



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #08-37-OPE

OBSOLETE FORMS

Date: April 14, 2008	Subtopic(s): Obsolete Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform all staff that the following forms are obsolete because there are no new entrants in the Employment Incentive Housing Program (EIHP) and the Long Term Stayers Rent Supplement Program (LTSP).</p> <ul style="list-style-type: none"> • Employment Incentive Housing Program’s (EIHP) Threshold Eligibility Criteria (W-501A) • EIHP Intake Form (W-501E) • Notification of Non-Selection for EIHP (W-501F) • Notification of Eligibility to Participate in EIHP’s Random Selection Process (W-501J) • Employment Incentive Housing Program (EIHP) Participants (W-501M) • Employment Incentive Housing Program (EIHP) Agreement (W-501N) • Employment Incentive Housing Program (EIHP) Agreement (W-501Q) • Employment Incentive Housing Program (EIHP) (W-501T) • Notice of EIHP Participant Rent Contribution Amount Program (W-501U) • Long Term Stayers Rent Supplement Program (LTSP) (W-501V) <p>Center Directors must ensure that all copies of these forms, and their multilingual equivalents, are removed from circulation and recycled.</p> <p>Copies of the obsolete forms are attached.</p> <p><i>Effective Immediately</i></p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center*

Attachments:**Obsolete Forms**

 Please use Print on Demand to obtain copies of forms.

W-501A	Employment Incentive Housing Program's (EHIP) Threshold Eligibility Criteria (Obsolete)
W-501E	EIHP Intake Form (Obsolete)
W-501F	Notification of Non-Selection for EIHP (Obsolete)
W-501J	Notification of Eligibility to Participate in EIHP's Random Selection Process (Obsolete)
W-501M	Employment Incentive Housing Program (EIHP) Participants (Obsolete)
W-501N	Employment Incentive Housing Program (EIHP) Agreement (Obsolete)
W-501Q	Employment Incentive Housing Program (EIHP) Agreement (Obsolete)
W-501T	Employment Incentive Housing Program (EIHP) (Obsolete)
W-501U	Notice of EIHP Participant Rent Contribution Amount Program (Obsolete)
W-501V	Long Term Stayers Rent Supplement Program (LTSP) (Obsolete)



Employment Incentive Housing Program's (EIHP's) Threshold Eligibility Criteria

Case Name: _____ Case Number: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is this an active case? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is this case a Family Assistance case? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there at least one active adult (18 or older) on the Family Assistance case? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there at least one adult case member who is currently engageable (or expected to be engageable within the next 90 days) in an HRA-approved work activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| IF ANY ANSWER TO QUESTION #1 THROUGH #4 IS NO, THE HOUSEHOLD IS NOT EIHP ELIGIBLE. | | |
| 5. Does the case have less than 24 months of remaining eligibility under TANF? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the casehead or any other household member currently under sanction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there a sanction or case closing pending on the case? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the youngest child in the household 17 or older? | <input type="checkbox"/> | <input type="checkbox"/> |

IF ANY ANSWER TO QUESTION #5 THROUGH #8 IS YES, THE HOUSEHOLD IS NOT EIHP ELIGIBLE.



EIHP INTAKE FORM

First Name	Last Name	Date
Current Shelter Name	Current Shelter Address	Center
Phone Number	Case Number	Interviewer's Name

CASE STATUS

Is this an active FA case? Yes No Is there a pro rata, IV-D, or other type of sanction in place? Yes No

CASE COMPOSITION

Name	Sex	Date of Birth	Relationship	Active on PA?	Social Security Number
OBSOLETE					

INCOME

Please indicate sources or income per members of the family. Include monthly amounts.

Name	S.S.I.	U.I.B.	Employment	Social Security	Disability	Child Support	Other	TOTALS
TOTAL								

EMERGENCY CONTACT

Relationship	Address	Phone Number

REASON FOR HOMELESSNESS
(Please select one)

- | | | |
|---|---|---|
| <input type="checkbox"/> Domestic Violence (0) | <input type="checkbox"/> Evicted (3) | <input type="checkbox"/> EIU Ineligible (1) |
| <input type="checkbox"/> Left Doubled Up (2) | <input type="checkbox"/> Left Shelter (4) | <input type="checkbox"/> Other (1) Specify: |
| <input type="checkbox"/> Left Own Apartment (3) | <input type="checkbox"/> Ejected from Shelter (4) | |

Please explain in detail: _____

OBSOLETE

If participant left doubled up, please indicate:

Primary tenant	Address
Relationship to participant	
	Phone Number

Have you previously been in a Shelter within the last five (5) years? YES NO

List previous addresses in the last two (2) years:

Address	Living Arrangements		Reason Left	Date Left
	Doubled Up	Own Apt		

DEMOGRAPHICS

Race/Ethnicity: White Hispanic American-Indian
 Black Asian Other (Specify): _____

Education: Less than 6th Grade HS/Diploma/GED College Graduate Other (Specify):
 6th thru 12th Grade Some College Post College _____

Was the participant born outside of the Continental United States of America? No Yes If Yes, where? _____
 When did he (she) immigrate to the United States? _____

EMPLOYMENT

If participant is currently not working, please indicate below or identify existing barriers to employment:

Employer's Name	Employer's Address	Phone Number	Supervisor's Name
		Salary	How long working here?

Barriers: Health No Yes If Yes, explain: _____

Child Care No Yes If Yes, explain: _____

Illiteracy No Yes

Incarcerated before? No Yes If Yes, indicate period: _____

Parole? No Yes If Yes: PO Name _____

PO Tel # _____

OTHER

Has participant ever been known to ACS, or any other Child Welfare Agency? No Yes If Yes, explain: _____

Are there any children currently in a Foster Care Placement? No Yes If Yes, provide the following information:

Child Welfare Agency Name	Agency Address	Worker	Telephone Number
		Name of Child in Placement	

OTHER (continued)

Has the participant or any member of the household been the victim of abuse or neglect in any previous living arrangement? No Yes If Yes, explain: _____

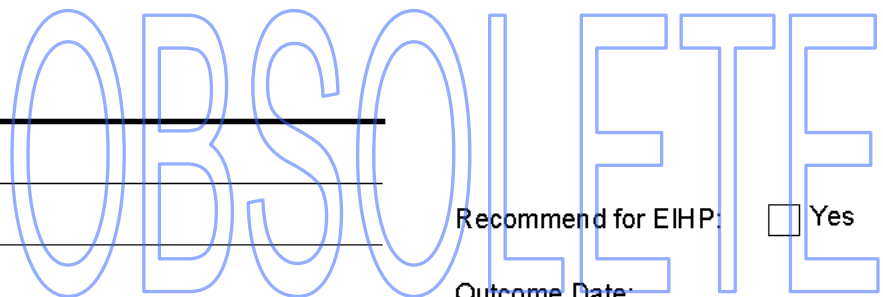
Has the participant ever had Jiggetts relief before? No Yes Date: _____

INTERVENTION

Choose the appropriate intervention: (Be sure to discuss these and all possible options.)

- Third-Party Information
- Citywide Broker's List/Seek Apartment - Real Estate
- New Apartment/Housing Located
- Other: _____
- Restaurant Allowance

Plan of Action



Recommend for EIHP: Yes No

Outcome Date: _____

Apartment Visit: Date _____

Location _____

OUTCOME

- New Apartment [5]

SIGN OFF

Caseworker: _____ Date: _____

Supervisor: _____ Date: _____



Date: _____

Case Name: _____

Address: _____

Notification of Non-Selection for EIHP
(After Random Selection Process)

Dear _____:

On behalf of The City of New York's Human Resources Administration (HRA), I regret to inform you that you have not been selected to participate in the Employment Incentive Housing Program (EIHP).

As you have been made aware, there are only a limited number of slots for this program, and after four consecutive weeks, the random access selection process has not chosen you as a participant in the program.

If you should have any further questions, please call me at _____.

Sincerely yours,

Case Worker

Fecha: _____

Nombre del Caso: _____

Dirección: _____

Notificación de No Ser Seleccionado para el EIHP
(Después del Proceso de Selección al Azar)

Estimado(a) _____ :

De parte de la Administración de Recursos Humanos de la Ciudad de Nueva York (HRA), lamento informarle que usted no ha sido seleccionado(a) para participar en el Programa de Vivienda para el Incentivo del Empleo (EIHP).

Como se le ha informado, existen solo un número limitado de espacios para este programa, y después de cuatro semanas consecutivas, el proceso de selección de acceso aleatorio no le ha elegido como un participante en el programa.

De tener usted cualquier otra pregunta, favor de llamarme al _____.

Atentamente,

Trabajador(a) del Caso

[]



Date: _____

Case Name: _____

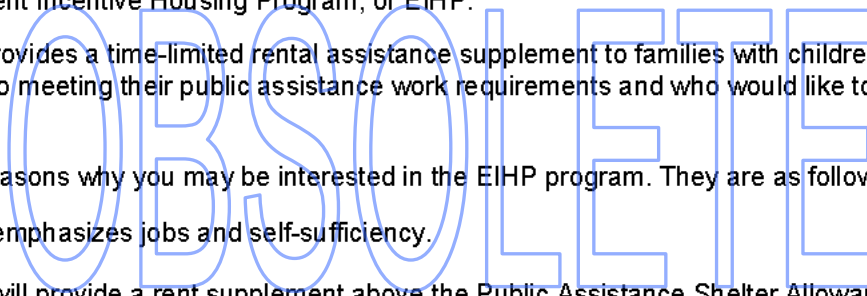
Address: _____

Notification of Eligibility to Participate in EIHP's Random Selection Process

Dear _____

The City of New York's Human Resources Administration (HRA) has recently established a new citywide housing pilot program that will assist a limited number of homeless families in finding permanent housing. The program is called the Employment Incentive Housing Program, or EIHP.

This new program provides a time-limited rental assistance supplement to families with children on public assistance who are committed to meeting their public assistance work requirements and who would like to move towards self-sufficiency.



There are several reasons why you may be interested in the EIHP program. They are as follows:

1. The program emphasizes jobs and self-sufficiency.
2. The program will provide a rent supplement above the Public Assistance Shelter Allowance and the amount will be dependent on family size. For example, a family of three could pay a maximum rent of \$650 monthly.
3. EIHP will pay your first month's rent and the security deposit upon lease signing.
4. EIHP will pay the landlord an incentive bonus after your family has moved in.
5. You will receive assistance with your move and you may be eligible for a furniture allowance.
6. We have a staff of trained individuals at our Riverview location at 1951 Park Avenue, Manhattan, to respond to concerns you may have. Our staff includes housing specialists who assist those chosen to participate in the program in finding apartments.

There may be more people interested in this program than we can help. Because of this, we would like to explain to you the random selection process used to determine how you are chosen to participate in this program.

Enclosed is a flyer that describes the program. For additional information about the program, please call me at

Sincerely yours,

Case Worker

Fecha: _____

Nombre del Caso: _____

Dirección: _____

Notificación de Elegibilidad para Participar en el Proceso de Selección al Azar del EIHP

Estimado(a) _____

La Administración de Recursos Humanos de la Ciudad de Nueva York (HRA) ha establecido un nuevo programa piloto de vivienda a través de la ciudad recientemente que le asistirán a un número limitado de familias desamparadas a encontrar vivienda permanente. El programa se llama el Programa de Vivienda para el Incentivo del Empleo, (Employment Incentive Housing Program) o EIHP.

Este nuevo programa provee un suplemento de asistencia para el alquiler por tiempo limitado a familias con niños en asistencia pública quienes están comprometidos a satisfacer sus requisitos de trabajo de asistencia pública y a quienes les gustaría pasar hacia la autosuficiencia.

Existen varias razones por las cuales usted puede estar interesado en el programa EIHP. Están a continuación:

1. El programa enfatiza empleos y la autosuficiencia.
2. El programa proveerá un suplemento para el alquiler por encima de la Asignación para Refugio de la Asistencia Pública (Public Assistance Shelter Allowance) y la cantidad dependerá en el tamaño de la familia. Por ejemplo, una familia de tres podría pagar un alquiler máximo de \$650 mensuales.
3. El EIHP pagará su alquiler por el primer mes y el depósito de garantía al firmar el contrato de arrendamiento.
4. El EIHP le pagará al casero una bonificación como incentivo después que su familia se hayan mudado.
5. Usted recibirá asistencia con su mudanza y puede ser elegible para una asignación para muebles.
6. Tenemos un personal de personas entrenadas en nuestro local de Riverview en el 1951 Park Avenue, Manhattan para responder a cualquier inquietud que usted pueda tener. Nuestro personal incluye especialistas de vivienda quienes asisten en encontrar apartamentos a aquellos escogidos a participar en este programa.

Puede que hayan más personas interesados en éste programa de los que podemos ayudar. Debido a esto, nos gustaría explicarle el proceso de selección usado para determinar como usted ha sido escogido para participar en este programa.

Adjunto se encuentra un folleto que describe el programa. Para información adicional acerca del programa, favor de llamarme al _____.

Atentamente,

Trabajador(a) del Caso



Employment Incentive Housing Program (EIHP) Participants

IF YOU HAVE QUESTIONS OR PROBLEMS

1. **Contact your Case Manager.** You can arrange an appointment with your Case Manager at 1951 Park Avenue, 4th Floor. If you don't know who your Case Manager is, call (212) 690-7947 to request his or her name and telephone number.
2. **Right to a conference with an EIHP Supervisor.** If you believe that your EIHP monthly rent supplement was improperly or incorrectly reduced, suspended or terminated or that your participation in EIHP was improperly terminated, you may ask for a conference with an EIHP Supervisor at the Riverview Center by calling (212) 690-7947 or writing to:

EIHP
1951 Park Avenue
4th Floor
New York, NY 10037

OBSOLETE

You will be furnished with a letter informing you of the outcome of the conference. If you are not satisfied with the outcome, you may ask for a second conference with a higher-level Supervisor.

3. **No fair hearings for EIHP issues.** A fair hearing review will not be available to you with respect to your participation in EIHP, or the amount/discontinuance of your monthly rent supplement. This does not diminish in any way your existing fair hearing rights with respect to your public assistance, including your fair hearing rights in the event of notification by HRA of its intention to impose a sanction or close your case.

Participantes del Programa de Vivienda para el Incentivo del Empleo (EIHP)
(Employment Incentive Housing Program)

SI TIENE PREGUNTAS O PROBLEMAS

1. **Comuníquese con el/la Administrador(a) de su Caso.** Usted puede programar una cita con el/la Administrador(a) de su Caso en la 1951 Park Avenue, 4to Piso. Si no sabe quien es el/la administrador(a) de su caso, llame al (212) 690-7947 para solicitar su nombre y número de teléfono.
2. **Derecho a una conferencia con un(a) Supervisor(a) del EIHP.** Si usted piensa que su suplemento mensual por alquiler del EIHP fue reducido indebidamente o incorrectamente, suspendido o terminado o que su participación en el EIHP fue terminado indebidamente, usted puede solicitar una conferencia con un(a) Supervisor(a) del EIHP en el Centro Riverview llamando al (212) 690-7947, o escribiendo a:

EIHP
1951 Park Avenue
4to Piso
New York, NY 10037

OBSOLETE

Usted será proporcionado con una carta informandole del resultado de la conferencia. Si no esta satisfecho con el resultado, usted puede solicitar una segunda conferencia con un(a) supervisor(a) de un nivel más alto.

3. **No habrán audiencias imparciales para asuntos del EIHP.** Una revisión con una audiencia imparcial no le será disponible con respecto a su participación en el EIHP, o la cantidad/suspensión de su suplemento mensual por alquiler . Esto en ninguna manera disminuye sus derechos actuales a una audiencia imparcial con respecto a su asistencia pública, incluyendo sus derechos a una audiencia imparcial en el caso que la HRA le notifique de su intención de imponer una sanción o de cerrar su caso.



Employment Incentive Housing Program (EIHP) Agreement

AGREEMENT dated this _____ by and between _____ (Landlord)
with its principal place of business at _____ and the
City of New York, acting through the Human Resources Administration (HRA) with its principal place of business at 180
Water Street, New York, New York 10038.

DEFINITIONS

The following definitions shall apply to this Agreement.

- a. **"Agreement"** means this Agreement entered into between HRA and the Landlord.
- b. **"HRA"** means the New York City Human Resources Administration or its successor.
- c. **"EIHP"** means the Employment Incentive Housing Program, a program of HRA signatory to the Agreement.
- d. **"EIHP Apartment Checklist"** means the housing conditions to be evaluated by EIHP to determine whether the apartment in question is suitable for occupancy by an EIHP Tenant.
- e. **"EIHP Incentive Bonus"** means the sum specified in Schedule A of the Agreement paid by HRA to the Landlord as incentive for the Landlord's participation in EIHP and **"EIHP Monthly Rent Supplement"** means the monthly rent supplement referred to in paragraph 11 of this Agreement paid by HRA to the Landlord as additional incentive for the Landlord's participation in EIHP.
- f. **"EIHP Lease"** or **"Lease"** means the lease agreement between the Landlord and EIHP Tenant, which authorizes the rental of the EIHP Unit to the EIHP Tenant for a period of twenty-four (24) months or for such other period as provided for by the New York State Office of Temporary and Disability Assistance. **"EIHP Rider to Lease"** or **"Rider"** means the rider to the Lease required to be entered into between the Landlord and EIHP Tenant in accordance with paragraph 8 of this Agreement.
- g. **"EIHP Program Documents"** means all documents executed by HRA, the Landlord, or the EIHP Tenant in connection with EIHP, including, but not limited to, the Agreement and the EIHP Lease.
- h. **"EIHP Recovery Provision"** means the provision referred to in paragraph 14 of the Agreement regarding recovery by EIHP from the Landlord of some or all of the EIHP Incentive Bonus.
- i. **"EIHP Tenant"** means the family which, as signatory to the EIHP Lease, is designated to occupy the EIHP Unit for a period of twenty-four (24) months or for such other period as provided for by the New York State Office of Temporary and Disability Assistance.
- j. **"EIHP Unit"** means the apartment occupied by the EIHP Tenant, and any Successor EIHP Tenant, pursuant to the EIHP Agreement and the EIHP Lease.
- k. **"Real Estate Broker"** or **"Broker"** means a real estate broker licensed to do business under the laws of the State of New York.

1. The Landlord represents that it is the owner of the building in which the EIHP Unit is located, which building is identified on Schedule A of the Agreement, and has the right and power to lease the EIHP Unit, identified on Schedule A of the Agreement, and agrees to lease the EIHP Unit in accordance with this Agreement.
2. The Landlord represents that the EIHP Tenant is not a member of the Landlord's immediate family. For purposes of this Agreement, immediate family is defined as the Landlord's natural or adoptive parents, blood-related or adoptive brothers, and sisters, and children or step-children. If the Landlord is a corporation, immediate family is defined as the natural or adoptive parents, blood-related or adoptive brothers and sisters, and children or step-children of the shareholder(s) of the corporation.
3. The Landlord further acknowledges that EIHP has evaluated the EIHP Unit and has determined that it meets the requirements of the EIHP Apartment Checklist. Such determination is a condition precedent to the Landlord's participation in EIHP.
4. The Landlord understands and acknowledges that, in order for the EIHP Unit to remain in EIHP, the EIHP Unit must continue to meet the requirements of the EIHP Apartment Checklist. The Landlord agrees, therefore, to make the EIHP Unit available for re-evaluation by EIHP or its designee, to ensure that the requirements of the EIHP Apartment Checklist are being met. If, upon any re-evaluation of the EIHP Unit, the EIHP Unit fails to meet the requirements of the EIHP Apartment Checklist, HRA shall give the Landlord notice thereof and the Landlord shall have up to thirty (30) days from the date of the receipt of such notice to meet such requirements (or such shorter time as may be required by law). If the EIHP Unit continues to fail to meet the requirements of the EIHP Apartment Checklist, then the provisions of paragraph 14, below, shall apply.
5. The Landlord agrees to execute all agreements and documents necessary for participation in EIHP as administered by HRA or its designee. The Landlord further agrees to be bound by the terms and conditions of EIHP, and to maintain its eligibility for the program during the term of this Agreement.
6. The Landlord represents that Landlord has not evicted a public assistance participant in order to participate in EIHP or otherwise harassed any tenant or engaged in any illegal act, which resulted in the EIHP Unit becoming vacant. The Landlord agrees that it shall not harass any tenant or engage in any other illegal act in connection with any tenancy under this program. A breach of any provision of this paragraph shall constitute a material breach of this Agreement and shall be subject to the provisions of paragraph 14, below, or any other remedy available in law or equity.
7. In the event a Real Estate Broker is involved in the letting of the EIHP Unit, it is agreed by the Landlord, that if occupancy of the EIHP Unit by the Tenant is delayed as a result of any dispute regarding the payment of broker's fees or commissions, HRA will reserve the right to terminate the Agreement and HRA will be released from any obligation for the payment of the EIHP Incentive Bonus. The Landlord understands and agrees that HRA shall incur no obligation or liability for the payment of a broker's fee or commission if the broker has a financial interest in the building where the unit is located.
8. The Landlord has executed, or will execute, a lease with the EIHP Tenant (EIHP Lease). Landlord represents that the EIHP Lease does and will comply with all applicable provisions of law and that nothing in the Lease will be inconsistent with any provision of this Agreement. Further, Landlord has executed, or will execute, with the EIHP Tenant the "EIHP Rider to Lease" in a form approved by HRA. **This Agreement shall not be effective unless and until such Rider is executed and a copy of the Rider and a copy of the Lease is delivered to HRA.**
9. The Landlord agrees to lease the EIHP Unit to the EIHP Tenant for a monthly rent in the amount set forth on Schedule A of this Agreement for a twenty-four (24) month period beginning from the date of occupancy by the EIHP Tenant.
10. The Landlord represents that it has executed, or will execute, all documents that it may be required to sign in connection with this Agreement, which include all agreements and documents concerning participation in the EIHP as administered by HRA or its designee. All such documents, and all other documents executed by EIHP, the Landlord, or the EIHP Tenant, in connection with EIHP, shall constitute conditions of EIHP (EIHP Program Documents).
11. HRA agrees to pay to Landlord the EIHP Incentive Bonus in the amount set forth on Schedule A of this Agreement, payable in one installment following occupancy by the EIHP Tenant. Retention of the EIHP Incentive Bonus by the Landlord is subject to all applicable provisions contained in this Agreement. The amount of the bonus depends on the number of family members comprising the EIHP Tenant at the time the Lease is executed. A subsequent change in such number does not cause either an upward or downward adjustment in the bonus. HRA also agrees to pay to Landlord during the term of this Agreement the EIHP Monthly Rent Supplement, provided that it is expressly understood that the amount and duration of the EIHP Monthly Rent Supplement is subject to the terms, limits, and conditions agreed to by the EIHP Tenant as a condition of participation in EIHP.

12. The Landlord shall respond in a timely manner to all requests for information from EIHP or its designee regarding the EIHP Agreement or the previous occupant of the EIHP Unit. If the Landlord fails to furnish such information or provides false information, the Landlord shall repay to HRA a pro rata portion of the EIHP Incentive Bonus as specified in paragraph 14, below (EIHP Recovery Provision).
13. The Landlord agrees that if the Landlord, its heirs, executors, administrators, successors or assignees fail or refuse, for any reason, to comply in any material way with any of the provisions of this Agreement, or any of the EIHP Program document requirements, HRA shall have the right to terminate the Landlord's participation in EIHP. In addition, or, alternatively, at the election of HRA, the Landlord shall forfeit and shall repay to HRA a pro rata portion of the EIHP Incentive Bonus, as specified in paragraph 14, below (EIHP Recovery Provision).
14. The Landlord agrees that if it is determined that the Landlord has made a false representation in connection with EIHP or should the EIHP Unit become vacant as a result of the Landlord's harassment of the EIHP Tenant, or the Landlord fails to relet the EIHP Unit as provided in paragraph 20, below, or should the EIHP Unit fail to meet the requirements of the EIHP Apartment Checklist, as provided in paragraph 4, above, such conduct shall be deemed to be a material breach of this Agreement. In any of such events, HRA shall have the right, in its discretion, to terminate the Landlord's participation in EIHP. Whether or not HRA exercises such right of termination, Landlord shall repay to HRA a pro rata portion of the EIHP Incentive Bonus equal to a proportion the numerator of which shall be the amount of the EIHP Incentive Bonus multiplied by the number of months remaining in the twenty-four (24) month EIHP Lease term, and the denominator of which shall be 24 (EIHP Recovery Provision). In the event HRA exercises such right of termination, the EIHP Tenant shall have the right to terminate the EIHP Lease. Nothing contained in this paragraph shall limit HRA or its designee or the EIHP Tenant from pursuing any other remedy available in law or equity.
15. The Landlord understands and agrees that in the event the Landlord plans to transfer ownership of the premises containing the EIHP Unit by sale, assignment, transfer or by any other means whatsoever, the Landlord shall notify HRA in writing, forty-five (45) days prior to such transfer of ownership. The new owner shall be bound by all the terms of this Agreement and Landlord shall provide for same in its agreement of transfer. If so requested by HRA or its designee, the new owner shall execute documents confirming its assumption of Landlord's obligations under this Agreement. Provided the new owner confirms its obligations hereunder in writing in a form reasonably acceptable to HRA, the Landlord shall be relieved of its obligations under this Agreement. If the the new owner does not so confirm its obligations hereunder, this Agreement shall, in the discretion of HRA, terminate and the Landlord shall immediately repay to HRA a pro rata portion of the EIHP Incentive Bonus as described in paragraph 14, above, the EIHP Recovery Provision.
16. The Landlord represents and warrants that the EIHP Unit is certified for occupancy as indicated in the building's Certificate of Occupancy. The Landlord agrees that if the representation as to the certification status of the EIHP Unit is false and/or erroneous, this will constitute a material breach of this Agreement and the Landlord shall repay to HRA a pro rata portion of the EIHP Incentive Bonus as specified in the EIHP Recovery Provision as set forth in paragraph 14, above. The Landlord shall maintain such certification throughout the term of this Agreement.
17. The Landlord represents and warrants that the building in which the EIHP Unit is situated is not subject to outstanding arrears for utilities or mortgage payments. Failure by the Landlord to comply with the provisions of this paragraph will constitute a material breach of this Agreement and the Landlord shall repay to HRA a pro rata portion of the EIHP Incentive Bonus as specified in the EIHP Recovery Provision as set forth in paragraph 14, above.
18. The Landlord understands and acknowledges that, in order for Multiple Family Dwelling to be included in EIHP, the dwelling must be registered as such with the New York City Department of Housing Preservation and Development (HPD). The Landlord represents that the Multiple Family Dwelling registration number set forth on Schedule A hereto is the valid and current registration number for the building in which the EIHP Unit is located and Landlord agrees to maintain such registration during the term of this EIHP Agreement. Failure by the Landlord to comply with the provisions of this paragraph may, in the discretion of HRA, be treated as a material breach of this Agreement and shall be subject to the provisions of paragraph 14, above.
19. If the EIHP Tenant vacates the EIHP Unit for any reason prior to the expiration of the EIHP Lease, the Landlord shall notify EIHP in writing within fifteen (15) days of the earlier of either the EIHP Unit becoming vacant, or the Landlord learning of the EIHP Tenant's intent to vacate. All such notices must be sent by certified mail, return receipt requested to:

Employment Incentive Housing Program
1951 Park Avenue
New York, NY 10037

20. The EIHP Incentive Bonus received by the Landlord pursuant to EIHP is expressly contingent upon the Landlord's full compliance with the following conditions: In the event the EIHP Unit becomes vacant during the two-year term of this Agreement, the Landlord agrees to relet the EIHP Unit within sixty (60) days to an eligible EIHP Tenant selected as provided herein (Successor EIHP Tenant), for the remaining portion of the two-year term of this Agreement. Should the Landlord fail to comply with the provisions of this paragraph, then, in addition to any other remedies that HRA may have under this EIHP Agreement, the Landlord shall pay to HRA or HRA may deduct from any sums due or that may become due to the Landlord, \$100 as liquidated damages for each day after the sixty (60) day period that the EIHP Unit is not occupied by an EIHP Tenant. Such liquidated damages, however, shall in no event exceed the amount of the EIHP Incentive Bonus. HRA reserves all rights and remedies in law or equity with respect to any material breach by Landlord of its obligations under this Agreement.
21. If the Landlord determines that the EIHP Unit cannot be relet within sixty (60) days after it becomes vacant, and if such failure to relet arises as a result of any of the causes listed below, and not through the fault or negligence of the Landlord, then the Landlord may apply to EIHP for an extension of time to relet the EIHP Unit. Such causes may include, but are not restricted to: Acts of God or of a public enemy; acts of the government in either its sovereign or contractual capacity; fire; floods; epidemics; quarantine restrictions; strikes; freight embargoes; or other causes beyond the control and without the fault or negligence of the Landlord. Determination of the cause of any failure to relet shall be made by EIHP or its designee, which agrees to exercise reasonable judgment therein. This Agreement shall survive the eviction of the EIHP Tenant pursuant to any proceeding or action brought with respect to the EIHP Unit.
22. The Landlord agrees that the Successor EIHP Tenant(s) shall be entitled to occupy the EIHP Unit under a lease, for the balance of the twenty-four (24) month EIHP Lease term then remaining. The Landlord shall not be entitled to any additional EIHP Incentive Bonus with respect to such letting. The Successor EIHP Tenant(s) shall be entitled to all of the rights of the EIHP Tenant under the EIHP Lease (including the EIHP Rider to Lease), including any applicable renewal rights.
23. The Landlord agrees to notify HRA of the commencement of any legal proceeding affecting the EIHP tenancy or this Agreement, the obligations of the Landlord under this Agreement, the EIHP Lease, or any EIHP Program Documents, by serving the Commissioner of HRA at:
- Human Resources Administration
Office of Legal Affairs
180 Water Street
17th floor
New York, New York 10038
24. The Landlord consents to the recordation of the EIHP Lease and Rider and a memorandum of the EIHP Lease and Rider.
25. The Landlord affirms and declares that it is not in default of any obligation to the City of New York, including but not limited to taxes, assessments, water rates and sewer rents, which have been levied against the Landlord or the premises or any property owned by the Landlord. The Landlord acknowledges and agrees that in the event the Landlord is in default of any obligation to the City of New York, in addition to any other remedies provided by law, HRA may withhold for the purposes of set-off, all or portion thereof of any monies to which Landlord would otherwise be entitled hereunder.
26. The provisions of this Agreement shall be binding upon the parties hereto and their heirs, executors, administrators, successors and assigns.
27. The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision hereof or of the underlying EIHP Lease, EIHP Rider to Lease or any of the EIHP Program Documents.

SCHEDULE A

Schedule A to EIHP Agreement between _____ and the
(Landlord)
City of New York, acting through the Human Resources Administration.

Landlord represents that it is the owner of the following building in which the EIHP Unit is located:

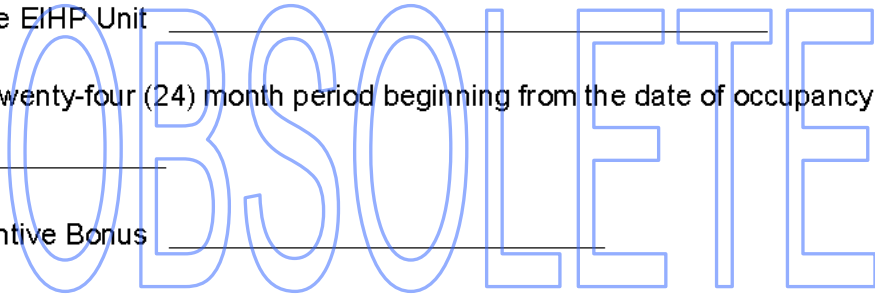
Multiple Family Dwelling Registration Number _____

EIHP Unit Leased by Landlord to EIHP Tenant: Apartment Number _____

Previous Tenant of the EIHP Unit _____

Monthly Rent for the twenty-four (24) month period beginning from the date of occupancy by the EIHP Tenant

Amount of EIHP Incentive Bonus _____



REPRESENTATION REGARDING PREVIOUS PUBLIC ASSISTANT TENANT.

The Landlord represents that, in the event a public assistance participant has occupied the EIHP Unit at some time during the twelve-month period preceding occupancy by the EIHP Tenant, the vacation of the EIHP Unit by such public assistance participant was not caused by harassment of such public assistance participant by the Landlord or by breach by the Landlord of its obligation under its lease with such public assistance participant. A breach of this representation shall constitute a material breach of this Agreement and shall be subject to the provisions of paragraph 14, above, or any other remedy available to HRA in law or equity.

IN WITNESS WHEREOF, the parties have duly executed this Agreement on the date first above written.

City of New York
HUMAN RESOURCES ADMINISTRATION
EMPLOYMENT INCENTIVE HOUSING PROGRAM

OBSOLETE

Date _____

By _____
Supervisor

Date _____

Landlord

By _____

Title _____

LANDLORD'S ACKNOWLEDGMENT

INDIVIDUAL ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF _____ SS:

On this _____ day of _____, before me and to me
Month Year
known _____ personally appeared, executed and acknowledged
the foregoing Agreement freely and as a voluntary act for the uses and purposes therein mentioned.

Notary Public

PARTNERSHIP ACKNOWLEDGMENT

On this _____ day of _____, personally appeared,
Month Year
before me _____ known to me to be a member of the firm of
_____ and known to me to be the person described in
_____ and who executed the foregoing Agreement in the firm name of _____
for the purpose and uses therein mentioned.

Notary Public

CORPORATION ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF _____ SS:

On this _____ day of _____, deponent
Month Year
_____ personally appeared before me, to me known, who, being
by me duly sworn, did depose and say that deponent resides at

_____, that deponent is the

_____ of _____ the Corporation

described herein and which executed the foregoing Agreement; that deponent knows the seal of said Corporation; that the seal affixed to the foregoing Agreement is such Corporation seal; that it was so affixed by order of the Board of Directors of said Corporation; and that deponent signed deponent's name by the same order.

Notary Public



Employment Incentive Housing Program (EIHP) Agreement

AGREEMENT dated this _____ by and between _____ (Landlord)
with its principal place of business at _____ and the
City of New York, acting through the Human Resources Administration (HRA) with its principal place of business at
180 Water Street, New York, New York 10038.

DEFINITIONS

The following definitions shall apply to this Agreement.

- a. **"Agreement"** means this Agreement entered into between HRA and the Landlord.
- b. **"HRA"** means the New York City Human Resources Administration or its successor.
- c. **"EIHP"** means the Employment Incentive Housing Program, a program of HRA signatory to the Agreement.
- d. **"EIHP Apartment Checklist"** means the housing conditions to be evaluated by EIHP to determine whether the apartment in question is suitable for occupancy by an EIHP Tenant.
- e. **"EIHP Incentive Bonus"** means the sum specified in Schedule A of the Agreement to be paid by HRA to the Landlord as incentive for the Landlord's participation in EIHP and **"EIHP Monthly Rent Supplement"** means the monthly rent supplement referred to in paragraph 11 of this Agreement paid by HRA to the Landlord as additional incentive for the Landlord's participation in EIHP.
- f. **"EIHP Lease"** or **"Lease"** means the lease agreement between the Landlord and EIHP Tenant, which authorizes the rental of the EIHP Unit to the EIHP Tenant for a period of twenty-four (24) months or for such other period as provided for by the New York State Office of Temporary and Disability Assistance. **"EIHP Rider to Lease"** or **"Rider"** means the rider to the Lease required to be entered into between the Landlord and EIHP Tenant in accordance with paragraph 8 of this Agreement.
- g. **"EIHP Program Documents"** means all documents executed by HRA, the Landlord, or the EIHP Tenant in connection with EIHP, including, but not limited to, the Agreement and the EIHP Lease.
- h. **"EIHP Recovery Provision"** means the provision referred to in paragraph 14 of the Agreement regarding recovery by EIHP from the Landlord of some or all of the EIHP Incentive Bonus.
- i. **"EIHP Tenant"** means the family which, as signatory to the EIHP Lease, is designated to occupy the EIHP Unit for a period of twenty-four (24) months or for such other period as provided for by the New York State Office of Temporary and Disability Assistance.
- j. **"EIHP Unit"** means the apartment occupied by the EIHP Tenant, and any Successor EIHP Tenant, pursuant to the EIHP Agreement and the EIHP Lease.
- k. **"Real Estate Broker"** or **"Broker"** means a real estate broker licensed to do business under the laws of the State of New York.

1. The Landlord represents that it is the owner of the building in which the EIHP Unit is located, which building is identified on Schedule A of the Agreement, and has the right and power to lease the EIHP Unit, identified on Schedule A of the Agreement, and agrees to lease the EIHP Unit in accordance with this Agreement.
2. The Landlord represents that the EIHP Tenant is not a member of the Landlord's immediate family. For purposes of this Agreement, immediate family is defined as the Landlord's natural or adoptive parents, blood-related or adoptive brothers, and sisters, and children or step-children. If the Landlord is a corporation, immediate family is defined as the natural or adoptive parents, blood-related or adoptive brothers and sisters, and children or step-children of the shareholder(s) of the corporation.
3. The Landlord further acknowledges that EIHP has evaluated the EIHP Unit and has determined that it meets the requirements of the EIHP Apartment Checklist. Such determination is a condition precedent to the Landlord's participation in EIHP.
4. The Landlord understands and acknowledges that, in order for the EIHP Unit to remain in EIHP, the EIHP Unit must continue to meet the requirements of the EIHP Apartment Checklist. The Landlord agrees, therefore, to make the EIHP Unit available for re-evaluation by EIHP or its designee, to ensure that the requirements of the EIHP Apartment Checklist are being met. If, upon any re-evaluation of the EIHP Unit, the EIHP Unit fails to meet the requirements of the EIHP Apartment Checklist, HRA shall give the Landlord notice thereof and the Landlord shall have up to thirty (30) days from the date of the receipt of such notice to meet such requirements (or such shorter time as may be required by law). If the EIHP Unit continues to fail to meet the requirements of the EIHP Apartment Checklist, then the provisions of paragraph 14 below, shall apply.
5. The Landlord agrees to execute all agreements and documents necessary for participation in EIHP as administered by HRA or its designee. The Landlord further agrees to be bound by the terms and conditions of EIHP, and to maintain its eligibility for the program during the term of this Agreement.
6. The Landlord represents that Landlord has not evicted a public assistance participant in order to participate in EIHP or otherwise harassed any tenant or engaged in any illegal act, which resulted in the EIHP Unit becoming vacant. The Landlord agrees that it shall not harass any tenant or engage in any other illegal act in connection with any tenancy under this program. A breach of any provision of this paragraph shall constitute a material breach of this Agreement and shall be subject to the provisions of paragraph 14, below, or any other remedy available in law or equity.
7. In the event a Real Estate Broker is involved in the letting of the EIHP Unit, it is agreed by the Landlord, that if occupancy of the EIHP Unit by the Tenant is delayed as a result of any dispute regarding the payment of broker's fees or commissions, HRA will reserve the right to terminate the Agreement and HRA will be released from any obligation for the payment of the EIHP Incentive Bonus. The Landlord understands and agrees that HRA shall incur no obligation or liability for the payment of a broker's fee or commission if the broker has a financial interest in the building where the unit is located.
8. The Landlord has executed, or will execute, a lease with the EIHP Tenant (EIHP Lease). Landlord represents that the EIHP Lease does and will comply with all applicable provisions of law and that nothing in the Lease will be inconsistent with any provision of this Agreement. Further, Landlord has executed, or will execute, with the EIHP Tenant the "EIHP Rider to Lease" in a form approved by HRA. **This Agreement shall not be effective unless and until such Rider is executed and a copy of the Rider and a copy of the Lease is delivered to HRA.**
9. The Landlord agrees to lease the EIHP Unit to the EIHP Tenant for a monthly rent in the amount set forth on Schedule A of this Agreement for a twenty-four (24) month period beginning from the date of occupancy by the EIHP Tenant. The Lease shall provide for the right of the EIHP Tenant to renew the Lease for an additional year (provided, the EIHP Tenant continues to participate in the EIHP) and, if the EIHP Unit is not subject to the monthly rent stabilization law, the increase in monthly rent, if any, applicable to the renewal period shall be the greater of (a) five percent of the monthly rent in effect for the initial two-year term, or (b) the rent increase that would be allowed were the apartment subject to rent stabilization.
10. The Landlord represents that it has executed, or will execute, all documents that it may be required to sign in connection with this Agreement, which include all agreements and documents concerning participation in the EIHP as administered by HRA or its designee. All such documents, and all other documents executed by EIHP, the Landlord, or the EIHP Tenant, in connection with EIHP, shall constitute conditions of EIHP (EIHP Program Documents).

11. HRA agrees to pay to Landlord the EIHP Incentive Bonus in the amount set forth on Schedule A of this Agreement, payable in one installment following occupancy by the EIHP Tenant. Retention of the EIHP Incentive Bonus by the Landlord is subject to all applicable provisions contained in this Agreement. The amount of the bonus depends on the number of family members comprising the EIHP Tenant at the time the Lease is executed. A subsequent change in such number does not cause either an upward or downward adjustment in the bonus. HRA also agrees to pay to Landlord during the term of this Agreement the EIHP Monthly Rent Supplement, provided that it is expressly understood that the amount and duration of the EIHP Monthly Rent Supplement is subject to the terms, limits, and conditions agreed to by the EIHP Tenant as a condition of participation in EIHP.
12. The Landlord shall respond in a timely manner to all requests for information from EIHP or its designee regarding the EIHP Agreement or the previous occupant of the EIHP Unit. If the Landlord fails to furnish such information or provides false information, the Landlord shall repay to HRA a pro rata portion of the EIHP Incentive Bonus as specified in paragraph 14, below (EIHP Recovery Provision).
13. The Landlord agrees that if the Landlord, its heirs, executors, administrators, successors or assignees fail or refuse, for any reason, to comply in any material way with any of the provisions of this Agreement, or any of the EIHP Program Document requirements, HRA shall have the right to terminate the Landlord's participation in EIHP. In addition, or, alternatively, at the election of HRA, the Landlord shall forfeit and shall repay to HRA a pro rata portion of the EIHP Incentive Bonus, as specified in paragraph 14, below (EIHP Recovery Provision).
14. The Landlord agrees that if it is determined that the Landlord has made a false representation in connection with EIHP or should the EIHP Unit become vacant as a result of the Landlord's harassment of the EIHP Tenant, or the Landlord fails to relet the EIHP Unit as provided in paragraph 20, below, or should the EIHP Unit fail to meet the requirements of the EIHP Apartment Checklist, as provided in paragraph 4, above, such conduct shall be deemed to be a material breach of this Agreement. In any of such events, HRA shall have the right, in its discretion, to terminate the Landlord's participation in EIHP. Whether or not HRA exercises such right of termination, Landlord shall repay to HRA a pro rata portion of the EIHP Incentive Bonus, equal to a proportion the numerator of which shall be the amount of the EIHP Incentive Bonus, multiplied by the number of months remaining in the twenty-four (24) month EIHP Lease term, and the denominator of which shall be 24 (EIHP Recovery Provision). In the event HRA exercises such right of termination, the EIHP Tenant shall have the right to terminate the EIHP Lease. Nothing contained in this paragraph shall limit HRA or its designee or the EIHP Tenant from pursuing any other remedy available in law or equity.
15. The Landlord understands and agrees that in the event the Landlord plans to transfer ownership of the premises containing the EIHP Unit by sale, assignment, transfer or by any other means whatsoever, the Landlord shall notify HRA in writing, forty-five (45) days prior to such transfer of ownership. The new owner shall be bound by all the terms of this Agreement and Landlord shall provide for same in its agreement of transfer. If so requested by HRA or its designee, the new owner shall execute documents confirming its assumption of Landlord's obligations under this Agreement. Provided the new owner confirms its obligations hereunder in writing in a form reasonably acceptable to HRA, the Landlord shall be relieved of its obligations under this Agreement. If the the new owner does not so confirm its obligations hereunder, this Agreement shall, in the discretion of HRA, terminate and the Landlord shall immediately repay to HRA a pro rata portion of the EIHP Incentive Bonus as described in paragraph 14, above, the EIHP Recovery Provision.
16. The Landlord represents and warrants that the EIHP Unit is certified for occupancy as indicated in the building's Certificate of Occupancy. The Landlord agrees that if the representation as to the certification status of the EIHP Unit is false and/or erroneous, this will constitute a material breach of this Agreement and the Landlord shall repay to HRA a pro rata portion of the EIHP Incentive Bonus as specified in the EIHP Recovery Provision as set forth in paragraph 14, above. The Landlord shall maintain such certification throughout the term of this Agreement.
17. The Landlord represents and warrants that the building in which the EIHP Unit is situated is not subject to outstanding arrears for utilities or mortgage payments. Failure by the Landlord to comply with the provisions of this paragraph will constitute a material breach of this Agreement and the Landlord shall repay to HRA a pro rata portion of the EIHP Incentive Bonus as specified in the EIHP Recovery Provision as set forth in paragraph 14, above.

18. The Landlord understands and acknowledges that, in order for Multiple Family Dwelling to be included in EIHP, the dwelling must be registered as such with the New York City Department of Housing Preservation and Development (HPD). The Landlord represents that the Multiple Family Dwelling registration number set forth on Schedule A hereto is the valid and current registration number for the building in which the EIHP Unit is located and Landlord agrees to maintain such registration during the term of this EIHP Agreement. Failure by the Landlord to comply with the provisions of this paragraph may, in the discretion of HRA, be treated as a material breach of this Agreement and shall be subject to the provisions of paragraph 14, above.
19. If the EIHP Tenant vacates the EIHP Unit for any reason prior to the expiration of the EIHP Lease, the Landlord shall notify EIHP in writing within fifteen (15) days of the earlier of either the EIHP Unit becoming vacant, or the Landlord learning of the EIHP Tenant's intent to vacate. All such notices must be sent by certified mail, return receipt requested to:

Employment Incentive Housing Program
1951 Park Avenue
New York, NY 10037
20. The EIHP Incentive Bonus received by the Landlord pursuant to EIHP is expressly contingent upon the Landlord's full compliance with the following conditions: In the event the EIHP Unit becomes vacant during the two-year term of this Agreement, the Landlord agrees to relet the EIHP Unit within sixty (60) days to an eligible EIHP Tenant selected as provided herein (Successor EIHP Tenant), for the remaining portion of the two-year term of this Agreement. Should the Landlord fail to comply with the provisions of this paragraph, then, in addition to any other remedies that HRA may have under this EIHP Agreement, the Landlord shall pay to HRA or HRA may deduct from any sums due or that may become due to the Landlord, \$100 as liquidated damages for each day after the sixty (60) day period that the EIHP Unit is not occupied by an EIHP Tenant. Such liquidated damages, however, shall in no event exceed the amount of the EIHP Incentive Bonus. HRA reserves all rights and remedies in law or equity with respect to any material breach by Landlord of its obligations under this Agreement.
21. If the Landlord determines that the EIHP Unit cannot be relet within sixty (60) days after it becomes vacant, and if such failure to relet arises as a result of any of the causes listed below, and not through the fault or negligence of the Landlord, then the Landlord may apply to EIHP for an extension of time to relet the EIHP Unit. Such causes may include, but are not restricted to: Acts of God or of a public enemy; acts of the government in either its sovereign or contractual capacity; fire; floods; epidemics; quarantine restrictions; strikes; freight embargoes; or other causes beyond the control and without the fault or negligence of the Landlord. Determination of the cause of any failure to relet shall be made by EIHP or its designee, which agrees to exercise reasonable judgment therein. This Agreement shall survive the eviction of the EIHP Tenant pursuant to any proceeding or action brought with respect to the EIHP Unit.
22. The Landlord agrees that the Successor EIHP Tenant(s) shall be entitled to occupy the EIHP Unit under a lease, for the balance of the twenty-four (24) month EIHP Lease term then remaining. The Landlord shall not be entitled to any additional EIHP Incentive Bonus with respect to such letting. The Successor EIHP Tenant(s) shall be entitled to all of the rights of the EIHP Tenant under the EIHP Lease (including the EIHP Rider to Lease), including any applicable renewal rights.
23. The Landlord agrees to notify HRA of the commencement of any legal proceeding affecting the EIHP tenancy or this Agreement, the obligations of the Landlord under this Agreement, the EIHP Lease, or any EIHP Program Documents, by serving the Commissioner of HRA at:

Human Resources Administration
Office of Legal Affairs
180 Water Street, 17th floor
New York, New York 10038
24. The Landlord consents to the recordation of the EIHP Lease and Rider and a memorandum of the EIHP Lease and Rider.
25. The Landlord affirms and declares that it is not in default of any obligation to the City of New York, including but not limited to taxes, assessments, water rates and sewer rents, which have been levied against the Landlord or the premises or any property owned by the Landlord. The Landlord acknowledges and agrees that in the event the Landlord is in default of any obligation to the City of New York, in addition to any other remedies provided by law, HRA may withhold for the purposes of set-off, all or portion thereof of any monies to which Landlord would otherwise be entitled hereunder.
26. The provisions of this Agreement shall be binding upon the parties hereto and their heirs, executors, administrators, successors and assigns.
27. The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision hereof or of the underlying EIHP Lease, EIHP Rider to Lease or any of the EIHP Program Documents.

SCHEDULE A

Schedule A to EIHP Agreement between _____ and the
(Landlord)

City of New York, acting through the Human Resources Administration.

Landlord represents that it is the owner of the following building in which the EIHP Unit is located:

Multiple Family Dwelling Registration Number: _____

EIHP Unit Leased by Landlord to EIHP Tenant: Apartment Number: _____

Previous Tenant of the EIHP Unit: _____

Monthly Rent for the twenty-four (24) month period beginning from the date of occupancy by the EIHP Tenant:

Amount of EIHP Incentive Bonus: _____

OBSOLETE

REPRESENTATION REGARDING PREVIOUS PUBLIC ASSISTANT TENANT.

The Landlord represents that, in the event a public assistance participant has occupied the EIHP Unit at some time during the twelve-month period preceding occupancy by the EIHP Tenant, the vacation of the EIHP Unit by such public assistance participant was not caused by harassment of such public assistance participant by the Landlord or by breach by the Landlord of its obligation under its lease with such public assistance participant. A breach of this representation shall constitute a material breach of this Agreement and shall be subject to the provisions of paragraph 14, above, or any other remedy available to HRA in law or equity.

IN WITNESS WHEREOF, the parties have duly executed this Agreement on the date first above written.

City of New York
HUMAN RESOURCES ADMINISTRATION
EMPLOYMENT INCENTIVE HOUSING PROGRAM

OBSOLETE

Date: _____

By _____
Supervisor

Date: _____

By _____
Landlord

By _____

Title _____

LANDLORD'S ACKNOWLEDGMENT

INDIVIDUAL ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF _____ SS:

On this _____ day of _____ 200 ____, before me and to me

known _____ personally appeared, executed and acknowledged the foregoing Agreement freely and as a voluntary act for the uses and purposes therein mentioned.

Notary Public

PARTNERSHIP ACKNOWLEDGMENT

On this _____ day of _____ 200 ____, personally appeared,

before me _____ known to me to be a member of the firm of

_____ and known to me to be the person described in

_____ and who executed the foregoing Agreement in the firm name of _____ for the purpose and uses therein mentioned.

Notary Public

CORPORATION ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF _____ SS:

On this _____ day of _____ 200 ____, deponent

_____ personally appeared before me, to me known, who, being

by me duly sworn, did depose and say that deponent resides at

_____, that deponent is the

_____ of _____ the Corporation

described herein and which executed the foregoing Agreement; that deponent knows the seal of said Corporation; that the seal affixed to the foregoing Agreement is such Corporation seal; that it was so affixed by order of the Board of Directors of said Corporation; and that deponent signed deponent's name by the same order.

Notary Public



Employment Incentive Housing Program
Programa de Vivienda para el Incentivo del Empleo

Date:

Fecha: _____

Case Name:

Nombre del Caso: _____

Case Number:

Número del Caso: _____

Urgent: You are in Danger of Losing your EIHP Rent Supplement

Dear EIHP Participant:

It has come to our attention that you have either received a conciliation notice because of a failure to comply with work requirements or a notice of intent to impose a sanction or close your case. As you know, you will lose your rent supplement under the Employment Incentive Housing Program (EIHP) if you or any member of your household is sanctioned or your Family Assistance case is closed.

We request that you call us immediately at (212) 690-7947 regarding this urgent matter. You may also come in to see us at 1951 Park Avenue, 4th Floor.

We want to work with you and do what we can to help you avoid losing your EIHP rent supplement.

Urgente: Usted está en Peligro de Perder su Suplemento de Alquiler del EIHP

Estimado(a) Participante del EIHP:

Nos hemos enterado que usted o ha recibido una notificación de conciliación debido a que no cumplió con los requisitos de trabajo o una notificación de la intención de imponer una sanción o cerrar su caso. Como usted sabe, usted perderá su suplemento de alquiler bajo el Programa de Vivienda para el Incentivo del Empleo (Employment Incentive Housing Program) (EIHP) si usted o cualquier miembro de su hogar es sancionado o su caso de Asistencia Familiar es cerrado.

Le pedimos que nos llame inmediatamente al (212) 690-7947 con respecto a este asunto urgente. Usted también puede venir a vernos en el 1951 Park Avenue, 4to Piso.

Queremos trabajar con usted y hacer lo que podamos para ayudarle a evitar que pierda su suplemento de alquiler del EIHP.

Sincerely yours,
Atentamente,

Case Worker
Trabajador(a) del Caso



Employment Incentive Housing Program
Programa de Vivienda para el Incentivo del Empleo (EIHP)

Case Name:
Nombre del Caso: _____
Case Number:
Número del Caso: _____
Effective Date:
Fecha de Vigencia: _____

Notice of EIHP Participant Rent Contribution Amount

Based on the amount of your household income, you are responsible for the payment of \$ _____ toward your monthly rent for your EIHP apartment beginning with the month of _____. Your monthly EIHP rent supplement has been reduced by that amount.

If you have any questions regarding this matter, please call us at (212) 690-7947. You may also come in to see us at 1951 Park Avenue, 4th Floor, Manhattan.

Notificación de la Cantidad de Contribución al Alquiler del Participante del EIHP

Basado en la cantidad del ingreso de su hogar, usted es responsable por el pago de \$ _____ para el alquiler mensual de su apartamento del EIHP comenzando con el mes de _____. Su suplemento mensual de alquiler del EIHP ha sido reducido por esa cantidad.

Si usted tiene cualquier pregunta con respecto a este asunto, favor de llamarnos al (212) 690-7947. Usted también puede venir a vemos en el 1951 Park Avenue, 4to Piso, Manhattan.

Sincerely yours,
Atentamente,

Case Worker
Trabajador(a) del Caso



Long Term Stayers Rent Supplement Program (LTSP)
Programa de Suplemento de Alquiler para Participantes de Estadía Prolongada

Date: _____
Fecha: _____

Case Name: _____
Nombre del Caso: _____

Case Number: _____
Número del Caso: _____

Urgent: You are in Danger of Losing your LTSP Rent Supplement

Dear LTSP Participant:

It has come to our attention that you have either received a conciliation notice because of a failure to comply with work requirements or a notice of intent to impose a sanction or close your case. As you know, you will lose your rent supplement under the Long Term Stayers Rent Supplement Program (LTSP) if you or any member of your household is sanctioned or if your public assistance case is closed.

We have scheduled an informal conference appointment for you to come in and discuss the situation.

Your Appointment Date is: _____

Time: _____

To See: _____

Supervisor's Name

We want to work with you and do what we can to help you avoid losing your LTSP rent supplement.

Urgente: Usted Corre el Riesgo de Perder su Suplemento de Alquiler de LTSP

Estimado(a) Participante del LTSP:

Nos hemos enterado que usted o ha recibido un aviso de conciliación por incumplimiento con los requisitos de trabajo o un aviso de la intención de imponer una sanción o cerrar su caso. Como usted sabe, si usted o cualquier miembro de su hogar es sancionado o si su caso de asistencia pública es cerrado perderá su suplemento de alquiler bajo el Programa de Suplemento de Alquiler para Participantes de Estadía Prolongada (LTSP).

Hemos programado una cita de conferencia informal para que acuda en persona y trate sobre su situación.

Fecha de su Cita es el: _____

Hora: _____

Para reunirse con: _____

Nombre del Supervisor

Queremos colaborar con usted y hacer lo posible para ayudarle a evitar que pierda su suplemento de alquiler del LTSP.

Sincerely Yours,
Atentamente,

JOS/Worker
Trabajador(a) del Caso