



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 cash 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.

1 Work Advantage Program Guidelines

- 1.1 I understand that my rent supplement is based on my family's size which determines the number of bedrooms for which I qualify.

- 1.2 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.

- 1.3 I further understand 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.

- 1.4 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.

- 1.5 I understand that if I have an open Cash Assistance (CA) case, I must maintain compliance with CA requirements and not be in sanction status at the time of renewal.

- 1.6 I agree to file for all work supports for which I am entitled. These work supports include public benefits and tax credits, such as the Earned Income Tax Credit (EITC), the Child Tax Credit (CTC) and the Child Care Tax Credit (CCTC).

- 1.9 I agree to make a monthly rent payment of \$50 to be paid directly to the landlord each month. The \$50 rent contribution for the first month is paid by the City and therefore I am responsible for eleven payments of \$50 during the first year of the program and 12 payments during the second year of the program.

- 1.10 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.

- 1.11 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.

- 1.12 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.

- 1.13 I understand that I must notify DHS of any address change. I will also notify DHS if my landlord or management company changes.
- 1.14 I understand that I must participate in aftercare services as necessary to preserve my tenancy. 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.
- 1.15 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.
- 1.16 I understand that if the apartment is subject to rent stabilization, 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.
- 1.17 I also understand that after signing a Work Advantage Program lease, if I fail without good cause to move into the leased unit, 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 or have such amounts recouped from my public assistance grant, if applicable.
- 1.18 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.
- 1.19 I agree to participate in surveys and/or publicity for the Work Advantage program.

2 Work Advantage Renewal

- 2.1 I understand that after one year, my household's need and eligibility for the Work Advantage supplement will be reevaluated through a renewal process. I may contact the HomeBase office in my community for assistance if I am informed that I do not meet the requirements.
- 2.2 I understand that the Work Advantage Program monthly rent supplement will terminate earlier than the maximum two-year period of the Program if I leave my approved apartment, unless the administering agency finds that I am moving with good cause into another acceptable Work Advantage Program apartment.

Required Signatures

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

Date: _____
_____ **Head of Household Signature** _____ **SS#**

Date: _____
_____ **Adult Case Member Signature** _____ **SS#**

Date: _____
_____ **Adult Case Member Signature** _____ **SS#**

Date: _____
_____ **Adult Case Member Signature** _____ **SS#**

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**