

# SEPS Rental Assistance Program

**(APARTMENT REGISTRATION FORM)**

## **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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal Business Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Boro: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_ Fax # \_\_\_\_\_

## **Apartment & Room Information**

Client matched: Yes \_\_\_\_\_ NO \_\_\_\_\_

Room#	Floor#	Apt.-#	Tenant's Last / First-Name	Shelter Name	Rent \$

### Rental Program Chart

Household Composition	1	2	3	4				
Max Rent Level-up-to	\$1,213	\$1,268	\$1,515	\$1,515				

Email the completed form to [FEPS\\_APT\\_OFFER@DHS.NYC.GOV](mailto:FEPS_APT_OFFER@DHS.NYC.GOV) or fax it to **212-487-7926**. 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/seps.page>.