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REVISION TO CITYFHEPS RENT LEVEL INCREASES AND PROGRAM CHANGES FOR APARTMENTS AND SINGLE ROOM OCCUPANCY (SRO) UNITS, AND INTRODUCTION OF STATEWIDE CITYFHEPS
(This Policy Bulletin Replaces DSS-PB-2024-002)

Subtopic(s): Rental Assistance

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■ BACKGROUND

CityFHEPS is a rental assistance supplement administered by the Department of Social Services (DSS) to help individuals and families find and keep housing. CityFHEPS is available to eligible individual adults, adult families, and families with children, who reside in Department of Homeless Services (DHS) and Human Resources Administration (HRA) shelters, as well as households in the community at risk of homelessness.

■ REVISIONS TO THE PREVIOUS POLICY BULLETIN

This policy bulletin is being revised to include the following information:

- There are new guidelines on lease start dates and rent proration based on when CityFHEPS packets are submitted. Please refer to the [Guidelines for Lease Start Dates and Rent Proration](#) section of this procedure for more information.
- The CityFHEPS Time Limited Zip Code-Based Landlord Bonus (“landlord bonus”) expired on June 30, 2024, and is not being extended at this time. Please refer to the [Expiration of the CityFHEPS Time Limited Zip Code-Based Landlord Bonus](#) section of this procedure for more information.

■ INTRODUCTION

Payment Standards and Utility Allowance:

On September 1, 2021, the CityFHEPS rent levels for apartments and single room occupancy (SRO) units were indexed to the Section 8 payment standard adopted by the New York City Housing Authority (NYCHA). At that time, a utility allowance process was implemented requiring any utilities paid by the tenant to be subtracted from the payment standard. The current CityFHEPS payment standards and utility allowance amounts became effective on January 1, 2024.

Program Changes:

On January 10, 2023 and June 16, 2023, changes were approved to the CityFHEPS program which impacted some of the CityFHEPS eligibility requirements.

Statewide CityFHEPS:

As of July 16, 2023, CityFHEPS vouchers can be used to rent an apartment anywhere within NYS. Previously, CityFHEPS vouchers were limited to apartments within the five boroughs of New York City (NYC).

■ REQUIRED ACTION

Aside from the information mentioned in this policy bulletin, all other aspects of the CityFHEPS program stated in [DSS-PB-2021-009](#) remain the same.

Statewide CityFHEPS

CityFHEPS participants are allowed to use their vouchers to rent an apartment anywhere within NYS. All households with a valid CityFHEPS shopping letter in shelter or in the community can move outside of NYC. Current CityFHEPS participants approved for a good cause transfer may also relocate.

Note: Participants who are renting a single room in an apartment or an SRO unit may only do so within the five boroughs of NYC.

The payment standard (i.e., maximum rent) is not the amount provided on the participant's shopping letter; the maximum rent will be the maximum amount allowed for the county that their housing is located.

The CityFHEPS program operates the same regardless of whether a participant rents a unit outside of NYC. Participants are eligible for four annual renewals with the potential for additional years due to good cause.

Revised Forms for Statewide CityFHEPS:

All applicable forms were revised to address statewide CityFHEPS. Any form that provides the payment standards and/or utility allowance amounts will continue to only reflect the amounts for NYC; however, these forms direct applicants/participants and landlords to the DSS CityFHEPS website for the statewide maximum rent amounts.

Please refer to the [Revised Forms for Statewide CityFHEPS](#) section of this procedure for a list of the forms that were revised to address the statewide option.

Forms and Tools for Statewide CityFHEPS:

The following forms and tools were created to assist applicants/participants, staff, and landlords with statewide CityFHEPS:

- CityFHEPS Landlord Utility Information Form (Outside of New York City) (**DSS-8y**)
- Statewide CityFHEPS Frequently Asked Questions for Landlords and Property Owners (**DSS-8z**)
- Statewide CityFHEPS Frequently Asked Questions (**DSS-9n**)
- Apartment Review Checklist for Outside of NYC (**DSS-10h**)

- CityFHEPS Out-of-City Calculator (**Attachment A**)
- Statewide CityFHEPS Maximum Rents by County (**Attachment B**)

Please refer to the [Forms for Statewide CityFHEPS](#) section of this procedure for more detailed information on these forms.

Payment Standards for Outside of New York City

The payment standards (i.e., maximum rent amounts) for CityFHEPS participants renting outside of NYC are based on the county of the rental unit and are set to the local standard. The payment standards by county are provided on the Statewide CityFHEPS Maximum Rents by County (**Attachment B**).

Utility Allowance for Outside of New York City

The same process for CityFHEPS utility allowance for units within NYC applies to apartment rentals outside NYC. Any utilities paid by the tenant must be subtracted from the payment standard.

For tenants who are renting apartments outside of NYC, but within NYS, there are two utility allowance schedules as follows:

1. Westchester County
2. NYS Counties Other Than Westchester and New York City

These two utility allowance schedules are provided on the new CityFHEPS Landlord Utility Information Form (Outside of New York City) (**DSS-8y**).

Please refer to the [CityFHEPS Utility Allowance Schedules](#) section of this procedure for more information, including where to find each of the utility allowance schedules.

Impact of Benefits for Participants Moving Outside of NYC

If a CityFHEPS participant moves outside of NYC but within NYS, and they receive ongoing Cash Assistance (CA), Medicaid (from HRA), and/or Supplemental Nutrition Assistance Program (SNAP) benefits, NYC will remain responsible for up to one month after the participant moves. In these situations, participants will need to apply for benefits in their new county. If eligible, their ongoing Public Assistance (PA) benefits may be adjusted to the local levels and DSS will calculate the CityFHEPS subsidy amount to align with the PA levels in the participant's county.

Staff can use the CityFHEPS Out-of-City Calculator (**Attachment A**) to determine the information required for shopping letters and household share letters for apartments being rented outside of NYC.

Staff must provide the following required information in the **Input** tab:

- County (selected from the dropdown list)
- Household Composition
- CA Case Status (Select “Active” or “Not Active”)
- Monthly Gross Income Information (Earned and Unearned Income)

Once this information has been entered, the calculator will return the results in the **CityFHEPS Calculator Output** tab.

CityFHEPS Payment Standards

As mentioned previously, rooms and SRO units with CityFHEPS are only available within New York City and are not included in Statewide CityFHEPS. The payment standard refers to the maximum number of bedrooms for which HRA will pay. Payment standards are based solely on the number of individuals residing in the assisted household. HRA will allow one bedroom or sleeping area per two individuals.

If a tenant rents an apartment with fewer bedrooms than what is listed on their shopping letter, the standard will be consistent with the number of bedrooms in the unit, not the number of bedrooms on the shopping letter.

A tenant may rent an apartment with more bedrooms than what is listed on their shopping letter provided that the landlord accepts the maximum rent amount they are assigned. For example, a tenant with a shopping letter for a one-bedroom apartment can rent a two-bedroom apartment if the landlord accepts the one-bedroom payment standard for that apartment.

The maximum payment standards include all utilities. If all utilities are not included, the rent must be reduced by a utility allowance. Please refer to the [CityFHEPS Utility Allowance Schedules](#) section of this procedure for more information on the utility allowance, including where to find each of the utility allowance schedules.

Note: If monthly rent for the CityFHEPS unit is greater than the payment standard for the household size and the household demonstrates the ability to pay the excess rent over the payment standard, the household may be permitted to pay no more than 40% of the monthly household income total (30% of income + excess rent over the payment standard).

As a reminder, to be eligible for CityFHEPS, at least one member of the household must be a citizen or have a satisfactory immigration status that would allow them to be found eligible for Cash Assistance (CA). Household members who are, or would be, ineligible for CA benefits due solely to immigration status may not be counted as household members when calculating the subsidy amount.

When the CityFHEPS rent levels were indexed to the Section 8 payment standard on September 1, 2021, landlords were no longer eligible for twelve (12) months of upfront rent (i.e., first full month and the next 11 months). Currently, landlords are only eligible to receive upfront rent for one month or four (4) months (i.e., first full month and the next three months).

Where to find the Payment Standards

- **Within NYC** - The payment standards for units within the five boroughs of NYC can be found on the DSS CityFHEPS Payment Standards (**DSS-8r**).
- **Outside NYC** - The payment standards for units outside NYC but within NYS can be found on the Statewide CityFHEPS Maximum Rents by County (**Attachment B**)

CityFHEPS Utility Allowance Schedules

As previously mentioned, any utilities paid by the tenant must be subtracted from the payment standard. The amount that is subtracted is called the utility allowance, which is designated by DSS as reasonable allowance to cover monthly utility bills. Utility allowances are determined based on the typical cost of utilities and services paid by households occupying housing of various sizes. All CityFHEPS packets submitted to HRA for approval must include leases that already account for any utility allowance that needs to be subtracted from the rent.

The utility allowance must be subtracted from the rent even if the unit is rent-regulated and below the maximum payment standard. If a tenant rents a unit that has more bedrooms than the number listed on the shopping letter, the utility allowance amount is calculated according to the number of bedrooms on the shopping letter, not the unit.

Please refer to the [Reminders on Payment Standard and Utility Allowance Forms](#) section of this procedure for information on the forms that assist with calculating the utility allowance.

Where to find the Utility Allowance Schedules

- **Within NYC** – The utility allowance schedule for units within the five boroughs of NYC can be found on the DSS CityFHEPS Payment Standards (**DSS-8r**) and the Landlord Utility Information Form (**DSS-8q**).
- **Outside NYC** – The utility allowance schedule for units outside NYC but within NYS can be found on the CityFHEPS Landlord Utility Information Form (Outside of New York City) (**DSS-8y**).

As mentioned previously, the following are the two utility allowance schedules for outside NYC:

- Westchester County
- NYS Counties Other Than Westchester and New York City

Utility Payments Issued to Participants

If some or all utilities are not covered in a participant's rent, and their rent is less than the maximum allowed, they will receive an allowance for those utilities. The utility allowance will first be deducted from the participant's household share if they have one.

If the utility allowance exceeds the amount of the participant's household share, the participant will be sent a check for the remaining amount so they can pay for the utilities directly, which is referred to as a "utility payment." When participants are issued a utility payment, they will receive the CityFHEPS Utility Payment Notice (**DSS-9p**). The **DSS-9p** provides information to participants on utility payments and explains that they must use the payment to pay for their utilities directly.

Additionally, if the participant is in receipt of CA, DSS will also deduct the Home Energy Allowance (HEA) and Supplemental Home Energy Allowance (SHEA) that are part of their CA grant.

Maximum Allowable Rent Calculations and Final Rent Determinations

The examples in this section are based on the payment standards and utility allowance amounts for NYC as of January 1, 2024. The maximum rent amount that may be approved (i.e., final rent) must be the lesser of the maximum allowable rent and the legal rent. This applies to rent-regulated units and unregulated units. To calculate the maximum allowable rent, staff must subtract the utility allowance from the payment standard. The following are examples of maximum allowable rent calculations and final rent determinations:

Example 1: Studio Apartment

- Payment Standard: \$2,624
- Utility Allowance: \$85
- Legal Rent: \$2,500

Maximum Allowable Rent Calculation:

Payment Standard:	\$2,624.00
Utility Allowance:	- \$ 85.00
Maximum Allowable Rent:	<u>\$2,539.00</u>

The final rent must be the lesser of \$2,539.00 (maximum allowable rent) and \$2,500.00 (legal rent). In this situation, the legal rent is the lesser amount.

Final Rent: \$2,500.00

Example 2: 3-bedroom apartment

- Payment Standard: \$3,777
- Utility Allowance: \$171
- Legal Rent: \$3,650

Maximum Allowable Rent Calculation:

Payment Standard:	\$3,777.00
Utility Allowance:	- \$ 171.00
Maximum Allowable Rent:	<u>\$3,606.00</u>

The final rent must be the lesser of \$3,606.00 (maximum allowable rent) and \$3,650.00 (legal rent). In this situation, the maximum allowable rent is the lesser amount.

Final Rent: \$3,606.00

Guidelines for Lease Start Dates and Rent Proration

In order to determine the appropriate start of the lease, staff and Providers must be mindful of the two possible scenarios:

- **Scenario 1:**
When packets are submitted by the 20th of the month (1st to 20th), the lease should be for the first of the following month, and landlords will receive proration back to the date the packet is approved.
- **Scenario 2:**
When packets are submitted between the 21st and the last day of the month (21st to 31st), the lease will be for the first of the month after the following month, and landlords will receive proration back to the date the packet was approved.

The following are examples to help clarify:

- A CityFHEPS packet is submitted on June 3rd. The lease start date should be July 1st.
- A CityFHEPS packet is submitted on June 20th. The lease start date should be July 1st.
- A CityFHEPS packet is submitted on June 21st. The lease start date should be August 1st.
- A CityFHEPS packet is submitted on June 25th. The lease start date should be August 1st.

CityFHEPS Program Changes Effective January 10, 2023:

The following CityFHEPS program changes were implemented on January 10, 2023:

- CityFHEPS eligibility was expanded to include single adults working full-time earning minimum wage, even if their income is slightly higher than 200 percent of the federal poverty level.
- The monthly contribution by CityFHEPS tenants who move into SRO units was reduced from 30 percent of their income to a maximum of \$50 per month.
- The cost of apartment application fees for individuals living in DHS shelters will be covered.
- CityFHEPS voucher-holders who choose to secure an apartment that rents above the CityFHEPS maximum level will have the option to utilize a voucher by paying up to 40 percent of their income.
- Supplemental Security Income (SSI) eligibility for CityFHEPS families has been expanded from an adult in the household to any household member, such as a child.
- A time limited zip code-based bonus equal to two months of rent for landlords renting to CityFHEPS voucher-holders in high-cost neighborhoods. This bonus is no longer available as it expired on June 30, 2024.
- The maximum monthly rent for a room will now be determined by the DSS Commissioner and made available on the agency's website.

Please refer to [DSS-PB-2021-009](#) for comprehensive information on the CityFHEPS program and eligibility requirements.

CityFHEPS Program Changes Effective June 16, 2023

The following CityFHEPS program changes were implemented on June 16, 2023:

- The 90-day length of stay in shelter requirement for single adults and families has been eliminated.
- The number of hours that families are required to work to become eligible for CityFHEPS has been reduced from 14 hours to 10 hours per week.
- A 10 hour per week work requirement has been implemented for single adults.
- For clients moving out of shelter into permanent housing, a new requirement has been implemented that a household must not have lived in the residence they are now moving to at any point during the past year.

Please refer to the [Revised Forms for CityFHEPS Program Changes](#) section of this procedure for the list of forms that were revised to reflect these program changes.

Payment Standard Increases for Tenants Already in the CityFHEPS Program

As a reminder, when the payment standards and utility allowance amounts increase, landlords who have tenants already in the CityFHEPS program can receive the new rent levels if each of the following criteria was met:

- The tenant is renewing their lease;
- The apartment is not rent regulated; and
- The new rent passes a rent reasonableness test.

The CityFHEPS Rent Increase for Current Tenants FAQ (**DSS-8s**) provides information to landlords with current CityFHEPS tenants on how to handle the payment standard increases.

Household Income Limits for Renewals

When the CityFHEPS rent levels were indexed to the Section 8 payment standard on September 1, 2021, total household income limits for CityFHEPS renewals became based on AMI instead of FPL. Currently, a household may have gross income up to 80% of AMI to qualify for a CityFHEPS renewal.

The following is the 2024 New York City AMI Chart:

Family Size	30% AMI	40% AMI	50% AMI	60% AMI	70% AMI	80% AMI
1	\$32,610	\$43,480	\$54,350	\$65,220	\$76,090	\$86,960
2	\$37,290	\$49,720	\$62,150	\$74,580	\$87,010	\$99,440
3	\$41,940	\$55,920	\$69,900	\$83,880	\$97,860	\$111,840
4	\$46,590	\$62,120	\$77,650	\$93,180	\$108,710	\$124,240
5	\$50,310	\$67,080	\$83,850	\$100,620	\$117,390	\$134,160
6	\$54,030	\$72,040	\$90,050	\$108,060	\$126,070	\$144,080
7	\$57,780	\$77,040	\$96,300	\$115,560	\$134,820	\$154,080
8	\$61,500	\$82,000	\$102,500	\$123,000	\$143,500	\$164,000

CityFHEPS Renewals and Modifications

ACCESS HRA

CityFHEPS participants are now able to submit renewals electronically through ACCESS HRA (AHRA). All applicable forms have been revised to provide participants with instructions on submitting their renewal and supporting documents through AHRA.

Additionally, CityFHEPS participants can submit modification requests along with supporting documentation using the AHRA mobile app to take photos of the documents and submit it to HRA. Please refer to the [Renewal and Modification Forms Revised with AHRA Information](#) section for the list of forms.

Renewals and modifications submitted through AHRA are available for review and processing by Rental Assistance Program (RAP) staff in Current.

Utility Allowance and Utility Payment Information Added to Approval Forms

As mentioned previously, if a participant's utility allowance exceeds the amount of their household share, the participant will be sent a Utility Payment check for the remaining amount so they can pay for the utilities directly. The applicable renewal and modification approval forms are being revised to provide participants with the amount of their utility allowance, if any, and to provide an explanation of Utility Payments.

Please refer to the [Renewal and Modification Approval Forms Revised with Utility Information](#) section for the list of forms that are being revised.

Note: If the household is in receipt of CA, the Home Energy Allowance (HEA) and Supplemental Home Energy Allowance (SHEA) are deducted from the utility allowance when determining the payment amount.

Expiration of the CityFHEPS Time Limited Zip Code-Based Landlord Bonus

As stated in [DSS-PB-2024-011](#), the CityFHEPS Time Limited Zip Code-Based Landlord Bonus ("landlord bonus") expired on June 30, 2024, and is not being extended at this time.

The landlord bonus may only continue to be issued under the following conditions:

- A CityFHEPS applicant was issued a shopping letter and linked to unit before June 30, 2024; **and**
- The applicant's CityFHEPS packet is submitted and approved on or before July 31, 2024.

The landlord bonus must no longer be issued except for the conditions mentioned above.

Reminders on Other CityFHEPS Processes

Time Frame for the Landlord Signature on CityFHEPS Packet Documents

As a reminder, the landlord signature is valid for 120 days on the following documents and forms that are required for CityFHEPS packets:

- Lease or Rental Agreement
- Landlord Form W-9
- Room Rental Allocation Form (**DSS-8d**)
- CityFHEPS Landlord Information Form – Apartment Rentals (**DSS-8f**)
- CityFHEPS Landlord Information Form - Room and SRO Rentals (**DSS-8g**)
- Landlord Utility Information (**DSS-8q**)
- Unit Hold Incentive Voucher (**HRA-145**)
- Security Voucher (**W-147N**)

After 120 days from the date of the signature, the landlord must provide a document with an updated signature for CityFHEPS packets to be submitted and approved.

Certain Forms Not Required for Packets Submitted in HOME or Current

As a reminder, the following forms are no longer required for CityFHEPS packets that are submitted through the HOME or Current systems:

- CityFHEPS Packet Cover Sheet – Shelter (**DSS-8h**)
- CityFHEPS Packet Cover Sheet – Community (**DSS-8i**)
- CityFHEPS Packet Cover Sheet for EIS (**EIS-2b**)
- Unit Hold Incentive Voucher (**HRA-145**)
- Request for Emergency Assistance (**W-137A**)
- Shelter Residency Letter

Note: These forms are still required for CityFHEPS packets that are submitted outside of HOME or Current.

The DSS-7k is No Longer Required

As a reminder, the Rental Assistance Key Release Agreement and Check Distribution (**DSS-7k**) form was obsoleted as that form is no longer required to document that the key exchange and check disbursement occurred, regardless of the packet submission method.

In-Process CityFHEPS Shopping Letter Freeze

Once an individual or family is determined to be potentially eligible for CityFHEPS, they are provided with a letter informing them of their potential eligibility for CityFHEPS that they can use to help locate a new residence. This is commonly referred to as a

“shopping letter” as it can be used to present to potential landlords/brokers to help the process. Shopping letters are good for 120 days after which another finding of potential eligibility must occur for an individual or family to be issued a new shopping letter. As part of the approval packet for CityFHEPS, an unexpired shopping letter must be included.

As a reminder, once a good packet has been submitted to the DHS Packet Review and Rental Processing (PRRP) unit and/or the Rental Assistance Program (RAP) for approval and processing, a “freeze” is placed on the shopping letter. This means that even if the shopping letter expires while the case is being reviewed or processed, a new shopping letter is not required. PRRP and RAP staff, as part of their normal course of business, will continue to determine CityFHEPS eligibility. If the household meets all other criteria, the case should be processed accordingly. Packets must not be returned solely to request a new shopping letter.

Note: Packets submitted that need to be returned for rebudgeting or other corrections that also have an expired shopping letter, must have a new shopping letter requested and it must be included with the returned packet submission.

■ FORMS

Utility Payment Notice

- CityFHEPS Utility Payment Notice (**DSS-9p**) - When participants are issued a utility payment, they will receive the **DSS-9p**. The **DSS-9p** provides participants with an explanation of utility payments and states that they must use the money to pay for their utilities directly.

Statewide CityFHEPS Forms

The following forms and tools were created to assist applicants/participants and landlords with the statewide option:

- CityFHEPS Out-of-City Calculator (**Attachment A**) - The CityFHEPS Out-of-City Calculator was created for staff to determine the information required for shopping letters and household share letters for apartments being rented outside of NYC. Staff must provide the following required information in the **Input** tab:
 - County (selected from the dropdown list)
 - Household Composition
 - CA Case Status (Select “Active” or “Not Active”)
 - Monthly Gross Income Information (Earned and Unearned Income)

Once this information has been entered, the calculator will return the results in the **CityFHEPS Calculator Output** tab.

- Statewide CityFHEPS Maximum Rents by County (**Attachment B**) - The Statewide CityFHEPS Maximum Rents by County is a spreadsheet that provides the maximum CityFHEPS rent amounts for all counties in NYS. Once a specific county has been selected from the dropdown menu, the spreadsheet will show the maximum rent in that county for all bedroom and household sizes.
- CityFHEPS Landlord Utility Information Form (Outside of New York City) (**DSS-8y**) - The **DSS-8y** is the out-of-city equivalent to the Landlord Utility Information Form (**DSS-8q**). The **DSS-8y** provides the utility allowance schedules for Westchester County and NYS counties other than Westchester and NYC. Landlords renting apartments to tenants outside of NYC must complete the **DSS-8y** which requires them to indicate all the utilities and services for the unit and whether each expense is paid by the landlord or tenant. The **DSS-8y** is a required document for out-of-city CityFHEPS application packets and must be included in the packet submission.
- Statewide CityFHEPS Frequently Asked Questions for Landlords and Property Owners (**DSS-8z**) - The **DSS-8z** provides landlords and property owners with an overview of the CityFHEPS program as well as some of the requirements for tenants who move outside of NYC, such as apartment review, unit approval, and the renewal process.
- Statewide CityFHEPS Frequently Asked Questions (**DSS-9n**) - The **DSS-9n** provides information and guidance to applicants/participants on the Statewide CityFHEPS program, including the aftercare resources available to participants who move with CityFHEPS outside of NYC.
- Apartment Review Checklist for Outside of NYC (**DSS-10h**) - The **DSS-10h** is the out-of-city equivalent to the Apartment Review Checklist (**DSS-10a**). When an apartment that is outside of NYC but within NYS passes the preclearance, a walkthrough is performed using the Apartment Review Checklist (**DSS-10h**). For more information on the CityFHEPS preclearance and walkthrough process, please refer to [DSS-PB-2021-009](#).

Revised Forms for Statewide CityFHEPS

The following forms were revised to reflect the new CityFHEPS statewide option for apartment rentals:

- Landlord Utility Calculator (**Attachment C**)
- Rental Assistance Supplement: Potential Eligibility Letter (Shelter Shopping Letter) (**DSS-7**)
- Your Household Share (**DSS-7a**)
- Rental Assistance Supplement: Potential Subsidy Transfer Letter for Tenants in Community (Shopping Letter) (**DSS-7aa**)

- Potential Eligibility for a Rental Assistance Supplement (Shopping Letter) (**DSS-7b**)
- Your Household Share Information (**DSS-7c**)
- CityFHEPS Approval Notice (**DSS-7j**)
- CityFHEPS Frequently Asked Questions (For Residents of Department of Homeless Services or Human Resources Administration Shelters or Those Experiencing Street Homelessness) (**DSS-7n**)
- CityFHEPS Program Participant Agreement (**DSS-7p**)
- CityFHEPS Frequently Asked Questions for Clients in the Community (**DSS-7r**)
- CityFHEPS Approval Notice to Landlord (**DSS-8c**)
- CityFHEPS Landlord Information Form - Apartment Rentals (**DSS-8f**)
- CityFHEPS Frequently Asked Questions for Landlords and Brokers (**DSS-8j**)
- CityFHEPS Good Cause Transfer Frequently Asked Questions (FAQ) (**DSS-8p**)
- Landlord Utility Information Form (**DSS-8q**)
- DSS CityFHEPS Payment Standards (**DSS-8r**)
- Potential Eligibility for a Rental Assistance Supplement Transfer (**DSS-9k**)
- What You Should Know About FHEPS or CITYFHEPS (**DSS-31**)
- CityFHEPS Approval Notice (**EIS-1e**)
- CityFHEPS Program Participant Agreement (**EIS-1g**)

Renewal and Modification Forms Revised with AHRA Information

The following forms were revised to provide participants with instructions on submitting their renewal or modification form and supporting documents through AHRA, as well as provide participants with the option to deliver their documents in person:

- CityFHEPS Renewal Request (**DSS-7e**)
- WARNING: Your Rental Assistance Supplement May End! (**DSS-7g**)
- Final Notice: Your Rental Assistance Supplement Will End (CityFHEPS) (**DSS-7h**)
- Request for a Modification to Your CityFHEPS Rental Assistance Supplement Amount (**DSS-7s**)
- CityFHEPS Renewal Frequently Asked Questions (**DSS-7z**)
- CityFHEPS Renewal Request (**EIS-1a**)
- WARNING: Your Rental Assistance Supplement May End! (**EIS-1c**)
- Final Notice: Your Rental Assistance Supplement Will End (CityFHEPS) (**EIS-1d**)

Note: The applicable revised forms have been updated in Current.

Renewal and Modification Approval Forms Revised with Utility Information

The following forms have been revised to provide participants with the amount of their utility allowance, if any, and to provide an explanation of Utility Payments:

- We Have Approved Your Renewal for a Rental Assistance Supplement! (**DSS-7f**)
- We Have Approved Your Modification Request! (**DSS-7t**)
- We Have Approved Your Renewal for a Rental Assistance Supplement! (**EIS-1b**)
- We Have Approved Your Modification Request! (**EIS-1i**)

Revised Forms for CityFHEPS Program Changes

The following forms were revised to reflect the new CityFHEPS program changes effective June 16, 2023:

- CityFHEPS Denial Notice (**DSS-7i**)
- CityFHEPS Frequently Asked Questions (For Residents of Department of Homeless Services or Human Resources Administration Shelters or Those Experiencing Street Homelessness) (**DSS-7n**)
- CityFHEPS Frequently Asked Questions for Landlords and Brokers (**DSS-8j**)
- CityFHEPS Denial Notice (**EIS-1f**)

Revised Forms for CityFHEPS Payment Standards and Utility Allowance

The following forms were revised to reflect the new CityFHEPS payments standards and utility allowance schedule as of January 1, 2024:

- Rental Assistance Supplement: Potential Eligibility Letter (Shelter Shopping Letter) (**DSS-7**)
- Your Household Share (FWC) (**DSS-7a**)
- Rental Assistance Supplement: Potential Subsidy Transfer Letter for Tenants in Community (Shopping Letter) (**DSS-7aa**)
- Potential Eligibility for a Rental Assistance Supplement (Shopping Letter) (**DSS-7b**)
- Your Household Share Information (AF, SA) (**DSS-7c**)
- CityFHEPS Frequently Asked Questions (For Residents of Department of Homeless Services or Human Resources Administration Shelters or Those Experiencing Street Homelessness) (**DSS-7n**)
- CityFHEPS Frequently Asked Questions for Clients in the Community (**DSS-7r**)
- CityFHEPS Frequently Asked Questions for Landlords and Brokers (**DSS-8j**)
- Landlord Utility Information Form (**DSS-8q**)
- DSS CityFHEPS Payment Standards (**DSS-8r**)
- CityFHEPS Rent Increase for Current Tenants FAQ (**DSS-8s**)
- Potential Eligibility for a Rental Assistance Supplement Transfer (**DSS-9k**)
- What You Should Know About FHEPS or CITYFHEPS Shopping Letters and Utilities (**DSS-31**)

Note: The applicable revised forms have been updated in Current.

Reminders on Payment Standard and Utility Allowance Forms

The following forms may be used to determine the payment standard, as well as identify and calculate the utility allowance:

- Landlord Utility Information Form (**DSS-8q**) and CityFHEPS Landlord Utility Information Form (Outside of New York City) (**DSS-8y**):

The **DSS-8q** provides the utility allowance amounts for NYC and the **DSS-8y** provides the utility allowance amounts for units outside of NYC but within NYS. Depending on the location of the rental unit, landlords must either complete the **DSS-8q** or the **DSS-8y**. These forms require landlords to indicate all the utilities and services for the rental unit and whether each utility expense is paid by the landlord or tenant. The **DSS-8q** and **DSS-8y** are required documents for the CityFHEPS application packet and must be included in the packet submission.

- DSS CityFHEPS Payment Standards (**DSS-8r**) and Statewide CityFHEPS Maximum Rents by County (**Attachment B**):

The **DSS-8r** provides the CityFHEPS payment standards and the utility allowance amounts for units within NYC based on the number of bedrooms. The Statewide CityFHEPS Maximum Rents by County (**Attachment B**) provides the payment standards for all counties in NYS.

- Landlord Utility Calculator (**Attachment C**):

The Landlord Utility Calculator is a tool to assist staff, landlords, and brokers (if applicable) calculate the utility allowance amount for units within NYC. The calculator provides a breakdown of the amount due by the tenant and landlord for each utility expense.

Effective Immediately

■ REFERENCE:

Title 68 Rules of the City of New York §10

■ RELATED ITEMS:

[DSS PB #2021-009](#)

[DSS-PB-2024-011](#)

[HRA-PB-2024-010](#)

■ ATTACHMENTS:

Attachment A	CityFHEPS Out-of-City Calculator (Version 01/09/24)
Attachment B	Statewide CityFHEPS Maximum Rents by County (Version 01/09/24)
Attachment C	Landlord Utility Calculator (Version 12/12/23)
DSS-7 (E)	Rental Assistance Supplement: Potential Eligibility Letter (Rev. 12/28/23)
DSS-7a (E)	Your Household Share (Rev. 12/28/23)
DSS-7aa (E)	Rental Assistance Supplement: Potential Subsidy Transfer Letter for Tenants in Community (Rev. 12/20/23)
DSS-7b (E)	Potential Eligibility for a Rental Assistance Supplement (Rev. 12/20/23)
DSS-7c (E)	Your Household Share Information (Rev. 12/29/23)
DSS-7e (E)	CityFHEPS Renewal Request (Rev. 12/14/23)
DSS-7f (E)	We Have Approved Your Renewal for a Rental Assistance Supplement! (Rev. 11/14/23)
DSS-7g (E)	WARNING: Your Rental Assistance Supplement May End! (Rev. 12/14/23)
DSS-7h (E)	Final Notice: Your Rental Assistance Supplement Will End (CityFHEPS) (Rev. 12/14/23)
DSS-7i (E)	CityFHEPS Denial Notice (Rev. 06/14/23)
DSS-7j (E)	CityFHEPS Approval Notice (Rev. 06/26/23)
DSS-7n (E)	CityFHEPS Frequently Asked Questions (For Residents of Department of Homeless Services or Human Resources Administration Shelters or Those Experiencing Street Homelessness) (Rev. 12/20/23)
DSS-7p (E)	CityFHEPS Program Participant Agreement (Rev. 01/18/24)
DSS-7r (E)	CityFHEPS Frequently Asked Questions for Clients in the Community (Rev. 01/04/24)
DSS-7s (E)	Request for a Modification to Your CityFHEPS Rental Assistance Supplement Amount (Rev. 01/29/24)
DSS-7t (E)	We Have Approved Your Modification Request! (Rev. 11/14/23)
DSS-7z (E)	CityFHEPS Renewal Frequently Asked Questions (Rev. 12/22/23)
DSS-8c (E)	CityFHEPS Approval Notice to Landlord (Rev. 06/27/23)
DSS-8d (E)	Room Rental Allocation Form (Rev. 8/20/2021)
DSS-8f (E)	CityFHEPS Landlord Information Form - Apartment Rentals (Rev. 06/26/23)
DSS-8g (E)	CityFHEPS Landlord Information Form - Room and SRO Rentals (Rev. 04/13/23)
DSS-8h (E)	CityFHEPS Packet Cover Sheet - Shelter (Rev. 12/20/22)
DSS-8i (E)	CityFHEPS Packet Cover Sheet – Community (Rev. 12/20/22)
DSS-8j (E)	CityFHEPS Frequently Asked Questions for Landlords and Brokers (Rev. 01/08/24)
DSS-8m (E)	CityFHEPS Packet Transmittal from APS (Rev. 01/18/23)
DSS-8p (E)	CityFHEPS Good Cause Transfer Frequently Asked Questions (FAQ) (Rev. 06/28/23)

DSS-8q (E)	Landlord Utility Information Form (Rev. 12/29/23)
DSS-8r (E)	DSS CityFHEPS Payment Standards (Rev. 12/20/23)
DSS-8s (E)	CityFHEPS Rent Increase for Current Tenants FAQ (Rev. 12/22/2023)
DSS-8y (E)	CityFHEPS Landlord Utility Information Form (Outside of New York City) (Rev. 05/22/24)
DSS-8z (E)	Statewide CityFHEPS Frequently Asked Questions for Landlords and Property Owners (09/27/23)
DSS-9n (E)	Statewide CityFHEPS Frequently Asked Questions (Rev. 09/29/23)
DSS-9p (E)	CityFHEPS Utility Payment Notice (Rev. 11/21/23)
DSS-10a (E)	Apartment Review Checklist (Rev. 03/12/19)
DSS-10h (E)	Apartment Review Checklist for Outside of NYC (11/13/23)
DSS-31 (E)	What You Should Know About FHEPS or CITYFHEPS Shopping Letters and Utilities (Rev. 12/20/23)
EIS-1a (E)	CityFHEPS Renewal Request (Rev. 12/19/23)
EIS-1b (E)	We Have Approved Your Renewal for a Rental Assistance Supplement! (Rev. 12/05/23)
EIS-1c (E)	WARNING: Your Rental Assistance Supplement May End! (Rev. 12/19/23)
EIS-1d (E)	Final Notice: Your Rental Assistance Supplement Will End (CityFHEPS) (Rev. 12/19/23)
EIS-1e (E)	CityFHEPS Approval Notice (Rev. 06/29/23)
EIS-1f (E)	CityFHEPS Denial Notice (Rev. 06/14/23)
EIS-1g (E)	CityFHEPS Program Participants Agreement (Rev. 01/19/24)
EIS-1i (E)	We Have Approved Your Modification Request! (Rev. 12/05/23)
EIS-2b (E)	CityFHEPS Packet Cover Sheet for EIS (Rev. 12/19/22)
HRA-145 (E)	Unit Hold Incentive Voucher (Rev. 08/08/2023)
W-137A (E)	Request for Emergency Assistance (Rev. 03/16/20)
W-147N (E)	Security Voucher (Rev. 05/16/2022)



Department of Social Services

DSS-8m (E) 01/18/2023 (page 1 of 2)

CityFHEPS Packet Transmittal from APS

To: RAP Date: _____
APS Staff Name: _____ Telephone: _____
CityFHEPS Applicant Name: _____
Social Security Number: _____ CA Case : _____

REQUESTING THE FOLLOWING:

- Request Type: To Move To Stay Requesting Furniture? Yes No
- Housing Type: Apartment SRO Room Security Voucher? Yes No
- CityFHEPS Rental Assistance Supplement? Unit Hold? Yes No
- 1 month OR 3 months Broker's Fee? Yes No
- Monthly Rent: \$ _____ Landlord Bonus? Yes No
- Arrears Amount: \$ _____ (availability based on zip code and is only for Apartment/SRO Rental)

DOCUMENTS ATTACHED:

Client's Documents

- DSS-8b Tenant Contact Information APS W-101 (Notice of Eligibility Determination Form)
- Other Documents (ID, Birth Certificate, Social Security Card) Proof of last 30 days of Income (for everyone in the household 18+)
- DSS-7p Program Participant Agreement HRA-146p Domestic Violence Action Form

CityFHEPS Forms

- DSS-8e (CityFHEPS Verification of Eligibility) W-137A Request for Emergency Assistance
- DSS-7o or DSS-7q ("Application for CityFHEPS") W-147H Shelter Arrears Repayment Agreement
- DSS-7 or DSS-7b ("Shopping Letter") Arrears Document (Landlord Breakdown)
- Proof of Apartment/Room Preclearance Court Documents (Stipulation, Eviction, Filing, Marshal's Notice)
- DSS-10a Apartment Review Checklist

Move Package (Landlord & Broker Forms)

- Lease or Rental Agreement for 12 months DSS-8d Room Allocation Form (Room Rental only)
- Landlord W9 W-147N Security Voucher
- Deed/Landlord Proof of Ownership HRA-145 Unit Hold
- DSS-8f or DSS-8g ("Landlord Information Form") HRA-121 Broker's Request for Enhanced Fee Payment by Check
- Signed by managing agent or other authorized representative? If checked, Proof of HPD Registration or Authorization Broker License (if broker fee)
- DSS-8q Landlord Utility Information

COMMENTS:

SAMPLE

CityFHEPS Good Cause Transfer Frequently Asked Questions (FAQ)

Can I move to a new CityFHEPS apartment?

Some tenants will need to transfer to new housing while they are still getting CityFHEPS. The need to transfer may happen during the lease or at the end of any year of the rental assistance program.

For tenants who live within the five (5) boroughs of New York City, transfer requests must be reviewed for "good cause" by a Homebase provider and approved by the Human Resources Administration (HRA). The approval from HRA is required before the tenant with rental assistance is approved to transfer and move to a new apartment.

What are some common situations that would be considered a "good cause" to transfer?

Some examples of when "good cause" would exist include, but are not limited to:

- a documented order to vacate or other conditions that cannot be addressed in housing court,
- a foreclosure,
- an eviction proceeding that will likely result in eviction,
- legal rent increases beyond what the tenant can pay,
- change in household size and safety concerns.

What is the Transfer Process at Homebase?

For tenants who live within the five (5) boroughs of New York City, community based providers called Homebase programs must help tenants in verifying the reason for the transfer. This often involves a home visit and can also include:

- mediation with the landlord,
- referrals to other service providers, and,
- calling 311 to report apartment conditions.

Homebase puts together a good cause transfer request to HRA for review and approval. If approved, Homebase creates a CityFHEPS apartment search letter for the tenant.

If you are a tenant living outside of NYC, but within in NYS, and you need help with a transfer, please call 718-557-1399.

Can I move to a new apartment without getting a good cause?

No, a good cause transfer must be approved by the Department of Social Services (DSS). Also, any new CityFHEPS unit must go through the DSS clearance and walk through review process before move in. The new units must also not cost more than the CityFHEPS maximum rents.

Can I break my lease with my landlord?

To learn more about the legal issues involved in breaking or trying to terminate a lease early, you may call 311 and ask for the City's Tenant Helpline which can provide information and access to free legal advice for tenants.

What if I have already left my CityFHEPS apartment?

First, let HRA know that payments on your old unit must be stopped. Under special circumstances, a good cause transfer can still be approved up to a year after leaving the previously approved unit.

What if I have an immediate safety issue?

Any tenant who is experiencing an immediate threat to health and safety that cannot be addressed the same day must get help from their local Homebase provider. Homebase will explore other living arrangements in the community. If there are no other options, they will refer the tenant to the City's emergency shelters.

What kind of housing can I rent using CityFHEPS?

You can use CityFHEPS to rent an entire apartment anywhere within New York State. You can also use CityFHEPS to rent a single room in an apartment or a Single Room Occupancy (SRO) unit that is within the five (5) boroughs of New York City.

Landlord Utility Information

Note to Landlord:

FHEPS can only be used towards a residence within the five (5) boroughs of New York City. However, CityFHEPS can be used towards a residence anywhere in New York State. Please note that the rent and utility amounts provided on this form are only valid for potential FHEPS tenants or for potential CityFHEPS tenants who are moving within New York City. If your tenant is applying for CityFHEPS and is moving outside of New York City, but within New York State, please go to the DSS CityFHEPS website to find the statewide amounts at <https://www1.nyc.gov/site/hra/help/cityfheps-documents.page>.

Instructions to Landlord:

Please identify the utilities available for the available rental unit and whether the expense is incurred by you or the tenant.

The unit I am renting is located at (list address):

Actual Number of Bedrooms: _____

Number of Bedrooms on Shopping Letter: _____

Is this Apartment Rent Stabilized? Yes No

Item	Specify Fuel Type				Paid By (check one)	
Heating	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Cooking	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Water Heating	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Other Electric					<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant

I understand that when the tenant incurs the expense for utilities, the maximum rent DSS will approve will be the fair market rent minus the Utility Allowance, as shown in the attached schedules. DSS will pay the full regulated rent if it is less than this amount.

I swear or affirm that the information I have provided about the utilities for this unit is accurate. If I have misrepresented this information, DSS will reduce the ongoing rent by the appropriate amount and recoup past over-payments.

Landlord Name

Date

Landlord Signature

SAMPLE

DSS Utility Allowance Schedules

(see next page for the FHEPS and CityFHEPS Payment Standards)

COOKING GAS AND ELECTRIC (NO ELECTRIC STOVE)						
Number of Bedrooms	0	1	2	3	4	5 or more
Cooking Gas (\$)	25	28	33	37	42	46
Electric (\$)	74	84	109	134	160	186
Total (w/ Cooking Gas & Electric) (\$)	99	112	142	171	202	232
OIL HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Oil Hot Water Only (\$)	35	41	60	78	97	115
Oil Heat Only (\$)	116	137	156	175	195	214
Total (Oil Heat & Hot Water) (\$)	151	178	216	253	292	329
GAS HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Gas Hot Water Only (\$)	20	23	34	44	54	65
Gas Heat Only (\$)	65	77	89	98	109	120
Total (Gas Heat & Hot Water) (\$)	85	100	123	142	163	185
ELECTRIC HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Electric Hot Water Only (\$)	28	33	42	51	60	69
Electric Heat Only (\$)	39	46	62	77	92	108
Total (Electric Heat & Hot Water) (\$)	67	79	104	128	152	177
ELECTRIC						
Number of Bedrooms	0	1	2	3	4	5 or more
Electric with Cooking Range (\$)	85	97	128	159	191	223

Note: The utility amounts in the chart above are only valid for FHEPS tenants or for CityFHEPS tenants who move within New York City. If your tenant is applying for CityFHEPS and moving outside of New York City, but within New York State, please go to the DSS CityFHEPS website to find the statewide amounts at <https://www1.nyc.gov/site/hra/help/cityfheps-documents.page>.

FHEPS and CityFHEPS Payment Standards

Maximum Rent Amounts

Family Size	Number of Bedrooms	All Utilities Included	Without Cooking Gas & Electric	With Cooking Gas Only	With Electric Only	No Utilities Included
1	* SRO	\$1,967	\$1,868	\$1,893	\$1,942	\$1,783
1	0 (Studio)	\$2,624	\$2,525	\$2,550	\$2,599	\$2,440
1 or 2	1	\$2,696	\$2,584	\$2,612	\$2,668	\$2,484
3 or 4	2	\$3,027	\$2,885	\$2,918	\$2,994	\$2,762
5 or 6	3	\$3,777	\$3,606	\$3,643	\$3,740	\$3,464
7 or 8	4	\$4,070	\$3,868	\$3,910	\$4,028	\$3,705
9 or 10	5	\$4,680	\$4,448	\$4,494	\$4,634	\$4,263
11 or 12	6	\$5,291	\$5,059	\$5,105	\$5,245	\$4,874
13 or 14	7	\$5,901	\$5,669	\$5,715	\$5,855	\$5,484
15 or 16	8	\$6,512	\$6,280	\$6,326	\$6,466	\$6,095
17 or 18	9	\$7,122	\$6,890	\$6,936	\$7,076	\$6,705
19 or 20	10	\$7,733	\$7,501	\$7,547	\$7,687	\$7,316

* SRO only applies to CityFHEPS

Note: The rent amounts in the chart above are only valid for FHEPS tenants or for CityFHEPS tenants who move within New York City. If your tenant is applying for CityFHEPS and moving outside of New York City, but within New York State, please go to the DSS CityFHEPS website to find the statewide amounts at <https://www1.nyc.gov/site/hra/help/cityfheps-documents.page>.

DSS CITYFHEPS PAYMENT STANDARDS EFFECTIVE 01/01/2024

Note: The rent and utility amounts provided on this document are only valid for CityFHEPS tenants who move within the five (5) boroughs of New York City. For tenants who move outside of New York City, but within New York State, please go to the DSS CityFHEPS website to find the statewide amounts at <https://www1.nyc.gov/site/hra/help/cityfheps-documents.page>.

Maximum Rent Amounts

(see next page for Utility Allowance)

Family Size	Number of Bedrooms	<u>All Utilities Included</u>	Without Cooking Gas & Electric	With Cooking Gas Only	With Electric Only	<u>No Utilities Included</u>
1	SRO	\$1,967	\$1,868	\$1,893	\$1,942	\$1,783
1	0 (Studio)	\$2,624	\$2,525	\$2,550	\$2,599	\$2,440
1 or 2	1	\$2,696	\$2,584	\$2,612	\$2,668	\$2,484
3 or 4	2	\$3,027	\$2,885	\$2,918	\$2,994	\$2,762
5 or 6	3	\$3,777	\$3,606	\$3,643	\$3,740	\$3,464
7 or 8	4	\$4,070	\$3,868	\$3,910	\$4,028	\$3,705
9 or 10	5	\$4,680	\$4,448	\$4,494	\$4,634	\$4,263
11 or 12	6	\$5,291	\$5,059	\$5,105	\$5,245	\$4,874
13 or 14	7	\$5,901	\$5,669	\$5,715	\$5,855	\$5,484
15 or 16	8	\$6,512	\$6,280	\$6,326	\$6,466	\$6,095
17 or 18	9	\$7,122	\$6,890	\$6,936	\$7,076	\$6,705
19 or 20	10	\$7,733	\$7,501	\$7,547	\$7,687	\$7,316

(Turn Page)

DSS Utility Allowance Schedules Effective 01/01/2024

COOKING GAS AND ELECTRIC (NO ELECTRIC STOVE)						
Number of Bedrooms	0	1	2	3	4	5 or more
Cooking Gas (\$)	25	28	33	37	42	46
Electric (\$)	74	84	109	134	160	186
Total (w/ Cooking Gas & Electric) (\$)	99	112	142	171	202	232
OIL HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Oil Hot Water Only (\$)	35	41	60	78	97	115
Oil Heat Only (\$)	116	137	156	175	195	214
Total (Oil Heat & Hot Water) (\$)	151	178	216	253	292	329
GAS HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Gas Hot Water Only (\$)	20	23	34	44	54	65
Gas Heat Only (\$)	65	77	89	98	109	120
Total (Gas Heat & Hot Water) (\$)	85	100	123	142	163	185
ELECTRIC HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Electric Hot Water Only (\$)	28	33	42	51	60	69
Electric Heat Only (\$)	39	46	62	77	92	108
Total (Electric Heat & Hot Water) (\$)	67	79	104	128	152	177
ELECTRIC						
Number of Bedrooms	0	1	2	3	4	5 or more
Electric with Cooking Range (\$)	85	97	128	159	191	223

CITYFHEPS RENT INCREASE FOR CURRENT TENANTS FAQ

1) CityFHEPS rents have increased as of 1/1/2024, may I increase the rent for my current tenant?

- HRA will review requests for rent increases only upon the annual lease renewal. Mid-year increases will not be approved unless the unit is subject to government regulations with respect to allowable rents. Rent increases authorized under such regulations will be permitted midyear.
- The requested rent must be at or below the registered legal rent, if any, for the Unit as established by federal, state, or local law or regulations. Any increase amount must be consistent with allowable amounts under the law. For example, if the collectable rent is restricted at a certain AMI or FMR, the requested rent increase must be in compliance with that requirement.
- The rent has to meet a rent reasonableness review compared to similar units in the surrounding area.
- The rent must be adjusted for any utilities not covered by the landlord. HRA has published a utility allowance schedule and calculator to help you determine the size of the adjustment.

2) What is a Utility Allowance?

Utilities paid by the tenant will be subtracted from the payment standard. The amount that is subtracted is called the utility allowance. Utility allowances are determined based on the typical cost of utilities and services paid by households occupying housing of various sizes. The DSS utility allowance schedule is available at www.nyc.gov/dsshousing and is updated annually.

3) How can I apply for an increase?

Submit the following documents to RapIncrease@hra.nyc.gov:

- A new lease
- The Landlord Utility Form (DSS-8q)

4) Is the increase for room rentals as well?

No, the maximum monthly rent for a room is currently \$1,100. For room rentals, heat, hot water, electricity and, if the stove is not electric, cooking gas, must be included in the rent..



CityFHEPS Landlord Utility Information Form (Outside of New York City)

Note to Landlord:

There is a separate utility allowance schedule for Westchester County and for New York State counties other than Westchester and New York City. Both schedules are provided on this form.

Instructions to Landlord:

Please identify the utilities available for the available rental unit and whether the expense is incurred by you or the tenant.

The unit I am renting is located at (list address):

Type of Building (check one):

- Single Family Detached
- Low-Rise
- Manufactured Home
- Semi-Detached and Rowhouse/Townhouse
- High Rise with Elevator

Actual Number of Bedrooms: _____ Number of Bedrooms on Shopping Letter: _____

Is this apartment subject to any rent stabilization or rent control laws? Yes No

(Turn page)

CityFHEPS Landlord Utility Information Form (Outside of New York City)

Item	Specify Fuel Type						Paid By (check one)
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric Resistance	<input type="checkbox"/> Electric Heat Pump	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric			<input type="checkbox"/> Other: _____	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric		<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Other Electric							<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant

Item	Paid By (check one)
Water	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Sewer	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Trash Collection	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Range/ Microwave	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Refrigerator	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant

I understand that when the tenant incurs the expense for utilities, the maximum rent DSS will approve will be the fair market rent minus the Utility Allowance, as shown in the attached schedules. DSS will pay the full regulated rent if it is less than this amount.

I swear or affirm that the information I have provided about the utilities for this unit is accurate. If I have misrepresented this information, DSS will reduce the ongoing rent by the appropriate amount and recoup past over-payments.

Landlord Name

Date

Landlord Signature

(Turn page)

Utility Allowance Schedules for Westchester County Effective January 1, 2024

SINGLE FAMILY DETACHED							
Utility or Service		Monthly Dollar Allowances (\$)					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	125	142	160	178	196	215
	Bottle Gas	136	160	186	212	238	264
	Electric Resistance	135	155	178	202	225	248
	Electric Heat Pump	63	74	88	99	110	121
	Fuel Oil	131	154	180	205	230	255
Cooking	Natural Gas	3	4	8	12	16	20
	Bottle Gas	11	13	19	25	30	36
	Electric	12	15	21	28	34	41
Other Electric		74	88	130	171	213	255
Water Heating	Natural Gas	23	27	40	52	64	76
	Bottle Gas	33	39	57	74	92	109
	Electric	40	48	61	74	87	100
	Fuel Oil	32	38	55	72	89	106
Water, Sewer, Trash Collection							
Water		21	22	33	51	69	87
Sewer		9	10	12	15	18	22
Trash Collection		20	20	20	20	20	20
Tenant-supplied Appliances							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13

(Turn page)

Utility Allowance Schedules for Westchester County Effective January 1, 2024

LOW-RISE							
Utility or Service		Monthly Dollar Allowances (\$)					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	145	165	175	185	196	206
	Bottle Gas	164	193	208	222	237	251
	Electric Resistance	90	103	128	154	179	204
	Electric Heat Pump	57	67	79	89	99	108
	Fuel Oil	159	187	201	215	229	243
Cooking	Natural Gas	3	4	8	12	16	20
	Bottle Gas	11	13	19	25	30	36
	Electric	12	15	21	28	34	41
Other Electric		66	77	108	139	170	201
Water Heating	Natural Gas	23	27	40	52	64	76
	Bottle Gas	33	39	57	74	92	109
	Electric	40	48	61	74	87	100
	Fuel Oil	32	38	55	72	89	106
Water, Sewer, Trash Collection							
Water		21	22	33	51	69	87
Sewer		9	10	12	15	18	22
Trash Collection		20	20	20	20	20	20
Tenant-supplied Appliances							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13

(Turn page)

Utility Allowance Schedules for Westchester County Effective January 1, 2024

MANUFACTURED HOME							
Utility or Service		Monthly Dollar Allowances (\$)					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	111	125	140	156	172	187
	Bottle Gas	115	136	158	180	202	225
	Electric Resistance	141	162	167	171	176	180
	Electric Heat Pump	54	63	75	84	93	102
	Fuel Oil	112	131	153	174	196	217
Cooking	Natural Gas	3	4	8	12	16	20
	Bottle Gas	11	13	19	25	30	36
	Electric	12	15	21	28	34	41
Other Electric		76	89	128	167	206	245
Water Heating	Natural Gas	23	27	40	52	64	76
	Bottle Gas	33	39	57	74	92	109
	Electric	40	48	61	74	87	100
	Fuel Oil	32	38	55	72	89	106
Water, Sewer, Trash Collection							
Water		21	22	33	51	69	87
Sewer		9	10	12	15	18	22
Trash Collection		20	20	20	20	20	20
Tenant-supplied Appliances							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13

(Turn page)

Utility Allowance Schedules for Westchester County Effective January 1, 2024

SEMI-DETACHED AND ROWHOUSE/TOWNHOUSE							
Utility or Service		Monthly Dollar Allowances (\$)					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	115	130	145	160	175	191
	Bottle Gas	121	143	164	186	208	230
	Electric Resistance	90	103	128	154	179	204
	Electric Heat Pump	54	63	75	84	93	102
	Fuel Oil	117	138	159	180	201	222
Cooking	Natural Gas	3	4	8	12	16	20
	Bottle Gas	11	13	19	25	30	36
	Electric	12	15	21	28	34	41
Other Electric		67	79	113	148	182	217
Water Heating	Natural Gas	23	27	40	52	64	76
	Bottle Gas	33	39	57	74	92	109
	Electric	40	48	61	74	87	100
	Fuel Oil	32	38	55	72	89	106
Water, Sewer, Trash Collection							
Water		21	22	33	51	69	87
Sewer		9	10	12	15	18	22
Trash Collection		20	20	20	20	20	20
Tenant-supplied Appliances							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13

(Turn page)

Utility Allowance Schedules for Westchester County Effective January 1, 2024

HIGH-RISE WITH ELEVATOR							
Utility or Service		Monthly Dollar Allowances (\$)					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	96	108	121	134	147	159
	Bottle Gas	95	112	130	148	167	185
	Electric Resistance	68	77	97	118	139	159
	Electric Heat Pump	44	52	62	69	77	84
	Fuel Oil	92	108	126	143	161	179
Cooking	Natural Gas	3	4	8	12	16	20
	Bottle Gas	11	13	19	25	30	36
	Electric	12	14	21	28	34	41
Other Electric		55	64	90	115	141	167
Water Heating	Natural Gas	18	22	32	42	51	61
	Bottle Gas	27	31	45	59	73	87
	Electric	32	38	49	59	70	80
	Fuel Oil	26	30	44	57	71	84
Water, Sewer, Trash Collection							
Water		21	22	33	51	69	87
Sewer		9	10	12	15	18	22
Trash Collection		20	20	20	20	20	20
Tenant-supplied Appliances							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13

(Turn page)

Utility Allowance Schedules for New York State Counties Other Than Westchester and New York City Effective January 1, 2024

SINGLE FAMILY DETACHED							
Utility or Service		Monthly Dollar Allowances (\$)					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	70	74	76	78	78	79
	Bottle Gas	140	165	191	217	243	269
	Electric Resistance	73	83	94	106	117	129
	Electric Heat Pump	32	37	44	50	55	61
	Fuel Oil	119	140	162	184	206	228
Cooking	Natural Gas	1	2	5	7	10	13
	Bottle Gas	13	15	21	28	35	41
	Electric	9	10	14	17	21	25
Other Electric		54	63	95	125	154	183
Water Heating	Natural Gas	15	18	26	34	42	50
	Bottle Gas	37	44	63	83	102	121
	Electric	28	31	37	45	53	61
	Fuel Oil	31	37	53	70	86	103
Water, Sewer, Trash Collection							
Water		26	29	45	70	95	120
Sewer		19	19	19	19	19	19
Trash Collection		30	30	30	30	30	30
Tenant-supplied Appliances							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13

(Turn page)

Utility Allowance Schedules for New York State Counties Other Than Westchester and New York City Effective January 1, 2024

LOW-RISE							
Utility or Service		Monthly Dollar Allowances (\$)					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	76	80	80	79	77	76
	Bottle Gas	166	196	210	225	239	254
	Electric Resistance	52	58	70	83	95	107
	Electric Heat Pump	30	34	40	45	50	55
	Fuel Oil	141	166	178	190	202	215
Cooking	Natural Gas	1	2	5	7	10	13
	Bottle Gas	13	15	21	28	35	41
	Electric	9	10	15	17	21	25
Other Electric		48	57	80	103	124	144
Water Heating	Natural Gas	15	18	26	34	42	50
	Bottle Gas	37	44	63	83	102	121
	Electric	28	32	37	45	53	61
	Fuel Oil	31	37	53	70	86	103
Water, Sewer, Trash Collection							
Water		26	29	45	70	95	120
Sewer		19	19	19	19	19	19
Trash Collection		30	30	30	30	30	30
Tenant-supplied Appliances							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13

(Turn page)

Utility Allowance Schedules for New York State Counties Other Than Westchester and New York City Effective January 1, 2024

MANUFACTURED HOME							
Utility or Service		Monthly Dollar Allowances (\$)					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	65	69	71	72	72	72
	Bottle Gas	119	140	162	185	207	229
	Electric Resistance	76	87	89	91	93	96
	Electric Heat Pump	27	32	38	42	47	52
	Fuel Oil	101	119	137	156	175	193
Cooking	Natural Gas	1	2	5	7	10	13
	Bottle Gas	13	15	21	28	35	41
	Electric	9	10	14	17	21	25
Other Electric		55	65	94	121	147	174
Water Heating	Natural Gas	15	18	26	34	42	50
	Bottle Gas	37	44	63	83	102	121
	Electric	28	31	37	45	53	61
	Fuel Oil	31	37	53	70	86	103
Water, Sewer, Trash Collection							
Water		26	29	45	70	95	120
Sewer		19	19	19	19	19	19
Trash Collection		30	30	30	30	30	30
Tenant-supplied Appliances							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13

(Turn page)

Utility Allowance Schedules for New York State Counties Other Than Westchester and New York City Effective January 1, 2024

SEMI-DETACHED AND ROWHOUSE/TOWNHOUSE							
Utility or Service		Monthly Dollar Allowances (\$)					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	67	71	72	73	73	73
	Bottle Gas	127	149	171	192	214	235
	Electric Resistance	52	58	70	83	95	107
	Electric Heat Pump	28	32	38	42	47	52
	Fuel Oil	107	126	144	162	181	199
Cooking	Natural Gas	1	2	5	7	10	13
	Bottle Gas	13	15	21	28	35	41
	Electric	9	10	15	17	21	25
Other Electric		49	58	84	110	133	157
Water Heating	Natural Gas	15	18	26	34	42	50
	Bottle Gas	37	44	63	83	102	121
	Electric	28	32	37	45	53	61
	Fuel Oil	31	37	53	70	86	103
Water, Sewer, Trash Collection							
Water		26	29	45	70	95	120
Sewer		19	19	19	19	19	19
Trash Collection		30	30	30	30	30	30
Tenant-supplied Appliances							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13

(Turn page)

Utility Allowance Schedules for New York State Counties Other Than Westchester and New York City Effective January 1, 2024

HIGH-RISE WITH ELEVATOR							
Utility or Service		Monthly Dollar Allowances (\$)					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	60	64	66	67	68	68
	Bottle Gas	98	116	134	152	170	188
	Electric Resistance	43	46	54	64	75	85
	Electric Heat Pump	25	28	31	35	39	43
	Fuel Oil	83	98	113	129	144	159
Cooking	Natural Gas	1	2	5	7	10	13
	Bottle Gas	13	15	21	28	35	41
	Electric	9	10	15	19	21	25
Other Electric		40	48	66	85	105	122
Water Heating	Natural Gas	12	14	21	27	33	40
	Bottle Gas	30	35	51	66	82	97
	Electric	22	26	32	36	42	48
	Fuel Oil	25	30	43	56	69	82
Water, Sewer, Trash Collection							
Water		26	29	45	70	95	120
Sewer		19	19	19	19	19	19
Trash Collection		30	30	30	30	30	30
Tenant-supplied Appliances							
Range/Microwave		12	12	12	12	12	12
Refrigerator		13	13	13	13	13	13

Statewide CityFHEPS Frequently Asked Questions for Landlords and Property Owners

What is the Statewide CityFHEPS program?

CityFHEPS is a rental assistance supplement program to help individuals and families find and keep an apartment anywhere in New York State. The program is administered by the Department of Social Services (DSS), which includes both the Department of Homeless Services (DHS) and the Human Resources Administration (HRA).

CityFHEPS rent levels for apartments are indexed to the local standard.

What are the benefits of participating in CityFHEPS for landlords and brokers?

Under CityFHEPS, you will receive:

- Rents for apartments that are based on apartment size and indexed to FMR for one-year leases.
- For new apartments, the option to receive the first month's rent in full, plus the next three (3) months' rent supplement up front.
- Monthly rental assistance payments from DSS/HRA for up to five (5) years if your tenant continues to meet eligibility requirements and you remain in compliance with program requirements with additional extensions beyond five (5) years available for "good cause."

What incentives are available?

The following incentives may also be available:

- A "unit hold" incentive equal to one month's rent for landlords who agree to hold an apartment while the housing packet is being processed.
- A broker's fee up to 15% of the annual rent.
- Access to the Special Supplemental Assistance Fund of up to \$3,000 for any costs not covered by the security voucher after the tenant leaves.

Who is eligible?

All households with a valid CityFHEPS shopping letter in shelter or in the community can move outside of NYC. Current CityFHEPS participants approved for a good cause transfers may also relocate.

Can CityFHEPS be used for room rentals outside of NYC?

No, only apartments can be rented.

(Turn page)

Statewide CityFHEPS Frequently Asked Questions for Landlords and Property Owners *(continued)*

Are the maximum rents the same outside of NYC?

CityFHEPS rents outside of NYC are set to the local standard. Utility allowance rates are also different for Westchester County and the remainder of the State.

To see the CityFHEPS rent schedule for outside of NYC, please go to the DSS CityFHEPS website at <https://www1.nyc.gov/site/hra/help/cityfheps-documents.page>

What requirements does the apartment have? Is an apartment review required when moving outside of NYC?

Apartments or homes must follow all local maintenance codes and ordinances.

An apartment review is required, and DHS or provider staff conduct walkthroughs utilizing a comprehensive apartment review checklist for all units within New York City and in the New York State counties of Nassau, Rockland, Suffolk, and Westchester. Apartments in all other counties will require a virtual walk-through. There is no pre-clearance process for apartments outside of NYC. DSS performs an ownership check after the entire package is submitted.

What if the apartment fails the review?

If the apartment fails review, but corrections are made in a timely manner and the apartment passes a second review or obtains a Certificate of Correction for the conditions from the local authority, the apartment may still be approved.

How much will I receive from the supplement?

Part of the rent will be covered by the CityFHEPS rental assistance supplement. If the tenant has income, they will also pay a portion of their income as rent.

The amount of a household's CityFHEPS rental assistance supplement will depend on household income, the number of people in the household, and the current CityFHEPS program maximum rent, indexed to the Section 8 standard adopted by the New York City Housing Authority (NYCHA).

The amount of the household's CityFHEPS rent supplement is decided when the household's CityFHEPS application is approved by DSS and reevaluated at each renewal. In general, the CityFHEPS rent supplement will not change during the first year of the program, except in very limited circumstances.

(Turn page)

Statewide CityFHEPS Frequently Asked Questions for Landlords and Property Owners *(continued)*

What is the unit approval and leasing process?

There are several steps to the unit approval and leasing process for apartments outside of New York City. First, an apartment must pass a virtual or physical walk-through. If the unit passes the walkthrough, the tenant's housing specialist or case worker will prepare the housing packet – including the request for a unit hold payment referenced earlier – and also schedule a lease signing for you and the tenant.

The lease must be signed by both you and the tenant in order for the packet to be reviewed. The lease must reflect the complete address of the unit, including the unit number.

Once the packet is complete and submitted, it undergoes a final review of ownership by DSS. If the packet is approved, a key exchange is scheduled by the tenant's housing specialist or case worker. At the key and check exchange, you must provide the tenant with keys for the unit they were shown, which must be the same as the unit indicated on the lease. At the key and check exchange, you will receive several checks for any approved unit hold payment and the first several months of rent for the unit. You will also be provided with the security voucher.

What help is available once my tenant moves in?

For program information and payment inquiries, contact the HRA Rental Assistance Call Center, Monday-Friday from 9 AM to 5 PM at 718-557-1399.

How do the monthly payments work?

DSS will issue a check to the landlord each month for the CityFHEPS portion of the rent.

Am I able to charge late fees? Can I evict a tenant over late fees?

As long as the payment is made in the month that the rent is due, it is not considered late.

As per State law, a landlord cannot take the tenant to housing court successfully just for late fees. The landlord also cannot take the tenant to small claims court for late fees charged for the CityFHEPS portion of the rent.

Is there an annual renewal process? How can does the annual renewal work outside of NYC?

Yes, tenants must renew their participation in the CityFHEPS program annually. DSS will recalculate the tenant contribution of a participant based on their current income when they renew. Although CityFHEPS landlords are not required to renew their tenants in the program unless otherwise required to do so by law, a landlord who does not offer their CityFHEPS tenant a renewal lease will not be eligible for financial incentives to place another tenant in the same unit, unless there was good cause not to renew. The renewal can be emailed or mailed to DSS.

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Statewide CityFHEPS Frequently Asked Questions for Landlords and Property Owners *(continued)*

Are there additional CityFHEPS requirements?

Under the CityFHEPS rules, side deals are strictly prohibited. Landlords must not demand, request, or receive any amount above the rent or reasonable fees as stipulated in the lease or rental agreement regardless of any changes in household composition.

Additionally:

- Landlords are required to accept the HRA security voucher in lieu of a cash security deposit and may not request any additional security from the client.
- Landlords must not move a household from one unit to another without the prior written approval of both HRA and the household.
- Landlords must notify HRA within 5 business days of learning that the household no longer resides in the unit towards which CityFHEPS rental assistance is being applied.
- Landlords must notify HRA within 5 business days if any legal proceeding affecting the program participant's tenancy is commenced.
- Landlords must notify HRA promptly if the landlord, owner of the subject premises, or the management company changes.

SAMPLE



Statewide CityFHEPS Frequently Asked Questions (FAQ)

1. What is the Statewide CityFHEPS program?

CityFHEPS participants with a shopping letter can now use their CityFHEPS subsidy anywhere within New York State (NYS).

2. Who is eligible?

All households with a valid CityFHEPS shopping letter in shelter or in the community can move outside of New York City (NYC). Current CityFHEPS participants approved for a good cause transfer may also relocate.

3. Can CityFHEPS be used in other states?

No, CityFHEPS can only be used within NYS.

4. Can CityFHEPS be used for room rentals outside of NYC?

No, only apartments can be rented outside of NYC.

5. Are the maximum CityFHEPS rents the same outside of NYC?

CityFHEPS rents outside of NYC are set to the local standard. Utility allowance rates are also different for Westchester County and the remainder of New York State. To see the CityFHEPS rent schedule for outside of NYC, please go to the DSS CityFHEPS website at <https://www1.nyc.gov/site/hra/help/cityfheps-documents.page>.

6. Is an apartment review required when moving outside of NYC?

Yes. DHS or provider staff conduct walkthroughs utilizing a comprehensive apartment review checklist for all units within NYC and in the NYS counties of Nassau, Rockland, Suffolk, and Westchester. Apartments in all other counties will only have an option for a virtual walkthrough.

7. What if the apartment fails the review?

If the apartment fails review, but corrections are made in a timely manner and the apartment passes a second review or obtains a Certificate of Correction for the conditions from the local authority, the apartment may still be approved.

Statewide CityFHEPS Frequently Asked Questions (FAQ) (*continued*)

8. What aftercare resources are available if I move outside of NYC?

CityFHEPS participants can call the Out-Of-City Hotline at 718-557-1399 if they:

- are having problems related to housing that the landlord is not fixing.
- are being evicted or threatened with eviction.
- are facing a loss or reduction of income and need a referral for services to help increase their income (for example, job training or career services).
- are having issues that could affect their ability to remain permanently housed.
- need guidance on other services available in their community (for example, information on how to register a child for school).

9. What happens if I leave the apartment during the lease?

You must promptly tell DSS if you leave the apartment before the end of the CityFHEPS period. If you want to leave but haven't done so yet, you might be able to get a good cause transfer. Contact the Out-Of-City Hotline at 718-557-1399.

10. If a landlord tries to evict me during the first year, how can I get help?

Tenants can call the Hotline and ask about eviction prevention services available in their community. As per the terms of the landlord agreement, if an eviction occurs, the landlord will be obligated to return any funds in excess of the client's residency. If funds are not returned, the City may use legal means to try to get the money back from the landlord.

11. How long does CityFHEPS last outside of NYC?

CityFHEPS lasts the same amount of time in any location — tenants are eligible for four annual renewals with additional years possible due to good cause.

12. How can does the annual renewal work outside of NYC?

The renewal can be emailed or mailed to DSS.

13. If I am currently getting public benefits like Cash Assistance (CA) and Supplemental Nutrition Assistance Program (SNAP) in NYC, how long do they last in a new County?

Transitional benefits from NYC will last for one month. If you need to continue receiving benefits, you will have to apply with the local district of social services in your new county.

Notice Date:

Program Participant Name:

CityFHEPS Utility Payment Notice

Hello:

You recently received a check from the Human Resources Administration (HRA) as part of an improvement to CityFHEPS. This check is called a "Utility Payment," and you must use it to pay for your utility expenses.

Your monthly check amount is . until your case is re-budgeted or your subsidy status changes.

The utility allowance is based on the typical cost of utilities and services paid by households of various unit sizes. If some or all utilities are not covered in your rent, and your rent is less than the maximum allowed, you will receive an allowance for those utilities. That allowance will first be deducted from your household share, if you have one.

Since your utility allowance is more than the amount of your household share, we are mailing you the remaining amount so that you can pay for your utilities directly. This amount is called a "Utility Payment."

If you receive Cash Assistance, we also deduct the Home Energy Allowance (HEA) and Supplemental Home Energy Allowance (SHEA) that are part of your Cash Assistance grant.

If you have any questions, please call **718-557-1399**.



**Department of
Social Services**

**APARTMENT REVIEW CHECKLIST
(to be completed by City or Provider staff)**

Client Name: _____

Shelter/Provider Name: _____

Date of apartment viewing: _____

Are there children in the Household?
Yes No

If Yes, indicate the ages of all children:

Apartment Information


Address:		Year of Construction (From DHS Clearance results document - DOB/Certificate of Occupancy section):	
Apartment Number:	Floor:	Borough:	Zip Code:

Total # rooms: _____ Total # bedrooms: _____ Total # baths: _____ Total # of units: _____ Number of people who will live in the apartment: _____


USE THIS FORM FOR: APARTMENT WALKTHROUGHS.
DO NOT USE THIS FORM FOR: ROOM, COMMERCIAL SRO, OR NYCHA WALKTHROUGHS.


UTILITIES (GAS, ELECTRICITY, AND WATER) MUST BE CONNECTED BY THE LANDLORD PRIOR TO THE APARTMENT REVIEW.




1. Interior of Building	YES	NO	N/A	Information
a) Are the interior stairs & halls free of hazards? (e.g. damaged surfaces; peeling, cracked, & loose paint; and loose or missing handrails)	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
b) Is there excess garbage in the hallways/interior of the building that may cause a health and safety condition?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Fail No = Pass See Guidance
c) Do halls and stairwells have a clear path to egress?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance
d) Do halls and stairwells have sufficient lighting?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance








1. Interior of Building	YES	NO	N/A	Information
e) Is there a working mailbox or mail slot for the tenant? <i>The mail box/slot must be unique to this unit and not shared with others.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
f) Is this unit in a building/house with 3 or more units?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
g) If 1f is YES – is there at least one unlocked Fire Exit from the building? <i>Per NYC fire code, a fire exit is a stairway separated from other interior spaces of a building by fire-resistant construction so that it provides a protected path of egress out of a building.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail
h) If 1g is YES - are any of the Fire Exits blocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Fail No = Pass
i) If 1f is YES - is there a self-closing mechanism on the apartment entrance door, the building entrance door, and the Fire Exit doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail See Guidance 
j) If 1f is YES - is there a working bell/buzzer for the apartment? <i>The bell or buzzer must ring inside the apartment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail

SAMPLE





2. Hallway and Apartment or House	YES	NO	N/A	Information
a) Is this unit in a building/house with 3 or more units, AND are there children 10 and under in this household?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
b) If 2a is YES - are window guards in place in the hallways and installed with the correct (one way) screws and L brackets to prevent the window from opening more than 4 inches; or if there is a casement window hinged at the side or top, is there a chain to prevent the window from opening more than 4 inches? <i>If the gap from the top bar of the window guard to the top of the window is less than 4 inches, an L bracket is not required.</i> <i>Note that window guards should not be installed in fire escape windows.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail See Guidance 

2. Hallway and Apartment or House	YES	NO	N/A	Information
<p>c) If 2a is YES - are window guards in place in the unit and installed with the correct (one way) screws and L brackets; or if there is a casement window hinged at the side or top, is there a chain to prevent the window from opening more than 4 inches?</p> <p><i>If the gap from the top bar of the window guard to the top of the window is less than 4 inches, an L bracket is not required.</i></p> <p><i>Note that window guards should not be installed in fire escape windows.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 



3. Overall Apartment/House	YES	NO	N/A	Information
<p>a) Is the apartment being repaired or under renovation or construction?</p> <p><i>If the unit is being repaired or is under construction, it is not suitable for a client.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Fail No = Pass</p>
<p>b) Is there a fire escape?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
<p>c) If 3b is YES - are there window gates on the window leading to the fire escape?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Pass/Fail
<p>d) If 3c is YES - can the window gates be opened from the inside?</p> <p><i>For example, the gates must not have padlocks.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 
<p>e) If 3b is YES – are the window gates on the fire escape window stamped with an FDNY approval number and can they be opened without the use of a key?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 
<p>f) If 3b is YES - are there locks on the interior doors of the apartment that have access to that fire escape window?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Fail No = Pass</p>
<p>g) Do the windows open, close, and lock freely?</p> <p><i>You can ask the landlord/landlord representative to do this.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail</p>
<p>h) Is there a window leading to the outside (basement, first floor, fire escape, porch, or other outside place that can be reached from the ground)?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
<p>i) If 3h is YES – is it lockable from the inside (to protect individuals from invasion)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 
<p>j) Are all interior surfaces free of cracked, peeling & loose paint?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance</p>

3. Overall Apartment/House (<i>continued</i>)	YES	NO	N/A	Information
<p>k) If 3j is NO - is the date of construction 1978 or earlier?</p> <p><i>The date of construction can be found on the Certificate of Occupancy. This date is provided in the Department of Buildings section of the DHS Clearance document.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Not Pass/Fail See Box 9 on page 10</p>
<p>l) Is the unit free of evidence of rats, mice, roaches, or other vermin?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance</p> 
<p>m) Is the unit free of any evidence of leaks?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance</p> 
<p>n) Are the floors free of hazards? <i>For example, no gaps, tripping hazards, or protruding nails.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance</p> 
<p>o) Are there any holes in the walls, floors, or ceilings?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Fail No = Pass See Guidance</p> 
<p>p) Is each room that is used for sleeping at least 80 sq. ft., and does each room include a window or skylight?</p> <p><i>A room of under 80 square feet without a window can be used for another purpose, but not for sleeping. A room used for sleeping must be both 80 square feet and have a window.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass Fail = No See Guidance</p> 
<p>q) Is there a lock on the inside of the apartment entrance door requiring a key to exit the apartment? <i>No double cylinder locks are permitted.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Fail No = Pass See Guidance</p> 
<p>r) Is there a smoke detector located within 15 feet of the entrance to each room that is used for sleeping?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance</p> 
<p>s) If 3r is YES - are all of the smoke detectors working?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p>


SAMPLE

3. Overall Apartment/House (<i>continued</i>)	YES	NO	N/A	Information
t) Is there a carbon monoxide detector located within 15 feet of the entrance to each room that is used for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
u) If 3t is YES - are all of the carbon monoxide detectors working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail See Guidance
v) Is there a heat source in every room of this unit? <i>Portable heating units are not permissible.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
w) Is the heat source a radiator?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
x) If 3w is YES – is there steam coming from the radiator or from the pressure valve, or is there moisture around the pressure valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Fail No = Pass See Guidance  See Box 10 on page 10
y) If 3w is YES – is there evidence of leaking on, under, or around the radiator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Fail No = Pass See Guidance  See Box 10 on page 10
z) If 3w is YES - is the radiator missing a knob or valve? Check the N/A box if you were unable to observe the knob or valve due to the cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No = Pass Yes = Fail See Guidance  See Box 10 on page 10
aa) Is this apartment in the basement, cellar, or attic?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail See Box 11 on Page 10

SAMPLE





3. Overall Apartment/House (<i>continued</i>)	YES	NO	N/A	Information
ab) Can the unit be accessed without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
ac) Does the unit have a porch or balcony?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
ad) If 3ac is YES – is it 30 inches or more above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Pass/Fail
ae) If 3ad is YES, is a railing present and secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail
af) Is there a drop ceiling (a secondary ceiling hung beneath the main ceiling)?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail <i>See Guidance</i>  See Box 12 on Page 10
ag) Do you have reason to think that this apartment was illegally subdivided?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail <i>See Guidance</i>  See Box 13 on Page 11
<p>ah) If the inspection occurs between 10/1 and 5/31 it is required for the heat to be working.</p> <p><i>Take the temperature in at least one room (not the bathroom or kitchen).</i></p> <p><i>During the day (6 AM – 10 PM), if the outside temperature falls below 55 degrees Fahrenheit, the inside temperature must be at least 68 degrees Fahrenheit. If the outside temperature is above 55 degrees Fahrenheit, there is no minimum indoor temperature.</i></p> <p><i>At night (between 10 PM – 6 AM), the inside temperature must be at least 62 degrees Fahrenheit at all times.</i></p>	<p>Inside Temperature:</p> <p>_____</p> <p>(Fahrenheit)</p> <p>Outside Temperature:</p> <p>_____</p> <p>(Fahrenheit)</p>		<p>Time of day of walk-through:</p> <p>_____</p> <p>Pass = meets specified requirements</p> <p>Fail = does not meet specified requirements</p>	

SAMPLE





4. Bathroom	YES	NO	N/A	Information
a) Do the sink, tub/standing shower, and showerhead have hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>
b) Does the water in the sink, tub/standing shower, and showerhead flow freely?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
c) Is the water in the sink, tub/standing shower, and showerhead clean after flushing the pipes for at least 60 seconds (i.e. no rust)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
d) Is the toilet in proper working order?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
e) Is there a vent or an operable window in the bathroom? <i>You should check for presence of vent airflow/draw.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
f) Is the bathroom free of plumbing leaks (including steam leaks)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i> 

SAMPLE

5. Kitchen	YES	NO	N/A	Information
a) Does the kitchen sink have hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>
b) Is the water in the sink clean after flushing the pipe for at least 60 seconds (i.e. no rust)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
c) Is there a working oven?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
d) Is there a working stove? <i>All burners on the stove must be working.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
e) Is there a working refrigerator with rails and shelves adequate to the household's needs?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>
f) Is the refrigerator cold?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>

5. Kitchen	YES	NO	N/A	Information
g) Is there a working freezer?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
h) Does the kitchen have cabinets, shelves, or a space to store food?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
i) Does the kitchen have a meal preparation area (e.g., counter space)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
j) Is the kitchen free of plumbing leaks (including steam leaks)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
k) Is the stove or oven free of grease build-up?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
l) Is there a working vent over the stove or a window in the kitchen?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail

SAMPLE

6. Electrical	YES	NO	N/A	Information
a) Does each room that will be used for sleeping have either two electrical outlets or one outlet and one permanent light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
b) Do all of the outlets in the kitchen and bathroom have a reset button (GFCI Outlet)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
c) Are fixtures and electrical devices secure, with no exposed wires, and do they have plate covers?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
d) Is the apartment free of exposed wires? <i>Wires that connect to a cable box are not considered exposed wires.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 

6. Electrical	YES	NO	N/A	Information
e) Are there any wires located in or located near standing water?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Fail No = Pass

7. Accessibility – Information Gathering Only	YES	NO	N/A	Information
a) Are there any stairs (or steps) between the public sidewalk and the door to the unit?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
b) If 7a is YES - is it possible to avoid all of the stairs (or steps) between the public sidewalk and the door to the unit by, for example, using an alternate tenant-entrance to the building, or by using an elevator (or lift), and/or ramp?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
c) Does the building have an elevator?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
d) If 7c is YES - is at least one in working order?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
e) What are the widths of the following: Front entrance of the building: _____ Elevator door: _____ Entrance to the apartment: _____ Bathroom doors (if more than one bathroom, it is only necessary to measure one): _____ <i>To comply with the Americans with Disabilities Act, elevator doors must be 36 inches wide and doorways must be 32 inches wide.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail

SAMPLE

8. Approval	YES	NO	Information
a) Are there any other issues that would make the apartment unsuitable to rent? If so, what are they? _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Fail No = Pass
b) Based on the answers you have provided above, do you approve of this apartment for rent by this client?	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail

9. Peeling Paint Escalation If the answer to question 3k is YES, please email the landlord a copy of this Apartment Review Checklist as instructed in the bottom of the last page of this document. Please also send a completed copy of this Apartment Walkthrough Checklist to apartmentoffers@dhs.nyc.gov with the subject line "Paint Condition." Even if the apartment failed for other reasons, you must still send a completed copy of this form to DHS.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3k? 	<input type="checkbox"/>	<input type="checkbox"/>	Notify DHS staff if you checked YES.

10. Radiator Escalation Please indicate if you answered YES to any of the questions listed below. If the landlord subsequently repairs the condition, send a copy of this completed Apartment Review Checklist to apartmentoffers@dhs.nyc.gov with the subject line "Escalation" for approval.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3x? 	<input type="checkbox"/>	<input type="checkbox"/>	Notify DHS staff if you checked YES for any of these items.
<ul style="list-style-type: none"> Was the answer YES for 3y? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Was the answer YES for 3z? 	<input type="checkbox"/>	<input type="checkbox"/>	

SAMPLE

11. Basement, Cellar or Attic Escalation Please indicate if you answered YES to the question below. If you answer YES, the unit cannot pass at this time. You must email a completed copy of the Apartment Review Checklist to apartmentoffers@dhs.nyc.gov with the subject line "Escalation" for approval.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3aa? 	<input type="checkbox"/>	<input type="checkbox"/>	Notify DHS staff if you checked YES.

12. Drop Ceiling Escalation Please indicate if you answered YES to the question below. If you answer YES, the unit cannot pass at this time. You must email a completed copy of the Apartment Review Checklist to apartmentoffers@dhs.nyc.gov with the subject line "Escalation" for approval.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3af? 	<input type="checkbox"/>	<input type="checkbox"/>	Notify DHS staff if you checked YES.

13. Illegal Subdivision Escalation Please indicate if you answered YES to the question below. If you answer YES, the unit cannot pass at this time. You must email a completed copy of the Apartment Review Checklist to apartmentoffers@dhs.nyc.gov with the subject line "<u>Escalation</u>" for approval.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3ag? If so, provide the reason(s)? _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	Notify DHS staff if you checked YES.

SAMPLE

Landlord/Landlord Representative Contact Information	
Name of Landlord/Landlord Representative (Print)	Name of Organization (Print)
Email	Telephone Number

Certification		
I certify that I visited the property located at the address indicated above and that the information in this form has been answered correctly to the best of my ability.		
_____ Person completing walkthrough (Print)	_____ Person completing walkthrough (Signature)	_____ Date
_____ Name of your organization (Print)		

- ❖ **A copy of this form and the Website Clearance Checklist must be included in your application request packet. The application will not pass review if the apartment needs repair or does not pass the required clearances.**
- ❖ **For technical support during the Apartment Review, please call 212-232-0560 from 9am to 5pm Monday through Friday.**
- ❖ **If the unit fails under any condition, a copy of the completed Apartment Review Checklist must be provided to the landlord via email so a record can be kept.**

SAMPLE

**APARTMENT REVIEW CHECKLIST FOR OUTSIDE OF NYC
 (To be completed by City or Provider staff)**

Client Name: _____

Shelter/Provider Name: _____

Date of apartment viewing: _____




Are there children in the Household? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, indicate the ages of all children:
--

Apartment Information


Address: _____			
Apartment Number: _____	Floor: _____	City: _____	Zip Code: _____

Total # rooms: _____ Total # bedrooms: _____ Total # baths: _____ Total # of units: _____ Number of people who will live in the apartment: _____


SAMPLE

UTILITIES (GAS, ELECTRICITY, AND WATER) MUST BE CONNECTED BY THE LANDLORD PRIOR TO THE APARTMENT REVIEW.				
1. Interior of Building	YES	NO	N/A	Information
a) Are the interior stairs & halls free of hazards? (e.g. damaged surfaces; peeling, cracked, & loose paint; and loose or missing handrails)	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
b) Is there excess garbage in the hallways/interior of the building that may cause a health and safety condition?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Fail No = Pass See Guidance 
c) Do halls and stairwells have a clear path to egress?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
d) Do halls and stairwells have sufficient lighting?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 


(Turn page)




1. Interior of Building (continued)	YES	NO	N/A	Information
<p>e) Is there a working mailbox or mail slot for the tenant?</p> <p><i>The mail box/slot must be unique to this unit and not shared with others.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
<p>f) Is this unit in a building/house with 3 or more units?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
<p>g) If 1f is YES – is there at least one unlocked Fire Exit from the building?</p> <p><i>A fire exit is a stairway separated from other interior spaces of a building by fire-resistant construction so that it provides a protected path of egress out of a building.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail
<p>h) If 1g is YES - are any of the Fire Exits blocked?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Fail No = Pass
<p>i) If 1f is YES - is there a self-closing mechanism on the apartment entrance door, the building entrance door, and the Fire-Exit doors?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail See Guidance 
<p>j) If 1f is YES - is there a working bell/buzzer for the apartment?</p> <p><i>The bell or buzzer must ring inside the apartment.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail








SAMPLE

2. Hallway and Apartment or House	YES	NO	N/A	Information
<p>a) Is this unit in a building/house with 3 or more units, AND are there children 10 and under in this household?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
<p>b) If 2a is YES - are window guards in place in the hallways and installed with the correct (one way) screws and L brackets to prevent the window from opening more than 4 inches; or if there is a casement window hinged at the side or top, is there a chain to prevent the window from opening more than 4 inches?</p> <p><i>If the gap from the top bar of the window guard to the top of the window is less than 4 inches, an L bracket is not required.</i></p> <p><i>Note that window guards should not be installed in fire escape windows.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail See Guidance 





(Turn page)

2. Hallway and Apartment or House (<i>continued</i>)	YES	NO	N/A	Information
<p>c) If 2a is YES - are window guards in place in the unit and installed with the correct (one way) screws and L brackets; or if there is a casement window hinged at the side or top, is there a chain to prevent the window from opening more than 4 inches?</p> <p><i>If the gap from the top bar of the window guard to the top of the window is less than 4 inches, an L bracket is not required.</i></p> <p><i>Note that window guards should not be installed in fire escape windows.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 

3. Overall Apartment/House	YES	NO	N/A	Information
<p>a) Is the apartment being repaired or under renovation or construction?</p> <p><i>If the unit is being repaired or is under construction, it is not suitable for a client.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Fail No = Pass</p>
<p>b) Is there a fire escape?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
<p>c) If 3b is YES - are there window gates on the window leading to the fire escape?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Pass/Fail
<p>d) If 3c is YES - can the window gates be opened from the inside?</p> <p><i>For example, the gates must not have padlocks.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 
<p>e) If 3b is YES –can they be opened without the use of a key?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 
<p>f) If 3b is YES - are there locks on the interior doors of the apartment that have access to that fire escape window?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Fail No = Pass</p>
<p>g) Do the windows open, close, and lock freely?</p> <p><i>You can ask the landlord/landlord representative to do this.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail</p>
<p>h) Is there a window leading to the outside (basement, first floor, fire escape, porch, or other outside place that can be reached from the ground)?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
<p>i) If 3h is YES – is it lockable from the inside (to protect individuals from invasion)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p> 
<p>j) Are all interior surfaces free of cracked, peeling & loose paint?</p> <p>If yes, unit will fail unless the landlord can show negative lead test and remediation if needed.</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance</p>

3. Overall Apartment/House (<i>continued</i>)	YES	NO	N/A	Information
<p>k) Is the unit free of evidence of rats, mice, roaches, or other vermin?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
<p>l) Is the unit free of any evidence of leaks?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
<p>m) Are the floors free of hazards? <i>For example, no gaps, tripping hazards, or protruding nails.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
<p>n) Are there any holes in the walls, floors, or ceilings?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Fail No = Pass See Guidance 
<p>o) Is each room that is used for sleeping at least 80 sq. ft., and does each room include a window or skylight? <i>A room of under 80 square feet without a window can be used for another purpose, but not for sleeping. A room used for sleeping must be both 80 square feet and have a window.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass Fail = No See Guidance 
<p>p) Is there a lock on the inside of the apartment entrance door requiring a key to exit the apartment? <i>No double cylinder locks are permitted.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Fail No = Pass See Guidance 
<p>q) Is there a smoke detector located within 15 feet of the entrance to each room that is used for sleeping?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
<p>r) If 3q is YES - are all the smoke detectors working?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail See Guidance

(Turn page)


3. Overall Apartment/House (<i>continued</i>)	YES	NO	N/A	Information
<p>s) Is there a carbon monoxide detector located within 15 feet of the entrance to each room that is used for sleeping?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail See Guidance</p> 
<p>t) If 3s is YES - are all the carbon monoxide detectors working?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail See Guidance</p>
<p>u) Is there a heat source in every room of this unit? <i>Portable heating units are not permissible.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Yes = Pass No = Fail</p>
<p>v) Is the heat source a radiator?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Not Pass/Fail</p>
<p>w) If 3v is YES – is there steam coming from the radiator or from the pressure valve, or is there moisture around the pressure valve?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Fail No = Pass See Guidance</p> 
<p>x) If 3v is YES – is there evidence of leaking or, under, or around the radiator?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Fail No = Pass See Guidance</p> 
<p>y) If 3v is YES - is the radiator missing a knob or valve? Check the N/A box if you were unable to observe the knob or valve due to the cover</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>No = Pass Yes = Fail See Guidance</p> 
<p>z) Is this apartment in the basement, cellar, or attic? If yes, must be able to show unit is legal under local regulations.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Not Pass/Fail</p>





SAMPLE

(Turn page)





3. Overall Apartment/House (<i>continued</i>)	YES	NO	N/A	Information
aa) Can the unit be accessed without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
ab) Does the unit have a porch or balcony?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
ac) If 3ab is YES – is it 30 inches or more above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Pass/Fail
ad) If 3ac is YES, is a railing present and secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes = Pass No = Fail
ae) If the inspection occurs between 10/1 and 5/31 it is required for the heat to be working. <i>Take the temperature in at least one room (not the bathroom or kitchen).</i> <i>During the day (6 AM – 10 PM), if the outside temperature falls below 55 degrees Fahrenheit, the inside temperature must be at least 68 degrees Fahrenheit. If the outside temperature is above 55 degrees Fahrenheit, there is no minimum indoor temperature.</i> <i>At night (between 10 PM – 6 AM), the inside temperature must be at least 62 degrees Fahrenheit at all times.</i>	Inside Temperature: _____ (Fahrenheit) Outside Temperature: _____ (Fahrenheit)			Time of day of walk-through: _____ Pass = meets specified requirements Fail = does not meet specified requirements

SAMPLE

4. Bathroom	YES	NO	N/A	Information
a) Do the sink, tub/standing shower, and showerhead have hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>
b) Does the water in the sink, tub/standing shower, and showerhead flow freely?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
c) Is the water in the sink, tub/standing shower, and showerhead clean after flushing the pipes for at least 60 seconds (i.e. no rust)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
d) Is the toilet in proper working order?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
e) Is there a vent or an operable window in the bathroom? <i>You should check for presence of vent airflow/draw.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
f) Is the bathroom free of plumbing leaks (including steam leaks)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i> 

5. Kitchen	YES	NO	N/A	Information
a) Does the kitchen sink have hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>
b) Is the water in the sink clean after flushing the pipe for at least 60 seconds (i.e. no rust)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
c) Is there a working oven?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
d) Is there a working stove? <i>All burners on the stove must be working.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
e) Is there a working refrigerator with rails and shelves adequate to the household's needs?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>
f) Is the refrigerator cold?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i>
g) Is there a working freezer?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail
h) Does the kitchen have cabinets, shelves, or a space to store food?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i> 
i) Does the kitchen have a meal preparation area (e.g., counter space)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i> 
j) Is the kitchen free of plumbing leaks (including steam leaks)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i> 
k) Is the stove or oven free of grease build-up?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail <i>See Guidance</i> 
l) Is there a working vent over the stove or a window in the kitchen?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail

(Turn page)

6. Electrical	YES	NO	N/A	Information
a) Does each room that will be used for sleeping have either two electrical outlets or one outlet and one permanent light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
b) Do all of the outlets in the kitchen and bathroom have a reset button (GFCI Outlet)?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
c) Are fixtures and electrical devices secure, with no exposed wires, and do they have plate covers?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
d) Is the apartment free of exposed wires? <i>Wires that connect to a cable box are not considered exposed wires.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Pass No = Fail See Guidance 
e) Are there any wires located in or located near standing water?	<input type="checkbox"/>	<input type="checkbox"/>		Yes = Fail No = Pass

7. Accessibility – Information Gathering Only	YES	NO	N/A	Information
a) Are there any stairs (or steps) between the public sidewalk and the door to the unit?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
b) If 7a is YES - is it possible to avoid all of the stairs (or steps) between the public sidewalk and the door to the unit by, for example, using an alternate tenant-entrance to the building, or by using an elevator (or lift), and/or ramp?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
c) Does the building have an elevator?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
d) If 7c is YES - is at least one in working order?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail
e) What are the widths of the following: Front entrance of the building: _____ Elevator door: _____ Entrance to the apartment: _____ Bathroom doors (if more than one bathroom, it is only necessary to measure one): _____ <i>To comply with the Americans with Disabilities Act, elevator doors must be 36 inches wide and doorways must be 32 inches wide.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail

(Turn page)

8. Approval	YES	NO	Information
<p>a) Are there any other issues that would make the apartment unsuitable to rent?</p> <p>If so, what are they?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Fail No = Pass</p>
<p>b) Based on the answers you have provided above, do you approve of this apartment for rent by this client?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Yes = Pass No = Fail</p>

Landlord/Landlord Representative Contact Information	
<div style="font-size: 100px; color: blue; opacity: 0.5; pointer-events: none;">SAMPLE</div>	
<p>Name of Landlord/Landlord Representative (Print)</p>	<p>Name of Organization (Print)</p>
<p>Email</p>	<p>Telephone Number</p>

Certification		
<p>I certify that I visited the property located at the address indicated above and that the information in this form has been answered correctly to the best of my ability.</p>		
<p>Person completing walkthrough (Print)</p>	<p>Person completing walkthrough (Signature)</p>	<p>Date</p>
<p>Name of your organization (Print)</p>		

(Turn page)

- ❖ **A copy of this form and the Website Clearance Checklist must be included in your application request packet. The application will not pass review if the apartment needs repair or does not pass the required clearances.**
- ❖ **For technical support during the Apartment Review, please call 212-232-0560 from 9am to 5pm Monday through Friday.**
- ❖ **If the unit fails under any condition, a copy of the completed Apartment Review Checklist must be provided to the landlord via email so a record can be kept.**

SAMPLE



Department of
Social Services

What You Should Know About FHEPS or CITYFHEPS Shopping Letters and Utilities

FHEPS can be used to rent an apartment within the five (5) boroughs of New York City. CityFHEPS can be used to rent an apartment anywhere in New York State or to rent a single room in an apartment or a Single Room Occupancy (SRO) unit within the five (5) boroughs of New York City. The rent and utility amounts on this document are only valid for potential FHEPS tenants or for potential CityFHEPS tenants who are moving within New York City.

If you are a potential CityFHEPS tenant and will be moving outside of New York City, but within New York State, please go to the DSS CityFHEPS website to find the statewide amounts at <https://www.nyc.gov/site/hra/help/cityfheps-documents.page>.

The amount on the shopping letter is the maximum amount you can rent an apartment for when all of the utilities like heat, hot water, electricity, and cooking gas are included.

The chart below will help you identify the maximum rent amount of your voucher if you are responsible for some or all of the utilities:

Family Size	Number of Bedrooms	All Utilities Included	Without Cooking Gas & Electric	With Cooking Gas Only	With Electric Only	No Utilities Included
1	*SRO	\$1,967	\$1,863	\$1,893	\$1,942	\$1,783
1	0 (Studio)	\$2,624	\$2,525	\$2,550	\$2,599	\$2,440
1 or 2	1	\$2,696	\$2,584	\$2,612	\$2,668	\$2,484
3 or 4	2	\$3,027	\$2,885	\$2,918	\$2,994	\$2,762
5 or 6	3	\$3,777	\$3,606	\$3,643	\$3,740	\$3,464
7 or 8	4	\$4,070	\$3,868	\$3,910	\$4,028	\$3,705
9 or 10	5	\$4,680	\$4,448	\$4,494	\$4,634	\$4,263
11 or 12	6	\$5,291	\$5,059	\$5,105	\$5,245	\$4,874
13 or 14	7	\$5,901	\$5,669	\$5,715	\$5,855	\$5,484
15 or 16	8	\$6,512	\$6,280	\$6,326	\$6,466	\$6,095
17 or 18	9	\$7,122	\$6,890	\$6,936	\$7,076	\$6,705
19 or 20	10	\$7,733	\$7,501	\$7,547	\$7,687	\$7,316

* SRO only applies to CityFHEPS

(Turn page)

What You Should Know About FHEPS or CITYFHEPS Shopping Letters and Utilities (*continued*)

How can I find out which utilities are included?

- The proposed lease will tell you what utilities are included
- The listing may also say what utilities are included. *For example: heat and hot water are included.*
- You can ask the broker or landlord

Can I agree to pay the landlord the difference?

No, you cannot agree to pay the landlord the difference. This is known as a “side deal” and landlords promise not to do this when they accept the voucher. This helps ensure your rent is the amount in the lease and keeps rents affordable for everyone.

SAMPLE

Notice Date: _____
Client Name: _____
Case Number: _____
Rental Assistance Supplement
Expiration Date: _____

CityFHEPS RENEWAL REQUEST

DUE DATE:

SAMPLE

INSTRUCTIONS:

To continue getting a rental assistance supplement you must:

- Complete and submit a renewal form and supporting documents. Submitting online is the easiest and fastest way!

Submit Your Renewal Form



- Go to www.nyc.gov/accesshra or use the ACCESS HRA (AHRA) mobile application.
- Log into your account (or set one up).
- Click "Yes" to "Do you want to start your online Recertification now?" on the homepage.
- Fill out your information and submit your form.

Unable to submit online? See page 2 for other ways to submit.

Submit Required Documentation



Upload documents on the AHRA mobile app to verify any changes in your living situation such as changes in income, resources, rent, utilities, family size, child care costs and any other changes.
More Info: www.nyc.gov/hradocs

Unable to Submit Online?

If you cannot use AHRA to send us the additional information or documents that we asked you to give us, you can email, mail, or deliver copies of the documents:



Email: DV_housing@hra.nyc.gov



Mail: CityFHEPS
NYC Human Resources Administration
150 Greenwich Street, 43rd Floor
New York, New York 10007



Deliver: If you want to deliver the documents to us in person, please call 929-221-7270 or deliver the documents to your assigned ADVENT center.

- Please answer all the questions.
- **Please read carefully and make sure that all of the information is correct.**
- If you prefer to complete and submit a paper renewal, please **fill out and sign this form**. Then, you can either mail **this form and supporting documents** in the enclosed envelope or scan and email all documents by the due date on **page 1**.
- If you mark “no” in any of the boxes below, please add your corrections on this form.
- See **page 6** regarding supporting documents.

THIS SPACE IS LEFT BLANK ON PURPOSE!

TURN PAGE TO CONTINUE WITH THE PAPER RENEWAL

1. Residence and Contact Information: This is the information we have on file for you.

Address:
Phone Number:
Emergency Contact Number:

Is the above information correct? Yes No If "No," please give us your new information below.

New Address:
New Phone Number:
New Emergency Contact Number:

2. Household Information:

The following is the most recent information we have about your household:

Name	Date of Birth	Current Cash Assistance Status
SAMPLE		

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 6** for more information.

Household Member	Date of Birth	Social Security Number	Add	Remove
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

(Turn Page)

3. Employment: The following is the most recent information we have about the people who live in your household and are working:

Name	Hours	Monthly Income

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 6** for more information.

Status*	Household Member	Employer	Hours	New Monthly Amount

*For **Status**, tell us if we need to **add**, **change**, or **remove** the person's employment.

If you are not working, please tell us why in the box below:

SAMPLE

4. Other Income:

We have the following information about your household's unearned income:

Name	Type of Income	Monthly Amount

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 6** for more information.

Add	Change	Remove	Household Member	Type of Income	New Monthly Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

(Turn Page)

5. Rent Information:

We have the following information about your monthly rent: \$ _____

Will this be your rent after _____? Yes No I do not know

If "No," what will your monthly rent be? \$ _____

(Please give us an updated lease or rental agreement with the new information.)

(Please give us an updated lease or rental agreement with the new information. If you moved into your apartment before January 2022, please also give us a completed Landlord Utility Information Form.)

See page 6 for more information.

6. Rent Arrears: Are you behind in your rent payments?

Yes No

If "Yes," please send us additional information. See page 6 for more information.

Signature

I certify that the information I am giving to the NYC Human Resources Administration, including any supporting documentation, is accurate and complete to the best of my knowledge and belief.

Head of Household Signature

Date

SAMPLE

(Turn Page)

INSTRUCTIONS on what types of Documents to Submit

A. Documentation/Follow Up: Do not send originals! Send copies only.

#1: Residence and Contact Information: No documentation required.

#2: Household Information: If your household information is correct, you do not need to submit any additional paperwork.

If you need to add members, please submit any of the following documents. (Note that you must report income from additional members, and additional household members may or may not result in a change in your subsidy.)

- Photo I.D., Driver's license, U.S. passport, Naturalization certificate, Hospital/Doctor's records, Adoption papers, Birth/baptismal certificate

#3: Employment: If you are on Cash Assistance and the information we have on page 4 is correct, you do not need to submit any additional documentation.

If you are not on Cash Assistance and you are employed, you **must** submit any of the following:

- 2 most recent pay stubs
- An employment letter indicating hours and wages
- A termination letter

#4: Other Income: Submit any of the following **only** if the income we have on page 4 is wrong:

- Copy of current award certificate/letter,
- Copy of current benefit check,
- Official correspondence from New York State Department of Labor, SSA, Veterans Administration, or agency administering grant/award, or
- Copy of termination letter

#5: Rent Information: If the information we have on page 5 is not correct or if your monthly rent will change, please send us a copy of your lease or other rental agreement from your landlord.

If you moved into your apartment before January 2022, please also give us a completed Landlord Utility Information Form.

#6: Rent Arrears: We will follow up if you told us on this form that you have rent arrears. Please note that if you do not tell us immediately about your rental arrears we may not renew your City Fighting Homelessness and Eviction Prevention Supplement (CityFHEPS) rental assistance supplement.

See **page 1** for instructions on how you can submit online with ACCESS HRA.
See **page 2** for instructions on how you can submit by mail, in person, or email.

For assistance, call 929-221-7270.

Notice Date: _____

Client Name: _____

Letter Number: _____

We Have Approved Your Renewal for a Rental Assistance Supplement!

We received your renewal request and transferred you to CityFHEPS.

Your rental assistance supplement will continue for another year starting _____.

- We **will not change** the amount of your City rental assistance.
- We **will change** the amount of your City rental assistance.

We will pay a total of \$ _____ towards your rent each month.

You must pay the rest of your rent directly to your landlord each month.

We will pay a CityFHEPS rental assistance supplement amount of \$ _____ towards your rent each month. This amount will not change until your next renewal unless you notify us that your rent has gone up or your income has gone down, and you are approved for a CityFHEPS modification.

The part of your rent paid by Cash Assistance is \$ _____ as long as your Cash Assistance budget does not change, and you do everything that we ask you to do for Cash Assistance. If your Cash Assistance shelter allowance changes, the amount of rent you have to pay will also change.

Your Utility Allowance and Household Share:

You have a utility allowance of: \$ _____. This amount, if any, is subtracted from your household share and added to the rental assistance supplement paid by HRA. If your utility allowance is more than the amount of your household share, any remaining amount will be mailed to you so that you can use the money to pay for your utilities directly. This amount is called a "Utility Payment." If you receive Cash Assistance, we will also deduct the Home Energy Allowance (HEA) and Supplemental Home Energy Allowance (SHEA) that are part of your Cash Assistance grant.

(Turn Page)

We based your CityFHEPS rental assistance supplement amount on the following information you gave us or that we had in our files for your household:

1. Your monthly rent is \$_____.
2. There are _____ people in your home.
3. Your household gross monthly income is \$_____.

If you believe you will not be able to pay your household share, you should go to your local Homebase office. In some instances you may be eligible to transfer to a less expensive apartment.

If you have any questions, please call us at **929-221-7270** immediately.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE ENCLOSED CONFERENCE AND ADMINISTRATIVE APPEAL
RIGHTS INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

(Turn Page)

Right to a Review of Our Determinations

DO YOU THINK WE ARE WRONG? (IF SO, CONTACT HRA IMMEDIATELY)

If you think our decision is wrong, you should talk with your case manager. If we made a mistake, we will correct it. If you are not satisfied with the explanation your case manager gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this determination.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call 929-221-7270 and say that you are requesting a review conference about your eligibility for the CityFHEPS program. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have. If you have documents that show there was an error, you can explain the error to us and we will direct you regarding the fastest way to change or update your information.

If you are not satisfied with the results of the review conference, you are still entitled to an administrative appeal. **Your time to request an appeal will be extended until 60 days after the date of your review conference.**

ADMINISTRATIVE APPEAL PROCESS

Deadline for requesting an appeal: You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

How to Ask for an Administrative Appeal Hearing:

You can ask for an administrative appeal by **mail**, by **fax**, or by **email**. If you cannot reach HRA by fax or email, please write to NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003 to ask for an administrative appeal before the deadline. All requests for administrative appeals must be in writing.

(1) MAIL: Send a copy of **ALL PAGES OF THIS NOTICE**, completed, to:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Please keep a copy for yourself.)

(2) FAX: Fax a copy of **ALL PAGES OF THIS NOTICE** to: **917-639-0313**.

(3) E-MAIL: Scan and E-mail **ALL PAGES OF THIS NOTICE** to: **RACC@hra.nyc.gov**

(Turn Page)

I want an administrative appeal. I do not agree with the City’s decision.
(You may explain why you disagree below, but you do not have to include a written explanation.)

Keeping your Benefits the Same:

We will not change your CityFHEPS amount if you ask for an Administrative Appeal hearing about the decision in this notice within 10 days of the date of this notice. If you ask for a conference only and not an Administrative Appeal hearing, we WILL change your CityFHEPS amount.

If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____
Name _____ M.I. _____ Last Name _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____
Signature: _____ Date: _____

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

(Turn Page)

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

If you have a disability and need a reasonable accommodation, such as sign language interpretation, assistance for a visual impairment or some other accommodation, to participate in a conference or hearing, please make this request on this form.

Legal Assistance

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

Access to Your File and Copies of Documents

To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-7270** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **929-221-7270** or write to **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.



Department of Social Services

EIS-1c (E) 12/19/2023 (page 1 of 2) LLF

Notice Date: _____

Program Participant Name: _____

WARNING: Your Rental Assistance Supplement May End!

Your CityFHEPS Will End on: _____

Your rental assistance supplement is going to end because:

- You did not send back the renewal packet that we mailed to you. If you need another packet, **immediately** call us at **929-221-7270**.
- Your household income is too high for you to continue getting a rental assistance supplement. If you think this is incorrect, call **929-221-7270**.
- You did not return documents that we asked you to send to us.
- You are no longer living in the home we approved for a rental assistance supplement.

You will not get a rental assistance supplement after _____ unless you take care of the problems above before _____.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **718-557-1399**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

(Turn page)

INSTRUCTIONS FOR SUBMITTING YOUR RENEWAL PACKET AND DOCUMENTS:

If the reason you received this notice is because you need to complete and submit a renewal packet, or you need to return documents, submitting online is the easiest and fastest way!

Submit Your Renewal Form Online



- Go to www.nyc.gov/accesshra or use the ACCESS HRA (AHRA) mobile application.
- Log into your account (or set one up).
- Click "Yes" to "Do you want to start your online Recertification now?" on the homepage.
- Fill out your information and submit your form.

Submit Required Documentation Online



Upload documents on the AHRA mobile app to verify any changes in your living situation such as changes in income, resources, rent, utilities, family size, child care costs and any other changes.

More Info: www.nyc.gov/hradocs

Unable to Submit Online?

If you cannot use AHRA to send us the additional information or documents that we asked you to give us, you can email, mail, or deliver copies of the documents:



Email: DV_housing@hra.nyc.gov



Mail: CityFHEPS
NYC Human Resources Administration
150 Greenwich Street, 43rd Floor
New York, New York 10007



Deliver: If you want to deliver the documents to us in person, please call 929-221-7270 or deliver the documents to your assigned ADVENT center.

No matter how you submit, once the agency receives your renewal, we will confirm that we received it. If you submit online, you will receive confirmation right away that you submitted it.

If we do not hear from you by the due date on page 1, we will send you a **final notice** when we end your rental assistance supplement.

If you have any questions about this notice, please call us at **929-221-7270**.



**Department of
Social Services**

EIS-1d (E) 12/19/2023 (page 1 of 5) LLF

Notice Date: _____

Program Participant Name: _____

Final Notice: Your Rental Assistance Supplement Will End

Your CityFHEPS Will End on: _____

Your rental assistance supplement is going to end because:

- You did not send back the renewal packet that we mailed to you. If you need another packet, **immediately** call us at **929-221-7270**.
- Your household income is too high for you to continue getting a rental assistance supplement. If you think this is incorrect, call **929-221-7270**.
- You did not return documents that we asked you to send to us.
- You are no longer living in the home we approved for a rental assistance supplement.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **718-557-1399**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

(Turn page)

INSTRUCTIONS FOR SUBMITTING YOUR RENEWAL PACKET AND DOCUMENTS:

If the reason you received this notice is because you need to complete and submit a renewal packet, or you need to return documents, submitting online is the easiest and fastest way!

Submit Your Renewal Form Online



- Go to www.nyc.gov/accesshra or use the ACCESS HRA (AHRA) mobile application.
- Log into your account (or set one up).
- Click "Yes" to "Do you want to start your online Recertification now?" on the homepage.
- Fill out your information and submit your form.

Submit Required Documentation Online



Upload documents on the AHRA mobile app to verify any changes in your living situation such as changes in income, resources, rent, utilities, family size, child care costs and any other changes.
More Info: www.nyc.gov/hradocs

Unable to Submit Online?

If you cannot use AHRA to send us the additional information or documents that we asked you to give us, you can email, mail, or deliver copies of the documents:



Email: DV_housing@hra.nyc.gov



Mail: CityFHEPS
NYC Human Resources Administration
150 Greenwich Street, 43rd Floor
New York, New York 10007



Deliver: If you want to deliver the documents to us in person, please call 929-221-7270 or deliver the documents to your assigned ADVENT center.

No matter how you submit, once the agency receives your renewal, we will confirm that we received it. If you submit online, you will receive confirmation right away that you submitted it.

If you have any questions about this notice, please call us at **929-221-7270**.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE ENCLOSED CONFERENCE AND ADMINISTRATIVE APPEAL RIGHTS INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

(Turn page)

Right to a Review of Our Determinations

DO YOU THINK WE ARE WRONG? (IF SO, CONTACT HRA IMMEDIATELY)

If you think our decision is wrong, you should talk with your case manager. If we made a mistake, we will correct it. If you are not satisfied with the explanation your case manager gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this determination.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call 929-221-7270 and say that you are requesting a review conference about your eligibility for the CityFHEPS program. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have. If you have documents that show there was an error, you can explain the error to us, and we will direct you regarding the fastest way to change or update your information.

If you are not satisfied with the results of the review conference, you are still entitled to an administrative appeal. **Your time to request an appeal will be extended until 60 days after the date of your review conference.**

ADMINISTRATIVE APPEAL PROCESS

Deadline for requesting an appeal: You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

How to Ask for an Administrative Appeal Hearing:

You can ask for an administrative appeal by **mail**, by **fax**, or by **email**. If you cannot reach HRA by fax or email, please write to NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003 to ask for an administrative appeal before the deadline. All requests for administrative appeals must be in writing.

(1) MAIL: Send a copy of **ALL PAGES OF THIS NOTICE**, completed, to:
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109 East 16th Street, 3rd Floor
New York, NY 10003
(Please keep a copy for yourself.)

(2) FAX: Fax a copy of **ALL PAGES OF THIS NOTICE** to: **917-639-0313**.

(3) E-MAIL: Scan and E-mail **ALL PAGES OF THIS NOTICE** to: RACC@hra.nyc.gov

(Turn page)

I want an administrative appeal. I do not agree with the City’s decision.
(You may explain why you disagree below, but you do not have to include a written explanation.)

Keeping your Benefits the Same:

We will not end your CityFHEPS if you ask for an Administrative Appeal hearing about the decision in this notice within 10 days of the date of this notice. If you ask for a conference only and not an Administrative Appeal hearing, we WILL end your CityFHEPS.

If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____

Name _____ M.I. _____ Last Name _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Signature: _____ Date: _____

SAMPLE

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

If you have a disability and need a reasonable accommodation, such as sign language interpretation, assistance for a visual impairment or some other accommodation, to participate in a conference or hearing, please make this request on this form.

Legal Assistance

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

Access to Your File and Copies of Documents

To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-7270** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **929-221-7270** or write to **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.



Department of Social Services

EIS-1e (E) 06/29/2023 (page 1 of 6) LLF

Date: _____

Case Number: _____

Participant Name: _____

CityFHEPS Approval Notice

We have approved your household for CityFHEPS.

The approved address, including unit number, is listed below:

Your monthly household share is \$ _____. Your household must pay the monthly household share directly to your landlord.

Your first payment to your landlord is due on _____.

Note to Tenant: Any reference to Cash Assistance (CA) on this notice only applies if you are moving within the five (5) boroughs of New York City. Outside of New York City, this type of assistance may be called Public Assistance (PA) or Temporary Assistance (TA).

Household Information

- 1. Number of Individuals in Household Receiving Cash Assistance (CA): _____
 - 2. Number of Individuals in Household Not Receiving CA: _____
 - 3. Total Income for Individuals Receiving CA: \$ _____
 - 4. Total Income for Individuals Not Receiving CA: \$ _____
 - 5. * CA Shelter Allowance (amount **HRA** will pay to the Landlord): \$ _____
 - 6. CityFHEPS Rent Supplement (amount **HRA** will pay to the Landlord): \$ _____
 - 7. Household Share (amount **you** have to pay to the landlord): \$ _____
- Total Monthly Rent (sum of 5, 6, and 7): \$ _____

★ HRA will only pay the CA Shelter Allowance if you are moving within New York City. If you are moving outside of New York City, but within New York State, the local district of social services will pay this amount.

(Turn Page)

Please remember that:

- You signed a Program Participant Agreement. It explains the requirements for participating in CityFHEPS.
- HRA oversees your Homebase aftercare provider. Homebase is administered by non-profit partners across New York City. Your Homebase aftercare provider is there to help you with any issues you have after leaving shelter if you have moved within the five (5) boroughs of New York City. This can include employment, benefits advocacy, rent arrears, or help to discuss disputes or problems with your landlord. If you have moved outside of New York City, but within New York State, and you need assistance, please call 929-221-7246.
- Your Homebase aftercare provider office and phone number are listed below:

- If you have a CA shelter allowance and it is reduced, you will have to make up the difference to your landlord.
- If your income has gone down and you would like to see if you can get a larger CityFHEPS supplement, call 929-221-7246.
- Your CityFHEPS is approved for one year. You must renew your CityFHEPS each year that you need assistance. HRA will mail you a renewal application up to five months before your lease expiration. Your CityFHEPS will be renewed if your household meets the CityFHEPS requirements. Your Homebase aftercare provider can help you with your renewal if you need assistance.
- If you want to move to a new address and use your CityFHEPS, we must approve your move first. If you move without getting our approval first you may lose your CityFHEPS. Go to your Homebase aftercare provider to ask about moving.

If you have any questions about this decision, please call us at 929-221-7246.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

(Turn Page)

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
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(Turn Page)

Right to a Review of Our Determinations

DO YOU THINK WE ARE WRONG? (IF SO, CONTACT HRA IMMEDIATELY)

If you think our decision is wrong, you should talk with your case manager. If we made a mistake, we will correct it. If you are not satisfied with the explanation your case manager gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this determination.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call 929-221-7246 and say that you are requesting a review conference about your eligibility for the CityFHEPS program. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have. If you have documents that show there was an error, you can explain the error to us and we will direct you regarding the fastest way to change or update your information.

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Deadline for requesting an appeal: You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

How to Ask for an Administrative Appeal Hearing:

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(Turn Page)

I want an administrative appeal. I do not agree with the City’s decision.
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If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____
 Name _____ M.I. _____ Last Name _____
 Address: _____ Telephone: _____
 City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

(Turn Page)

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

If you have a disability and need a reasonable accommodation, such as sign language interpretation, assistance for a visual impairment or some other accommodation, to participate in a conference or hearing, please make this request on this form.

Legal Assistance

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

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To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-7246** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

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**Department of
Social Services**

EIS-1f (E) 06/14/2023 (page 1 of 5) LLF

Date: _____

Client Name: _____

CA Case Number: _____

CityFHEPS Denial Notice

Your application for CityFHEPS dated , or request for a shopping letter, has been denied for the following reason(s):

Reason(s) for Denial for households in Shelter:

You do not meet any of the following criteria:

1. Your household is an adult-only household with earned income.
2. Your household has earned income and works at least 10 hours per week.
3. Your household includes someone who is 60 years of age or older.
4. Your household includes someone who is receiving federal disability benefits.
5. WeCARE has determined that there is an adult in your household who may be eligible for federal disability benefits.
6. Your household includes an adult who is exempt from Cash Assistance work requirements because this adult is needed at home to care for a household member with a verified mental or physical condition, or disability.
7. Your household includes someone who has served in the United States Armed Forces.
8. Your household is staying in a shelter that will close.
9. Your household was referred by a CityFHEPS qualifying program.

You have not found an apartment that qualifies for a CityFHEPS rental assistance supplement.

The housing unit you found does not meet CityFHEPS standards.

(Turn Page)

Reason(s) for Denial (*continued*):

- You do not have a qualifying shelter stay.
- You are not eligible for shelter.
- Your household includes the person who made you eligible for HRA Shelter.
- Your household's income is more than 200% of the Federal Poverty Level.
- All members of your household eligible for CA are not receiving CA.
- Your household is not sanction-free.
- Your household is eligible for FHEPS.
- Your household has a federal housing voucher or coupon.
- Other

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

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(Turn Page)

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(You may explain why you disagree below, but you do not have to include a written explanation.)

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If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____
 Name _____ M.I. _____ Last Name _____
 Address: _____ Telephone: _____
 City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

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HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

(Turn Page)

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

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To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-7246** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

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Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **929-221-7246** or write to **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.



Department of Social Services

EIS-1g (E) 01/19/2024 (page 1 of 4) LLF

Date: _____

CityFHEPS PROGRAM PARTICIPANT AGREEMENT

Program Applicant Name: _____

I, _____, have applied for a monthly rental assistance supplement from the CityFHEPS program to help my household pay rent for the following unit, which I have personally viewed:

SAMPLE

I understand and agree to the following:

1. I agree to:
 - provide accurate, complete and current information on income and household composition;
 - provide supporting documentation as needed to verify my household's eligibility;
2. Any information I provide in connection with my application for CityFHEPS will be subject to verification by HRA. If any information I provide is incorrect, I may be denied CityFHEPS.
3. I agree to an investigation to verify or confirm the information I have given in connection with my request for CityFHEPS. If additional information is requested, I will provide it.

(Turn page)

I further understand and agree to the following if I am approved for CityFHEPS:

1. My CityFHEPS approval notice will list my CityFHEPS Rental Assistance Supplement Amount.
2. HRA will pay the CityFHEPS Rental Assistance Supplement Amount directly to my landlord (or their designee) each month.
3. I understand that HRA will pay a Rental Assistance Supplement Amount. If I am residing within the five (5) boroughs of New York City and I am on Cash Assistance, HRA may also pay my landlord (or landlord's designee) a Shelter Allowance. I understand that **I am responsible for paying the rest of my rent.**
4. I agree to file for all work supports for which I am entitled. These work supports include public benefits and tax credits, such as the Earned Income Tax Credit (EITC), the Child Tax Credit (CTC) and the Child Care Tax Credit (CCTC). For assistance with tax preparation, I may visit www.nyc.gov/taxprep, or call 311 and ask for "tax preparation assistance."
5. I must make best efforts to keep my housing.
6. If I am residing within NYC, I can get help and referrals from my local Homebase office or other designated service provider for things like landlord-tenant mediation and anti-eviction services.
7. All members of my household who are eligible for Cash Assistance (CA) must receive CA.
8. If my household may be eligible for any federal or State housing benefit, including Section 8 or FHEPS, I must apply for such benefits and accept them if offered.
9. If my household is eligible for HRA Shelter, my household cannot include the person(s) who made my household eligible for HRA Shelter.
10. I must get HRA's approval before I move into a new apartment.
11. I agree to promptly notify HRA, by calling 929-221-7270, if:
 - I move;
 - I am served with eviction papers;
 - My landlord or the person I pay rent to changes; or
 - I fall behind in paying my rent.
12. If I am renting a room or a Single Room Occupancy (SRO) unit and I plan to add someone under 18 to my household, I will promptly notify HRA, by calling 929-221-7246, so I can get help moving to an apartment.

(Turn page)

13. I understand that CityFHEPS cannot be combined with any other rental assistance program, except with the prior approval of HRA.

14. I will cooperate fully with the City in its administration of the CityFHEPS program.

You Should Know

- A Landlord or Broker may not refuse to accept CityFHEPS. Refusal to accept CityFHEPS may constitute source of income discrimination under the NYC Human Rights Law or NYS Human Rights Law.
- Side deals with landlords and brokers are prohibited.
- If a landlord or broker refuses CityFHEPS or asks you for a side deal, call the NYC Commission on Human Rights at 212-416-0197.
- The HRA security voucher is considered payment of security. A landlord or broker should not ask you to pay any additional monies for security.
- Brokers should not ask you to pay any additional broker fees.
- Your landlord cannot force you to move to a different unit.
- Call the NYC Commission on Human Rights at 212-416-0197 immediately if the unit you viewed at your walkthrough is not the same unit you are offered at move in.

Required Signatures

I have read and understand this Program Participant Statement of Understanding and agree to its terms.

SAMPLE

Date

Program Applicant Signature

I have read and understand this Program Participant Statement of Understanding. I agree to cooperate fully with HRA and its administration of the CityFHEPS program and provide accurate information about my income and any additional information, as needed. I agree to an investigation to verify or confirm any information I provide in connection with HRA's administration of CityFHEPS.

Date

Household Member Name

Household Member Signature

Date

Household Member Name

Household Member Signature

Date

Household Member Name

Household Member Signature

(Turn page)

The following adult household members have not signed a copy of this agreement for the following reason(s):

Case Manager or Housing Specialist Name

Case Manager or Housing Specialist Signature

Date

The Case Manager or Housing Specialist signature confirms the household member information indicated above.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



Department of Social Services

EIS-1i (E) 12/05/2023 (page 1 of 5) LLF

Notice Date: _____

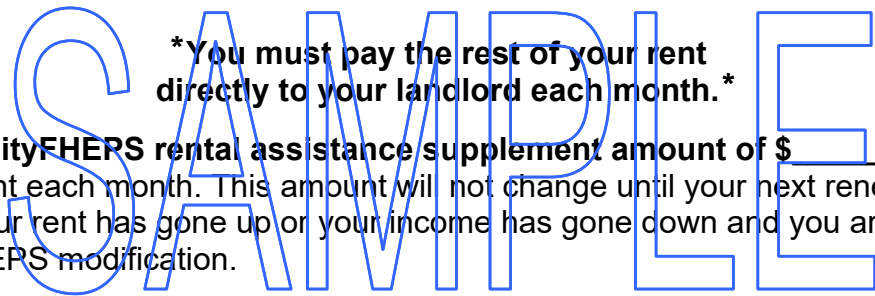
Client Name: _____

Letter Number: _____

We Have Approved Your Modification Request!

Your recent request to modify your CityFHEPS rental assistance supplement amount was approved!

We will pay a total of \$ _____ towards your rent each month starting on _____.



You must pay the rest of your rent directly to your landlord each month.

We will pay a CityFHEPS rental assistance supplement amount of \$ _____ towards your rent each month. This amount will not change until your next renewal unless you notify us that your rent has gone up or your income has gone down and you are approved for another CityFHEPS modification.

The part of your rent paid by Cash Assistance is \$ _____ as long as your Cash Assistance budget does not change and you do everything that we ask you to do for Cash Assistance. If your Cash Assistance shelter allowance changes, the amount of rent you have to pay will also change.

Your Utility Allowance and Household Share:

You have a utility allowance of: \$ _____. This amount, if any, is subtracted from your household share and added to the rental assistance supplement paid by HRA. If your utility allowance is more than the amount of your household share, any remaining amount will be mailed to you so that you can use the money to pay for your utilities directly. This amount is called a "Utility Payment." If you receive Cash Assistance, we will also deduct the Home Energy Allowance (HEA) and Supplemental Home Energy Allowance (SHEA) that are part of your Cash Assistance grant.

We based your CityFHEPS rental assistance supplement amount on the following information you gave us or that we had in our files for your household:

1. Your monthly rent is \$_____.
2. There are _____ people in your home.
3. Your household gross monthly income is \$_____.

If you have any questions, please call us at **929-221-7270** immediately.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE ENCLOSED CONFERENCE AND ADMINISTRATIVE APPEAL
RIGHTS INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

(Turn Page)

Right to a Review of Our Determinations

DO YOU THINK WE ARE WRONG? (IF SO, CONTACT HRA IMMEDIATELY)

If you think our decision is wrong, you should talk with your case manager. If we made a mistake, we will correct it. If you are not satisfied with the explanation your case manager gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this determination.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call 929-221-7270 and say that you are requesting a review conference about your eligibility for the CityFHEPS program. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have. If you have documents that show there was an error, you can explain the error to us and we will direct you regarding the fastest way to change or update your information.

If you are not satisfied with the results of the review conference, you are still entitled to an administrative appeal. **Your time to request an appeal will be extended until 60 days after the date of your review conference.**

ADMINISTRATIVE APPEAL PROCESS

Deadline for requesting an appeal: You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

How to Ask for an Administrative Appeal Hearing:

You can ask for an administrative appeal by **mail**, by **fax**, or by **email**. If you cannot reach HRA by fax or email, please write to NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003 to ask for an administrative appeal before the deadline. All requests for administrative appeals must be in writing.

(1) MAIL: Send a copy of **ALL PAGES OF THIS NOTICE**, completed, to:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Please keep a copy for yourself.)

(2) FAX: Fax a copy of **ALL PAGES OF THIS NOTICE** to: **917-639-0313**.

(3) E-MAIL: Scan and E-mail **ALL PAGES OF THIS NOTICE** to: **RACC@hra.nyc.gov**

(Turn Page)

I want an administrative appeal. I do not agree with the City’s decision.
(You may explain why you disagree below, but you do not have to include a written explanation.)

Keeping your Benefits the Same:

We will not change your CityFHEPS amount if you ask for an Administrative Appeal hearing about the decision in this notice within 10 days of the date of this notice. If you ask for a conference only and not an Administrative Appeal hearing, we WILL change your CityFHEPS amount.

If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____
Name _____ M.I. _____ Last Name _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____
Signature: _____ Date: _____

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

If you have a disability and need a reasonable accommodation, such as sign language interpretation, assistance for a visual impairment or some other accommodation, to participate in a conference or hearing, please make this request on this form.

Legal Assistance

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

Access to Your File and Copies of Documents

To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-7270** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **929-221-7270** or write to **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.



Department of Social Services

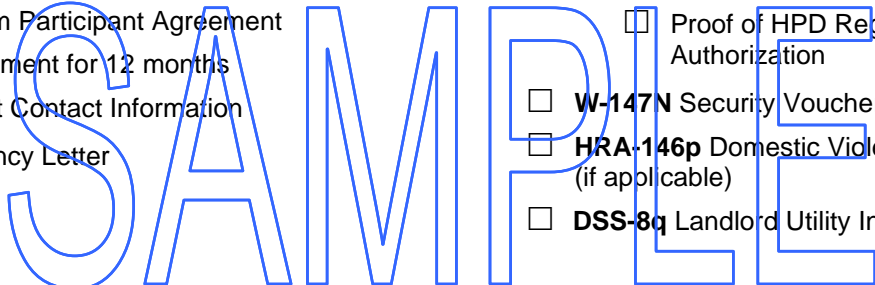
CityFHEPS Packet Cover Sheet for EIS

Client's Information

Client's Name: _____ Cash Assistance Case #: _____
Shelter Name: _____ Facility Code: _____
Staff Contact: _____ Staff Phone #: _____
Staff e-Mail: _____

Did you include the following mandatory documents?

- DSS-7 or DSS-7b ("Shopping Letter")
- DSS-7a or DSS-7c ("Household Share Letter")
- Proof of last 30 days of Income (for everyone in the household 18+)
- W-137A Request for Emergency Assistance
- EIS-1g Program Participant Agreement
- Lease or Agreement for 12 months
- DSS-8b Tenant Contact Information
- Shelter Residency Letter
- Landlord W9
- Deed/Proof of Ownership
- DSS-8f or DSS-8g ("Landlord Information Form")
- Signed by managing agent or other authorized representative? If checked,
- Proof of HPD Registration or Authorization
- W-147N Security Voucher
- HRA-146p Domestic Violence Action Form (if applicable)
- DSS-8q Landlord Utility Information



Check the rental type and associated forms included. Also check which landlord incentives apply, if any:

- Room Rental?
 - DSS-8d Room Allocation Form
- Apartment/SRO Rental?
 - HRA-145 Unit Hold Incentive Voucher (apartments only)
 - Landlord Bonus (availability based on zip code)
 - CityFHEPS Rental Assistance Supplement
 - 1 month OR 3 months

If a Broker was used, did you include the following documents?

- HRA-121 Broker's Request for Enhanced Fee Payment by Check
- Broker License (if broker fee)

Comments: _____

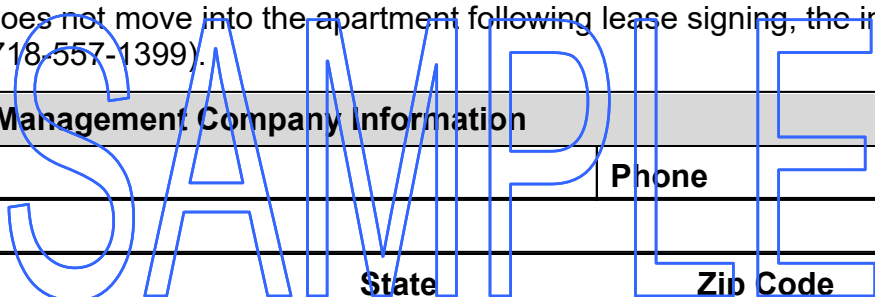
Unit Hold Incentive Voucher

The New York City Human Resources Administration (“HRA”) will provide an additional check for the equivalent of one month’s rent (in the amount listed below) as an incentive for holding the apartment while HRA completes the approval process. This voucher must be submitted as part of a rental assistance housing packet and the incentive check will be provided along with all other initial rent and bonus payments.

Approval of the packet is conditioned on, among other things:

- The tenant continuing to be otherwise eligible for the rental assistance program;
- The apartment passing any applicable inspection or safety and habitability assessment;
- The landlord submitting all applicable rental documents for HRA approval; **and**
- HRA confirming that it is not already making payments for this apartment or unit on behalf of anyone who is no longer residing there.

This voucher is available to landlords renting apartments to CityFHEPS and HRA HOME TBRA clients, FHEPS clients moving out of a DSS shelter, clients moving out of a DHS shelter with a Special One Time Assistance (SOTA) grant, and veterans moving out of DHS shelter with a VASH voucher. It may also be available in other limited circumstances. If the tenant ultimately does not move into the apartment following lease signing, the incentive must be refunded (call 718-557-1399).



A. Landlord or Management Company Information		
Name	Phone	
Address		
City	State	Zip Code
Check One: <input type="checkbox"/> Landlord <input type="checkbox"/> Management		
B. Rental Unit		
Address	Apartment #	Monthly Rent
C. Tenant (only one Household may be selected per apartment)		
Name	Rental Assistance Type	

I certify that I own or manage the above-named rental unit and, that the unit is currently vacant. I agree not to lease the unit to any other third-party while the application is being processed.

By signing below, I understand that nothing in this document creates a legally enforceable agreement or guarantee by HRA.

 Landlord/Authorized Agent’s Name

 Landlord/Authorized Agent’s Signature

 Date



Date: _____

Case Name: _____

Case Number: _____

Caseload: _____

Center: _____

Worker Telephone No.: _____

FH&C Telephone No.: _____

Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.

Remember:

(1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.

(2) You may still need to see your Worker. If you do, you will be given an appointment.

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

(Turn page)

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECTION II: ADDITIONAL ALLOWANCES

I am requesting the following allowance(s) for special need(s):

- Back rent
- Repair of essential household items
- Back mortgage and/or taxes
- Pregnancy allowance
- Restaurant allowance because I cannot prepare meals where I am living
- Burial allowance – you or your duly authorized representative must apply for this allowance at the:
Office of Burial Services
33-28 Northern Boulevard, 3rd Floor
Long Island City, NY 11101
Telephone: 718-473-8310
- Additional allowance for fuel
- Property repairs
- Replacement of clothing lost as a result of a disaster such as homelessness or fire
- Other:

Expenses related to moving:

- Moving expenses
- Security deposit/agreement
- Broker's/finder's fee/voucher
- Furniture and other household items
- Storage of furniture and personal belongings

New Address: _____
(include apartment number)

City _____ State _____ Zip Code _____

When did you move? _____ New rent: \$ _____

Landlord's name: _____

Primary tenant's name: _____

Address: _____
(include apartment number)

City _____ State _____ Zip Code _____

(Turn page)

SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

- Clothing for participants in job search activities who have **exceptional** circumstances, such as homelessness or a recent fire and lack of appropriate clothing
- Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items
- Child care allowance within approved limits, if needed
- Necessary public transportation
- Other work activity-related supportive services:

Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

SECTION IV: ADD PERSON TO CASE

If you do not have all this information, you can still submit this form to your Worker. I want to add the following person(s) to my cash assistance case:

- New Baby**
- Child entered home**
- Child under 18 years of age** (whose immigrant status has changed since my last application/recertification)
- Spouse/Adult living with me** who has not previously applied (this person must complete an application to receive assistance)
- Spouse** who previously applied and was denied because of immigration status and his/her status has changed now
- ~~**Myself/Adult payee to the case**~~
- Other** _____
- Other** _____

Name: _____

Name: _____

Date moved in/returned: _____

Date moved in/returned: _____

Date of Birth: _____

Date of Birth: _____

Social Security

Social Security

Number (if known): _____

Number (if known): _____

_____ AM PM
Participant's Signature Date of Request Time of Request

_____ _____
Worker's Name Date

Date: _____
 Case Number: _____
 Case Name: _____
 Center: _____

Security Voucher

This security voucher guarantees that the Human Resources Administration (HRA) will pay up to the equivalent of one month's rent if it is verified that the tenant who occupied the apartment failed to pay his/her rent and/or caused damage to it. The landlord must submit proof of the unpaid rent and/or damage along with the Landlord's Claim For Security Voucher Payment (on the back page) within three months after the tenant has vacated the apartment. The Agency will only make a payment if the claim is submitted within three months after the tenant has vacated the apartment and a review of the documentation submitted by the landlord confirms that the tenant failed to pay his/her rent and/or damaged the apartment. This Security Voucher will not be honored until the front and back pages have been completed, signed, notarized, and returned to HRA.

The Human Resources Administration (HRA) does not issue cash security deposits. Instead, the Agency is issuing this Security Voucher. Please be advised that refusal to accept this voucher in lieu of a security deposit may constitute source of income discrimination under the NYC Human Rights Law Sec. 8-107(5)(a)(1)-(2).

This Security Voucher is issued by the New York City Department of Social Services (NYCDSS), having its principal offices at 150 Greenwich Street, New York, NY 10007, to:

Name of Landlord: _____
 Landlord's Address: _____
 City: _____ State: _____ Zip: _____

as Landlord of the premises to be rented to the participant/tenant located at: (Include proof of ownership):

Address: _____ Apt. _____
 City: _____ State: _____ Zip: _____

regarding the participant/tenant listed below:

Participant/tenant: _____

This Security Voucher is being issued pursuant to Social Services Law Sec. 143-c and 18 NYCRR 352.6 and 381.3, to secure the landlord against non-payment of rent and/or damages as a condition of renting the above-identified premises ("Premises") to the above-named Cash Assistance participant/tenant ("Participant/Tenant"). A claim for the payment of this Security Voucher by the landlord must be made after, and within three months of, the participant/tenant vacating the premises. The claim must be made by the full completion and execution of the Claim on page two of this form and cannot exceed the amount of the Tenant's monthly rent which is \$_____.

Landlord, please acknowledge your acceptance of the Security Voucher in lieu of a cash security deposit by signing this form below:

Landlord's/Authorized Agent 's Name (print): _____

Landlord's/Authorized Agent's Signature: _____ Date: _____

(This voucher is not valid until it has been fully completed and authorized in the "For HRA Use Only" section b

For HRA Use Only:

Supervisor's Name (Print): _____

Supervisor's Signature: _____ Date: _____

(Turn page)

Landlord's Claim for Security Voucher Payment

I (we), the Landlord(s) of the premises described on page 1 of this form, certify that _____
tenant/participant name

has vacated the apartment located at _____ Apt. _____ on or about _____ and occupied the
address date

apartment within three months prior to the date of this certification.

I hereby request that the security voucher be paid to me for the reason specified below

Tenant/Participant defaulted on payment of rent for _____ (provide court
Month/Year
judgment, stipulation, landlord breakdown, etc).

Tenant/Participant caused the following damages to the apartment. (Describe and also include proof of
damage[s]: e.g., photographs, estimates, receipts for repairs, etc.)

"I, _____, hereby swear/affirm, under penalty of perjury, that the information I have given
above is true and complete.

_____ (Signature of Landlord or Office of Corporation)

_____ (Print Name)

Subscribed and sworn to/affirmed before me this _____ (Date)

_____ (Signature)

_____ (Notary Seal)"

Please submit the following items along with this claim form:

- proof of ownership (of the premises); and
- documentation of unpaid rent (e.g., court judgment or stipulation, landlord breakdown, etc.) or documentation to verify the damage(s) to the apartment and the cost of repairs (e.g., photographs, estimates, receipts for repairs, etc.)

Please send claim to:

**Office of Central Processing
PO Box 02-9121, Brooklyn GPO
Brooklyn, NY 11202-9914**

**(OR) submit via email at
SSAF@hra.nyc.gov**

