



# FAMILY INDEPENDENCE ADMINISTRATION

James K. Whelan, Executive Deputy Commissioner

Jill Berry, Deputy Commissioner  
Office of Program Support

Stephen Fisher, Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN #15-86-OPE

### REVISIONS TO THE REQUEST FOR APPROVAL OF SPECIAL GRANT CODE 22- MOVING EXPENSES FORM (W-147BB)

<b>Date:</b> September 23, 2015	<b>Subtopic(s):</b> Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this bulletin is to inform all Job Center staff that the Request for Approval of Special Grant Code 22 – Moving Expenses form (<b>W-147BB</b>) has been revised.</p> <p>The address on the form is now 109 East 16<sup>th</sup> Street, 6<sup>th</sup> floor, New York, NY 10003. The telephone number is 929-252-5966. The fax number has been removed since the form is in the Paperless Office System (POS).</p> <p>In emergency situations when POS is down, Centers must complete the <b>W-147BB</b> manually and scan and e-mail it to: <a href="mailto:carlod@hra.nyc.gov">carlod@hra.nyc.gov</a>; <a href="mailto:medinara@hra.nyc.gov">medinara@hra.nyc.gov</a>; and <a href="mailto:pluiosew@hra.nyc.gov">pluiosew@hra.nyc.gov</a> .</p> <p>Center Directors must ensure that all previous versions of the form are removed and recycled.</p> <p>A sample of the revised form is attached.</p> <p><i>Effective Immediately</i></p> <p><b>Attachment:</b></p> <p><b>W-147BB</b> Request for Approval of Special Grant Code 22 – Moving Expenses (Rev. 9/23/15)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or  
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

## Request for Approval of Special Grant Code 22 – Moving Expenses

To: Director, Rental Assistance Unit  
109 East 16th Street, 6th Floor  
New York, NY 10003  
Telephone Number: (929) 252-5966

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.			\$
2.			\$
3.			\$

Worker's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Referring Supervisor's Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Move Approved (specify reason): \_\_\_\_\_  
\_\_\_\_\_

Indicate the number of which mover was approved:  1  2  3

**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.**

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

Move Disapproved (specify reason): \_\_\_\_\_  
\_\_\_\_\_

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)	
<b>Bedrooms</b>	
Beds	
Dressers	
Boxes (clothing, linens, etc.)	
Other (specify)	
<b>Living Room</b>	
Sofas	
Chairs	
Bookcases	
Tables	
Boxes	
Other items (specify)	
<b>Total Number of Items</b>	