

**DEPARTMENT OF SOCIAL SERVICES  
Section 8 Housing Choice Voucher Program**

Dr. Robert L. Yeager Health Center  
50 Sanatorium Rd., Building L  
Pomona, New York 10970  
(845)364-3330 Fax (845) 364-3222

**Joan M. Silvestri**  
*Commissioner*

**REQUEST FOR TENANCY APPROVAL PACKET**

<b>Participant Name</b>		<b>Phone</b>	
<b>Log Number</b>	<b>Expiration Date</b>	<b>Voucher Size</b>	

**Thank you for your interest in the Rockland County Housing Choice Voucher Program!**

Every time a family with a voucher moves into a rental unit, the unit must be approved **prior** to tenancy. Your prompt submission of all required information to **Rockland County Housing Choice Voucher Program** by email at **RocklandHCV@co.rockland.ny.us** or by mail to 50 Sanatorium Rd. Bldg. L. Pomona, NY 10970 will help the process go smoothly and efficiently. Missing documents and/or incomplete information will delay the process.

**Required Documentation**

- Request for Tenancy Approval (attached)
- Disclosure of Information on Lead-Based Paint (attached)
- Copy of the unsigned lease noting whether it is a one- or two-year lease.
- Copy of Certificate of Occupancy (C of O)

**For owners new to the Rockland County HCV program**

- Owner/Agent Data Form (attached)
- Valid driver's license or state identification card copy
- Management Agreement (if applicable)
- Direct Deposit Authorization form (attached)
  - Include a voided check (checking account) or a deposit slip (savings account)
- IRS form W-9 (attached)
- Tax identification
  - For an *individual* — a copy of your Social Security card
  - For a *company or business* — a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C)
- Proof of Ownership and other applicable documents as listed on the Owner/Agent Data Form
- HQS Move-In Inspection Checklist (Please use as a reference prior to Inspection)

<input type="checkbox"/> Owner <input type="checkbox"/> Managing Agent	<b>Name</b>	
<b>If you are an existing owner/agent registered with Rockland County HCV Program - Owner ID #</b>		
<b>Contact Person's Phone</b>	<b>Owner/Agent Email</b>	

**What's next?**

1. Rockland County Housing Choice Voucher Program will determine if the unit is the right size and lease amount for the family and that the rent is comparable with other similar units in the area.
2. An inspection will be scheduled for compliance with Housing Quality Standards (HQS).
3. Once the unit passes HQS inspection, please submit a copy of the signed lease to **RocklandHCV@co.rockland.ny.us** by fax to 845-364-3222. The lease cannot begin before the unit passes HQS inspection.
4. Rockland County Housing Choice Voucher Program will review the lease and execute a Housing Assistance Payment (HAP) Contract with the owner/agent. Rental assistance will begin on the effective date of the HAP Contract and lease (which must start on the same day).

If the family moves in before the unit is approved, the family will be responsible for all rent payments until HCV rental assistance begins. Please call 845-364-3330 with any questions.

Note: Tenant screening and approval are the owner/agent's responsibility. **Have you screened your potential tenant?**  Yes  No

*Rockland Housing Choice Voucher Program Use Only:*

<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Port In	Rockland HCV Staff	Voucher Issue	Property

# Request for Tenancy Approval

Housing Choice Voucher Program

**U.S Department of Housing and Urban Development**  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
exp. 04/30/2026

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
<b>9. Structure Type</b> <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			<b>10. If this unit is subsidized, indicate type of subsidy:</b> <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

## 11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
		Provided by
Refrigerator		
Range/Microwave		

12. Owner’s Certifications

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family’s behavior or suitability for tenancy. Such screening is the owner’s responsibility.

14. The owner’s lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

**OMB Burden Statement:** The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

**Privacy Notice:** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

# OWNER RESPONSIBILITIES

1. Maintaining the unit in accordance with our standards and providing normal maintenance.
2. Providing information required by our office.
3. Collecting any security deposit and your share of the rent from.
4. Collecting any charges for damage caused by you, a member of your family or your guest.
5. Enforcing your obligations under the lease.
6. Paying for utilities and services unless paid by you under the lease.
7. Owner may not violate:
  - a. Fair Housing Act
  - b. Federal Equal Opportunity requirements
  - c. Obligations under a housing assistance payments contract
8. The owner may not:
  - a. Commit fraud, bribery or any other corrupt or criminal act in connection with the Federal Housing Program
  - b. Engage in drug trafficking
9. Owners are permitted and encouraged to screen families on basis of their tenancy histories.  
An owner may consider family's background with respect to such factors as:
  - a. Payment of rent and utility bills
  - b. Caring for a unit and premises
  - c. Respecting the rights of others to the peaceful enjoyment of their housing
  - d. Drug related criminal activity or other criminal activity that is a threat to life, safety or property of others.
10. The agency must give the owner:
  - a. The family's current address (as shown in records)
  - b. Name and address (if known) of the landlord at the family's current and prior addresses.
11. This agency must give the owner:
  - a. Information about the tenancy history of family members
  - b. Information at owner's request, if available, on drug-related criminal activity by family members.

\_\_\_\_\_ Owner

\_\_\_\_\_ Date

\_\_\_\_\_ Family

\_\_\_\_\_ Date

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

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**OWNER/AGENT DATA FORM**

<b>Owner Legal Name</b>			
<b>Owner Legal Address</b>			
<b>Telephone</b>		<b>Email</b>	
<b>Social Security Number/ Employer Identification Number</b>		<b>Individual that will receive 1099</b>	
<b>Managing Agent</b>		<b>Telephone</b>	
<b>Address</b>			
I am claiming EXEMPT status from backup withholding (If yes, you must fill in Part II of the W-9 form.)			<b>Yes No</b>

I certify that I am the present owner of the property identified above.

I certify that all of the information I have provided in this packet is true to the best of my knowledge.

Property Owner(s) or Manager(s) Signature(s)	Date

**Documentation Requirements (please attach the following if applicable)**

<b>LLC, LP, Corporation (Corporation and LTD)</b>	1) Article of Organization, 2) Operating Agreement 3) SS-4 (EIN)
<b>Trust</b>	A copy of the trust agreement. The copy of the trust agreement must have the full disclosure of all beneficiaries and trustees.

Acceptable Proof of Ownership	Unacceptable Proof of Ownership
Settlement statement Trust agreement Recorded deed with Schedule A Recorded quit claim Recorded judicial sale deed	Tax bill Mortgage documents Unrecorded deeds Deeds that do not include an official stamp from the county recorder's office on the upper right-hand corner of the document

**Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.**

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.**

You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**DEPARTMENT OF SOCIAL SERVICES**  
**Section 8 Housing Choice Voucher Program**

Dr. Robert L. Yeager Health Center  
 50 Sanatorium Rd., Building L  
 Pomona, New York 10970  
 (845)364-3330 Fax (845) 364-3222

**Joan M. Silvestri**

## DIRECT DEPOSIT AUTHORIZATION

**Please complete and return this form with a voided check**

Please make sure that all information on this form is legible.

### Part 1: Transaction Type

New Setup  Cancellation (Leave Part 4 Blank)  Change Account Type  Change Financial Institution  Change Account Number

### Part 2: Payee Identification

<b>Owner/Company Tax ID</b> (Social Security No. or Employer Identification No.)		<b>Primary Phone Number</b>	
<b>Fax Number</b>		<b>Secondary Phone Number</b>	
<b>Name of Payee</b>			
<b>Contact name</b>			
<b>Street Address</b>			
<b>Payee Email</b>		<input type="checkbox"/> Owner <input type="checkbox"/> Property Manager/Agent	

### Part 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize Rockland County to deposit payments by electronic funds transfer into the account specified below, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is received. The undersigned must allow reasonable amount of time for initiating or terminating direct deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	Title	Date

### Part 4: Required Information

<b>Financial Institution</b>		<input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation/Partnership/etc.)
<b>Account Name</b>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Bank Routing Number</b>		
<b>Account Number</b>		

Payment remittances can be viewed at: <https://apps.hcr.ny.gov/Section8Payments/>



## DEPARTMENT OF SOCIAL SERVICES/SECTION 8 PROGRAM

Dr. Robert L. Yeager Health Center  
50 Sanatorium Road, Building L  
Pomona, New York 10970  
Phone: (845) 364-3330 Fax: (845) 364-3222

### HQS MOVE-IN INSPECTION CHECKLIST FOR LANDLORDS

Each unit rented to a Section 8 Voucher holder must pass a Housing Quality Standards (HQS) inspection before the voucher holder can move in. The checklist below is a tool for owners to prepare their unit for an HQS inspection. This checklist highlights some of the common violations found during unit inspections. The items on this checklist must be working or completed **prior** to the HQS inspection.

- The unit must be empty/vacant from the previous tenant.
- Utilities (water, gas, electric) must be turned on for the completion of the inspection.
- No chipping or peeling paint inside or outside the unit.
- Stove must be clean, secured and in working order. All burners must light without external ignition source.
- Refrigerator must be clean and be in working order with a good door seal.
- If there is a hanging wire where the dishwasher would be, the wire must be installed inside an electrical box and the box must be installed inside the wall or a dishwasher must be installed
- There must be a permanently installed working heating system.
- There must be access to the hot water heater and boiler at the time of the inspection
- Hot and cold running water in the kitchen and bathroom(s).
- There must be a shower or bathtub that works.
- There must be a flush toilet that works, is securely mounted, and does not leak.
- The bathroom must have either an outside window or an exhaust fan vented to the outside.
- There must not be any plumbing leaks.
- There must not be any plugged drains (check for slow drains).
- All plumbing fixtures must have P-traps to prevent sewer gas from leaking into the unit.
- All ground floor windows, and exterior doors shall open and close as designed and must have working locks. Doubled keyed dead bolts are not permitted.
- Each living space must have two means of fire egress (i.e. door & window)
- All electrical outlets/switches must have cover plates and be in good working condition.
- All ground fault circuit interrupters (GFCIs) must work properly.
- There must not be any missing, broken, or cracked windows.
- The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.
- The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel or copper tubing that is between six inches to eight inches from the floor or directed outside the unit (no PVC). CPVC is acceptable. Hot water heater/boiler must be accessible.
- The floor covering cannot be torn or have holes that can cause someone to trip.
- If there are stairs and railings, they must be secure.
- Four or more exterior stairs must have handrails 34 inches to 38 inches from the ground.
- Walk offs or porches 30 inches above grade must have guard rails 36 inches from the ground.
- There must be working smoke detectors and carbon monoxide detectors properly mounted on each level of the unit including the basement and walk up attics.
- All security bars and windows must have a quick release mechanism.
- All sliding glass doors must have a lock or security bar on the door that works.
- All construction/rehabilitation (painting, carpet replacement, etc.) must be completed.
- The unit must be free from roaches or rodents.
- There must be steppingstones or walkway to the unit

This brief listing is for the purposes of information only. Check HUD and local codes for other requirements.



# Homes and Community Renewal

KATHY HOCHUL  
Governor

RUTHANNE VISNAUSKAS  
Commissioner/CEO

## HCV Security Deposit Assistance Application

Payment of security deposits may be authorized for eligible families in the following categories:

Category 1: New Housing Choice Voucher tenant or project-based voucher-holder; or

Category 2: Port-ins from other Public Housing Authorities or transfers from other HCR programs; or

Category 3: Existing participant household that has not had a Security Deposit Assistance payment issued on its behalf within the last 12 months, or is forced to move due unforeseen circumstances outside of its control

**Assistance will be provided on a first come, first served basis until all available funds are exhausted.**

I, \_\_\_\_\_, am requesting assistance to pay my security deposit.  
(Name, please type or print clearly)

I understand that to be considered for assistance under this fund, I must fulfill the following requirements:

- Fall within one of the categories and successfully execute a lease and HAP contract for HCR's HCV program
- Provide a letter or notice from the landlord documenting the total security deposit and due date
- Provide documentation supporting eligibility (NYS HCR HCV voucher holder, portability documentation)
- Verification of all household members

Category claimed (check one): **Category 1**  **Category 2**  **Category 3**

\_\_\_\_\_ Date of Initial Voucher Issuance

\_\_\_\_\_ Future Lease Start/End Dates

\_\_\_\_\_ Total Security Deposit (As a reminder, as of July 14, 2019, NYS law prohibits a landlord from requiring more than one (1) month's rent as security deposit)

I am: (please check all that apply)

- A New HCV tenant or project-based voucher-holder
- A Port-in from another PHA or transfer from another HCR program
- An existing participant household that has not had another Security Deposit Assistance payment issued on my behalf within the last 12 months, or I am moving due to unforeseen circumstances outside of my control

I certify the above information is true and correct. Any approved payment will be made directly to my landlord.

Applicant/Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify the total security deposit and due date listed above is true and correct. (Required in lieu of an official notice or letter from the landlord confirming the same)

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOME EXAMPLES:**

Margaret is seeking an apartment and is told by a landlord, who has an available apartment that Margaret can afford with her housing voucher, that vouchers are not accepted. Is this a valid reason to refuse to rent to Margaret?  
**No. The law requires that an apartment may not be denied to an applicant because of the use of a voucher.**

Gwen receives child support from the father of her children, and with this support she is qualified to rent an available apartment. The landlord tells her that he does not take into account child support because fathers sometimes stop paying.  
**This is discriminatory. The landlord may evict a tenant who fails to pay the rent, but may not refuse to rent on speculation of future inability to pay based on the possibility that child support won't be paid.**

Robert lives with his disabled child who receives Supplemental Security Income (SSI). By including the child's benefits, Robert qualifies for an available apartment, but the landlord refuses to rent on the basis that she will not include the child's SSI. Can the landlord refuse to include this income?  
**No. This is source of income discrimination, and may also be discrimination on the basis of familial status and disability.**

Luis is denied the use of fitness equipment available to other tenants because he receives governmental housing assistance to pay part of his rent. Is this lawful?  
**No. Equal terms, conditions and privileges cannot be denied to a tenant on the basis of the source of the tenant's income.**

**FILING A COMPLAINT at the DIVISION**

If you believe that you have discriminated against by a housing provider with regard to your lawful source of income, you can file a complaint with the New York State Division of Human Rights. A complaint must be filed with the Division within one year of the alleged discriminatory act. To file a complaint:

- Visit the Division's website, at [WWW.DHR.NY.GOV](http://WWW.DHR.NY.GOV), and download a complaint form. Completed complaints should be signed before a notary public, and returned to the Division, by email, fax, mail or in person.
- Stop by a Division office in person.
- Contact one of the Division's offices, by telephone or by mail, to obtain a complaint form and/or other assistance in filing a complaint.

For more information or to find the regional office nearest to you, visit the Division's website [WWW.DHR.NY.GOV](http://WWW.DHR.NY.GOV). You can also call the Division's toll-free HOTLINE at **(888)392-3644**.

Your complaint will be investigated by the Division, and if the Division finds probable cause to believe discrimination has occurred, your case will be sent to a public hearing, or the case may proceed in state court. There is no fee charged to you for these services.

If the Commissioner of Human Rights finds in your favor following the hearing, the relief awarded to you may include such remedies as a cease-and-desist order, provision of housing that was denied, and monetary compensation for the harm you suffered.



**Division of  
Human Rights**

**SOURCE  
OF INCOME  
DISCRIMINATION  
in Housing**

ONE FORDHAM PLAZA  
BRONX, NEW YORK 10458  
1-888-392-3644  
TTY: 718-741-8300  
[WWW.DHR.NY.GOV](http://WWW.DHR.NY.GOV)

## **New Yorkers Are Protected from Housing Discrimination on the Basis of Lawful Source of Income**

The New York State Human Rights Law was amended, effective April 12, 2019, to protect those who rely on any lawful source of income from discrimination in housing.

### **What sources of income are protected?**

Lawful sources of income include, but are not limited to:

- child support
- alimony or spousal maintenance
- foster care subsidies
- social security benefits
- federal, state, or local public assistance
- federal, state, or local housing assistance
- any other form of lawful income

**Housing assistance includes Section 8 or any other type of vouchers, or any other form of housing assistance, regardless of whether paid to the tenant or the landlord.**

### **Who are persons who may not discriminate?**

All housing providers and real estate professionals are required not to discriminate. These include:

- Owners, landlords
- Managing agents or companies
- Co-op boards and condominium associations
- Tenants seeking to sublet
- Real estate brokers and salespersons
- Any employee or agent of the above

**What actions are discriminatory when based on a person's lawful source of income?**

- Refusal to sell, rent or lease or otherwise deny public or private housing
- Providing different terms, conditions or privileges, or denying the use of facilities or services, of any public or private housing
- Making any advertisement, publication, statement, inquiry, record, or using a form of application for public or private housing which expresses any intent to limit or discriminate
- A real estate professional's refusal to negotiate for sale, rental or lease

**It is not unlawful to ask about income, only to discriminate based on lawful sources of income.**

Housing providers may ask about income, and about the source of income, and require documentation, in order to determine a person's ability to pay for the housing accommodation, but must accept all lawful sources of income equally.

A publicly-assisted housing accommodation may include eligibility criteria in statements, advertisements, publications or applications, and may make inquiry or request information to the extent necessary to determine eligibility. Such eligibility criteria must be only those required by federal or state law or programs.

**Contact the Division of Human Rights for further information about your rights.**

**Retaliation for filing a complaint or opposing discrimination is unlawful.** The Human Rights Law prohibits a housing provider or any other entity covered by the Human Rights Law from retaliating against an individual for filing a complaint or discrimination or otherwise opposing practices that are discriminatory.

### **What are other Human Rights Law protections in the area of housing?**

The Human Rights Law also protects against housing discrimination on the basis of race, creed, color, disability, national origin, sexual orientation, gender identity or expression, military status, age, sex, marital status, and familial status.

More information is provided in the Division's publication entitled Fair Housing Guide, available on the Division's website.

Refusal by a housing provider to accept and treat equally any type of benefits received due to disability is also disability discrimination. See the Division's brochure Housing Rights of Persons with Disabilities, available on the Division's website.

Refusal by a housing provider to accept and treat equally child support, spousal support or foster care subsidies may also be familial or marital status discrimination.

### **Limitations in the Human Rights Law**

The New York State Human Rights Law does not cover: rental units in two-family homes occupied by the owner; rental in rooming houses occupied by the owner; rental of all rooms to persons of the same sex; certain senior housing.

**NOTICE REQUIRED BY LAW (9 NYCRR 466.16)**

**PROGRAM ADMINISTRATOR LOGO/INFO HERE**

**KNOW YOUR LEGAL RIGHTS AS A RECIPIENT OF HOUSING ASSISTANCE**

By law, you are protected from housing discrimination. **The New York State Human Rights Law makes it unlawful to discriminate in housing on the basis of your source of income. This includes all forms of housing assistance (like Section 8 vouchers, HUD VASH vouchers, New York City FHEPS and others), as well as all other lawful sources of income including: Federal, state, or local public assistance, social security benefits, child support, alimony or spousal maintenance, foster care subsidies, or any other form of lawful income.**

Housing providers who are covered by the Human Rights Law include landlords, property managers, real estate professionals like brokers, tenants seeking to sublet, and anyone working on their behalf.

Housing providers are not allowed to refuse to rent to you because you receive housing assistance. They are also not allowed to charge you higher rent, or offer you worse terms in a lease, or deny you access to facilities or services that other tenants receive.

Housing providers are not allowed to make any statement or advertisement that indicates housing assistance recipients do not qualify for the housing. For example, a housing provider cannot say they do not accept housing vouchers or that they do not participate in a program such as Section 8.

It is lawful for housing providers to ask about income, and about the source of that income, and require documentation, but only in order to determine a person's ability to pay for the housing accommodation or eligibility for a certain program. A housing provider must accept all lawful sources of income equally. It is unlawful to use any form of screening of applicants that has the intent or result of screening out those receiving housing assistance.

If you believe that you have discriminated against by a housing provider with regard to your lawful source of income, you can file a complaint with the New York State Division of Human Rights.

**HOW TO FILE A COMPLAINT**

A complaint must be filed with the Division within one year of the alleged discriminatory act or in court within three years of the alleged discriminatory act. To file a complaint, download a complaint form from [www.dhr.ny.gov](http://www.dhr.ny.gov). For more information or assistance in filing a complaint, contact one of the Division's offices, or call the Division's toll-free HOTLINE at 1(844)862-8703.

Your complaint will be investigated by the Division, and if the Division finds probable cause to believe discrimination has occurred, your case will be sent to a public hearing, or the case may proceed in state court. There is no fee charged to you for these services. Remedies in successful cases may include a cease-and-desist order, provision of housing that was denied, and monetary compensation for the harm you suffered. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.

**FREQUENTLY ASKED QUESTIONS  
ELECTRONIC PAYMENTS – SECTION 8 VOUCHER PROGRAM**

***How do I arrange for electronic payments deposits with my financial institution?***

You must complete the Direct Deposit Authorization Form and return to the Rockland County Office of Community Development. A copy of a **voided check** must accompany submission of this form. We recommend that you contact your financial institution and ask about their policies and procedures for ACH payments and remittance notification.

***What are the benefits of electronic payments?***

**It is Easy** – Receiving your payments electronically eliminates check handling and manual deposits the money is credited directly to your account, ready for you to use. There are no additional steps for handling the payment (like mail rooms, the post office) where checks can be misdirected or lost.

**It is Fast** – With Electronic Payments, payments go directly to your account.

**It is More Secure than Checks** – Electronic Payments uses the Automated Clearing House (ACH) network – the same system your bank uses to handle certain transactions with other banks. When electronic payments are credited to your bank account, the funds are immediately available.

***When will the Housing Trust Fund Corporation (HTFC) begin making my electronic payments by direct deposit to my bank account?***

Depending on when our office receives the Direct Deposit Authorization form, electronic payments may commence as early as the next regular payment cycle. If received too late in the payment cycle, payment will be made by check until the electronic payment information is registered.

***Will all of my payments be electronic payments?***

Yes, until such time as you request different.

***What information will accompany an electronic payment? How do I receive the information?***

Electronic payments and individual tenant remittance information will be electronically posted to your bank account. As necessary, you should discuss remittance and notification questions with your financial institution.

***What do I need to do if I wish to change the bank or account where the funds are to be deposited?***

If you plan to change the bank or account where funds are deposited, you must complete a new Direct Deposit Authorization Form, allowing sufficient time for the change. It must be completed in the same manner as when payments are initially set up. You are responsible for ensuring that your bank/account information is accurate.

***What if I don't currently have a bank account or do not want an electronic payment to my bank account?***

If you do not have a bank account, you may be interested in contacting your local banking institution to discuss your options. If you would rather receive a check, do not fill out the ACH Direct Deposit Form and advise our office that you would rather receive a check.

# Landlord's Guide to Section 8

## How does the Section 8 program work?

Note: Section 8 and Housing Choice Voucher Program are two different names for the same program.

Section 8 is a federal assistance program to help low-income people pay their rent. People with Section 8 vouchers find their own housing and pay a percentage of their income for rent. Section 8 pays the landlord the rest of the rent.

These are the steps involved in renting to a Section 8 tenant:

- A family with a current Section 8 voucher views your apartment and wants to rent it.
- You screen the tenants to make sure they are suitable.
- You agree to lease to the tenants and contact the Section 8 office for approval.
- The Section 8 office checks to make sure the family can afford the rent, the rent is reasonable compared to other rents in the community, and the lease is acceptable.
- The Section 8 office sends an inspector to check your apartment to make sure it meets program standards.
- After the apartment passes inspection, the Section 8 office sends you a contract to sign.
- You sign the contract with Section 8 and sign the lease with your tenants, and the family moves in.
- The family pays its portion of the rent and Section 8 pays the rest.

You can view the Section 8 program forms on the HUD web site ([www.hud.gov](http://www.hud.gov)):

- Housing Choice Voucher authorizes a family to look for an apartment and specifies the size of the unit
- Request for Tenancy Approval is submitted to the Section 8 office after the landlord agrees to rent to the tenant
- Inspection Form is used to determine if the apartment meets the Section 8 standards
- Tenancy Addendum must be attached to the lease
- Housing Assistance Payments (HAP) contract is the contract between the landlord and the Section 8 office

## How do I list my apartment with Section 8?

If you would like to rent to Section 8 tenants, you should contact your local public housing agency to let them know you have an apartment available. They will add your apartment to their listings. This is a free service. You may use the HUD Public Housing Agency listing to find your local housing agency address and telephone number. You may also advertise on your own. If you place an ad, include a notice stating that you welcome Section 8 tenants.

## Does the housing agency screen Section 8 tenants?

The housing agency does not screen Section 8 tenants for you. You must do this yourself, just as you would screen non-Section 8 tenants. You should ask for Social Security number, references, current and previous landlords, credit history, employment history, criminal record, etc., and check the information carefully.

There are many services available to help you screen tenants. These services can check to see if the prospective tenant has a criminal record, has been evicted, or has bad credit. When checking references, always contact the previous landlord as well as the current landlord, because the current landlord may want the tenants to move out.

The housing agency will tell you the number of people on the voucher, current and previous address, and current and previous landlord. Some housing agencies will also share any other information they have. However, the housing agency's main concern is checking that the applicant meets the income limits and other Section 8 eligibility requirements. Screening the tenant is the landlord's responsibility.

## Who pays the security deposit?

If you want a security deposit, you must collect this from the tenant. The Section 8 program has no responsibility for damages, unpaid tenant rent, or other claims you might have against the tenant.

## **Do I sign a lease with the tenant?**

You must sign a lease with the tenant for a minimum of one year. The lease should include:

- names of the landlord and tenant
- address of the rental unit
- term of the lease and how it will be renewed
- monthly rent amount
- which utilities are paid by the tenant
- which appliances must be provided by the tenant
- Tenancy Addendum

You must include the Tenancy Addendum exactly as it appears on the HUD web site. You may include any other conditions that you normally include in your leases, as long as they do not violate any laws.

## **What kind of inspection is done?**

Your apartment will be inspected to make sure that it meets the housing standards of the Section 8 program. The inspector will examine the exterior of the building, the plumbing and heating systems, the exits and hallways, and each room in the apartment to make sure the unit is safe, clean, and in good condition. The unit must be vacant at the time of the first inspection, and all utilities must be turned on. The inspector must have access to the unit itself, the basement, and all common areas.

The inspector uses a checklist form provided by HUD, the federal agency in charge of the Section 8 program. For each item on the list, the inspector marks if the unit passes or fails (or not sure). If repairs are needed, the inspector marks this on the form.

A family will not be allowed to rent your apartment until you have made any needed repairs and the unit passes the inspection. The apartment will be re-inspected each year. If problems are found, you must make repairs within the time allotted or else Section 8 will stop payments.

## **How much rent can I charge?**

The rent you charge must be reasonable compared to other units of similar size in your community. The Section 8 office will compare your rent to their payment standards, which are based in part on the fair market rents in your city or town. The fair market rents are the average gross rents (rent plus utilities) being paid in your community for modest apartments of varying sizes.

If the gross rent (rent plus utilities) for your apartment is less than or equal to the payment standard, the tenants pay 30% of their monthly income for rent and Section 8 pays the rest. If the rent is higher, the tenants must make up the difference. However, they are not allowed to pay more than 40% of their income for rent when they first rent an apartment.

If you want to increase the rent when you renew the lease, you must get approval from Section 8. The rent must remain reasonable and within the family's ability to pay, or else Section 8 will not approve it.

## **How do I get paid?**

Section 8 will send you a check for their portion of the rent each month. They will continue to do so as long as the tenant remains eligible for Section 8 and your apartment meets the Section 8 program standards.

You are responsible for collecting the tenant portion of the rent each month.

## **May I evict a Section 8 tenant?**

You may evict a Section 8 tenant in the same way you would evict a non-Section 8 tenant. The same laws apply.