LINC II Program Participant Agreement

As part of the LINC II program, the New York City Department of Homeless Services (DHS) and the New York City Human Resources Administration (HRA) will provide social service supports to Program Participants to help clients achieve housing stability, financial independence, and career advancement. DHS has identified a service provider to work with you. Among other eligibility criteria, your participation in these services will be considered at the time of program renewal to determine whether you are eligible for LINC II rental assistance beyond the first year. If you have any questions about your participation in the program, please speak to your case manager or housing specialist or call HRA at 929-221-0043.

As a LINC II Program Participant, I agree to:
(Please initial each line to indicate agreement.)

_____ Make my LINC II Rent Contribution payments to my Landlord on a monthly basis.

_____ Meet with my designated service provider (to be indicated below at lease signing) to develop a plan designed to maintain or enhance my household’s income, employment, and other benefits.

_____ File for all work supports for which I am entitled. These may include public benefits and tax credits, such as the Earned Income Tax Credit (EITC), the Child Tax Credit (CTC) and the Child Care Tax Credit (CCTC).

_____ Seek all appropriate services as necessary to preserve my tenancy, including, but not limited to, job placement, landlord-tenant mediation, financial counseling and anti-eviction services. I can receive assistance or referrals for these services from my designated service provider or local Homebase office.

_____ Cooperate fully with the City in its administration of the LINC II Program.

TO BE COMPLETED BY HRA AT LEASE SIGNING

**Designated Service Provider**

Provider Name: ___________________________________________ Phone #: ________________________________

Address: ______________________________________________________

**Local Homebase Office**

Phone#: __________________________ Address: __________________________

TO BE COMPLETED BY PROGRAM PARTICIPANT AT LEASE SIGNING

I have read and agree with the above statements and understand that my participation in these services will be considered at the time of renewal. I have received a copy of this agreement.

________________________________________  ____________________________  ____________________________
Name of Program Participant  Signature of Program Participant  Date