



Bill de Blasio  
Mayor

Human Resources  
Administration  
Department of  
Social Services

Steven Banks  
Commissioner

Department of  
Homeless Services

Gilbert Taylor  
Commissioner

LINC II Program Participant Agreement

As part of the LINC II program, the New York City Department of Homeless Services (DHS) and the New York City Human Resources Administration (HRA) will provide social service supports to Program Participants to help clients achieve housing stability, financial independence, and career advancement. DHS has identified a service provider to work with you. Among other eligibility criteria, your participation in these services will be considered at the time of program renewal to determine whether you are eligible for LINC II rental assistance beyond the first year. If you have any questions about your participation in the program, please speak to your case manager or housing specialist or call HRA at 929-221-0043.

**As a LINC II Program Participant, I agree to:**

*(Please initial each line to indicate agreement.)*

- \_\_\_\_\_ Make my LINC II Rent Contribution payments to my Landlord on a monthly basis.
- \_\_\_\_\_ Meet with my designated service provider (to be indicated below at lease signing) to develop a plan designed to maintain or enhance my household’s income, employment, and other benefits.
- \_\_\_\_\_ File for all work supports for which I am entitled. These may 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).
- \_\_\_\_\_ Seek all appropriate services as necessary to preserve my tenancy, including, but not limited to, job placement, landlord-tenant mediation, financial counseling and anti-eviction services. I can receive assistance or referrals for these services from my designated service provider or local Homebase office.
- \_\_\_\_\_ Cooperate fully with the City in its administration of the LINC II Program.

**TO BE COMPLETED BY HRA AT LEASE SIGNING**

Designated Service Provider

Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Local Homebase Office

Phone#: \_\_\_\_\_ Address: \_\_\_\_\_

**TO BE COMPLETED BY PROGRAM PARTICIPANT AT LEASE SIGNING**

I have read and agree with the above statements and understand that my participation in these services will be considered at the time of renewal. I have received a copy of this agreement.

\_\_\_\_\_

Name of Program Participant                      Signature of Program Participant                      Date