

**SPECIAL ONE TIME ASSISTANCE (“SOTA”) PROGRAM
PARTICIPANT AGREEMENT**

The Special One Time Assistance (SOTA) program will pay one year of rent for eligible Department of Homeless Services (DHS) clients to move within New York City, to other New York State counties, or outside of New York State.

SOTA can be used by individuals and families with income who will be able to pay their rent in the future. The income can be from employment, Supplemental Security Income (SSI), Social Security Disability (SSD) benefits, or other income sources. The rent cannot be more than 40% of the household's income and the household's income cannot exceed 80% of the New York City Area Median Income (AMI).

Program Applicant Name: _____

I, _____, have applied for a one year SOTA grant for the following unit (‘SOTA Unit’), which I have personally selected:

Address: _____

City: _____ State: _____ Zip Code: _____

As a SOTA Program Participant, I agree to the following:

- Provide accurate, complete and current information on income and household composition.
- Provide supporting documentation as needed to verify my household’s eligibility.
- An investigation to verify or confirm the information I have given in connection with my request for SOTA. If additional information is requested, I will provide it.
- The SOTA program will pay the rent on a monthly basis directly to the landlord for one year.
- DSS may use my name and Social Security number to establish an account for the purpose of making monthly rental payments to the landlord.
- **I understand that at the end of the one year covered by the SOTA grant, I will be responsible for paying my own rent.**

- I understand that I am not allowed to sublet this SOTA Unit for the duration of the SOTA grant.
- Make every effort to maintain my current or projected monthly income of _____.
- If my source of income is social security benefits, I will comply with any requirements of the program from which I am receiving benefits.
- If my source of income is employment, I will make every effort to maintain such employment.
- I understand that I must notify my landlord in writing if the landlord fails to properly maintain or make necessary repairs to the SOTA Unit. If the necessary repairs are not made, I have the right to withhold rent or request that rent be paid into court pursuant to applicable law in connection with any action or proceeding against the landlord, provided I submit appropriate documentation to DSS.
- Cooperate fully with the City in its administration of the SOTA Program.
- Promptly notify DSS, by calling 718-557-1373, if:
 - I move;
 - I am served with eviction papers;
 - My landlord or the person who receives the rent changes; or
 - I want to request the withholding of rent. Please be advised that due to review and processing times, withholding may not commence until after the month immediately following the request.

Required Signatures

I have read and understand this Program Participant Statement of Understanding and agree to its terms.

Date

Program Applicant Signature

(Please Turn Page)

I have read and understand this Program Participant Statement of Understanding. I agree to cooperate fully with DSS and its administration of the SOTA program and provide accurate information about my income and any additional information, as needed. I agree to an investigation to verify or confirm any information I provide in connection with DSS's administration of SOTA.

Date Household Member Name Household Member Signature

Date Household Member Name Household Member Signature

Date Household Member Name Household Member Signature

The following adult household members have not signed a copy of this agreement for the following reason(s):

Case Manager or Housing Specialist Name

Case Manager or Housing Specialist Signature Date

The Case Manager or Housing Specialist signature confirms the household member information indicated above.

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.