



**Department of
Homeless Services**

**Advantage Lease
Landlord Information Modification Form**

I. This Section to be completed by OOR/QA.

Original Lease Information

Client Name: _____

OOR#: _____

PA#: _____

Landlord/Vendor TIN#: _____

Updated Lease Information

Add New Landlord

Landlord/Vendor Name:

Payment Address:

Other:

Documentation Attached

Copy sent to Finance/Lease Signing

This is to certify the changes to the existing lease identified above. Please revise all FMS documents to reflect these changes pursuant to the Advantage NY program rules and regulations.

Signature _____

Title _____

Unit _____

Date _____

Please forward package to Finance/Special Initiatives, 14th Floor

II. This section to be completed by Finance.

Date Forwarded to Finance/Lease Signing _____ **Initial** ____

Date Forwarded to Finance/Payments _____ **Initial** ____

Date Forwarded to ACCO _____ **Initial** ____