



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN # 23-64-ELI

TEMPORARY HOUSING UNIT STAFF AND PROCESSING ONE SHOT DEAL RENT ARREARS

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HAVE QUESTIONS ABOUT THIS PROCEDURE?

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<p>Date: November 14, 2023</p>	<p>Subtopic(s): One Shot Deal, Rent Arrears</p>
-------------------------------------------	------------------------------------------------------------

Introduction

The purpose of this policy bulletin is to introduce a new time-limited centralized group focusing on the processing of one-shot deals for rent arrears, the Temporary Housing Unit. This unit will consist of temporary staff (temps), supervisors (Associate Job Opportunity Specialists [AJOS] I and II), and a Deputy Director. This policy bulletin is informational for all other staff.

Processing One Shot Deal Applications for Rent Arrears

The temps in the Temporary Housing Unit will be processing certain OSD applications for rent arrears in the Paperless Office System (POS).

The Benefits Access Center (BAC) staff will continue to receive applications and conduct initial eligibility interviews. As part of this regular process, POS will determine if the case needs to be sent to the Rental Assistance Unit (RAU) or if it will be processed by the new unit. The criteria POS uses to refer cases to RAU are:

- The arrears request is determined to be complex in nature, regardless of amount, timeframe, or prior request. Refer to page 5 of [PB #23-40-OPE](#) for the definition of “complex”; or
- Rent arrears, mortgage arrears, or property taxes for more than twelve (12) months of actual rent; or
- The arrears are for more than \$15,000 dollars; or
- Received a shelter-related arrears grant within the last 24 months.

These OSD applications will not be handled by the new unit.

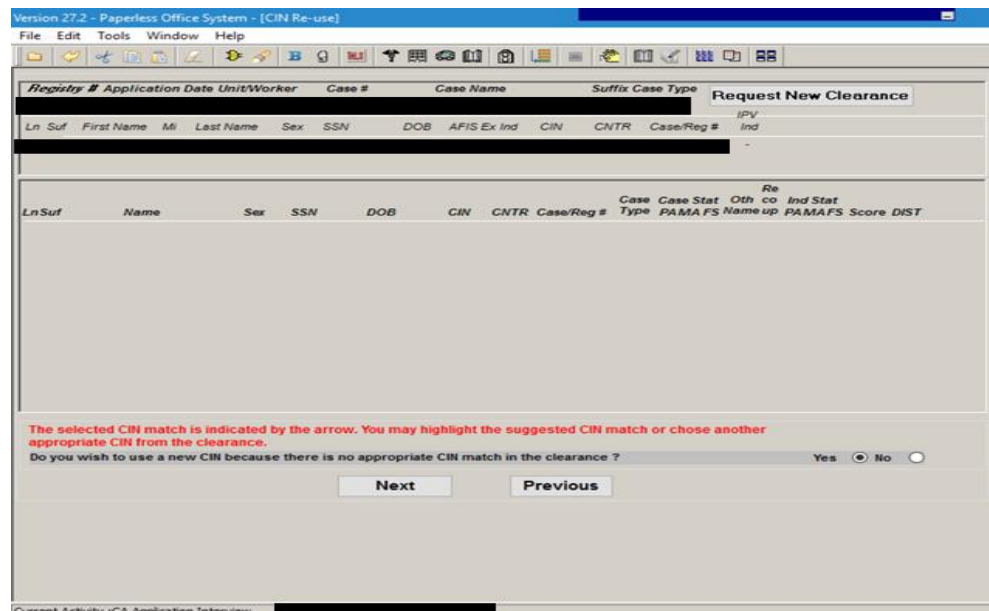
Refer to [PB #23-40-OPE](#) for criteria of which cases will continue to go to RAU

Temporary Housing Unit Staff (temps)

Refer to [PB #10-103-SYS](#)

From POS, Supervisors will be assigning OSD cases to the temps and the temps will be responsible for the following:

- Utilize POS to review case comments and available documentation in the HRA OneViewer.
- Go through the POS screens, which include the Household Composition (case category), Employment Information, Current Income, Resources, and Shelter Housing Expense screens to determine if the documentation in the HRA OneViewer supports the information from the CA Application Interview.
- Request a new CIN Re-Use clearance and review the information on the Case Number Re-Use screen. Refer to the screenshot below.
- On the Shelter Housing Expenses screen, verify the rent, CA Shelter Level, landlord’s name and address, and appropriate shelter code.
- Check if rent arrears were recorded on the Housing Expense screen. Compare the rent arrear entries to the current documentation in the HRA OneViewer.
- Assess the client’s ability to pay rent in the future, and OSD eligibility. Cases with clients that do not have a future plan or ability to pay future rent will be rejected.
- Determine if the case needs to be deferred for additional documentation or sent to a supervisor for approval or denial.



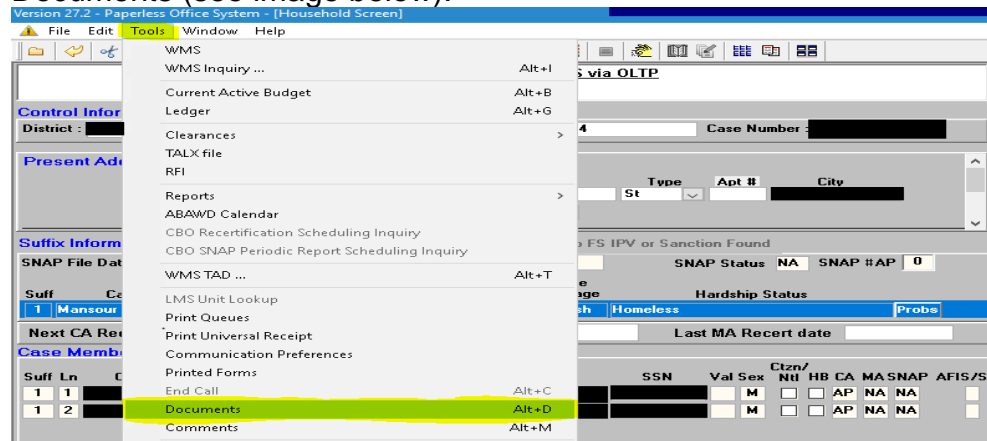
	Yes	No
Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Have A Heat Bill Separate From Your Rent Or Shelter Expense?	<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have An Electricity And/Or Gas Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have Air Conditioning Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have Other Utilities (Water, ETC.) Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>
Does Any Person, Group Or Organization Outside The Household Pay Any Of The Household Expenses?	<input type="radio"/>	<input type="radio"/>
Does Any Person Living In The Household Who Is Not Applying, Pay Any Of Your Household Expenses?	<input type="radio"/>	<input type="radio"/>
Are There Rent Arrears?	<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have Utility/Telephone Installation Fees Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input type="radio"/>
Did The Household Receive A HEAP Payment For The Current (HEAP) Program Year or are They Anticipating Receiving a HEAP Payment?	<input type="radio"/>	<input type="radio"/>

Cases handled by the Temporary Housing Unit are in Applied (**AP**) / Single Issue (**SI**) status.

Staff will put the case in Single Issue (**SI**) status in the POS CA Application Activity if the case has all the required documentation and was approved for the issuance of rent arrears. Then the case will be forwarded to their assigned supervisor. Refer to the [Putting the Case in SI Status in POS](#) section.

Deferred for Documentation

Staff must check the HRA OneViewer and case comments to see if documentation was requested on the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) and/or Document Request for Housing Related Special Grant Requests (**FIA-1211a**). The HRA OneViewer can be accessed in POS by selecting the document browser or from the Task Bar by selecting Tools and then Documents (see image below):



The following are a list of documents that may be used to verify rent arrears, but is not exhaustive:

Refer to **FIA-1211** and **FIA-1211a** for other acceptable documents.

- Rental History Breakdown from Landlord
- Court documents indicating arrears amount
- NYCHA Rent Statement or Letter from Housing Manager
- Mortgage Statement
- Current Lease
- Current Rent Receipt
- Letter from Landlord
- Statement from Non-Relative Landlord
- Landlord breakdown showing rent arrears
- Landlord Notice or Rent Demand
- Letter from Landlord threatening eviction
- Eviction or foreclosure court documents

Staff must ensure that any scanned documents are also indexed into the case record. Refer to the [Indexing Documents](#) section.

If outstanding documents are needed, staff will make two attempts to contact the applicant. Staff must not make two telephone call attempts on the same day nor during the same timeframe. For example, if the first telephone call attempt is on Monday morning, the second telephone call attempt should be on Tuesday afternoon or the following day.

If the applicant has difficulty comprehending or communicating in English, staff must explain the availability of free interpretation services, and offer these services to the applicant. Refer to the [Language Assistance Services](#) section.

When there are outstanding documents, the case will be deferred, and staff must issue the **FIA-1211a** or the **W-113K** to request the documents. To generate the **W-113K** or the **FIA-1211a**, staff will use the picklist to access the Forms Data Entry screen and complete the appropriate forms.

The deferred cases will be held in the assigned supervisor's queue. The deferred case will be returned to staff for processing upon receipt of the documentation from the applicant. If the applicant fails to provide the requested documents by the due date on the **W-113K** or **FIA-1211a**, then staff will use Reason Code **Y95** (Application for emergency assistance only) to reject the case and issue the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**).

Required Documentation
Provided

If the required documents were provided and no further documents are needed, staff will use the POS Picklist to access the Turn-Around Document (TAD) to put the case in **SI** status.

Putting the Case in SI Status in POS

If staff finds the household eligible for rent arrears, they must use Opening Code **Y38** (Case accepted only for emergency shelter arrears which the applicant agrees to repay) or **Y39** (EAA case accepted only for emergency shelter arrears with no repayment agreement) on the POS Turn-Around Document (TAD) based on the case category.

Note: Opening code **Y39** is used for Supplemental Security Income (SSI) recipients. The case category is Emergency Assistance for Adults (EAA).

Staff must enter comments to explain the action taken on the case and forward the case for supervisory approval.

The assigned supervisor will forward the approved cases to the following POS queues:

- **Brooklyn Housing Court Staff Queue:** rent arrears of \$7,200 or less will be processed by Family Independence Administration (FIA) staff at the Brooklyn Housing Court pilot.

Refer to [HRA-PB-2023-039](#)

- **CAESG HOUSE ARR071:** rent arrears of \$7,201-\$15,000 will go to the Centralized Rent Processing Unit (CRPU) to issue the checks.

Note: CRPU can refer cases back to the Temporary Housing Unit if the case is missing relevant information. Staff must send an email to the Deputy Director and the Deputy Director will pull the case in POS.

Note: For rent arrears over \$15,000, the assigned supervisor will follow the current RAU process.

If staff determines that the household does not meet the requirements for the issuance of rent arrears, or documents were not returned within 10 business days, the denial reasons must be documented in the case record with detailed case notes. Staff must ensure that the proper denial reason is entered on the **W-145HH** and sent to the household.

SI Grant Requests and Issuance Task List Window in POS

Staff will complete the **SI Grant Requests and Issuance Task List** window in POS.

Task 1 of the **SI Grant Requests and Issuance Task List** window displays the needs identified during the interview, for which a grant is requested (i.e., rent arrears, utility arrears, pregnancy allowance, back rent, etc.). Staff must indicate the needs in **Task 1**.

Version SI-10 - Paperless Office System - [SI Grant Requests and Issuance] 12:11:59 AM Wednesday, February 24, 2010

File Edit Tools Window Help

Instructions

The list below shows the tasks that are part of this activity. You should do the tasks in the order presented. Some tasks are required; you must click the GO button and do the task before going on to the next task or completing the activity. Other tasks are not required and will have a button label of NA. All required tasks must be completed before you can complete the activity.

SI Grant Request

- Task Name:** SI Grant Needs Identified in Interview
Action: This Task must be completed before proceeding.
Status: **This Task is Next**
- Task Name:** Record Special Grant Requests
Action: Complete the required tasks above before doing this task.
Status: Not Done Yet
- Task Name:** Requests Details
Action: Complete the required tasks above before doing this task.
Status: Not Done Yet
- Task Name:** EAF, E-SNA and EAA Financial Eligibility Determination
Action: Complete the required tasks above before doing this task.
Status: Not Done Yet
- Task Name:** Print Forms for Client to Sign
Action: Complete the required tasks above before doing this task.
Status: Not Done Yet

Refer to **EXP-76D** for FPL guidelines.

Based on the response to questions, **Task 4** of the **SI Grant Requests and Issuance Task List** window is used to determine eligibility for benefits under the EAF category. If the household does not qualify under the EAF category, eligibility for benefits under the E-SNA category must be determined.

Note: Staff must complete **Task 2** and **Task 3** before completing **Task 4**.

When **Task 4** is completed, POS will pre-fill and automatically save the Determination of Eligibility for EAF (**W-145TT**) form and Shelter Arrears Repayment Agreement Worksheet (**W-147F**) form into the HRA OneViewer.

Refer to [PD #15-21-ELI](#)

Note: If POS is down, staff must ensure that forms **W-145TT** and **W-147F** are completed, scanned, and indexed as part of an EAF eligibility determination.

The **EAF/E-SNA Eligibility Determination** window outlines eligibility for EAF/E-SNA. This window also determines whether a repayment agreement is required for utility and/or rent arrear requests.

EAF/E-SNA Eligibility Determination window:

Version 14.1.1 - Paperless Office System - [EAF/E-SNA Eligibility Determination] 5:26:11 PM Monday, April 05, 2010

File Edit Tools Window Help

Instructions

This window shows a batch of grant requests made on a particular date for which the client may be eligible to receive under EAF or E-SNA. Unlike the SNA 125% income test, the EAF test is only applicable to income that is actually available to the EAF household on the date of application, not the household's anticipated or past income. Income guidelines are updated annually. For example, an applying household may have received income exceeding 200% but on the day of EAF application has less than 200% of that income available, therefore passing the income test and any available income is applied to the emergency need.

Request Date: 03/09/2010

Crisis is Due to: emergency medical expenses required all available resources to be diverted from rent

Other Crisis Details: ee

Emergency Type: ee

Cause: ee

Qualifying child or pregnant individual in household? No

Does the household have income available on the day of application? Yes No Available monthly gross income amount: _____

Resources available to meet needs? Yes No Total PA resources (from interview): \$ 00

Emergency is result of refusal without good cause of employment or work activities/community service by employable relative or child? Yes No [View Client Infraction History](#)

Emergency is result of sudden occurrence/situation, unforeseen and beyond the individual's control? Yes No

Utility Arrears Only

Is the applicant/participant the client of record? Yes No

Is the client of record receiving CA or SSI (or additional State payments) on the date of application or request? Yes No

Grant Request	Does this Grant Represent PA Duplication?		Financially Eligible For:		Repayment Agreement Required?
	Yes	No	EAF?	E-SNA?	
Disaster Shelter	<input type="radio"/>	<input checked="" type="radio"/>	No	Yes	NA

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Task 5 of the SI Grant Requests and Issuance Task List window is used to print required forms, capture required signatures, and save eligibility worksheets.

POS will save the following agency forms directly in the HRA OneViewer, without printing:

- **W-145TT** – This form will be pre-filled and saved when an EAF determination is made.
- **W-147F** – This form will be saved when a special grant request for shelter arrears is made.

At **Task 6 (Outstanding Requests)**, the system will prompt staff to make an In-Center referral to the Homelessness Diversion Unit (HDU). For Centers that do not have an HDU, the applicant will be referred to the designated staff. In the **In-Center Referral** window:

- Ensure that **Assign HDU Intake** is selected in the **Select Activity** menu;
- Select the appropriate HDU Supervisor in the **Refer Case To** section;

- Enter a comment describing why the activity is being referred to the HDU Supervisor.

Task 8 of the **SI Grant Requests and Issuance Task List** window is used to print repayment agreements and capture required signatures of applicants/participants.

The Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) **W-145HH** form will be mailed by ITS to the applicant on the day after the decision is recorded in POS and approved by the appropriate supervisor(s) via Print to Mail (PTM) to inform them of the Agency's decision on the request for shelter arrears.

Emergency Assistance to Needy Families with Children (EAF)
Applying for a One-Shot Deal Emergency Assistance for Shelter Arrears

See [PD #21-03-ELI](#)
 Emergency Assistance
 to Needy Families with
 Children (EAF).

If a household applies for a one-shot deal for payment of shelter arrears under EAF, the payment can be issued as long as the household meets the criteria for EAF and the arrears are not used to duplicate or replace recurring shelter payments already issued. If the household is deemed eligible, the shelter arrears must be paid under the EAF category.

See [PB #23-18-ELI](#).

In order for a household to be financially eligible for EAF, the household's immediately available income on the date of application must be at or below the 200% Federal Poverty Level Guidelines for their household size and the applicant must not have available resources to meet the emergency need. Refer to Federal Poverty Level Guidelines for Emergency Assistance to Families (EAF) and Emergency Safety Net Assistance (E-SNA) Categories of Assistance (**EXP-76D**)

To be categorically eligible for EAF, the household must contain either an individual with a medically verified pregnancy, or a child under the age of 18 (or age 18 and attending full-time secondary school or the equivalent level of vocational or technical training).

In addition, the following criteria must be met:

- The child must be currently living with an adult related by blood, marriage or adoption;
- The child, parents or other eligible relatives must be without immediately accessible resources necessary for meeting their needs;
- The child must be facing destitution or requiring emergency

assistance to provide living arrangements for them in a home;
and

- The emergency could not have been foreseen by the applicant and was not under their control.

If the applicant receives a one-time-only shelter arrears payment under EAF, any amount above the Agency monthly shelter allowance is an overpayment and is subject to recovery.

Refer to [PD #15-21-ELI](#)

Applicants applying for an EAF grant that exceeds the Agency monthly shelter allowance are required to repay the excess portion of the EAF grant. Form **W-147KK** informs the applicant that they will receive a monthly bill from the Division of Accounts Receivable and Billing (DARB) until the full amount of the excess portion of the EAF grant is paid in full. The **W-147PP** form must be given to the applicant with the **W-147KK** form. For households that applied using ACCESS HRA (AHRA), the **W-147KK** equivalent is signed as part of the application submission and applicants do not need to sign it again.

Note: The **W-147KK** and **W-147PP** are mailed by Information Technology Systems (ITS) to the applicant via PTM, when necessary.

One-Shot Deals for Emergency Safety Net Assistance (E-SNA)

If the applicant is not eligible under the EAF category, eligibility must be determined under the E-SNA category.

Refer to [PB #23-18-ELI](#).

In order for a household to be financially eligible for E-SNA, the household's total monthly gross income (regardless of its availability) must be at or below the 125% Federal Poverty Level Guidelines for their household size. Refer to the Federal Poverty Level Guidelines for Emergency Assistance to Families (EAF) and Emergency Safety Net Assistance (E-SNA) Categories of Assistance (**EXP-76D**).

Refer to [PD #15-21-ELI](#)

If eligible under E-SNA, staff must put the case in Single-Issue (**SI**) status using Opening Code **Y38** (Case accepted only for emergency shelter arrears and/or emergency utility arrears which the applicant agrees to repay) on the POS Turn-Around Document (TAD).

The **W-145HH** form will be mailed by ITS to the applicant to inform them of the Agency's decision on the request for shelter arrears.

One-Shot Deals for Emergency Assistance for Adults (EAA)

If the application is determined eligible under the EAA category, staff must put the case in **SI** status using Opening Code **Y39** (Case accepted only for emergency shelter arrears and or emergency utility arrears with no repayment agreement) on the POS Turn-Around Document (TAD).

The **W-145HH** form will be mailed by ITS to the applicant to inform them of the Agency's decision on the request for shelter arrears.

Applicant Ineligible for One-Shot Deal

If an applicant is ineligible for a One-Shot Deal emergency grant, staff must reject the case with code **Y95** (Application for emergency assistance only) and generate the **W-145HH** informing the applicant of the agency determination.

Language Assistance Services

Refer to [PD#18-10-OPE](#)

If staff observes or has reason to believe that an applicant/participant will have or is having difficulty comprehending or communicating in English, staff must explain the availability of free interpretation services, and offer these services to the applicant/participant.

Whenever an applicant/participant expresses a need for interpretation services, staff must record the preferred language, how language services were provided, the date and time of request, and a case comment in the electronic case record.

The Department of Social Services (DSS) Office of Refugee and Immigrant Affairs (ORIA) has developed a Language Access Information Card, How to Call For An Interpreter (**PALM-21**). The **PALM-21** provides instructions on how to contact the vendor providing telephone interpretation services.

ORIA has provided all DSS staff members with access codes. Every staff member who has contact with applicants/participants must have an access code for the telephone interpretation service. For the temps, the access code is **3387**, and should be written in line 3 of the **PALM-21**.

If staff are making an outbound call and know the language preference of the client, they should first call language line and then conference in the client.

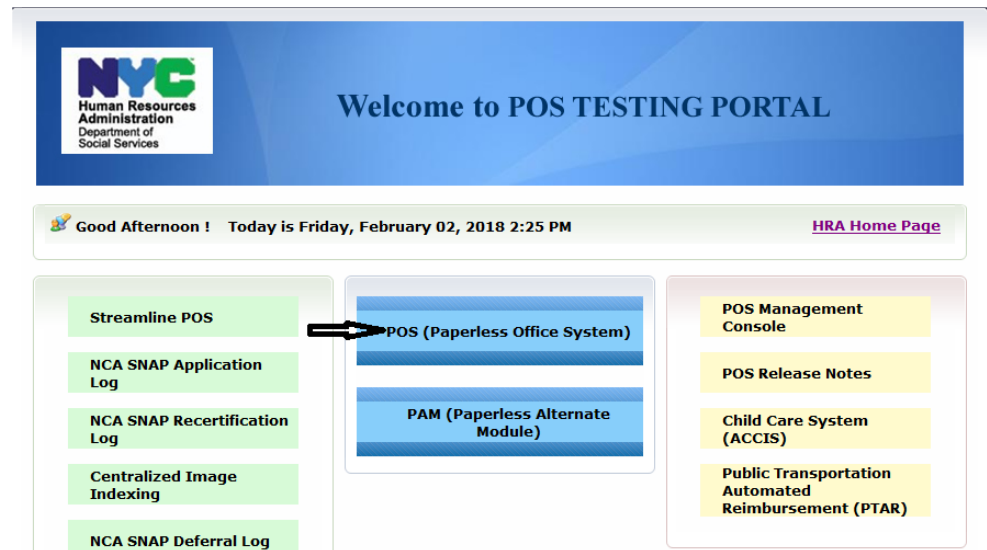
Indexing Documents

Refer to [PB #18-02-OPE](#)

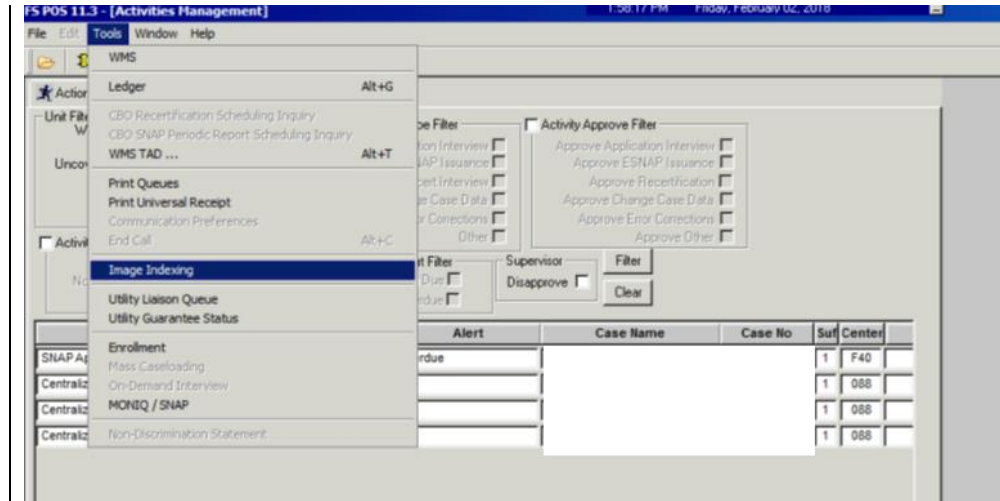
Staff must refer to the [UIT Centralized Web Indexing Desk Guide](#) for detailed instructions on indexing documents received from the applicants. Refer to Desk Guide for Document Based on Submission Method and Scenario (**FIA-1139c**) for instructions on how to handle image(s) of the received documents depending on the:

- submission method;
- result of the case number search; and
- exact type of the document.

The Centralized Web Indexing tool can be accessed from the POS portal as shown below:



Staff will log into the appropriate environment and launch POS. Once in POS, click on “Tools” and select “Image Indexing”, as shown below.



When staff selects “Image Indexing,” the **Document Preview** window will open. The main function of this window is to give staff the ability to determine and associate the correct case number prior to indexing the document. A full-size image and high resolution preview of the image with manipulation controls will be displayed and staff will use the tools available in preparing the image for indexing.

Effective Immediately

Related Item:

[HRA-PB-2023-039](#)
[PB #23-40-OPE](#)
[PB #23-18-ELI](#)
[PB #18-02-OPE](#)
[PB #10-103-SYS](#)
[PD #21-03-ELI](#)
[PD #15-21-ELI](#)
[PD #18-10-OPE](#)

References:

[UIT Centralized Web Indexing Desk Guide](#)

Attachments:

EXP-76D	Federal Poverty Level Guidelines for Emergency Assistance to Families (EAF) and Emergency Safety Net Assistance (E-SNA) Categories of Assistance (Rev. 03/21/2023).
FIA-1211	Documentation Guide for Housing Related Special Grant Requests (Rev. 08/15/2018)
FIA-1211a	Documents Request for Housing Related Special Grants (Rev. 9/14/2018)
FIA-1139c	Desk Guide for Document Indexing Based on Submission Method and Scenario (Rev. 5/8/2019)
PALM-21	How To Call For An Interpreter (Rev. 06/18)
W-113K	Documentation Requirements and/or Assessment Follow-Up (Rev. 5/3/2023)
W-145HH	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Rev. 02/28/2023)
W-145TT	Determination of Eligibility for Emergency Assistance to Needy Families (EAF) (Rev. 3/12/14)
W-147F	Shelter Arrears Repayment Agreement Worksheet (Rev. 03/27/18)
W-147KK	Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (Rev. 9/8/15)
W-147PP	Information About Repaying the Department of Social Services For Rental Arrears (Rev.10/15/2023)

**Federal Poverty Level Guidelines for Emergency Assistance to Families (EAF) and
Emergency Safety Net Assistance (ESNA) Categories of Assistance**

(Effective April 1, 2023)

Size of Household	Federal Poverty Level		EAF – 200% of Poverty Level		ESNA – 125% of Poverty Level	
	Annual	Monthly (Rounded)	Annual	Monthly (Rounded)	Annual	Monthly (Rounded)
1	\$14,580	\$1,215	\$29,160	\$2,430	\$18,225	\$1,519
2	\$19,720	\$1,643	\$39,440	\$3,287	\$24,650	\$2,054
3	\$24,860	\$2,072	\$49,720	\$4,143	\$31,075	\$2,590
4	\$30,000	\$2,500	\$60,000	\$5,000	\$37,500	\$3,125
5	\$35,140	\$2,928	\$70,280	\$5,857	\$43,925	\$3,660
6	\$40,280	\$3,357	\$80,560	\$6,713	\$50,350	\$4,196
7	\$45,420	\$3,785	\$90,840	\$7,570	\$56,775	\$4,731
8	\$50,560	\$4,213	\$101,120	\$8,427	\$63,200	\$5,267
9	\$55,700	\$4,642	\$111,400	\$9,283	\$69,625	\$5,802
10	\$60,840	\$5,070	\$121,680	\$10,140	\$76,050	\$6,338
For each additional member:	\$5,140	\$428	\$10,280	\$857	\$6,425	\$535



Documentation Guide for Housing Related Special Grant Requests

This guide gives you examples of some of the types of documents you can use to prove information needed to make a decision on your request. Other documents may also be used, even if not on the list. We will let you know if we need more documents.

Some of the suggested documents can be used as proof for more than one item. For example, a current lease can be used to prove your housing cost and legal occupancy in the future.

If you need help getting the proof we are asking for, please tell your worker. We may be able to help.

Box	Documentation for	Suggested Documents	Helpful Hints
1	Amount Owed Proves how much money you owe.	<ul style="list-style-type: none"> • Rental History Breakdown from Landlord • Court documents indicating arrears amount • NYCHA Rent Statement or Letter from Housing Manager • Mortgage Statement • Liens lawsuits or Other Pending Claims • Tax Bill 	May be found in court stipulation or judgment (agreement signed in court).
2	Your Housing Cost Shows that you pay for your housing and how much you pay each month.	<ul style="list-style-type: none"> • Current Lease • Current Rent Receipt • Letter from Landlord • Statement from Non-Relative Landlord • Title to Property • Home Insurance Policy • Property Tax Statement • Tax Bill showing ownership of house • Court documents listing primary tenant • W-147 Letter to Landlord-Request for Residence Verification 	If your name is not on the lease or mortgage, you must still prove that you are responsible for paying your housing cost.

(Turn page)

Box	Documentation for	Suggested Documents	Helpful Hints
2	<p>Your Housing Cost <i>(continued)</i></p>	<ul style="list-style-type: none"> • W-147Q Statement from Primary Tenant & Proof of Legal Tenancy • W-146W Section 8 Verification • Housing Court or NYCHA papers showing that you are responsible for paying a housing cost • Division of Housing and Community Renewal (DHCR) Annual Registration Statement 	
3	<p>Risk of Eviction or Foreclosure</p> <p>Shows that you need help to keep your housing.</p>	<ul style="list-style-type: none"> • Landlord breakdown showing rent arrears • Landlord Notice or Rent Demand • Letter from Landlord threatening eviction • Court-ordered Stipulation with LT or Index Number (rent arrears) • Notice of Petition (rent arrears) • Marshal's Notice of Eviction • Order to Show Cause (rent arrears) • Eviction or foreclosure court documents 	<p>Always give us court documents if you have them. These documents are often mailed to you or given to you in court.</p> <p>If you get court documents, it is important to follow the instructions given. Ask someone for help if you don't understand what to do.</p>
4	<p>Legal Occupancy in the Future</p> <p>Shows that you are legally allowed to live in the apartment, room, or other approved living arrangement.</p>	<ul style="list-style-type: none"> • W-147Q Statement from Primary Tenant & Proof of Legal Tenancy • Court documents showing right to legal occupancy in the future • Other documents to prove right to legal occupancy 	

SAMPLE

Box	Documentation for	Suggested Documents	Helpful Hints
4	Legal Occupancy in the Future <i>(continued)</i>	<ul style="list-style-type: none"> • W-146W Section 8 Verification • Current Lease (or expired rent stabilized lease) • Letter from Landlord • Statement from Non-Relative Landlord • Title to Property • Home Insurance Policy • Property Tax Statement • Tax Bill showing ownership of house • W-147 Letter to Landlord-Request for Residence Verification • Division of Housing and Community Renewal (DHCR) Annual Registration Statement 	
5	Future Ability to Pay Shows how you can pay your housing cost each month going forward.	<ul style="list-style-type: none"> • Pay stubs and Statement of Tips from the last 30 days • W-146E Excess Rent & Third Party Proof of Income • Third Party Proof of Income/Pay Stubs for the last 30 days • Subsidy verification (Section 8/NYCHA) • Proof of SSA or SSI benefits for disability or blindness • Current Award Certificate or letter showing other income • Income Tax records • Job Letter • Statement from an Employer • Records or related materials concerning self-employment earnings and expenses 	If another person or an organization will help with some or all of your housing cost, you must show that they can afford to give you money towards your housing cost and how much they can give you each month.

(Turn page)

Box	Documentation for	Suggested Documents	Helpful Hints
<p>5</p>	<p>Future Ability to Pay <i>(continued)</i></p>	<ul style="list-style-type: none"> • Statement from Financial Institution Lender • Statement from a Secondary Tenant, Boarder or Lodger • Official correspondence, document, or statement from a source of Other Income • Retirement or Pension Benefit Letter • Documentation of SCRIE or DRIE in effect to freeze rent level • Documentation of SCRIE or DRIE pending application • Other Acceptable Document detailing housing related benefits • Documentation of Additional Expenses (such as utility bills, child care expenses, other receipts) • Documentation of other income or contributions • Court order for child support, spousal support, or maintenance 	
<p>6</p>	<p>Unforeseen or Special Circumstances</p> <p>Shows why you could not pay your housing cost.</p>	<ul style="list-style-type: none"> • Statement or document explaining a loss of income for the household • Loss of Third Party Assistance • Statement from Funeral Director/Funeral Bill • Medical Bills • Statement detailing circumstances surrounding Loss or Theft • Statement or Referral from Red Cross • Insurance Company Statement • Care Required by Sick or Disabled Household Member • Doctor's records • Doctor's statement 	<p>An advocate letter or personal statement can help explain your situation.</p>

SAMPLE

(Turn page)

Box	Documentation for	Suggested Documents	Helpful Hints
6	Unforeseen or Special Circumstances <i>(continued)</i>	<ul style="list-style-type: none"> Documentation of Additional Expenses (such as utility bills, childcare expenses, other receipts) 	
7	Contributions to Help Pay Arrears Shows us the efforts you have made to get help paying the arrears.	<ul style="list-style-type: none"> Copy of money order for contribution toward rent arrears Nonprofit Organization official letterhead stating contribution toward arrears Proof of contributions toward arrears Letter Seeking contribution for Arrears 	If you show that you, another person, or an organization can pay some of the amount owed, it may help us to make a decision.

SAMPLE



Date: _____

Case Number: _____

Case Name: _____

Worker Name: _____

Worker Telephone: _____

Document Request for Housing Related Special Grants

You asked for the housing related special grant(s) checked off below:


- Mortgage Payments/Arrears
- Property Tax Payments/Arrears
- Rent Supplement/Arrears
- Other Request: _____



You did not give us all of the proof that we need to make a decision. Please submit documents for the checked items on **pages 2 and 3** by:


Due Date: _____

SAMPLE

You can submit your documents using any option checked below:

-  **IN PERSON:** _____

-  **ACCESS HRA mobile app:** Download **NYC ACCESS HRA** on iOS or Android devices.
-  **FAX:** _____

-  **MAIL:** _____

If you are unable to submit the requested documents, you must call the Worker at the number above before _____. If you do not submit the documents, we may deny your request for a special grant.

(Turn page)

The "Documentation Guide for Housing Related Special Grant Requests" (**FIA-1211**) form gives more examples of the documents that you can use to prove the checked items.

Documentation for:	Suggested Documents
<input type="checkbox"/> Amount Owed	<ul style="list-style-type: none"> ● Rental History Breakdown from Landlord ● Court documents indicating arrears amount ● NYCHA Rent Statement or Letter from Housing Manager ● Mortgage Statement
<input type="checkbox"/> Your Housing Cost	<ul style="list-style-type: none"> ● Current Lease ● Current Rent Receipt ● Letter from Landlord ● Statement from Non-Relative Landlord
<input type="checkbox"/> Risk of Eviction or Foreclosure	<ul style="list-style-type: none"> ● Landlord breakdown showing rent arrears ● Landlord Notice or Rent Demand ● Letter from Landlord threatening eviction ● Court-ordered Stipulation with LT or Index Number (rent arrears)
<input type="checkbox"/> Legal Occupancy in the Future	<ul style="list-style-type: none"> ● W-147Q Statement from Primary Tenant & Proof of Legal Tenancy ● Court documents showing right to legal occupancy in the future ● Other documents to prove right to legal occupancy ● W-146W Section 8 Verification
<input type="checkbox"/> Future Ability to Pay	<ul style="list-style-type: none"> ● Pay stubs and Statement of Tips from the last 30 days ● W-146E Excess Rent & Third Party Proof of Income ● Third Party Proof of Income/Pay Stubs for the last 30 days ● Subsidy verification (Section 8/NYCHA)

(Turn page)

The "Documentation Guide for Housing Related Special Grant Requests" (**FIA-1211**) form gives more examples of the documents that you can use to prove the checked items.

Documentation for:	Suggested Documents
<input type="checkbox"/> Unforeseen or Special Circumstances	<ul style="list-style-type: none"> ● Statement or document explaining a loss of income for the household ● Loss of Third Party Assistance ● Statement from Funeral Director/Funeral Bill ● Medical Bills
<input type="checkbox"/> Contributions to Help Pay Arrears	<ul style="list-style-type: none"> ● Copy of money order for contribution toward rent arrears ● Nonprofit Organization official letterhead stating contribution toward arrears ● Proof of contributions toward arrears ● Letter Seeking contribution for Arrears



Applicant/Participant Signature

Date

SAMPLE

Applicant/Participant Telephone Number

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

DESK GUIDE FOR DOCUMENT INDEXING BASED ON SUBMISSION METHOD AND SCENARIO

SCENARIO (after a thorough case search has been performed)	IMAGE SUBMISSION SOURCE				
	RIGHT FAX	NYC HRA DOCUMENT UPLOAD or ACCESS HRA	MAIL	CSIC	SELF-SERVICE SCANNING
1. Case CANNOT be identified and image(s) is/are a/an...					
A. Illegible document	Designee Action: Request that ITS move the image(s) to the Storage Folder .	Designee Action: Request that ITS move the image(s) to the Storage Folder .	Designee Action: Request that ITS move the image(s) to the Storage Folder .	N/A	N/A
B. Invalid submission * with a name, address, or telephone number	N/A	Worker Action: send an email to notify the Supervisor and the Designee Supervisor Action: review the images; generate FIA-1139a or FIA- 1139b ; store these forms in an electronic folder; email the Designee to request that ITS move the images to the Storage Folder. Designee Action: Request that ITS move the image(s) to the Storage Folder .	N/A	N/A	N/A
C. Invalid submission * without a name, address, or telephone number	N/A	Designee Action: Request that ITS move the image(s) to the Storage Folder .	N/A	N/A	N/A
D. Legible document with a name, address and/or telephone number	Worker Action: generate Cover letter . Designee Action: Request that ITS move the image(s) to the Storage Folder .	Worker Action: generate Cover letter . Designee Action: Request that ITS move the image(s) to the Storage Folder .	Worker Action: Outreach (by phone, then by mail). Designee Action: Send the originals back to the individual with the Cover letter .	N/A	N/A
E. Legible document without an address or telephone number	Designee Action: Request that ITS move the image(s) to the Storage Folder .	Designee Action: Request that ITS move the image(s) to the Storage Folder .	Worker Action: Scan submission(s) and notify Supervisor. Designee Action: Request that ITS move the image(s) to the Storage Folder .	N/A	N/A
F. Non-Client document received (cruise deal, menu, office supplies flyer, etc.)	Designee Action: Request that ITS delete the image(s).	Designee Action: Request that ITS delete the image(s).	N/A	N/A	N/A

*The term "Invalid submission" (in scenarios 1B, 1C, and 2A) refers to the receipt of applications, recertifications, and periodic reports for SNAP [LDSS-4826, LDSS-4836 NYC, LDSS-4310, LDSS-4310A, and LDSS-3151] and for CA [LDSS-2921, LDSS-3174, and M-327h] via HRA Document Upload.

DESK GUIDE FOR DOCUMENT INDEXING BASED ON SUBMISSION METHOD AND SCENARIO (continued)

SCENARIO (after a thorough case search has been performed)	IMAGE SUBMISSION SOURCE				
	RIGHT FAX	NYC HRA DOCUMENT UPLOAD or ACCESS HRA	MAIL	CSIC	SELF-SERVICE SCANNING
2. Case identified and image(s) is/are a/an...					
A. Invalid submission *	N/A	<p>Indexing System: Web Image Indexing</p> <p>Worker Action: Index images Document Type: <i>Miscellaneous</i> Document Description: <i>Invalid Submission of a CA form;</i> <i>Invalid Submission of a SNAP form</i> Send an email to the Supervisor and the Designee that images of an invalid submission were received.</p> <p>Supervisor Action: generate and scan & index FIA-1139a or FIA-1139b. Document Type: <i>Correspondence/Notices</i> Document Description: <i>FIA-1139a Invalid Submission Using NYC HRA Document Upload (CA);</i> <i>FIA-1139b Invalid Submission Using NYC HRA Document Upload (SNAP)</i></p>	N/A	N/A	N/A
B. Illegible document	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Outreach (call and/or send Cover letter) and index images.</p> <p>Document Type: <i>Miscellaneous</i></p> <p>Document Description: <i>Miscellaneous</i></p>	<p>Indexing System: Web Image Indexing</p> <p>Worker Action: Outreach (send Cover letter) and index images.</p> <p>Document Type: <i>Miscellaneous</i> Document Description: <i>Unusable Self Service Scanned Document</i></p>	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Outreach (call and/or send Cover letter) and index images.</p> <p>Document Type: <i>Miscellaneous</i> Document Description: <i>Miscellaneous</i></p>	N/A	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Outreach (call and/or send Cover letter) and index images.</p> <p>Document Type: <i>Unusable Self Service Scanned Document</i> Document Description: <i>Unusable Self Service Scanned Document</i></p>
C. Non-Client document (cruise deal, menu, office supplies flyer, etc.)	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Index images</p> <p>Document Type: <i>Miscellaneous</i> Document Description: <i>Miscellaneous</i></p>	<p>Indexing System: Web Image Indexing</p> <p>Worker Action: Index images</p> <p>Document Type: <i>Miscellaneous</i> Document Description: <i>Unusable Self Service Scanned Document</i></p>	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Index images</p> <p>Document Type: <i>Miscellaneous</i> Document Description: <i>Miscellaneous</i></p>	N/A	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Index images</p> <p>Document Type: <i>Miscellaneous</i> Document Description: <i>Unusable Self Service Scanned Document</i></p>

*The term "Invalid submission" (in scenarios 1B, 1C, and 2A) refers to the receipt of applications, recertifications, and periodic reports for SNAP [LDSS-4826, LDSS-4836 NYC, LDSS-4310, LDSS-4310A, and LDSS-3151] and for CA [LDSS-2921, LDSS-3174, and M-327h] via HRA Document Upload.

DESK GUIDE FOR DOCUMENT INDEXING BASED ON SUBMISSION METHOD AND SCENARIO (continued)

SCENARIO (after a thorough case search has been performed)	IMAGE SUBMISSION SOURCE				
	RIGHT FAX	NYC HRA DOCUMENT UPLOAD or ACCESS HRA	MAIL	CSIC	SELF-SERVICE SCANNING
3. Wrong case number associated to the UNINDEXED image(s) and the image(s) is/are a/an...					
A. Legible document	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Assign the correct case number and index the images.</p> <p>Document Type: <i>Based on image received (Example: Personal Documents)</i></p> <p>Document Description: <i>Based on image received (Example: Birth Certificate)</i></p>	<p>Indexing System: Web Image Indexing</p> <p>Worker Action: Assign the correct case number and index the images.</p> <p>Document Type: <i>Based on image received (Example: Personal Documents)</i></p> <p>Document Description: <i>Based on image received (Example: Birth Certificate)</i></p>	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Assign the correct case number and index the images.</p> <p>Document Type: <i>Based on image received (Example: Personal Documents)</i></p> <p>Document Description: <i>Based on image received (Example: Birth Certificate)</i></p>	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Assign the correct case number and index the images.</p> <p>Document Type: <i>Based on image received (Example: Personal Documents)</i></p> <p>Document Description: <i>Based on image received (Example: Birth Certificate)</i></p>	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Assign the correct case number and index the images.</p> <p>Document Type: <i>Based on image received (Example: Personal Documents)</i></p> <p>Document Description: <i>Based on image received (Example: Birth Certificate)</i></p>
B. Illegible document	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Assign the correct case number and index the images.</p> <p>Document Type: <i>Miscellaneous</i></p> <p>Document Description: <i>Miscellaneous</i></p>	<p>Indexing System: Web Image Indexing</p> <p>Worker Action: Assign the correct case number and index the images.</p> <p>Document Type: <i>Miscellaneous</i></p> <p>Document Description: <i>Miscellaneous</i></p>	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Assign the correct case number and index the images.</p> <p>Document Type: <i>Miscellaneous</i></p> <p>Document Description: <i>Miscellaneous</i></p>	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Assign the correct case number and index the images.</p> <p>Document Type: <i>Miscellaneous</i></p> <p>Document Description: <i>Miscellaneous</i></p>	<p>Indexing System: Digital Sender Imaging Indexing</p> <p>Worker Action: Assign the correct case number and index the images.</p> <p>Document Type: <i>Miscellaneous</i></p> <p>Document Description: <i>Miscellaneous</i></p>

*The term "Invalid submission" (in scenarios 1B, 1C, and 2A) refers to the receipt of applications, recertifications, and periodic reports for SNAP [LDSS-4826, LDSS-4836 NYC, LDSS-4310, LDSS-4310A, and LDSS-3151] and for CA [LDSS-2921, LDSS-3174, and M-327h] via HRA Document Upload.

How To Call For An Interpreter

1. DIAL 1-855-938-0533

2. SAY THE LANGUAGE YOU NEED

If you don't know the language, speak to a Customer Service Representative by dialing "0."

3. ENTER YOUR ACCESS CODE:

- Call for an interpreter before you make an outgoing call.
- Write down the name and ID number of the interpreter.
- Interpretation services are available 24/7/365 in over 200 languages.
- If you need help, contact your Language Liaison or the Office of Refugee and Immigrant Affairs (ORIA) at 212-331-4550.

Working With An Interpreter

- Tell the interpreter what type of conversation you will have

- Do not have side conversations

- Speak directly to the client

(Ask “what’s your name?” instead of “what’s her name?”)

- Speak at normal speeds

- Do not use acronyms or technical terms

- Read any written material slowly

- Ask if the caller has any questions

SAMPLE



Date: _____
Case Number: _____
Case Name: _____
Center Number: _____
SNAP Filing Date: _____
Subject: _____

Documentation Requirements and/or Assessment Follow-Up

To see if you can get, or keep getting, benefits, you must give us the required documents by the due date on this form.

Please see the Eligibility Factors and Suggested Documentation Guide (**W-119D**) sent with this letter for some of the types of documents you can give us.

If you need more time or help getting the documents call the number on page 3 of this notice.

SAMPLE
Due Date: _____

Forms Reminder

(Please return the following Agency form(s), completed and signed where necessary.)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact
<input type="checkbox"/> W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance
<input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing
<input type="checkbox"/> W-147CC Certification of Move Statement
<input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee)
<input type="checkbox"/> W-147Q Verification of Secondary Tenant's Residence and Housing Costs | <input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Allotment
<input type="checkbox"/> W-274U Attestation of Employment as an Informal Child Care Provider
<input type="checkbox"/> W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance
<input type="checkbox"/> W-451 NYPD – New York Police Department Report/Referral
<input type="checkbox"/> W-582A Family Care Assessment
<input type="checkbox"/> W-700E School Attendance Verification Letter |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(Turn page)

CA Appointment Reminder

<input type="checkbox"/> BEV – Bureau of Eligibility Verification Appointment <input type="checkbox"/> OCSS – Office of Child Support Services Appointment <input type="checkbox"/> Career Services Vendor Appointment <input type="checkbox"/> CASAC – Credentialed Alcoholism/and Substance Abuse Counselor Appointment	<input type="checkbox"/> WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment <input type="checkbox"/> ACS – Agency for Children’s Services Appointment
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The following household member(s) must contact HRA for the reason indicated below:

Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application
Name of Household Member	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the cash assistance application

SAMPLE

Outstanding documentation – see the **W-119D** for a list of documents that can be used to verify the Eligibility Factors listed.

Name	Eligibility Factor

You may submit any required documents/information by:



UPLOAD (*easiest!*) — use your mobile phone or tablet with our ACCESS HRA mobile app at: www.nyc.gov/accesshramobile



IN PERSON — bring copies of the documents to your Center



FAX — send documents to _____



MAIL copies using envelope provided



CALL _____ if you need help getting documents or more time to get documents

Failure to submit verification/documentation or failure to contact your HRA worker on or before the due date may make you ineligible for Cash Assistance and/or SNAP, or may cause a reduction in your Cash Assistance and/or SNAP benefits for a specific period of time.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

(Turn page)

THINGS TO REMEMBER



Pay Stubs: for each person working, you must provide pay stubs to cover the last 4 weeks they were paid.



Employer Letter: If you don't get pay stubs, have your employer write a letter stating the amount and frequency you get paid, and the company name and telephone number, and your employer must **sign and date** it.



Landlord or Primary Tenant Letter: must be signed, dated and include:

- amount of rent you are charged;
- whether you pay the landlord or primary tenant for heating/cooling or other utilities separate from your rent, and if so, how much;
- how many people are in your household; and
- the landlord's name and telephone number.

SAMPLE



Date: _____
 Case Number: _____
 Case Name: _____
 Caseload: _____
 Worker Name: _____
 Worker Telephone Number: _____
 FH&C Telephone Number: _____

Notice of Decision on Assistance to Meet an Immediate Need or Emergency Grant (For Applicants Only)

You asked for help to meet an immediate need. This notice is about that request. If you also applied for ongoing Cash Assistance, this notice is not about that application. You will get a separate notice about your application for ongoing Cash Assistance.

Note about recent Cash Assistance denials: If you fail to comply with eligibility requirements, your application for ongoing Cash Assistance may be denied. If it is denied for failing to comply, and you reapply for an immediate needs/emergency grant for food or items relating to personal care within 90 days of the denial, we may deny your request. If you can prove that you had a good reason why you did not comply, we may approve a second request, even if it is within 90 days of the denial.

SAMPLE

What You Asked For

On _____, you requested assistance to meet an immediate need of:

This is a follow up to our notice dated . _____

(Turn Page)

Decision On Your Request

Approval

- You can pick up an emergency grant in the amount of \$ _____ on _____.
(Date)
- This grant is being issued before a review of your case is made.
- An emergency grant (one-shot deal) has been provided in the amount of \$ _____ for
.

You Must Pay Us Back

- You are responsible for repaying \$ _____ as shown below:
 - This amount must be repaid to us based on the agreement to repay that you signed on _____.
(Date)
 - You must repay the amount shown above because it is more than the Human Resources Administration (HRA) shelter maximum of \$ _____ for your family size of _____ for each month of arrears that HRA agreed to pay. However, please note that if you own real property and HRA has filed a lien, you will still be responsible to repay the full amount of your emergency grant. In addition, recovery of the full amount paid by HRA may occur under other provisions of law (e.g., lawsuit settlements, lottery intercept, etc.).

(Turn Page)

Decision On Your Request

Denial

Food-related Immediate Need

- You failed to establish/document identity.
- You have excess resources.
- You do not have an eligible non-citizen status.
- You got an immediate needs grant in the past 90 days and then failed to comply with eligibility requirements.
- You were given same-day Supplemental Nutrition Assistance Program (SNAP) benefits
- Other reason for denial (please specify):

Nonfood-related Immediate Need

- You failed to establish/document identity.
- You have excess resources.
- You do not have an eligible non-citizen status.
- You got an immediate needs grant in the past 90 days and then failed to comply with eligibility requirements.
- You applied for Cash Assistance on _____ (within the last three months).
(Date)

You were given the benefit checked below, and you failed to comply with the eligibility requirements. You did not prove that you had a good reason for failing to comply.

- Immediate need(s) grant(s)
- Other grants (please specify):

The regulations that allow us to do this are 18 NYCRR § 351.1, § 351.8, and § 352.7.

- Other:

(Turn Page)

Other Action

Other action taken on your application:

Your request is not an immediate need.

Medical Assistance

- If you need help with your medical bills, you must apply separately for Medical Assistance.
- If you want more information about eligibility for Medical Assistance, call the Worker's telephone number listed on **page 1**.
- Your Medical Assistance stays the same.
- Your application for Medical Assistance is being reviewed. We will send you our decision within 30 days.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION. BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

(Turn Page)

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (a conference is an informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance, or social services issues; and you must ask within ninety (90) days for Supplemental Nutrition Assistance Program (SNAP) issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

(1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)

(2) **WRITE:** Send a copy (and keep a copy for yourself) of this entire notice, with the "Fair Hearing Request" section completed, to:

**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201**

(3) **FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

(4) **IN PERSON:** Bring a copy of this entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn NY 11201**

(5) **ONLINE:** Complete an online request form at:
<http://www.otda.state.ny.us/oah/forms.asp>

(Turn page)

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

If you have a disability, and cannot travel, you may appear through a representative such as a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write, or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

AVAILABILITY OF POLICY MATERIALS: The Office of Temporary and Disability Assistance (OTDA) policy issuances and HRA policy issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. To request policy issuances and manuals, call **(718) 722-5012**, or fax **(718) 722-5018**, or email CRO@hra.nyc.gov or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

(Turn page)

FAIR HEARING REQUEST

I want a Fair Hearing. The Agency's decision is wrong because:

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

SAMPLE

(Turn page)

New York State Emergency Rental Assistance Program (ERAP)

To find out if HRA can help with your rental assistance needs, the State requires that you apply for ERAP and have a decision on your ERAP application.

Any arrears paid by ERAP do not have to be paid back!

To apply for ERAP visit www.otda.ny.gov/erap. You can also apply over the phone by calling **1-844-NY1-RENT (1-844-691-7368)**. If you need assistance with submitting an ERAP application, visit <http://nyc.gov/erap> for a list of Community Based Organizations that can help. Once a decision is made on your ERAP application, if you still need help, you can always come back to HRA for assistance. Visit www.nyc.gov/accesshra to resubmit a Special Grant Request.

Funding is currently available through ERAP for New York City households who are behind on their rent. Eligible low and moderate-income households can get up to 12 months of their back rent paid, along with 3 months of future rent and other assistance.

Residents of New York City are eligible if they:

- Fell behind in rent since the COVID-19 pandemic began in March 2020 **AND**
- Qualified for unemployment benefits or have lost income and/or have an increase in expenses due to the COVID-19 pandemic; **AND**
- Have a monthly gross (before tax) household income at or under 80% of the Area Median Income (AMI).

Gross Annual Income Limits	
Household Size	At or Under 80% AMI
1	\$66,850
2	\$76,400
3	\$85,950
4	\$95,450
5	\$103,100
6	\$110,750
7	\$118,400
8	\$126,000

Determination of Eligibility for Emergency Assistance to Needy Families (EAF)

Case Name:	Case Composition:
Case Number/Suffix:	
Caseload:	
Center:	
Type of Emergency:	
Cause of Emergency:	

As set forth in 18 NYCRR § 372.1 and 97 ADM-20, EAF may be authorized more than once in any 12 consecutive months as long as the eligibility criteria are met.

I. This Crisis Situation is Due to the Following Circumstance(s):

SAMPLE

<input type="checkbox"/> Fire or other disaster	<input type="checkbox"/> Utility shutoff/termination
<input type="checkbox"/> Asked to leave shared apartment by relative or friend who is primary tenant	<input type="checkbox"/> Eviction by landlord for reasons other than nonpayment of rent (specify): _____
<input type="checkbox"/> Emergency medical expenses required all available resources to be diverted from rent	<input type="checkbox"/> Eviction by landlord due to nonpayment of rent as part of a complex set of problems, which constitutes an emergency for the family
<input type="checkbox"/> Sudden loss of employment due to layoff or other reason not brought about by voluntary quit	<input type="checkbox"/> Victim of domestic violence (adult and/or child)
<input type="checkbox"/> Landlord refused late or partial rent payment	<input type="checkbox"/> Other (specify): _____

II. EAF Eligibility Determination Checklist:

In order to determine participant's eligibility for EAF, respond to each of the following items:

1. Does the caretaker relative or non-parent caretaker receive SSI? If "Yes," determine eligibility for Emergency Assistance of Adults (EAA) first, if "No" or not EAA eligible, proceed to question 2. Yes No

2. Is there at least one child under the age of 18, or age 18 and attending full-time secondary school, who is currently residing with an adult caretaker who is related by blood, marriage or adoption? Yes No

* The term "caretaker who is related by blood, marriage or adoption" shall include the following:

- (1) the child's father, mother, brother, sister, grandfather, great-grandfather, great-great-grandfather, grandmother, great-grandmother, great-great-grandmother, uncle, great-uncle, great-great-uncle, aunt, great-aunt, great-great aunt, of whole or half blood;
- (2) the child's first cousin, nephew and niece, of whole or half blood;
- (3) the child's stepfather, stepmother, stepbrother, stepsister, but no other step relative;
- (4) in the case of a child who has been surrendered to an authorized agency or who has been adopted:
 - (i) any of the blood or step relatives included in the preceding paragraphs of this subdivision; and
 - (ii) the child's adoptive parents and:
 - (a) the other children of the adoptive parents and the children of such children;
 - (b) the parents, grandparents and great-grandparents of the adoptive parents;
 - (c) the brothers and sisters of the adoptive parents and the children of such brothers and sisters; and
 - (d) the aunts, uncles, great-aunts and great-uncles of the adoptive parents.

(5) the spouse of any person described in the preceding paragraphs, even though the marriage may have been terminated by death, divorce or annulment; and

(6) in the case of a child born out of wedlock, any relative in the maternal line included in the preceding paragraphs of this subdivision and, if paternity has been adjudicated or acknowledged in writing, any relative in the maternal and paternal lines included in the preceding paragraphs.

3. Is there a woman of any age with a medically verified pregnancy?
If you checked "Yes" to either question 2 or 3 above, proceed. If not, the case is ineligible for EAF. Yes No

4. Does the family have resources to meet their needs or available income at or above 200% of the most recently published Federal poverty guidelines, as transmitted by the State Office of Temporary and Disability Assistance, on the date of application for the family size? (See **EXP-76D**) Yes No

5. Did the emergency arise because an employable child or relative refused without good cause to accept employment or participate in work activities or community services? Yes No

6. Will the emergency grant being applied for duplicate or replace a Cash Assistance grant already made under **18 NYCRR § 352.2(a)(b)(c)? (See **W-203K**)
(Do not answer "Yes" if the duplication will replace lost or stolen Cash Assistance.) Yes No

** Each social services district shall utilize the applicable schedules of monthly grants and allowances as found in subdivision (d) of Section 352.2 to provide for all items of need, exclusive of:

- (1) shelter;
- (2) fuel for heating;
- (3) additional cost of meals for persons who are unable to prepare meals at home;
- (4) purchase of necessary and essential furniture required for the establishment of a home;
- (5) replacement of necessary and essential furniture for persons in need of Cash Assistance who have suffered the loss of such items as the result of fire, flood or other like catastrophe;
- (6) essential repairs of heating equipment, cooking stoves and refrigerators;
- (7) allowances for occupational training.

If you checked "No" to questions 4, 5, and 6, proceed.
If you checked "Yes" to any of questions 4, 5, and 6, the applicant is ineligible for EAF.

7. Is the necessary payment a diversion payment or a utility emergency payment?
If you checked "Yes" to Number 7, **Stop** — EAF eligible.
If you checked "No" to Number 7, go to Number 8. Yes No

8. Is the emergency the result of a sudden occurrence or situation, unforeseen and beyond the individual's control?
If you checked "Yes" to Number 8, **Stop** — EAF eligible.
If you checked "No" to Number 8, ineligible for EAF. Yes No

III. Is This Case Eligible for EAF? Yes No

In accordance with 18 NYCRR § 372.4(d), services which can be determined as necessary to cope with the emergency situation include counseling, securing family shelter, if available, and any other services which meet needs attributable to the emergency situation.

JOS/Worker Signature	Date
Supervisor Signature	Date

IMPORTANT: If you have determined that this case is eligible for EAF, HAVE YOU:

- Completed all questions on this form?
- Signed and date this form, and obtained your Supervisor's signature?
- Entered an "F" in element 270 of POS TAD?

All POS case entries must be descriptive and indicate the nature of the emergency. Please ensure that all related materials are scanned and available on the HRA One Viewer. Complete the POS TAD and annotate the EAF indicator.

(File copy in case record)

**For CIS/OCP Use Only
EAF Indicator Data Entry**

Case Name _____

Case Number

0	0								
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Suffix

--	--	--	--

Center

0		
---	--	--

Item 270

F

SAMPLE

OCP Control Clerk Date Control Clerk Date

OCP CRT Operator Date Error

Resubmit Date

Control Clerk Date



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Shelter Arrears Repayment Agreement Worksheet

(Use for EAF and SNA Applicants Only)

APPLICANT INFORMATION (To be completed by the JOS/Worker.)

A. Print Name: _____
Last Name First Name M.I.

Address: _____

City: _____ State: _____ Zip Code: _____

B. 1. Is the household eligible for EAF? (Refer to Determination of Eligibility for Emergency Assistance to Needy Families, form **W-145TT**). Yes No

If Yes, a repayment agreement is not required (see exception in the Note below)
If No, go to Question 2.

2. Is the household applying for recurring SNA? Yes No

If Yes, see the asterisk (*) below and proceed to Section C.
If No, proceed to question 3.

3. Is the household applying for ESNA assistance? Yes No

If Yes, proceed to Section C.
If No, reevaluate category of assistance. Return to question 1.

Note: If shelter arrears are paid under Emergency Assistance to Needy Families (EAF), any amount that exceeds the maximum monthly shelter allowance is to be recovered. Complete the Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (**W-147KK**).

For applicants found eligible under recurring Family Assistance (FA) or Safety Net Assistance (SNA), any amount that exceeds the maximum monthly shelter allowance is to be recouped. Complete the PA Recoupment Data Entry Form – WMS (**LDSS-3573**) and enter the recoupment in the Welfare Management System (WMS).

* If the applicant is applying for recurring SNA but eligibility has not yet been established for recurring assistance, the Repayment Agreement should be signed in the event that the recurring case is not opened. If the recurring case is opened, the Repayment Agreement is null and void and the arrears should be claimed under the recurring SNA. In this situation, any arrears that exceed the maximum shelter standards for the month of application and/or for any prior months must be recouped from future SNA grants.

Shelter Arrears Repayment Agreement Worksheet (continued)

C. Household size: _____ (Include all persons residing in the applicant's house or apartment.)

D. The household's gross monthly income at the time of application: \$ _____
(Include all earned and unearned income [including SSI] for all persons residing in the applicant's household.)

125% of the 2018 Federal Poverty Level Guidelines

Size of Household	1	2	3	4	5	6	7	8	9	10	For Each Additional Household Member:
Monthly Amount (Rounded)	\$1,265	\$1,715	\$2,165	\$2,615	\$3,065	\$3,515	\$3,965	\$4,415	\$4,865	\$5,314	\$450

E. 125% of the Federal poverty level for the household size in Section C: \$ _____

F. Does the amount in Section E exceed the amount in Section D?

- SAMPLE
- Yes. Applicant is eligible for ESNA shelter arrears payment. Complete the Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (W-147H) form.
 - No. Applicant is ineligible for an ESNA shelter arrears payment.

G. Total arrears requested: \$ _____

H. Estimated monthly repayment amount: \$ _____ (The amount in Section G divided by 12.)

Date: _____
Case Number: _____
Case Name: _____
Center Name: _____

Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears

You have applied for Emergency Assistance to help pay your current shelter expense arrears. Your current actual monthly shelter expense (rent/mortgage/property tax) is \$_____. You are currently _____ months behind in paying your rent/mortgage/property tax. These arrears total \$_____.

The Human Resources Administration (HRA) allows \$_____ per month as the maximum monthly shelter allowance for your household size of _____. HRA will pay the maximum monthly allowance for _____ months which totals \$_____.

You are required to repay HRA any amount paid that is greater than the maximum monthly shelter allowance for your household size.

HRA may approve a payment up to the total arrears indicated above. Of this amount, the maximum monthly amount that you will be required to repay to HRA is \$_____. If HRA approves a lesser amount, your monthly payment will be reduced, and you will be advised of the reduced amount.

You will receive a bill each month from the HRA/Division of Accounts Receivable and Billing (DARB), and you will be billed each month until the total amount is paid in full. You have the option at any time of repaying the total balance due in one lump-sum payment.

If you are found eligible under recurring Family Assistance (FA) or Safety Net Assistance (SNA), the amount that exceeds the maximum monthly shelter allowance for your household size will be recouped from your future Cash Assistance grant.

DO NOT SEND IF PROCESSED IN POS

For Office Use Only

**For Use by Division of Accounts Receivable
and Billing (DARB) Only**

Billing Information

Refund Item Class Description: **One-Time Shelter**

MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

Information About Repaying the Department of Social Services For Rental Arrears

You have agreed to repay the Department of Social Services (DSS) the money you received for assistance for your rental arrears. The Human Resources Administration (HRA) has arranged with its Division of Accounts Receivable and Billing to enroll you in its automated billing process.

How does the automated billing process work?

Once your signed repayment agreement is received and the HRA check to the landlord is cashed, HRA will enter the full amount into the HRA billing system as a billable account. The amount will be divided into the 12 monthly installments required by New York State Social Services law. Each month you will receive a bill from the HRA Division of Accounts Receivable and Billing and a postage pre-paid business reply envelope. Each bill will show payments received since the prior bill and the remaining balance.

How can I change the amount of the bill due each month?

If you want to change the monthly amount due, you can contact the HRA Division of Claims and Collections. The Division will work with you to create a different payment plan based on changes to your finances or other circumstances. You can ask to reduce or increase the monthly bill amount at any time during the 12-month repayment period. You can also repay the outstanding amount in full at any time during the billing process.

When will the monthly billing begin?

The monthly billing begins after your repayment agreement is given to HRA and the check HRA issued to pay your rental arrears is cashed. If the check is not cashed, you will not be enrolled in the monthly billing process and no money will be due to the DSS.

When will the billing end?

The billing will end when the amount is paid in full. If you become an active Cash Assistance recipient before the amount has been paid in full, billing will be stopped until your case closes. If you are sanctioned on your case, we will start billing you again until the total amount is repaid.

Who do I contact with my questions or concerns?

You can contact the HRA Division of Claims and Collections at (718) 557 - 1399. Tell the representative you want to discuss your repayment agreement. You will be given an appointment to talk about your repayment agreement with Division staff.

Where is the Division of Claims and Collections located?

The address is 375 Pearl Street, New York, N.Y. 10038.

What happens if I stop paying the bills sent to me?

You are responsible for repaying your rental assistance on the assigned schedule unless you ask for a different payment plan and HRA agrees. If you do not contact the HRA Division of Claims and Collections to change your payment schedule or ask for a suspension, you might have a civil action taken against you. This means you could have your credit score negatively affected, your paycheck garnished, and legal fees plus interest added to the original amount owed.