



**Bill de Blasio**  
Mayor

**Human Resources  
Administration**  
Department of  
Social Services

**Steven Banks**  
Commissioner

**Department of  
Homeless Services**

## **PATHWAY HOME**

### **PROGRAM APPLICANT STATEMENT OF UNDERSTANDING**

**Program Applicant Name:** \_\_\_\_\_

Under the Pathway Home Program, if you are eligible and move into a residence of your relatives or friends, the City of New York (the "City") will send a monthly payment to the member of the household whose name is on the lease or who is primarily responsible for the monthly payment obligation for the residence ("Primary Occupant"). The amount the City will pay to the Primary Occupant is called the "Pathway Home Monthly Payment."

**If I am found eligible for the Pathway Home program, I make the following commitments as a condition of my participation in the Program:**

1. I understand that the City will identify the approved amount of my Pathway Home Monthly Payment in my notice of eligibility. The amount of my Pathway Home Monthly Payment will not change during my participation in the Program, which may be up to a period 12 months, regardless of changes in my family composition.
2. I understand that the City will pay the Pathway Home Monthly Payment directly to the Primary Occupant on a monthly basis for up to one year, so long as I continue to reside in the residence.
3. I agree to file for all work supports for which I am entitled. These work supports include public benefits and tax credits, such as the Earned Income Tax Credit (EITC), the Child Tax Credit (CTC) and the Child Care Tax Credit (CCTC).
4. I understand that I will receive keys to the residence from the Primary Occupant.
5. I understand that I must notify the New York City Human Resources Administration (HRA) of any change in my address.
6. I understand that I must immediately notify HRA if any new person moves into the residence by calling HRA at 929-221-0043.
7. I understand that the City will not make Pathway Home Monthly Payments if residing with the host family in the residence poses a risk to the health, safety, or welfare of the household.
8. I understand that I must seek all appropriate services to work towards finding my own permanent housing including, but not limited to, job placement and financial counseling.
9. I understand that if I fail without good cause to move into the residence, I may be required to pay to the City any pre-paid Pathway Home Monthly Payments made by the City to the Primary Occupant.

10. I will cooperate fully with the City in its administration of the Pathway Home program.
11. I understand that Pathway Home Monthly Payments will end if I leave my host family's approved residence.
12. I understand that the Case Manager or Housing Specialist signing below is signing solely in order to make the confirmation specified above his/her signature.

*Required Signatures*

**I have read and understand my obligations under this Program Participant Statement of Understanding.**

\_\_\_\_\_  
Date Household Member Signature

\_\_\_\_\_  
Date Household Member Signature

I confirm that all present household members have verbalized their understanding to the agreements outlined in this document, and that all household members have signed and received a copy of this agreement.

\_\_\_\_\_  
Date Case Manager or Housing Specialist