



FAMILY INDEPENDENCE ADMINISTRATION
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POLICY BULLETIN #06-39-OPE
OBSOLETION OF FORM W-146G

<p>Date: March 17, 2006</p>	<p>Subtopic(s): Forms</p>
<p><input type="checkbox"/> This procedure can now be accessed on the FIAweb.</p> <p>Refer to PB #04-173 for additional information on the W-146C.</p> <p><input type="checkbox"/> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that the Notice of Intent to Issue an Advance Allowance for Rent (Timely) (W-146G) has been made obsolete. The W-146G was replaced by the Notice of Intent to Issue an Advance Allowance for Rent (Timely) (W-146C).</p> <p>The W-146G has been made obsolete because the information on the W-146G has been incorporated into the W-146C.</p> <p>Center Directors must ensure that all copies of the W-146G are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>W-146G Notice of Intent to Issue an Advance Allowance for Rent (Obsolete)</p> <p>W-146G (S) Notice of Intent to Issue an Advance Allowance for Rent (Spanish) (Obsolete)</p>

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



Date: _____
Case Number: _____
Case Name: _____

Notice of Intent to Issue an Advance Allowance for Rent (Timely)

Fold Here

Fold Here

This notice is being sent to you to notify you that, in order to prevent your eviction for nonpayment of rent, your landlord and the Department of Housing Preservation and Development (HPD), has agreed to accept a restricted advance allowance. Unless we hear from you before _____, we will issue the advance allowance(s) indicated below to the HPD for the amount of your arrears.
(date)

A	Amount to Be Issued	Period Covered	
		From:	To:
<input type="checkbox"/>	\$		
	\$		
	\$		
	\$		

B	Amount to Be Issued - Duplication	Period Covered	
		From:	To:
<input type="checkbox"/>	\$		
	\$		
	\$		
	\$		

If we issue this advance for rent (indicated in Section B) we intend to recoup the money advanced by reducing your public assistance grant by 10% until we have recouped all the money advanced. See State Regulations 18 NYCRR § 352.7(g)(3) and § 352.11. You have a right to ask your Worker for a determination of undue hardship which can reduce the amount recouped from each grant. However, the least amount that can be recouped from each grant is 5%. See State Regulations 18 NYCRR § 352.7(g)(3)(v), § 352.11 and § 352.31(d)(2).

If you do not want this advance allowance issued, call the Worker below before _____
(date)

JOS/Worker Date Supervisor Date

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

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 (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

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, 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 of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201. (Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to: (518) 473-6735.
- (4) **IN PERSON:** Bring a copy of the 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 either: **14 Boerum Place, Brooklyn or 330 West 34th Street, 3rd floor, Manhattan.**
- (5) **ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/eah/forms.asp>

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.

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 your documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If you make your request less than five working days before your hearing, your case file documents may be given to you at your hearing.

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.

FAIR HEARING REQUEST

Continuing Your Benefit(s): Your benefits will continue unchanged, until a Fair Hearing decision is issued, if you ask for a Fair Hearing before the effective date stated in this notice.

Please be reminded that if you ask for a conference only, and not a State Fair Hearing, within the time frame indicated in the Continuing Your Benefits section, your benefits will not stay the same.

If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision. If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below.

I do not want to keep my benefits the same until the Fair Hearing decision is issued.

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 public assistance 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.

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

Print Name: _____ Case Number: _____

Address: _____ Telephone Number: _____

Street Apt. # City State Zip Code

Signature: _____ Date: _____

