

## Special One Time Assistance (“SOTA”) Landlord Payment Agreement for Rentals to DHS Clients and Non-Relative Roommates

### Property & Unit Information

<b>Property Address:</b>	
<b>Unit:</b>	
<b>Name of Owner:</b>	

The unit indicated above (the “Unit”) is being rented for at least a one-year period beginning on

\_\_\_\_\_ to: \_\_\_\_\_ .  
(the “Lease Start Date”) (the “Program Participant”)

AND

\_\_\_\_\_  
(the “Program Participant’s Non-Relative Roommate”)

**Please read the Agreement carefully, complete all applicable fields, and, if you understand and accept all of the terms stated below, sign before a notary public in the space provided at the bottom.**

**(Turn page)**

**Program Information**

I understand that the Program Participant's Non-Relative Roommate identified above is not the spouse, domestic partner, or dependent child of any member of the shelter household or the parent or stepparent of any member of the shelter household under the age of 21. As such, I understand that the SOTA Program will make one year of rental payments equivalent to the proportionate share of the SOTA Program Participant's proportionate share of the rent (i.e., half the total rent amount in instances of one roommate). The payments will be issued to me on a monthly basis. The monthly amount I receive from DSS will be \_\_\_\_\_(half the total rent amount in instances of one roommate). After the one-year period covered by the SOTA Grant, the Program Participant and the Program Participant's Non-Relative Roommate will be responsible for any rental payment.

I have read the above Agreement carefully and I understand and accept all the terms stated above.

**Failure to provide true and accurate statements is punishable as a Class A Misdemeanor pursuant to Penal Law § 175.30 (offering a false instrument for filing to a public office or a public servant).**

\_\_\_\_\_  
Landlord Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

STATE OF )

) ss.:

COUNTY OF )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, a Notary Public or Commissioner of Deeds in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public or Commissioner of Deeds