

2025-2026 New York State Rental Supplement Program Plan

District: Click or tap here to enter text.

Program Operator: Click or tap here to enter text.

Contact Person(s): Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Effective Date: Click or tap here to enter text.

Indicate whether the program will be administered using district mechanisms (e.g., direct administration or transfer of funds to county agencies) or by another public agency, contractor or non-profit organization. Administration of the RSP may be delegated in full or in part. Also indicate whether districts will coordinate with the local HUD-funded Continuum of Care, if applicable. If contracting out, please list the contact information for other individuals that OTDA may contact regarding the RSP.

Click or tap here to enter text.

Anticipated Number of Households to be Served (04/1/25-03/31/26): _____

RSP FMR Percentage to be used: _____

Include a table that includes the FY 2025 HUD 100% FMR, the 85% FMR calculation, the local cost share (if electing to reimburse above 85% FMR), household sizes and allowable number of bedrooms for each household size. An example is shown below and can be modified as needed.

Household Size	Allowable Number of Bedrooms	100% FY2025 HUD FMR	85% FY2025 HUD FMR State Reimbursed	Max Supplement Amount	District Funded Amount
1	0				
1	1				
2	1				
3	2				

4	2				
5	3				
6	4				

Describe the outreach mechanisms that will be used. Receipt of TA is not a requirement for determining eligibility for the RSP, but at least 50% of the supplements shall be allocated for households who are in shelter or experiencing homelessness at the time of application (unless sufficient demand does not exist for such households within a district).

Click or tap here to enter text.

Attach the forms and/or notices that were not initially approved by OTDA or that have been revised subsequent to approval that will be used to facilitate the application and determination process and include a description of each below. When households requesting a supplement do not meet the criteria established by the district, the denial/discontinuance letter must support the decision by explaining the criteria and the district's decision. When a supplement is approved, an award letter must be provided to both the tenant and landlord and must detail the amount approved to be paid on a monthly basis and the months/term included.

Click or tap here to enter text.

Indicate the target population and prioritization (if any) of certain households (e.g., those with children under the age of six, single individuals, veterans, individuals and families experiencing domestic violence (DV) and non-DV victims of violence). Eligible participants include individuals and/or families, regardless of immigration status or TA eligibility, who are experiencing homelessness or facing an imminent loss of housing, including individuals and families with or without children.

Click or tap here to enter text.

List any other established eligibility criteria and indicate how each criterion will be determined and documented. Include the following:

- **Will there be any health and safety standards regarding the housing that must be met prior to paying the supplement at a specific location?** Click or tap here to enter text.
- **How will the district handle modifications (e.g., moves, rent increases, changes in household composition, etc.)?** Click or tap here to enter text.
- **Will the district pay for security deposits and/or rental arrears if there are no other available resources to assist?** Click or tap here to enter text.

Indicate the payment mechanism (e.g., check, transfer of funds, etc.) and whether the supplement will be paid to the tenant or the landlord.

Click or tap here to enter text.

Indicate how the progress of those served in the RSP will be monitored. Reports that describe the progress of RSP activities and those served will be required on at least a quarterly basis. A report template will be provided. Minimally, reports must include the amount of rental supplement payments provided, the number of households served and certain demographic information including receipt of TA and household composition.

Click or tap here to enter text.

Describe the process for reviewing and considering appeals of applications that are denied or have vouchers reduced/ended.

Click or tap here to enter text.

Indicate how fraudulent applications and/or cases determined otherwise ineligible will be handled, including the procedure for recouping funds, if necessary.

Click or tap here to enter text.

To the fullest extent possible, RSP funding should not be used to supplement existing Shelter Supplement Programs. Districts who currently have an approved Public Assistance Shelter Supplement (PASS) Plan must indicate the following:

- **How will the RSP be different from the district's currently approved PASS Plan?** Click or tap here to enter text.
- **How will participating households be distinguished?** Click or tap here to enter text.