



### Security Deposit Assistance Incentive Application

The possession of a fixed, permanent residence is an event greater matter of health and safety, and the payment of security deposits is critical to ensuring that voucher-holders have a chance of finding suitable housing. Payment of security deposits may be authorized for eligible families in the following categories:

Category 1: New Housing Choice Voucher or Project Based Voucher Holder

Category 2: Port-ins from other Public Housing Authorities or transfers from other NYS HCR Local Administrators

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 to unforeseen circumstances outside of its control

**Assistance will be provided on a first come, first serve 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:

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

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

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

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

Total Security Deposit: \_\_\_\_\_

(NYS law prohibits landlords from requiring more than one (1) month's rent as security deposit)

I am (enter Y/N):

\_\_\_\_\_ A New HCV tenant or project-based voucher-holder

\_\_\_\_\_ A Port-in from another PHA or transfer from another NYS HCR Local Administrator

\_\_\_\_\_ An existing participant household that has no 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.

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

**Please note, CVR NY issues payment for security deposits via a mailed check. Security deposit checks are typically mailed between 1-2 weeks after the signed HAP contract and executed lease are submitted to CVR NY.**





### Landlord Incentive Payment Form

In an effort to assist our HCV program participants secure housing, CVR NY will provide landlords who enter into HAP contracts for CVR NY HCV participants a one-time incentive payment worth one month's rent.

Incentive payments will be made when a new or existing landlord enters into a Housing Assistance Payment (HAP) contract with CVR NY for the tenancy of:

- Newly admitted HCV participants
- HCV participants porting into CVR NY's program from a different Section 8 office
- An active CVR NY participant moving for the first time in the last 12 months or who have been forced to move due to unforeseen circumstances

Below are the steps for a landlord to receive an incentive payment:

1. The eligible CVR NY voucher holder finds a landlord who is willing to rent to them
2. The Request for Tenancy Approval (RFTA) and related forms are submitted to CVR NY by the voucher holder
3. CVR NY determines the unit is affordable, the unit passes HQS Inspection, and the rent is deemed reasonable
4. The landlord provides CVR NY with the information necessary to issue the payment. (See below).
5. The landlord and CVR NY execute a HAP contract
6. CVR NY mails the landlord a check for the incentive payment

CVR NY cannot issue Landlord Incentive Payments to Public Housing Authorities or other entities that traditionally serve low-income populations through the development and leasing of affordable units.

If you would like additional information, please email CVR NY at [info@cvrnewyork.com](mailto:info@cvrnewyork.com)

Please provide the information requested below for CVR NY to issue your landlord incentive payment.

Payee Name (must match form W9): \_\_\_\_\_

Payee Street Address: \_\_\_\_\_

Payee City, State & Zip: \_\_\_\_\_

I am interested in receiving a Landlord Incentive Payment (check Yes or No): Yes \_\_\_\_\_ No \_\_\_\_\_

Is the unit being rented owned by a Public Housing Authority or other entity that traditionally serves low-income populations through the development and leasing of affordable units (check Yes or No): Yes \_\_\_\_\_ No \_\_\_\_\_

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

Name and Title of Signee: \_\_\_\_\_

