

Linking Information Fact Sheet

Use this form to submit a link (a request for lease signing).

Complete all sections below and submit form by faxing to (718) 688-8631 or emailing to OORlink@dhs.nyc.gov*

*This mailbox is not set up to respond to messages. Please contact the Customer Service Center at (212) 607-5310 to speak to a representative.

1. Program Information

Check One:

Work Advantage
 Children Advantage
 Fixed-Income Advantage
 Flip to Advantage - *new apartment*
 Flip to Advantage - *existing apartment*
 Transfer/Non-Renewal
 Other/unknown

2. Tenant Linking Information

CLIENT INFORMATION	SHELTER & HOUSING SPECIALIST INFORMATION
Client/Tenant Name: _____	Shelter Name: _____
Social Security #: _____	Shelter Phone: _____ Shelter Code: _____
PA Case #: _____	Housing Specialist Name: _____
Number of Adults: _____ Number of Children: _____	Housing Specialist Phone: _____
	Housing Specialist Email: _____@_____

3. Apartment Information

OOR ID: _____ **Rent Amount:** \$ _____

Borough: _____ Block #: _____ Lot #: _____ Zip Code: _____

Building Address: _____

Apt. #: _____

4. Landlord Information

Please note, legal ownership will be verified prior to lease signing.

Landlord Legal Name as Listed as Deed Owner(s): _____ Tax ID #: _____

Landlord Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____@_____

5. Real Estate Broker Information (if applicable)

License Name: _____ License #: _____

Broker Name: _____

Business Name: _____

Business Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____@_____

Alt. Phone #: _____ Fax #: _____

Broker/Landlord Lease Signing Site Preference (check only one):
 Bronx
 Manhattan

DHS use only:

CTS exit code: _____ CTS origin date: _____ CTS exit date: _____ WMS/NYCWAY: _____