



**FAMILY INDEPENDENCE ADMINISTRATION**  
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**POLICY BULLETIN #05-160-OPE**

**REVISIONS TO REPAYMENT WORKSHEET (W-147G)**

<p><b>Date:</b> December 30, 2005</p>	<p><b>Subtopic(s):</b> Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Refer to CD #00-07 for additional information.</p>	<p>This policy bulletin is to inform Job Center staff that the Repayment Worksheet (<b>W-147G</b>) has been revised to correct information regarding the Emergency Safety Net (ESN) current gross income test guidelines. The following changes have been made to the <b>W-147G</b>:</p> <p>Shelter Arrears</p> <ul style="list-style-type: none"> <li>• Page 1, Section D – The Federal Poverty Guidelines Gross Income Test percentage was changed from 200 percent to 125 percent to reflect the current formula utilized in determining eligibility for the Emergency Safety Net program.</li> <li>• Page 1, Section E – For the “No” response, “Call the Rental Assistance Unit at (212) 331-5533 before you reject the case” has been deleted. The Worker must prepare the Rental Assistance Unit Case Documentation Transmittal (<b>W-153P</b>).</li> </ul> <p>Utility Arrears</p> <ul style="list-style-type: none"> <li>• Page 2, Section E – For the “No” response, “Repayment Agreement [<b>W-147X</b>] is <i>not</i> required” was added. For the “Yes” response, “Repayment Agreement [<b>W-147X</b>] is required” has been added.</li> <li>• Page 2 – Section F was deleted from the form because there is no 185-percent Gross Income Test for the repayment agreement. The gross income must exceed the Temporary Assistance (TA) standard of need for the applying household.</li> </ul>

**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*

The **W-147G** must be prepared by the Worker to determine if the applicant is required to sign a repayment agreement for a one-time shelter/utility arrears payment under the ESN program.

A sample of the form is attached.

Center Directors must ensure that all previous versions of the **W-147G** are removed from circulation and recycled.

*Effective Immediately*

Please use Print on Demand to obtain copies of forms.

**Attachments:**

**W-147G**      Repayment Worksheet (Rev. 12/30/05)

### Repayment Worksheet

(Use Only for One-Time ESN Shelter Arrears)

Complete this side to determine if applicant is eligible for a one-time shelter arrears payment under the Emergency Safety Net (ESN) program.

**A. Identifying Information**

Name (first, last): \_\_\_\_\_ Job Center No.: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Case No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Category:  ESN only Shelter arrears owed: \$ \_\_\_\_\_

**B. Household Size** (include all persons residing in applicant's house or apartment): \_\_\_\_\_

**C. Household's monthly income (most recent four [4] weeks): \$ \_\_\_\_\_**  
(Gross income equals all income from all sources for all persons residing in applicant's house or apartment.)

List all individuals with income:

(1) Name	(2) Relationship	(3) SSN	(4) Type/Verification	(5) Monthly Gross	(6) Monthly Net
<b>SAMPLE</b>					
			<b>Total</b>	\$	\$

If anyone in the household is employed, please complete employer information below:

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

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**D. Is household's gross monthly income (Section C, Column [5]) greater than 125% of the current Federal poverty guidelines for family size?**

**Yes.** Do not continue. Household is ineligible for shelter arrears assistance. Prepare Rental Assistance Unit Case Documentation Transmittal (W-153P).

**No.** Continue filling out worksheet.

**E. Add monthly rent: \$ \_\_\_\_\_ plus 1/12 shelter arrears equals \$ \_\_\_\_\_.**

Is household's net monthly income (Section C, Column [6]) equal to or greater than the amount entered on line E?

**Yes.** Issue shelter arrears grant for \$ \_\_\_\_\_ and prepare Repayment Agreement (W-147H) for the amount issued. The applicant (and spouse, if applicable) and all household members whose names appear on the lease, and those legally responsible for them, must sign the Repayment Agreement.

**No.** Household is ineligible for shelter arrears assistance. Prepare Rental Assistance Unit Case Documentation Transmittal (W-153P).

Worker's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Repayment Worksheet (Use Only for One-Time ESN/EAF Utility Arrears)

Complete this side to determine if applicant is required to sign a repayment agreement for a one-time utility arrears payment under the Emergency Safety Net (ESN) or Emergency Assistance to Families (EAF) programs.

**A. Identifying Information**

Name (first, last): \_\_\_\_\_ Job Center No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Case No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Category:  ESN  EAF Utility arrears owed: \$ \_\_\_\_\_

**B. Household Size:** (include all persons residing in applicant's house or apartment): \_\_\_\_\_

**C. Household's semimonthly gross income (month of application):** \$ \_\_\_\_\_

(All income from all sources for all persons residing in applicant's house or apartment.)

List all individuals with income:

(1) Name	(2) Relationship	(3) SSN	(4) Type/Verification	(5) Semimonthly Gross
<b>SAMPLE</b>				
<b>LL</b>				
<b>Total</b>				<b>\$</b>

If anyone in the household is employed, please complete employer information below:

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**D. Semimonthly (s/m) public assistance needs for household size (include all persons residing in applicant's house or apartment):**

Pre-added allowance \$ \_\_\_\_\_

Energy allowance \$ \_\_\_\_\_

Rent (maximum for family size or actual rent, whichever is less) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**E. Is household's s/m gross income (Section C, Column [5]) greater than the total needs (D)?**

**No.** Issue utility arrears grant for \$ \_\_\_\_\_. (Repayment Agreement [W-147X] is *not* required.)

**Yes.** Continue filling out worksheet. (Repayment Agreement [W-147X] is required.)

Worker's Signature \_\_\_\_\_

Date \_\_\_\_\_