



RENTAL ASSISTANCE HOUSING APPLICATION



FAX TO: (212) 361-7488

(FOR EARNED INCOME FAX W-2 AND THE MOST RECENT TWO PAY STUBS)



CLIENT INFORMATION

Check If Client Receives

☐

EMPLOYMENT

☐

SSI

☐

SSA

☐

PA

First Name										M.I.		Last Name																	
Adult / Children										Client Primary										Client Secondary									
Case Number										Social Security Number																			
Street (SHELTER ADDRESS)																				Unit									
Town										State		Zip Code																	
Shelter Contact Person										Title																			
Primary										Secondary																			
Fax										Shelter Name																			

FAMILY INFORMATION

PRINT ALL INFORMATION REQUESTED

1.	First Name	Last Name	Relationship to Client
	Date of Birth (MM/DD/YYYY)	Sex	Social Security Number
			PA Status
2.	First Name	Last Name	Relationship to Client
	Date of Birth (MM/DD/YYYY)	Sex	Social Security Number
			PA Status
3.	First Name	Last Name	Relationship to Client
	Date of Birth (MM/DD/YYYY)	Sex	Social Security Number
			PA Status
4.	First Name	Last Name	Relationship to Client
	Date of Birth (MM/DD/YYYY)	Sex	Social Security Number
			PA Status
5.	First Name	Last Name	Relationship to Client
	Date of Birth (MM/DD/YYYY)	Sex	Social Security Number
			PA Status

APPLICANT'S DECLARATION

I declare that the statements contained in this application are true and correct and that I have not knowingly or willfully made a false statement, given false information or omitted information in connection with this application.

Applicant's Signature _____ Date _____

Housing Specialist _____ Tel: _____ Date _____

LEASING INFORMATION

DO NOT WRITE ON THIS PART. FOR DHS OFFICE USE ONLY

L e a s e	Sign Date:	Month	Day	Year (4 Digit)	Total Month Rent:	\$.
	State Date:	Month	Day	Year (4 Digit)	Public Assistance:	\$.
	End Date:	Month	Day	Year (4 Digit)	Security Deposit:	\$.



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BUILDING INFORMATION

BOROUGH										Block										Lot																																							
Units										Registration #										Unit (Apt.)										Floor										Rooms										Bedroom									
Street																														Zip Code																													
AKA (LIST IF BUILDING HAS TWO REGISTERED ADDRESSES)																														★ OOR ID # ★																													

BROKER INFORMATION

License No.																				License Name																													
First Name																				M.I.					Last Name																								
Business																																																	
Street																														Unit																			
Town										State										Zip Code																													
PHONE	Primary										-										Secondary										-																		
	Fax										-																																						
																																								★ INCLUDE MOBILE / PAGER NUMBER									

LANDLORD INFORMATION

TIN																				Legal Name																													
First Name																				M.I.					Last Name																								
Line 1 (Additional Information ie. "c/o...", "Empire Building", etc.)																																																	
Official Correspondence Address																														(If P.O. Box - Alternate Address Must Be Filled In)					Unit														
Town																														State					Zip Code														
Alternate Address										Courier Deliveries										Unit																													
Town										State										Zip Code																													
PHONE	Primary										-										Secondary										-																		
	Fax										-																																						
																																								★ INCLUDE MOBILE / PAGER NUMBER									