



**Bill de Blasio**  
Mayor

**Human Resources Administration**  
Department of Social Services

**Steven Banks**  
Commissioner

**Department of Homeless Services**

**Gilbert Taylor**  
Commissioner

**LIVING IN COMMUNITIES (LINC) VI  
Primary Occupant Statement**

Primary Occupant's Name: _____ Cash Assistance Case Number (if applicable): _____ Address: _____ _____ Apt #: _____ Borough: _____ Zip: _____	LINC Program Applicant Name: _____ Address: _____ _____ Apt #: _____ Borough: _____ Zip: _____
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I, \_\_\_\_\_, do hereby declare that I am the primary occupant of the residence located at:

\_\_\_\_\_ (Address) \_\_\_\_\_ (Apt. #)  
 \_\_\_\_\_ (City) NY \_\_\_\_\_ (Zip)

and the following individuals, including myself, currently occupy this residence:

#	First Name	Last Name	Relationship to Primary Occupant	Gender	DOB (MM/DD/YY)	Room Description (e.g., BR 2, LR)	Bedding Type (e.g., queen, air mattress)
1.			Self				
2.							
3.							
4.							
5.							
6.							
7.							

I declare that I am the owner  tenant  (check one) of this \_\_\_\_\_ bedroom residence.  
(# of bedrooms)

If I am a tenant, I declare that I currently pay \$ \_\_\_\_\_ per month for this residence.

I declare that the residence is  is not  (check one) subsidized housing (e.g. NYCHA, Section 8, FEPS apartments).

I declare that the residence is  is not  (check one) a rent controlled apartment.

I declare that the residence is  is not  (check one) a rent stabilized apartment.

I do also declare that I intend to permit \_\_\_\_\_ and his/her household to share this living space with me for a term of: One year \_\_\_\_\_ Two years \_\_\_\_\_ Other (specify): \_\_\_\_\_  
(name of LINC Program Applicant)

I will be charging \$ \_\_\_\_\_ per month ("Rent") for providing this housing (heat/hot water/utilities included). **Attached is a copy of my lease, deed, or other documentation demonstrating that I am a legal tenant or owner of this residence, and any documentation attesting to rent stabilization or rent control, if applicable.**

All checks should be made payable to \_\_\_\_\_ **Attached is a completed IRS Form W9.**  
(Primary Occupant)

I understand that all occupants of the residence may be subject to clearance with the New York City Administration for Children's Services (ACS), the Statewide Central Register of Child Abuse and Maltreatment (SCR) and the New York State Sex Offender Registry. I further understand that the results of such clearances may be shared with the Program Applicant. **Attached is a completed LINC VI Host Family Authorization for Clearance and Release of Information signed by all adult occupants of the residence.**

I understand that if the Program Applicant's family has child / ACS welfare involvement (e.g., court ordered supervision, preventive services), ACS or a provider agency will continue to provide services, which may include periodically visiting your residence.

I understand that under the LINC Program, the City of New York ("City") will pay the Rent directly to me, the Primary Occupant, each month so long as the Program Participant remains eligible, continues to reside in the residence, and funding for the program remains available.

I understand that I am prohibited from raising the Rent for one year from the effective date of the rental agreement, regardless of changes in household composition or changes to my Public Assistance case, if any, or my actual payment obligation for the residence. I understand that I am not permitted to request any additional payments, fees, or services from the household for the housing. If I demand, request or receive any monies, goods or services, I will be barred from further participation in any HRA rental assistance programs and may be barred from other rental assistance programs administered by the City of New York. Such payments, fees, and services are "side deals," and are strictly prohibited

I understand that this arrangement is to be considered a shared living situation for Supplemental Nutrition Assistance Program (SNAP) budgeting purposes. As such, there may be a reduction in my monthly SNAP benefits.

I further understand that if I am in receipt of cash assistance and my shelter allowance changes, LINC Rental Assistance payments may affect my cash assistance case, and that it is my responsibility to consult with any and all agencies from which I receive public benefits to report my receipt of LINC funding and to determine any effects such receipt might have.

I understand that I must notify the City **prior to any new person moving into the residence** by writing to LINC Rental Assistance Programs, 150 Greenwich Street, 36th Floor, New York, NY 10007, or immediately upon the new person moving into the residence, if prior notice is not possible, by calling **929-221-0043**.

I understand that I must notify the City by writing to LINC Rental Assistance Programs, 150 Greenwich Street, 36th Floor, New York, NY 10007 within five (5) business days of any of the following:

- the Program Participant leaves the residence due to an eviction or move;
- any legal proceeding is commenced affecting the LINC Program Participant's occupancy; or
- the Primary Occupant changes.

I understand that the City is not providing a payment guarantee of any kind to any person or entity and is not entering into any contract, lease, or rental agreement with, nor making any promise to the Program Participant, me, or any other person or entity in connection with the LINC Program. I further understand that the Program is subject to and contingent upon funding appropriations.

I have read and understand my obligations under this Primary Occupant Statement and declare under penalty of perjury that the information I have given on this form is correct and complete to the best of my knowledge. I will cooperate fully with the City in its administration of the LINC Program.

\_\_\_\_\_  
**Signature of Primary Occupant**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Date**