

## 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			
<b>Landlord Name:</b>			
<b>Tenant Name:</b>		<b>Lease Start Date:</b>	
<b>Tenant Address:</b>			
B. AMOUNT REQUESTED AND TYPE OF CLAIM REQUEST			
<b>Total Amount Requested:</b>		<b>Date Submitted:</b>	
<b>Check Made Payable To:</b>			
<b>Mailing Address:</b>			
<b>Reason for Claim</b> (complete the following):	<input type="checkbox"/> Tenant defaulted on payment of rent for _____ months/year (provide court judgment, stipulation, landlord breakdown, etc.) <input type="checkbox"/> 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](mailto:SSAF@hra.nyc.gov)

**Fax:** 917 639-0366

**Mail:** Office of Central Processing, PO Box 02-9121, Brooklyn GPO, Brooklyn, NY 11202-9914

AGENCY USE ONLY			
<b>Request Outcome:</b>			
<b>Total Amount Approved:</b>			
<b>Tenant Name:</b>		<b>Case Number:</b>	
<b>Submitted by:</b>		<b>Date:</b>	
<b>Approved by:</b>		<b>Date:</b>	