

CityFHEPS Landlord Package

For Apartment Rentals Only

Thank you for choosing to rent through the CityFHEPS program! Please review and complete the forms in this package as part of the CityFHEPS application process.



What is the CityFHEPS Landlord Package?

The Landlord Package gathers information related to landlords, rental units, payments as they pertain to a client's CityFHEPS application.

After a lease has been signed with a CityFHEPS client for your rental unit, DSS requires landlords to fill out and submit this package as part of the CityFHEPS application. Payments for a CityFHEPS voucher will be made to landlords once the CityFHEPS application is approved.

What is in this package?

The Landlord Package consist of 3 sections:

- I. Document Requirements Checklist
- II. Utilities, Landlord, and Payment Information
- III. Landlord Agreement

Please read and fill out all sections of this package carefully. Common mistakes that lead to package delays and longer wait times are noted throughout this document.

Note to Landlord:

CityFHEPS can be used towards a residence anywhere in New York State. Please note that the rent and utility amounts provided on this form are only valid for potential CityFHEPS tenants who are moving within New York City. If your tenant is applying for CityFHEPS and is moving outside of New York City, but within New York State, please go to the DSS CityFHEPS website to find the statewide amounts at <https://www1.nyc.gov/site/hra/help/cityfheps-documents.page>.

For Questions & Support:

For additional support, please email or call 718-557-1399.

SECTION I. DOCUMENT REQUIREMENT CHECKLIST

<input type="checkbox"/> Deed/Landlord Proof of Ownership	
<input type="checkbox"/> Form W-9 for landlord and payee (if payee is not the landlord)	▶ <i>If you have previously submitted a W-9 to DSS, you do not need to re-submit</i>
<input type="checkbox"/> IRS TIN Verification	▶ <i>If your IRS Tax Identification Number (TIN) has previously been submitted to DSS and verified, you do not need to re-submit</i>
<input type="checkbox"/> Security Voucher	

Before you advance to the following forms, take note of the following common mistakes that may lead to application returns:

- **Incorrect use of forms:** This form is for Apartment Rentals ONLY. For SRO and Room Rentals, please use the CityFHEPS Landlord Package for Rooms and SROs.
- **Incorrect or mismatched names:** Please fill out the Landlord / Owner's name exactly as written on the deed, including instances of "Inc." or "LLC."
- **Incorrect broker name:** If the Unit is being rented with the assistance of a broker, please ensure that you list the broker agency's name instead of the individual broker's name.

SECTION II. INFORMATION

Unit Information

<input type="text"/>			<input type="text"/>
Address of Rental Unit (<i>Street Number, Street Name</i>)			Unit Number
<input type="text"/>			
City	State	Zip Code	MAKE SURE THE UNIT NUMBER MATCHES THE LEASE
The Unit indicated above is being rented for at least one-year with the following start and end dates:			
<input type="text"/>		<input type="text"/>	
Rental Agreement Start Date (Must match date on the lease)		Rental Agreement End Date (Must match date on the lease)	
MAKE SURE THE RENTAL START DATE MATCHES THE DATE ON THE LEASE			
<input type="text"/>	<input type="text"/>	Is apartment rent stabilized?	
Actual Number of Bedrooms at Unit	Number of Bedrooms on Tenant's Shopping Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The Unit indicated above is being rented for at least one-year with the following start and end dates:

<input type="text"/>	<input type="text"/>
Rental Agreement Start Date * (Must match date on the lease)	Rental Agreement End Date (Must match date on the lease)

* Make sure the Rental Start Date matches the date on the Lease

<input type="text"/>	<input type="text"/>	Is apartment rent stabilized?
Actual Number of Bedrooms at Unit	Number of Bedrooms on Tenant's Shopping Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No

Apartment Utilities:

Only use the utility chart below for apartment rentals within the five boroughs of NYC. For apartment rentals outside the five boroughs of NYC but within NYS, please complete and attach the CityFHEPS Landlord Utility Information Form (Outside of New York City) (DSS-8y) which can be found at <https://www.nyc.gov/site/hra/help/cityfheps-documents.page>.

For the DSS Utility Allowance amounts, please refer to the DSS CityFHEPS Payment Standards (DSS-8r) which can be found at <https://www.nyc.gov/site/hra/help/cityfheps-documents.page>.

Please identify the utilities available for the available rental unit and whether the expense is incurred by you (the landlord) or the tenant.

Item	Specify Fuel Type	Paid by (Check one)
Heating	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other:	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Cooking	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other:	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Water Heating	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other:	<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Other Electric		<input type="checkbox"/> Landlord <input type="checkbox"/> Tenant

Property Owner Information

Who is completing this form? Please select the option that pertains to your situation:

- ☐ I am the owner of the unit identified above. If renting a unit within New York City, I have attached current proof of registration with HPD.

<input type="text"/>		MAKE SURE THE OWNER/LANDLORD NAME MATCHES THE NAME EXACTLY AS WRITTEN ON THE DEED, INCLUDING INSTANCES OF "INC." OR "LLC."
First and Last Name of Property Owner		
<input type="text"/>		<input type="text"/>
Property Owner address (<i>Street Number, Street Name</i>)		Unit number
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

- ☐ I am the managing agent of the unit identified above. If renting a unit within New York City, I have attached current proof of registration with HPD. Please provide the following information below:

<input type="text"/>	<input type="text"/>	
Management Company Business Name	Management Company TIN/EIN	
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
Management Company Agent Name:	<input type="text"/>	
Agent Phone Number:	<input type="text"/>	
Agent Email Address:	<input type="text"/>	

- ☐ I am the owner's authorized designee of the unit identified above. I am authorized to sign this landlord information form and the lease on behalf of the owner of the unit identified above and have attached proof of such authorization. If renting a unit within New York City, I have also attached current proof of registration with HPD. Please provide the information below:

Authorized Designee Name:	<i>First name:</i> <input type="text"/> <i>Last name:</i> <input type="text"/>
Authorized Designee Phone Number:	<input type="text"/>
Authorized Designee Email Address:	<input type="text"/>
Authorized Designee SSN:	<input type="text"/>



Human Resources
Administration
Department of
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Department of
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If the Unit is being rented with the assistance of a broker, I represent that:

- (a) The property owner is not the sales agent, associate broker, or individual broker.
- (b) No person who directly or indirectly owns or controls the rental unit:
 - i. also directly or indirectly owns or controls the brokerage firm; or
 - ii. is a broker, employee, or salesperson associated with the brokerage firm.
- (c) The property owner will not receive any part of the broker's fee directly or indirectly from the broker.
- (d) The sales agent, associate broker, or individual broker is not otherwise employed by the owner for services related to the property (e.g., property manager).
- (e) I understand that broker's fees do not apply to HPD units leased through a housing lottery or centralized homeless referral process.
- (f) The premises cannot be rented without the services of the sales agent, associate broker, or individual broker below:

Name of the Agency for the Sales Agent, Associate Broker, or Individual Broker

First and Last Name of Sales Agent, Associate Broker, or Individual Broker

License Number of Sales Agent, Associate Broker, or Individual Broker

Address of the Sales Agent, Associate Broker, or Individual Broker
(Street Number, Street Name)

Unit Number

City

State

Zip Code

Payment Information

Current NYC Landlord Portal Information

The New York City Department of Social Services (DSS) is launching the Current NYC Landlord Portal which is an online system for landlords who rent units to DSS clients. Landlords, or their designees, will be able to create a Current NYC account to see and update their information in DSS' records, change payment preferences, enroll in Electronic Funds Transfer (EFT) to receive rent payments electronically, and view payment history. Please provide the information below about the person (i.e., yourself or someone that you designate) that you want to have this level of access to your information on the Current NYC Landlord Portal.

Please note that completing this form does not enroll landlords in the Current NYC Landlord Portal and does not enroll landlords in direct deposit.

Authorized Current NYC Designee's Relationship to the Property Owner of the Rental Unit Address: *

☐ Property Owner ☐ Property Manager ☐ Other

* **NOTE:** If you are the property owner and are designating yourself, you do not need to provide the Authorized Current NYC Designee Name, Designee Telephone Number, and Designee Email Address below.

Authorized Current NYC Designee Name (First and Last Name)

Authorized Current NYC Designee Telephone Number

Authorized Current NYC Designee Email Address

Payment Information *(continued)*

PAYEE INFORMATION

Checks should be made payable to Payee - please select one of the following options that apply:

☐ Payee is the Property Owner (Name of Property Owner as listed on page 4)

☐ Property Owner's check mailing address is the same as previously listed on page 4

☐ Payee is not the Landlord (select relationship below):

☐ Property Owner (Information provided on page 4)

☐ Management Company (Information provided on previous page)

☐ Authorized Designee (Information provided on page 4)

☐ Other (provide relationship information below)

If you chose other, please fill out the information below:

Checks should be made payable to:

on behalf of

Payee

Property Owner

Relationship of Payee to Property Owner

Payee Email Address

Payee TIN/EIN

Payee's check mailing address:

Street Address (*Street Number, Street Name*)

Unit Number

City

State

Zip Code

If the Program Participant is moving into a new unit using CityFHEPS, I understand that I can also receive the following up-front payments (Please select):

☐ 3 months of CityFHEPS Rental Assistance Supplement

Section III. Landlord Requirements Agreement

Note: To learn about what is required for the preclearance and walkthrough, please refer to the Website Clearance Checklist, Apartment Review Checklist, and the Apartment Review Checklist Guidance available on <https://www.nyc.gov/site/hra/help/cityfheps-documents.page>.

Landlord Requirements

For all units:

1. I understand that before signing a lease for housing built before 1978, federal law requires me to provide the tenant with:
 - a. An EPA-approved information pamphlet on identifying and controlling lead-based paint; and
 - b. Any known information concerning the presence of lead-based paint or lead-based paint hazards in the home or building; and
 - c. An attachment to or language inserted in the lease that includes a "Lead Warning Statement" and confirms that I have complied with all notification requirements.
 - d. Notify DSS and submit a completed Change in Tenancy (**DSS-85c**) form if there is any change to the Program Participant's tenancy for the Unit specified on this form. (The Change in Tenancy form can be found at: <https://www.nyc.gov/site/hra/help/cityfheps-documents.page>).
 - e. Not move the Program Participant from the Unit specified on this form to another unit without the prior written approval from both HRA and the household.
2. For units within New York City:
 - a. In addition to 1. above, I understand that to the extent the provisions of Local Law 1 of 2004 are applicable, I must comply with them. To the extent such provisions are applicable, I must comply with New York City Administrative Code §27-2056.8 relating to duties to be performed in vacant units and with New York City Administrative Code §27-2056.4(c), by providing a copy of the New York City Department of Health and Mental Hygiene pamphlet concerning lead-based paint hazards to the Program Participant. This shall not be construed to impose any additional obligations other than those that already exist under Local Law 1.
3. In accordance with CityFHEPS program rules, I understand that I must:
 - a. Comply with all applicable building and housing code standards and ensure that the Unit is habitable at the time of rental and during the Program Participant's tenancy;
 - b. Deem CityFHEPS payments that are issued by the last day of the month as timely paid towards the Unit's rent for that month, regardless of any provisions in the lease to the contrary;
 - c. Return any payments from the CityFHEPS Program to DSS for any period that the Program Participant was not residing in the Unit;
 - d. Notify DSS and submit a completed Change in Tenancy (**DSS-85c**) form if there is any change to the Program Participant's tenancy for the Unit specified on this form. (The Change in Tenancy form can be found at: <https://www.nyc.gov/site/hra/help/cityfheps-documents.page>).
 - e. Not move the Program Participant from the Unit specified on this form to another unit without the prior written approval from both HRA and the household.
4. I make the following representations:
 - a. I have the legal authority to rent out the Unit for the period covered by the lease or rental agreement.
 - b. The rent charged in the lease is at or below the legal rent, if any, for the Unit as established by federal, state, or local law or regulations. If I falsely claim that a unit is not rent regulated or charge a rent amount above the legally allowable rent, DSS may adjust the rent amount as appropriate, recoup any overcharges, and may pursue legal action.

I understand that DSS/HRA/DHS uses information from the New York Division of Housing and Community Renewal (DHCR) to check the rent stabilization status and maximum legal rent amount of each apartment unit entered for clearance and at lease renewal. By entering this unit for clearance or renewal, I agree to let DSS/HRA/DHS use information from DHCR about this unit.

Section III. Landlord Requirements Agreement *(continued)*

Landlord Requirements *(continued)*

4. I make the following representations *(continued)*:
- c. The information I have provided in this application (including but not limited to utilities for this unit) is accurate. If I have misrepresented this information, DSS will reduce the ongoing rent by the appropriate amount and recoup past overpayments.
 - d. I understand that any false statement I have made is punishable under New York penal law.

I have read the Landlord Requirements carefully and I understand and accept all the terms of the Landlord Requirements.

Before you submit this document, make sure that you did not make any common mistakes listed on page 2 and noted throughout this package.

Landlord Name (please print)

Landlord Signature

Date

Representative/Managing Agent Name *(if applicable)* (please print)

Representative/Managing Agent Signature

Date