

**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?**

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

**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**)      ☐ Documents Confirming Relationship  
of Roommate(s) to DHS Client  
☐ SOTA Roommate Attestation (**DHS-10t**)

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

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

SAMPLE

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Signature Date