CHANGE REQUESTS FOR RENTAL ASSISTANCE PROGRAMS

Please select the request(s) you are making (check all that apply):

SECTION I. TYPE OF REQUEST

Change Request Type(s)	Definition
☐ **Change in Property Ownership**	To report a change in building ownership and provide instructions for payment.
☐ **Change of Payee**	To report changes to payment instructions.
☐ **Change of Payment Address**	To report a change in the address at which the payee wants to receive payment.
☐ **Change of Payment Method**	To request a change of how your payments are made
☐ **Add or Change Managing Agent**	To add or report a change to the managing agent.

SECTION 2. DOCUMENT REQUIREMENT CHECKLIST

☐ **Deed/Landlord Proof of Ownership**
☐ **Form W-9 for the landlord, managing agent or payee**
☐ **Proof of Registration with the Department of Housing Preservation and Development (HPD)**
☐ **Authorized Point of Contact Designation (DSS-85d)** *(The **DSS-85d** is required unless the individual completing this form is the property owner, head officer, or the managing agent whose name and management company are identified on the current HPD Property Registration.)*
☐ **Property Manager Agreement (if applicable)**

Important Information for Landlords:

- This request cannot be processed unless all required documents are provided.
- W-9 form must be signed.
- The landlord's name must match deed or other proof of ownership.
- Names must be consistent across all submitted forms and supporting documents.

Please note: *If you have access to the Current NYC Landlord Portal, requests to change the payee, payment address, managing agent, or payment method must be submitted through the portal.*

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Important Reminders When Submitting This Form by Mail:

- Include all required documents.
- Keep copies of this form and all documents for your records.
- Allow additional time for processing if you submit this form by mail.

Important Reminders When Submitting This form by Email:

- Attach the completed form and all required documents.
- Ensure documents are legible.
- Subject line should clearly state what the request is for.
- In the body of the email, please provide the following information regarding the individual submitting this form:
  - Legal Name
  - Phone Number
  - Email Address
- Please note that additional outreach does not result in faster processing times.
- Incomplete or improperly labeled submissions may delay processing.

Please send the completed form to:

By Mail: Stakeholder Outreach and Engagement
33 Beaver Street
Floor 14
New York, NY 10004

By E-Mail: ROSEservices@hra.nyc.gov

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SECTION 3. PERSON COMPLETING THIS FORM

▶ **THIS SECTION IS REQUIRED FOR ALL CHANGE REQUESTS**

Today's Date: _____

Effective Date of Change (if known): _____

I am the: ☐ Current Property Owner/Head Officer ☐ New Property Owner ☐ Designated Payee ☐ Registered Managing Agent ☐ Authorized Designee

Individual Name (Print): _____

Name of Company (if applicable): _____

Mailing Address: _____

Email: _____

Telephone: _____

Note: If you are completing this form on behalf of the owner, proof of relationship (e.g., HPD registration) must be attached.

SECTION 4. PROPERTY INFORMATION

▶ **THIS SECTION IS REQUIRED FOR ALL CHANGE REQUESTS**

Please list all properties to which this change request applies.

Note: For each property listed below, select whether the change applies to the entire building or to a specific unit. If Unit is selected, enter the applicable apartment/unit number. If Building is selected, leave the Apt./Unit field blank.

☐ This change applies to all the properties for which I am currently receiving payment.
Property Addresses: If there are additional properties, please attach a full list.

Property	Applies to	Street Address	Apt./Unit	City	State	ZIP Code
1	☐ Building ☐ Unit					
2	☐ Building ☐ Unit					
3	☐ Building ☐ Unit					
4	☐ Building ☐ Unit					

(Turn page)

SECTION 5. CHANGE OF PROPERTY OWNER INFORMATION

▶ **ONLY COMPLETE THIS SECTION IF YOU ARE REQUESTING AN OWNERSHIP CHANGE**

Complete this section if you are the **new** owner of a property with tenants receiving any type of DSS rental assistance or if you are a representative of the new owner (payee or managing agent).

Note: A copy of the deed for the property or other proof of ownership must be attached. If the property has tenants participating in the CityFHEPS or SOTA program, a W-9 must also be attached.

Property Owner Type (select one): ☐ Individual Owner ☐ Business Owner

Property Owner Legal Name
(First and Last Name if an individual owner; Business Name if a business owner)

Owner Mailing Address

Tax Identification Number
(SSN if an individual owner; EIN if a business owner)

If the property owner is an individual owner, complete the following:

Owner Email **Owner Telephone**

If the property owner is a business owner, complete the following:

Business Contact Name

Business Contact Telephone **Business Contact Email**

Is the Owner also the Payee? ☐ YES ☐ NO

If YES, please skip Section 6 and go directly to Section 7.

If NO, please continue to Section 6.

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SECTION 6. CHANGE OF DESIGNATED PAYEE

▶ **ONLY COMPLETE THIS SECTION IF YOU WOULD LIKE TO ADD OR CHANGE A DESIGNATED PAYEE AND PAYMENT ADDRESS.**

The payee is the (select one): ☐ Property Owner/Head Officer ☐ Authorized Designee
☐ Management Company ☐ Other *(provide relationship)*

Payee Type (select one): ☐ Individual Payee ☐ Business Payee

_____

Payee Name
(First and Last Name if an individual payee; Business Name if a business payee)

_____

Payee Relationship to Property Owner

_____

Payee TIN
(SSN if an individual payee; EIN if a business payee)

_____

Payee Mailing Address
(address where checks will be sent)

_____

Payee Email

_____

Payee Telephone

_____

Payee Contact
(Only required when the payee is a business entity)

Please be advised that I _____
Owner or Owner Representative Name (please print)

hereby authorize _____
Payee Name (please print)

to receive payment for the properties listed in Section 4.

_____ _____
Signature Date

(Turn page)

SECTION 7. CHANGE OF PAYMENT METHODS AND DETAILS

▶ **THIS SECTION IS REQUIRED FOR ALL CHANGE REQUESTS**

I prefer to be paid:

☐ **By Paper Check:**

- Is the mailing address to which paper checks should be sent the same as the payee mailing address in Section 5 or 6?
- If NO, please specify the mailing address to which paper checks should be sent, if different from the previous page.

Payment Mailing Address

☐ **Electronically – If you have a Current NYC Landlord Portal account, you can register for electronic payments online through NYC DSS' System Current NYC for Landlords**

Please note that the bank account must belong to the designated payee and a voided check or other bank document that includes the account holder's name, account number and routing number must be provided, and may be required for verification purposes.

Account Type	*Checking* ☐ Savings ☐
Bank Name	
Account Name (as it appears on the void check or statement)	
ABA Routing Number (9-digit number as it appears on the bottom of the voided check)	
Account Number	

(Turn page)

SECTION 8. CHANGE OF MANAGING AGENT

▶ **ONLY COMPLETE THIS SECTION IF YOU WOULD LIKE TO CHANGE THE MANAGING AGENT**

Managing Agent Type (select one): ☐ Individual Managing Agent
☐ Business Managing Agent

Managing Agent Legal Name
(First and Last Name if an individual; Business Name if a business)

Managing Agent Mailing Address

Managing Agent TIN
(SSN if the managing agent is an individual; EIN if the managing agent is a business)

If the managing agent is an individual, complete the following:

Managing Agent Email

Managing Agent Telephone

If the managing agent is a business, complete the following:

Primary Contact Name

Primary Contact Telephone

Primary Contact Email

(Turn page)

SECTION 9. AUTHORIZED SIGNATURE

▶ **THIS SECTION IS REQUIRED FOR ALL CHANGE REQUESTS**

I, _____

Owner or Owner Representative Name *(please print)*

confirm that the information I have provided on this form is accurate, and I am authorized to make the changes requested on this form.

_____ _____

Signature Date