Human Resources Administration
Department of Homeless Services
Department of Social Services

Request for a Modification to Your CityFHEPS Rental Assistance Supplement Amount

Complete this form if your income has changed and you are seeking a modification to your CityFHEPS rental assistance supplement amount.

Section 1: Tenant Information		
First Name:	Last Name:	
Address:		Apartment/Room Number:
City	State	Zip Code:

Section 2: Income Change Information

My household income has: ☐ Increased ☐ Decreased ☐ Ended

Please explain why your income has changed:

_____

_____

_____

_____

Section 3: Current Income Summary

Complete the fields below. Include each person who lives with you that currently receives income. Include their name, the income source (for example: job, Supplemental Security Income [SSI], Unemployment Insurance Benefits), and their total monthly income.

Household Member	Income Source	Monthly Total

(Turn page)

Section 4: Documents

Place a check mark (✓) next to the supporting documents you will submit with this completed form.

	Supporting Documents
☐	Pay stubs
☐	Employment letter
☐	SSI or Social Security Disability (SSD) award letter
☐	Unemployment Insurance Benefits letter
☐	Other

Section 5: Increased CityFHEPS Rent Maximum

If your landlord has increased your annual rent, HRA can increase your subsidy up to the annual maximum rent for your household size.

Please enter your new annual rent amount: $ _____

You must submit a signed lease with the new rent amount with this completed application.

Section 6: Attestation

I declare under penalty of perjury that all statements made on and documents submitted with this form are correct and complete to the best of my knowledge. I certify that by signing this form, I agree to an investigation conducted by the New York City Human Resources Administration (HRA) to verify or confirm the information I have submitted and determine my eligibility for a modification to my CityFHEPS rental assistance supplement amount.

_____ _____

Signature Date

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Section 7: Submission Options

Please use **one** of the options below to submit your completed form and supporting documents:

Mobile App: Take pictures of all the pages of this form **AND** all your documents. Then, upload all the pictures from your mobile phone or tablet using the ACCESS HRA mobile app!

www.nyc.gov/accesshramobile

Email: CityFHEPSRenewals@hra.nyc.gov

In-Person: 109 East 16th Street
New York, NY 10003
Between 8:30 am and 5:00 pm

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 **718-557-1399**. 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.