CityFHEPS Landlord Package

For Rooms and Single Room Occupancy 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 consists of 5 sections (4 sections if the unit is not a room rental):

I. Document Requirements Checklist

II. Rental Unit, Property Owner, Broker, and Current NYC Information

III. Payment Information

IV. Room Allocation (**only** complete this section for room rentals)

V. 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.

For Questions & Support:

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

SECTION I. DOCUMENT REQUIREMENTS CHECKLIST

☐	Deed/Landlord Proof of Ownership	
☐	Lease	
☐	Proof of Registration with the Department of Housing Preservation and Development (HPD)	
☐	Authorized Point of Contact Designation Form (**DSS-85d**) (The **DSS-85d** is required unless the individual completing this Landlord Package is the property owner, head officer, or the managing agent whose name and management company are identified on the current HPD Property Registration)	
☐	Form W-9 for landlord and payee (if payee is not the landlord)	▶ *If you have previously submitted a W-9 to DSS, you do **not** need to re-submit*
☐	Voided Check, first page of a bank statement, or a letter signed by your bank representative, confirming the account holder's name, account number, and ABA routing number.	▶ *This is only required if you are enrolling in EFT.*
☐	Security Voucher	

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

- **Incorrect use of forms:** This form is for SRO and Room Rentals ONLY. For apartment rentals, please use the CityFHEPS Landlord Package for Apartments.
- **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 complete all the information on page 6.

(Turn page)

SECTION II. RENTAL UNIT, PROPERTY OWNER, BROKER, AND CURRENT NYC INFORMATION

RENTAL UNIT INFORMATION

Address of Rental Unit *(Street Number, Street Name)*

Unit Number

Room Number *(if applicable)* ▶ *Make sure the Room Number matches the Lease*

City State Zip Code

MAKE SURE THE RENTAL START DATE MATCHES THE DATE ON THE LEASE ▼

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

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*

Actual Number of Bedrooms in Unit

Number of Bedrooms on Tenant's Shopping Letter

Is apartment rent stabilized?

☐ Yes ☐ No

This unit is being rented to:

(Program Participant Name)

Property Owner Information

Note: Please make sure that the property owner's name matches the name exactly as it is written on the deed, including instances where the property is owned by a business (e.g., Inc., LLC).

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

First and Last Name of Property Owner

Property Owner Mailing Address *(Street Number, Street Name)* | Unit Number

City | State | Zip Code

Property Owner SSN

Property Owner Telephone Number

Property Owner Email Address

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

Business Name

Business Mailing Address *(Street Number, Street Name)* | Unit Number

City | State | Zip Code

Business EIN

First and Last Name of Contact Person

Contact Person Telephone Number

Contact Person Email Address

Property Owner Information *(continued)*

WHO IS COMPLETING THIS FORM?

Please select the option that pertains to your situation:

Note: To look up a property's HPD registration online, visit the official HPD Online portal and enter the specific property address or the Borough, Block, and Lot (BBL) number. After selecting the correct building from the search results, scroll below to the Property Owner Registration Information section to see the contact details for corporate officers, the head owner, and the managing agent. To find out more information about property registration and how to register if you are a property owner or agent, please visit the HPD website.

☐ **I am the property owner of the unit identified on page 3**. If renting a unit within New York City, I have attached current proof of registration with HPD.

☐ **I am the managing agent, or I have been authorized by the managing agent of the unit identified on page 3**. I am authorized to sign this CityFHEPS Landlord Package and the lease on behalf of the owner of the unit identified on page 4, and I have attached proof of such authorization. If renting a unit in New York City, I have attached current proof of registration with HPD. Please provide the following information below:

Management Company Business Name

Management Company TIN/EIN

Management Company Business Address *(Street Number, Street Name)*

City

State

Zip Code

Management Company Agent Name

Agent Telephone Number

Management Company Agent Email Address

☐ **I am the owner's authorized designee of the unit identified on page 3**. I am authorized to sign this CityFHEPS Landlord Package and the lease on behalf of the owner of the unit identified on page 4 and have attached proof of such authorization. I have also attached current proof of registration with HPD. Please provide the information below:

Authorized Designee Name *(First and Last Name)*

Authorized Designee Telephone Number

Authorized Designee SSN

Authorized Designee Email Address

Broker Information

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., managing agent).

(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

Current NYC Landlord Portal 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 ☐ Managing Agent ☐ 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

SECTION III. PAYMENT INFORMATION

Note: Initial payments are issued via check, even if you select to be paid via EFT. The only exception is for certain DHS cases that are processed through HPD's Homeless Placement Services (HPS), where the initial payment may be issued via EFT.

I prefer to be paid (please select one of the following):

☐ **Electronically:** *Please provide the account information below. Please note that the bank account must be in the name of the designated payee. Additionally, you must provide a voided check or an official bank document that shows the account holder's name, account number, and routing number.*

Account Type	**Checking** ☐ **Savings** ☐
Bank Name	
Account Name (as it appears on the voided check or statement)	
ABA Routing Number (9-digit number as it appears on the bottom of the voided check)	
Account Number	

☐ **By Paper Check** (*please provide all the payee information below, including the check mailing address):*

Please select one of the following options to indicate the payee:

☐ Property Owner ☐ Authorized Designee ☐ Management Company ☐ Other *(provide relationship)*

Checks should be made payable to:

Payee on behalf of 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 IV. ROOM ALLOCATION FORM

ONLY COMPLETE THIS SECTION IF THE RENTAL UNIT IS A ROOM RENTAL (SKIP THIS SECTION IF THE UNIT IS AN SRO RENTAL)

Room Allocation Form

Before an individual can move into a room through the CityFHEPS programs, the Department of Social Services (DSS) must confirm the following:

- That the individual's move into the apartment will not result in more than three unrelated individuals residing in the apartment in violation of the Housing Maintenance Code;
- That DSS is not making payments on behalf of anyone who is no longer in the apartment;
- That no CityFHEPS or SOTA tenants have moved from their original room to a different room within the apartment that did not have a walkthrough performed by the City; and
- That DSS is not paying rent on behalf of anyone else for the room you are attempting to rent to a new tenant

For the unit listed above, please complete the following information about room allocation:

Current Room Allocation					
Room Number	**Occupied?**	**HRA Payment**	**If Yes, Tenant Name and Cash Assistance (CA) Number if known**	**Date Moved In**	**Is the Tenant in room indicated on the initial lease?**
	☐ Yes ☐ No	☐ Yes ☐ No			☐ Yes ☐ No (if No, Room #)
	☐ Yes ☐ No	☐ Yes ☐ No			☐ Yes ☐ No (if No, Room #)
	☐ Yes ☐ No	☐ Yes ☐ No			☐ Yes ☐ No (if No, Room #)
	☐ Yes ☐ No	☐ Yes ☐ No			☐ Yes ☐ No (if No, Room #)

Report any payments for Tenants no longer living in the residence					
Room Number	**Type of Payment**		**Former Tenant Name**	**Date Left**	**Possessions in room or storage?**

Proposed New Tenant Assignment					
Room Number	**Tenant Name**				

If you are receiving any payments for tenants who no longer live in the apartment, submit this form to RAProoms@hra.nyc.gov immediately. Payments for the room(s) you are trying to rent must be stopped before a new tenant may move in.

If one of your tenants has moved to a room that did not have a walkthrough performed by DSS, you must submit a walkthrough request for that room in addition to the request for the prospective tenant.

I certify that the information provided on this form is true and accurate the best of my knowledge.

SECTION V. 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

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**) 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.
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 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.
   c. The information I have provided in this application 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.

SECTION V. LANDLORD REQUIREMENTS AGREEMENT *(continued)*

Landlord Requirements *(continued)*

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 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