



**Department of
Social Services**

CityFHEPS Packet Cover Sheet - Community

Client's Information

Client's Name: _____

Social Security Number: _____ Cash Assistance Case #: _____

Agency Name: _____ Staff Contact: _____

Staff Phone #: _____ Staff e-Mail: _____

Did you include the following mandatory documents?

- | | |
|---|---|
| <input type="checkbox"/> DSS-7a or DSS-7c ("Household Share Letter") | <input type="checkbox"/> Landlord W9 |
| <input type="checkbox"/> DSS-8e CityFHEPS Verification of Eligibility | <input type="checkbox"/> Deed/Landlord Proof of Ownership |
| <input type="checkbox"/> DSS-7o or DSS-7q ("Application for CityFHEPS") | <input type="checkbox"/> DSS-8f or DSS-8g ("Landlord Information Form") |
| <input type="checkbox"/> Proof of last 30 days of Income (for everyone in the household 18+) | <input type="checkbox"/> Signed by managing agent or other authorized representative? If checked, |
| <input type="checkbox"/> W-137A Request for Emergency Assistance | <input type="checkbox"/> Proof of HPD Registration or Authorization |
| <input type="checkbox"/> DSS-7p Program Participant Agreement | <input type="checkbox"/> W-147N Security Voucher (new units only) |
| <input type="checkbox"/> Lease or Rental Agreement for 12 months | <input type="checkbox"/> DSS-8q Landlord Utility Information |
| <input type="checkbox"/> Proof of eligibility (veteran status, APS letter, eviction, transfer approval, vacate) | |
| <input type="checkbox"/> DSS-8b Tenant Contact Information | |

Is the household remaining in place or moving to a new unit?

- | | |
|--|---|
| <input type="checkbox"/> Remaining in Place | <input type="checkbox"/> New Unit |
| <input type="checkbox"/> Arrears Documents (court stipulation, rent breakdown, etc.) | <input type="checkbox"/> DSS-7 or DSS-7b ("Shopping Letter") |
| <input type="checkbox"/> Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (W-147KK) | <input type="checkbox"/> Proof of Apartment/Room Preclearance |
| <input type="checkbox"/> Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (W-147H) | <input type="checkbox"/> DSS-10a Apartment Review Checklist |

Check the rental type and associated forms included. Also check which landlord incentives apply, if any:

- | | |
|---|--|
| <input type="checkbox"/> Room Rental? | <input type="checkbox"/> Apartment/SRO Rental? |
| <input type="checkbox"/> DSS-8d Room Allocation Form | <input type="checkbox"/> HRA-145 Unit Hold Incentive Voucher |
| | <input type="checkbox"/> Landlord Bonus (availability based on zip code) |
| | <input type="checkbox"/> CityFHEPS Rental Assistance Supplement |
| | <input type="checkbox"/> 1 month OR <input type="checkbox"/> 3 months |

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Do any of the following situations apply?

HRA-146p Domestic Violence Action Form

Broker? If checked,

HRA-121 Broker's Request for
Enhanced Fee Payment by Check

Broker License (if broker fee)

Comments: _____

