Form W-147JJ Rev. 4/28/11

If corporation, name of officer and corporate seal



Job Center/DHS Site:	Date		
Case Name:	Case	Number:	
JOS Worker/DHS Worker:		cant/Participant's bhone Number:	
Broker's State (Original to applicant/participant,		e Payment by Check d indexed into the electronic	case record)
The Human Resources Administration (HF if the Cash Assistance applicant/participa criteria:			
 The Broker has verified that the ac issued by the New York City Depart 			ficate of Occupancy
 No change has been made in the c the last issued Certificate of Occupa 		of an existing apartment tha	t is inconsistent with
No dangerous or hazardous violations are present on the premises.			
The Broker has a current broker's license in good standing.			
 The Broker is not the owner, contro 	lling person, or a	n affiliate of the owner of the	actual rental unit.
I (we),			,located at
1 (WO),	Name of brol	ker	,iodated at
	Address		
Borough		State	Zip Code
request payment by check for the sum of \$	S	on behalf of the above-na	med
applicant/participant who will be the primar	y tenant of the p	remises located at:	
	Address		Apartment Number
Borough This amount represents the entire broker's	fee The applica	State	Zip Code
excess of the amount issued by NYCDSS,			ne for any monies in
I (we), as the Broker of the above-named listed above and hereby request payment i			
I (we) agree to promptly refund to the HRA move into the above-described premises o			
Failure to provide true and accurate sta Penal Law § 175.30 (offering a false inst			
Broker's Signature	 Date	License Number	Telephone Number