NYC Department of Homeless Services

SUBSIDY:

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

Total Checks

INDEX #_____

I, (Facility Staff Name): Kenyetta Jones received 4 checks

From (HRPU) _____ for Paul Armstead
CLIENT

Skyway Men's Shelter
FACILITY NAME

How Many:

1 checks at $ 1913.00

1 checks at $ 2695.00

1 checks at 8770.00

1 checks at $ 4851.00

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

W-147N (E) 05/16/2022 (page 1 of 2)

Date: 2/24/24

Case Number: 00039102606J

Case Name: Paul Armstead

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: BRP CATON FLATS, LLC

Landlord's Address: 432 PARK AVENUE SOUTH - 2ND FL

City: New York State: NY Zip: 10016

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

Address: 800 FLATBUSH AVENUE

Apt. 807

City: BROOKLYN State: NY Zip: 11226

regarding the participant/tenant listed below:

Participant/tenant: PAUL ARMSTEAD

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 $ 2695.00.

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): BEVERLY PAYNE

Landlord's/Authorized Agent's Signature: Beverly Payne Date: 2/24/2024

(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): Rebecca Jarvis

Supervisor's Signature: Rebecca Jarvis Date: 5/10/24

(Turn page)

Human Resources Administration
Family Independence Administration

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

THE CITY OF NEW YORK 20373

PO BOX 181
NEW YORK NY 10274-0181
SP 52652736 41438 0 5948315

PUBLIC ASSISTANCE ACCOUNTS
DATE: MAY 30, 2024
CHECK NUMBER: 44528956
TOTAL DOLLARS: ******$1,913.00

CLIENT INFORMATION
PAUL ARMSTEAD

BRP CATON FLATS LLC
432 PARK AVENUE SOUTH
NEW YORK, NY 10016

01017200 0020373

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 52652736 41438 0 5948315 20373

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

BANK OF AMERICA 52-153/112

44528956

DATE	AMOUNT
MAY 30, 2024	******$1,913.00

PAY***One Thousand Nine Hundred Thirteen And NO/100 Dollars

SE-CITYFHEPS RENTAL ASSIST SUPPL/ONGOING
FOR 2024/06/01 THRU 2024/06/30
00039102606J-01 79 SNCA R001

PAY TO THE ORDER OF
BRP CATON FLATS LLC
432 PARK AVENUE SOUTH
NEW YORK, NY 10016

⑈44528956⑈ ⑆011201539⑆ 00222001555 6⑈

THE CITY OF NEW YORK 20372

PO BOX 181
NEW YORK NY 10274-0181
SP 52652735 41438 0 5948314

PUBLIC ASSISTANCE ACCOUNTS
DATE: MAY 30, 2024
CHECK NUMBER: 44528955
TOTAL DOLLARS: ******$2,695.00

CLIENT INFORMATION
PAUL ARMSTEAD

BRP CATON FLATS LLC
432 PARK AVENUE SOUTH
NEW YORK, NY 10016

01017100 0020372

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 52652735 41438 0 5948314 20372

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

BANK OF AMERICA
52-153
112

44528955

DATE	AMOUNT
MAY 30, 2024	******$2,695.00

PAY***Two Thousand Six Hundred Ninety-Five And NO/100 Dollars

ZJ-UNIT HOLD INCENTIVE
FOR 2024/06/01 THRU 2024/06/30
00039102606J-01 79 SNCA R001

PAY TO THE ORDER OF
BRP CATON FLATS LLC
432 PARK AVENUE SOUTH
NEW YORK, NY 10016

⑈44528955⑈ ⑆011201539⑆ 00222001555 6⑈

THE CITY OF NEW YORK 20374

PO BOX 181
NEW YORK NY 10274-0181
SP 52652737 41438 0 5948316

PUBLIC ASSISTANCE ACCOUNTS
DATE: MAY 30, 2024
CHECK NUMBER: 44528957
TOTAL DOLLARS: ******$8,770.90

CLIENT INFORMATION
PAUL ARMSTEAD

BRP CATON FLATS LLC
432 PARK AVENUE SOUTH
NEW YORK, NY 10016

01017300G0020374

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 52652737 41438 0 5948316 20374

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

BANK OF AMERICA 52-153/112

44528957

DATE	AMOUNT
MAY 30, 2024	******$8,770.90

PAY***Eight Thousand Seven Hundred Seventy And 90/100 Dollars

SE-CITYFHEPS RENTAL ASSIST SUPPL/ONGOING
FOR 2024/06/01 THRU 2024/09/30
00039102606J-01 79 SNCA R001

PAY TO THE ORDER OF
BRP CATON FLATS LLC
432 PARK AVENUE SOUTH
NEW YORK, NY 10016

⑈44528957⑈ ⑆011201539⑆ 002220015556⑈