

Notice Date: _____

Client Name: _____

Case Number: _____

Rental Assistance Supplement
Expiration Date: _____

Rental Assistance
Renewal Period _____

CityFHEPS RENEWAL REQUEST

DUE DATE:

INSTRUCTIONS:

To continue getting a rental assistance supplement you must:

- Fill out and sign this renewal form.
- Please answer all the questions.
- **Please read carefully and make sure that all of the information is correct.**
- If you mark “no” in any of the boxes below, please add your corrections on this form.
- Either mail **this form and supporting documents** in the enclosed envelope or scan and email all documents by the due date above to:



Email: RAPrenewals@hra.nyc.gov



Mail: CityFHEPS
NYC Human Resources Administration
109 East 16th Street, 10th Floor
New York, New York 10003

- See **page 5** regarding supporting documentation.

(Turn Page)

1. Residence and Contact Information: This is the information we have on file for you.

Address:
Phone Number:
Emergency Contact Number:

Is the above information correct? Yes No If "No," please give us your new information below.

New Address:
New Phone Number:
New Emergency Contact Number:

2. Household Information:

The following is the most recent information we have about your household:

Name	Date of Birth	Current Cash Assistance Status

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 5** for more information.

Household Member	Date of Birth	Social Security Number	Add	Remove
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

(Turn Page)

3. Employment: The following is the most recent information we have about the people who live in your household and are working:

Name	Hours	Monthly Income

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 5** for more information.

Status*	Household Member	Employer	Hours	New Monthly Amount

*For **Status**, tell us if we need to **add**, **change**, or **remove** the person's employment.

If you are not working, please tell us why in the box below:

4. Other Income:

We have the following information about your household's unearned income:

Name	Type of Income	Monthly Amount

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 5** for more information.

Add	Change	Remove	Household Member	Type of Income	New Monthly Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

(Turn Page)

5. Rent Information:

We have the following information about your monthly rent: \$ _____

Will this be your rent after _____? Yes No I do not know

If "No," what will your monthly rent be? \$ _____

(Please give us an updated lease or rental agreement with the new information.)

See page 5 for more information.

6. Rent Arrears: Are you behind in your rent payments? Yes No

If "Yes," please send us additional information. See page 5 for more information.

Signature

I certify that the information I am giving to the NYC Human Resources Administration, including any supporting documentation, is accurate and complete to the best of my knowledge and belief.

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

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **212-331-4640**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

INSTRUCTIONS on what types of Documents to Submit

A. Documentation/Follow Up: Do not send originals! Send copies only.
#1: Residence and Contact Information: No documentation required.
#2: Household Information: If your household information is correct, you do not need to submit any additional paperwork. If you need to add members, please submit any of the following documents. (Note that you must report income from additional members, and additional household members may or may not result in a change in your subsidy.) <ul style="list-style-type: none">• Photo I.D., Driver's license, U.S. passport, Naturalization certificate, Hospital/Doctor's records, Adoption papers, Birth/baptismal certificate
#3: Employment: If you are on Cash Assistance and the information we have on page 2 is correct, you do not need to submit any additional documentation. If you are not on Cash Assistance and you are employed, you must submit any of the following: <ul style="list-style-type: none">• 2 most recent pay stubs• An employment letter indicating hours and wages• A termination letter
#4: Other Income: Submit any of the following only if the income we have on page 3 is wrong: <ul style="list-style-type: none">• Copy of current award certificate/letter,• Copy of current benefit check,• Official correspondence from New York State Department of Labor, SSA, Veterans Administration, or agency administering grant/award, or• Copy of termination letter
#5: Rent Information: If the information we have on page 4 is not correct or if your monthly rent will change, please send us a copy of your lease or other rental agreement from your landlord.
#6: Rent Arrears: We will follow up if you told us on this form that you have rent arrears. Please note that if you do not tell us immediately about your rental arrears we may not renew your City Fighting Homelessness and Eviction Prevention Supplement (CityFHEPS) rental assistance supplement.

See **page1** for email and mailing addresses.

For assistance, call the Rental Assistance Call Center at 929-221-0043.