



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #05-159-OPE

REVISED RENTAL ASSISTANCE UNIT FORMS W-147BB, W-151A AND W-151B

Date:	Subtopic(s):
December 30, 2005	Housing Court Liaison, Moving Expenses
<p><input checked="" type="checkbox"/> This procedure can now be accessed on the FIAweb.</p> <p>W-147BB</p> <p>W-151A and W-151B</p>	<p>This policy bulletin is to inform Job Center and Rental Assistance Unit (RAU) staff that the following forms have been revised:</p> <ul style="list-style-type: none"> • Request for Approval of Special Grant Code 22 – Moving Expenses (W-147BB) • Housing Court Liaison Referral (W-151A) • Daily Report of Housing Court Liaison Activity (W-151B) <p>On each form the logo was revised to conform to Agency standards and minor updates were made to reflect current Agency terminology.</p> <p>On the W-147BB, the telephone number for contacting RAU regarding moving expenses was changed to (212) 331-5525.</p> <p>On the W-151A and W-151B, the following wording was revised to reflect changes in housing court documents and to conform to standard housing court language:</p> <ul style="list-style-type: none"> • “Dispossess” was changed to “Notice of Petition” and may refer to either a Nonpayment Notice of Petition or a Holdover Notice of Petition. • “72-Hour Notice of Eviction” was changed to “Six-Day Notice of Eviction.” <p>In addition, two housing courts – Harlem and Red Hook – were added to the list of sites at the top of the forms and the sites were alphabetized.</p> <p>Samples of the forms are attached.</p> <p>Center Directors must ensure that all previous versions of these forms are recycled.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
 Call 718-557-1313 then press 2 at the prompt followed by 765 or
 send an e-mail to *FIA Call Center*

Effective Immediately

Attachments:

Please use Print on Demand to obtain copies of forms

- W-147BB** Request for Approval of Special Grant Code 22 – Moving Expenses (Rev. 12/30/05)
- W-151A** Housing Court Liaison Referral (Rev. 12/30/05)
- W-151B** Daily Report of Housing Court Liaison Activity (Rev. 12/30/05)



Housing Court Liaison Referral

Date: _____

To: Job Center: _____

Address: _____

From: Housing Court Liaison: _____

L & T Number: _____

Court Date: _____

Judge/Part: _____

- Bronx
 Brooklyn
 Harlem
 Manhattan
 Queens
 Red Hook
 Staten Island

Subject: Referral to Job Center for Action to Prevent Eviction

The following tenant is being referred to your Job Center in order to evaluate eligibility for a public assistance grant to prevent or forestall an eviction. Please ensure that the tenant is given a priority appointment in:

- Case Management Unit
 Case Establishment Unit

Date Response Due by Job Center: _____

Tenant Identifying Information

Name: _____

Address: _____

Apt. No.: _____ Zip Code: _____

Telephone Number: _____

Family Composition: Children _____ Adults _____

PA Case Information (if applicable)

Case Name: _____

Case Type/Number: _____

Caseload: _____

Rent Status

Monthly Rent: \$ _____

Amount of Rent Owed: \$ _____

Amount of Legal Costs: \$ _____

Total Amount Owed: \$ _____

Landlord/Attorney Information

Landlord/Attorney Information:

Name: _____

Address: _____

Telephone Number: _____

Landlord/Attorney Info. Unavailable

Court Status

Court Document:

- Notice of Petition
 Six-day Notice of Eviction
 Final Judgment
 Show Cause Order
 Other (Specify) _____

Details of Interview Conducted by Housing Court Liaison

Housing Court Liaison's Signature

Telephone Number

Action Taken by Job Center to Prevent Eviction

Date: _____

To: Housing Court Liaison: _____

- Bronx
 Brooklyn
 Harlem
 Manhattan
 Queens
 Red Hook
 Staten Island

From: Job Center: _____

Subject: Report of Action Taken by Job Center to Prevent Eviction

Case Name		Case Type/Number
Address		
Apt. No.	Zip Code	Caseload
L&T Number		

Rent Arrears Authorized

Amount of Check: \$ _____

Period Covered: _____

Date Check Issued: _____

Rent arrears not authorized. Provide details below:



JOS/Worker's Signature

Date

Telephone Number

Supervisor's Signature

Date

Telephone Number

DDE

Date

Telephone Number

Request for Approval of Special Grant Code 22 – Moving Expenses

To: Director, Rental Assistance Unit
180 Water Street, 21st Floor
New York, NY 10038
Tel. Number: (212) 331-5525
Fax Number: (212) 331-6284

Date: _____

From: Center: _____ Case Number: _____ Caseload: _____

Case Name: _____ Household Size: _____

Participant's **FORMER** Address: _____

Participant's **NEW** Address: _____

Reason for Move: _____

Three estimates are attached. Items to be moved are listed on the reverse.

	Mover's Name and Address	Mover's Telephone Number	D.O.T. License Number	Estimate Amount
1	SAMPLE	SAMPLE	SAMPLE	\$ _____
2				\$ _____
3				\$ _____

Worker's Name: _____ Telephone: _____

Referring Supervisor's Signature: _____ Telephone: _____

Do not write below this line. For RAU use only:

Move Approved (specify reason): _____

Indicate which mover was approved:
 1 2 3 Control Number: _____

Payment may not be authorized until receipt of certification from the mover stating the number of items moved as well as the participant's signature certifying the move is completed and satisfactory.

Move Disapproved (specify reason): _____

If dollar amount exceeds maximum for household size, please specify AMOUNT \$ _____

RAU Signature: _____ Date: _____

Number of rooms in apartment: _____

Please detail below furniture and possessions to be moved:

Kitchen/Dining Room	Indicate Number and Description
Tables	
Chairs	
Boxes (dishes, pots, etc.)	
Other (specify)	
Bedrooms	
Beds	
Dressers	
Boxes (clothing, linens, etc.)	
Other (specify)	
Living Room	
Sofas	
Chairs	
Bookcases	
Tables	
Boxes	
Other items (specify)	
Total Number of Items	