



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #10-12-OPE

(This Policy Bulletin Obsoletes PD #01-47-EMP, PD #03-07-ELI, and PB #08-54-OPE)

CLOSING OF THE EIHP AND LTSP HOUSING PROGRAMS

Date: February 18, 2010	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p>See PD #10-10-ELI</p>	<p>The purpose of this policy bulletin is to announce that the Employment Incentive Housing Program (EIHP) and the Long-Term Stayers Rent Supplement Program (LTSP) have ended as of February 2010.</p> <p>Participants in both EIHP and LTSP will receive the Important Notice for Participants (EXP-85KK) as a notification that their housing supplement has ended. This notice will advise participants, if they still are in need of rental assistance, to contact one of the state-contracted Family Eviction Prevention Supplement Program (FEPS) providers (Attachment A) to have their cases reviewed in order to determine eligibility for FEPS. The Landlord Ombudsman Services Unit (LOSU) will send the EXP-85KK to the affected participants. In addition, LOSU staff will calculate and save a new budget to remove the supplement. This action will generate a Client Notice System (CNS) notice.</p> <p>If a participant is determined to be eligible for FEPS, he/she will be able to move into the FEPS program for two years as a substitute for his/her closed EIHP or LTSP program. No court eviction action will be necessary. A move to a new apartment will be necessary if the current apartment rent exceeds the maximum FEPS rent levels.</p> <p>A participant will not receive the EXP-85KK if his/her case is not currently budgeted for EIHP or LTSP or if his/her case is closed. In these instances, if the participant is attempting to re-apply to either program, he/she should be instructed to call the FIA Office of Housing & Homeless Services Call Center: (212) 331-4200.</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 Fax* or fax to: (917) 639-0298

Effective Immediately

Related Item:

PD #10-10-ELI

Attachments:

Attachment A	State Contracted F.E.P.S. Providers
EXP-85KK	Important Notice for Participants
EXP-85KK (S)	Important Notice for participants (Spanish)

Obsolete Forms:

Attachment A	Long-Term Stayers Rent Supplement and Bonus Amounts (Obsolete)
W-501D	EIHP Apartment Checklist (Obsolete)
W-501K	EIHP Monthly Household Income Contribution Worksheet (Obsolete)
W-501P	Long-Term Stayers Rent Supplement Program (Obsolete)

Attachment A

State Contracted F.E.P.S. Providers

Bronx:	
Bronxworks - Melrose Center #40 260 East 161st Street, 3rd Floor Bronx, New York 10451 Telephone: (718) 664-1601 Fax: (718) 664-1328	Bronxworks - Concourse Center #45 1365 Jerome Avenue, 2nd Floor Bronx, New York 10452 Telephone: (718) 590-4426 Fax: (718) 590-4853
Bronxworks - Crotona Center #46 1910 Monterey Avenue, 1st Floor Bronx, New York 10457 Telephone: (718) 901-4504 Fax: (718) 901-5776	Bronxworks - Fordham Center #44 2551 Bainbridge Avenue, 3rd Floor Bronx, New York 10458 Telephone: (718) 220-5512 Fax: (718) 220-7064
Manhattan:	
Northern Manhattan Improvement Corporation - Dyckman Center #35 4055 Tenth Avenue, Basement New York, New York 10034 Telephone: (212) 569-9285 Fax: (212) 569-9833	Catholic Charities Community Services - Housing Program Center #18 132 West 125th Street, 3rd Floor New York, New York 10027 Telephone: (212) 666-8401 Fax: (212) 666-8406
Catholic Charities Community Services - Waverly Center #13 12 West 14th Street, 4th Floor New York, New York 10011 Telephone: (212) 337-0213 Fax: (212) 337-0211	Catholic Charities Community Services - East End Center #23 2322 Third Avenue, 4th Floor New York, New York 10035 Telephone: (212) 860-8291 Fax: (212) 860-4219
Brooklyn:	
CAMBA - Dekalb Center #64 500 Dekalb Avenue, 2nd Floor Brooklyn, New York 11205 Telephone: (718) 399-1211 Fax: (718) 399-1218	CAMBA - Linden Center #67 210 Livingston Street, 1st Floor Brooklyn, New York 11201 Telephone: (718) 237-6329 Fax: (718) 694-2025
Queens:	
Queens Community House - Jamaica Center #54 165-08 88th Avenue Jamaica, New York 11432 Telephone: (718) 592-5757 Fax: (718) 592-2933	
Staten Island:	
Catholic Charities Community Services - Waverly Center #13 12 West 14th Street, 4th Floor New York, New York 10011 Telephone: (212) 337-0213 Fax: (212) 337-0211	

Date: _____
Case Number: _____
Case Name: _____

Important Notice for Participants

The purpose of this letter is to let you know that the rent subsidy that you have been receiving under the Employment Incentive Housing Program (EIHP) or the Long Term Stayers Program (LTSP) has ended this February and you have already received the rent for the period you were entitled to under the program.

If you continue to be in need of rental assistance, you may be eligible for an alternate rent supplement. You should meet with one of the state-contracted housing supplement providers listed on **Attachment A** to determine eligibility. You will receive another letter in the mail explaining what your new cash assistance and food stamp grant amounts will be.

It is important that you bring this letter to one of the providers on Attachment A to show that you are a former EIHP or LTSP participant.

SAMPLE

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit at your center. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

- (1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Please keep a copy for yourself.)
- (3) FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735.
- (4) IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either:
14 Boerum Place, Brooklyn or **330 West 34th Street, 3rd Floor, Manhattan**
- (5) ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 2** of this notice.

FAIR HEARING REQUEST

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance or social services issues and ninety (90) days for Food Stamp issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

I want a Fair Hearing. The Agency's decision is wrong because:

SAMPLE

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

Signature: _____ Date: _____

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Aviso Importante para los Participantes

Por el presente le informamos que el subsidio de alquiler que usted ha estado recibiendo mediante el Programa de Vivienda de Incentivo de Empleo (EIHP) o del Programa de Participantes a Largo Plazo (LTSP)] se terminará este febrero y usted ya ha recibido el alquiler para el período al que tenía derecho conforme al programa.

Si usted sigue necesitando asistencia de alquiler, podría ser elegible para un suplemento alternativo de alquiler. Usted debe reunirse con uno de los proveedores de suplemento de vivienda contratados por el estado en el **Adjunto A** para determinar su elegibilidad. Usted recibirá otra carta en el correo que le indicará las cantidades de su nueva Concesión de Asistencia en Efectivo y Cupones para Alimentos.

Es importante que usted le lleve este aviso al proveedor de FEPS para comprobar que usted es un antiguo participante de EIHP o LTSP.

SAMPLE

**USTED TIENE EL DERECHO DE APELAR CONTRA ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS
IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR CONTRA ESTA DECISIÓN.**

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) en su Centro. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

- (1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)
- (2) POR ESCRITO:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Favor de guardar una copia para usted.)
- (3) POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) EN PERSONA:** Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a cualquiera de las siguientes direcciones:
14 Boerum Place, Brooklyn o **330 West 34th Street, 3rd Floor, Manhattan**
- (5) POR INTERNET:** Llene una solicitud de formulario electrónico conectándose a:
<http://www.otda.state.ny.us/oa/h/forms.asp>

Qué Puede Esperar de la Audiencia Imparcial: El Estado le envía a una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

INFORMACIÓN: Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en **la segunda página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de asistencia pública, asistencia médica y servicios sociales, y noventa (90) días para asuntos de Cupones para Alimentos.

Si no logra comunicarse con la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (New York State Office of Temporary and Disability Assistance) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

Nombre en Letras de Molde: _____ Núm. del Caso: _____
Nombre _____ I. _____ Apellido _____
Dirección: _____ Teléfono: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____



EIHP Apartment Checklist

ALL CONDITIONS MUST BE CHECKED

Date of Evaluation: _____

Address: _____

If conditions do not exist, check (✓) the "N/A" box.

	N/A	*Needs Repair
1. ELECTRICAL CONDITIONS IN APARTMENT a. Broken, non-insulated or frayed wiring b. Exposed wiring including cover plates for light switches c. Light fixtures hanging from electric wiring d. Exposed fuse box connections e. There is not at least one outlet in each room	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. WINDOW CONDITIONS a. Missing panes of glass b. Loose/cracked panes of glass c. Non-functional/non-lockable windows that are accessible to the outside d. Missing window guards in apartment (required when there are children under the age of 10) e. Missing window(s) or window(s) stuck in open position	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. CEILING AND WALL CONDITIONS a. Large cracks or holes b. Bulging or buckling ceiling or wall c. Interior surfaces have cracked, peeling or loose paint or plaster	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. FLOOR CONDITIONS a. Cracks or holes extending through sub-flooring b. Splintering or exposed/protruding nails	a. <input type="checkbox"/> b. <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. OTHER CONDITIONS a. Gas leak b. Toilet missing or does not flush c. No running water (clear) d. Non-functional/nonlockable apartment entrance e. Non-functional heat for winter months f. Non-functional smoke detector (at least one required per apartment) g. Bathroom has non-functional <input type="checkbox"/> sink or <input type="checkbox"/> bath (check defective item) h. Non-functional plumbing (stoppage/leakage) i. Kitchen has non-functional <input type="checkbox"/> sink, <input type="checkbox"/> stove, <input type="checkbox"/> refrigerator (check defective item) j. Rodent/roach infestation k. Obvious unsanitary condition resulting from excess garbage or debris in unit/building l. Blocked fire exit from building	a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/> f. <input type="checkbox"/> g. <input type="checkbox"/> h. <input type="checkbox"/> i. <input type="checkbox"/> j. <input type="checkbox"/> k. <input type="checkbox"/> l. <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

OBSOLETE

EIHP Housing Specialist Name (Print)	Telephone Number	Signature/Date
EIHP Supervisor Name (Print)	Telephone Number	Signature/Date

*THE ABOVE SIGNATURES CONFIRM THAT ALL CONDITIONS REQUIRING REPAIR HAVE BEEN REMEDIED PRIOR TO MOVE-IN DATE.



EIHP Monthly Household Income Contribution Worksheet

1. Public Assistance Earned Income Contribution Calculation

(not applicable to earned income of a dependent child who is a full-time or part-time student not employed full-time.)

	EXAMPLE
Enter monthly gross wages per WMS	\$590
Subtract \$90.00	-\$90
Net Wages/monthly	\$500
Multiply net wages by 49%	\$245
Multiply this by 10%	<u>0.1</u>
TOTAL #1 PA EARNED INCOME CONTRIBUTION	\$24.50

2. Household SSI/SSA Contribution Calculation

Enter SSI/SSA Income per WMS	\$500
Multiply by 20%	<u>0.2</u>
TOTAL #2 SSI/SSA CONTRIBUTION	\$100

3. Non-Public Assistance Earned Income Contribution Calculation

Enter gross wages	\$500
Multiply by 30%	<u>0.3</u>
A. Maximum Earned Income Contribution	\$150
Enter household monthly rent	\$600
Divide by number of individuals in the household	3
B. Non-PA individual(s) Rental Share	200
TOTAL #3 ENTER A OR B WHICHEVER IS <u>LESS</u>	\$150

4. TOTAL HOUSEHOLD CONTRIBUTION

(Add #1, #2, and #3)

TOTAL HOUSEHOLD CONTRIBUTION	\$273.50
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THE EIHP MONTHLY SUPPLEMENT MUST BE REDUCED BY THE AMOUNT OF THE HOUSEHOLD CONTRIBUTION

Employment Incentive Housing Program (EIHP) Rider to Lease

RIDER to Lease between _____ and _____
(Landlord) (EIHP Tenant)

dated _____.

The Landlord and the EIHP Tenant agree that in the event of any conflict between the provisions of this Rider and the Lease, the provisions of this Rider shall prevail.

The EIHP Tenant agrees that as long as he/she is a participant in the EIHP, and in receipt of Cash Assistance, and as credit against the rent obligation under the Lease, he/she will authorize payment directly to the Landlord of the EIHP Tenant's ongoing monthly Cash Assistance shelter allowance. The Landlord acknowledges that the amount of the EIHP Tenant's Cash Assistance shelter allowance is subject to all applicable Cash Assistance laws and regulations.

The EIHP Tenant agrees that as long as he/she is a participant in the EIHP, and in receipt of Cash Assistance, and as credit against the rent obligation under the Lease, he/she will authorize payment directly to the Landlord of the EIHP Monthly Rent Supplement provided the EIHP Tenant under the EIHP. The Landlord acknowledges that the amount and duration of the EIHP Tenant's EIHP Monthly Rent Supplement is subject to all applicable rules and requirements of EIHP.

The Landlord and EIHP Tenant understand that the Landlord has an agreement with the City of New York Human Resources Administration (HRA) regarding the Landlord's participation in the EIHP. HRA has the right to terminate its agreement with the Landlord if the Landlord materially violates its obligation under this agreement. If this happens, then the EIHP Tenant has the right (but not the obligation) to terminate the Lease.

- The Landlord agrees that, for a period of twenty-four (24) months during an EIHP tenancy, including a successor EIHP tenancy, the rent of the EIHP Tenant of any successor EIHP Tenant, shall not exceed the rent provided for in the Lease.
- The Landlord agrees that, for a period of twenty-four (24) months during an EIHP tenancy, including a successor EIHP tenancy, the rent of the EIHP Tenant or of any successor EIHP Tenant, shall not exceed the rent provided for in this Lease. The EIHP Tenant shall have the right to renew the Lease for an additional year (provided the EIHP Tenant continues to participate in EIHP) and, if the EIHP Unit is not subject to the rent stabilization law, the increase in monthly rent, if any, applicable to the renewal period shall be the greater of (a) five percent (5%) 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.

The Landlord represents that the subject apartment (EIHP Unit) (Check one)

is subject to rent stabilization. is not subject to rent stabilization. _____ (Initial here)

The Landlord represents that the subject apartment's State Division of Housing and Community Renewal's (DHCR)

building registration identification number is _____ (Initial here)

The Landlord warrants and represents that the EIHP Unit, at _____,

Apartment # _____, was leased to the EIHP Tenant at a rental of \$ _____ per month by WRITTEN

Lease (EIHP Lease) on _____, _____ directly prior to the occupancy by this EIHP Tenant, and further states that the EIHP Unit is or is not subject to the rent stabilization law as indicated above. If the EIHP Unit is subject to rent stabilization, the Landlord warrants and represents that the rental provided in this Lease is at or below the lawful stabilized rent and that the DHCR registration number for these premises is accurately stated above.

If the EIHP Unit is subject to rent stabilization, the Landlord shall, unless it has already done so, will promptly register the rent and services of the EIHP Unit with DHCR. **Attention: Rent Registration Unit. If this EIHP Unit was rented after it had been initially registered, the Landlord shall register the rent and services with DHCR at the time of filing the annual registration.**

The Landlord agrees to notify HRA of the commencement of any legal proceeding affecting the EIHP Tenancy or this Lease by serving the Commissioner of HRA at: Human Resources Administration, Office of Legal Affairs, 180 Water Street, 17th floor, New York, New York 10038.

Landlord's Acknowledgment

If the EIHP Unit is subject to the rent stabilization law, the "Rent Stabilization Rider for Apartment House Tenants in New York City" is incorporated herein by reference and is made part of this Lease.

_____ Date _____ Landlord
 _____ EIHP Tenant

Individual Acknowledgment

STATE OF NEW YORK, COUNTY OF _____:

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.

OBSOLETE

_____ 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 of _____ for the purpose and uses therein mentioned.

_____ Notary Public

Corporation Acknowledgment

STATE OF NEW YORK, COUNTY OF _____:

On this _____ day of _____, 200____, deponent _____,

personally appeared before me, to me known, who, being by me duly sworn, did depose and say that the deponent resides at _____,

that the 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 is was so affixed by order of the Board of Directors of said Corporation; and that the deponent signed deponent's name by the same order.

_____ Notary Public