CityFHEPS Check Request Form

Case Information

Tenant Name	BLAKE SCOTT
WMS Case Number	037872273A
Date Requested	12/28/2023
Monthly Authorized Rent	$2000.00
Monthly Supplement	$1785.00
Monthly CA Shelter Allowance	$215.00
Monthly Household Share	$0.00
Advance Payment Period	4 months. Recurring payments to start 05/01/2024
Lease Date Start and End	01/01/2024-12/31/2024
Total Payments to Landlord	10516.0000

Initial Payment

Upfront Payment:	$7355.00

First Month of CA Shelter Allowance: $215.00
First Month of Household Share: $0.00
4 Months of Supplement: 4 x $1785.00

Prorated Check

Prorated Check:	$1161.00

Landlord Bonus & Unit Hold Incentive

Landlord Bonus:	$0.00
Unit Hold Incentive:	$2000.00

Rent Arrears & Fees

Non-Recoupable Arrears Check:	$0.00
Recoupable Arrears Check:	$0.00
Repayable Arrears Check:	$0.00

Broker's Bonus Check

Broker's Check:	$3600.00

Furniture

Furniture Allowance	Yes

PUBLIC ASSISTANCE ACCOUNTS
THE CITY OF NEW YORK
PO BOX 181
NEW YORK NY 10274–0181
SP 50433963 40650 0 3950347 736

THE CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
CASH THIS CHECK AT ONCE

BANK OF AMERICA
52–153 / 112
44145210

DATE: DEC 30, 2023
AMOUNT: ******$7,355.00

PAY***Seven Thousand Three Hundred Fifty-Five And NO/100 Dollars

SE–CITYFHEPS RENTAL ASSIST SUPPL/ONGOING
FOR 2024/01/01 THRU 2024/04/30
00037872273A-01 54 SNCA R001

PAY TO THE ORDER OF
SHERMAN 232 LLC
108-18 QUEENS BOULEVARD #300
FOREST HILLS, NY 11375

⑈44145210⑈ ⑆011201539⑆ 00222001555 6⑈

THIS DOCUMENT CONTAINS A TRUE WATERMARK - THERMOCHROMATIC INK ON BACKER

PUBLIC ASSISTANCE ACCOUNTS
THE CITY OF NEW YORK
PO BOX 181
NEW YORK NY 10274–0181
SP 50433962 40650 0 3950346 735

THE CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
CASH THIS CHECK AT ONCE

BANK OF AMERICA
52–153 / 112
44145209

DATE: DEC 30, 2023
AMOUNT: ******$2,000.00

PAY***Two Thousand And NO/100 Dollars

ZJ–UNIT HOLD INCENTIVE
FOR 2024/01/01 THRU 2024/01/31
00037872273A-01 54 SNCA R001

PAY TO THE ORDER OF
SHERMAN 232 LLC
108-18 QUEENS BOULEVARD #300
FOREST HILLS, NY 11375

⑈44145209⑈ ⑆011201539⑆ 00222001555 6⑈

THIS DOCUMENT CONTAINS A TRUE WATERMARK - THERMOCHROMATIC INK ON BACKER

PUBLIC ASSISTANCE ACCOUNTS
THE CITY OF NEW YORK
PO BOX 181
NEW YORK NY 10274–0181
SP 50433961 40650 0 3950345 734

THE CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
CASH THIS CHECK AT ONCE

BANK OF AMERICA
52–153 / 112
44145208

DATE: DEC 30, 2023
AMOUNT: ******$1,161.00

PAY***One Thousand One Hundred Sixty-One And NO/100 Dollars

SE–CITYFHEPS RENTAL ASSIST SUPPL/ONGOING
FOR 2024/01/01 THRU 2024/01/31
00037872273A-01 54 SNCA R001

PAY TO THE ORDER OF
SHERMAN 232 LLC
108-18 QUEENS BOULEVARD #300
FOREST HILLS, NY 11375

⑈44145208⑈ ⑆011201539⑆ 00222001555 6⑈

CityFHEPS
NYC Human Resources Administration
109 East 16th Street, 10th Floor
New York NY 10003

Human Resources Administration
Department of Homeless Services
Department of Social Services

DSS-8c (E) 10/01/2018

SHERMAN 232 LLC
108-18 QUEENS BOULEVARD 3FL
FOREST HILLS, NY 11375-4748

Notice Date: 12/29/2023

CityFHEPS Approval Notice to Landlord

Dear Landlord,

BLAKE SCOTT , has been approved for CityFHEPS for the following period and at the following address:

Effective date: 01/01/2024 End date: 12/31/2024

Address: 232 SHERMAN AVENUE Apartment 22
NEW YORK NY 10034

1. Approved Apartment Rent: **$ 2000.00**

2. CityFHEPS Rental Assistance Supplement Amount (which HRA will pay to you or your designated payee):

$ 1785.00

3. Remaining Rent (a portion of this may be paid by HRA): $ 215.00

The tenant is responsible for paying you, the landlord or your designated payee, the Remaining Rent, minus any shelter allowance that HRA may be paying on the tenant's behalf.

Remember, you signed a Landlord Statement of Understanding, which explained the requirements for participating in CityFHEPS.

Please refer to www.nyc.gov/dsshousing for more information.

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.

Date: 11/13/2023
Case Number: 000378 72273A
Case Name: BLAKE SCOTT
Center: 54

Security Voucher

This security voucher guarantees that the Human Resources Administration (HRA) will pay up to the equivalent of one month's rent if it is verified that the tenant who occupied the apartment failed to pay his/her rent and/or caused damage to it. The landlord must submit proof of the unpaid rent and/or damage along with the Landlord's Claim For Security Voucher Payment (on the back page) within three months after the tenant has vacated the apartment. The Agency will only make a payment if the claim is submitted within three months after the tenant has vacated the apartment and a review of the documentation submitted by the landlord confirms that the tenant failed to pay his/her rent and/or damaged the apartment. This Security Voucher will not be honored until the front and back pages have been completed, signed, notarized, and returned to HRA.

The Human Resources Administration (HRA) does not issue cash security deposits. Instead, the Agency is issuing this Security Voucher. Please be advised that refusal to accept this voucher in lieu of a security deposit may constitute source of income discrimination under the NYC Human Rights Law Sec. 8-107(5)(a)(1)-(2).

This Security Voucher is issued by the New York City Department of Social Services (NYCDSS), having its principal offices at 150 Greenwich Street, New York, NY 10007, to:

Name of Landlord: Sherman 232 LLC
Landlord's Address: 108-18 Queens Blvd Suite 300
City: Queens State: NY Zip: 11375

as Landlord of the premises to be rented to the participant/tenant located at: (include proof of ownership):

Address: 232 Sherman Avenue Apt. 2L
City: New York State: NY Zip: 10034

regarding the participant/tenant listed below:

Participant/tenant: Blake Scott

This Security Voucher is being issued pursuant to Social Services Law Sec. 143-c and 18 NYCRR 352.6 and 381.3, to secure the landlord against non-payment of rent and/or damages as a condition of renting the above-identified premises ("Premises") to the above-named Cash Assistance participant/tenant ("Participant/Tenant"). A claim for the payment of this Security Voucher by the landlord must be made after, and within three months of, the participant/tenant vacating the premises. The claim must be made by the full completion and execution of the Claim on page two of this form and cannot exceed the amount of the Tenant's monthly rent which is $ 2000.00.

Landlord, please acknowledge your acceptance of the Security Voucher in lieu of a cash security deposit by signing this form below:

Landlord's/Authorized Agent 's Name (print): Jessica Shenners
Landlord's/Authorized Agent's Signature: [signature] Date: 11/13/23

(This voucher is not valid until it has been fully completed and authorized in the "For HRA Use Only" section b

For HRA Use Only:

Supervisor's Name (Print): S. NATH
Supervisor's Signature: [signature] Date: 12/15/2023

(Turn page)

Landlord's Claim for Security Voucher Payment

I (we), the Landlord(s) of the premises described on page 1 of this form, certify that _____ (tenant/participant name)

has vacated the apartment located at _____ (address) Apt. _____ on or about _____ (date) and occupied the apartment within three months prior to the date of this certification.

I hereby request that the security voucher be paid to me for the reason specified below

☐ Tenant/Participant defaulted on payment of rent for _____ (Month/Year) (provide court judgment, stipulation, landlord breakdown, etc).

☐ Tenant/Participant caused the following damages to the apartment. (Describe and also include proof of damage[s]: e.g., photographs, estimates, receipts for repairs, etc.)

"I, _____, hereby swear/affirm, under penalty of perjury, that the information I have given above is true and complete.

_____ (Signature of Landlord or Office of Corporation)

_____ (Print Name)

Subscribed and sworn to/affirmed before me this _____ (Date)

_____ (Signature)

_____ (Notary Seal)"

Please submit the following items along with this claim form:

- proof of ownership (of the premises); and
- documentation of unpaid rent (e.g., court judgment or stipulation, landlord breakdown, etc.) or documentation to verify the damage(s) to the apartment and the cost of repairs (e.g., photographs, estimates, receipts for repairs, etc.)

Please send claim to:

Office of Central Processing
PO Box 02-9121, Brooklyn GPO
Brooklyn, NY 11202-9914

(OR) submit via email at
SSAF@hra.nyc.gov