Department of Homeless Services
Department of Social Services

SPECIAL ONE TIME ASSISTANCE (SOTA) DEMOGRAPHIC SHEET FOR APARTMENTS AND ROOMS

Facility

Facility Code

Facility Staff Contact

Facility Staff Telephone Number

Facility Staff Email

Program Administrator

Program Analyst

CLIENT'S INFORMATION

Client's Name

Social Security Number

CARES Case Number

Did you include the following?

- ☐ Copy of Lease
- ☐ Income/Employment Verification
- ☐ Residency Letter
- ☐ Landlord W-9
- ☐ Landlord Proof of Ownership (Deed)
- ☐ SOTA Security Voucher (**DHS-10f**)
- ☐ Broker's Request for Enhanced Fee Payment by Check (**HRA-121**)
- ☐ Copy of Current Broker's License
- ☐ Proof of Apartment/Room Preclearance (NYC only)
- ☐ Apartment Review Checklist (NY) (NJ) (**DSS-10a**)
- ☐ Photos of unit (unless **DSS-10a** also submitted)
- ☐ Jurisdiction Specific Certificate
  - ☐ Not Applicable
- ☐ Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (**W-137A**)
- ☐ SOTA Program Participant Agreement (**DHS-10**)
- ☐ SOTA Landlord Agreement (**DHS-10a**)
- ☐ Tenant Contact Information (**DSS-8b**)

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SPECIAL ONE TIME ASSISTANCE (SOTA) DEMOGRAPHIC SHEET FOR APARTMENTS AND ROOMS *(continued)*

For Rooms only. Did you include the following?

☐ SOTA Landlord Agreement for Rooms (**DHS-10r**)

☐ Room Rental Allocation Form (**DSS-8d**)

For Roommates only. Did you include the following?

☐ SOTA Landlord Payment Agreement (**DHS-10s**)

☐ SOTA Roommate Attestation (**DHS-10t**)

☐ Documents Confirming Relationship of Roommate(s) to DHS Client

Comments: _____

_____

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SUPERVISORY REVIEW (Director of Social Services or higher)

_____ _____

Name Title

_____ _____

Email Address Telephone Number

_____ _____

Signature Date