

LINC Rental Assistance Program
(Please Print Clearly) Building/Landlord's Information

Block Number: _____ Lot Number: _____ Elevator: Yes / No Building/Unit ADA Compliant: YES _____ NO _____

Building Address: _____ Boro: _____ Zip Code _____

Landlord's Name (As listed as *Deed-Owner (s)*): _____

Landlord Legal Address: _____ Apt # _____ City _____ State: _____

Landlord's Zip-Code; _____ Telephone Number: _____

E-mail Address: _____ Fax Number: _____

Inspection Contact Number: _____ Is the bldg. Rent Control or Rent Stabilized: _____ NO YES _____

Broker's Information

License Name _____ License Number: _____

Broker's Name: _____ Agent's Name: _____

Business Name: _____

Legal Business Address: _____ City: _____ State: _____ Zip Code _____

Telephone Number: _____ Alternate Phone#: _____ Fax # _____

Apartment Information

Client matched to apt.: Yes _____ No _____

Apt#	Floor	# Rooms	# of Bedrooms	Tenant's Name	Shelter Name	Rent \$	LINC- TYPE

Rental Program Chart

Household Composition	1 or 2	3	4	5	6	7	8	9	10
Enhanced Max Rent-LINC-1-2-3	\$1,268	\$1,515	\$1,515	\$1,956	\$1,956	\$2,197	\$2,197	\$2,530	\$2,530
Enhanced Max Rent-LINC-IV	\$1,268	\$1,515	\$1,515	\$1,956	\$1,956	\$2,197	\$2,197	\$2,530	\$2,530
Enhanced Max Rent-LINC-V	\$1,213	\$1,515	\$1,515	\$1,956	\$1,956	\$2,197	\$2,197	\$2,530	\$2,530

Email the completed form to ApartmentOffers@dhs.nyc.gov or fax it to **1-646-500-6667**. If you have questions, specific to how to complete this form, please contact (212)232-0560. Additional forms are available at <http://www1.nyc.gov/site/dhs/permanency/linc-documents.page>