



**Department of  
Social Services**

DSS-8f (E) 01/27/2025 (page 1 of 7)

**CityFHEPS Landlord Information Form –  
Apartment Rentals**

**Rental Unit Information**

<b>Rental Unit Address:</b>	Street Address		Unit Number
	City	State	Zip Code

**Property Owner Information**

Please provide the following information if the property is owned by an individual:

<b>Property Owner Name:</b>	First Name		Last Name
<b>Property Owner SSN:</b>			
<b>Property Owner Phone Number:</b>			
<b>Property Owner Email Address:</b>			
<b>Property Owner Mailing Address:</b>	Street Address		
	City	State	Zip Code

Please provide the following information if the property is owned by a business:

<b>Business Name:</b>		
<b>Business EIN:</b>		
<b>Business Contact Person Name:</b>	First Name	Last Name
<b>Business Contact Person Phone Number:</b>		
<b>Business Contact Person Email Address:</b>		

**CityFHEPS Landlord Information Form –  
Apartment Rentals *(continued)***

The rental unit indicated above (the “Unit”) is being rented for at least a one-year period beginning on

\_\_\_\_\_ and ending on: \_\_\_\_\_  
(the “Rental Agreement Start Date”) (the “Rental Agreement End Date”)

The unit is being rented to:

\_\_\_\_\_  
(the “Program Participant”)

**Please read this Information Form carefully, complete all applicable fields, and sign in the space at the bottom.**

**Program Information**

HRA will pay a portion of the monthly rent (“CityFHEPS Rental Assistance Supplement Amount”) on behalf of the eligible CityFHEPS household to rent the Unit. If the Unit being rented by the Program Participant is within the five (5) boroughs of New York City, the Program Participant is responsible for paying any portion of the rent that is not covered by the CityFHEPS Rental Assistance Supplement Amount and their Cash Assistance (CA) shelter allowance, if any. If the Unit being rented by the Program Participant is outside of New York City, but within New York State, the Program Participant is responsible for paying any portion of the rent that is not covered by the CityFHEPS Rental Assistance Supplement Amount and their Public Assistance (PA) or Temporary Assistance (TA) shelter allowance, if any.

Any contractual relationship will be solely between each tenant participating in the program and such tenant’s landlord participating in the program.

The CityFHEPS Landlord Requirements are set forth in Chapter 10 of Title 68 of the Rules of the City of New York and can be found in the CityFHEPS Landlord FAQ, available at <http://nyc.gov/dsshousing>.

CityFHEPS is similar to Section 8 in that, subject to the availability of funding, it provides assistance, including rental assistance in specified amounts, to landlords and tenants who want to form a landlord-tenant relationship.

## CityFHEPS Landlord Information Form – Apartment Rentals *(continued)*

### 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.

<b>Authorized Current NYC Designee's Relationship to the Property Owner of the Rental Unit Address:</b>	<input type="checkbox"/> Property Owner <input type="checkbox"/> Property Manager <input type="checkbox"/> Other _____  <b>Note:</b> If you are the property owner and are designating yourself, you do not need to complete the rest of this chart.
<b>Authorized Current NYC Designee Name:</b>	
<b>Authorized Current NYC Designee Email Address:</b>	
<b>Authorized Current NYC Designee Phone Number:</b>	

## CityFHEPS Landlord Information Form – Apartment Rentals *(continued)*

### Who Is Completing This Form?

Please select one of the following options:

- ☐ 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.
- ☐ 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 information below.)

<b>Management Company Business Name:</b>	
<b>Management Company Business Address:</b>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>
<b>Management Company TIN/EIN:</b>	
<b>Management Company Agent Name:</b>	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Last Name</span> </div>
<b>Management Company Agent Phone Number:</b>	
<b>Management Company Agent Email Address:</b>	

- ☐ 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.)

<b>Owner Authorized Designee Name:</b>	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Last Name</span> </div>
<b>Owner Authorized Designee Phone Number:</b>	
<b>Owner Authorized Designee SSN:</b>	
<b>Owner Authorized Designee Email Address:</b>	

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**CityFHEPS Landlord Information Form –  
Apartment Rentals *(continued)*****Payment Information**

Checks should be made payable to \_\_\_\_\_ on

behalf of \_\_\_\_\_  
(Property Owner)Payee: ☐ Property Owner      ☐ Management Company      ☐ Authorized Designee  
☐ Other *(provide relationship information below)*

Relationship of Payee to Property Owner: \_\_\_\_\_

Payee TIN/EIN: \_\_\_\_\_

Payee Email Address: \_\_\_\_\_

Checks should be mailed to the following address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that I will receive at least the first full month's rent up front.

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

If the Unit is being rented with the assistance of a sales agent, associate broker, or individual 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.

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## CityFHEPS Landlord Information Form – Apartment Rentals *(continued)*

### Payment Information *(continued)*

- (f) The premises cannot be rented without the services of the sales agent, associate broker, or individual broker below:

<b>Name of Sales Agent, Associate Broker, or Individual Broker:</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Last Name</span> </div>
<b>License Number of Sales Agent, Associate Broker, or Individual Broker:</b>	<div style="border-bottom: 1px solid black; height: 20px;"></div>
<b>Address of Sales Agent, Associate Broker, or Individual Broker:</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>Street Address</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>

### Landlord Requirements

1. For all units:

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.

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.

**CityFHEPS Landlord Information Form –  
Apartment Rentals** *(continued)***Landlord Requirements** *(continued)*

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.
  - (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.

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Landlord Authorized Signature

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Date

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Print Name and Title**Attachment:**

Fix Lead Paint Hazards: What Landlords Must Do and Every Tenant Should Know