



NY Rising Recovery Program Tenant Information

The following information should be collected by the Customer Representative from the landlord prior to scheduling a tenant site-survey.

TENANT UNIT NUMBER: _____ **DATE OF OCCUPANCY** _____

PROPERTY ADDRESS: _____

Tenant Name: _____

(List Tenant name(s) as shown on lease)

Tenant Contact information: _____ (HOME) _____ (CELL1) _____ (CELL2)

Email: _____ Email: _____

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1. YES NO Has Unit has been vacant for 90 days prior to the submission of this application?
(If yes, then skip to item ___ below)
2. This Unit is Currently Occupied by a Tenant?
(If yes, then please complete section 2)
- 2a. Number of Bedrooms _____
- 2b. Current Monthly Rent \$ _____
- 2c. Total Number living in Unit _____
- 2d. Average Monthly Utilities \$ _____
3. Rental Assistance
(If yes, then please complete section 3)
- 3a. Monthly Assistance Amount \$ _____
- 3b. Rental Contract Type _____
- 3d. Long Term Lease expiration date _____
4. What language is spoken primarily in the rental unit? _____
5. Are there pets in the home?
- 5a. List pet types and number _____
6. Do tenants own a car?
7. Do tenants use public transportation regularly?
8. Are there any special issues or concerns that you would like to add regarding your rental or your tenant?



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Person Name	Race	Ethnicity	Disability Status	Elderly Status	Relationship to HOH*	DOB	SSN	Gender	Income

***Head of Household**



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The URA Specialist should collect the following information from the tenant during an interview at the damaged property. The Site survey may be conducted only after the legality of the rental unit has been verified by using a Certificate of Occupancy of the Damaged Property and the rental lease (or sublease) has been verified.

TENANT NAME(S):

TENANT UNIT NUMBER: _____ **Lot/Block #:** _____ **Parcel ID #:** _____

PROPERTY ADDRESS:

FAMILY/HOUSEHOLD MEMBERS:

Name	Relationship	Age	M/F	Citizenship Status	SS #	Work/School Location	Mode of Travel	Distance
	Head of Household							

HEAD OF HOUSEHOLD INFORMATION:

Home Telephone: _____ Business Telephone: _____

Mobile Telephone: _____ Fax Number: _____

GENERAL HOUSEHOLD MEMBER INFORMATION:

Are there any household members with special needs? Yes No

If Yes, who are they and what are their needs? _____

Is lease a written lease? Yes No Monthly Rent: \$ _____ Security Deposit: \$ _____

Is rent subsidized? Yes No If Yes, subsidy type: _____

Utilities included in rent: Electricity Gas Other: _____

Estimated Monthly Utilities, (i.e. electric, gas, oil, water) \$ _____

Monthly utility cost: \$ _____ Appliances belong to: Occupant Landlord Dwelling Type:

Multifamily apartment Duplex Two-Family Home

of Cars in family: _____

Is this occupant's principal/legal residence? Yes No **Rooms:** Bedrooms: 1 2 3 4 5

Bathrooms: 1 1.5 2 2.5

Living Room Separate Dining Room Dining/Living Room Kitchen



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Family Room Den Recreation Room Utility Room Basement

Garage: 1 car 2 car

Total # of Occupied Rooms: _____

Temporary Replacement Housing Needs:

Number of rooms required? _____ Smoking yes no

Does occupant have any pets? Yes No If Yes, which and how many? _____

Additional Comments or Notes:

Pet Needs: Do pets have all appropriate shots Yes No (proof required if kenneled)

Is entire unit to be vacated Yes No

Will certain rooms need to be vacated for work to be done Yes No

Are there critical pieces of furniture that need to be moved or provided at temporary site? (Hospital beds, equipment, etc.)

Describe: _____

Will household prefer to pack/move themselves Yes No (supplies will be provided)?

Storage:

Is there a need for a storage unit during relocation Yes No

Any large expensive items (e.g., electronic equipment) to be stored while in your temporary residence? Yes

Describe: _____

Mail Service:

Are there special concerns/needs for mail delivery: Yes No forwarding to temporary address, P.O.box, etc.?

Other Household Needs/Concerns:

General Information Notice Received by Tenant Yes No

Information Obtained from: _____ **Date:** _____

Interviewers Signature: _____ **Date:** _____