



Bill de Blasio  
Mayor

Human Resources  
Administration  
Department of  
Social Services  
Steven Banks  
Commissioner

## PAYEE DESIGNATION FORM HRA Rental Assistance Programs

<b>1. Tenant Information</b>	
Name: _____	Certification #: _____
<b>2. Designated Payee Information</b>	
Payee First/Last Name: _____	
Payee Business Name: _____	
Payee Address: _____	Apt#: _____
City: _____	State: _____ Zip Code: _____
Phone#: _____	Email: _____
<b>3. Statement</b>	
Complete and sign the statement below.	

Directions: Only landlords who are designating a payee for ongoing rental payments must complete this form

Please be advised that I (print landlord name), \_\_\_\_\_,  
hereby authorize (print payee name) \_\_\_\_\_ to receive payment for  
the apartment located at (print full address): \_\_\_\_\_ for the  
above-referenced tenant.

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_