THE CITY OF NEW YORK 863

PO BOX 181
NEW YORK NY 10274–0181
SP 49439741 40253 0 2978069

PUBLIC ASSISTANCE ACCOUNTS
DATE: OCT 12, 2023
CHECK NUMBER: 43931678
TOTAL DOLLARS: ******$1,750.00

CLIENT INFORMATION
TAQUANA SAUNDERS

DITMAS PARK 2015 LLC
108-18 QUEENS BOULEVARD #302
FOREST HILLS, NY 11375

01016200 0000863

IT IS IMPORTANT THAT YOU RETAIN THIS STUB

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 49439741 40253 0 2978069 863

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

BANK OF AMERICA
52–153
112

43931678

DATE: OCT 12, 2023
AMOUNT: ******$1,750.00

PAY***One Thousand Seven Hundred Fifty And NO/100 Dollars

ZJ–UNIT HOLD INCENTIVE
FOR 2023/10/01 THRU 2023/10/31
00004974202G-01 35 SNNC R001

PAY TO THE ORDER OF
DITMAS PARK 2015 LLC
108-18 QUEENS BOULEVARD #302
FOREST HILLS, NY 11375

⑈43931678⑈ ⑆011201539⑆ 002220015556⑈

THE CITY OF NEW YORK 864

PO BOX 181
NEW YORK NY 10274–0181
SP 49439742 40253 0 2978070

PUBLIC ASSISTANCE ACCOUNTS
DATE: OCT 12, 2023
CHECK NUMBER: 43931679
TOTAL DOLLARS: ******$6,355.00

CLIENT INFORMATION
TAQUANA SAUNDERS

DITMAS PARK 2015 LLC
108-18 QUEENS BOULEVARD #302
FOREST HILLS, NY 11375

01016300G0000864

IT IS IMPORTANT THAT YOU RETAIN THIS STUB

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 49439742 40253 0 2978070 864

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

BANK OF AMERICA

52–153
112

43931679

DATE: OCT 12, 2023
AMOUNT: ******$6,355.00

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

SE–CITYFHEPS RENTAL ASSIST SUPPL/ONGOING
FOR 2023/10/01 THRU 2024/01/31
00004974202G-01 35 SNNC R001

PAY TO THE ORDER OF
DITMAS PARK 2015 LLC
108-18 QUEENS BOULEVARD #302
FOREST HILLS, NY 11375

⑈43931679⑈ ⑆011201539⑆ 00222001555 6⑈

THE CITY OF NEW YORK 865

PO BOX 181
NEW YORK NY 10274-0181
SP 49439743 40253 0 2978071

PUBLIC ASSISTANCE ACCOUNTS
DATE: OCT 12, 2023
CHECK NUMBER: 43931680
TOTAL DOLLARS: ******$3,150.00

CLIENT INFORMATION
TAQUANA SAUNDERS

MNS REAL ESTATE
40 NORTH 6TH STREET
BROOKLYN, NY 11249

01016400G0000865

IT IS IMPORTANT THAT YOU RETAIN THIS STUB

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 49439743 40253 0 2978071 865

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

BANK OF AMERICA

52-153
112

43931680

DATE: OCT 12, 2023
AMOUNT: ******$3,150.00

PAY ***Three Thousand One Hundred Fifty And NO/100 Dollars

42-BROKERS FEE
FOR 2023/10/01 THRU 2023/10/31
00004974202G-01 35 SNNC R001

PAY TO THE ORDER OF
MNS REAL ESTATE
40 NORTH 6TH STREET
BROOKLYN, NY 11249

⑈43931680⑈ ⑆011201539⑆ 00222001555 6⑈

NYC
Department of
Homeless Services

SUBSIDY:

CITYFHEPS:	☐	NYCHA:	☐
EOSD:	☐	PATHWAY HOME:	☐
FHEPS (A or B:)	☐	SEC 8:	☐
FURNITURE:	☐	SOTA:	☐

INDEX #_____

Total Checks

I, (Facility Staff Name): John Black received 3 checks

From (HRPU) Regina Cohen for Taquana Saunders
CLIENT

New Life
FACILITY NAME.

How Many:

1 checks at $ 1750.00

1 checks at $ 6355.00

1 checks at 3150.00

_____ checks at $_____

_____ checks at $_____

_____ checks at $_____

_____ checks at $_____

_____ checks at $_____

Total amount received: $ 11,255.00

☒ Security Voucher
☐ 137A

Received By:

FACILITY STAFF SIGNATURE

10-16-23
DATE

Received From:

Regina Cohen
HRP Staff Signature

10/16/23
DATE

CityFHEPS Check Request Form

Case Information

Tenant Name	TAQUANA SAUNDERS
WMS Case Number	004974202G
Date Requested	10/10/2023
Monthly Authorized Rent	$1750.00
Monthly Supplement	$1535.00
Monthly CA Shelter Allowance	$215.00
Monthly Household Share	$0.00
Advance Payment Period	4 months. Recurring payments to start 02/01/2024
Lease Date Start and End	10/01/2023-09/30/2024
Total Payments to Landlord	8105.0000

Initial Payment

Upfront Payment:	$6355.00

First Month of CA Shelter Allowance: $215.00
First Month of Household Share: $0.00
4 Months of Supplement: 4x $1535.00

Prorated Check

Prorated Check:	$0.00

Landlord Bonus & Unit Hold Incentive

Landlord Bonus:	$0.00
Unit Hold Incentive:	$1750.00

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:	$3150.00

Furniture

Furniture Allowance	Yes

Human Resources Administration
Department of Homeless Services

Department of Social Services

DSS-7j (E) 10/17/2018 (page 1 of 6) LLF

Date: 10/10/2023

Case Number: 004974202G

Case Name: TAQUANA SAUNDERS

CityFHEPS Approval Notice

We have approved your household for CityFHEPS.

The approved address, including unit number, is listed below:

2015 DORCHESTER ROAD Apartment 0A9, BROOKLYN, NY 11226

Your monthly household share is $0.00. Your household must pay the monthly household share directly to your landlord.

Your first payment to your landlord is due on n/a.

Household Information

1. Number of Individuals in Household Receiving Cash Assistance (CA):	1
2. Number of Individuals in Household Not Receiving CA:	0
3. Total Income for Individuals Receiving CA:	$0.00
4. Total Income for Individuals Not Receiving CA:	$0.00
5. CA Shelter Allowance (amount **HRA** will pay to the Landlord):	$215.00
6. CityFHEPS Rent Supplement (amount **HRA** will pay to the Landlord):	$1535.00
7. Household Share (amount **you** have to pay to the landlord):	$0.00
Total Monthly Rent (sum of 5, 6, and 7):	$1750.00

(Turn Page)

Arrears (overdue rent), if applicable:

Your rent arrears request is approved for $0.00.

- Individuals who **get** CA: If any part of your approved rent arrears is recoupable (must be paid back), we will take a portion of the money back from your CA grant. You will get a separate notice about this amount.
- Individuals who **do not** get CA: You will get a notice of repayment if any part of your approved rent arrears must be paid back to us.

Please remember that:

- You signed a Program Participant Agreement. It explains the requirements for participating in CityFHEPS.
- HRA oversees the Homebase program. Homebase is administered by non-profit partners across New York City. Homebase is there to help you with any issues you have after leaving shelter. This can include employment, benefits advocacy, rent arrears, or help to discuss disputes or problems with your landlord.
- Your Homebase office and phone number are listed below:

  CAMBA: 2244 Church Avenue 4th fl at 718-408-5766

- If you have a CA shelter allowance and it is reduced, you will have to make up the difference to your landlord.
- If your income has gone down and you would like to see if you can get a larger CityFHEPS supplement, call 929-221-0043.
- Your CityFHEPS is approved for one year. You must renew your CityFHEPS each year that you need assistance. HRA will mail you a renewal application up to five months before your lease expiration. Your CityFHEPS will be renewed if your household meets the CityFHEPS requirements. Homebase can help you with your renewal if you need assistance.
- If you want to move to a new address and use your CityFHEPS, we must approve your move first. If you move without getting our approval first you may lose your CityFHEPS. Go to your Homebase provider to ask about moving.

If you have any questions about this decision, please call us at 929-221-0043.

(Turn Page)

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 212-331-4640. 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.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE ENCLOSED CONFERENCE AND ADMINISTRATIVE APPEAL RIGHTS INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.

(Turn Page)

Right to a Review of Our Determinations

DO YOU THINK WE ARE WRONG? *(IF SO, CONTACT HRA IMMEDIATELY)*

If you think our decision is wrong, you should talk with your case manager. If we made a mistake, we will correct it. If you are not satisfied with the explanation your case manager gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this determination.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call 929-221-0043 and say that you are requesting a review conference about your eligibility for the CityFHEPS program. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have. If you have documents that show there was an error, you can explain the error to us and we will direct you regarding the fastest way to change or update your information.

If you are not satisfied with the results of the review conference, you are still entitled to an administrative appeal. **Your time to request an appeal will be extended until 60 days after the date of your review conference.**

ADMINISTRATIVE APPEAL PROCESS

Deadline for requesting an appeal: You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

How to Ask for an Administrative Appeal Hearing:

You can ask for an administrative appeal by **mail**, by **fax**, or by **email**. If you cannot reach HRA by fax or email, please write to NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003 to ask for an administrative appeal before the deadline. All requests for administrative appeals must be in writing.

(1) MAIL: Send a copy of **ALL PAGES OF THIS NOTICE,** completed, to:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Please keep a copy for yourself.)

(2) FAX: Fax a copy of **ALL PAGES OF THIS NOTICE** to: **917-639-0313.**

(3) E-MAIL: Scan and E-mail **ALL PAGES OF THIS NOTICE** to: **RACC@hra.nyc.gov**

(Turn Page)

☐ **I want an administrative appeal. I do not agree with the City's decision.**
(You may explain why you disagree below, but you do not have to include a written explanation.)

_____

_____

_____

Keeping your Benefits the Same:

We will not end your CityFHEPS if you ask for an Administrative Appeal hearing about the decision in this notice within 10 days of the date of this notice. If you ask for a conference only and not an Administrative Appeal hearing, we WILL end your CityFHEPS.

If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____

_____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

(Turn Page)

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

If you have a disability and need a reasonable accommodation, such as sign language interpretation, assistance for a visual impairment or some other accommodation, to participate in a conference or hearing, please make this request on this form.

Legal Assistance

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

Access to Your File and Copies of Documents

To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-0043** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **929-221-0043** or write to **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.

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

DITMAS PARK 2015 LLC
108-18 QUEENS BOULEVARD 302
FOREST HILLS, NY 11375-4758

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

DITMAS PARK 2015 LLC
108-18 QUEENS BOULEVARD 302
FOREST HILLS, NY 11375-4758

Notice Date: 10/11/2023

CityFHEPS Approval Notice to Landlord

Dear Landlord,

TAQUANA SAUNDERS , has been approved for CityFHEPS for the following period and at the following address:

Effective date: 10/01/2023 End date: 09/30/2024

Address: 2015 DORCHESTER ROAD Apartment 0A9
BROOKLYN NY 11226

1. Approved Apartment Rent: **$ 1750.00**

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

$ 1535.00

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.

NYC Human Resources Administration
Department of Homeless Services
Department of Social Services

You Have a Right to Free Interpretation Services

We have free interpretation services available. Please tell a worker if you want to speak with us in a language other than English or in sign language. You can simply show a worker the "**I Speak**" card below. If you have a question, comment or complaint about the interpretation services provided, please call 311. Filing a complaint will not affect your case.

Usted tiene derecho a recibir servicios de interpretación gratuitos

Contamos con servicios de interpretación gratuitos. Si desea hablar con nosotros en un idioma distinto al inglés o en lenguaje de señas, hágaselo saber a un empleado, simplemente muéstrele la tarjeta "**I Speak**" que aparece a continuación. Si tiene alguna pregunta, comentario o queja acerca de los servicios de interpretación que brindamos, llame al 311. La presentación de una queja no tendrá incidencia sobre su caso.

您有權利使用免費口譯服務

我們提供免費的口譯服務。如果您希望用英語以外的語言或手語和我們溝通，請告訴我們的工作人員。您只要向工作人員出示底下的「我說」(**I Speak**) 卡就可以了。如果您對我們提供的口譯服務有疑問、評論、或申訴，請致電311。提交申訴將不會影響您的個案。

Вы имеете право на бесплатные услуги устного перевода

Мы предоставим вам бесплатные услуги устного перевода. Сообщите сотруднику, если вы хотите общаться с нами не на английском, а на другом языке или на языке жестов. Вы можете просто показать сотруднику карту «**Я говорю**», приведенную ниже. С вопросами, отзывами и жалобами в отношении предоставленных услуг устного перевода звоните по номеру 311. Подача жалобы не повлияет на рассмотрение вашего дела.

무료 통역 서비스를 받을 권리가 있습니다

당국은 무료 통역 서비스를 제공해 드립니다. 영어 이외의 언어 또는 수화로 상담하시려는 경우 직원에게 말씀하시기 바랍니다. 아래에 있는 "**I Speak**" 카드를 직원에게 보여주시면 됩니다. 제공되는 통역 서비스와 관련해 문의사항, 의견 또는 불만사항이 있는 경우 **311** 번으로 전화해 주십시오. 불만 제기는 귀하의 케이스에 영향을 주지 않습니다.

لديك الحق في الحصول على خدمات الترجمة الفورية المجانية

توجد لدينا خدمات ترجمة فورية مجانية متاحة لك. من فضلك أخبر أحد الموظّفين إذا رغبت التحدّث معنا بلغة أخرى غير اللغة الإنجليزية، أو في لغة الإشارة. في المركز، تستطيع أن تشيرالبطاقة المسمّى "**I Speak**" الموجودة أدناه إلى أحد الموظفين. إذا كان لديك سؤال أو تعليق أو شكوى بشأن خدمات الترجمة الفورية المُقدمة، يُرجى الاتصال بالرقم 311. لن يؤثر تقديم شكوى على قضيتك.

NYC Human Resources Administration
Department of Homeless Services
Department of Social Services
PALM-20 (MLF)

I speak ...

Attention Agency employee: Please call an interpreter. This customer requires language assistance.

- ☐ **English** / I need free interpretation services.
- ☐ **Arabic** / أحتاج إلى خدمات ترجمة فورية مجانية.
- ☐ **Haitian Creole** / Mwen bezwen sèvis entèpretasyon gratis.
- ☐ **Korean** / 무료 통역 서비스가 필요합니다.
- ☐ **French** / J'ai besoin de services d'interprétation gratuits.
- ☐ **Russian** / Мне нужны бесплатные услуги переводчика.
- ☐ **Spanish** / Necesito servicios de interpretación gratis.
- ☐ **Bengali** / আমার বিনামূল্যে দোভাষী পরিষেবা দরকার।
- ☐ **Chinese (Simplified)** / 我需要免费的口译服务·
  (Traditional) / 我需免費的口譯服務。
- ☐ **Polish** / Potrzebuję bezpłatnych usług tłumaczeniowych.
- ☐ **Urdu** / مجھے مفت ترجمانی کی خدمات درکار ہیں۔
- ☐ **Other** / _____

NYC Human Resources Administration
Department of Homeless Services
Department of Social Services

Ou Gen yon Dwa pou Resevwa Sèvis Entèpretasyon Gratis

Nou gen sèvis entèpretasyon gratis ki disponib. Tanpri fè yon anplwaye konnen si ou vle pale avèk nou nan yon lang ki pa Anglè oswa nan yon langaj siy. Ou kapab senpleman montre yon anplwaye kat **"I Speak"** (Mwen Pale) ki anba la a. Si ou gen yon kesyon, yon kòmantè oswa yon plent sou sèvis entèpretasyon nou bay yo, tanpri rele 311. Si ou fè yon plent sa p ap gen konsekans sou dosye ou.

您有权享受免费口译服务

我们可向您提供免费口译服务。如果您希望采用英语之外的其他语种或通过手语与我们交流，请告知工作人员。您只需向工作人员出示以下“语言”(I Speak)卡。如果您对我们提供的口译服务有疑问、意见或不满，请致电311。提出投诉并不会对您的个案造成影响。

ترجمانی کی مفت خدمات کا آپ کو حق حاصل ہے۔

ہمارے پاس ترجمانی کی مفت خدمات دستیاب ہیں۔ اگر آپ انگریزی کے علاوہ کسی اور زبان یا اشارہ والی زبان میں ہم سے بات کرنا چاہتے ہیں تو براہ کرم کسی ملازم کو بتائیں۔ مرکز میں، آپ کسی ملازم کو بس ذیل کا "میں بولتا ہوں" ("I Speak") کارڈ دکھا سکتے ہیں۔ اگر فراہم کردہ ترجمانی کی خدمات کے بارے میں آپ کا کوئی سوال، تبصرہ یا شکایت ہے تو براہ کرم 311 پر کال کریں۔ شکایت درج کرانے سے آپ کے کیس پر اثر نہیں پڑے گا۔

Każdej osobie przysługuje prawo do skorzystania z bezpłatnych usług tłumaczeniowych.

Udostępniamy bezpłatne usługi tłumaczeniowe. Prosimy poinformować pracownika, jeśli chce Pan(i) rozmawiać w innym języku niż j. angielski lub w j. migowym. Wystarczy pokazać pracownikowi kartę **„I Speak"** przedstawioną poniżej. W przypadku pytań, uwag lub zażaleń dotyczących świadczonych usług tłumaczeniowych należy dzwonić pod nr 311. Złożenie zażalenia nie ma wpływu na daną sprawę.

Vous avez droit à un service d'interprétation gratuit.

Nous vous proposerons gratuitement un interprète. Adressez-vous à un conseiller si vous souhaitez discuter avec notre service dans une langue autre que l'anglais ou en langue des signes. Il vous suffit de montrer à un employé la carte « **I Speak** » ci-dessous. Si vous avez des questions ou un commentaire ou vous désirez déposer une plainte quant aux services d'interprétation proposés, veuillez appeler le 311. Le dépôt de plainte n'affectera en aucun cas votre dossier.

আপনার একটি বিনামূল্যের দোভাষী পরিষেবা পাওয়ার অধিকার আছে।

আমাদের বিনামূল্যের দোভাষী পরিষেবা আছে। আপনি ইংরেজি ছাড়া অন্য কোনো ভাষায় বা অঙ্গভঙ্গীর ভাষায় আমাদের সাথে কথা বলতে চাইলে অনুগ্রহ করে একজন কর্মীকে বলুন। একটি কেন্দ্রে, একজন কর্মীকে শুধুমাত্র নিচের "আমি কথা বলি" ("I Speak") কার্ডটি দেখাতে পারেন। প্রদত্ত দোভাষী পরিষেবা সম্পর্কে আপনার কোনো প্রশ্ন, মতামত বা অভিযোগ থাকলে, অনুগ্রহ করে 311 নম্বরে ফোন করুন। একটি অভিযোগ দায়ের করলে তা আপনার কেসটিতে কোনো প্রভাব ফেলবে না।

NYC Human Resources Administration
Department of Homeless Services
Department of Social Services
PALM-20 (MLF)

I speak...

Attention Agency employee: Please call an interpreter. This customer requires language assistance.

- ☐ **English /** I need free interpretation services.
- ☐ **Arabic /** أحتاج إلى خدمات ترجمة فورية مجانية.
- ☐ **Haitian Creole /** Mwen bezwen sèvis entèpretasyon gratis.
- ☐ **Korean /** 무료 통역 서비스가 필요합니다.
- ☐ **French /** J'ai besoin de services d'interprétation gratuits.
- ☐ **Russian /** Мне нужны бесплатные услуги переводчика.
- ☐ **Spanish /** Necesito servicios de interpretación gratis.
- ☐ **Bengali /** আমার বিনামূল্যে দোভাষী পরিষেবা দরকার।
- ☐ **Chinese (Simplified) /** 我需要免费的口译服务。
  (Traditional) / 我需免費的口譯服務。
- ☐ **Polish /** Potrzebuję bezpłatnych usług tłumaczeniowych.
- ☐ **Urdu /** مجھے ترجمانی کی مفت خدمات درکار ہیں۔
- ☐ **Other /** _____

New Form - DSS-4 (MLF)
Rev. 02/18

Date: 9-1-23
Case Number: 00004974202G
Case Name: Taquana Saunders
Center: _____

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: Ditmas Park 2015 LLC
Landlord's Address: 108-18 Queens Boulevard
City: Forest Hills State: NY Zip: 11375

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

Address: 2015 Dorchester Road
Apt. 0A9
City: Brooklyn State: NY Zip: 11226

regarding the participant/tenant listed below:

Participant/tenant: Taquana Saunders

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 $1750.00.
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): DocuSigned by: Sharon Torres
Landlord's/Authorized Agent's Signature: Sharon Torres Date: 9-1-23
(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): Elizabeth Ofikuru
Supervisor's Signature: E. Ofikuru Date: 10/02/23

(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