**NY- 603 Landlord Assistance Request Form**

CoC-Funded RRH and PSH, ESG-funded RRH, NCDSS-funded emergency shelters, NCOHCD, VASH voucher program can be assisted with literally homeless (HUD Category 1) clients seeking housing opportunities in the following ways:

1. RRH clients seeking private rental units with short-term program rental assistance
2. PSH clients seeking units at FMR
3. Homeless clients that have income/budgets to exit homelessness without a subsidy/program
4. Homeless single adult clients interested in combining their incomes to move into shared units
5. Locating new units for CoC PSH clients that are targeted for PSH move-on
6. Homeless clients that have been awarded VASH or Housing Choice (Section 8) vouchers. \*This will include households at-risk of homelessness through FUP, pending funding awards.

CoC-funded RRH & PSH

ESG-funded RRH

Nassau County DSS Emergency Shelters

Nassau County Office of Housing and Community Development (ESG RRH and FUP)

Veterans Administration Supportive Housing (VASH) Voucher Program

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

Staff Point of Contact (POC):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POC Phone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ext:\_\_\_\_\_\_

POC Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Adults: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Children age 6-17:\_\_\_\_\_\_\_\_\_\_\_\_

Number of Children age 0-5:\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas of Interest (neighborhoods, towns):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vouchers/Income:**

Awarded voucher:

□ Section 8 (Nassau County) □ Section 8 (Suffolk County) □ Section 8 (Town of Babylon) □ Section 8 (Town of Islip) □ Section 8 (CDCLI) □ Section 8 (Town of Brookhaven)

□ HUD-VASH Voucher □ FUP □ Other: \_\_\_\_\_\_\_\_\_\_\_\_

Budget (max for rent): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Budget (max for rent including utilities): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Percentage of AMI: \_\_\_\_%

**Preferences:**

Can all members of the household use stairs? \_\_\_\_\_\_\_\_\_

Is household willing to share a living space with others? \_\_\_\_\_\_\_\_\_

Does household need to be near public transportation? \_\_\_\_\_\_\_\_\_

Does unit need to be walking distance to stores? Y N Preferred

Does the household have pets? \_\_\_\_\_\_\_\_\_

Does a member of the household smoke? \_\_\_\_\_\_\_\_\_

Does the household need to live a specific area and/or school district? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so what areas specific? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Unit Size Desired: \_\_Studio \_\_1 Bedroom \_\_2 Bedroom \_\_ 3 Bedroom \_\_4 Bedroom \_\_5 Bedroom

Type: \_\_private bedroom in shared setting\* \_\_shared bedroom in shared setting\* \_\_ private apartment \_\_single family residence (private house) \_\_duplex (side by side)

\*gender for shared living spaces \_\_M \_\_F \_\_TG

Other limitations/preferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check List for Rental Assistance**

When submitting any application, please seek to provide the following in one scanned email to [ewhite@addressthehomeless.org](mailto:ewhite@addressthehomeless.org). (This information is currently being requested by most landlords within our network that are willing to lease units to homeless clients)

1. Credit reports for all adults over 18 years old. Examples of/suggested free credit report services:
   1. Equifax: 1-800-685-1111
   2. Experian: 1-888-EXPERIAN (397-3742)
   3. TransUnion - 1-800-916-8800
   4. CreditKarma.com

2. Letter of subsidy approval with the amount of monthly subsidy, subsidy duration, and with an outline of what costs the subsidy covers (if client has voucher).

3. All income documentation- paystubs (at least previous two months), award letters, benefits, CS, alimony, etc.

*In most cases, to successfully place households into units through private landlords without a subsidy or program assistance (self-resolve), the income for the households should be approximately twice the Fair Market Rent (FMR) amount for that household size. In other words, the household would pay about 50% or more of income toward rent, on average. For example, to rent a $1,000 unit, the landlord may require a documented income of $2,000 per month.*

4. Rental Application (below)

5. If there has been a prior eviction there should be a letter of recommendation on letterhead/agency reference from an advocate for the household. (A letter for any client can help clients secure units)

\*\* If there are deposits necessary, plan how it will be paid for and provide proof or be able to execute within 24 hours to ensure that clients do not lose the housing opportunity. \*\*

Edna J. White - Referral LICH

#\_\_\_\_\_\_\_\_\_\_

**RENTAL APPLICATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First Middle Last** | **Birth Date** | | **Social Security** | | **#** | | **Driver’s License #** |
|  |  | |  | |  | |  |
| **Any Other Names You’ve Used In The Past** |  | **Home Phone** | | |  | **Cell Phone** | |
|  |  |  | | |  |  | |
| **All Other Proposed Occupants** |  | | | **Birth Date** | **Relationship To Applicant** | | |
|  |  | | |  |  | | |
|  |  | | |  |  | | |
|  |  | | |  |  | | |
|  |  | | |  |  | | |
|  |  | | |  |  | | |

**RENTAL/RESIDENCE HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current Residence** | **Previous Residence** | **Prior Residence** |
| **Street Address** |  |  |  |
| **City** |  |  |  |
| **State & Zip** |  |  |  |
| **Last Rent Amount Paid** |  |  |  |
| **Owner/Manager and Phone Number** |  |  |  |
|  |  |  |
| **Reason for leaving** |  |  |  |
| **Is/Was rent paid in full?** |  |  |  |
| **Did you give notice?** |  |  |  |
| **Were you asked to move?** |  |  |  |
| **Name(s) in which your utilities are now billed:** |  |  |  |
|  | **From/To** | **From/To** | **From/To** |
| **Dates of Residency** |  |  |  |

**EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current Employment** | **Previous Employment** | **Prior Employment** |
| **Employed By** |  |  |  |
| **Address** |  |  |  |
| **Employer’s Phone** |  |  |  |
| **Occupation** |  |  |  |
| **Name of Supervisor** |  |  |  |
| **Monthly Gross Pay** |  |  |  |
|  | **From/To** | **From/To** | **From/To** |
| **Dates of Employment** |  |  |  |

**VEHICLES** (Include vehicles belonging to other proposed occupants also)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Make** | **Model** | **Color** | **Year** | **License Plate** |
|  |  |  |  |  |
|  |  |  |  |  |

**REFERENCES & EMERGENCY CONTACTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Doctor** | **Lawyer** | **Nearest Relative Living Elsewhere** |
| **Name** |  |  |  |
| **Street Address** |  |  |  |
| **City** |  |  |  |
| **State & Zip** |  |  |  |
| **Phone Number** |  |  |  |
| By signing the application, you grant us permission to communicate with all the contacts listed in this section in the event we can’t locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf. | | | |

**GENERAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have you ever been served a late rent notice?** | **Do any of the people who would be living in the apartment smoke?** | | | **How long do you think you would be renting from us?** | |
|  |  | | |  | |
| **Have you ever filed for bankruptcy? If so, when?** | | **When would you be able to move in?** | | | **Have you ever been convicted of a felony?** |
|  | |  | | |  |
| **Have you ever been served an eviction notice? If so, when?** | | | **How many pets do you have (list Type, Breed, approx Weight & Age)?** | | |
|  | | |  | | |
|  | | | | | |
|  | | | | | |
| **Why are you moving from your current address?** | | | | | |
|  | | | | | |

# Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. LICH is not the landlord and cannot guarantee housing for referred clients. Any questions regarding rejected applications should be submitted in writing to the landlord.

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

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

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CHECKLIST OF DOCUMENTS

\_\_\_\_ Credit report for all adults over 18 years old\*

\_\_\_\_ Letter of subsidy award with the amount of monthly subsidy, duration and covered costs (if client has voucher)

\_\_\_\_ All income proof- [at least last two months] paystubs, award letters, benefits, CS, alimony, etc.

\_\_\_\_ Rental Application Completed

\_\_\_\_ Letter of Recommendation

\*Landlords may request a criminal background check, in addition to a credit check.

LICH, as the Coc/Coordinated Entry System (CES) lead agency, tracks all homeless persons in the region and tracks housing placements and housing retention.

**Please inform the Landlord Engagement Specialist of outcomes from rental listing referrals provided.**

*If the client and/or advocates feel that there have been violations of federal, state or local housing discrimination laws, please contact Nassau-Suffolk Law Services at* [*(631) 232-2400*](https://www.google.com/search?rlz=1C1WPZB_enUS707US707&ei=axwpW7eNHa3J5gLdlrnABg&q=nassau%20suffolk%20law%20services&oq=nassau+suffolk&gs_l=psy-ab.3.0.35i39k1j0l9.51378.55077.0.56181.15.15.0.0.0.0.128.1290.11j3.15.0....0...1.1.64.psy-ab..0.15.1367.6..0i131k1j0i67k1j0i20i264k1.92.OIkN5Z2ax9A&client=psy-ab&hl=en&npsic=0&rflfq=1&rlha=0&rllag=40757691,-73400657,19473&tbm=lcl&rldimm=12071880962329099284&ved=0ahUKEwjavc6JgeDbAhUcIDQIHfn3Bw8QvS4ISDAA&rldoc=1&tbs=lrf:!2m1!1e2!2m1!1e3!3sIAE,lf:1,lf_ui:2) *(Suffolk) or* [*(516) 292-8100*](https://www.google.com/search?rlz=1C1WPZB_enUS707US707&ei=axwpW7eNHa3J5gLdlrnABg&q=nassau%20suffolk%20law%20services&oq=nassau+suffolk&gs_l=psy-ab.3.0.35i39k1j0l9.51378.55077.0.56181.15.15.0.0.0.0.128.1290.11j3.15.0....0...1.1.64.psy-ab..0.15.1367.6..0i131k1j0i67k1j0i20i264k1.92.OIkN5Z2ax9A&client=psy-ab&hl=en&npsic=0&rflfq=1&rlha=0&rllag=40757691,-73400657,19473&tbm=lcl&rldimm=12071880962329099284&ved=0ahUKEwjavc6JgeDbAhUcIDQIHfn3Bw8QvS4ISDAA&rldoc=1&tbs=lrf:!2m1!1e2!2m1!1e3!3sIAE,lf:1,lf_ui:2) *(Nassau).*