

# Buffalo Housing Opportunities Program

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

Client Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

**Denial Verification**



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## DENIAL TYPE

**Check the appropriate box:**

DSS Security Agreement

DSS Assistance

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## DSS SECURITY AGREEMENT

**I certify that the Security Agreement from the Erie County Department of Social Services had been refused by the landlord.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date

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## DSS ASSISTANCE

**I certify that I received a verbal denial of assistance from the Erie County Department of Social Services.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

**AND**

\_\_\_\_\_  
Signature of Case Manager

\_\_\_\_\_  
Date