Date: _____

Case Number: _____

Case Name: _____

Center: _____

# Security Voucher

This security voucher guarantees that the Human Resources Administration (HRA) will pay up to the equivalent of one month's rent if it is verified that the tenant who occupied the apartment failed to pay his/her rent and/or caused damage to it. The landlord must submit proof of the unpaid rent and/or damage along with the Landlord's Claim For Security Voucher Payment (on the back page) within three months after the tenant has vacated the apartment. The Agency will only make a payment if the claim is submitted within three months after the tenant has vacated the apartment and a review of the documentation submitted by the landlord confirms that the tenant failed to pay his/her rent and/or damaged the apartment. This Security Voucher will not be honored until the front and back pages have been completed, signed, notarized, and returned to HRA.

The Human Resources Administration (HRA) does not issue cash security deposits. Instead, the Agency is issuing this Security Voucher. Please be advised that refusal to accept this voucher in lieu of a security deposit may constitute source of income discrimination under the NYC Human Rights Law Sec. 8-107(5)(a)(1)-(2).

This Security Voucher is issued by the New York City Department of Social Services (NYCDSS), having its principal offices at 150 Greenwich Street, New York, NY 10007, to:

Name of Landlord: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

as Landlord of the premises to be rented to the participant/tenant located at: (include proof of ownership):

Address: _____

_____ Apt. _____

City: _____ State: _____ Zip: _____

regarding the participant/tenant listed below:

Participant/tenant: _____

This Security Voucher is being issued pursuant to Social Services Law Sec. 143-c and 18 NYCRR 352.6 and 381.3, to secure the landlord against non-payment of rent and/or damages as a condition of renting the above-identified premises ("Premises") to the above-named Cash Assistance participant/tenant ("Participant/Tenant"). A claim for the payment of this Security Voucher by the landlord must be made after, and within three months of, the participant/tenant vacating the premises. The claim must be made by the full completion and execution of the Claim on page two of this form and cannot exceed the amount of the Tenant's monthly rent which is $_____.
Landlord, please acknowledge your acceptance of the Security Voucher in lieu of a cash security deposit by signing this form below:

Landlord's/Authorized Agent 's Name (print): _____

Landlord's/Authorized Agent's Signature: _____ Date: _____

**(This voucher is not valid until it has been fully completed and authorized in the "For HRA Use Only" section b**

**For HRA Use Only:**

Supervisor's Name (Print): _____

Supervisor's Signature: _____ Date: _____

**(Turn page)**

Human Resources Administration
Family Independence Administration

# Landlord's Claim for Security Voucher Payment

I (we), the Landlord(s) of the premises described on page 1 of this form, certify that _____
tenant/participant name

has vacated the apartment located at _____ Apt. _____ on or about _____ and occupied the
address date

apartment within three months prior to the date of this certification.

I hereby request that the security voucher be paid to me for the reason specified below

☐ Tenant/Participant defaulted on payment of rent for _____ (provide court judgment, stipulation, landlord breakdown, etc).
Month/Year

☐ Tenant/Participant caused the following damages to the apartment. (Describe and also include proof of damage[s]: e.g., photographs, estimates, receipts for repairs, etc.)

"I, _____, hereby swear/affirm, under penalty of perjury, that the information I have given above is true and complete.

_____ (Signature of Landlord or Office of Corporation)

_____ (Print Name)

Subscribed and sworn to/affirmed before me this _____ (Date)

_____ (Signature)

_____ (Notary Seal)"

Please submit the following items along with this claim form:

- proof of ownership (of the premises); and
- documentation of unpaid rent (e.g., court judgment or stipulation, landlord breakdown, etc.) or documentation to verify the damage(s) to the apartment and the cost of repairs (e.g., photographs, estimates, receipts for repairs, etc.)

**Please send claim to:**

**Office of Central Processing**
**PO Box 02-9121, Brooklyn GPO**
**Brooklyn, NY 11202-9914**

**(OR) submit via email at**
**SSAF@hra.nyc.gov**

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

**Print or type** See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Social security number**

| | | | – | | – | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

**Employer identification number**

| | | – | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here** **Signature of U.S. person ▶** **Date ▶**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Human Resources Administration
Department of Homeless Services
Department of Social Services

# Landlord Utility Information

**Note to Landlord**:

FHEPS can only be used towards a residence within the five (5) boroughs of New York City. However, CityFHEPS can be used towards a residence anywhere in New York State. Please note that the rent and utility amounts provided on this form are only valid for potential FHEPS tenants or for potential CityFHEPS tenants who are moving within New York City. If your tenant is applying for CityFHEPS and is moving outside of New York City, but within New York State, please go to the DSS CityFHEPS website to find the statewide amounts at https://www1.nyc.gov/site/hra/help/cityfheps-documents.page.

**Instructions to Landlord**:

Please identify the utilities available for the available rental unit and whether the expense is incurred by you or the tenant.

The unit I am renting is located at (list address):

_____.

Actual Number of Bedrooms: _____

Number of Bedrooms on Shopping Letter: _____

Is this Apartment Rent Stabilized? ☐ Yes ☐ No

| Item | Specify Fuel Type | | | | Paid By (check one) | |
|---|---|---|---|---|---|---|
| Heating | ☐ Gas | ☐ Electric | ☐ Oil | ☐ Other:_____ | ☐ Landlord | ☐ Tenant |
| Cooking | ☐ Gas | ☐ Electric | ☐ Oil | ☐ Other:_____ | ☐ Landlord | ☐ Tenant |
| Water Heating | ☐ Gas | ☐ Electric | ☐ Oil | ☐ Other:_____ | ☐ Landlord | ☐ Tenant |
| Other Electric | | | | | ☐ Landlord | ☐ Tenant |

**(Turn page)**

**I understand that when the tenant incurs the expense for utilities, the maximum rent DSS will approve will be the fair market rent minus the Utility Allowance, as shown in the attached schedules. DSS will pay the full regulated rent if it is less than this amount.**

I swear or affirm that the information I have provided about the utilities for this unit is accurate. If I have misrepresented this information, DSS will reduce the ongoing rent by the appropriate amount and recoup past over-payments.

_____ _____
Landlord Name Date

_____
Landlord Signature

**(Turn page)**

# DSS Utility Allowance Schedules

(see next page for the FHEPS and CityFHEPS Payment Standards)

| COOKING GAS AND ELECTRIC (NO ELECTRIC STOVE) | | | | | | |
|---|---|---|---|---|---|---|
| **Number of Bedrooms** | **0** | **1** | **2** | **3** | **4** | **5 or more** |
| Cooking Gas ($) | 25 | 28 | 33 | 37 | 42 | 46 |
| Electric ($) | 74 | 84 | 109 | 134 | 160 | 186 |
| Total (w/ Cooking Gas & Electric) ($) | 99 | 112 | 142 | 171 | 202 | 232 |
| **OIL HEAT AND HOT WATER** | | | | | | |
| **Number of Bedrooms** | **0** | **1** | **2** | **3** | **4** | **5 or more** |
| Oil Hot Water Only ($) | 35 | 41 | 60 | 78 | 97 | 115 |
| Oil Heat Only ($) | 116 | 137 | 156 | 175 | 195 | 214 |
| Total (Oil Heat & Hot Water) ($) | 151 | 178 | 216 | 253 | 292 | 329 |
| **GAS HEAT AND HOT WATER** | | | | | | |
| **Number of Bedrooms** | **0** | **1** | **2** | **3** | **4** | **5 or more** |
| Gas Hot Water Only ($) | 20 | 23 | 34 | 44 | 54 | 65 |
| Gas Heat Only ($) | 65 | 77 | 89 | 98 | 109 | 120 |
| Total (Gas Heat & Hot Water) ($) | 85 | 100 | 123 | 142 | 163 | 185 |
| **ELECTRIC HEAT AND HOT WATER** | | | | | | |
| **Number of Bedrooms** | **0** | **1** | **2** | **3** | **4** | **5 or more** |
| Electric Hot Water Only ($) | 28 | 33 | 42 | 51 | 60 | 69 |
| Electric Heat Only ($) | 39 | 46 | 62 | 77 | 92 | 108 |
| Total (Electric Heat & Hot Water) ($) | 67 | 79 | 104 | 128 | 152 | 177 |
| **ELECTRIC** | | | | | | |
| **Number of Bedrooms** | **0** | **1** | **2** | **3** | **4** | **5 or more** |
| Electric with Cooking Range ($) | 85 | 97 | 128 | 159 | 191 | 223 |

**Note:** The utility amounts in the chart above are only valid for FHEPS tenants or for CityFHEPS tenants who move within New York City. If your tenant is applying for CityFHEPS and moving outside of New York City, but within New York State, please go to the DSS CityFHEPS website to find the statewide amounts at https://www1.nyc.gov/site/hra/help/cityfheps-documents.page.

**(Turn page)**

# FHEPS and CityFHEPS Payment Standards

## Maximum Rent Amounts

| Family Size | Number of Bedrooms | All Utilities Included | Without Cooking Gas & Electric | With Cooking Gas Only | With Electric Only | No Utilities Included |
|---|---|---|---|---|---|---|
| 1 | * SRO | $1,967 | $1,868 | $1,893 | $1,942 | $1,783 |
| 1 | 0 (Studio) | $2,624 | $2,525 | $2,550 | $2,599 | $2,440 |
| 1 or 2 | 1 | $2,696 | $2,584 | $2,612 | $2,668 | $2,484 |
| 3 or 4 | 2 | $3,027 | $2,885 | $2,918 | $2,994 | $2,762 |
| 5 or 6 | 3 | $3,777 | $3,606 | $3,643 | $3,740 | $3,464 |
| 7 or 8 | 4 | $4,070 | $3,868 | $3,910 | $4,028 | $3,705 |
| 9 or 10 | 5 | $4,680 | $4,448 | $4,494 | $4,634 | $4,263 |
| 11 or 12 | 6 | $5,291 | $5,059 | $5,105 | $5,245 | $4,874 |
| 13 or 14 | 7 | $5,901 | $5,669 | $5,715 | $5,855 | $5,484 |
| 15 or 16 | 8 | $6,512 | $6,280 | $6,326 | $6,466 | $6,095 |
| 17 or 18 | 9 | $7,122 | $6,890 | $6,936 | $7,076 | $6,705 |
| 19 or 20 | 10 | $7,733 | $7,501 | $7,547 | $7,687 | $7,316 |

* SRO only applies to CityFHEPS

**Note:** The rent amounts in the chart above are only valid for FHEPS tenants or for CityFHEPS tenants who move within New York City. If your tenant is applying for CityFHEPS and moving outside of New York City, but within New York State, please go to the DSS CityFHEPS website to find the statewide amounts at https://www1.nyc.gov/site/hra/help/cityfheps-documents.page.

Form W-147M
Rev. 6/2/08

Human Resources Administration
Department of Social Services
Family Independence Administration

# Landlord/Managing Agent's Statement

Center/DHS Site: _____ Date: _____

Case Name: _____

Case Number: _____ JOS Worker/DHS Worker: _____

Telephone Number: _____

I am (or we are) the Landlord (Managing Agent) _____
Landlord's/Managing Agent's Name

of premises located at: _____ _____
Address Apt. No

_____ _____ _____
Borough State Zip Code

and I am (or we are) not the broker nor in any way associated with the Agency charging a broker's fee for the procurement of the above premises.

I (or we) agree that I (or we) will not receive any part or all of the Broker's fee directly or indirectly from the Broker.

I (or we) hereby attest that I (or we) will not rent the premises without the services of the Broker listed below:

_____ _____
Name of Broker License Number

_____ _____
Address Telephone Number

**Failure to provide true and accurate statements is punishable as a Class A Misdemeanor pursuant to Penal Law § 175.30 (offering a false instrument for filing to a public office or a public servant).**

_____ _____
Signature of Landlord/Managing Agent Landlord's/Managing Agent's Phone Number

_____
Landlord's/Managing Agent's Address

Form W-147JJ
Rev. 4/28/11

NYC Human Resources Administration | Family Independence Administration
Department of Social Services

Job Center/DHS Site: _____ Date: _____

Case Name: _____ Case Number: _____

JOS Worker/DHS Worker: _____ Applicant/Participant's Telephone Number: _____

## Broker's Statement for Fee Payment by Check

(Original to applicant/participant, copy scanned and indexed into the electronic case record)

The Human Resources Administration (HRA) will issue a Cash Assistance allowance for a broker's fee only if the Cash Assistance applicant/participant is otherwise eligible and the Broker meets **all** of the following criteria:

- The Broker has verified that the actual rental unit has a current, effective Certificate of Occupancy issued by the New York City Department of Buildings.
- No change has been made in the occupancy or use of an existing apartment that is inconsistent with the last issued Certificate of Occupancy.
- No dangerous or hazardous violations are present on the premises.
- The Broker has a current broker's license in good standing.
- The Broker is not the owner, controlling person, or an affiliate of the owner of the actual rental unit.

I (we), _____ (Name of broker), located at

_____ (Address)

_____ (Borough) _____ (State) _____ (Zip Code)

request payment by check for the sum of $_____ on behalf of the above-named applicant/participant who will be the primary tenant of the premises located at:

_____ (Address) (Apartment Number)

_____ (Borough) _____ (State) _____ (Zip Code)

This amount represents the entire broker's fee. The applicant/participant is not responsible for any monies in excess of the amount issued by NYCDSS, which is 50% of the monthly rent.

I (we), as the Broker of the above-named premises, certify that this rental apartment meets all of the criteria listed above and hereby request payment in the amount indicated above for services rendered.

I (we) agree to promptly refund to the HRA the Broker's fee paid hereunder if the applicant/participant fails to move into the above-described premises or equivalent premises acceptable to the applicant/participant.

**Failure to provide true and accurate statements is punishable as a Class A Misdemeanor pursuant to Penal Law § 175.30 (offering a false instrument for filing to a public office or a public servant).**

_____ Broker's Signature _____ Date _____ License Number _____ Telephone Number

_____ If corporation, name of officer and corporate seal