

**EMERGENCY HOUSING VOUCHER BENEFIT REQUEST TRANSMITTAL**

Date: \_\_\_\_\_

To: Landlord Ombudsman Services Unit (LOSU)

Referring Division:  Department of Homeless Services  \_\_\_\_\_ Homebase  
 Public Engagement Unit  Health and Hospitals Corporation (HHC)

Worker's Information: \_\_\_\_\_  
 (Name) (Contact Number) (Email Address)

**CASE INFORMATION:**

Case Name (WMS): \_\_\_\_\_ Family Size: Adults: \_\_\_\_\_ Children: \_\_\_\_\_  
 Case Number (WMS): \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 CARES Number (DHS/HB): \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_ S.S. Number (Last Four Digits, Only): \_\_\_\_\_  
 \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 New Address: \_\_\_\_\_  
 Income: \_\_\_\_\_ FPL:  125%  200%  
 Additional Contact Information: \_\_\_\_\_

**REQUESTING THE FOLLOWING:**

Furniture Allowance:  Yes  No Security Voucher:  Yes  No  
 Client's Portion of the Monthly Rent: \_\_\_\_\_ Broker's Fee: \_\_\_\_\_  
**Total of Client's Portion of the Monthly Rent Plus Broker's Fee:** \_\_\_\_\_

**Documents Attached**

- Broker's Request for Enhanced Fee Payment by Check (**HRA-121**)
- Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137A**)
- Copy of Broker's license
- Residency Letter (Shelter Client, Only)
- Employment Verification (e.g. Employment Letter or Paystubs)
- Security Voucher (**W-147N**)
- Housing Assistance Payment (HAP) Contract or Conditional Move-in Letter
- Unearned Income: Monthly Social Security Award Letter, Pension or Veterans Benefits; or Copy of Latest Two Unemployment Checks)

\* A client that receives payments weekly should submit their four (4) most recent paystubs. A client that receives payments twice a month should submit their two (2) most recent paystubs.

**COMMENTS:**

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**TYPE OF VOUCHER:**  Housing Preservation and Development (HPD)  New York City Housing Authority (NYCHA)