

# LINC Rental Assistance Program

## (ROOM REGISTRATION)

### 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: \_\_\_\_\_

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

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

### Apartment Information

Client matched to apt.: Yes \_\_\_\_\_ NO \_\_\_\_\_

Apt#	Room-#	Floor-#	Tenant's Last/ First-Name	Shelter Name	Rent \$	LINC- TYPE
					\$800.00	

#### Rental Program Chart

Household Composition	1 or 2							
LINC IV and LINC-V /ROOMS	\$800.00							

Email the completed form to FEPS\_APT\_OFFERS@DHS.NYC.GOV fax it to 1-212-487-7926. 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/linc-program.page>.