



**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: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> 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

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Section 4: Documents	
Place a check mark (✓) next to the supporting documents you will submit with this completed form.	
<input type="checkbox"/>	Supporting Documents
<input type="checkbox"/>	Pay stubs
<input type="checkbox"/>	Employment letter
<input type="checkbox"/>	SSI or Social Security Disability (SSD) award letter
<input type="checkbox"/>	Unemployment Insurance Benefits letter
<input type="checkbox"/>	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:



Email: raprenewals@hra.nyc.gov



In-Person: 109 East 16th Street, 1st Floor, Room 102
New York, NY 10003

Between _____ and _____

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 212-331-4640. 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.