



Bill de Blasio  
Mayor

Human Resources Administration  
Department of Social Services

Steven Banks  
Commissioner

Department of Homeless Services

**PATHWAY HOME PROGRAM  
Primary Occupant Statement**

Primary Occupant's Name: _____ Cash Assistance Case Number (if applicable): _____ Address: _____ Apt #: _____ Borough: _____ Zip: _____	Pathway Home Program Applicant Name: _____ Address: _____ Unit #: _____ Borough: _____ Zip: _____
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I, \_\_\_\_\_, do hereby declare that I am the primary occupant of the residence, located at: \_\_\_\_\_ (Address) \_\_\_\_\_ (Apt. #)

\_\_\_\_\_ (City) NY (State) \_\_\_\_\_ (Zip)

and the following individuals, including myself, currently occupy this residence:

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

I declare that I am the owner  tenant  (check one) of this \_\_\_\_\_ bedroom residence.  
(# of bedrooms)

Primary Occupants on CA Only: If I am a tenant, I declare that I currently pay \$\_\_\_\_\_ per month for this residence.

All Primary Occupants:

Is Residence Rent Stabilized or Rent Controlled? Yes  No

I declare that the residence is  is not  (check one) subsidized housing (e.g., NYCHA, Section 8, FEPS apartments).

I also declare that I intend to permit \_\_\_\_\_ and his/her household to share this living space with me for a term of 12 months.  
(name of Pathway Home Program Applicant)

**Attached is a copy of my lease, deed, or other documentation demonstrating that I am a legal tenant or owner of this residence.**

All checks should be made payable to \_\_\_\_\_ **Attached is a completed IRS Form W9.**  
(Primary Occupant)

I understand that all occupants of the residence may be subject to clearance with the New York City Administration for Children's Services (ACS) and the New York State Sex Offender Registry. I further understand that the results of such clearances may be shared with the Program Applicant. **Attached is a completed Pathway Home Host Family Authorization for Clearance and Release of Information signed by all adult occupants of the residence.**

I understand that if the Program Applicant's family has ACS / child welfare involvement (e.g., court ordered supervision, preventive services), ACS or a provider agency will continue to provide services, which may include periodically visiting my residence.

I understand that under the Pathway Home Program, the City of New York ("City") will send a Monthly Payment directly to me, the Primary Occupant, for up to one year, so long as the Program Participant remains eligible and continues to reside in the residence.

I understand that this arrangement may, under some circumstances, be considered a shared living situation for Supplemental Nutrition Assistance Program (SNAP) budgeting purposes. As such, there may be a reduction in my monthly SNAP benefits, if I am receiving these.

I further understand that if I am in receipt of cash assistance and my shelter allowance changes, the Pathway Home Program payments may affect my cash assistance case, and that it is my responsibility to consult with any and all agencies from which I receive public benefits to report my receipt of Pathway Home funding and to determine any effects such receipt might have.

I understand that I must notify the City **prior to any new person moving into the residence** by writing to Pathway Home Program, 150 Greenwich Street, 36th Floor, New York, NY 10007, or immediately upon the new person moving into the residence, if prior notice is not possible, by calling **929-221-0043**.

**I understand that I must notify the City by writing to Pathway Home Program, 150 Greenwich Street, 36th Floor, New York, NY 10007 within five (5) business days if the Program Participant leaves for any reason or the Primary Occupant changes.**

I have read and understand my obligations under this Primary Occupant Statement and declare under penalty of perjury that the information I have given on this form is correct and complete to the best of my knowledge. I will cooperate fully with the City in its administration of the Pathway Home Program.

\_\_\_\_\_  
**Signature of Primary Occupant**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Date**