

## **CHANGE IN TENANCY**

This form must be completed by the current owner, designated payee or managing agent and should be completed to report to DSS that a tenant for whom DSS issues rental assistance payments, has left the property or has moved to a new unit or room within the property. These changes can also be reported through our website CurRentNYC.

Today's Date:	-
am the:	
Current Property Owner:	Name (please print)
Current Designated Payee or Managing Agent:  If you are a representative of the owner completi your relationship to the owner or properties (e.g.).	Name of Company and/or Contact Person (please print) ing this form on their behalf, you must also submit proof of
Please indicate the date this change went or will go in	nto effect:
Name of Tenant <i>(please print)</i>	
WMS Case Number (if known)	
Address, including unit/room that the tenant has vaca	ted
Reason for Leaving:  Tenant moved out  Tenant was evicted  Tenant moved from one unit/room to another  Please indicate the new unit/room, and address	

By E-Mail:

## **CHANGE IN TENANCY (continued)**

Are you	Are you interested in renting the vacated property to another DSS tenant?		☐ Yes	☐ No
		Signature		
Please r	eturn the co	mpleted form:		
	By Mail:	Office of Central Processing PO Box 02-9121 Brooklyn GPO Brooklyn, NY 11202-9914		

HPALandlordMGMT@hra.nyc.gov