



### CityFHEPS Packet Cover Sheet – Shelter

**Client's Information**

Client's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Cash Assistance Case #: \_\_\_\_\_

Staff Contact: \_\_\_\_\_ Staff Phone #: \_\_\_\_\_

Staff e-Mail: \_\_\_\_\_

Program Analyst: \_\_\_\_\_ CARES ID: \_\_\_\_\_

Program Administrator: \_\_\_\_\_ Facility Code: \_\_\_\_\_

**Did you include the following mandatory documents?**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>DSS-7 or DSS-7b</b> ("Shopping Letter")                             | <input type="checkbox"/> Proof of Apartment/Room Preclearance                                     |
| <input type="checkbox"/> <b>DSS-7a or DSS-7c</b> ("Household Share Letter")                     | <input type="checkbox"/> <b>DSS-10a</b> Apartment Review Checklist                                |
| <input type="checkbox"/> Proof of last 30 days of Income<br>(for everyone in the household 18+) | <input type="checkbox"/> Deed/Proof of Ownership  |
| <input type="checkbox"/> <b>W-137A</b> Request for Emergency Assistance                         | <input type="checkbox"/> <b>DSS-8f or DSS-8g</b> ("Landlord Information Form")                    |
| <input type="checkbox"/> <b>DSS-7p</b> Program Participant Agreement                            | <input type="checkbox"/> Signed by managing agent or other authorized representative? If checked, |
| <input type="checkbox"/> Lease or Rental Agreement for 12 months                                | <input type="checkbox"/> Proof of HPD Registration or Authorization                               |
| <input type="checkbox"/> Shelter Residency Letter   |   |
| <input type="checkbox"/> <b>DSS-8b</b> Tenant Contact Information                               | <input type="checkbox"/> <b>W-147N</b> Security Voucher   |
| <input type="checkbox"/> Landlord W9  | <input type="checkbox"/> <b>DSS-8q</b> Landlord Utility Information                               |

**Check the rental type and associated forms included. Also check which landlord incentives apply, if any:**

- |   |  |
|---|--|
| <input type="checkbox"/> Room Rental?                       | <input type="checkbox"/> Apartment/SRO Rental?                               |
| <input type="checkbox"/> <b>DSS-8d</b> Room Allocation Form | <input type="checkbox"/> <b>HRA-145</b> Unit Hold Incentive Voucher          |
|   | <input type="checkbox"/> Landlord Bonus (availability based on zip code)     |
|   | <input type="checkbox"/> CityFHEPS Rental Assistance Supplement              |
|   | <input type="checkbox"/> 1 month <b>OR</b> <input type="checkbox"/> 3 months |

**If a Broker was used, did you include the following documents?**

- HRA-121** Broker's Request for Enhanced Fee Payment by Check     Broker License (if broker fee)

**Comments:** \_\_\_\_\_

\_\_\_\_\_

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**SUPERVISORY REVIEW (Director of Social Services or higher)**

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date