

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_

### Special One Time Assistance ("SOTA") Security Voucher

This SOTA security voucher guarantees that the New York City Department of Social Services (DSS), which includes both the Department of Homeless Services (DHS) and the Human Resources Administration (HRA), will pay up to the equivalent of one month's rent if it is verified that the SOTA participant/tenant ("Participant/Tenant") who occupied the apartment failed to pay his/her rent after the first year of tenancy and/or caused damage to it. The landlord must submit proof of the unpaid rent and/or damage along with the Landlord's Claim for SOTA Security Voucher Payment (on the back page) within three months after the tenant has vacated the apartment. The Agency will only make a payment if the claim is submitted within three months after the tenant has vacated the apartment and a review of the documentation submitted by the landlord confirms that the tenant failed to pay his/her rent after the first year of tenancy and/or damaged the apartment. This SOTA Security Voucher will not be honored until the front and back pages have been completed, signed, notarized, and returned to the DSS.

DSS does not issue cash security deposits. Instead, the Agency is issuing this SOTA Security Voucher. Please be advised that, depending on the jurisdiction where the property is located, refusal to accept this voucher in lieu of a security deposit may constitute illegal source of income discrimination.

This SOTA Security Voucher is issued by DSS, having its principal offices at 150 Greenwich Street, New York, NY 10007, to:

Name of Landlord: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

as Landlord of the premises to be rented to the participant/tenant located at: (include proof of ownership):

Address: \_\_\_\_\_  
\_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

regarding the participant/tenant listed below:

Participant/tenant: \_\_\_\_\_

This SOTA Security Voucher is being issued to secure the landlord against non-payment of rent and/or damages as a condition of renting the above-identified premises ("Premises") to the above-named SOTA participant/tenant ("Participant/Tenant"). A claim for the payment of this SOTA Security Voucher by the landlord must be made after, and within three months of, the participant/tenant vacating the premises. The claim must be made by the full completion and execution of the Claim on page two of this form and cannot exceed the amount of the Tenant's monthly rent which is \$ \_\_\_\_\_.

Landlord, please acknowledge your acceptance of the SOTA Security Voucher in lieu of a cash security deposit by signing this form below:

\_\_\_\_\_  
Landlord's/Authorized Agent's Name (print)

\_\_\_\_\_  
Landlord's/Authorized Agent's Signature

\_\_\_\_\_  
Date

(Turn page)

**(This voucher is not valid until it has been fully completed and authorized in the "For HRA Use Only" section below.)**

**For HRA Use Only:**

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Control Unit Supervisor's Name (print)

\_\_\_\_\_  
Control Unit Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Control Unit Authorization Number

**Landlord's Claim for SOTA Security Voucher Payment**

I (we), the Landlord(s) of the premises described on page 1 of this form, certify that \_\_\_\_\_  
tenant/participant name  
has vacated the apartment located at \_\_\_\_\_ Apt. \_\_\_\_\_ on or about \_\_\_\_\_ and  
address date  
occupied the apartment within three months prior to the date of this certification.

I hereby request that the SOTA security voucher be paid to me for the reason specified below:

- Tenant/Participant defaulted on payment of rent for \_\_\_\_\_ (provide  
Month/Year  
judgment, stipulation, landlord breakdown, etc).
- Tenant/Participant caused the following damages to the apartment. (Describe and also include proof of damage[s]: e.g., photographs, estimates, receipts for repairs, etc.)

"I, \_\_\_\_\_, hereby swear/affirm, under penalty of perjury, that the information I have given above is true and complete.

\_\_\_\_\_  
Landlord or Office of Corporation (print)

\_\_\_\_\_  
Landlord or Office of Corporation Signature

Subscribed and sworn to/affirmed before me this \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Notary Seal)"

**(Turn page)**

Please submit the following items along with this claim form:

- proof of ownership (of the premises); and
- documentation of unpaid rent (e.g., court judgment or stipulation, landlord breakdown, etc.) or documentation to verify the damage(s) to the apartment and the cost of repairs (e.g., photographs, estimates, receipts for repairs, etc.)

**Please send claim to:** Office of Central Processing  
P.O. Box 02 – 9121  
Brooklyn GPO  
Brooklyn, NY 11202-9914

**For Office of Central Processing use Only**

<b>Case Name:</b>			<b>Last:</b>			<b>First:</b>			
<b>Pick-up Code:</b>									
Special Roll – 1						Job Center: _____			
Case Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						Suffix: <input type="checkbox"/> <input type="checkbox"/>			
Date Form Prepared: ____/____/____						Authorization Number _____			
<b>Issuance Code</b>	<b>Amount</b>		<b>From:</b>			<b>To:</b>			<b>Restricted Indicator</b>
	<b>Dollars</b>	<b>Cents</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	
<b>Print Dollar Amount in Words</b> _____								<b>Dollars</b>	<b>Cents</b>
<b>Optional Fields (Block Print Only)</b>									
Payee Name: _____									
Address: _____									
City: _____ State: _____ Zip: _____									

\_\_\_\_\_  
Authorized Signature Print Name

\_\_\_\_\_  
Title Date

\_\_\_\_\_  
OCP Control Clerk Date

\_\_\_\_\_  
OCP CRT Operator Date