



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #07-07-OPE

(This PD replaces PD #02-32-OPE)

LANDLORD OMBUDSMAN SERVICES UNIT (LOSU)

Date: March 1, 2007	Subtopic(s): Housing and Homeless Services Region
REVISIONS TO ORIGINAL POLICY DIRECTIVE	<p>This policy directive is being revised to reflect the following changes:</p> <ul style="list-style-type: none"> • Contact information for the Landlord Ombudsman Service Unit at 180 Water Street, New York, NY was updated; • Landlord Ombudsman Services Unit Transmittal: Notice of Corrective Measures Needed (W-450Q) and Transmittal: Notice of Corrective Measures Taken (W-450R) have been updated with a new format and contact information; • The LOSU Corrective Measures Initiated (W-450H), Landlord Ombudsman Services Unit LOSU (W-450K), Landlord Ombudsman Services Unit Daily Case Assignment Report (W-450M) and LOSU-Daily Check Replacement List (W-450P) forms have been obsoleted.
AUDIENCE	<p>The instructions in this policy directive are for staff in the Landlord Ombudsman Services Unit (LOSU) and Job Center Staff and are informational for all other staff.</p>
POLICY	<p>The LOSU is responsible for processing U.S. Postal Service returned direct vendor rent checks for Public Assistance (PA) participants.</p>
REQUIRED ACTION	<p>Upon receipt of the returned checks, the LOSU Clerks must:</p> <ul style="list-style-type: none"> • Date-stamp the returned copies of the envelope and rent checks from BORAC;

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*

- Enter the following data from the photocopied documents and case summaries onto LOSU system;
 - Payee's name
 - Case Number
 - Case Type
 - Payee's address (street, apt., city, state, zip code)
 - Check number
 - Date of check and amount
 - Postal return explanation
 - Benefit issuance code
 - Period of Time Check Covers
 - Date of Case Action Completion
 - Ombudsman Finalized Comments

The Ombudsman must:

- Upon assignment, cross-reference the landlord information in WMS with the First American Real Estate Solutions (FARE) database to verify ownership and address;

If there is a discrepancy in the Landlord/Management agent information:

- Contact owner and request written proof of ownership, (e.g., water bill, tax bill, current mortgage payment receipts, deed) to be submitted by facsimile (LOSU's fax number is 212-331-8938);
- Obtain written verification from owner (by facsimile) of the correct managing agent's name and address and authorization to collect rent on behalf of the landlord;
- Place new ownership information data into LOSU system;
- Ensure that LOSU system has been updated and proceed with normal case activity.

See [PD #05-32-OPE](#) Check Replacements for Restricted Payments and [PD #02-01](#) Revised Levels of Approval for Public Assistance.

- Once the investigation is complete:
 - Calculate and save a new budget to update case by entering the correct landlord/managing agent's name and address, as necessary;
 - Prepare a TAD to authorize the new budget;
 - Determine if shelter allowance should be updated (removed, increased etc.) and if so, indicate required action on the **W-450R**;

- Place a stop payment order on any check sent to the wrong landlord/managing agent using the Finance Office Stop Payment System;
- Once the stop payment has been placed, prepare a PA Single Issuance Authorization Form (**LDSS-3575**) to replace the check using Code **08** (Replacement of Cancelled Check);
- Use the original issuance check number on the **LDSS-3575**;
- If the case is closed or requires additional information, or if it is an HIV/AIDS Service Administration (HASA) case, complete the **W-450Q**;
- Complete the **W-450R** for completed cases;
- Scan and index the **W-450Q** and/or **W-450R** into the HRA Viewer;
- Submit the case along with the **LDSS-3575** and the transmittal forms, **W-450Q** and/or **W-450R** to the supervisor for approval;
- Enter into the LOSU database on a daily basis the case activity for each completed case.

The LOSU Supervisor must:

- Assign cases to the Ombudsmen;
- Review and approve all case activity;
- Assist with case consultations and provide guidance on difficult cases;
- Review and approve all requests for check replacement;
- Forward the **W-450Q** to the appropriate Job Center for corrective action (the **W-450Q** must be completed the same day by LOSU);
- Prepare statistical reports on work performed.

Note: Any check replacement for a rent period of three or more months requires the LOSU Program Director's approval.

The LOSU Deputy Director must review and verify that required check replacement activities have been satisfactorily completed prior to the LOSU Program Director's final approval.

Job Center
Responsibility

The Job Center Worker must follow-up on receipt of the **W-450Q** to take the necessary corrective action on the case.

**PROGRAM
IMPLICATIONS**

Paperless Office System (POS) Implications
 There are no POS implications.


Food Stamp Implications
 There are no Food Stamps implications.

Medicaid Implications
 There are no Medicaid implications.

**FAIR HEARING
IMPLICATIONS**

There are no Fair Hearing implications.

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- W-450Q** Transmittal: Notice of Corrective Measures Needed, (Rev. 3/1/07)
- W-450R** Transmittal: Notice of Corrective Measures Taken, (Rev. 3/1/07)
- W-450H** Corrective Measures Initiated (Obsolete)
- W-450K** Desk Guide (Obsolete)
- W-450M** Daily Case Assignment (Obsolete)
- W-450P** Daily Check Replacement List (Obsolete)



**Landlord Ombudsman Services Unit
Transmittal: Notice of Corrective Measures Needed**

Date: _____

To Center: _____

From: Landlord Ombudsman Services Unit (LOSU)
180 Water Street, 19th Floor, New York, NY 10038
(212) 331-5927

The Landlord Ombudsman Services Unit (LOSU) reviewed the Returned Direct Vendor check for the case number listed below and it has been determined that corrective case action is needed.

SAMPLE

Case Number: _____

Case Name: _____

Corrective action to be taken by the Job Center/HASA:

Shelter allowance updated (removed, increased or decreased)

Call participant to update landlord and address information

Other: _____

Ombudsman

Date



Transmittal: Notice of Corrective Measures Taken

Date: _____

To Center: _____

From: Landlord Ombudsman Services Unit (LOSU)
180 Water Street, 19th Floor, New York, NY 10038
(212) 331-5927

The Landlord Ombudsman Services Unit (LOSU) has reviewed and taken corrective measures on the Returned Direct Vendor check for the case listed below.

SAMPLE

Case Number: _____

Case Name: _____

Corrective action completed:

Landlord's name and address corrected

Rent check(s) replaced

Other: _____

Ombudsman

Date



LOSU Corrective Measures Initiated

Date: _____

To: _____

From: _____, Ombudsman, LOSU

Subject: **Report of Action Taken on Returned Check(s)**

Re: Case Name: _____

Case Type/Number: _____ Caseload: _____

Address: _____
 number street apartment number borough zip code

Outcome of Investigation (provide details below):

OBSOLETE

Replacement Check(s) Authorized

Amount of Returned Check: _____

Amount of Replaced Check: _____

Period Covered: _____

Check No. of Replaced Check: _____

Date Check Issued: _____

Special Grant Code: _____

How many Checks: _____

Budget No. with vendor restriction information: _____

Landlord I.D. Number: _____ Landlord Name: _____

Landlord Address: _____
 number street apartment number borough zip code

Landlord Telephone Number: () _____

Name of Landlord Contact Person: _____ Title: _____

Ombudsman Telephone Number Date

Ombudsman Supervisor Telephone Number Date



Landlord Ombudsman Services Unit (LOSU)



Ombudsman Guide

- Access WMS and FARE to retrieve relevant information.
- Contact landlord.
- Assess and determine the problem.
- Develop corrective measures.
- Generate TAD and change landlord address, if needed.
- Process replacement for cancelled checks, if needed.
- Forward completed **DSS-3575** and supporting documentation to Ombudsman Supervisor.
- Complete Case Activity on same day.



Landlord Ombudsman Services Unit Daily Case Assignment Report

Team: _____ Ombudsman: _____

Week Ending: _____
(Friday's Date)

Ombudsman Supervisor: _____

Landlord's Name and Address	Case Name and Number	Case Address	TYPE OF ACTION				** Remarks
			Budget/ Record Review	Replacement Checks	Address Correction	*Other	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							

OBSOLETE

*Specify Action
Select one ** complaint resolved
complaint pending
complaint referred

Ombudsman Signature: _____ Date: _____



LOSU -- Daily Check Replacement List

Date: _____

To: _____ **Director, LOSU**

From: _____ **Unit Ombudsman Supervisor**

RE: Check Re-Issued/Rental Payment

The below listed checks were reissued. Documentation is attached.

Center No.	Name of Vendor/Landlord	Participant's Case Number	Check Number Being Replaced	Period of Time Covered	Amount of Check
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

OBSOLETE

Signature of Unit Supervisor, LOSU _____

Date _____