

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Security Voucher

The Human Resources Administration (HRA) no longer issues cash security deposits. Instead, the Agency is issuing this Security Voucher. This voucher guarantees that HRA will pay up to the equivalent of one month's rent if it is verified that the tenant who occupied the apartment failed to pay his/her rent and/or caused damages to it. The landlord must submit proof of the unpaid rent and/or damages along with the Landlord's Claim For Security Voucher Payment (on the back page) within three months after the tenant has vacated the apartment. The Agency will only make a payment if the claim is submitted within three months after the tenant has vacated the apartment and a review of the documentation submitted by the landlord confirms that the tenant failed to pay his/her rent and/or damaged the apartment. This Security Voucher will not be honored until the front and back pages have been completed, signed, notarized, and returned to HRA.

This Security Voucher is issued by the New York City Department of Social Services (NYCDSS), having its principal offices at 180 Water Street, New York, NY 10038, to:

Name of Landlord: _____
Landlord's Address: _____
City: _____ State: _____ Zip: _____

as Landlord of the premises to be rented to the participant/tenant located at: (include proof of ownership):

Address: _____
_____ Apt. _____
City: _____ State: _____ Zip: _____

regarding the participant/tenant listed below:

Participant/tenant: _____

This Security Voucher is being issued pursuant to Social Services Law Sec. 143-c and 18 NYCRR 352.6 and 381.3, to secure the landlord against non-payment of rent and/or damages as a condition of renting the above-identified premises ("Premises") to the above-named Cash Assistance participant/tenant ("Participant/Tenant"). A claim for the payment of this Security Voucher by the landlord must be made after, and within three months of, the participant/tenant vacating the premises. The claim must be made by the full completion and execution of the Claim on page two of this form and cannot exceed the amount of the Tenant's monthly rent which is \$_____.

Landlord, please acknowledge your acceptance of the Security Voucher in lieu of a cash security deposit by signing this form below:

Landlord's/Authorized Agent 's Name (print): _____

Landlord's/Authorized Agent's Signature: _____ Date: _____

(This voucher is not valid until it has been fully completed and authorized in the "For HRA Use Only" section below.)

For HRA Use Only:

Supervisor's Name (Print): _____

Supervisor's Signature: _____ Date: _____

Control Unit Supervisor's Name (Print): _____

Control Unit Supervisor's Signature: _____ Date: _____

Control Unit Authorization #: _____

Landlord's Claim for Security Voucher Payment

I (we), the Landlord(s) of the premises described on page 1 of this form, certify that _____
tenant/participant name

has vacated the apartment located at _____ Apt. _____ on or about _____ and occupied the
address date

apartment within three months prior to the date of this certification.

I hereby request that the security voucher be paid to me for the reason specified below:

- Tenant/Participant defaulted on payment of rent for _____ (provide court
Month/Year
 judgment, stipulation, landlord breakdown, etc).
- Tenant/Participant caused the following damages to the apartment. (Describe and also include proof of
 damage[s]: e.g., photographs, estimates, receipts for repairs, etc.)

"I, _____, hereby swear/affirm, under penalty of perjury, that the information I have given above is true and complete.

_____ (Signature of Landlord or Office of Corporation)

_____ (Print Name)

Subscribed and sworn to/affirmed before me this _____ (Date)

_____ (Signature)

_____ (Notary Seal)"

Please submit the following items along with this claim form:

- proof of ownership (of the premises); and
- documentation of unpaid rent (e.g., court judgment or stipulation, landlord breakdown, etc.) or documentation to verify the damage(s) to the apartment and the cost of repairs (e.g., photographs, estimates, receipts for repairs, etc.)

Please send claim to: **Office of Central Processing**
P.O. Box 02 – 9121
Brooklyn GPO
Brooklyn, NY 11202-9914

For Office of Central Processing use Only

Case Name:			Last:			First:			
Pick-up Code:									
Special Roll — 1						Job Center: _____			
Case Number: <input type="checkbox"/>						Suffix: <input type="checkbox"/> <input type="checkbox"/>			
Date Form Prepared: ____/____/____						Authorization Number _____			
Issuance Code	Amount		From:			To:			Restricted Indicator
	Dollars	Cents	Month	Day	Year	Month	Day	Year	
Print Dollar Amount in Words								Dollars	Cents
Optional Fields(Block Print Only)									
Payee Name: _____									
Address: _____									
City: _____			State: _____			Zip: _____			

Authorized Signature _____ Print Name _____

Title: _____ Date: _____

OCP Control Clerk: _____ Date: _____

OCP CRT Operator: _____ Date: _____