



Bill de Blasio
Mayor

Human Resources
Administration
Department of
Social Services
Steven Banks
Commissioner

Department of
Homeless Services

PATHWAY HOME Program Application

Applicant Information

Pathway Home Applicant Name: _____
 Cash Assistance Case Number: _____ CARES Case Number: _____
 Shelter Name: _____
 Shelter Address: _____ Unit #: _____ Borough: _____ Zip: _____

Applicant Household Information

	First Name	Last Name	Relationship to Applicant	Gender	DOB (MM/DD/YY)
1.			Self		
2.					
3.					
4.					
5.					
6.					
7.					

Host Residence Information

Primary Occupant Name: Cash Assistance Case Number (if applicable): _____
 Host Residence Address: _____ Apt #: _____ Borough: _____ Zip: _____ #
 of Bedrooms: _____ Is residence subsidized housing (e.g., NYCHA, Sec 8, FEPS, SEPS)? Yes No
 # of Current Occupants: _____
 Is Residence Rent Stabilized or Rent Controlled? Yes No
Primary Occupants on CA and Primary Occupants of Rent Stabilized or Rent Controlled Apartments Only: Primary
 Occupant's Monthly Payment Obligation for the Residence: \$ _____

Host Family Information

	First Name	Last Name	Relationship to Primary Occupant	Gender	DOB (MM/DD/YY)	Room Description (e.g., BR 2, LR)	Bedding Type (e.g., queen, air mattress)
1.			Self				
2.							
3.							
4.							
5.							
6.							
7.							

Required Documents

I have attached the following required documents to be considered with my application:

Program Applicant Statement of Understanding

Primary Occupant Statement, including: proof of primary occupant's ownership or tenancy;
 completed IRS Form W9; and
 Host Family Authorization for ACS Clearance and Release of Information

Certification

I declare under penalty of perjury that all documents submitted and statements made on this application are correct and complete to the best of my knowledge. I certify that by signing this application I agree to an investigation conducted by the New York City Department of Social Services / Human Resources Administration and the New York City Department of Homeless Services to verify or confirm the information I have submitted, and determine my eligibility for the Pathway Home Program.

Signature of Applicant

Date

Phone Number

OFFICIAL USE ONLY – DO NOT fill out section below:

Application Received:

Pathway Home Application #:

Initials: