

Bureau of Fraud Investigation

Household Composition Fraud Complaint Procedure (Project 475 – SNAP and Medicaid)

October 1, 2013

Prepared by:

Management Analysis, Policy & Data Division

Investigation, Revenue and Enforcement Administration

PROCEDURE NOTE:

This procedure manual (including any modifications) is prepared for informational purposes only. The purpose of this procedure manual is to provide support and guidance to the management and staff of the NYC/HRA Investigations, Revenue, and Enforcement Administration (IREA). Nothing in this manual is intended to create nor does it create any enforceable rights, remedies, entitlements, or obligations. IREA reserves its right to change or suspend any or all parts of this manual at any time.

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Audience

IREA/BFI Investigative staff

Background

Project 475 allegations are identified by the Management Analysis, Policy, and Data (MAPD) department based on the household composition of a case. A Project 475 case is, or recently was, active for SNAP **AND** Medicaid benefits and contains one adult household member and one or more minor children.

In a Project 475 case, information gathered from Lexis/Nexis, ACRIS, HRA OneViewer, DMV, and other sources indicate that a mandatory household member (the spouse or parent of the child[ren], hereinafter known as the Undisclosed Household Member) owns the WMS address, is employed, and resides at the WMS address, and/or has vehicles registered at the WMS address.

Identified cases are emailed by MAPD to the BFI Director, who assigns them to an Investigations Supervisor for substantiation. The Investigations Supervisor enters the case into IRIS and assigns it to an Investigator. To substantiate these allegations, the Investigator needs to prove, by documentation, that the Undisclosed Household Member is residing in the participant's home. If the allegation is substantiated, the Investigator revises the income and resources for the entire household including the Undisclosed Household Member.

Purpose

The purpose of this procedure is to instruct BFI Investigations staff on the processing of Project 475 allegations.

PROCESSING PROJECT 475 ALLEGATIONS

Documenting Evidence for Project 475 Cases

Investigators substantiate their cases by obtaining documentary evidence and maintaining accurate investigative notes. The Investigator proceeds throughout the investigation with the goal of obtaining as much information as possible. Every action taken is written in the case notes and reviewed by the Investigator before taking the next step. In Project 475 cases, the Investigator does not contact the participant and/or Undisclosed Household Member until after the Investigator prepares the case by performing the following:

1. Determining the identity of the Undisclosed Household Member:

- o Investigator searches HRA OneViewer for the birth certificates for each child on the case and marriage certificates. If there are no birth or marriage certificates present, Investigator requests them from the NYC Department of Health and the NYC Marriage Bureau through the assigned BFI liaison.
- o Investigator looks in OneViewer for an absent parent questionnaire and letters from an absent parent.
- o If the name of the Undisclosed Household Member is not present on the birth certificate and no marriage certificate or other documentation of paternity or maternity can be located, the investigation may proceed by securing the children's school records.

 Searches WMS for any prior applications submitted by the Undisclosed Household Member.

2. Reviewing the household information the participant provided to HRA:

- HRA OneViewer contains case composition and income information that the applicant provided on applications, recertification, and other correspondence regarding the members of the household.
- Investigator logs into ACRIS, which is found in the New York City Department of Finance web site and verifies that the person signing the lease or landlord letter is the actual owner of the property.



3. Determining the ownership of the WMS Address:

o Investigator accesses the NYC Department of Finance ACRIS system and locates the most recent deed or UCC-1 statement associated with the property.

4. Determining the resources or income of the Undisclosed Household Member:

o Investigator accesses LexisNexis, ACRIS, DMV, and TALX/Worknumber to determine the income and resources of the Undisclosed Household Member.

- o If Investigator thinks that there is a possibility of a finding recipients' ownership of grocery store, restaurant, bar, taxi service, he/she may contact the State Liquor Authority or Division of Consumer Affairs, for licensing information which may confirm ownership.
- o An appointed BFI Liaison has access to Taxi and Limousine Commission data that should also be requested by investigator.

5. Determining (in WMS) if the Undisclosed Household Member is or was active at the WMS address at a different residence:

- o Identify what information was provided to HRA regarding residence, income and resources of the Undisclosed Household Member.
- o Accessing the Resource File Integration (RFI) system for information on the Undisclosed Household Member may also be useful in all cases where income is a question.

6. Determining if Undisclosed Household member is receiving rent payments from HRA:

- Section 8 documents (if applicable to case) may be available in OneViewer. Copies of Section 8 checks issued to the Undisclosed Household Member can be obtained from New York City Housing Authority (NYCHA) or Housing Preservation Department (HPD) through the appointed BFI liaison.
- o Investigator requests copies of checks from NYCHA when the Undisclosed Household Member/landlord is receiving shelter payments from HRA.
- o Investigator reviews OneViewer for landlord and lease documents for each HRA participant who resides or has recently resided at the address owned by the Undisclosed Household Member.

7. Determining the address of the participant:

O The participant may not reside at the address reported to HRA. The Investigator reviews RFI, Bank Accounts, UIB, W-4, DMV, EBT, to determine where, geographically, benefits are being used, and Lexis/Nexis, TALX, and ACRIS to determine if the participant is actually residing with the Undisclosed Household Member at an address different than the address of record.

8. Researching Internet search engines:

o The investigator uses Internet search engines, such as Google, to search for the names and addresses of the participant and the Undisclosed Household Member to find any information relevant to the investigation. This may include news reports and wedding or birth announcements, and social media such as Facebook and LinkedIn.

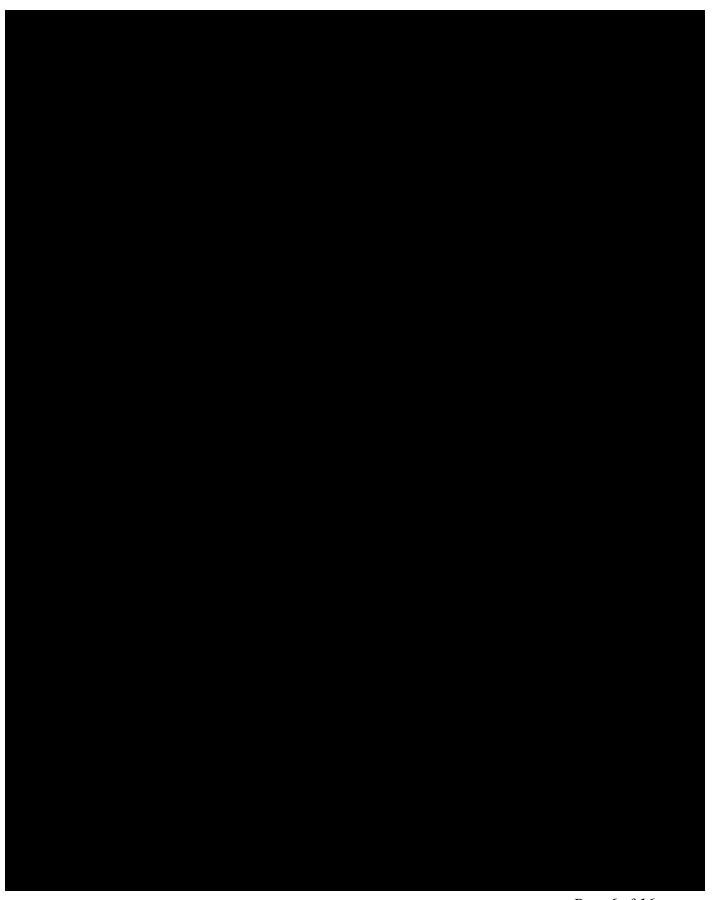
Note: Investigator refers to *NEW PROCESS FOR INVESTIGATIONS INVOLVING SOCIAL MEDIA*, *IREA Informational 2012-05*, *Attachment 1*, for instructions and parameters of social media use.

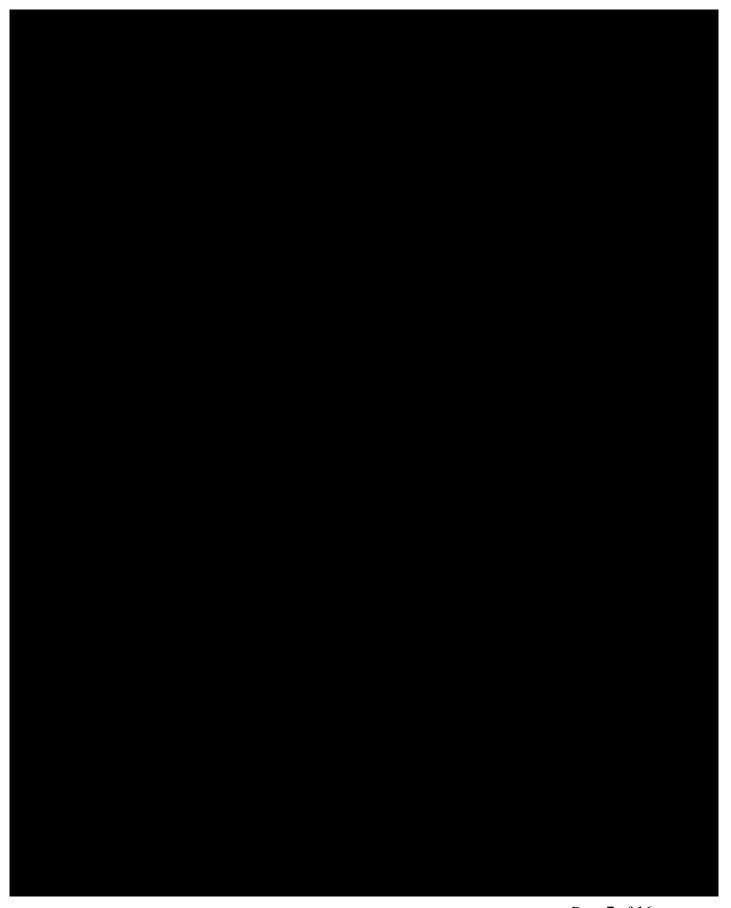
9. Determining the amount of benefits that the participant's household received:

- O This includes all Medicaid and childcare benefits from the date that the participant concealed the presence of the Undisclosed Household Member. The concealment date is the earliest of:
 - 1) Date in which recipient and/or Undisclosed Household Member purchased the WMS address;
 - 2) Undisclosed Household Member married the participant, or,
 - 3) Date of the birth of the participant's first child with the Undisclosed Household Member.

10. Obtaining all bank records referenced on the participant's WMS RFI screen:

o It can be difficult to find and prove where an Undisclosed Household Member had previously been residing. The Investigator resorts to the BFI Bank Liaison to obtain bank records for both, the participant and Undisclosed Household Member. Documenting regular deposits would allow the DA to prosecute the case based solely on unreported income. Cases referred to the DA must include bank records.





Substantiated cases

- o Case Closing- Participant does not appear/ does not clear self of allegations.
- o **Intentional Program Violation** Referred for IPV hearing, also known as Administrative Disqualification Hearing. Proof standard "Clear and convincing evidence" shows that participant knowingly and intentionally violated program guidelines. Leads to recoupments.
- o **Referral to DA** Intentional program violation has persisted over time and the dollar amount is over an established threshold for prosecution

 Proof standard is "Beyond a reasonable doubt". Leads to a criminal trial.



o **Referral for Civil Litigation**- A program violation has been committed but there is no overwhelming evidence or does not meet dollar threshold. Proof standard is "preponderance of evidence," or, "more likely than not" that the participant was aware of the infraction. Leads to a money recovery.

Unsubstantiated cases

In the course of the preliminary documentary review, the Investigator may determine that the Undisclosed Household Member does not reside with the participant and that the allegation cannot be substantiated. Investigator enters "Unsubstantiated" disposition in IRIS to end the investigation and clear the recipient of the allegation.

Attachment 1 New Process for Investigations Involving Social Media (IREA Inf. 2012-05)

INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION

Management Analysis, Planning and Program Support

Issued: August 1, 2012

INFORMATIONAL 2012-05

NEW PROCESS FOR INVESTIGATIONS INVOLVING SOCIAL MEDIA

Policy Two supervisors from PDF and MCFD will have access to Facebook to

investigate recipients for fraud. These investigators should follow the protocol

listed below.

Audience All BFI Investigative Staff.

Previous In the past, BFI has not been formally allowed to investigate fraud cases using

Process Facebook.

New Two supervisors will now have access to Facebook on their computers to Process investigate fraud cases. These investigations should follow the guidelines below:



1

Attachment 2 Payroll Inquiry Form (BFI-130)

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Attachment 3 SNAP Call-in Letter (BFI-100)

BFI-100 (E) 08/06/2013 INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION BUREAU OF FRAUD INVESTIGATION 250 CHURCH STREET, 3rd FLOOR NEW YORK, NY 10013 Date: ___ Case No. ___ This office is conducting an investigation concerning your eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits. An interview has been scheduled for you to discuss this matter on: Date: Time: Address: 250 Church Street, 3rd Floor, New York, NY 10013 If for any reason you cannot appear at the time and place shown above, please call Investigator — at telephone # (—) -Please bring your Photo ID card, this letter, and the following document (s): Insert Item Yours truly, BUREAU OF FRAUD INVESTIGATION Investigator — Signature IMPORTANT NOTICE You may bring an attorney and/or other representatives with you. If you cannot afford an attorney, you may seek free legal representation at a legal services or legal aid office. You may answer questions or choose not to answer. If you do not answer questions, your Supplemental Nutrition Assistance Program (SNAP) benefits cannot be stopped or reduced solely because you do not answer. TRAVEL INSTRUCTIONS Train: 1 to Frank lin Street; A, C, E, to Canal Street; A, E, 2 & 3 to Chambers Street. Office is located between Leonard and Franklin Streets.

Attachment 4 Settlement Agreement (BFI-201A)



INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION BUREAU OF FRAUD INVESTIGATION 250 CHURCH STREET, 3rd FLOOR NEW YORK, N.Y. 10013 BFI-201A (E) 7/19/2012

SETTLEMENT AGREEMENT

Between

The New York City Human Resources Administration ("HRA")

[Client] [Date]

The New York City Human Resources Administration offers this Settlement Agreement ("Agreement") under its expedited enforcement procedures in order to settle its investigation of [Client] subject to the following terms and conditions:

HRA hereby certifies that [Client] has paid [first sum] and [Client] agreed to pay [total sum], (the "Settlement") in the form of monthly installment payments of [month sum] (the "Payment") to HRA as restitution for the period of [claim period], which HRA accepts as payment in full for its claims of overpayment of Medicaid ("MA")/Family Health Plus ("FHP") benefits previously received. [Client] s agreement to make restitution is not to be construed as an admission of wrongdoing on the part of [Client]. The "Settlement" only pertains to MA/FHP benefits received and has no bearing on any other type of assistance which [Client] may have received from HRA. HRA retains its full right of recovery on claims related to non-MA/FHP benefits, if any.

[Client] attests that the information disclosed by [Client] to HRA in the course of this investigation is true, factual and complete, and that no material information has been withheld.

In the event [Client] fails to make a Payment, [Client] shall be considered to be in default. In the event [Client] defaults, [Client] shall have fifteen days from the date said Payment was due to cure the default by making said Payment.

In the event of a default which is not or cannot be rectified, the entire balance shall be accelerated and shall be immediately due and owing. The balance shall consist of the Settlement minus all Payments that have been made.

AUTHORIZED REPRESENTATIVE OF HRA:

Name	Title
Signature	-
CLIENT:	
Name	Signature
State of New York)	
County of New York)	
On thisday of, 20, bef personally known and known to me to the per- instrument and (s)he acknowledged to me that	son described in and who executed the foregoing
NOTARY PUBLIC	

Attachment 5 SNAP Installment Note (BFI-40A)

BFI-40A 11/20/2012



INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION BUREAU OF FRAUD INVESTIGATION

Human Resources Administration Department of Social Services	250 CHURCH STREET, 3 rd FLOOR NEW YORK, N.Y. 10013		
	INSTALLMENT NOTE	250 Churci	h Street 3 rd Fl
	SUPPLEMENTAL NUTRITION	New York, N.Y. 10013	
	ASSISTANCE PROGRAM (SNAP)		t Broadway, 7th FL ork, N.Y. 10013
	Date:		, 20
	, the undersigned herein, her epartment of Social Services of the City of New York (hereinafte ectly received during the period from	r "the Department") in	the amount of
which, by law, must b satisfaction of said in	ectly received during the period from he repaid, and does hereby promise to repay such amount to the or debtedness.	der of the "Departmen	t" in full
HRA hereby certifies to pay the balance of	that has in the form of monthly installment payments com 20 the payment of	paid \$ mencing on the	and agrees day of dollars
(\$) an	, 20 the payment of day of ea Dollars (\$ final installment may be in a lesser sum which shall constitute the	ch and every succeedin	g month, the
repaid, except that the	final installment may be in a lesser sum which shall constitute the	e balance due hereund	er.
The Division of Acco	as the Department may designate in writing to the undersigned, a unts Receivable and Billing (DARB) will send a monthly billing ment. If you do not use the invoice, your payment may not be cr	invoice to you. Please	include the
The Department agree any default of failure written notice thereof undersigned shall hav	es not to take further action herein so long as the undersigned mal to pay any installment when due which continues for a period of by ordinary mail, to the undersigned at the address designated he previously provided in writing to the Department, the entire baldue and payable without further notice to the undersigned.	more than fifteen (15) or erein, or to such other a	days after iddress as the
The Department may or failure to pay by th	exercise this right regardless of any prior forbearance on its part is e undersigned.	n connection with any	prior default
	partment of any payment after only one date shall not be constru- nely pay any other installment when due.	ed as a waiver of the ob	ligation of
The undersigned furth knowledge, is executi	ner acknowledges that (s)he fully understands the terms and condi- ng this Installment Note freely and voluntarily.	tions set forth herein, a	nd with such
This Installment Note and the undersigned.	may not be changed, altered, amended or modified except in w	riting and signed by th	e Department
	NAME: SIGNATURE:		

Attachment 6 Childcare Voucher Payment Installment Note (BFI-40C)

B9T-40C 11/20/2012 INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION BUREAU OF FRAUD INVESTIGATION 250 CHURCH STREET, 3rd FLOOR INSTALLMENT NOTE 250 Church Street, 3rd FL Childcare Voucher Payment New York, N.Y. 10013 ☐ 151West Broadway, 7th FL New York, N.Y. 10013 Date: the undersigned herein, hereby acknowledges and admits his/her indebtedness to the Department of Social Services of the City of New York (hereinafter "the Department") in the amount of _dollars (\$_ Childcare Payments incorrectly received during the period from which, by law, must be repaid, and does hereby promise to repay such amount to the order of the "Department" in full satisfaction of said indebtedness. to pay the balance of \$ _____, 20 has paid \$ and agrees in the form of monthly installment payments commencing on the day of , 20 the payment of and thereafter continuing to be paid on the Dollars (\$\text{Dollars}\$) dollars day of each and every succeeding month, the) until the entire sum is repaid, except that the final installment may be in a lesser sum which shall constitute the balance due hereunder. Payment shall be made in the form of a certified check, bank check, cashier's check or money order payable to: New York City Department of Social Services Division of Accounts Receivable and Billing 180 Water Street, 9th FL, New York, NY 10038 or at such other place as the Department may designate in writing to the undersigned, at the address which follows: The Division of Accounts Receivable and Billing (DARB) will send a monthly billing invoice to you. Please include the invoice with your payment. If you do not use the invoice, your payment may not be credited correctly. If you do not receive an invoice contact DARB at: 212-331-3826 or 212-331-3828. The Department agrees not to take further action herein so long as the undersigned makes timely payments. In the event of any default of failure to pay any installment when due which continues for a period of more than fifteen (15) days after written notice thereof, by ordinary mail, to the undersigned at the address designated herein, or to such other address as the undersigned shall have previously provided in writing to the Department, the entire balance then remaining unpaid shall immediately become due and payable without further notice to the undersigned. The Department may exercise this right regardless of any prior forbearance on its part in connection with any prior default Acceptance by the Department of any payment after only one date shall not be construed as a waiver of the obligation of the undersigned to timely pay any other installment when due. The undersigned further acknowledges that (s)he fully understands the terms and conditions set forth herein, and with such knowledge, is executing this Installment Note freely and voluntarily. This Installment Note may not be changed, altered, amended or modified except in writing and signed by the Department and the undersigned. NAME: SIGNATURE: ADDRESS: SOCIAL SECURITY NUMBER (LAST 4 DIGITS): XXX-XX-(STATE OF NEW YORK) (COUNTY OF NEW YORK) } On this <u>day of</u>, 20<u>,</u> before me personally came to me personally known and known to me to be the person described in and who executed the foregoing instrument, and (s) he duly acknowledged that (s) he executed the same. NOTARY PUBLIC

Attachment 7 Medicaid Installment Note (BFI-40B)

BFI-40B 11/20/2012



INVESTIGATION REVENUE AND

Human Resources Administration Department of	BUREAU OF FRAUD INVESTIG 250 CHURCH STREET, 3rd FLOO NEW YORK, N.Y. 10013	GATION			
Social Services					
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		210.112		151West Broadw New York, N.Y.	sy,7* FL 10013
			Date:		0
indebtedness to the D	epartment of Social Services of the	the undersigned her City of New York (he	reinafter "the Det	partment") in the a	mount of
Madicaid Assistance	incorrectly received during the neri	od from	dollar	s (\$) for
which, by law, must b satisfaction of said inc	incorrectly received during the peri e repaid, and does hereby promise lebtedness.	to repay such amount t	to the order of the	"Department" in	full
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to pay the balance of	s in the form of mont	hlv installment paymer	nts commencing o	on the	day of
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repaid, except that the	final installment may be in a lesse	r sum which shall cons	titute the balance	due hereunder.	IIII IS
	e in the form of a certified check, b New York City D Division of Acco	oank check, cashier's cl epartment of Social Se unts Receivable and B	heck or money or rvices illing		
or at such other place	<u>180 Water Street, 9</u> as the Department may designate i	9th Fl., New York, NY n writing to the unders		ess which follows:	
			.,,		
invoice with your pay receive an invoice cor The Department agree any default of failure written notice thereof, undersigned shall hav	unts Receivable and Billing (DAR) ment. If you do not use the invoice stact DARB at: 212-331-3826 or 2; es not to take further action herein s to pay any installment when due w by ordinary mail, to the undersign e previously provided in writing to due and payable without further no	e, your payment may b 12-331-3828. so long as the undersign hich continues for a pe ed at the address desig the Department, the et	ot be credited cor ned makes timely riod of more than nated herein, or to partire balance then	payments. In the fifteen (15) days a such other addre	event of after ss as the
The Department may or failure to pay by th	exercise this right regardless of any e undersigned.	prior forbearance on i	its part in connect	ion with any prior	default
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	er acknowledges that (s)he fully u ng this Installment Note freely and		d conditions set f	orth herein, and w	ith such
This Installment Note and the undersigned.	may not be changed, altered, ame		-	-	partment
	NAME: SIGNATURE: ADDRESS:				
SOCIAL SECURIT	Y NUMBER (LAST 4 DIGITS): X	XX-XX-			
(STATE OF NEW Y	ORK) }				
(COUNTY OF NEW	,				
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	wn and known to me to be the pers dged that (s) he executed the same.		no executed the fo	oregoing instrumer	it, and
		NO	TARY PUBLIC		

Attachment 8 Cash Assistance Installment Note (BFI-40)

BFI-40 11/20/2012



INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION BUREAU OF FRAUD INVESTIGATION 250 CHURCH STREET, 3" FLOOR NEW YORK, N.Y. 10013

INSTALLMENT NOTE

	☐ 250 Church Street, 3"Fl.
CASH ASSISTANCE	New York, N.Y. 10013
	☐ 151West Broadway, 7th FL New York, N.Y. 10013
Date:	,20
the undersigned herein, her	reby acknowledges and admits his/her
, the undersigned herein, her indebtedness to the Department of Social Services of the City of New York (hereinafter).	"the Department") in the amount of
Cash Assistance incorrectly received during the period from	
Cash Assistance incorrectly received during the period from which, by law, must be repaid, and does hereby promise to repay such amount to the or satisfaction of said indebtedness.	rder of the "Department" in full
HR A hereby certifies that has	paid \$and agrees
to pay the balance of \$ in the form of monthly installment payments com	mencing on the day of
, 20 the payment of	dollars
HRA hereby certifies that to pay the balance of \$\frac{1}{20}\$ in the form of monthly installment payments come \frac{1}{20}\$ the payment of \frac{1}{20}\$ and thereafter continuing to be paid on the like sum of \frac{1}{20}\$ Dollars (\$\frac{1}{20}\$ repaid, except that the final installment may be in a lesser sum which shall constitute the standard of the like sum of \frac{1}{20}\$ or \$\frac{1}{20}\$ and \$\frac{1}{20}\$ in the form of monthly installment payments come in the payment of \$\frac{1}{20}\$ and \$\frac{1}{20}\$ or \$\frac{1}{20}\$ in the form of monthly installment payments come in the payment of \$\frac{1}{20}\$ in the form of monthly installment payments come in the payment of \$\frac{1}{20}\$ in the form of monthly installment payments come in the payment of \$\frac{1}{20}\$ in the	ch and every succeeding month, the
like sum of Dollars (\$) until the entire sum is
repaid, except that the final installment may be in a lesser sum which shall constitute ti	he balance due hereunder.
Payment shall be made in the form of a certified check, bank check, cashier's check or	money order navable to:
New York City Department of Social Services	modely order payable to.
Division of Accounts Receivable and Billing 180 Water Street, 9th FL., New York, NY 10038	
180 Water Street, 9th Fl., New York, NY 10038	
or at such other place as the Department may designate in writing to the undersigned, a	nt the address which follows:
The Division of Accounts Receivable and Billing (DARB) will send a monthly billing invoice with your payment. If you do not use the invoice, your payment may not be creceive an invoice contact DARB at: 212-331-3826 or 212-331-3828.	invoice to you. Please include the edited correctly. If you do not
The Department agrees not to take further action herein so long as the undersigned mal any default of failure to pay any installment when due which continues for a period of written notice thereof, by ordinary mail, to the undersigned at the address designated h undersigned shall have previously provided in writing to the Department, the entire bal immediately become due and payable without further notice to the undersigned.	more than fifteen (15) days after erein, or to such other address as the
The Department may exercise this right regardless of any prior forbearance on its part or failure to pay by the undersigned.	in connection with any prior default
Acceptance by the Department of any payment after only one date shall not be constru the undersigned to timely pay any other installment when due.	ed as a waiver of the obligation of
The undersigned further acknowledges that (s)he fully understands the terms and condi- knowledge, is executing this Installment Note freely and voluntarily.	itions set forth herein, and with such
This Installment Note may not be changed, altered, amended or modified except in wand the undersigned.	
NAME:	
SIGNATURE: ADDRESS:	
ADDRESS:	
SOCIAL SECURITY NUMBER (LAST 4 DIGITS): XXX-XX-	
(STATE OF NEW YORK) }	
: SS:	
(COUNTY OF NEW YORK) }	
On this day of , 20 , before me personally came	
On this day of, 20, before me personally came to me personally known and known to me to be the person described in and who exec (s) he duly acknowledged that (s) he executed the same.	uted the foregoing instrument, and
NOTARY	PUBLIC