

Date: _____
Case Number: _____
Case Name: _____
Center: _____

NYCHA Rent Security Voucher

The New York City Human Resources Administration (HRA) having its principal offices at **150 Greenwich Street, New York, NY 10007**, is issuing this NYCHA Rent Security Voucher (Voucher) instead of a cash security deposit, pursuant to Social Services Law, **Section 143-c, 18 NYCRR 352.6, and 18 NYCRR 381.3**, to secure the landlord (NYCHA) against the non-payment of rent and/or damages as a condition of renting the identified premises to the above named Cash Assistance applicant/participant. HRA will pay NYCHA up to one month's rent for unpaid rent and/or damages incurred by the above named tenant/participant. To claim payment under this Voucher, NYCHA must complete and submit the NYCHA's Claim for Rent Security Voucher Payment within three months after the tenant has vacated the apartment.

Tenant/Participant Name: _____
Premises in a NYCHA Development: _____
City: _____ State: _____ Zip: _____ Apt.#: _____

Security Voucher Amount: \$ _____ (monthly rental amount)

For HRA Use Only: This voucher is not valid until it has been fully completed and authorized below by HRA.	
Supervisor Name (Print): _____	
Supervisor's Signature: _____	Date: _____
Control Unit Supervisor's Name (Print): _____	
Control Unit Supervisor's Signature: _____	Date: _____
Control Unit Authorization # _____	

Landlord's (NYCHA's) Claim for Rent Security Voucher Payment

The Tenant/Participant named above vacated the apartment and NYCHA regained possession of the Premises on or about: _____. NYCHA is submitting this claim for payment within three months after this date. The former tenant owes money to NYCHA, as follows (*Attached are documents detailing the claim*).

A) Unpaid Rent	B) Unpaid Damages	C) Unpaid Rent + Unpaid Damages (A+B)	D) Security Voucher Amount (from above)	E) Cash payment requested by NYCHA (Lesser of box C or D)
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Certification of Accuracy: The undersigned NYCHA Property Manager or designee affirms that the information contained herein is true and accurate based on personal knowledge or NYCHA's books and records.

NYCHA requests that HRA redeem this Voucher and make a cash payment for the amount listed in Box E.

NYCHA Property Manager or designee (<i>print & sign name</i>): _____	Development: _____	Date: _____
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Send Completed Claim and Supporting Documents To:
HRA Office of Central Processing, P.O. Box 02 – 9121, Brooklyn GPO, Brooklyn, NY 11202-9914

HRA Office of Central Processing: Authorization of Payment to Landlord (NYCHA) is Granted in the Amount of:

\$ _____	Print Dollar Amount in Words:		
Issuance Code: _____	Date From (<i>mm/dd/yy</i>): _____	Date To (<i>mm/dd/yy</i>): _____	Restricted Indicator: _____
Pick-Up Code: _____	Authorizing HRA Official (<i>print & sign name</i>): _____		Title: _____
OCP Control Clerk: _____			Date: _____
OCP CRT Operator: _____			Date: _____