Human Resources Administration
Department of Homeless Services
Department of Social Services

# CityFHEPS Packet Cover Sheet – Shelter

**Client's Information**

Client's Name: _____ Social Security Number: _____

Agency Name: _____ Cash Assistance Case #: _____

Staff Contact: _____ Staff Phone #: _____

Staff e-Mail: _____

Program Analyst: _____ CARES ID: _____

Program Administrator: _____ Facility Code: _____

**Did you include the following mandatory documents?**

- ☐ **DSS-7 or DSS-7b** ("Shopping Letter")
- ☐ **DSS-7a or DSS-7c** ("Household Share Letter")
- ☐ Proof of last 30 days of Income (for everyone in the household 18+)
- ☐ **W-137A** Request for Emergency Assistance
- ☐ **DSS-7p** Program Participant Agreement
- ☐ Lease or Rental Agreement for 12 months
- ☐ Shelter Residency Letter
- ☐ **DSS-8b** Tenant Contact Information
- ☐ Landlord W9
- ☐ Proof of Apartment/Room Preclearance
- ☐ **DSS-10a** Apartment Review Checklist
- ☐ Deed/Proof of Ownership
- ☐ **DSS-8f** or **DSS-8g** ("Landlord Information Form")
  - ☐ Signed by managing agent or other authorized representative? If checked,
    - ☐ Proof of HPD Registration or Authorization
- ☐ **W-147N** Security Voucher
- ☐ **DSS-8q** Landlord Utility Information

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

- ☐ Room Rental?
  - ☐ **DSS-8d** Room Allocation Form
- ☐ Apartment/SRO Rental?
  - ☐ Landlord Bonus (availability based on zip code)
  - ☐ CityFHEPS Rental Assistance Supplement
    - ☐ 1 month **OR** ☐ 3 months

**If a Broker was used, did you include the following documents?**

☐ **HRA-121** Broker's Request for Enhanced Fee Payment by Check ☐ Broker License (if broker fee)

**Comments:** _____

**(Turn Page)**

**SUPERVISORY REVIEW (Director of Social Services or higher)**

Name

Title

Email Address

Telephone Number

Signature

Date