

**WORK ADVANTAGE PROGRAM**  
**PARTICIPANT STATEMENT OF UNDERSTANDING**

**Case Name:**

**SSN:**

**PA Case Number (if applicable):**

Under the Work Advantage Program, the City will issue a monthly rent supplement (over and above my family's monthly public assistance shelter allowance, if applicable) to eligible clients enrolled in the Program. I agree to comply with all Work Advantage Program requirements and to actively seek and accept appropriate housing for the Program in accordance with DHS Client Responsibility Standards.

- I understand that my rent supplement is based on my family's size which determines the number of bedrooms for which I qualify.
- I understand that I will sign a one-year lease with my landlord and rental payments will be paid directly to my landlord on a monthly basis, for the first year.
- I further that if I am found eligible for a second year of the Work Advantage program my landlord will be obligated to renew my lease at the year one rent level. An additional year's rent will be paid to my landlord on a monthly basis.
- I understand that I am required to work at least 20 hours per week, at minimum wage or above, to be eligible for the Work Advantage Program.
- I understand that I must establish a bank account.
- I agree to make a monthly rent payment of \$50 to be paid directly to the landlord each month.
- I agree to contribute between 10% and 20% of my monthly rent to a bank account on a monthly basis.
- The \$50 rent payments and the bank account savings will be matched by the City at the end of the Work Advantage program and the entire amount will be given to me. I understand that I may not be entitled to the City contribution if I violate any of the terms of the Work Advantage Program, vacate the apartment without the approval of the City, or am evicted from the apartment.
- I understand that if I am found eligible for another apartment during participation in the Work Advantage Program, the amount of the rent supplement will be adjusted based on the rent of the new unit.
- I understand that I will receive keys to my unit from my landlord at lease-signing and that if asked by my landlord for additional monies above the scheduled rental amount for my household composition, I am under no obligation to pay these additional monies.
- I understand that if my lease indicates that I am responsible for some or all utilities, I will pay these utilities directly to the utility companies in question. My landlord will be responsible for heat and hot water.
- I understand that after one year, my household's need and eligibility for the Work Advantage supplement will be reevaluated. If I have demonstrated work, have continued financial need, have made timely \$50 rent payments to my landlord and have demonstrated monthly savings, I may be found eligible for a second year of the Work Advantage program.

- I understand that the Work Advantage Program monthly rent supplement will terminate earlier than the maximum two-year period of the Program if I vacate my approved apartment, unless the administering agency finds that I am moving with good cause into another acceptable Work Advantage Program apartment.
- I understand that I must notify DHS' Office of Prevention Services of any address change.
- I understand that aftercare services may be offered. Aftercare services may include help with my benefits and entitlements, landlord-tenant mediation, anti-eviction services, employment and education services, health, mental health, and substance abuse services and child care.
- I understand that DHS may request that I repay some or the entire monthly rent supplement in accordance with State and City regulations and policies that permit recovery or recoupment of public assistance grants that are overpaid or paid in error or as a result of inaccurate, misleading or incomplete information submitted by a public assistance applicant or recipient.
- I understand that if the Apartment is subject to Rent Stabilization that the rent provided in the Lease must be at or below the lawful stabilized rent. I understand that the City will verify that fact. I agree that in the event the rent is greater than the lawful stabilized rent, the Lease shall be amended to reflect the lawful stabilized rent without further action by me or the landlord and the City shall lower the Work Advantage supplement to the lawful stabilized rent.
- I also understand that after signing a Work Advantage Program lease that I may be required to repay the security deposit and any rent pre-paid by the City of New York to the landlord for that apartment, if I fail without good cause to move into the leased unit or have such amounts recouped from my public assistance grant, if applicable.
- I will cooperate fully with DHS and the New York City Human Resources Administration (HRA), if applicable, in its administration of the Work Advantage Program.

***Required Signatures***

**I have read and understand my obligations under this Statement of Commitment.**

<b>Date:</b> _____	_____	_____
	<b>Head of Household Signature</b>	<b>SS#</b>
<b>Date:</b> _____	_____	_____
	<b>Adult Case Member Signature</b>	<b>SS#</b>
<b>Date:</b> _____	_____	_____
	<b>Adult Case Member Signature</b>	<b>SS#</b>
<b>Date:</b> _____	_____	_____
	<b>Adult Case Member Signature</b>	<b>SS#</b>

I confirm that all present household adult members have verbalized their understanding to the agreements outlined in this document, and that all adult household members have signed and received a copy of this agreement.

**Date:** \_\_\_\_\_  
\_\_\_\_\_ **Facility Case Manager or Housing Specialist**