NYC Human Resources Administration | Family Independence Administration
Department of Social Services

#066 Bushwick Job Center

2 George St

Brooklyn, NY 11206-0000

Brooklyn NY 11206-0000

Date: 03/22/2024

Case Number: 00003677486H

Case Name: WILLIAMS JENELLE

Center: #066

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: ~~Rose associates~~ xxxxxxxxxxx Brightwater 231 LLC

Landlord's Address: 777 3rd Ave 6th FL

City: New York State: NY Zip: 10017

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

Address: 231 BRIGHTWATER COURT

Apt. B5

City: BROOKLYN State: NY Zip: 11235

regarding the participant/tenant listed below:

Participant/tenant: Jenelle Williams

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 $ 2995.

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

Rose Property Management Group LLC

Landlord's/Authorized Agent 's Name (print): _____

Landlord's/Authorized Agent's Signature: _____ Date: 4-4-24

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

For HRA Use Only:

Supervisor's Name (Print): _____

Supervisor's Signature: _____ Date: _____

(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 _____ Apt. _____ on or about _____ and occupied the
address date

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 _____ (provide court judgment, stipulation, landlord breakdown, etc).
  Month/Year
- ☐ 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