# Room Rental Allocation Form

Before an individual can move into a room through the CityFHEPS or SOTA programs, the Department of Social Services (DSS) must confirm the following:

- That the individual's move into the apartment will not result in more than three unrelated individuals residing in the apartment in violation of the Housing Maintenance Code;

- That DSS is not making payments on behalf of anyone who is no longer in the apartment;

- That no CityFHEPS or SOTA tenants have moved from their original room to a different room within the apartment that did not have a walkthrough performed by the City; and

- That DSS is not paying rent on behalf of anyone else for the room you are attempting to rent to a new tenant.

**Instructions:** Complete this form and submit this document along with the room rental packet.

| A. Landlord Information | |
|---|---|
| Landlord Name | Phone |

| B. Property Address | |
|---|---|
| Address | Apartment # |

**C. Current Room Allocation**

| Room # | Occupied? | HRA Payment? | If yes, Tenant Name and Cash Assistance (CA) Number if known | Date Moved In | Is the Tenant in room indicated on the initial lease? |
|---|---|---|---|---|---|
| | Y/N | Y/N | | | Y/N (If No, Room # _____ ) |
| | Y/N | Y/N | | | Y/N (If No, Room # _____ ) |
| | Y/N | Y/N | | | Y/N (If No, Room # _____ ) |
| | Y/N | Y/N | | | Y/N (If No, Room # _____ ) |

**D. Report Any Payments For Tenants No Longer Living In The Residence**

| Room # | Type of Payment | Former Tenant Name | Date Left | Possessions in room or Storage? |
|---|---|---|---|---|
| | | | | Y/N |
| | | | | Y/N |
| | | | | Y/N |

**E. Proposed New Tenant Assignment**

| Room # | Tenant Name |
|---|---|
| | |

**(Turn Page)**

If you are receiving any payments for tenants who no longer live in the apartment, submit this form to RAProoms@hra.nyc.gov immediately. Payments for the room(s) you are trying to rent must be stopped before a new tenant may move in.

If one of your tenants has moved to a room that did not have a walkthrough performed by DSS, you must submit a walkthrough request for that room in addition to the request for the prospective tenant.

I certify that the information provided on this form is true and accurate the best of my knowledge.

**Landlord Signature**                                                      **Date**