Human Resources Administration
Department of Homeless Services
Department of Social Services

DSS-14 (E) 05/27/2020

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, SEPS, LINC, and CITYFEPS 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 along with this claim form:

- Proof of ownership (of premises); and
- Documentation of unpaid rent (e.g., court judgment or stipulation, landlord breakdown, etc.) or 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:			
Tenant Name:		**Lease Start Date:**	
Tenant Address:			

B. AMOUNT REQUESTED AND TYPE OF CLAIM REQUEST			
Total Amount Requested:		**Date Submitted:**	
Check Made Payable To:			
Mailing Address:			
Reason for Claim (complete the following):	☐ Tenant defaulted on payment of rent for _____ months/year (provide court judgment, stipulation, landlord breakdown, etc. ☐ Tenant caused damages to the apartment.		

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 am agreeing to provide any necessary documents requested by HRA beyond those that have been included in this claims request.

_____ _____ _____

Landlord: Print Name Signature Date

Subscribed and sworn to/affirmed before me

this _____ day of _____, 20_____.

Notary's Signature _____

Notary Seal:

Send Claim to: **Email**: SSAF@hra.nyc.gov **Fax:** 917 639-0366
Mail: Rental Assistance Program Unit, 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:**	