



**Department of
Social Services**

DSS-7o (E) 10/16/2018 (page 1 of 3) LLF

Date: _____

Referring Agency/CBO: _____

**Application for CityFHEPS
(Rooms Only)**

This is a CityFHEPS application for the household below. We submit this application, along with the completed CityFHEPS packet cover sheet, on the household's behalf. If eligible, please approve and issue the appropriate Department of Social Services (DSS) checks and documents.

1. Referral Source		2. Request Type	
<input type="checkbox"/> APS	<input type="checkbox"/> Homebase	<input type="checkbox"/> To stay	<input type="checkbox"/> New move
<input type="checkbox"/> HAP	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> Transfer move	

3. Household Information						
Applicant Name:				Cash Assistance (CA) Case Number:		
Address (Number, Street, Apartment/Room):				City:	State:	Zip Code:
Name	DOB	Relationship to Applicant	CA Status	Income/Frequency	Type of Income	
		SELF				

1. Requested Room Rent:	\$ _____
2. Enter the greater amount of 2a or 2b	\$ _____
2a. \$50	
2b. Monthly CA Shelter Allowance: \$ _____	
3. Proposed CityFHEPS Monthly Rental Assistance (#1 minus #2):	\$ _____

(Turn Page)

4. Landlord and Room Rental Information					
Landlord's Name:					
Landlord's Address			Address of Room to be Rented		
Number, Street, Apartment/Room:			Number, Street, Apartment/Room:		
City:	State:	Zip Code:	City:	State:	Zip Code:

5. Clearances Completed	
<input type="checkbox"/> Is the apartment subsidized housing (e.g. NYCHA, Section 8, FEPS): If yes, subsidy type: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Landlord Room Rentals Checklist</u>	
<input type="checkbox"/> Inspection or walk through completed, residence approved	Date: _____
<input type="checkbox"/> Room is NOT in a unit subject to Rent Stabilization	Date: _____
<input type="checkbox"/> Apartment does NOT have more than 3 bedrooms	Date: _____
<input type="checkbox"/> Are heat, hot water, electricity, and cooking gas (if stove is not electric) included in the rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Payment Request
<input type="checkbox"/> Payment in the amount of \$ _____, representing the first four months of rent, minus any shelter allowance for months two (2), three (3), and four (4), made payable to: _____ (landlord or authorized payee)
<input type="checkbox"/> Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (W-137A)
<input type="checkbox"/> Check box if client can move in before the lease start date*
<p>* Partial rent is available if the household can move in one day after approval (except for approvals on or before the 3rd day of the month or on or after the 3rd day before the end of the month). In the case of approvals on or before the 3rd day of the month, that month will count as the first full month.</p>

(Turn Page)

Certification:

I declare under penalty of perjury that all statements made on and documents submitted with 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 Human Resources Administration (HRA) to verify or confirm the information I have submitted, and determine my eligibility for CityFHEPS.

Applicant - Print Name

Applicant - Signature

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Signed:

Caseworker - Print Name

Caseworker - Signature

Phone

Email

Supervisor - Print Name

Supervisor - Signature