923.00.

OR

Participate in the SAEF program and use a lower amount than the 2024-2026 allocation amount provided. I accept an allocation amount of _____.

OR

Not participate in the 2024-2026 SAEF program.

Completed by:  Date: 1/14/2024
Commissioner's Signature