Date: _____

CityFHEPS PROGRAM PARTICIPANT AGREEMENT

Program Applicant Name:_____

I, _____, have applied for a monthly rental assistance supplement from the CityFHEPS program to help my household pay rent for the following unit, which I have personally viewed:

_____

_____

I understand and agree to the following:

1. I agree to:
   - provide accurate, complete and current information on income, hours worked (if employed) and household composition;
   - provide supporting documentation as needed to verify my household's eligibility;

2. I understand that, if approved for a rental subsidy, the amount that I have to pay towards rent, if anything, will be based on the income information on my household share letter.
   a If that income is not correct and I am getting Cash Assistance, I must report a change to a Benefits Access Center, either on ACCESS HRA or in-person, and provide them proof of the correct income.

3. Any information I provide in connection with my application for CityFHEPS will be subject to verification by HRA. If any information I provide is incorrect, I may be denied CityFHEPS.

4. I agree to an investigation to verify or confirm the information I have given in connection with my request for CityFHEPS. If additional information is requested, I will provide it.

5. I understand that DSS/HRA/DHS uses information from the New York Division of Housing and Community Renewal (DHCR) to find out if an apartment unit is rent stabilized and what the maximum legal rent amount is. I agree to let DSS/HRA/DHS use information from DHCR about this unit to determine my CityFHEPS eligibility.

(Turn page)

I further understand and agree to the following if I am approved for CityFHEPS:

1. My CityFHEPS approval notice will list my CityFHEPS Rental Assistance Supplement Amount.

2. HRA will pay the CityFHEPS Rental Assistance Supplement Amount directly to my landlord (or their designee) each month.

3. I understand that HRA will pay a Rental Assistance Supplement Amount. If I am residing within the five (5) boroughs of New York City and I am on Cash Assistance, HRA may also pay my landlord (or landlord's designee) a Shelter Allowance. I understand that **I am responsible for paying the rest of my rent.**

4. I agree to file for all work supports for which I am entitled. These work supports include public benefits and tax credits, such as the Earned Income Tax Credit (EITC), the Child Tax Credit (CTC) and the Child Care Tax Credit (CCTC). For assistance with tax preparation, I may visit www.nyc.gov/taxprep, or call 311 and ask for "tax preparation assistance."

5. I must make best efforts to keep my housing.

6. If I am residing within NYC, I can get help and referrals from my local Homebase office or other designated service provider for things like landlord-tenant mediation and anti-eviction services.

7. All members of my household who are eligible for Cash Assistance (CA) must receive CA.

8. If my household may be eligible for any federal or State housing benefit, including Section 8 or FHEPS, I must apply for such benefits and accept them if offered.

9. If my household is eligible for HRA Shelter, my household cannot include the person(s) who made my household eligible for HRA Shelter.

10. I must get HRA's approval before I move into a new apartment.

11. I agree to promptly notify HRA, by calling 718-557-1399, if:

    - I move*;*
    - I am served with eviction papers;
    - My landlord or the person I pay rent to changes; or
    - I fall behind in paying my rent.

12. If I am renting a room or a Single Room Occupancy (SRO) unit and I plan to add someone under 18 to my household, I will promptly notify HRA, by calling 718-557-1399, so I can get help moving to an apartment.

(Turn page)

13. I understand that CityFHEPS cannot be combined with any other rental assistance program, except with the prior approval of HRA.

14. I will cooperate fully with the City in its administration of the CityFHEPS program.

You Should Know

- A Landlord or Broker may not refuse to accept CityFHEPS. Refusal to accept CityFHEPS may constitute source of income discrimination under the NYC Human Rights Law or NYS Human Rights Law.
- Side deals with landlords and brokers are prohibited.
- If a landlord or broker refuses CityFHEPS or asks you for a side deal, call the NYC Commission on Human Rights at 212-416-0197.
- The HRA security voucher is considered payment of security. A landlord or broker should not ask you to pay any additional monies for security.
- Brokers should not ask you to pay any additional broker fees.
- Your landlord cannot force you to move to a different unit.
- Call the NYC Commission on Human Rights at 212-416-0197 immediately if the unit you viewed at your walkthrough is not the same unit you are offered at move in.

Required Signatures

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

_____ _____
Date Program Applicant Signature

I have read and understand this Program Participant Statement of Understanding. I agree to cooperate fully with HRA and its administration of the CityFHEPS 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 HRA's administration of CityFHEPS.

_____ _____ _____
Date Household Member Name Household Member Signature

_____ _____ _____
Date Household Member Name Household Member Signature

_____ _____ _____
Date Household Member Name Household Member Signature

(Turn page)

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.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord–tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

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 718-557-1399. 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.