NYC Human Resources Administration
Department of Homeless Services

Department of Social Services

PATHWAY HOME
Program Application

Applicant Information

Pathway Home Applicant Name: _____

Cash Assistance Case Number: _____ CARES Case Number: _____

Referral Source Program: _____

Referral Source Address: _____ Borough: _____ Zip: _____

Applicant Household Information

	First Name	Last Name	Relationship to Applicant	Gender	DOB (MM/DD/YY)
1.			**Self**		
2.					
3.					
4.					
5.					
6.					
7.					

Host Residence Information

Primary Occupant Name: _____

Cash Assistance Case Number (if applicable): _____

Host Residence Address: _____ Apartment Number: _____

Borough: _____ Zip Code: _____

# of Bedrooms: _____ # of Current Occupants: _____

Is residence subsidized housing (e.g., NYCHA, Sec 8, FHEPS, CityFHEPS)? ☐ Yes ☐ No

Is Residence Rent Stabilized or Rent Controlled? ☐ Yes ☐ No

Primary Occupants on CA and Primary Occupants of Rent Stabilized or Rent Controlled Apartments

Only: Primary Occupant's Monthly Payment Obligation for the Residence: $_____

(Turn page)

Host Family Information

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

Required Documents

I have attached the following required documents to be considered with my application:

☐ Program Applicant Statement of Understanding

☐ Primary Occupant Statement, including:

☐ proof of primary occupant's ownership or tenancy;
☐ completed IRS Form W9; and
☐ Host Family Authorization for ACS Clearance and Release of Information

Certification

I declare under penalty of perjury that all documents submitted and statements made on this application are correct and complete to the best of my knowledge. I certify that by signing this application I agree to an investigation conducted by the New York City Department of Social Services / Human Resources Administration and the New York City Department of Homeless Services to verify or confirm the information I have submitted, and determine my eligibility for the Pathway Home Program.

_____   _____   _____
             Signature of Applicant   Date   Phone Number

OFFICIAL USE ONLY – DO NOT fill out section below:		
Application Received:	Pathway Home Application #:	Initials: