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**DSS Policy Bulletin #2023-009**  
**Date: April 24, 2023**

**DISTRIBUTION: ALL STAFF**

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**TIME FRAME FOR THE LANDLORD SIGNATURE ON CITYFHEPS  
PACKET DOCUMENTS AND REVISIONS TO LANDLORD  
INFORMATION CITYFHEPS FORMS**

**Subtopic(s):** Rental Assistance

**■ AUDIENCE**

This policy bulletin is directed at Department of Homeless Services (DHS), Human Resources Administration (HRA), and provider staff who submit and process CityFHEPS packets.

**■ BACKGROUND**

City Fighting Homelessness and Eviction Prevention Supplement (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 DHS and HRA shelters, as well as households in the community at risk of homelessness.

**■ PURPOSE**

The purpose of this policy bulletin is to inform staff of revisions to the CityFHEPS Landlord Information Form - Apartment Rentals (**DSS-8f**) and CityFHEPS Landlord Information Form - Room and SRO Rentals (**DSS-8g**). This policy bulletin also provides staff with the time frame on how long a landlord's signature is valid for on certain forms and documents that are required for CityFHEPS packets.

**■ REQUIRED ACTION**

Form Revisions

The **DSS-8f** and **DSS-8g** have been revised as follows:

- New space to include the rental agreement end date.
- The space for the participant's name has been moved to its own line.

### Time Frame for the Landlord Signature

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 W-9 Form
- 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 in order for CityFHEPS packets to be submitted and approved.

*Effective Immediately*

#### ■ RELATED ITEMS:

[DSS PB #2021-009](#)

[DSS PB #2023-003](#)

#### ■ ATTACHMENTS:

|                    |  |
|--------------------|--|
| <b>DSS-8d (E)</b>  | Room Rental Allocation Form (Rev. 8/20/2021)                                 |
| <b>DSS-8f (E)</b>  | CityFHEPS Landlord Information Form - Apartment Rentals<br>(Rev. 4/13/23)    |
| <b>DSS-8g (E)</b>  | CityFHEPS Landlord Information Form - Room and SRO Rentals<br>(Rev. 4/13/23) |
| <b>DSS-8q (E)</b>  | Landlord Utility Information (Rev. 2/10/2023)                                |
| <b>HRA-145 (E)</b> | Unit Hold Incentive Voucher (Rev. 3/01/2023)                                 |
| <b>W-147N (E)</b>  | Security Voucher (5/16/2022)   |



**Department of Social Services**

DSS-8d (E) 08/20/2021 (page 1 of 2)

**Room Rental Allocation Form**

Before an individual can move into a room through the CityFHEPS or SOTA programs, the Department of Social Services (DSS) must confirm the following:

- That the individual's move into the apartment will not result in more than three unrelated individuals residing in the apartment in violation of the Housing Maintenance Code;
- That DSS is not making payments on behalf of anyone who is no longer in the apartment;
- That no CityFHEPS or SOTA tenants have moved from their original room to a different room within the apartment that did not have a walkthrough performed by the City; and
- That DSS is not paying rent on behalf of anyone else for the room you are attempting to rent to a new tenant.

**Instructions:** Complete this form and submit this document along with the room rental packet.

| A. Landlord Information  |                 |                    |  |               |   |
|--|-----------------|--------------------|--|---------------|---|
| Landlord Name  |                 |                    |  |               | Phone   |
| B. Property Address  |                 |                    |  |               |   |
| Address  |                 |                    |  |               | Apartment #   |
| C. Current Room Allocation   |                 |                    |  |               |   |
| Room #   | Occupied?       | HRA Payment?       | If yes, Tenant Name and Cash Assistance (CA) Number if known | Date Moved In | Is the Tenant in room indicated on the initial lease? |
|  | Y/N             | Y/N                |  |               | Y/N (If No, Room # _____)                             |
|  | Y/N             | Y/N                |  |               | Y/N (If No, Room # _____)                             |
|  | Y/N             | Y/N                |  |               | Y/N (If No, Room # _____)                             |
|  | Y/N             | Y/N                |  |               | Y/N (If No, Room # _____)                             |
| D. Report Any Payments For Tenants No Longer Living In The Residence |                 |                    |  |               |   |
| Room #   | Type of Payment | Former Tenant Name |  | Date Left     | Possessions in room or Storage?                       |
|  |                 |                    |  |               | Y/N   |
|  |                 |                    |  |               | Y/N   |
|  |                 |                    |  |               | Y/N   |
| E. Proposed New Tenant Assignment                                    |                 |                    |  |               |   |
| Room #   | Tenant Name     |                    |  |               |   |
|  |                 |                    |  |               |   |

If you are receiving any payments for tenants who no longer live in the apartment, submit this form to [RAProoms@hra.nyc.gov](mailto:RAProoms@hra.nyc.gov) immediately. Payments for the room(s) you are trying to rent must be stopped before a new tenant may move in.

If one of your tenants has moved to a room that did not have a walkthrough performed by DSS, you must submit a walkthrough request for that room in addition to the request for the prospective tenant.

I certify that the information provided on this form is true and accurate the best of my knowledge.

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**Landlord Signature**

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**Date**

SAMPLE



### CityFHEPS Landlord Information Form – Apartment Rentals

#### Unit Information

|                       |  |
|-----------------------|--|
| <b>Address:</b>       |  |
| <b>Name of Owner:</b> |  |

The unit indicated above (the “Unit”) is being rented for at least a one-year period beginning on

\_\_\_\_\_ and ending on: \_\_\_\_\_  
(the “Rental Agreement Start Date”) (the “Rental Agreement End Date”)

The unit is being rented to: \_\_\_\_\_  
(the “Program Participant”)

**Please read the Information Form carefully, complete all applicable fields, and sign in the space at the bottom.**

**SAMPLE**

#### Program Information

HRA will pay a portion of the monthly rent (“CityFHEPS Rental Assistance Supplement Amount”) on behalf of the eligible CityFHEPS household to rent the Unit. The Program Participant is responsible for paying any portion of the rent that is not covered by the CityFHEPS Rental Assistance Supplement Amount and their Cash Assistance (CA) shelter allowance, if any. Any contractual relationship will be solely between each tenant participating in the program and such tenant’s landlord participating in the program.

The CityFHEPS Landlord Requirements are set forth in Chapter 10 of Title 68 of the Rules of the City of New York and can be found in the CityFHEPS Landlord FAQ, available at <http://nyc.gov/dsshousing>.

CityFHEPS is similar to Section 8 in that, subject to the availability of funding, it provides assistance, including rental assistance in specified amounts, to landlords and tenants who want to form a landlord-tenant relationship.

**Landlord Information**

Please select one:

- I am the Owner of the unit identified above.
- I am the Registered Managing Agent for the unit identified above and have attached current proof of registration with HPD.
- I am authorized to sign this landlord information form and the lease on behalf of the owner of the unit identified above and have attached proof of such authorization.

**Payment Information**

Checks should be made payable to \_\_\_\_\_ on behalf of  
\_\_\_\_\_  
(Owner)

Relationship of Payee to Owner: \_\_\_\_\_

Payee Phone Number: \_\_\_\_\_

Checks should be mailed to the following address:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that I will receive at least the first full month's rent up front.

If the Program Participant is moving into a new unit using CityFHEPS, I understand that I can also receive the following up-front payments (Please select):

- 3 months of CityFHEPS Rental Assistance Supplement

If the Unit is being rented with the assistance of a broker, I represent that:

- (a) The owner is not the broker.
- (b) The owner will not receive any part of the broker's fee directly or indirectly from the broker.
- (c) The premises cannot be rented without the services of the broker below:

|                        |  |
|------------------------|--|
| <b>Broker:</b>         |  |
| <b>License Number:</b> |  |
| <b>Address:</b>        |  |

**Landlord Requirements**

1. I understand that to the extent the provisions of Local Law 1 of 2004 are applicable, I must comply with them. To the extent such provisions are applicable, I must comply with New York City Administrative Code §27-2056.8 relating to duties to be performed in vacant units and with New York City Administrative Code §27-2056.4(c), by providing a copy of the New York City Department of Health and Mental Hygiene pamphlet concerning lead-based paint hazards to the Program Participant. This shall not be construed to impose any additional obligations other than those that already exist under Local Law 1.
  
2. I make the following representations:
  - a) I have the legal authority to rent out the Unit for the period covered by the lease or rental agreement.
  - b) The rent charged in the lease is at or below the legal rent, if any, for the Unit as established by federal, state, or local law or regulations.
  - c) 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.

SAMPLE

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Landlord Authorized Signature

Date

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Print Name and Title

**Attachment:**

Fix Lead Paint Hazards: What Landlords Must Do and Every Tenant Should Know



### CityFHEPS Landlord Statement of Understanding – Room and SRO Rentals

#### Unit Information

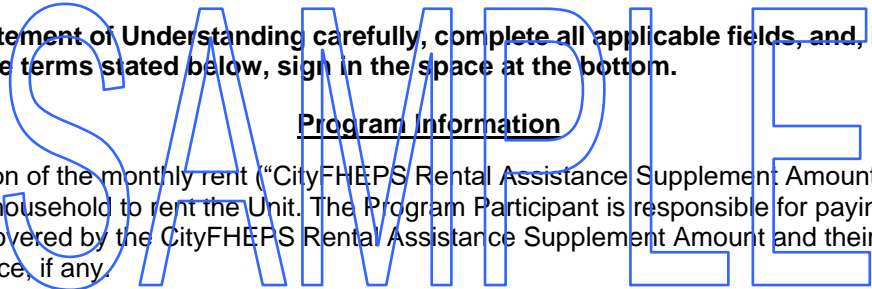
|                       |  |
|-----------------------|--|
| <b>Address:</b>       |  |
| <b>Name of Owner:</b> |  |

The unit indicated above (the “Unit”) is being rented for at least a one-year period beginning

\_\_\_\_\_ to: \_\_\_\_\_  
(the “Rental Agreement Start Date”) (the “Rental Agreement End Date”)

The unit is being rented to: \_\_\_\_\_  
(the “Program Participant”)

**Please read the Statement of Understanding carefully, complete all applicable fields, and, if you understand and accept all of the terms stated below, sign in the space at the bottom.**



#### Program Information

HRA will pay a portion of the monthly rent (“CityFHEPS Rental Assistance Supplement Amount”) on behalf of the eligible CityFHEPS household to rent the Unit. The Program Participant is responsible for paying any portion of the rent that is not covered by the CityFHEPS Rental Assistance Supplement Amount and their Cash Assistance (CA) shelter allowance, if any.

CityFHEPS is similar to the Section 8 program in that, subject to the availability of funding, the City of New York is implementing a program to provide assistance to landlords and tenants who want to form a landlord–tenant relationship, including rental assistance of specified amounts. Any contractual relationship will be solely between each tenant participating in the program and such tenant’s landlord participating in the program.

#### Landlord Information

Please select one:

- I am the Owner of the unit identified above.
- I am the Registered Managing Agent for the unit identified above and have attached current proof of registration with HPD.
- I am authorized to sign this landlord statement of understanding and the lease on behalf of the owner of the unit identified above and have attached proof of such authorization.



**Payment Information**

Checks should be made payable to \_\_\_\_\_

on behalf of \_\_\_\_\_  
(Owner)

Relationship of Payee to Owner: \_\_\_\_\_

Payee Phone Number: \_\_\_\_\_

Checks should be mailed to the following address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that I will receive at least the first full month's rent up front and:

3 months of CityFHEPS Rental Assistance Supplement

If the Unit is being rented with the assistance of a broker, I represent that:

- (a) The owner is not the broker.
- (b) The owner will not receive any part of the broker's fee directly or indirectly from the broker.
- (c) The premises cannot be rented without the services of the broker below:

|                        |        |
|------------------------|--------|
| <b>Broker:</b>         | SAMPLE |
| <b>License Number:</b> |        |
| <b>Address:</b>        |        |

**Landlord Requirements**

1. In accordance with CityFHEPS rules, I understand that I must:

- (a) Not demand, request, or receive any amount above the rent or reasonable fees that are stipulated in the lease or rental agreement;
- (b) Deem all payments made by HRA on behalf of the Program Participant that are paid in full by the final day of the month, as timely paid, regardless of any provisions in the lease to the contrary;
- (c) Accept the HRA security voucher in lieu of a cash security deposit and not request any additional security from the client;
- (d) Not move a household from one unit to another without prior written approval from both HRA and the household;
- (e) Not rent rooms to more than three unrelated individuals residing in one apartment.
- (f) Notify HRA within 5 business days of learning that the household no longer resides in the Unit;
- (g) Notify HRA within 5 business days if any legal proceeding affecting the Program Participant's tenancy is commenced;
- (h) Notify HRA as soon as reasonably practicable if ownership or management of the premises is changing;
- (i) Return any payments from HRA for any period that the household was not residing in the Unit;
- (j) Promptly report and return to HRA any overpayments of rent, including, but not limited to: overpayments caused by inaccurate information provided to us or changes in ownership, payee, and/or management.

**(Turn Page)**

**Landlord Requirements (continued)**

2. I understand that required notifications to HRA must be made in writing to:

**CityFHEPS  
NYC Human Resources Administration  
109 East 16th Street, 10th Floor  
New York, NY 10003**

I understand that if I have any questions, I may also call 929-221-0043.

HRA will provide me with instructions on how to return any overpayments when such overpayments are reported.

3. I make the following representations:

- a) I have the legal authority to rent out the Unit for the period covered by the lease or rental agreement.
- b) The rent charged in the lease is at or below the legal rent, if any, for the Unit as established by federal, state, or local law or regulations.
- c) I have accurately represented the utilities I am providing for this unit and understand that if I have misrepresented what is being provided, DSS will reduce the ongoing rent by the appropriate amount and recoup past over-payments.

4. I understand that financial incentives from HRA will not be available for the rental of the Unit where the previous tenant was receiving FHEPS, CityFHEPS or another New York City rental assistance program, unless I can show good cause for not renewing the previous tenant.

5. I understand that failure to comply with any of the requirements stated above may result in my disqualification from future participation in CityFHEPS and other New York City rental assistance programs. HRA may also pursue any other available legal remedies and, in appropriate circumstances, will refer clients for legal services.

I have read the above Statement of Understanding carefully and I understand and accept all the terms stated above.

SAMPLE

\_\_\_\_\_  
Landlord Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

## Landlord Utility Information

**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)               |                                 |
|----------------|------------------------------|-----------------------------------|------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
|                | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Oil | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Landlord | <input type="checkbox"/> Tenant |
| Heating        | <input type="checkbox"/>     | <input type="checkbox"/>          | <input type="checkbox"/>     | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>        |
| Cooking        | <input type="checkbox"/>     | <input type="checkbox"/>          | <input type="checkbox"/>     | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>        |
| Water Heating  | <input type="checkbox"/>     | <input type="checkbox"/>          | <input type="checkbox"/>     | <input type="checkbox"/>              | <input type="checkbox"/>          | <input type="checkbox"/>        |
| Other Electric |                              |                                   |                              |                                       | <input type="checkbox"/>          | <input type="checkbox"/>        |

**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

### **DSS Utility Allowance Schedules**

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

| <b>COOKING GAS AND ELECTRIC (NO ELECTRIC STOVE)</b> |          |          |          |          |          |                  |
|---|----------|----------|----------|----------|----------|------------------|
| <b>Number of Bedrooms</b>                           | <b>0</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5 or more</b> |
| Cooking Gas (\$)                                    | 24       | 27       | 31       | 35       | 39       | 43               |
| Electric (\$)                                       | 75       | 85       | 110      | 136      | 162      | 188              |
| Total (w/ Cooking Gas & Electric) (\$)              | 99       | 112      | 141      | 171      | 201      | 231              |

| <b>OIL HEAT AND HOT WATER</b>     |          |          |          |          |          |                  |
|-----------------------------------|----------|----------|----------|----------|----------|------------------|
| <b>Number of Bedrooms</b>         | <b>0</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5 or more</b> |
| Oil Hot Water Only (\$)           | 28       | 32       | 47       | 61       | 76       | 90               |
| Oil Heat Only (\$)                | 91       | 107      | 122      | 137      | 153      | 168              |
| Total (Oil Heat & Hot Water) (\$) | 119      | 139      | 169      | 198      | 229      | 258              |

| <b>GAS HEAT AND HOT WATER</b>     |          |          |          |          |          |                  |
|-----------------------------------|----------|----------|----------|----------|----------|------------------|
| <b>Number of Bedrooms</b>         | <b>0</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5 or more</b> |
| Gas Hot Water Only (\$)           | 18       | 21       | 31       | 40       | 50       | 59               |
| Gas Heat Only (\$)                | 60       | 70       | 81       | 90       | 100      | 110              |
| Total (Gas Heat & Hot Water) (\$) | 78       | 91       | 112      | 130      | 150      | 169              |

| <b>ELECTRIC HEAT AND HOT WATER</b>     |          |          |          |          |          |                  |
|--|----------|----------|----------|----------|----------|------------------|
| <b>Number of Bedrooms</b>              | <b>0</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5 or more</b> |
| Electric Hot Water Only (\$)           | 28       | 33       | 42       | 52       | 61       | 70               |
| Electric Heat Only (\$)                | 58       | 68       | 87       | 106      | 125      | 144              |
| Total (Electric Heat & Hot Water) (\$) | 86       | 101      | 129      | 158      | 186      | 214              |

| <b>ELECTRIC</b>                       |          |          |          |          |          |                  |
|---------------------------------------|----------|----------|----------|----------|----------|------------------|
| <b>Number of Bedrooms</b>             | <b>0</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5 or more</b> |
| Including Electric Cooking Range (\$) | 86       | 98       | 129      | 161      | 193      | 225              |

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## FHEPS and CityFHEPS Payment Standards

### Maximum Rent Amounts

| Family Size | Unit Size  | All Utilities Included | Without Cooking Gas & Electric | With Cooking Gas Only | With Electric Only | No Utilities Included |
|-------------|------------|------------------------|--------------------------------|-----------------------|--------------------|-----------------------|
| 1           | *SRO       | \$1,751                | \$1,652                        | \$1,676               | \$1,727            | \$1,574               |
| 1           | 0 (Studio) | \$2,335                | \$2,236                        | \$2,260               | \$2,311            | \$2,158               |
| 1 or 2      | 1          | \$2,387                | \$2,275                        | \$2,302               | \$2,360            | \$2,184               |
| 3 or 4      | 2          | \$2,696                | \$2,555                        | \$2,586               | \$2,665            | \$2,443               |
| 5 or 6      | 3          | \$3,385                | \$3,214                        | \$3,249               | \$3,350            | \$3,084               |
| 7 or 8      | 4          | \$3,647                | \$3,446                        | \$3,485               | \$3,608            | \$3,296               |
| 9 or 10     | 5          | \$4,194                | \$3,963                        | \$4,006               | \$4,151            | \$3,794               |
| 11 or 12    | 6          | \$4,741                | \$4,510                        | \$4,553               | \$4,698            | \$4,341               |
| 13 or 14    | 7          | \$5,288                | \$5,057                        | \$5,100               | \$5,245            | \$4,888               |
| 15 or 16    | 8          | \$5,835                | \$5,604                        | \$5,647               | \$5,792            | \$5,435               |
| 17 or 18    | 9          | \$6,382                | \$6,151                        | \$6,194               | \$6,339            | \$5,982               |
| 19 or 20    | 10         | \$6,929                | \$6,698                        | \$6,741               | \$6,886            | \$6,529               |

\* SRO only applies to CityFHEPS

## 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, 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 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](mailto:SSAF@hra.nyc.gov)**

