



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

## POLICY BULLETIN #22-21-OPE

### SPECIAL ONE TIME ASSISTANCE PROGRAM

<b>Date:</b> March 31, 2022	<b>Subtopic(s):</b> CURRENT, LOSU, RAP, HPA, SOTA
<p>Current System</p> <p>Refer to <a href="#">DSS-PB-2021-003</a></p>	<p>The purpose of this policy bulletin is to inform Homelessness Prevention Administration(HPA)/Rental Assistance Program (RAP), HPA/Landlord Ombudsman Services Unit (LOSU), and other staff at the Family Independence Administration (FIA) Job Centers of the expansion of the Current system to process Special One Time Assistance (SOTA) rental assistance applications for room rentals. This policy bulletin is informational for all other staff.</p> <p>Current is a new system that will be used by designated Department of Social Services (DSS), Department of Homeless Services (DHS), Human Resources Administration (HRA), and Provider staff to streamline the process of submitting rental assistance packages on behalf of applicants/participants, improve the quality and management of tenant, lease, landlord, and property data, reduce payment issues, provide greater transparency, and improve overall efficiency in the rental assistance and payment processes for applicants/participants, staff, Providers, and landlords. Refer to <a href="#">DSS-27</a> for a guide on navigating the Current system.</p> <p>Current will handle the submission, review, and approval processes for various types of rental assistance applications. One type of rental assistance application that Current will handle is SOTA.</p> <p>The SOTA program will pay for one year of rent for eligible DHS applicants/participants to move within New York City, to other New York State counties, or to another state, Puerto Rico, or Washington, D.C. SOTA can be accessed by households with recurring income from employment, Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits and a rent that does not exceed 40% of the household’s current or projected income.</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

Eligibility criteria for SOTA include the following:

- Families with children: The household must have been in shelter for at least 90 days.
- Single adults and adult families: The household must have been in shelter for 90 days out of the last 365 days.
- SOTA is only provided to households whom the Department of Social Services (DSS) has determined will likely have the future ability to pay the rent once they no longer have the SOTA grant to cover their rent. Households must have recurring income from employment, SSI or SSD benefits, and a rent that does not exceed 40% of that current or projected income. If the household is moving within New York City (only), it must not be eligible for any other federal, State or City rental subsidy.

#### Current System Roll-Out

On March 28, 2022, agency staff and Providers at nine (9) DHS shelters will participate in the pilot of the Current system. Agency and Provider staff at these sites will begin submitting SOTA rental assistance applications, including those for room rentals. The nine DHS shelters include:

- Life Together Residence
- CRF MN Hotels
- Rachel's Place
- CAMBA Broadway House
- Pamoja
- HELP Brownsville
- VOA Safe Haven Cromwell
- The Gathering Place
- Bowery Safe Haven

LOSU staff will begin processing SOTA rental assistance applications for room rentals in the Current system for these nine DHS shelters.

On March 28, 2022, the Current system will be fully live for internal agency staff and Providers at all DHS shelters. Agency and Provider staff will all be able to submit SOTA rental assistance applications, including those for room rentals.

LOSU staff will begin processing SOTA rental assistance applications for room rentals for all DHS shelters in the Current system.

Identifying a SOTA Apartment or Room Rental

Providers and/or reviewers must identify in the comments in the Current system whether the SOTA rental assistance application is for a SOTA apartment or SOTA room rental, before the application is sent to LOSU. LOSU staff will have to open up the SOTA application to see the comment in the review pane.

LOSU staff can also open the SOTA rental assistance application to see what the unit type is. The unit type is a selection in the lease section of the application workflow, and the options are room, Single Room Occupancy (SRO), and apartment.

The screenshot below shows the lease section of the SOTA rental assistance application.

The screenshot displays a web application interface for the NYC Department of Social Services, Information Technology Services. The user is logged in as a SOTA Administrator. The main content area is divided into two sections: 'Lease Information' and 'Landlord Detail'.

**Lease Information**

Annual Lease Amt	Code	Broker Fee	Code
\$24000.00	ZA	\$	
Furniture	Code	Prorated Amount	Code
\$		\$	
Housing Type			
Start Date	End Date		
06/01/2020	05/31/2021		

**Landlord Detail**

TIN

---

First Name	Last Name		
Address 1		Address 2	Telephone.
City	State	Zip	

### SOTA Application

The SOTA application must contain a Housing Packet which comprises of the following forms and documents. All forms must be completed correctly.

The Housing Packet includes:

- Special One Time Assistance (“SOTA”) Landlord Agreement for Rooms (**DHS-10r**)
- Special One Time Assistance (“SOTA”) Roommate Verification (**DHS-10u**)
- Special One Time Assistance (“SOTA”) Roommate Attestation Intent to Combine Households with a DHS Client (**DHS-10t**)
- Special One Time Assistance (“SOTA”) Landlord Payment Agreement for Rentals to DHS Clients and Non-Relative Roommates (**DHS-10s**)
- Special One Time Assistance (SOTA) Demographic Sheet for Apartments and Rooms (**DHS-10e**)
- Special One Time Assistance (“SOTA”) Landlord Agreement for Apartments (**DHS-10a**)
- Lease
- Request for Taxpayer Identification Number and Certification (**W-9**)
- IRS Clearance
- Deed
- Broker’s Fee Request Form (**HRA-121**)
- Broker’s License

Note the following:

- LOSU staff must check the expiration date on the broker’s license, and broker’s fee request form.
- The start date on lease must be the first of the month.
- If applicant/participant has income, LOSU staff must check the Emergency Assistance to Needy Families (EAF) / Emergency Safety Net Assistance (ESNA) and regular Cash Assistance Poverty Level Guidelines and ask for proof of income. This is to determine if the household will be able to meet future rent obligations before processing the SOTA approval.

LOSU staff will need to check the following systems and forms to verify the SOTA application.

Review Housing Assistance Program System (HAPS)

LOSU staff will check the Housing Assistance Program System (HAPS) using the landlord's tax ID to verify how many applicants/participants are receiving a rental subsidy under the move-in address.

If HAPS indicates an applicant/participant is actively receiving a rental subsidy under the same address (whether an apartment or room), then LOSU staff must reach out to DHS to provide a letter from the landlord stating when the applicant/participant moved out of the apartment or room.

LOSU staff must check the HRA One Viewer to see if the applicant/participant completed a Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137A**) form to change their address, as this would prevent the case from being closed due to agency error. If the applicant/participant completed the **W-137A** and changed their address, the FIA Job Opportunity Specialist (JOS)/Worker will update the applicant/participant's address and correct the applicant/participant's budget. Once documentation is received from the landlord stating the move out date of the applicant/participant, an email will be sent to the Job Center requesting the case to be closed due to unknown whereabouts of the applicant/participant.

Check Automated City Register Information System (ACRIS)

LOSU staff will check the Automated City Register Information System (ACRIS) to verify that the deed submitted is the most recent one on file. Please refer to **Attachment A** for screenshots on accessing ACRIS.

Check Finance.net

Designated LOSU staff will check Finance.net to stop any checks that were being paid to the landlord on behalf of the previous participant.

Check Google Address

LOSU staff will check the postal address on Google and ensure the residence provided is an actual building.

LOSU staff will also need to do the following:

- Review the HRA One Viewer for the applicant/participant's income, housing information, personal documents (proof of eligibility). If the case is in Applying (**AP**) status in the Welfare Management System (WMS), the Cash Assistance (CA) application or New York State Application For Certain Benefits and Services (**LDSS-2921**) or the ACCESS HRA equivalent, must be submitted. Note that the ACCESS HRA summary will be available in the viewer for anyone who applied online and will meet the **LDSS-2921** requirement.
- Check Inspection on CPD Tracker (expiration over 3 months after Inspection date).
- Check applicant/participant's income on TALX/The Work Number Service.

LOSU staff will check the following in WMS:

- Individual Inquiry screen to check the applicant/participant's Social Security Number (SSN) and the landlord's SSN
- Screen 22
- Pending action screen
- Benefits screen
- Check if the applicant/participant ever received code 21, 22, 42, or 60
- State Data Exchange (SDX)
- Resource File Integration (RFI)
- Check Clearance (WRS/UIB) on Screen 26
- Address Inquiry screen

*Effective Immediately*

**Related Items:**

[DSS-PB-2021-003](#)

[DSS-27](#)

**Attachments:**

<b>Attachment A</b>	Accessing ACRIS
<b>DHS-10a</b>	Special One Time Assistance (“SOTA”) Landlord Agreement for Apartments (Rev. 12/15/21)
<b>DHS-10e</b>	Special One Time Assistance (SOTA) Demographic Sheet for Apartments and Rooms (Rev. 9/10/21)
<b>DHS-10r</b>	Special One Time Assistance (“SOTA”) Landlord Agreement for Rooms (Rev. 9/9/21)
<b>DHS-10s</b>	Special One Time Assistance (“SOTA”) Landlord Payment Agreement for Rentals to DHS Clients and Non-Relative Roommates (Rev. 9/9/21)
<b>DHS-10t</b>	Special One Time Assistance (“SOTA”) Roommate Attestation Intent to Combine Households with a DHS Client (Rev. 9/9/21)
<b>DHS-10u</b>	Special One Time Assistance (“SOTA”) Roommate Verification (Rev. 9/9/21)
<b>HRA-121</b>	Broker’s Fee Request Form (Rev. 6/30/21)
<b>W-137A</b>	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 3/16/20)

ATTACHMENT A

# ACCESSING ACRIS

Go to this website - <https://www1.nyc.gov/site/finance/taxes/acris.page>

Click on “Begin Using ACRIS”.

The screenshot shows the NYC Department of Finance website. At the top, there are navigation links for "Unlock the key to NYC", "Get the latest on the COVID-19 Vaccine", and "Agency service suspensions/reductions". Below this is the NYC Department of Finance logo and a search bar. The main navigation menu includes "Payments", "NYC Taxes", "Fines", "Ways to Save", "Sheriff/Courts", and "About". A secondary menu has "Property", "Business & Excise", "Tax Professionals", and "Forms".

The main content area is titled "ACRIS". A red circle highlights a blue button labeled "Begin Using ACRIS". Below this, a dark grey box contains a maintenance notice:

**Due to system maintenance:**

- ACRIS Document Search Image Retrieval will be unavailable from 8:00 AM to 11:00 AM on Sunday, November 14, 2021 (EST)
- NYC.ID will experience up to a 30 minute outage between 6:00 PM to 7:30 PM on Monday, November 15, 2021 (EST). During this time, customers will be unable to log into ACRIS.

We apologize for any inconvenience this may cause.

Below the maintenance notice is a section titled "New! Schedule an Appointment Online" with the text: "We encourage you to complete your transaction online. If you are not able to complete your transaction online, you can now schedule an appointment to visit one of our business centers." Underneath, it lists "Services Available by Appointment" including "Land Records and City Register Services".



# ATTACHMENT A

https://acrisweb.csc.nycnet/cp/

New York City Department of Finance  
Office of the City Register  
**Automated City Register Information System**

MAIN OPTIONS

HELP  
[Click help for additional instructions]  
Selecting a help option will open new window

For optimal viewing, please set your screen display to at least 1024 x 768.

Receive an alert when the City Register records a document related to your property.  
Register for the Recorded Document Notification Program.

Search Property Records

Find Addresses and Parcels

Apply for Personal Exemptions

Create Tax Forms / Create Cover Pages

Calculate Taxes / Fees

Electronic Data Services

Go To: Finance Home Page | NYC.gov Home Page | Contact Us | Privacy Policy | Terms of Use

Enter address and then click on "Find BPL".

Office of the City Register

lookup

HELP  
[Click help for additional instructions]  
Selecting a help option will open new window

Property Address:

If you know the property address, complete the fields below and press "Find BBL" to find the Borough/Block/Lot of the property. Address fields indicated by an asterisk (\*) are required. If an address is found, the fields in the Property Borough/Block/Lot section will be populated.

Borough/County: \* MANHATTAN / NEW YORK  
Street Number: \* 109  
Street Name: \* E 10TH  
Unit:

Property Borough/Block/Lot:

If you know the Borough, Block and Lot of the property, complete the fields below and press the "Find Address" button to find the address of the property. Fields indicated by an asterisk (\*) are required. If the BBL is found, the fields in the Property Address section will be populated.

Borough/County:   
Block:   
Lot:   
Find BBL

MAIN OPTIONS

Go To: Finance Home Page | NYC.gov Home Page | Contact Us | Privacy Policy | Terms of Use

# ATTACHMENT A

You will get the following screen. Click on “Document search by BBL”.

**Lookup** **11:24**  
(Click help for additional instructions)  
Selecting a help option will open new window

---

**Property Address:**  
If you know the property address, complete the fields below and press "Find BBL" to find the Borough/Block/Lot of the property. Address fields indicated by an asterisk (\*) are required. If an address is found, the fields in the Property Borough/Block/Lot section will be populated.

Borough/County: \* MANHATTAN / NEW YORK  
Street Number: \* 109  
Street Name: \* E 10TH  
Unit:

---

**Property Borough/Block/Lot:**  
If you know the Borough, Block and Lot of the property, complete the fields below and press the "Find Address" button to find the address of the property. Fields indicated by an asterisk (\*) are required. If the BBL is found, the fields in the Property Address section will be populated.

Borough/County: MANHATTAN / NEW YORK  
Block: 00872  
Lot: 0013

---

**MAIN OPTIONS**

Go To: [Finance Home Page](#) | [NYC.gov Home Page](#) | [Contact Us](#) | [Privacy Policy](#) | [Terms of Use](#)

You will get the following screen. Click on “Search”.

Selecting a help option will open new window

### Search By Parcel Identifier

**Recorded documents only.**

Select Borough/County: **MANHATTAN / NEW YORK** Enter Block: 00872 Enter Lot: (Entry of 0000 and no unit number indicates all lots) 0013

Enter Unit: (Co-op Only)

Select Date Range:  To Current Date  Please enter date as: MM/DD/YYYY From: / / Through: / /

Select Document Class: All Document Classes

---

**MAIN OPTIONS**    **SEARCH OPTIONS**    **ADDRESS AND PARCEL LOOKUP**

Go To: [Finance Home Page](#) | [NYC.gov Home Page](#) | [Contact Us](#) | [Privacy Policy](#) | [Terms of Use](#)

# ATTACHMENT A

When you get the screen below, look for “Mortgage” under “Document Type”, and click on “IMG”. You will get the deed.

(Click help for additional instructions)  
Selecting a help option will open new window

Current Search Criteria:

## Search Results By Parcel Identifier

View	Rec'd/Py'd	CITY	Lot	Parcel	Doc. Date	Recorded / Filed	Document Type	Pages	Party1	Party2	Party 3	Other	How Many L2 Terms	Corrected Remarks	Doc. No.
DET	IMG												✓		
DET	IMG												✓		100.00
DET	IMG												✓		
DET	IMG												✓		30.00
DET	IMG												✓		100.00
DET	IMG												✓		100.00
DET	IMG												✓		100.00
DET	IMG												✓		100.00
DET	IMG												✓		100.00

DOCUMENT ID:  
202108310102001

Main Options   Search Results   Document Details   Show Associated Documents   Show Tax Returns   Print Document

1 of 52   73%

**NYC DEPARTMENT OF FINANCE  
OFFICE OF THE CITY REGISTER**

This page is part of the instrument. The City Register will only use the information provided by you on this page for purposes of indexing the instrument. The information on this page will control for indexing purposes in the event of any conflict with the rest of the document.



202108310102001EFS.A0

**RECORDING AND ENFORCEMENT COVER PAGE**

Instrument ID: [REDACTED]   Document Date: 08/27/2021   Preparation Date: 08/17/2021

Instrument Type: MORTGAGE   Document Page Count: 08

PREMIER:	RETURN TO:

**FEES AND TAXES**

Category	Amount
Filing Fee	0.00
NYC Real Property Transfer Tax	0.00
NYC Real Estate Transfer Tax	0.00

**RECORDED OR FILED IN THE OFFICE  
OF THE CITY REGISTER OF THE  
CITY OF NEW YORK**

Recorded/Filed: 08/27/2021 10:19  
City Register File No.: 202108310102001EFS.A0



*[Signature]*  
City Register Official Signature

## Special One Time Assistance (“SOTA”) Landlord Agreement for Apartments

### Property & Unit Information

<b>Property Address:</b>	
<b>Unit:</b>	
<b>Name of Owner:</b>	

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

\_\_\_\_\_ to: \_\_\_\_\_  
 (the “Lease Start Date”) (the “Program Participant”)

**Please read the Agreement carefully, complete all applicable fields, and, if you understand and accept all of the terms stated below, sign before a notary public in the space provided at the bottom.**

### Program Information

The SOTA Program will make one year of rental payments on behalf of the SOTA Program Participant to rent the Unit. The payments will be issued to me on a monthly basis. The monthly amount I receive will be \_\_\_\_\_. After the one year period covered by the SOTA Grant, the Program Participant will be responsible for any rental payments.

**(Turn page)**

**Landlord Information**

Please select one:

- I am the Owner of the unit identified above.
- If renting a unit within New York City, I am the Registered Managing Agent for the unit identified above and have attached current proof of registration with HPD.
- I am authorized to sign this agreement and the lease on behalf of the owner of the unit identified above and have attached proof of such authorization.

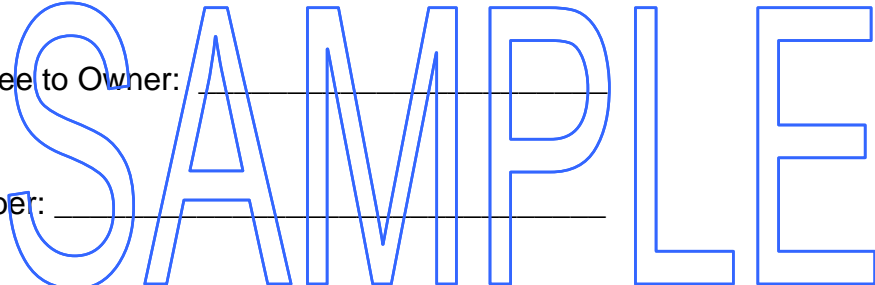
**Payment Information**

Checks should be made payable to \_\_\_\_\_ on behalf of \_\_\_\_\_.

(Owner)

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

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



Checks should be mailed to the following address:

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

I understand that I will receive monthly payments of \_\_\_\_\_ for the Unit for the one-year period beginning on \_\_\_\_\_.

**(Turn page)**

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

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

<b>Broker:</b>	
<b>License Number (if applicable):</b>	
<b>Address:</b>	

### Landlord Requirements

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

- (a) Comply with all applicable building and housing code standards and ensure that the Unit is habitable at the time of rental and during the Program Participant's tenancy;
- (b) Not demand, request, or receive any amount above the rent or reasonable fees that are stipulated in the lease;
- (c) Accept the DSS security voucher in lieu of a cash security deposit and not request any additional security from the program participant;
- (d) Deem SOTA payments that are issued by the last day of the month as timely paid towards the Unit's rent for that month, regardless of any provisions in the lease to the contrary;
- (e) Not move a Program Participant from one unit to another without prior written approval from both DSS and the Program Participant;
- (f) Notify DSS within 5 business days of learning that the Program Participant no longer resides in the Unit;
- (g) Notify DSS and local municipal authorities within 5 business days if any legal proceeding affecting the Program Participant's tenancy is commenced and serve copies of any such proceeding on the local municipal authorities;
- (h) Notify DSS as soon as reasonably practicable if ownership or management of the premises is changing;
- (i) Return any payments from the SOTA Program to DSS for any period that the Program Participant was not residing in the Unit;
- (j) Promptly report and return to DSS any overpayments of rent, including, but not limited to: overpayments caused by inaccurate information provided to DSS, or changes in ownership, payee, and/or management.

**(Turn page)**

**Landlord Requirements** *(continued)*

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

**SOTA Program  
NYC Human Resources Administration  
150 Greenwich Street, 36th Floor  
New York, NY 10007**

I understand that if I have any questions, I may also call **718-557-1373**.

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

3. For All Units:

I understand that before signing a lease for housing built before 1978, federal law requires me to provide the tenant with:

- (a) An EPA-approved information pamphlet on identifying and controlling lead-based paint; and
- (b) Any known information concerning the presence of lead-based paint or lead-based paint hazards in the home or building; and
- (c) An attachment to or language inserted in the lease that includes a "Lead Warning Statement" and confirms that I have complied with all notification requirements.

For Units within New York City Only:

In addition to the above, I have read the attached "Fix Lead Paint Hazards: What Landlords Must Do and Every Tenant Should Know." I understand and agree to abide by the requirements of Local Law 1 of 2004 to the extent they are applicable to the Unit.

**(Turn page)**

**Landlord Requirements** *(continued)*

4. I make the following representations:

- a) I have the legal authority to rent out the Unit for the period covered by the lease.
- b) As of the date of this Agreement, there is no contract to sell, assign or otherwise transfer ownership of the property where the Unit is located and I am not otherwise aware of any imminent transfer of ownership.
- c) The rent charged in the lease is at or below the legal rent, if any, for the Unit as established by federal, state, or local law or regulations.
- d) The Unit's use and/or type of occupancy is consistent with the laws, rules and regulations of the jurisdiction in which the Unit is located, and if required by the jurisdiction, there is a certificate of occupancy, or a certificate of habitability, or other equivalent document with which the Unit's use and/or type of occupancy is consistent.

5. I understand that financial incentives from DSS will not be available for the rental of the Unit where the previous tenant received SOTA, or, if the Unit is located within New York City, where the previous tenant was receiving FHEPS, CityFHEPS or another New York City rental assistance program, unless I can show good cause for not renewing the previous tenant.

6. I understand that if the Unit is not properly maintained in compliance with local government requirements, the monthly rent may be withheld until the issues have been resolved or paid into court pursuant to applicable law in connection with any action or proceeding instituted by the tenant. If the issues are resolved during the tenancy, any monies previously withheld by DSS or its agent covering rent for months when the tenant was residing in the unit will be disbursed upon a timely request to release the withheld payments, supported by appropriate documentation.

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

8. I understand that the landlord of the unit may not be the spouse, domestic partner, parent, child, stepparent, stepchild, grandparent, grandchild, step-grandparent, step-grandchild, sister, brother, stepbrother, or stepsister of any member of the household.

**(Turn Page)**



**Landlord Requirements** *(continued)*

I have read the above Agreement carefully and I understand and accept all the terms stated above.

**Failure to provide true and accurate statements is punishable as a Class A Misdemeanor pursuant to Penal Law § 175.30 (offering a false instrument for filing to a public office or a public servant).**

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

\_\_\_\_\_  
Date

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

STATE OF )  
                  ) ss.  
COUNTY OF )

**SAMPLE**

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, a Notary Public or Commissioner of Deeds in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

**SPECIAL ONE TIME ASSISTANCE (SOTA) DEMOGRAPHIC SHEET  
 FOR APARTMENTS AND ROOMS**

Facility \_\_\_\_\_ Facility Code \_\_\_\_\_

Facility Staff Contact \_\_\_\_\_

Facility Staff Telephone Number \_\_\_\_\_ Facility Staff Email \_\_\_\_\_

Program Administrator \_\_\_\_\_ Program Analyst \_\_\_\_\_

**CLIENT'S INFORMATION**

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

Social Security Number \_\_\_\_\_ CARES Case Number \_\_\_\_\_

**SAMPLE**

**Did you include the following?**

- |  |  |
|--|--|
| <input type="checkbox"/> Copy of Lease   | <input type="checkbox"/> Apartment Review Checklist (NY) (NJ) ( <b>DSS-10a</b> )   |
| <input type="checkbox"/> Income/Employment Verification  | <input type="checkbox"/> Photos of unit (unless <b>DSS-10a</b> also submitted)   |
| <input type="checkbox"/> Residency Letter  | <input type="checkbox"/> Jurisdiction Specific Certificate   |
| <input type="checkbox"/> Landlord W-9  | <input type="checkbox"/> Not Applicable  |
| <input type="checkbox"/> Landlord Proof of Ownership (Deed)                                    | <input type="checkbox"/> Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case ( <b>W-137A</b> ) |
| <input type="checkbox"/> SOTA Security Voucher ( <b>DHS-10f</b> )                              | <input type="checkbox"/> SOTA Program Participant Agreement ( <b>DHS-10</b> )  |
| <input type="checkbox"/> Broker's Request for Enhanced Fee Payment by Check ( <b>HRA-121</b> ) | <input type="checkbox"/> SOTA Landlord Agreement ( <b>DHS-10a</b> )  |
| <input type="checkbox"/> Copy of Current Broker's License                                      | <input type="checkbox"/> Tenant Contact Information ( <b>DSS-8b</b> )  |
| <input type="checkbox"/> Proof of Apartment/Room Preclearance (NYC only)                       |  |

**For Rooms/Roommates only. Did you include the following?**

- |   |   |
|---|---|
| <input type="checkbox"/> SOTA Landlord Agreement for Rooms ( <b>DHS-10r</b> ) | <input type="checkbox"/> SOTA Roommate Attestation ( <b>DHS-10t</b> )                   |
| <input type="checkbox"/> SOTA Landlord Payment Agreement ( <b>DHS-10s</b> )   | <input type="checkbox"/> Documents Confirming Relationship of Roommate(s) to DHS Client |

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

**SPECIAL ONE TIME ASSISTANCE (SOTA) DEMOGRAPHIC SHEET  
FOR APARTMENTS AND ROOMS *(continued)***

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

---

---

Name

---

Title

---

Email Address

---

Telephone Number

---

Signature

---

Date

SAMPLE

## Special One Time Assistance (“SOTA”) Landlord Agreement for Rooms

### Property & Unit Information

<b>Property Address:</b>	
<b>Unit:</b>	
<b>Room Number:</b>	
<b>Name of Owner:</b>	

The unit indicated above (the “Unit”) is being rented for at least a one-year period beginning on \_\_\_\_\_ to: \_\_\_\_\_ .  
 (the “Lease Start Date”) (the “Program Participant”)

**Please read the Agreement carefully, complete all applicable fields, and, if you understand and accept all of the terms stated below, sign before a notary public in the space provided at the bottom.**

### Program Information

The SOTA Program will make one year of rental payments on behalf of the SOTA Program Participant to rent the Unit. The payments will be issued to me on a monthly basis. The monthly amount I receive will be \_\_\_\_\_. After the one-year period covered by the SOTA Grant, the Program Participant will be responsible for any rental payments.

**(Turn page)**

**Landlord Information**

Please select one:

- I am the Owner of the unit identified above.
  
- If renting a unit within New York City, I am the Registered Managing Agent for the unit identified above and have attached current proof of registration with HPD.
  
- I am authorized to sign this agreement and the lease on behalf of the owner of the unit identified above and have attached proof of such authorization.

**Payment Information**

Checks should be made payable to \_\_\_\_\_ on behalf of \_\_\_\_\_

(Owner)  
Relationship of Payee to Owner: \_\_\_\_\_  
Payee Phone Number: \_\_\_\_\_

**SAMPLE**

Checks should be mailed to the following address:

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

I understand that I will receive monthly payments of \_\_\_\_\_ for the Unit for the one year period beginning on \_\_\_\_\_.

**(Turn page)**

**Landlord Information (continued)**

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

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

<b>Broker:</b>	
<b>License Number (if applicable):</b>	
<b>Address:</b>	

**Landlord Requirements**

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

- (a) Comply with all applicable building and housing code standards and ensure that the Unit is habitable at the time of rental and during the Program Participant's tenancy;
- (b) Not demand, request, or receive any amount above the rent or reasonable fees that are stipulated in the lease;
- (c) Accept the DSS security voucher in lieu of a cash security deposit and not request any additional security from the program participant;
- (d) Deem SOTA payments that are issued by the last day of the month as timely paid towards the Unit's rent for that month, regardless of any provisions in the lease to the contrary;
- (e) Not move a Program Participant from one unit to another without prior written approval from both DSS and the Program Participant;
- (f) Notify DSS within 5 business days of learning that the Program Participant no longer resides in the Unit;
- (g) Notify DSS within 5 business days if any legal proceeding affecting the Program Participant's tenancy is commenced;
- (h) Notify DSS as soon as reasonably practicable if ownership or management of the premises is changing;
- (i) Return any payments from the SOTA Program to DSS for any period that the Program Participant was not residing in the Unit;
- (j) Promptly report and return to DSS any overpayments of rent, including, but not limited to: overpayments caused by inaccurate information provided to DSS, or changes in ownership, payee, and/or management.

**(Turn page)**

**Landlord Requirements (continued)**

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

**Rental Assistance Programs  
NYC Human Resources Administration  
150 Greenwich Street, 36th Floor  
New York, NY 10007**

I understand that if I have any questions, I may also call **718-557-1373**.

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

3. For All Units:

I understand that before signing a lease for housing built before 1978, federal law requires me to provide the tenant with:

- (a) An EPA-approved information pamphlet on identifying and controlling lead-based paint; and
- (b) Any known information concerning the presence of lead-based paint or lead-based paint hazards in the home or building; and
- (c) An attachment to or language inserted in the lease that includes a "Lead Warning Statement" and confirms that I have complied with all notification requirements.

For Units within New York City Only:

In addition to the above, I have read the attached "Fix Lead Paint Hazards: What Landlords Must Do and Every Tenant Should Know." I understand and agree to abide by the requirements of Local Law 1 of 2004 to the extent they are applicable to the Unit.

**(Turn page)**

**Landlord Requirements (continued)**

4. I make the following representations:

- a) I have the legal authority to rent out the Unit for the period covered by the lease.
- b) As of the date of this Agreement, there is no contract to sell, assign or otherwise transfer ownership of the property where the Unit is located and I am not otherwise aware of any imminent transfer of ownership.
- c) The rent charged in the lease is at or below the legal rent, if any, for the Unit as established by federal, state, or local law or regulations.
- d) The Unit's use and/or type of occupancy is consistent with the laws, rules and regulations of the jurisdiction in which the Unit is located, and if required by the jurisdiction, there is a certificate of occupancy, or a certificate of habitability, or other equivalent document with which the Unit's use and/or type of occupancy is consistent.
- e) Prior to the approval of a SOTA application, the landlord must certify that the unit is currently habitable and in compliance with applicable housing and building codes.
- f) If the SOTA unit is an individual room in an apartment or single-family dwelling in New York City, utilities must be included in the rent.
- g) Room rentals will only be approved for households consisting of one or two adults with no children and will not be approved where the room is in a rent-stabilized or rent-controlled unit.
- h) If the lease is for an individual room in an apartment or in a single-family dwelling in New York City, the rent cannot exceed the lesser of forty percent of the household's gross income or \$800. The residence cannot be an individual room in an apartment or other dwelling, except in New York City.

5. I understand that financial incentives from DSS will not be available for the rental of the Unit where the previous tenant received SOTA, or, if the Unit is located within New York City, where the previous tenant was receiving FHEPS, CityFHEPS or another New York City rental assistance program, unless I can show good cause for not renewing the previous tenant.

**(Turn page)**



**Landlord Requirements (continued)**

6. I understand that if the Unit is not properly maintained in compliance with local government requirements, the monthly rent may be withheld until the issues have been resolved. If the issues are resolved during the tenancy, any previously withheld monies covering rent for months when the tenant was residing in the unit will be disbursed upon a timely request to release the withheld payments, supported by appropriate documentation.
7. I understand that failure to comply with any of the requirements stated above may result in my disqualification from future participation in SOTA and, if within New York City, other New York City rental assistance programs. DSS may also pursue any other available legal remedies and, in appropriate circumstances, may refer clients for legal services.
8. I understand that the landlord of the unit may not be the spouse, domestic partner, parent, child, stepparent, stepchild, grandparent, grandchild, step-grandparent, step-grandchild, sister, brother, stepbrother, or stepsister of any member of the household.

SAMPLE

**(Turn page)**

**Landlord Requirements (continued)**

I have read the above Agreement carefully and I understand and accept all the terms stated above.

**Failure to provide true and accurate statements is punishable as a Class A Misdemeanor pursuant to Penal Law § 175.30 (offering a false instrument for filing to a public office or a public servant).**

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

\_\_\_\_\_  
Date

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

STATE OF )

) ss.:

COUNTY OF )

SAMPLE

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, a Notary Public or Commissioner of Deeds in and for said State, personally appeared \_\_\_\_\_,

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

**Special One Time Assistance (“SOTA”) Landlord Payment Agreement  
 for Rentals to DHS Clients and Non-Relative Roommates**

**Property & Unit Information**

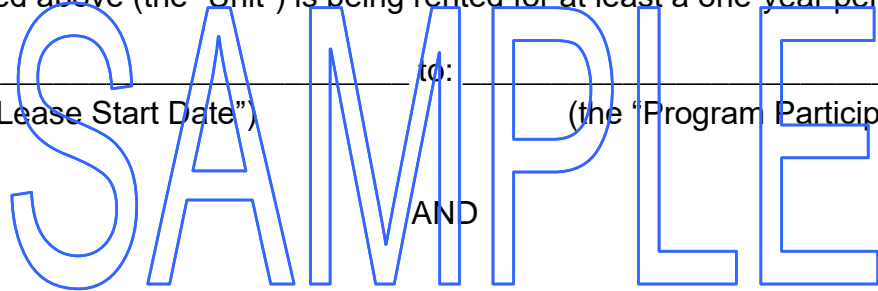
<b>Property Address:</b>	
<b>Unit:</b>	
<b>Name of Owner:</b>	

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

\_\_\_\_\_ to: \_\_\_\_\_ .  
 (the “Lease Start Date”) (the “Program Participant”)

AND

\_\_\_\_\_ .  
 (the “Program Participant’s Non-Relative Roommate”)



**Please read the Agreement carefully, complete all applicable fields, and, if you understand and accept all of the terms stated below, sign before a notary public in the space provided at the bottom.**

**(Turn page)**

**Program Information**

I understand that the Program Participant's Non-Relative Roommate identified above is not the spouse, domestic partner, or dependent child of any member of the shelter household or the parent or stepparent of any member of the shelter household under the age of 21. As such, I understand that the SOTA Program will make one year of rental payments equivalent to the proportionate share of the SOTA Program Participant's proportionate share of the rent (i.e., half the total rent amount in instances of one roommate). The payments will be issued to me on a monthly basis. The monthly amount I receive from DSS will be \_\_\_\_\_(half the total rent amount in instances of one roommate). After the one-year period covered by the SOTA Grant, the Program Participant and the Program Participant's Non-Relative Roommate will be responsible for any rental payment.

I have read the above Agreement carefully and I understand and accept all the terms stated above.

**Failure to provide true and accurate statements is punishable as a Class A Misdemeanor pursuant to Penal Law § 175.30 (offering a false instrument for filing to a public office or a public servant).**

SAMPLE

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

\_\_\_\_\_  
Date

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

STATE OF )

) ss.:

COUNTY OF )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, a Notary Public or Commissioner of Deeds in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

## Special One Time Assistance (“SOTA”) Roommate Attestation Intent to Combine Households with a DHS Client

**This form must be completed by any person 18 years of age or older who plans to move into a SOTA unit with a DHS client. If there is more than one roommate, a separate form must be submitted for the second roommate.**

---

DHS Client Name

---

DHS CARES Case Number

---

DHS Client Monthly Income Before Taxes

---

SOTA Apartment Monthly Rent Amount

I, \_\_\_\_\_ will be joining the  
(PROSPECTIVE ROOMMATE NAME)

household of the above-named DHS client at the time this person exits shelter and moves into their SOTA apartment. I will be contributing to the rent through my own income, as indicated on the SOTA application.

My monthly income before taxes as of the date below is:

---

I am the spouse, domestic partner, or dependent child of a member of the shelter household, or the parent or stepparent of a member of the shelter household under the age of 21. (Supporting documents must be submitted to confirm this relationship.)

CONFIRMED    **(OR)**     NOT CONFIRMED

My Social Security Number is:

---

I can be reached at the following phone number:

---

**I have read and understand this SOTA Roommate Attestation. I agree to cooperate fully with DSS and its administration of the SOTA program and provide accurate information about my income and any additional information, as needed. I agree to an investigation to verify or confirm any information I provide in connection with DSS's administration of SOTA. If additional information is requested, I will provide it.**

SAMPLE

---

Prospective Roommate Signature

Date

## Special One Time Assistance (“SOTA”) Roommate Verification

DHS staff must use this form to verify information on the SOTA Roommate Attestation form.

---

DHS Client Name

---

DHS CARES Case Number

---

Prospective Roommate Name

---

Outreach Date and Time

Confirmation of intent to join the household of the above-named DHS client at the time this person exits shelter and moves into their SOTA apartment (select one):

CONFIRMED (OR)  NOT CONFIRMED

Is the prospective roommate the spouse, domestic partner, or dependent child of any member of the shelter household or the parent or stepparent of any member of the shelter household under the age of 21, as confirmed by submitted documents? (select one) :

YES (OR)  NO

Confirmation of prospective roommate’s monthly income before taxes:

---

Confirmation of combined household’s monthly income before taxes (not to exceed 80% AMI):

---

Confirmation of prospective roommate’s anticipated monthly SOTA rent contribution (equal to half the rent, if only one roommate, and not to exceed 40% of income):

---

(Turn Page)

**Special One Time Assistance (“SOTA”) Roommate Verification** *(continued)*

Rental Category (select one):

- Two or More DHS Clients
- DHS Client and Approved Relative (according to relationships specified on previous page)
- DHS Client and Non-Relative (according to relationships specified on previous page)

---

HRPU Staff Name

---

HRPU Staff Signature

---

Date

SAMPLE







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

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

Case Number: \_\_\_\_\_

Caseload: \_\_\_\_\_

Center: \_\_\_\_\_

Worker Telephone No.: \_\_\_\_\_

FH&C Telephone No.: \_\_\_\_\_

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

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

**Remember:**

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

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

---

**SECTION I: EMERGENCY ASSISTANCE**

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

---

**(Turn page)**

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

**SECTION II: ADDITIONAL ALLOWANCES**

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

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

- Expenses related to moving:**
  - Moving expenses
  - Security deposit/agreement
  - Broker's/finder's fee/voucher
  - Furniture and other household items
  - Storage of furniture and personal belongings

New Address: \_\_\_\_\_  
(include apartment number)

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

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

Landlord's name: \_\_\_\_\_

Primary tenant's name: \_\_\_\_\_

Address: \_\_\_\_\_  
(include apartment number)

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

**(Turn page)**

---

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

I am requesting the following supportive services:

- |   |   |
|---|---|
| <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.

---

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Date