Form W-147E Rev. 6/25/15



Date:	
Case Number:	
Case Name:	·
Center:	

## **NYCHA Rent Security Voucher**

The New York City Human Resources Administration (HRA) having its principal offices at **150 Greenwich Street, New York, NY 10007**, is issuing this *NYCHA Rent Security Voucher* (*Voucher*) instead of a cash security deposit, pursuant to Social Services Law, **Section 143-c**, **18 NYCRR 352.6**, and **18 NYCRR 381.3**, to secure the landlord (NYCHA) against the non-payment of rent and/or damages as a condition of renting the identified premises to the above named Cash Assistance applicant/participant. HRA will pay NYCHA up to one month's rent for unpaid rent and/or damages incurred by the above named tenant/participant. To claim payment under this *Voucher*, NYCHA must complete and submit the *NYCHA's Claim for Rent Security Voucher Payment* within three months after the tenant has vacated the apartment.

A) Unpaid Rent B) Unpaid Damages C) Unpaid Rent + Unpaid Damages (A+B) S	named tenant/par	ticipant. To claim		oucher, N	YCHÁ mu	ust complete a	and submit the <u>NYCHA'</u> rtment.	
Security Voucher Amount: \$		•						
Supervisor Name (Print): Supervisor's Signature: Control Unit Supervisor's Signature: Control Unit Supervisor's Signature: Control Unit Authorization #  Landlord's (NYCHA's) Claim for Rent Security Voucher Payment  The Tenant/Participant named above vacated the apartment and NYCHA regained possession of the Premises on or about: NYCHA is submitting this claim for payment within three months after this date. The former tenant owes money to NYCHA, as follows (Attached are documents detailing the claim).  A) Unpaid Rent B) Unpaid Damages C) Unpaid Rent + Unpaid Damages (C) Unpaid Rent + Unpaid Damages (A+B) \$ \$ Certification of Accuracy: The undersigned NYCHA Property Manager or designee affirms that the information contained herein is true and accurate based on personal knowledge or NYCHA's books and records.  NYCHA requests that HRA redeem this Voucher and make a cash payment for the amount listed in Box E.  NYCHA Property Manager or designee (print & sign name):  Send Completed Claim and Supporting Documents To: HRA Office of Central Processing, P.O. Box 02 – 9121, Brooklyn GPO, Brooklyn, NY 11202-9914  HRA Office of Central Processing: Authorization of Payment to Landlord (NYCHA) is Granted in the Amount of:  \$   Print Dollar Amount in Words:			City:	State:		Zip:	Apt.#: _	
Supervisor's Signature:  Control Unit Supervisor's Name (Print):  Control Unit Supervisor's Name (Print):  Control Unit Supervisor's Signature:  Control Unit Supervisor's Signature:  Control Unit Authorization #  Landlord's (NYCHA's) Claim for Rent Security Voucher Payment  The Tenant/Participant named above vacated the apartment and NYCHA regained possession of the Premises on or about:  NYCHA is submitting this claim for payment within three months after this date. The former tenant owes money to NYCHA, as follows (Attached are documents detailing the claim).  A) Unpaid Rent  B) Unpaid Damages  C) Unpaid Rent + Unpaid D) Security Voucher Amount (from above)  \$  Certification of Accuracy: The undersigned NYCHA Property Manager or designee affirms that the information contained herein is true and accurate based on personal knowledge or NYCHA's books and records.  NYCHA requests that HRA redeem this Voucher and make a cash payment for the amount listed in Box E.  NYCHA Property Manager or designee affirms that the information contained herein is true and accurate based on personal knowledge or NYCHA's books and records.  NYCHA requests that HRA redeem this Voucher and make a cash payment for the amount listed in Box E.  NYCHA Property Manager or designee (print & sign name):  Date:  Date:  Print Dollar Amount in Words:  Issuance Code:  Date From (mm/dd/yy):  Date To (mm/dd/yy):  Restricted Indicator Pick-Up Code:  Authorizing HRA Official(print & sign name):  Date:  OCP Control Clerk:	Secu	ırity Voucher Am	ount: \$		_(monthly	y rental amoui	nt)	
Supervisor's Signature:	For HRA Use O	nly: This vouche	r is not valid until it	has been	fully con	npleted and a	authorized below by H	RA.
Control Unit Supervisor's Name (Print):	Supervisor Name	e (Print):						
Control Unit Supervisor's Name (Print):	, , ,						Date:	
Control Unit Supervisor's Signature:  Control Unit Authorization #  Landlord's (NYCHA's) Claim for Rent Security Voucher Payment  The Tenant/Participant named above vacated the apartment and NYCHA regained possession of the Premises on or about:  NYCHA is submitting this claim for payment within three months after this date. The former tenant owes money to NYCHA, as follows (Attached are documents detailing the claim).  A) Unpaid Rent  B) Unpaid Damages  C) Unpaid Rent + Unpaid Damages (C) Unpaid Rent + Unpaid Damages (A+B)  \$  Certification of Accuracy: The undersigned NYCHA Property Manager or designee affirms that the information contained herein is true and accurate based on personal knowledge or NYCHA's books and records.  NYCHA requests that HRA redeem this Voucher and make a cash payment for the amount listed in Box E.  NYCHA Property Manager or designee (print & sign name):  Development:  Date:  Date:  Print Dollar Amount in Words:  Issuance Code:  Pick-Up Code:  Authorizing HRA Official (print & sign name):  Date:  OCP Control Clerk:  Date:								
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OCP CPT Operator:	OCP Control Clerk:					Date:	Date:	
Date.	OCP CRT Operator:					Date:	Date:	