NY-603 PSH Vacancy Notification FOrm

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Program:** ❑ PSH ❑ TH ❑ DV RRH ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Homeless Status as Required by Funder**:

❑ Immediate Risk of Homelessness ❑ Literally Homeless ❑ Chronically Homeless

**Additional eligibility criteria (*SPMI/SPA*):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**HMIS Unit Address (*except DV*):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unit available date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Overnight trial stay permitted?** ❑ Yes ❑ No

**Unit is:** ❑ Owned by Program ❑ Leased by Program

**Unit Size:** ❑ Studio ❑ 1BR ❑ 2BR ❑ 3BR ❑ 4BR ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Unit is:** ❑ Private House (Standalone Unit) ❑ Private Apartment

❑ Private Bedroom in Shared Setting\* ❑ Shared Bedroom in Shared Setting\*

**\*For shared units, current number of tenants already occupying unit**: \_\_\_\_\_\_\_\_(M) \_\_\_\_\_\_\_\_(F)

**Accepting households with the following composition:** ❑ Single Adult ❑ Families

**Vacancy specific to (*singles only*):** ❑ Male ❑ Female ❑ Either

**For owned/leased units:**

Landlord requires background check of adults in household? ❑ Yes ❑ No

Landlord requires credit check of adults in household? ❑ Yes ❑ No

Handicap accessible? ❑ Yes ❑ No

Stairs to get to the building? ❑ Yes ❑ No Number of Stairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stairs to get to the unit? ❑ Yes ❑ No Number of Stairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laundry in-unit or on-site? ❑ Yes ❑ No

Easily accessible via public transportation? ❑ Yes ❑ No

Parking: ❑ Driveway ❑ Street

Grocery store walking distance or easily accessible via public transportation? ❑ Yes ❑ No

Includes Utilities? ❑ Yes ❑ No
Included: ❑ Gas ❑ Electric ❑ Cable ❑ Water ❑ Sewer ❑ Oil

Smoking permitted: ❑ Yes ❑ No Smoking Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Pets permitted: ❑ Yes ❑ No Pet Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_