

SEPS Rental Assistance Program

(ROOM (s) 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								
Max Rent Level	\$1213.00								

Email the completed form to FEPS_APT_OFFERS@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>.