

# HRA HOME Tenant-Based Rental Assistance Program Landlord Package

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TENANT NAME:

\_\_\_\_\_

UNIT ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

**Submit documents to:**

[HomeRentals@hra.nyc.gov](mailto:HomeRentals@hra.nyc.gov)

Or mail to:

109 East 16th Street, 7th Floor  
New York, NY 10003

Dear Building Owner or Managing Agent:

Thank you for your interest in participating in the HRA HOME Tenant-Based Rental Assistance Program (HRA HOME TBRA). In order to process your request to participate in regard to the proposed tenancy identified above, HRA must first ensure that the proposed rental unit meets HRA HOME TBRA requirements. Please complete this Landlord Package in its entirety and return it to HRA with copies of all required documentation.

If you need help completing this Landlord Package, please call (929) 221-0043 and, when prompted, select the Owner Services Unit.

The following checklist of required documentation has been provided for your convenience:

- Substitute Form W-9 (enclosed)
- Copy of Recorded Deed or Shareholder Agreement
- Certificate of Occupancy
- Electronic Funds Transfer Form (enclosed)
- If Rent Stabilized, DHCR Registration
- Rent Reasonableness Documentation
- Regulatory Agreement (if applicable)
- Security Voucher, Form W-174N (enclosed)
- Broker's Request, Form HRA-121E and copy of Broker's license, if available
- Tenant's Request for Furniture Allowance and Other Assistance, Form W-137A (if applicable)
- Completed HRA HOME TBRA Request for Unit Approval
- Proposed Lease: Please send an unsigned proposed lease to HRA with this completed *Landlord Package*. Once HRA approves the lease terms, HRA will schedule an appointment for the landlord and tenant to execute the lease and for HRA and the landlord to execute a Rental Assistance Contract (RAC). Please note that the landlord and tenant may not enter into a lease agreement before the lease and RAC signing appointment.

**Please complete the following pages in their entirety and provide signatures wherever indicated. Incomplete information will result in delays. Please note the following:**

- Landlords must complete, sign and date the *Landlord Package* in its entirety and return it with all required documentation. We recommend you keep a completed copy of the package submitted to HRA for your records.
- HRA's Rental Assistance Program (RAP) unit will use information provided to determine rent reasonableness. If everything is complete and the requested rent is reasonable, a Housing Quality Standards (HQS) inspection will be requested for the unit. If anything is incomplete or the rent request is unreasonable, you will be notified in writing with information on appropriate next steps.
- Units must pass the HQS inspection in order to be part of HRA HOME TBRA.

HOME TBRA Landlord Package (Continued)

SECTION A: UNIT & BUILDING INFORMATION

Unit to be rented (address, unit/apartment #, borough and zip code):

\_\_\_\_\_

Street intersections where Unit is located:

\_\_\_\_\_

Name of Development (if any): \_\_\_\_\_

Building is (check all that apply):

- Condominium                       Multifamily Dwelling with elevator                       Multifamily Dwelling without elevator
- 1-3 Family House                       Cooperative                       Other \_\_\_\_\_

Number of Units in Building: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Year Built: \_\_\_\_\_

Floor on which Unit is Located: \_\_\_\_\_ Total Rooms: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Last Occupant's Rent for Unit: \_\_\_\_\_ Were the same utilities/appliances included in the rent?  Yes  No

\_\_\_\_\_

SECTION B: CONTRACT RENT REQUEST

The tenant and I agree to a lease term of (check one):                       1 year                       2 years

The proposed monthly rent is: \$ \_\_\_\_\_

Other costs or fees and reason/description\*: \_\_\_\_\_

*\*Any other payment agreements between tenants and landlords for additional services or amenities not included in the lease, such as a parking space, require approval by HRA. Approval must be requested in writing.*

*Instead of a security deposit, HRA will issue the landlord a Security Voucher at the lease and RAC signing appointment guaranteeing that HRA will pay the landlord up to one month's rent if it is verified within three months after the tenant vacates the apartment that the tenant failed to pay his/her share of the rent and/or caused damages to the Unit.*

**RENT APPROVAL**

The U.S. Department of Housing and Urban Development (HUD), which funds HRA's HOME TBRA program, requires that HRA establish the reasonableness and affordability of the rent for this Unit before it can be approved for HRA HOME TBRA. This determination is made based on data on similar unassisted apartments in the housing market. HRA HOME TBRA-assisted apartments may not have higher rents than unassisted apartments in the same housing market or building.

The proposed rent must also be determined to be affordable. The proposed rent (including heat and hot water) for the initial year cannot exceed the rent standard amount for the unit size on the tenant's HRA HOME TBRA Coupon. A chart identifying the current rent standard amounts per unit size is available at the back of this package for your reference.

Additionally, HRA will need documentation to confirm the maximum allowable rent for this apartment. The documentation required depends on the type of assistance or restrictions that may apply to the apartment. Required documentation differs for rent stabilized/rent controlled units, market rate units, and government-regulated units.

HOME TBRA Landlord Package (Continued)

SECTION C: RENT APPROVAL REQUIRED DOCUMENTATION

Please identify any programs that this Unit is participating in, is governed by, or benefits from below and provide us with necessary documentation.

Is this building or unit associated with any HPD, DHCR or HDC programs or Federal, State or City tax credit programs? (check all that apply):

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> J-51          | <input type="checkbox"/> 421A | <input type="checkbox"/> S236  | <input type="checkbox"/> HOME          |
| <input type="checkbox"/> SIP           | <input type="checkbox"/> SPC  | <input type="checkbox"/> 8A    | <input type="checkbox"/> Mitchell Lama |
| <input type="checkbox"/> 80/20 Program | <input type="checkbox"/> TIL  | <input type="checkbox"/> LIHTC | <input type="checkbox"/> LAMP          |
| <input type="checkbox"/> Inclusionary  | <input type="checkbox"/> TPT  | <input type="checkbox"/> SRO   | <input type="checkbox"/> MIRP          |
| <input type="checkbox"/> HDFC          |                               |                                | <input type="checkbox"/> Other _____   |

- Unit is **Rent Stabilized**.
- Unit is **Rent Controlled**.

For Rent Stabilized or Rent Controlled Unit, please provide:

- Information on comparable unassisted units in Section D - Rent Comparables, AND
- Copy of the DHCR Annual Apartment Registration for this Unit.

*If you have been unable to obtain a copy of the DHCR Annual Apartment Registration for this Unit, please provide ONE of the following documents:*

- Copy of Application for DHCR Annual Apartment Registration
- Copy of prior lease

Please note that this documentation will ONLY be accepted temporarily and ONLY for newly regulated buildings. DHCR Registration must be provided once obtained.

Is Unit De-regulated from NYS Rent Regulation?  No  Yes. Documentation must be provided.

For Government-Regulated Unit (e.g., state and city Mitchell Lama, 236, etc.), please provide the following:

- Information on comparable unassisted units in Section D - Rent Comparables; AND
- Any applicable government-issued rent order (if subject to HUD-Section 236, Mitchell Lama);
- Regulatory Agreement (if applicable);
- Marketing Plan or Marketing Ad (if applicable);
- Certified Rent Roll

For Non-Regulated or Market Rate Unit, please provide:

- Information on comparable unassisted units in Section D - Rent Comparables.

**Co-op**

If building is a Co-op, is the HOME TBRA participant a shareholder?

- No
- Yes. Shareholder's Agreement must be provided.

HOME TBRA Landlord Package (Continued)

**SECTION D: RENT COMPARABLES**

**DIRECTIONS:** Please enter the requested information for the proposed Unit below. If you would like to submit additional information on three unassisted comparable units that support your requested rent, please complete the optional columns. Only units within the immediate neighborhood and rental market will be considered.

Unit Information	REQUIRED Assisted Unit	Unit #1 (optional)	Unit #2 (optional)	Unit #3 (optional)
Unit Address/ Apt. # (specific address required)				
Square feet				
No. of bedrooms				
No. of bathrooms				
Unit Condition <b>1. Very good</b> = New or full renovation (must include kitchen & bath ) in the past 5 years <b>2. Good</b> = Well maintained or partial renovation (upgrades to 1+ room(s) in the past 5 years) <b>3. Average</b> = No work in the past 5 years	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Don't know	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Don't know	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Don't know
Unit Quality	<input type="checkbox"/> Basic <input type="checkbox"/> High End	<input type="checkbox"/> Basic <input type="checkbox"/> High End	<input type="checkbox"/> Basic <input type="checkbox"/> High End	<input type="checkbox"/> Basic <input type="checkbox"/> High End
<b>Utilities</b> included in rent and the <b>Source</b> (for example: heat/oil, hot water/oil, cooking/gas)				
Balcony (Y/N)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Amenities	<input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super	<input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super	<input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super	<input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super
Other amenities, if any				
Monthly rent	\$	\$	\$	\$

HOME TBRA Landlord Package (Continued)

**SECTION E: OWNER INFORMATION**

Exact Legal Name of Owner(s): \_\_\_\_\_

*This information must match the information on the deed and must be provided on the Substitute Form W-9. If the Unit is co-owned, please submit a notarized letter signed by all parties, authorizing one party as the HRA HOME TBRA Payee.*

Name of Primary Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number or Tax ID: \_\_\_\_\_

Is Owner related to tenant(s)? \_\_\_\_\_

If yes, specify the relationship: \_\_\_\_\_

Contact for HQS inspection scheduling: \_\_\_\_\_

Phone numbers for HQS contact:

\_\_\_\_\_

**SECTION F: OWNER STATEMENT OF UNDERSTANDING**

By signing below, I certify the following:

1. I understand that I may not charge rent for an assisted unit that is in excess of rents currently being charged for comparable unassisted units within my building.
2. I understand that the apartment to be rented to an HRA HOME TBRA Coupon holder MUST pass an HQS inspection before HRA HOME TBRA payments will be issued.
3. I understand that the effective date of the subsidy will be the date listed on the signed RAC, and that date will be the first day of the month.
4. I agree to attend the lease and RAC signing appointment scheduled by HRA.
5. I understand that the contract rent on the executed lease will signify the maximum collectible rent I am authorized to receive within the first year of the lease.
6. I agree that no additional rental fees will be charged to the tenant without prior written authorization from RAP.

\_\_\_\_\_

**PROPERTY OWNER CERTIFICATION:**

*I hereby agree to all terms of this Statement of Understanding.*

\_\_\_\_\_  
Property Owner Name (Print)

\_\_\_\_\_  
Property Owner Name (Signature)

\_\_\_\_\_  
Date

HOME TBRA Landlord Package (Continued)

**SECTION F: DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS**

<b>Lead Warning Statement</b>	
Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.	
<b>Lessor's Disclosure</b>	
(a) Presence of lead-based paint and/or lead-based paint hazards ( <b>check (i) or (ii) below</b> ):	
(i)	<input type="checkbox"/> Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).
(ii)	<input type="checkbox"/> Lessor has no knowledge of lead-based paint and /or lead-based paint hazards in the housing.
(b) Records and reports available to the lessor ( <b>check (i) or (ii) below</b> ):	
(i)	<input type="checkbox"/> Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead based paint hazards in the housing (list documents below).
(ii)	<input type="checkbox"/> Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.
<b>Lessee's Acknowledgement (initial)</b>	
(c)	_____ Lessee has received copies of all information listed above.
(d)	_____ Lessee has received the pamphlet, "Protect Your Family from Lead in Your Home."
<b>Agent's Acknowledgment (initial)</b>	
(e)	_____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**CERTIFICATION OF ACCURACY**

The following parties have reviewed the information in **Section F** above and certify, to the best of their knowledge, that the information they provided is true and accurate.

\_\_\_\_\_  
Lessor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

HOME TBRA Landlord Package (Continued)

**SECTION H: CERTIFICATION STATEMENT**

*I hereby certify that all information and supporting documentation submitted with this Landlord Package is true and correct to the best of my knowledge. I understand that any and all information is subject to verification by RAP.*

**WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

**Property Owner Certification:**

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Property Owner Name (Print) Property Owner Title

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Property Owner Name (Signature) Date

**Agent Certification (if applicable):**

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Agent Name (Print) Agent Title

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Agent Name (Signature) Date

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**OWNER REGISTRATION AND PAYMENT TIPS**

- 1) HRA will only issue HRA HOME TBRA payments to the deed holder or the legally appointed and documented nominee.
- 2) A fillable PDF version of the Substitute Form W-9 is also available on the HRA website:  
<http://www1.nyc.gov/site/hra/help/home-tbra.page>  
Using this form will minimize errors by preventing common mistakes and legibility issues.
  - a. The "Legal Business Name" is the name of the owner exactly as it appears on the supporting documentation from the IRS or your Social Security card.
  - b. If you complete the paper form, please be aware:
    - i. Addresses 1 and 2 must be the same address.
    - ii. Addresses 1 and 2 cannot be P.O. Box addresses.

**Please save all enclosures/attachments for future reference.**

HOME TBRA Landlord Package (Continued)

**HRA HOME TENANT-BASED RENTAL ASSISTANCE PROGRAM**

**REQUEST FOR UNIT APPROVAL**

TENANT NAME & COUPON NO.	LANDLORD NAME	NO. OF BEDROOMS
UNIT NO. & ADDRESS	LANDLORD'S ADDRESS	
	Telephone No.	

**INSTRUCTIONS:**

This form should be signed by the Tenant and the Landlord to request HRA’s approval of the unit identified above (“Unit”), for which the Tenant wishes to receive rental assistance under the HRA HOME Tenant-Based Rental Assistance Program (“HRA HOME TBRA”).

Landlord: Please read the sample HRA HOME TBRA Lease Addendum, sample HRA HOME TBRA Rental Assistance Contract (“RAC”), and all information provided in the HRA HOME TBRA Landlord Package. After the Tenant submits this request to HRA, you will be contacted by HPD to arrange for an HQS inspection of this Unit. HRA is not responsible for any part of the rent prior to HRA approval of the Unit and execution of the HRA HOME TBRA RAC, HRA-approved lease and HRA HOME TBRA Lease Addendum. Please attach a copy of your proposed lease to this form.

Tenant: With the Landlord, fill out this form completely and e-mail it to [HOMERENTALS@HRA.NYC.GOV](mailto:HOMERENTALS@HRA.NYC.GOV) or mail/deliver to HRA at 109 East 16<sup>th</sup> Street, 7<sup>th</sup> Floor New York, NY 10003. Do not sign a lease until the lease and RAC signing appointment, which will be scheduled by HRA for you and the Landlord after the Unit has been inspected and approved.

**OWNER CERTIFICATION:** By executing this request, the owner agrees that the required Lease Addendum is acceptable and certifies that: (1) the information provided on this form is accurate and true; (2) the proposed Unit is not assisted or covered by any other federally funded rental subsidy contract; (3) the Unit currently meets Housing Quality Standards (or will be brought into compliance with HQS before the RAC is executed); and (4) this Unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, handicap, familial status, lawful source of income, lawful occupation, gender identity, sexual orientation, pregnancy, or presence of children.

Tenant Name (Type or Print):	Landlord Name (Type of Print):
Signature/Date	Signature/Date