



**Department of
Social Services**

DSS-8g (E) 01/28/2025 (page 1 of 7)

**CityFHEPS Landlord Statement of Understanding –
Room and SRO Rentals**

Rental Unit Information

Rental Unit Address:	Street Address		Unit Number
	City	State	Zip Code

Property Owner Information

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

Property Owner Name:	_____ First Name Last Name		
Property Owner SSN:			
Property Owner Phone Number:			
Property Owner Email Address:			
Property Owner Mailing Address:	Street Address		
	City	State	Zip Code

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

Business Name:			
Business EIN:			
Business Contact Person Name:	_____ First Name Last Name		
Business Contact Person Phone Number:			
Business Contact Person Email Address:			

**CityFHEPS Landlord Statement of Understanding –
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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 the Statement of Understanding carefully, complete all applicable fields, and, if you understand and accept all of the terms stated below, 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. 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.

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 the Section 8 program in that, subject to the availability of funding, the City of New York is implementing a program to provide assistance to landlords and tenants who want to form a landlord–tenant relationship, including rental assistance of specified amounts. Any contractual relationship will be solely between each tenant participating in the program and such tenant’s landlord participating in the program.

CityFHEPS Landlord Statement of Understanding – Room and SRO 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.

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

CityFHEPS Landlord Statement of Understanding – Room and SRO Rentals *(continued)*

Who Is Completing This Form?

Please select one of the following options:

- ☐ I am the the owner of the unit identified above. I have attached current proof of registration with HPD.
- ☐ I am the managing agent of the unit identified above. I have attached current proof of registration with HPD.
(Please provide the information below.)

Management Company Business Name:	
Management Company Business Address:	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div>
Management Company TIN/EIN:	
Management Company Agent Name:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> First Name Last Name </div>
Management Company Agent Phone Number:	
Management Company Agent Email Address:	

- ☐ 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. I have also attached current proof of registration with HPD.
(Please provide the information below.)

Owner Authorized Designee Name:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> First Name Last Name </div>
Owner Authorized Designee Phone Number:	
Owner Authorized Designee SSN:	
Owner Authorized Designee Email Address:	

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**CityFHEPS Landlord Statement of Understanding –
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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.

☐ 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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Payment Information *(continued)*

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

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

Landlord Requirements

1. In accordance with CityFHEPS rules, I understand that I must:
 - (a) Not demand, request, or receive any amount above the rent or reasonable fees that are stipulated in the lease or rental agreement;
 - (b) Deem all payments made by HRA on behalf of the Program Participant that are paid in full by the final day of the month, as timely paid, regardless of any provisions in the lease to the contrary;
 - (c) Accept the HRA security voucher in lieu of a cash security deposit and not request any additional security from the client;
 - (d) Not move a household from one unit to another without prior written approval from both HRA and the household;
 - (e) Not rent rooms to more than three unrelated individuals residing in one apartment.
 - (f) Notify HRA within 5 business days of learning that the household no longer resides in the Unit;
 - (g) Submit a completed Change in Tenancy ([DSS-85c](https://www.nyc.gov/site/hra/help/cityfheps-documents.page)) 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>).
 - (h) Notify HRA within 5 business days if any legal proceeding affecting the Program Participant's tenancy is commenced;
 - (i) Notify HRA as soon as reasonably practicable if ownership or management of the premises is changing;
 - (j) Return any payments from HRA for any period that the household was not residing in the Unit;
 - (k) Promptly report and return to HRA any overpayments of rent, including, but not limited to: overpayments caused by inaccurate information provided to us or changes in ownership, payee, and/or management.

**CityFHEPS Landlord Statement of Understanding –
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2. I understand that required notifications to HRA must be made in writing to:

**CityFHEPS
NYC Human Resources Administration
109 East 16th Street, 10th Floor
New York, NY 10003**

I understand that if I have any questions, I may also call 718-557-1399.

HRA will provide me with instructions on how to return any overpayments when such overpayments are reported.

3. 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.

4. I understand that financial incentives from HRA will not be available for the rental of the Unit where the previous tenant was receiving FHEPS, CityFHEPS or another New York City rental assistance program, unless I can show good cause for not renewing the previous tenant.

5. I understand that failure to comply with any of the requirements stated above may result in my disqualification from future participation in CityFHEPS and other New York City rental assistance programs. HRA may also pursue any other available legal remedies and, in appropriate circumstances, will refer clients for legal services.

I have read the above Statement of Understanding carefully and I understand and accept all the terms stated above.

Landlord Authorized Signature

Date

Print Name and Title