

**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 DSS-10a 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 (W-137A) |
| <input type="checkbox"/> Landlord Proof of Ownership (Deed) | <input type="checkbox"/> SOTA Program Participant Agreement (DHS-10) |
| <input type="checkbox"/> SOTA Security Voucher (DHS-10f) | <input type="checkbox"/> SOTA Landlord Agreement (DHS-10a) |
| <input type="checkbox"/> Broker's Request for Enhanced Fee Payment by Check (HRA-121) | <input type="checkbox"/> Tenant Contact Information (DSS-8b) |
| <input type="checkbox"/> Copy of Current Broker's License | <input type="checkbox"/> Unit Hold Incentive Voucher (HRA-145) |
| <input type="checkbox"/> Proof of Apartment/Room Preclearance (NYC only) | |
| <input type="checkbox"/> Apartment Review Checklist (NY) (NJ) (DSS-10a) | |

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

Comments: _____

SUPERVISORY REVIEW (Director of Social Services or higher)

Name Title

Email Address Telephone Number

Signature Date