



Bill de Blasio
Mayor

Human Resources
Administration
Department of
Social Services

Steven Banks
Commissioner

Department of
Homeless Services

Gilbert Taylor
Commissioner

LIVING IN COMMUNITIES (LINC) VI Rental Assistance Program Application

Applicant Information

LINC VI Applicant Name: _____
 PA Case Number: _____ CARES Case Number: _____
 Shelter Name: _____
 Shelter Address: _____ Apt #: _____ Borough: _____ Zip: _____

Applicant Household Information

| | <u>First Name</u> | <u>Last Name</u> | <u>Relationship to Applicant</u> | <u>Gender</u> | <u>DOB (MM/DD/YY)</u> |
|----|-------------------|------------------|----------------------------------|---------------|-----------------------|
| 1. | | | Self | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

Host Residence Information

Primary Occupant Name: _____ Cash Assistance Case Number (if applicable): _____
 Host Residence Address: _____ Apt #: _____ Borough: _____ Zip: _____
 # of Bedrooms: _____ Is residence subsidized housing (e.g., NYCHA, Sec 8, or FEPS)? Yes No
 # of Current Occupants: _____ Primary Occupant's Monthly Payment Obligation for the Residence: \$ _____
 Is the unit rent stabilized or rent controlled? _____ If yes, what is the legal rent? _____

Host Family Information

| | <u>First Name</u> | <u>Last Name</u> | <u>Relationship to Primary Occupant</u> | <u>Gender</u> | <u>DOB (MM/DD/YY)</u> | <u>Room Description (e.g., BR 2, LR)</u> | <u>Bedding Type (e.g., queen, air mattress)</u> |
|----|-------------------|------------------|---|---------------|-----------------------|--|---|
| 1. | | | Self | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |

Required Documents

I have attached the following required documents to be considered with my application:

Program Applicant Statement of Understanding

Primary Occupant Statement, including: proof of primary occupant's ownership or tenancy;
 completed IRS Form W9; and
 LINC VI Host Family Authorization for Clearance and Release of Information

HRA Form W-137A, Request for Emergency Assistance

HRA Form W-147N, Security Deposit Voucher Form (if Primary Occupant agrees to host me for one year)

Certification

I declare under penalty of perjury that all documents submitted and statements made on this application are correct and complete to the best of my knowledge. I certify that by signing this application I agree to an investigation conducted by the New York City Human Resources Administration and the New York City Department of Homeless Services to verify or confirm the information I have submitted, and determine my eligibility for the LINC VI Rental Assistance Program.

 Signature of Applicant Date Phone Number

OFFICIAL USE ONLY – DO NOT fill out section below:

| | | |
|-----------------------|------------------------|-----------|
| Application Received: | LINC VI Application #: | Initials: |
|-----------------------|------------------------|-----------|