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**DSS Policy Bulletin #2023-012**  
**Date: May 11, 2023**

**DISTRIBUTION: ALL STAFF**

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**CERTAIN FORMS NO LONGER REQUIRED FOR CITYFHEPS  
PACKETS SUBMITTED THROUGH HOME OR CURRENT, AND  
RENTAL ASSISTANCE KEY RELEASE AGREEMENT AND CHECK  
DISTRIBUTION (DSS-7K) FORM IS NO LONGER REQUIRED**

**Subtopic(s):** Rental Assistance, Current

**■ AUDIENCE**

This policy bulletin is for 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 that certain forms are no longer required for CityFHEPS packets submitted through the HOME or Current systems, and that the Rental Assistance Key Release Agreement and Check Distribution (**DSS-7k**) form is no longer required to document the key exchange and check distribution, regardless of the packet submission method.

## ■ REQUIRED ACTION

### CityFHEPS Packets Submitted Through HOME or Current

The following forms are no longer required for CityFHEPS packets that are submitted through HOME or Current:

- 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

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

### The **DSS-7k** is No Longer Required

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

*Effective Immediately*

## ■ RELATED ITEMS:

[DSS PB #2021-009](#)

[DSS PB #2023-003](#)

[DSS PB #2023-009](#)

## ■ ATTACHMENTS:

<b>DSS-7k (E)</b>	Rental Assistance Key Release Agreement and Check Distribution (Rev. 10/05/18) ( <i>Obsolete</i> )
<b>DSS-8h (E)</b>	CityFHEPS Packet Cover Sheet – Shelter (Rev. 12/20/22)
<b>DSS-8i (E)</b>	CityFHEPS Packet Cover Sheet – Community (Rev. 12/20/22)
<b>EIS-2b (E)</b>	CityFHEPS Packet Cover Sheet for EIS (Rev. 12/19/22)
<b>HRA-145 (E)</b>	Unit Hold Incentive Voucher (Rev. 3/01/2023)
<b>W-137A (E)</b>	Request for Emergency Assistance (Rev. 3/16/20)



### Rental Assistance Key Release Agreement and Check Distribution

Date: \_\_\_\_\_

Tenant: \_\_\_\_\_ Subsidy Program: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Room Number: \_\_\_\_\_

This form documents the release of keys and distribution of checks for approved CityFHEPS housing units.

KEY RELEASE 1			
<b>Release Location 1:</b>	Address	State	Zip Code
<b>Provided by:</b>	City	State	Zip Code
_____ Name (Print)	_____ Telephone Number		
_____ Signature	_____ Date		
Check one: <input type="checkbox"/> Landlord <input type="checkbox"/> Broker <input type="checkbox"/> Landlord's Authorized Agent			
<b>Provided to:</b>			
_____ Name (Print)	_____ Telephone Number		
_____ Signature	_____ Date		
Check one: <input type="checkbox"/> Client <input type="checkbox"/> Shelter/DHS Staff <input type="checkbox"/> Housing Opportunity Team			
If Shelter/DHS Staff:			
_____ Shelter Name		_____ Title	

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**KEY RELEASE 2**

**Release Location 2:** (only if client did not receive keys at Key Release 1)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Provided by:**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one:  Client  Shelter/DHS Staff  Housing Opportunity Team

If Shelter/DHS Staff:

\_\_\_\_\_  
Shelter Name

\_\_\_\_\_  
Title

**Provided to client:**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**HOUSING UNIT PAYMENTS**

On \_\_\_\_\_, \_\_\_\_\_ checks in the amount of \_\_\_\_\_ were released to (check one):

Landlord/Landlord's Authorized Agent       Broker

On \_\_\_\_\_, \_\_\_\_\_ checks in the amount of \_\_\_\_\_ were released to (check one):

Landlord/Landlord's Authorized Agent       Broker

**Landlord/Landlord's Authorized Agent:**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Broker:**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Confirmation of Check Distribution:**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one:     Shelter/DHS Staff     Housing Opportunity Team

If Shelter/DHS Staff:

\_\_\_\_\_  
Shelter Name

\_\_\_\_\_  
Title

OBSOLETE

**CityFHEPS Packet Cover Sheet – Shelter**

**Client's Information**

Client's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_ Cash Assistance Case #: \_\_\_\_\_  
 Staff Contact: \_\_\_\_\_ Staff Phone #: \_\_\_\_\_  
 Staff e-Mail: \_\_\_\_\_  
 Program Analyst: \_\_\_\_\_ CARES ID: \_\_\_\_\_  
 Program Administrator: \_\_\_\_\_ Facility Code: \_\_\_\_\_

**Did you include the following mandatory documents?**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>DSS-7 or DSS-7b</b> ("Shopping Letter")                             | <input type="checkbox"/> Proof of Apartment/Room Preclearance                                     |
| <input type="checkbox"/> <b>DSS-7a or DSS-7c</b> ("Household Share Letter")                     | <input type="checkbox"/> <b>DSS-10a</b> Apartment Review Checklist                                |
| <input type="checkbox"/> Proof of last 30 days of Income<br>(for everyone in the household 18+) | <input type="checkbox"/> Deed/Proof of Ownership  |
| <input type="checkbox"/> <b>W-137A</b> Request for Emergency Assistance                         | <input type="checkbox"/> <b>DSS-8f or DSS-8g</b> ("Landlord Information Form")                    |
| <input type="checkbox"/> <b>DSS-7p</b> Program Participant Agreement                            | <input type="checkbox"/> Signed by managing agent or other authorized representative? If checked, |
| <input type="checkbox"/> Lease or Rental Agreement for 12 months                                | <input type="checkbox"/> Proof of HPD Registration or Authorization                               |
| <input type="checkbox"/> Shelter Residency Letter   | <input type="checkbox"/> <b>W-147N</b> Security Voucher   |
| <input type="checkbox"/> <b>DSS-8b</b> Tenant Contact Information                               | <input type="checkbox"/> <b>DSS-8q</b> Landlord Utility Information                               |
| <input type="checkbox"/> Landlord W9  |   |

SAMPLE

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

- |   |  |
|---|--|
| <input type="checkbox"/> Room Rental?                       | <input type="checkbox"/> Apartment/SRO Rental?                               |
| <input type="checkbox"/> <b>DSS-8d</b> Room Allocation Form | <input type="checkbox"/> <b>HRA-145</b> Unit Hold Incentive Voucher          |
|   | <input type="checkbox"/> Landlord Bonus (availability based on zip code)     |
|   | <input type="checkbox"/> CityFHEPS Rental Assistance Supplement              |
|   | <input type="checkbox"/> 1 month <b>OR</b> <input type="checkbox"/> 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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUPERVISORY REVIEW (Director of Social Services or higher)**

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SAMPLE



Department of Social Services

CityFHEPS Packet Cover Sheet - Community

Client's Information

Client's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Cash Assistance Case #: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Staff Contact: \_\_\_\_\_

Staff Phone #: \_\_\_\_\_ Staff e-Mail: \_\_\_\_\_

Did you include the following mandatory documents?

- DSS-7a or DSS-7c** ("Household Share Letter")
- DSS-8e** CityFHEPS Verification of Eligibility
- DSS-7o or DSS-7q** ("Application for CityFHEPS")
- Proof of last 30 days of Income (for everyone in the household 18+)
- W-137A** Request for Emergency Assistance
- DSS-7p** Program Participant Agreement
- Lease or Rental Agreement for 12 months
- Proof of eligibility (veteran status, APS letter, eviction, transfer approval, vacate)
- DSS-8b** Tenant Contact Information
- Landlord W9
- Deed/Landlord 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 (new units only)
- DSS-8q** Landlord Utility Information



Is the household remaining in place or moving to a new unit?

- Remaining in Place
  - Arrears Documents (court stipulation, rent breakdown, etc.)
  - Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (**W-147KK**)
  - Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (**W-147H**)
- New Unit
  - DSS-7 or DSS-7b** ("Shopping Letter")
  - Proof of Apartment/Room Preclearance
  - DSS-10a** Apartment Review Checklist

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
  - Landlord Bonus (availability based on zip code)
  - CityFHEPS Rental Assistance Supplement
    - 1 month **OR**  3 months

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**Do any of the following situations apply?**

**HRA-146p** Domestic Violence Action Form

Broker? If checked,

**HRA-121** Broker's Request for  
Enhanced Fee Payment by Check

Broker License (if broker fee)

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SAMPLE



Department of Social Services

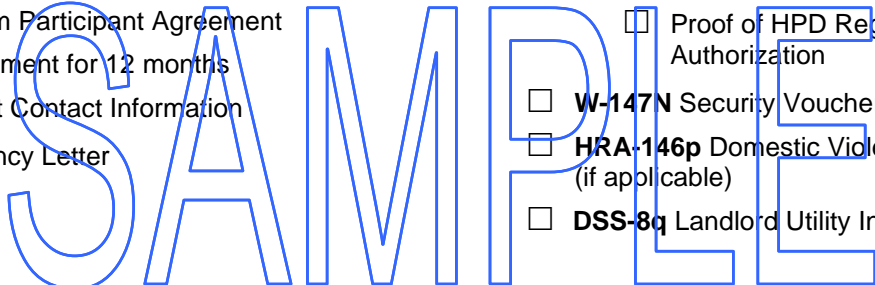
CityFHEPS Packet Cover Sheet for EIS

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, 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.

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**SECTION I: EMERGENCY ASSISTANCE**

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

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**(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)**

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### SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

- |   |   |
|---|---|
| <input type="checkbox"/> Clothing for participants in job search activities who have <b>exceptional</b> circumstances, such as homelessness or a recent fire and lack of appropriate clothing | <input type="checkbox"/> Child care allowance within approved limits, if needed |
| <input type="checkbox"/> Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items      | <input type="checkbox"/> Necessary public transportation                        |
|   | <input type="checkbox"/> Other work activity-related supportive services:       |
|   | <div style="border: 1px solid black; height: 40px; width: 100%;"></div>         |

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.

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### 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:

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

Name: \_\_\_\_\_

Date moved in/returned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

Name: \_\_\_\_\_

Date moved in/returned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Time of Request  AM  PM

\_\_\_\_\_  
Worker's Name

\_\_\_\_\_  
Date