Date: _____

Referring Agency/CBO: _____

Application for CityFHEPS (Apartments and Single Room Occupancy Units)

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
☐ APS ☐ DYCD ☐ ACS ☐ Homebase	☐ To stay ☐ New move ☐ Transfer move

3. Household Information		
Applicant Name:	Cash Assistance (CA) Case Number:	
Address:	Adults:	Minor Children:

Name	DOB	Relationship to Applicant	CA Status	Income/ Frequency	Type of Income
		SELF			

(Turn Page)

4. Household Information

1. Lease Rent: $ _____

a. Is this a rent regulated apartment? ☐ Yes ☐ No

i. If yes, is the rent "preferential"? ☐ Yes ☐ No

ii. If yes, what is the "non-preferential" rent? $ _____

b. Are utilities included in the rent? ☐ Yes ☐ No

i. If no, what is the standard utility allowance? $ _____

2. CA Household Size _____

3. Total Income of Household Members on CA: $ _____

4. Enter the greater amount of 4a or 4b $ _____

a. Monthly Standard CA Shelter Allowance for CA household size is $ _____

b. 30% of CA household's monthly gross income is $ _____

5. Total Income of Household Members **not on CA** (if applicable): $ _____

a. 30% of monthly gross income (if applicable): $ _____

6. Enter the sum of # **4** and # **5a** $ _____

7. Proposed CityFHEPS Monthly Rent Supplement: (# 1 minus # 6): $ _____

8. Requested Rent Arrears Grant (if applicable): $ _____

9. Requested Payment of Legal & Marshal Fees (if applicable): $ _____

5. Apartment Information

Landlord's Name:

Landlord's Address			**Rental Address**		
Number, Street, Apartment/Room:			Number, Street, Apartment/Room:		
City:	State:	Zip Code:	City:	State:	Zip Code:

(Turn Page)

6. Payment Request

New Apartment Moves

☐ Payment in the amount of $ _____, representing the first full month's rent and:

☐ 3 months of CityFHEPS Monthly Rental Assistance Supplement

made payable to:

_____
(landlord or authorized payee)

☐ Payment in the amount of $ _____ representing broker's fee, made payable to:

_____
(broker name or company name)

☐ Check box if the client can move in before the lease start date*

* 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 third day of the month, that month will count as the first full month.

Preserving Current Apartments

☐ Payment in the amount of $ _____, representing arrears for the period _____ made payable to:

_____
(landlord or authorized payee)

☐ Payment in the amount of $ _____, representing legal & marshal fees, made payable to:

_____
(company name)

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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)

(Supervisor - Print Name)

(Supervisor - Signature)