Department of Social Services
Human Resources Administration
Department of Homeless Services

Special Supplemental Assistance Fund Claim Request Form

Instructions: Landlords can claim up to $3,000 dollars in expenses that occurred during the duration of the tenancy (CityFHEPS rental assistance program only), provided that the expenses cannot already be covered by other programs such as the security deposit or emergency arrears. Please submit the following documentation along with this claim form:

- Proof of ownership for the rental unit (e.g., deed for a private home or condominium; stock certificate or certificate of shares for a cooperative apartment); and
- Documentation of unpaid rent (e.g., court judgment or stipulation, landlord breakdown, etc.), or a completed Contract Damage and Repair Certification Form (DSS-14b) with supporting documentation to verify the damage(s) to the apartment and the cost of repairs (e.g., photographs, estimates, receipts for repairs, etc.).

A. PROPERTY INFORMATION			
Landlord Name:			
Landlord Phone:		**Landlord Email:**	
Tenant Name:			
Tenant Address:			
Tenant Phone (if known):		**Tenant Case Number (if known):**	
Does the tenant still reside at the address listed above?	☐ **Yes** ☐ **No**		
Date the tenant exited the unit (if applicable):			
B. AMOUNT REQUESTED AND TYPE OF CLAIM REQUEST			
Total Cost of Damages / Rent Arrears:			
Check Made Payable To:			
Mailing Address:			
Reason for Claim:	☐ Tenant defaulted on payment of rent for _____ months/year (provide the court judgment, stipulation, landlord breakdown, etc.) ☐ Tenant caused damage to the apartment.		
Security Voucher Amount:			
Amount Requested for SSAF Claim: (Cannot exceed $3,000 for the total time of the tenancy)			

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C. AFFIRMATION

I _____, hereby swear/affirm, under penalty of perjury, that the information I have given above is true and complete. By signing below, I agree to provide any necessary documents requested by HRA beyond those that have been included in this claims request.

Landlord Name (please print): _____ _____
First Name Last Name

_____ _____
Signature Date

Subscribed and sworn to/affirmed before me

this _____ day of _____, 20_____.

Notary's Signature _____

Notary Seal:

Send Claim to: Email: ROSEservices@hra.nyc.gov
Mail: Housing Services Administration Office of Customer Service (HSAOCS)
109 East 16th Street, 10th Floor
New York, NY 10003

AGENCY USE ONLY			
Request Outcome:			
Total Amount Approved:			
Tenant Name:		**Case Number:**	
Submitted by:		**Date:**	
Approved by:		**Date:**	