



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY DIRECTIVE #17-26-ELI

INTRODUCTION TO THE FAMILY HOMELESSNESS AND EVICTION PREVENTION SUPPLEMENT (FHEPS)

Date: December 14, 2017	Subtopic(s): Shelter Supplement
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AUDIENCE The instructions in this policy directive are for designated staff at the Job Centers, the Rental Assistance Unit (RAU), the Office of Domestic Violence (ODV), the Homelessness Diversion Unit (HDU), and the Centralized Rent Processing Unit (CRPU), and are informational for all others.

POLICY The Family Homelessness and Eviction Prevention Supplement (FHEPS) program assists families with children, and survivors of domestic violence at risk of entering or remaining in the shelter system, to maintain and/or secure permanent housing by issuing them a rental supplement in addition to their Cash Assistance (CA) shelter allowance.

BACKGROUND The FHEPS program was created in accordance with the settlement agreement for the Tejada v. Roberts class action lawsuit. The lawsuit alleged that the New York State Office of Temporary and Disability Assistance (OTDA) violated New York Social Services Law by failing to provide rental assistance to families living in New York City that is adequate to cover the reasonable cost of rent in New York City.

As a result, the maximum rent allowed and the maximum assistance to be provided under the program will be based on a sliding scale according to CA family size (see Tables 1, 2 and 3 on page 7, 9, and 16, respectively). In addition, FHEPS supplements and maximum rents will be indexed, going forward, to the annual rent increases for one year apartment lease renewals set by the NYC Rent Guidelines Board. The City will request and the State will approve such increases.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
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send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Starting December 4, 2017 the FHEPS program replaces what are currently the Family Eviction Prevention Supplement (FEPS) program, parts of the City Family Eviction Prevention Supplement (CITYFEPS) program, and the Living in Communities Rental Assistance Program III (LINC III). The FHEPS program is comprised of two parts, Part A and Part B, which target different populations in need.

FHEPS Part A provides a rent supplement for eligible families with children for up to five years, with the possibility of an extension for good cause, as long as the household maintains eligibility.

The program has two components: (1) FHEPS A To Stay, for eviction prevention to allow families to remain in their apartments; and (2) FHEPS A To Move, for families who have already lost their apartments, or are otherwise unable to remain in their current apartments. FHEPS A to Move is available to eligible families living in Human Resources Administration (HRA) and Department of Homeless Services (DHS) shelters who have been evicted within 12 months of entering shelter and to all other eligible families within 12 months of their eviction.

FHEPS B provides a rent supplement for survivors of domestic violence with children. As in Part A, FHEPS B will provide a rent supplement for eligible families up to five years, with the possibility of an extension for good cause, as long as the household maintains eligibility.

From the landlord's perspective, this program will be indistinguishable from FHEPS A to Move (or in limited circumstances, where applicable, FHEPS A to Stay). FHEPS B is available to eligible families living in Human Resources Administration (HRA) and DHS shelters, and in limited circumstances, eligible families in the community.

Phased Implementation of FHEPS A and B

The implementation of the FHEPS program will occur in phases over the next few months with responsibility for FHEPS eligibility approvals projected to be transferred from OTDA to HRA around March 2018.

Mass rebudgeting (MRB) of existing cases

Mass rebudgeting

On December 4, 2017, then current subsidy recipients eligible for FHEPS were switched to the program by a mass rebudgeting conducted by the New York State Office of Temporary and Disability Assistance (OTDA) to convert:

- Existing single suffix FEPS cases with Additional Needs Type Code **47** to the new budgeting with Additional Needs Type Code **66** (FHEPS A).
- Most existing single suffix CITYFEPS cases with Additional Needs Type Code **65** to the new budgeting with Additional Needs Type Code **66** (FHEPS A).
- Certain existing CITYFEPS cases with Additional Needs Type Code **65** with Survivors of Domestic Violence to the new budgeting with Additional Needs Type Code **67** (FHEPS B).
- Existing LINC III cases with Survivors of Domestic Violence to the new budgeting with Additional Needs Type Code **67** (FHEPS B).

Active cases excluded for various reasons from the MRB will be placed on an exception list and forwarded to the Family Independence Administration (FIA) and ODV as per current practice. Designated staff will have to manually process the required actions for the cases on this list.

Submission of new FHEPS applications begin

On December 4, 2017, referrals began to contracted/authorized community-based organizations and legal services providers (“FHEPS providers”) for completion of the FHEPS A/B applications for families referred from the Housing Courts (by RAU staff), Job Centers (by HDU staff), the Prevention Assistance & Temporary Housing (PATH) facility, DHS shelters, HRA Shelters, and the New York City Family Justice Centers (FJCs).

Eligibility Determinations by OTDA or HRA

For the projected period from December 2017 to March 2018, all new applications for FHEPS A, with the exception of applications from residents of DHS and HRA shelters, are sent to OTDA from contracted/authorized CBOs and legal services organizations. OTDA will make the eligibility determinations on the applications. FHEPS A applications from residents of DHS/HRA shelters as well as all FHEPS B applications will be sent to RAU who will make the eligibility determinations.

HRA is anticipating it will receive and make eligibility determinations for all FHEPS A and FHEPS B application submissions around March 2018.

FHEPS Pilot

A FHEPS A Pilot program commenced on November 1, 2017 with the participation of the CAMBA, BronxWorks, and the Legal Aid Society (LAS) in Brooklyn and the Bronx. The pilot includes approximately 50-60 cases and is responsible for assisting To Stay households (no shelter or non-shelter 'To Move' cases). The participants apply for FHEPS at the CBOs/LAS, who assist them in completing the application and putting together all required supporting documentation. The application packages are submitted by the CBOs/LAS to OTDA who reviews them, makes eligibility determinations, and notifies the CBOs/LAS, as well as the applicants, of their decisions. The CBOs/LAS communicate the eligibility determinations to the FHEPS Liaisons at the designated Job Centers in the Bronx and Brooklyn. LAS will communicate eligibility determinations to the Special Projects Center (SPC). The Job Centers or SPC issue the rent arrears, calculate benefits, and rebudget the eligible cases. Checks are picked up by the CBOs/LAS from the HRA FHEPS Liaisons at the designated Job Centers or the SPC.

Family Justice Centers Pilot

On December 11, 2017, the Human Resources Administration/ Department of Social Services (HRA/DSS) began a pilot program to assist survivors of domestic violence with children served by the FJCs to secure more permanent housing through the FHEPS A/B program. The FJCs are managed by the Mayor's Office to Combat Domestic Violence.

Note: A more detailed description of the pilot is included later in this procedure.

Determining Eligibility for FHEPS

FHEPS A and B eligibility and program requirements are similar, but there are differences. Each program is described below.

FHEPS Part A - Initial Eligibility

The family must meet one of the following sets of criteria at the time of application for FHEPS, regardless of whether or not they are the tenants of record in the subject residence:

- Live in a residence in New York City that is the subject of an eviction proceeding, OR
- Have been evicted within the last 12 months or left a residence in

- New York City that was the subject of an eviction proceeding, OR
- Reside in a DHS or HRA shelter and, within the 12 months prior to entering the City shelter system, have been evicted or left a residence in New York City that was the subject of an eviction proceeding.

The eviction proceeding requirements for FHEPS Part A eligibility as mentioned above can also be met: if a foreclosure action has begun with respect to the tenant's apartment or building; or if the tenant can document the existence of a court-ordered or City agency vacate order that is applicable to the tenant's building or apartment, or if the tenant is required to leave such a residence for health and/or safety reasons as determined by a City agency.

- The family must include a -
 - child who is under 18 years of age, OR
 - member who is under 19 and a full-time student regularly attending a secondary school, or the equivalent level of vocational or technical training, OR
 - pregnant woman.
- The family must be in receipt of Cash Assistance (CA) and eligible for ongoing CA in the community.
- The family must be in compliance with CA requirements.
- The residence towards which the FHEPS supplement will be applied must be within New York City, must have a rent that is within the FHEPS rent levels, and must be protected from rent increases for at least one year except as authorized under rent regulation laws and rules or U.S Department of Housing and Urban Development (HUD) regulations.
- Where the family is the tenant of record of the residence towards which the FHEPS supplement will be applied, the family must have a lease or otherwise have residency rights for at least 12 months for the residence at the time of approval of the application.
- Where the family is NOT the tenant of record of the residence

towards which the FHEPS supplement will be applied, the family that is not the tenant of record may be eligible, provided that:

- the tenant of record has a lease or otherwise has residency rights for at least 12 months for the residence at the time of approval of the application; and,
- the tenant of record has an income below 200% of the Federal Poverty Level; and,
- the family is named as co-tenant on the lease of the tenant of record, in a court stipulation, or in a written agreement with the tenant of record or landlord, that grants residency rights for at least 12 months from the time of application.

Applications must be submitted via contracted FHEPS providers and approved and trained CBOs or legal services providers.

Additionally, families currently in receipt of FEPS, and families currently in receipt of CITYFEPS, who met the initial eligibility criteria for FHEPS Part A at the time they were approved for CITYFEPS and who currently meet the CA eligibility criteria, will be transferred to FHEPS Part A by the mass rebudget previously mentioned.

Amount of Rent Supplement and Maximum Rent

The maximum rent allowed and the maximum assistance to be provided under the program will be based on a sliding scale according to CA family size and will depend on whether the family is using the supplement to remain in their apartment (FHEPS to Stay) or to relocate to a new apartment (FHEPS to Move).

Table 1. FHEPS A To Stay - Maximum FHEPS Supplement and Rent Levels

Family Size*	Max CA Shelter Allowance (SA)**	Maximum CA- Funded Supplement**	Maximum Amount Reimbursed by CA Funds (CA SA + additional CA funded allowance)	Max Additional NYC Funded Supplement, Funded at City/HRA option (no enhancement)	Max Additional NYC Funded Supplement, Funded at City/HRA option (with enhancement)	Max Rent (Allowed and Difference Funded at City/HRA option)	Enhanced Max Rent (Allowed by HRA Based on Good Cause; Difference Funded at NYC/HRA's Option)
1	\$277	\$647	\$924	\$94	\$304	\$1,018	\$1,228
2	\$283	\$757	\$1,040	\$24	\$244	\$1,064	\$1,284
3	\$400	\$814	\$1,214	\$59	\$320	\$1,273	\$1,534
4	\$450	\$821	\$1,271	\$2	\$263	\$1,273	\$1,534
5	\$501	\$942	\$1,443	\$200	\$537	\$1,643	\$1,980
6	\$524	\$1,035	\$1,559	\$84	\$421	\$1,643	\$1,980
7	\$546	\$1,070	\$1,616	\$227	\$608	\$1,843	\$2,224
8	\$546	\$1,187	\$1,733	\$110	\$491	\$1,843	\$2,224
9	\$546	\$1,238	\$1,784	\$109	\$778	\$1,893	\$2,562
10	\$546	\$1,288	\$1,834	\$110	\$728	\$1,944	\$2,562
11	\$546	\$1,338	\$1,884	\$111	\$1,024	\$1,995	\$2,908
12	\$546	\$1,389	\$1,935	\$110	\$973	\$2,045	\$2,908
13	\$546	\$1,439	\$1,985	\$111	\$1,270	\$2,096	\$3,255
14	\$546	\$1,490	\$2,036	\$111	\$1,219	\$2,147	\$3,255
15	\$546	\$1,540	\$2,086	\$111	\$1,516	\$2,197	\$3,602
16	\$546	\$1,591	\$2,137	\$111	\$1,465	\$2,248	\$3,602
17	\$546	\$1,642	\$2,188	\$110	\$1,762	\$2,298	\$3,950
18	\$546	\$1,692	\$2,238	\$111	\$1,712	\$2,349	\$3,950
19	\$546	\$1,743	\$2,289	\$111	\$2,008	\$2,400	\$4,297
20	\$546	\$1,793	\$2,339	\$111	\$1,958	\$2,450	\$4,297

* Number of family members in receipt of CA.

** Based on standard shelter allowances for families with children as of September 2017.

Rent Increases

The FHEPS allowances and maximum rent will be indexed to the annual rent adjustments for one-year apartment lease renewals set by the NYC Rent Guidelines Board (RGB). In the event of an authorized rent adjustment, the City will request and the State will approve an increase in the FHEPS allowances and maximum rents. The adjustments will be applied to new cases from the effective date of the adjustment; they will be applied to current recipients of FHEPS at the next lease renewal. The numbers above reflect the RGB increases CA that were announced in June 2017.

Rents for non-rent-regulated apartments cannot increase more than 5% per year up to the applicable FHEPS enhanced maximum rent.

NCAs

If there is a non-Cash Assistance (NCA) person in the residence with income, the maximum rent can be increased up to the level that would be permitted if the NCA person were part of the CA household, provided the increase in the rent is not greater than the NCA person's required contribution.

Effect of Sanctions

If the family's CA shelter allowance is reduced due to a sanction, the FHEPS supplement will be reduced by the same percentage as the basic grant. The difference in rent paid to the landlord resulting from the reduction must be paid by the CA household.

Changes in household information

The rent supplement and any family and NCA contributions required under this program shall be increased, reduced or terminated as a result of changes in a household's income, composition, or rent, and must be calculated in accordance with the criteria of the FHEPS program.

Table 2. FHEPS A To Move - Maximum FHEPS Supplement and Rent Levels

Family Size*	Max PA Shelter Allowance**	Maximum PA-Funded Supplement**	Maximum Rent Reimbursed by PA Funds (SA + Additional PA Funded Supplement)	Maximum Additional NYC funded Supplement, provided at City/HRA Option	Maximum Rent Allowed with Difference Funded at NYC/HRA's Option
1	\$277	\$647	\$924	\$304	\$1,228
2	\$283	\$757	\$1,040	\$244	\$1,284
3	\$400	\$814	\$1,214	\$320	\$1,534
4	\$450	\$821	\$1,271	\$263	\$1,534
5	\$501	\$942	\$1,443	\$537	\$1,980
6	\$524	\$1,035	\$1,559	\$421	\$1,980
7	\$546	\$1,070	\$1,616	\$608	\$2,224
8	\$546	\$1,187	\$1,733	\$491	\$2,224
9	\$546	\$1,238	\$1,784	\$778	\$2,562
10	\$546	\$1,288	\$1,834	\$728	\$2,562
11	\$546	\$1,338	\$1,884	\$1,024	\$2,908
12	\$546	\$1,389	\$1,935	\$973	\$2,908
13	\$546	\$1,439	\$1,985	\$1,270	\$3,255
14	\$546	\$1,490	\$2,036	\$1,219	\$3,255
15	\$546	\$1,540	\$2,086	\$1,516	\$3,602
16	\$546	\$1,591	\$2,137	\$1,465	\$3,602
17	\$546	\$1,642	\$2,188	\$1,762	\$3,950
18	\$546	\$1,692	\$2,238	\$1,712	\$3,950
19	\$546	\$1,743	\$2,289	\$2,008	\$4,297
20	\$546	\$1,793	\$2,339	\$1,958	\$4,297

* Number of family members in receipt of CA.

** Based on standard shelter allowances for families with children as of September 2017.

The FHEPS allowances and maximum rent will be indexed to the annual rent adjustments for one-year apartment lease renewals set by the NYC Rent Guidelines Board. In the event of an authorized rent adjustment, the City will request and the State will approve an increase in the FHEPS allowances and maximum. The adjustments will be applied to new cases from the effective date of the adjustment; they will be applied to current recipients of FHEPS at the next lease renewal. The numbers above already reflect the RGB increases that were announced in June 2017.

If there is an NCA person in the family with income, the maximum rent can be increased up to the level that would be permitted if the NCA person were part of the CA household, provided the increase in the rent cannot be greater than the NCA person's required contribution.

Effect of Sanctions

If the family's CA shelter allowance is reduced due to a sanction, the FHEPS supplement will be reduced by the same percentage as the basic grant.

Changes in household information

The rent supplement and any family contributions required under this program shall be increased, reduced or terminated as a result of changes in a household's income, composition, or rent, calculated in accordance with the provisions of the program.

Arrears Payments for FHEPS to Stay

A FHEPS supplement of up to \$9,000 may be issued on behalf of an eligible family to pay the FHEPS client's portion of accrued rent arrears for any period of time when the FHEPS family resided in the apartment, whether or not they were the tenants of record when the arrears accrued. Such rent arrears supplements may be issued for increased amounts to preserve viable permanent housing on a case-by-case basis in OTDA's or HRA's exercise of discretion. As mentioned previously, it is planned that HRA assumes administration of the program in March 2018.

Non-tenants of record must submit proof of residency in the subject apartment at the time of the eviction action. Proof may be provided by documentation, including but not limited to, school records, phone bills, DMV records and/or bank statements.

Family and Non-Cash Assistance (NCA) Rent Contribution (Including Shelter Allowance Actually Paid)

The Cash Assistance family contribution will be set at 30% of gross income or the shelter allowance maximum for the family's CA size, whichever is greater. The shelter allowance actually paid will be credited to the family contribution. Therefore, a family with no income who is having the maximum shelter allowance paid to the landlord on its behalf will not be responsible for paying any monies directly to the landlord.

NCA's living in the residence must contribute a pro rata share of the shelter costs or 30% of their income, whichever is less, unless such person is ineligible for Cash Assistance solely on the basis of his or her immigration status. If the Non-Cash Assistance (NCA) individual in the household claims to have no income, the person must apply for Cash Assistance before the supplement can be authorized unless the person is ineligible for Cash Assistance solely on the basis of immigration status.

Any third party contributions made to the family for the purpose of paying a portion of the rent will not be counted as income to the family.

FHEPS A Sample Budget and Rent Calculations

Example 1: CA household of 3 with-

- \$1,000 of monthly gross income
- \$1,250 monthly rent

CA Budget Calculation:

Max Shelter allowance	\$ 400.00
Basic allowance	\$ 336.00
Home energy allowance	\$ 30.00
Supplemental home energy allowance	<u>\$ 23.00</u>
Total CA Standard of Need	\$ 789.00
Less net applicable household income	<u>\$ 445.90</u>
Total CA Grant (Rounded down)	\$ 343.00

Rent calculation (all amounts to be paid directly to landlord):

CA grant	\$ 343.00
Amount Paid by Family (CA family contribution of \$400 minus CA Grant of \$343)	\$ 57.00
CA funded Supplement	\$ 814.00
Addl. HRA-funded Supplement	<u>\$ 36.00</u>
Total Rent	\$1,250.00

Example 2: CA household of 3 with-

- \$1,000 of monthly gross income
- \$1,250 monthly rent
- Additional NCA household member with \$800 of income (SSI)

CA Budget Calculation:

Max Shelter allowance	\$ 400.00
Basic allowance	\$ 336.00
Home energy allowance	\$ 30.00
Supplemental home energy allowance	<u>\$ 23.00</u>
Total CA Standard of Need	\$ 789.00
Less net applicable household income	<u>\$ 445.90</u>
Total CA Grant (Rounded down)	\$ 343.00

Rent calculation (all amounts to be paid directly to landlord):

CA grant	\$ 343.00
Amount Paid By Family on CA	\$ 57.00
(CA family contribution of \$400 minus CA Grant of \$343)	
CA-funded supplement	\$ 574.00
NCA Family Member Contribution	
(30 percent of \$800)	\$ 240.00
Additional HRA-funded supplement	<u>\$ 36.00</u>
Total Rent	\$1,250.00

Retaining Eligibility for FHEPS A

To remain eligible for the FHEPS program, the family must:

- continue to receive CA;
- continue to include a-
 - child who is under 18 years of age, OR
 - member under 19 who is a full-time student regularly attending a secondary school, or the equivalent level of vocational or technical training, OR
 - pregnant woman; AND
- continue to live in the residence in which the rent supplement is being applied. However, moves to another residence within the City of New York may be approved in advance by HRA and OTDA if the move is a result of -
 - (1) the family’s inability to pay its portion of the rent as a result of changes in family composition, family income, third party contributions, or increases in the rent;
 - (2) court-ordered or agency vacate notices;
 - (3) foreclosure proceedings involving the unit, OR
 - (4) documented health and safety or other compelling reasons as determined by a City agency. The new monthly rent must not exceed the maximum rent cap for the family size.

Additional Program Requirements for FHEPS A

- Families must agree to have their entire rent paid directly to the landlord.
- In FHEPS to Move cases only, when the landlord is provided the first month of rent, the landlord will also be provided a one-time payment of the next three months of FHEPS supplement payments.
- The rent supplement cannot be combined with any other rental assistance program except the New York City Rent Freeze Program (the Senior Citizen Rent Increase Exemption (SCRIE) and the Disability Rent Increase Exemption (DRIE)).
- Families must, within 10 days, accurately report any changes in household information which can affect eligibility and determination of the benefit amount (household members, income, new rent, etc.)
- Families must apply for any federally funded rental assistance, including but not limited to Section 8, that HRA determines the family may potentially be eligible for and accept the benefit if offered.
- HRA will refer families in the program to service providers who will assist them with connecting to appropriate services in their communities.
- In situations where the household leaves an apartment due to an eviction or move, the landlord is required to return any overpayment.
- Landlords are prohibited from demanding, requesting, or receiving any amount above the rent as stipulated in the lease agreement, and may be barred from further participation in City rental assistance programs for violation of this requirement.

Special Terms:

- The FHEPS supplement provided under this program will be excluded from Supplemental Nutrition Assistance Program (SNAP) budgeting as emergency or special assistance under the applicable regulations.
- Clients will be eligible for CA in accordance with State rules.
- The City will not maintain a waitlist for the program.

- Applicants or program participants who wish to challenge an agency decision related to their participation in this program will have New York State Office of Temporary and Disability Assistance (OTDA) Fair Hearing rights.

FHEPS- Part B: FHEPS Program for Survivors of Domestic Violence

FHEPS Part B is a rent supplement program for survivors of domestic violence with children. Up to 1,000 new rent supplements will be provided during a City fiscal year.

The program will provide a rent supplement for eligible families for up to five years, with the possibility of an extension for good cause, as long as the household maintains eligibility. From the landlord's perspective, this program will be indistinguishable from FHEPS to Move (or in limited circumstances, where applicable, FHEPS to Stay).

Initial Eligibility

At the time of application, families must meet one of the following criteria:

- The family must include a member who resides in a DHS or HRA shelter;
OR
- The family is referred from HRA-approved referral points for FHEPS B from the community.

At the time of application, families must meet all of the following criteria, in addition to the above requirements:

- The family must include a survivor of domestic violence pursuant to Social Services Law Sec. 459-a and must either: (1) be in HRA shelter, or (2) have been certified as eligible for HRA shelter under 18 NYCRR § 452.9 by either HRA's No Violence Again (NoVA) program or a Family Justice Center.
- The family must include a child under 18 years of age, or under 19 who is a full-time student regularly attending a secondary school, or the equivalent level of vocational or technical training, or a pregnant woman.
- The family must be in receipt of Cash Assistance (CA) and eligible for ongoing CA in the community.
- The family must be in compliance with CA requirements.

- The residence towards which the FHEPS supplement will be applied must be within New York City, must have a rent that is within the appropriate FHEPS rent levels, and must be protected from rent increases for at least one year except as authorized under rent regulation laws and rules or HUD regulations.
- **Where the family is the tenant of record of the residence towards which the FHEPS supplement will be applied**, the family must have a lease or otherwise have residency rights for at least 12 months for the residence.
- **Where the family is NOT the tenant of record of the residence towards which the FHEPS supplement will be applied**, they may be eligible provided that:
 - the tenant of record has a lease or otherwise has residency rights for at least 12 months for the residence at the time of approval of the application; and
 - the tenant of record has an income below 200% of the Federal Poverty Level; and
 - the family is named as co-tenant on the tenant of record's lease, in a court stipulation, or in a written agreement with the tenant of record or landlord that grants residency rights for at least 12 months at the time of approval of the application.
- Applications must be submitted in a form and manner established by HRA and may be submitted via contracted/authorized and trained CBOs and legal services providers.
- Families shall not be required to enter shelter in order to be eligible to FHEPS Part B.
- Additionally, families already in receipt of the CITYFEPS by reason of domestic violence survivor eligibility or the LINC III subsidy who continue to be in receipt of CA will be automatically transferred to FHEPS, if otherwise eligible.

FHEPS B- Amount of Rent Supplement and Maximum Rent

The maximum rent allowed for initial eligibility and the maximum assistance to be provided under the program will be based on a sliding scale according to CA family size.

Table 3. FHEPS B- Maximum FHEPS Supplement and Rent Levels

Family Size*	Max PA Shelter Allowance**	Maximum Basic Supplement	Maximum Basic Subsidy, including Shelter Allowance	Maximum Discretionary Additional NYC funded Supplement, City/HRA Option	Maximum Rent (Allowed with Difference Funded at NYC/HRA's Option)
1	\$277	\$647	\$924	\$304	\$1,228
2	\$283	\$757	\$1,040	\$244	\$1,284
3	\$400	\$814	\$1,214	\$320	\$1,534
4	\$450	\$821	\$1,271	\$263	\$1,534
5	\$501	\$942	\$1,443	\$537	\$1,980
6	\$524	\$1,035	\$1,559	\$421	\$1,980
7	\$546	\$1,070	\$1,616	\$608	\$2,224
8	\$546	\$1,187	\$1,733	\$491	\$2,224
9	\$546	\$1,238	\$1,784	\$778	\$2,562
10	\$546	\$1,288	\$1,834	\$728	\$2,562
11	\$546	\$1,338	\$1,884	\$1,024	\$2,908
12	\$546	\$1,389	\$1,935	\$973	\$2,908
13	\$546	\$1,439	\$1,985	\$1,270	\$3,255
14	\$546	\$1,490	\$2,036	\$1,219	\$3,255
15	\$546	\$1,540	\$2,086	\$1,516	\$3,602
16	\$546	\$1,591	\$2,137	\$1,465	\$3,602
17	\$546	\$1,642	\$2,188	\$1,762	\$3,950
18	\$546	\$1,692	\$2,238	\$1,712	\$3,950
19	\$546	\$1,743	\$2,289	\$2,008	\$4,297
20	\$546	\$1,793	\$2,339	\$1,958	\$4,297

* Number of family members in receipt of CA.

** Based on standard shelter allowances for families with children as of September 2017.

The FHEPS allowances and maximum rent will be indexed to the annual rent adjustments for one-year apartment lease renewals set by the NYC Rent Guidelines Board. In the event of an authorized rent adjustment, the City will request and the State will approve an increase in the FHEPS allowances and maximum rents. The numbers above already reflect the RGB increases that were announced in June 2017.

The adjustments will be applied to new cases from the effective date of the adjustment; they will be applied to current recipients of FHEPS at the next lease renewal or earlier if rebudgeting of the FHEPS case is required.

If there is a non-Cash Assistance (NCA) person in the residence with income, the maximum rent can be increased up to the level that would be permitted if the NCA person were part of the CA household, provided the increase in the rent cannot be greater than the NCA person's required contribution.

Effect of Sanction

If the family's CA shelter allowance is reduced due to a sanction, the FHEPS supplement will be reduced by the same percentage as the basic grant.

Changes in household information

The rent supplement and any family and NCA contributions required under this program shall be increased, reduced or terminated as a result of changes in a household's income, composition, or rent, calculated in accordance with the provisions of the program.

Family and NCA Rent Contribution (Including Shelter Allowance Actually Paid)

The family contribution will be set at 30% of gross income or the shelter allowance maximum for the family's CA size, whichever is greater. The shelter allowance actually paid will be credited to the family contribution. Therefore, a family with no income who is having the maximum shelter allowance paid to the landlord on its behalf will not be responsible for paying any monies directly to the landlord.

NCA's living in the residence must contribute a pro rata share of the shelter costs or 30% of their income, whichever is less, unless such person is ineligible for CA solely on the basis of his or her immigration status. If the NCA in the household claims to have no income, the person must apply for CA before the supplement can be authorized unless the person is ineligible for CA solely on the basis of immigration status.

Sample Budget and Rent Calculations

Example 1: CA household of 3

- \$1,000 of monthly gross income
- \$1,250 monthly rent

CA Budget Calculation:

Max Shelter allowance	\$ 400.00
Basic allowance	\$ 336.00
Home energy allowance	\$ 30.00
Supplemental home energy allowance	<u>\$ 23.00</u>
Total CA Standard of Need	\$ 789.00
Less net applicable household income	<u>\$ 445.90</u>
Total CA Grant (Rounded down)	\$ 343.00

Rent calculation (all amounts to be paid directly to landlord):

CA grant	\$ 343.00
Amount Paid by Family	\$ 57.00
(Client contribution of \$400 minus CA Grant of \$343)	
Basic supplement	\$ 814.00
Additional HRA-funded supplement	<u>\$ 36.00</u>
Total Rent	\$1,250.00

Example 2: CA household of 3

- \$1,000 of monthly gross income
- \$1,250 monthly rent
- Additional NCA household member with \$800 of income (SSI)

CA Budget Calculation:

Max Shelter allowance	\$ 400.00
Basic allowance	\$ 336.00
Home energy allowance	\$ 30.00
Supplemental home energy allowance	<u>\$ 23.00</u>
Total CA Standard of Need	\$ 789.00
Less net applicable household income	<u>\$ 445.90</u>
Total CA Grant (Rounded down)	\$ 343.00

Rent calculation (all amounts to be paid directly to landlord):

CA grant	\$ 343.00
Amount Paid by Family on CA (CA family contribution of \$400 minus CA Grant of \$343)	\$ 57.00
Basic supplement	\$ 574.00
NCA Family Member Contribution (30 percent of \$800)	\$ 240.00
Additional discretionary supplement	<u>\$ 36.00</u>
Total Rent	\$1,250.00

Retaining Eligibility for FHEPS B

To remain eligible for the FHEPS B, the family must:

- continue to receive CA in the community;
- continue to include a-
 - child who is under 18 years of age, OR
 - member under 19 who is a full-time student regularly attending a secondary school, or the equivalent level of vocational or technical training, OR
 - pregnant woman; AND
- continue to live in the residence in which the rent supplement is being applied. However, moves to another residence within the City of New York may be approved in advance by HRA if the move is a result of (1) the family’s inability to pay its portion of the rent as a result of changes in family composition, family income, third party contributions, or increases in the rent; (2) court-ordered or agency vacate notices; (3) foreclosure proceedings involving the unit, or (4) documented health and safety or other compelling reasons as determined by a City agency. The new monthly rent must not exceed the maximum rent cap for the family size.

Additional Program Conditions for FHEPS B

- The household cannot include the perpetrator of the domestic violence that led to the family’s entry to HRA shelter or the certification that the eligible was eligible for HRA shelter.
- Families must agree to have their entire rent paid directly to the landlord.
- For “To Move” cases, when the landlord is provided the first month of

rent, s/he will also be provided a one-time payment of the next three months of FHEPS supplement payments.

- The rent supplement cannot be combined with any other rental assistance program except the New York City Rent Freeze Program (the Senior Citizen Rent Increase Exemption (SCRIE) and the Disability Rent Increase Exemption (DRIE)).
- Families must, within 10 days, accurately report any changes in household information which can affect eligibility and determination of the benefit amount (household members, income, new rent, etc.)
- Families must apply for any federally funded rental assistance, including but not limited to Section 8, that HRA determines the family may potentially be eligible for and accept the benefit if offered.
- HRA will refer families in the program to service providers who will assist them with connecting to appropriate services in their communities.
- In situations where the household leaves an apartment due to an eviction or move, the landlord is required to return any overpayment.
- Landlords are prohibited from demanding, requesting, or receiving any amount above the rent as stipulated in the lease agreement, and may be barred from further participation in City rental assistance programs for violations of this requirement.

Special Terms:

- The FHEPS B rent supplement is excluded from Supplemental Nutrition Assistance Program (SNAP) budgeting as emergency or special assistance under the applicable regulations.
- Clients will be eligible for CA in accordance with State rules.
- The City will not maintain a waitlist for the program.
- Applicants and program participants who wish to challenge an agency decision related to their participation in this program will have OTDA fair hearing rights.

Summary Overview of Client Workflows (Part 1-FHEPS A)

Referral Process

This summary provides a general overview of the FHEPS A workflows, for the projected period of November 2017 to March 2018, from the initial point of contact with the potential applicant at an assisting agency or organization through the application process and, for applicants determined to be eligible, the processing and issuance of benefits and payments. A separate section for the DHS Shelter referral process will follow this section.

Potentially eligible families will be referred to authorized/contracted FHEPS community-based organizations or legal services providers or FHEPS providers to complete the FHEPS application by one of the following agency offices:

1. HRA Rental Assistance Unit (RAU) staff at Housing Courts
2. Prevention Assistance Temporary Housing Intake Center (PATH)
3. HRA Job Center
4. DHS Shelter
5. HRA Domestic Violence (DV) Shelter

A list of authorized FHEPS providers is included in Attachment B – NYC Authorized FHEPS Providers.

Before these referrals are made, each family that has been evicted, or facing an eviction, will be evaluated for their potential eligibility by designated staff at the above agency offices. Participants may be referred by other CBOs and service organizations to PATH or a Job Center.

At PATH an Intake/Diversion worker will assess a family for potential FHEPS A eligibility and refer to a FHEPS provider for completion of the FHEPS application. Families presenting at an HRA Job Center will be assisted by the Homelessness Diversion Unit (HDU). HDU will evaluate the family's potential eligibility for FHEPS A and send potentially eligible families to an OTDA contracted FHEPS provider using the Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral to Community Based Organizations (**HRA-146o**). At this time, the OTDA contracted FHEPS providers include BronxWorks, CAMBA, NAICA, Catholic Charities, Partnership for the Homeless, and Queens Community House.

At Housing Court, households in an eviction proceeding may be referred by a lawyer, judge, or RAU staff at the housing courts to a FHEPS provider. At HRA Shelters, Domestic Violence staff may identify potential applicants through data pulls from HRA databases, including POS/WMS and the Shelter Occupancy Referral Tracking System (SORTS). The application process mirrors that of the process described later in this procedure under FHEPS B with the exception that FHEPS A eligibility includes eviction criteria.

It is important to note that households who are not in receipt of CA, should be referred to a Job Center to apply for CA as early in the process as possible, since being an active CA participant in the community is one of the FHEPS eligibility requirements.

DHS Referrals

At the beginning of every week, the DHS Office of Client Resources (OCR) will issue a list of families potentially eligible for the FHEPS program to the appropriate FHEPS provider. This list will also be available to DHS shelters. By the end of the week, the shelter workers will refer these families to the FHEPS provider assigned to the geographical area where the families live, based on listings provided to them.

The shelter workers will assist families with application documentation, including obtaining proof of an eviction proceeding which may be found in the Document Repository accessible to shelters. The referral of the family to the FHEPS provider should not be delayed because of the difficulty of a family in obtaining proof of an eviction proceeding. In cases where it is difficult for the client to produce eviction documentation, the FHEPS provider should provide assistance. If necessary, OCR will assist the FHEPS provider in the obtaining of proof of eviction proceeding.

Application Completion at the FHEPS provider

Once referred to the authorized FHEPS provider by one of the above listed agency offices, the FHEPS provider will assist the family to complete the application package, which comprises the FHEPS application and the required supporting documentation. The FHEPS provider must verify information in the Welfare Management System (WMS) including case status, household composition and sources of income. If the FHEPS provider does not have access to WMS, they will request this information from FIA.

As needed for DHS residents with income, the FHEPS provider will request that OCR provide verification of the applicant's eligibility for CA in the community before issuing a "shopping letter".

Shopping letters

In FHEPS A To Move cases, where the potential applicant needs to search for an apartment, the FHEPS provider will issue the Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (**HRA-146j**) for DHS/HRA shelter residents or the Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (**HRA-146k**) for non-shelter applicants. These two forms or “shopping letters” state that the named applicant is potentially eligible for the FHEPS program, subject to her/him locating an apartment and final approval of her/his FHEPS application. The **HRA-146j** and **HRA-146k** also specify the maximum rent for the apartment sought and provide a brief description of the FHEPS program. The letters also list the documents that landlords and brokers must submit concerning an apartment rental and the rental incentives.

The **HRA-146j** (for DHS/HRA shelter residents) mentions incentives for landlords agreeing to rent to FHEPS applicants:

- Full first month’s rent in advance plus the next three (3) months FHEPS rent supplement
- \$1000 lease signing bonus
- Unit hold incentive equal to one month’s rent, if they agree to hold the apartment for 30 days.
- Broker’s fee of up to 15% of the annual rent

Additionally, landlords agreeing to rent to applicants from shelters that are also veterans are eligible to receive an additional \$1,000 bonus at signing.

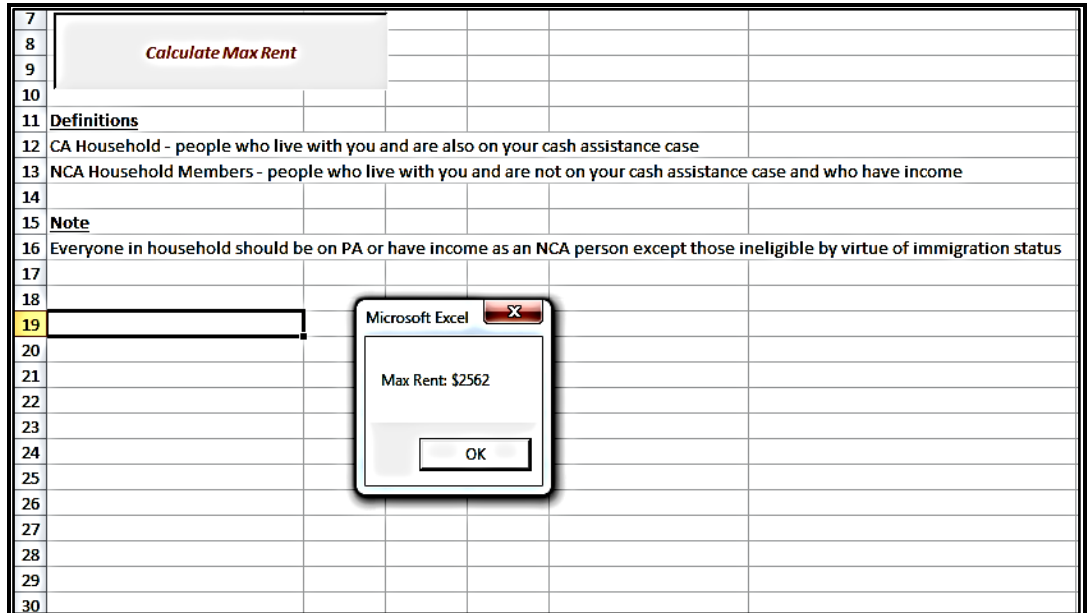
The signing bonus and the 15% broker’s fee are currently available until June 30, 2018.

The **HRA-146k** shopping letter (for non-DHS/HRA shelter residents) offers a broker’s fee which will amount to one-half of one month’s rent.

Max Rent Calculator

The FHEPS Maximum Rent Calculator (**HRA-146i**) can be used to calculate the Maximum Rent allowed for a FHEPS applicant household. The **HRA-146i** is an EXCEL form posted on eDocs that prompts the user with a brief sequence of questions about the CA household and any NCA members with income and then produces the Maximum Rent allowed for the household. Below is a screenshot that shows a sample result when the user presses the button, “Calculate Max Rent”, and answers the question sequence.

FHEPS Maximum Rent Calculator (screenshot)



Application assistance

FHEPS providers should provide assistance to the family searching for an apartment. Apartments located by the family will need to undergo a safety and habitability review to ensure the safety and suitability of the apartment. The safety and habitability review must be documented and include photographs to provide visual proof of apartment conditions.

In FHEPS A To Stay applications, the FHEPS provider must ensure that the application package includes full documentation of any arrears payments requested. In cases where there are arrears that are attributable to, or the responsibility of, individuals other than the applicant household, payment of those arrears must be accounted for before final approval is given for the applicant's arrears.

The FHEPS provider will forward the OTDA Family Homelessness Eviction Prevention Supplement (FHEPS) Application to OTDA for the eligibility determination for FHEPS A except when they are residents of DHS/HRA shelters. The Family Homelessness and Eviction Prevention Supplement A and B Application (**FIA-146a**) will be forwarded to the Rental Assistance Unit (RAU) for eligibility determination when they are from residents of DHS/HRA shelters.

The FHEPS application package must include all required documents and the signatures of all responsible parties (i.e., copy of the lease, W-9 form if landlord is requesting the bonus payment, participant signature on the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) Form (**W-137A**), copy of the broker’s license, etc.

Application Checklist Application packages submitted must include either the FHEPS A Demographic Sheet (**HRA-146m**) or the FHEPS B Demographic Sheet (**HRA-146n**). The **HRA-146m/HRA-146n** includes identifying information of the applicant and a checklist of required application-related documents.

Application Decisions-OTDA

For FHEPS A applications approved by OTDA, OTDA will notify the authorized/contracted FHEPS provider by issuing approval on the Notice of Acceptance for a Family Homelessness and Eviction Prevention Supplement. Denials will be sent on the “Action Taken on your Family Homelessness & Eviction Prevention Supplement Special Allowance” notice.

Whenever OTDA approves a FHEPS A To Stay non-shelter application, the FHEPS provider will contact the appropriate Job Center’s FHEPS Liaison and send him/her the FHEPS approval letter. Upon receipt of the FHEPS approval letter from the FHEPS provider, the Liaison will process the budget and payments for the FHEPS To Stay approval per the budgeting instructions contained in this document.

Whenever OTDA approves a FHEPS A To Move application, the FHEPS provider will send a copy of the approval notice to CRPU who will process the budget and payments for the FHEPS approval in accordance with the budgeting instructions contained in this document.

What to do if income discrepancies are found.

If the Job Center/CRPU receives an approval and it identifies a discrepancy in income reported and the income amount used to determine the FHEPS approval, the Job Center/CRPU must inform the submitting FHEPS provider and OTDA. OTDA can be contacted by e-mailing Kristopher Anderson at Kristopher.Anderson@otda.ny.gov. The email should include the case number and a brief explanation of the issue. OTDA will work with the FHEPS provider and rescind the approval notice. The FHEPS provider must then submit a modified application to OTDA so that a new determination can be issued. The FHEPS provider will be responsible for ensuring that the resubmitted FHEPS application includes the most up- to-date information from the applicant.

If a FEPS approval is sent instead of a FHEPS approval, the Job Center/CRPU must inform the submitting FHEPS provider and OTDA. OTDA can be contacted by e-mailing Kristopher Anderson at Kristopher.Anderson@otda.ny.gov. The email should include the case number and a brief explanation of the issue. OTDA will work with the FHEPS provider to rescind the FEPS approval notice and issue a FHEPS approval.

Role of the Rental Assistance Unit (RAU) (FHEPS A and B)

Upon receipt of the application package from the FHEPS provider or applications from DHS/HRA, RAU will evaluate each application and make an eligibility determination. FHEPS applications will be emailed to the RAU mailbox (RAUFHEPS@HRA.NYC.GOV).

Staff reviewing the application will ensure that the FHEPS application -

- Is either FHEPS A or B for proper handling and review
- Is accompanied by complete documentation (use **HRA-146m** or **HRA-146n** Demographic Sheets)
- Has a complete Cash Assistance case (household composition)
- Has a correct rent level

Calculating a budget to determine eligibility for CA in the community

In determining eligibility for FHEPS for certain households with income, RAU staff must calculate, but not authorize a budget, to determine if the household will be eligible for CA in the community by using the maximum CA shelter allowance for the household size rather than the shelter payment (typically a larger amount). The budget results page must be printed and scanned into the HRA One Viewer. It is indexed as a document in the “RAU packet” after the entire application is reviewed.

When the results indicate CA eligibility in the community, note the actual shelter allowance. If the amount is less than the CA shelter allowance for the household size, the household must include the shortfall in the household’s rent contribution. This amount will be in addition to any NCA rent contribution or rent contributions from individuals that are not part of the FHEPS household. When there are questions on the application submitted, it should be returned to the FHEPS provider or DHS/HRA office that submitted the application.

Once determining that an applicant for FHEPS is eligible, RAU will complete the Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Approval Notice (**HRA-146b**) or the Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Approval Notice (**HRA-146c**), which provides a breakdown that includes the CA shelter allowance, the FHEPS supplement, and any required household contribution.

Additionally, RAU completes an RAU check request form (in a format to be provided by Supervision):

- For FHEPS A or B To Move cases, RAU will specify the amount for one month's CA shelter allowance (based on the actual) plus four months of supplement, applicable bonuses, broker's fee, and any other appropriate expenses or incentives.
- For FHEPS A or B To Stay cases, RAU will specify approved arrears as well as any post-eviction marshal's and/or legal fees.

RAU scans the application (**HRA-146a**), check request form, and copies of the calculations used to determine the FHEPS supplement spreadsheet into the HRA One Viewer. RAU must send completed **HRA-146b/ HRA-146c** approval form and RAU check request to the FHEPS provider or HRA office that submitted the application. In the case of application denials, the Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Denial Notice (**HRA-146d**) or the Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Denial Notice (**HRA-146e**) is sent to the FHEPS provider or HRA office submitting the application.

CRPU or ODV will perform the budgeting and benefits and payment issuances in accordance with the budgeting process explained in this policy directive.

Summary Overview of Client Workflows (Part 2-FHEPS B)

Family Justice Centers (FJCs) Pilot

HRA/DSS began a pilot program on December 11, 2017 to assist survivors of domestic violence with children served by the New York City Family Justice Centers (FJCs) to secure more permanent housing through the FHEPS B program. The FJCs are managed by the Mayor's Office to Combat Domestic Violence (OCDV) and are located in each borough.

The Family Justice Centers provide comprehensive civil legal, counseling and supportive services for survivors of intimate partner violence, elder abuse and sex trafficking. Key City agencies such as (New York City Police Department) NYPD and HRA/DSS and community, social and civil legal services providers and District Attorney's Offices are located on-site at the FJCs to make it easier for survivors to get help.

Clients receiving services from the FJC must be victims of domestic violence and require support related to the domestic violence.

Client flow at FJC
Pilot

All clients presenting to the FJC receive an initial screening to determine their need for services. During the initial screening, clients are assessed for immediate risk, safety and/or service needs. If the case manager identifies housing as a long-term need, the CM uses a Housing Options Screening Tool (developed by OCDV) to explore all current community housing options, such as NYCHA, HPD, private housing market and, if eviction is in process, FHEPS A.

After thoroughly exploring all other housing alternatives and determining that none of the other housing options are possible, the CM uses the Housing Options Screening Tool to further identify if the person is eligible for FHEPS B in the community. This screening tool recognizes that the determination to apply for FHEPS B should only be made after exhausting all other housing options including meeting with the onsite housing legal services providers at the FJC's to ensure that no other option is available.

The OCDV FJC administrative team member reviews the case to confirm that the client is eligible for FHEPS B and that no other housing option can be utilized instead, as well as to determine if the client is a survivor of DV pursuant to SSL Section 459-1 and is eligible for HRA shelter under 18 NYCRR Section 452.9.

If the client is found eligible, the OCDV administrative team member prepares a cover letter to accompany the FHEPS B application certifying that the client is a survivor of DV pursuant to SSL Section 459-1 and is eligible for HRA shelter under 18 NYCRR Section 452.9.

This cover letter with the certification from an OCDV/FJC administrative team member is provided to the case manager and the client and must be presented to a contracted FHEPS B provider to complete the application. The letter should also indicate whether the case is FHEPS B To Move or To Stay.

In cases where the client is seeking to move, the HRA DV Field Coordinator will provide the shopping letter used by clients to search for an apartment.

The HRA DV Field Coordinator will also arrange for or perform a safety and habitability view of an apartment that is offered by a landlord and acceptable to the client. The apartment safety and habitability safety review must be documented and should include photos to provide proof of apartment conditions.

Once the apartment has been determined to be safe and in acceptable condition and the **HRA-146a** application and all supporting documentation have been secured, the authorized/contracted FHEPS provider will submit the application package to RAU for the eligibility determination. Budgeting

and benefit and payment issuances will be performed by designated ODV staff.

FHEPS B client workflow at DHS shelters

HRA/DSS Information Technology Services (ITS) performs a computer match of CARES and WMS/POS to identify shelter resident families that are NoVA eligible or were eligible on the previous case, as long as the client was not out of shelter for more than three days (measures are taken to avoid inclusion of the abuser). The list is forwarded to the Family Independence Administration to check if listed families are eligible for CA in the community. ITS calculates the Maximum Rent and the client list is uploaded into CARES.

Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (**HRA-146j**) forms or “shopping letters” are generated for potentially eligible families with Maximum Rents that reflect the shelter families’ household compositions. The shopping letters are accessible in the DHS shelter “S:Drive” (or otherwise made available to the Shelter) and an e-mail notification is sent to relevant DHS staff and shelter directors.

The shelter providers meet and give the clients the shopping letters and assist the families in their apartment search. Once the household finds a suitable apartment they want, the Shelter provider must perform and document, including photos, a safety and habitability review with the family.

Shelter providers assist the family in filling out the **HRA-146a** application, working with the landlord and/or broker, and collecting all required supporting documentation. Once the application and the application packet are complete, shelter providers send the application and supporting documentation to OCR. OCR does a quality check of the application package. Once application packages pass OCR review, they are sent to RAU for the eligibility determination. The budgeting and benefit and payment issuances are done by CRPU.

FHEPS B client workflow at HRA DV Shelters

The Office of Domestic Violence (ODV) will electronically issue shopping letters (**HRA-146j**) via SORTS to HRA DV shelter providers for residents that are identified by ODV as potentially meeting FHEPS B eligibility criteria. The Shelter providers will print out the shopping letters and provide them to the families.

The families will search for an apartment using Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (**HRA-146j**) form or “shopping letter”. The Shelter Housing Workers will assist the families in their search and in filling out the FHEPS application (**HRA-146a**) and gathering the documents for the application package. Once an apartment is

located, the Shelter will send the entire application package to the ODV Housing Unit via the HRA DV mailbox at DV_Housing@hra.nyc.gov.

The application package includes (not a complete list)

- FHEPS B Demographic Sheet (**HRA-146n**)
- FHEPS application (**HRA-146a**)
- Lease
- Landlord W-9 if bonus is requested
- Shopping letter
- Broker information and Broker's Request for Enhanced Fee Payment by Check (**HRA -121**)

Once the e-mail package is received, the ODV Housing Unit will deploy an ODV Community Coordinator to perform the apartment walk-through with the family. The Community Coordinator must document the apartment review and include photos as visual proof of apartment conditions. If ODV approves the apartment, ODV will review the application package and ensure completion working with the Shelter Housing Worker. If the apartment is rejected, the Shelter will be notified. They in turn will notify the client and landlord and try to get the deficiencies resolved by the landlord. If not, a new apartment must be sought.

FHEPS Application packages meeting ODV standard are sent to RAU for the eligibility determination. Once approved by RAU, RAU sends a notification to ODV. ODV then notifies the family, Shelter, landlord and broker, if there is one. The ODV Housing Unit sends application information to DV Check Processing. They process the checks which are then generated by MIS. Messengers bring the checks to the ODV Housing Unit. They are then sent to the ADVENT location where the family is assigned.

Lease signing is scheduled with the household, landlord, and broker. The lease signing, check pick-up and provision of keys will take place at the assigned ADVENT site. Standard "Move Out" process is applied.

PATH

Incoming cases at PATH will be referred to NoVA if they have a DV situation and are not yet NOVA-eligible. Once they have NoVA certification they may be referred to a DV shelter. Families that may not have a housing need or require other services may be referred to a non-residential domestic violence provider. See the attached form, Domestic Violence Non-Residential Services (**M-337**) for a list of non-residential providers.

PATH Intake/Diversion Workers will evaluate household eligibility for FHEPS B and make a referral to a CityFEPS provider to assist the household with the FHEPS application (**HRA-146a**). Upon completion of the application and

application package, the CityFEPS provider will make the application submission to RAU for the eligibility determination. Budgeting and benefit and payment issuances will be performed by CRPU. At this time, the CityFEPS providers include BronxWorks, CAMBA, Catholic Charities, NAICA, Partnership for the Homeless, and Queens Community House.

See [PD #15-08-ELI](#) for more information about HRA's Domestic Violence Program

When individuals report a domestic violence situation at a Job Center, staff should follow the procedures described in PD #15-08-ELI, Domestic Violence Program. Every effort must be made to address the safety needs of the individual and his/her children. If the home is unsafe, the individual is sent to PATH for evaluation and possible referral to a shelter. As mentioned previously, PATH diversion/intake staff may make referrals to CityFEPS providers for completion of the FHEPS application. In some cases, individuals are referred to a non-residential DV service provider for supportive services. See the attached form, Domestic Violence Non-Residential Services (**M-337**) for a list of non-residential providers.

REQUIRED ACTIONS

Budgeting Single Suffix Cases for FHEPS A or FHEPS B To Move

For the projected interim period from December 2017 through March 2018, the budgeting and benefit and check issuances of approved FHEPS A or B To Move applications are to be performed by designated:

- CRPU JOSs assigned to budget OTDA approvals for FHEPS A to Move applications (except applications from HRA DV shelters)
- CRPU JOSs assigned to budget RAU approvals for FHEPS A and B to Move applications from clients in DHS shelters)
- HRA ODV Workers assigned to budget RAU approvals for FHEPS A and B To Move applications from HRA DV shelters and FHEPS B To Move applications from the Family Justice Center.

The instructions which follow are for single suffix cases. For multi-suffix cases, see Attachment A – FHEPS Multi-suffix Budgeting and Processing.

FHEPS approval letters

The approval letter used by OTDA is called the Notification of Acceptance for a Family Homelessness and Eviction Prevention Supplement. (see Attachment C). The FHEPS approval forms used by RAU are the Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Approval Notice (**HRA-146b**) or the Family Homelessness and Eviction Prevention Supplement A (FHEPS B) Approval Notice (**HRA-146c**)

Day 1

After receiving the FHEPS approval letter, designated CRPU/ ODV staff must:

- review the FHEPS approval notice and application package and check for any discrepancies such as (but not limited to):
 - household composition
 - income
 - missing documentation (i.e., no W-9 for landlord bonus request, unsigned **W-137A**)
 - CA case or individual household member status
 - Ineligibility for CA in the community

If any such discrepancies are found, staff must contact the Liaison/Supervisor who will arrange/assign the inquiry to OTDA regarding an OTDA-approved FHEPS approval. See more information in the prior section, Application Decisions -OTDA. When the application approvals come from RAU, CRPU/ODV Liaison/Supervisor must contact the RAU Director and Deputy Director before proceeding any further.

- change the first two characters in the caseload (unit worker) designation to FP
- change the address as indicated on the lease in the FHEPS Application Packet
- issue all benefits as indicated on the FHEPS approval notice as Special Roll checks using the Routing Option (RO) process by entering the routing location CRP5 (in uppercase) in the Routing Location field.

- Use the following WMS issuance codes
 - **39** – first month of CA Rent
 - **QD** – 4 months of the FHEPS A State Supplement (AND)
 - **QC** - 4 months of the FHEPS A City Supplement (if needed)
 - **QE** - 4 months of the FHEPS B City Supplement (AND)
 - **QF** - 4 months of the FHEPS B City Additional Supplement (if needed)
 - **60** - Establishment of a Home (to issue the enhanced furniture allowance) for To Move shelter residents, if approved.
 - **QG** - FHEPS A Landlord Bonus (\$1,000) for To Move shelter residents only (OR)
 - **QH** - FHEPS B Landlord Bonus (\$1,000)for To Move shelter residents only
 - Veteran's bonus (to landlord) for To Move shelter residents only. Process in accordance with current approved methods.
 - Unit hold incentive for To Move shelter residents only. Check for submitted **HRA-145**. Process in accordance with current approved methods.

Note: If no W-9 has been submitted with the packet, do not issue the landlord bonus. Contact RAU if the approval was issued by them; if the discrepancy is related to an OTDA approval contact Supervision first.

- **42 – Broker’s Fee**
 - (a) in To Move cases from a DHS/HRA shelter the broker’s fee will be in the enhanced amount of 15% of the annual rent as indicated on the approval, if a broker was required to obtain the apartment);
 - (b) In To Move cases not from a shelter or “in community”, the broker’s fee will be 50% of one month’s rent.
 - **22- Moving Expenses** (if required to move the personal belongings and/or furniture as indicated on the approval notice), if approved.
- Complete the Security Voucher (**W-147N**) form
 - submit the case and checks for approval, following the standard levels of approval
 - manually post Action Code **1FPA** (FHEPS TO MOVE INITIAL ISSUANCE) name) in NYCWAY. This code will have a Future Action Date (FAD) of 90 days, and the case will appear on the **FHEPB** worklist.
 - complete the Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) form (**W-137B**)
 - complete the Notice of Special Grant form (**W-636**)
 - transfer the case to the appropriate Job Center based on zip code of the new address.

Day 2

The designated CRPU/ODV staff must:

- verify that the action processed successfully in WMS
- initiate Change Case Data activity in POS
- complete the questions in the **Shelter** window with current shelter information (see screenshot below):
 - Make sure that Shelter Code **01** is chosen
 - Enter in the “Actual Amount Charged for Rent”, the amount in the Item “Total Stated Rent” in the OTDA approval letter or “Total Monthly Rent” the **HRA-146b/HRA-146c**.

Note: Remove from this amount any contribution from individuals who are not part of the CA household, are not part of the SNAP household, and are not mandated household members.

- Update Landlord Information, as needed
 - Update (Rent) Restriction Information, as needed
 - Enter the PA Shelter Amount
 - Complete all other fields as required on the **Response to Question** window
 - Click **OK** to save the responses
- Answer “No” to the “**Has Additional Expenses? Specify**” Question.

Rebudgeting in 90 days after the initial FHEPS To Move rebudgeting

Note: In To Move cases, the Worker will not enter the Additional Needs Code **66** for FHEPS A or Code **67** for FHEPS B. Additionally, there are 2 Housing Program Indicators values that will not be entered – **M** - FHEPS A To Move and **O**- FHEPS B To Move. These will be entered in a rebudgeting process by CRPU/ADVENT that will be performed in 90 days from the initial FHEPS rebudgeting process which this procedure addresses.

Shelter Information screen

The screenshot shows a 'Response to Question' dialog box titled 'Shelter Information'. It contains several sections:

- Shelter Information:** Includes fields for Shelter Type (Apt pvt house...), Shelter Code (01), Change Shelter type? (Yes/No), Actual amount charged for Rent/Mortgage (\$1,515.00), Frequency (M), and Verified (Yes/No).
- Landlord Information:** Includes Landlord Type (Landlord), SSN/Tax Number, Name (LANDLORD NAME), Phone (212-555-1212), House/PO Box Number (100), Apt/Suite Number (3E), Street Dir, Street Name (WATER), Street Type (St), City (NEW YORK), State (New York), and Zip (10038).
- Restriction Information:** Includes Has The Household Requested A Rent Restriction Exemption? (Yes/No), Rent Restriction Type (Direct Involuntary [PA level]), PA Shelter Amount (450.00), and Is the restriction information the Same As The Landlord Information? (Yes/No).
- Other Fields:** Includes Excess Rent Monthly Excess Rent (\$0.00), Housing Advantage Indicator (HAI), Rent Charged To Secondary Tenant (.00), Frequency, Routing Number, and Comment... (Current lease).

 At the bottom are OK and Cancel buttons.

- calculate a new budget
- ensure that the CA shelter allowance is on the budget
- Remove any restaurant allowance, and/or apartment search carfare from the budget. If applicable.
- enter **X** in the appropriate **FUSA** or **FSUT** field for the appropriate Standard Utility Allowance (SUA) level based on either prior receipt of Home Energy Assistance Program (HEAP) benefit within the past 12 months or

utility obligation that includes a heating/cooling expense or if the family pays heating or cooling separate from Rent.

- save the new budget
- place budget number on POS TAD
- submit case for supervisory approval

Day 3

The CRPU/ODV designated staff must verify the action successfully processed in WMS (or is now clocking down).

Note: Prior to **Day 1** actions, if a pending action is clocking down, the Worker must review the pending action and make a determination on how to proceed. In most instances, staff will have to perform a Settle in Conference (SIC) Activity in POS to stop the pending action. However, in instances where an SIC should not be completed (i.e., pending recertification, addition of a household member) the JOS/Worker must still process the **Day 1** Activities indicated above.

Once all the checks are ready, the CRPU Liaison must contact, via email, the FHEPS provider who must come into CRPU at 109 East 16th Street, 7th floor DV Office to pick up the checks, security voucher and the **W-636** form.

For ODV, the processed checks are then generated by MIS. Messengers bring the checks to the ODV Housing Unit. They are then sent to the ADVENT location where the family is assigned. The lease signing, check pick-up and provision of keys will take place at the assigned ADVENT site.

Budgeting Single Suffix Cases for FHEPS A To Stay or FHEPS B To Stay

The instructions which follow are for single suffix cases. For multi-suffix cases, see Attachment A – FHEPS Multi-suffix Budgeting and Processing.

During the projected interim period of November 2017 through March 2018, the budgeting and benefit and payment issuances of approved FHEPS A or B applications is to be performed by designated:

- Job Center FHEPS Liaisons budgeting OTDA approvals for FHEPS A To Stay applications.
- ODV staff budgeting RAU approvals for FHEPS B To Stay applications from the FJC (these may be rare).
- CRPU Workers budgeting RAU approvals for FHEPS B from PATH (these may be rare).

After receiving the FHEPS approval letter, the CRPU/ODV Worker must:

- review the FHEPS approval notice and application package and check for any discrepancies such as (but not limited to):
 - household composition
 - income
 - missing documentation (i.e., no W-9 for landlord bonus request, unsigned **W-137A**)
 - CA case or individual household member status
 - Ineligibility for CA in the community

If any such discrepancies are found, staff must contact the Liaison/Supervisor who will arrange/assign the inquiry to OTDA regarding an OTDA-approved FHEPS approval. See more information in the prior section, Application Decisions -OTDA. When the application approvals come from RAU, CRPU/ODV Liaison/Supervisor must contact the RAU Director and Deputy Director before proceeding any further.

Refer to the [Worker's Guide to Codes manual](#).

- issue a Direct Vendor E-check for the approved arrears amounts and period as indicated on the Arrears Summary of the OTDA FHEPS approval letter. Use RAU arrears approval information accompanying the **HRA-146b/HRA-146c**. Utilize the following Special Grant Codes:
 - **QA** for FHEPS Recoupable Arrears and/or
 - **QB** for FHEPS Non-Recoupable Arrears and/or
 - **QB** for Arrears in Excess of Shelter Amount and/or
 - **QB** for Arrears Prior to Application

The OTDA FHEPS approval letter will indicate the types of arrears being approved for the case. The RAU will provide information in the approval concerning the arrears approved.

- Process post-eviction expenses such as a marshal's fees and legal fees in accordance with current approved method
- arrange for Direct Vendor rent checks to be delivered to the FHEPS provider, the Housing Court, picked up by the landlord, or as otherwise required.
- initiate Change Case Data activity in POS
- complete the questions in the **Shelter** window with current shelter information (see above screenshot):
 - Make sure that Shelter Code **01** is chosen
 - Enter the "Total Stated Rent" amount in the OTDA FHEPS approval letter in the Actual Amount Charged for Rent. **OR**
 - Enter the Apartment Rent listed in the **HRA-146b/HRA-146c**

Note: Remove from this amount any contribution from individuals who are not part of the CA household, are not part of the SNAP household,

and are not mandated household members.

- Update Landlord Information, as needed
- Update (Rent) Restriction Information, as needed
- Enter the in PA Shelter Amount the amount in “CA Shelter Amount (Shelter Schedule) in the OTDA Notification of Acceptance For A Family Homelessness and Eviction Prevention Supplement **OR**
- Enter the CA Shelter Allowance listed in the **HRA-146b/HRA-146c**.
- Complete all other fields as required on the **Response to Question** window
- Click **OK** to save the responses.

POS Shelter Window

The screenshot shows a software window titled "Response to Question" with several sections of input fields:

- Shelter Information:** Includes fields for Shelter Type (Apt pvt house...), Shelter Code (01), Change Shelter type? (Yes/No), Actual amount charged for Rent/Mortgage (\$1,515.00), Frequency (M), and Verified (Yes/No).
- Landlord Information:** Includes Landlord Type (Landlord), SSN/Tax Number, Name (LANDLORD NAME), Phone (212-555-1212), House/PO Box Number (100), Apt/Suite Number (3E), Street Dir (WATER), Street Name (St), City (NEW YORK), State (New York), and Zip (10038).
- Restriction Information:** Includes Has The Household Requested A Rent Restriction Exemption? (Yes/No), Rent Restriction Type (Direct Involuntary (PA level)), PA Shelter Amount (450.00), Is the restriction information the Same As The Landlord Information? (Yes/No), Name (MGMT CO FOR EXAMPLE CASE), House Number or PO Box (100), Apt/Suite (3E), Street Dir (WATER), Street Name (St), City (NEW YORK), State (New York), and Zip (10038).
- Excess Rent:** Monthly Excess Rent (\$0.00).
- Document:** A field containing the text "Current lease".
- Buttons:** OK and Cancel buttons at the bottom.

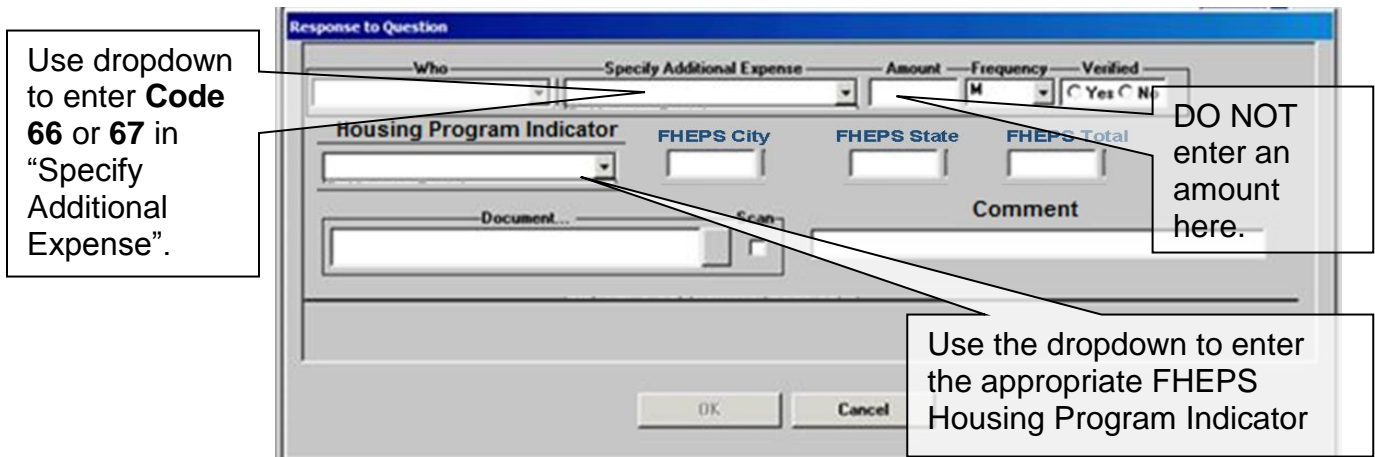
Two callout boxes are present:

- One on the left pointing to the "Actual amount charged for Rent/Mortgage" field with the text "Enter Actual Lease Rent here."
- One on the right pointing to the "PA Shelter Amount" field with the text "Enter PA (CA) Shelter Amount here"

Multi-suffix FHEPS budgeting instructions are included in Attachment A.

- Answer “Yes” to the **Has Additional Expenses? Specify** question in the **Other Expenses** window :
 - In the **Specify Additional Expense** (see screenshot below) drop-down in the **Response to Question** window, select FHEPS A Supplement (Code **66**) or FHEPS B Supplement (Code **67**) and complete the fields in the **Response to Question** window.
 - **Do Not** enter an amount in the ‘Amount’ box next to the “Specify Additional Expenses” dropdown these will be calculated upon submission of the budget.
 - Select **FHEPS Approval Letter** from the **Document** dropdown box.
 - Select the appropriate Housing Program Indicator. It is one of the following two Indicators:
 - L-FHEPS A To Stay
 - N-FHEPS B To Stay
 - **Do Not** enter an amount in the ‘FHEPS City’, “FHEPS State”, and FHEPS Total boxes. These will be calculated upon submission of the budget.

Additional Needs Screen



Existing Budget Screen

Version 9.1 - Paperless Office System - [Existing Budgets] 3:11:39 PM Thursday, May 05, 2005

Select an existing budget and click 'OK' to work with an existing budget.

Case No:

PDS Suf Bdgt No	Author-izable	WMS Bdgt No	Type	Save Date	Effective Dates	Description
1 5	N	PA & FS	PA & FS	4/20/2005 12:33:37	04A05	
1 4	Y	FS Only	FS Only	3/16/2004 15:25:56		
1 3	N	PA & FS	PA & FS	3/16/2004 10:41:39	03B04	
1 2	N	PA & FS	PA & FS	3/16/2004 10:10:19	03B04	Not calculated

OK New Budget

Next Previous

Ready

Click on New Budget to go to the Budget window.

- On the **Existing Budget** window, click **New Budget** to go to the **Budget** window.
- Create a new budget in the **Budget** window. POS will carry over the information from the **Shelter** and **Other Expenses** windows.
 - Using the FHEPS approval letter, ensure the proper values appear on the **Household/Suffix Financial Needs** screens (see screenshot below), including the following:
 - Total Rent appears correctly in the Food Stamp Shelter Amount
 - Rent restriction information. Restrict the rent by:
 - entering the suffix number;
 - selecting **Direct Involuntary** from the **Type** drop-down menu;
 - selecting **Shelter** from the **What** drop-down menu; and
 - entering the landlord information in the **Sent to** fields.
 - CA Shelter Amount
 - For Safety Net cases, enter "X" if the youngest child, age is under 19 and in full time school or training equivalent or CA inactive.

Household/Suffix Financial Needs screen

Check that Total Rent appears here.

Check fields in the Restriction section to restrict the rent.

Check the CA Shelter amount.

Additional Needs section

For Safety Net cases, enter "X" if youngest child is age is under 19 and in full time school or training equivalent or CA inactive . (PD #12-07-SYS).

- Click the **Income or Results** button to continue with the other budgeting screens.
- WMS will launch and calculate the budget.
- After WMS completes the budget the Budget Results screen will appear (See screenshot below.)

Budget Results Screen

- Authorize the budget on the POS Turn Around Document (TAD).
- After the case has been budgeted, a Client Notice System (CNS) notice will be generated.

Multi-suffix FHEPS budgeting instructions are included in Attachment A.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

The POS implications are discussed throughout the procedure.

SNAP Implications

The SNAP (Food Stamp) implications are discussed throughout the procedure.

Medicaid Implications

There are none.

Limited English Proficient (LEP) and Hearing-Impaired Implications

For Limited English Proficient (LEP) and hearing-impaired participants, make sure to obtain appropriate interpreter services in accordance with [PD #16-14-OPE](#) and [PD #17-19-OPE](#).

FAIR HEARING IMPLICATIONS

Avoidance/Resolution Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to alert the FH&C Unit staff verbally.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker’s Supervisor. The AJOS/Supervisor I will explain the reason for the Agency’s action(s) to the applicant/participant.

Should the applicant/participant elect to continue his/her appeal by requesting a Fair Hearing or proceeding to a hearing already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal be properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets All Evidence Packets must contain a detailed history, e.g. copies of POS “Case Comments” and/or New York City Work, Accountability and You (NYCWAY) “Case Notes” screens, copies of relevant WMS screen printouts, notices sent, and other documentation relevant to the action taken.

REFERENCES 18 NYCRR Section 452.9
Social Services Law Sec. 459-a

RELATED ITEMS [PD #15-08-ELI](#)
[PD #16-14-OPE](#)
[PD #17-19-OPE](#)

ATTACHMENTS **Attachment A** FHEPS Multi-Suffix Budgeting and Processing
Attachment B NYC Authorized FHEPS Providers

🖨️ Please use Print on Demand to obtain copies of forms.

Attachment C	Notification of Acceptance for a Family Homelessness & Eviction Prevention Supplement
Attachment D	Action Taken On Your Family Homelessness & Eviction Prevention Supplement
HRA-146	Notice to Landlords Regarding the New Family Homelessness & Eviction Prevention Supplement (FHEPS) Program (9/13/2017)
HRA-146a	Family Homelessness & Eviction Prevention Supplement A and B (FHEPS A and B) Application (09/14/2017)
HRA-146a (S)	Family Homelessness & Eviction Prevention Supplement A and B (FHEPS A and B) Application (Spanish) (09/14/2017)
HRA-146b	Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Approval Notice (09/14/2017)
HRA-146b (S)	Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Approval Notice (09/14/2017)
HRA-146c	Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Approval Notice (09/13/2017)
HRA-146c (S)	Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Approval Notice (Spanish)(09/13/2017)
HRA-146d	Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Denial Notice (09/13/2017)
HRA-146d (S)	Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Denial Notice (Spanish) (09/13/2017)
HRA-146e	Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Denial Notice (09/13/2017)
HRA-146e (S)	Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Denial Notice (Spanish) (09/13/2017)
HRA-146f	Family Homelessness and Eviction Prevention Supplement (FHEPS) (09/13/2017)
HRA-146f (S)	Family Homelessness and Eviction Prevention Supplement (FHEPS) (Spanish) (09/13/2017)

HRA-146g	The Family Homelessness & Eviction Prevention Supplement (FHEPS) What You Need to Know (10/04/2017)
HRA-146g (S)	The Family Homelessness & Eviction Prevention Supplement (FHEPS) What You Need to Know (Spanish) (10/04/2017)
HRA-146h	FHEPS Multi-Suffix Budgeting Spreadsheet (11/29/2017)
HRA-146i	FHEPS Maximum Rent Calculator
HRA-146j	Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (11/09/2017)
HRA-146j (S)	Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (Spanish) (11/09/2017)
HRA-146k	Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (12/6/2017)
HRA-146k (S)	Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (Spanish) (12/6/2017)
HRA-146m	FHEPS A Demographic Sheet
HRA-146n	FHEPS B Demographic Sheet
HRA-146o	Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral to Community Based Organizations. (12/6/2017)
HRA-146p	Domestic Violence Action Form –Provider Information (12/6/2017)
M-337	Domestic Violence Non-Residential Providers

FHEPS Multi-Suffix Budgeting and Processing

Due to system limitation in the Welfare Management System (WMS) and the Paperless Office System (POS), multi-suffix cases must be processed manually, and this applies to Family Homelessness and Eviction Prevention Supplement (FHEPS) cases. All multi-suffix FHEPS cases will be processed by Special Project Center (SPC)/Center #80, Office of Domestic Violence (ODV) and the Centralized Rent Processing Unit (CRPU) and all transactions will be processed using the Paperless Alternate Module (PAM).

Budgeting

In order to determine the FHEPS supplement amount, staff must initially complete the FHEPS Multi-Suffix Budgeting Spreadsheet (**HRA-146h**) (see screenshot below). To do so, staff must:

- open the document from eDocs.
- enter the Date, Case Name, Case Number, and Job Center.
- Important. Select whether the case is FHEPS A or B. When you click on the box, as mentioned in the form, use the arrow to select A or B.
- In Household Size, enter the number of active individuals on each suffix.

IMPORTANT. Follow the priority order below when entering the number of household members of the FHEPS suffix:

- If the two suffixes are not of equal size, enter the number of household members of the *largest* suffix as the FHEPS suffix.
- If the two suffixes are of equal size then the number of either suffix can be entered.
- In “No. of NCA individuals” enter the number of individuals in the household but not on Cash Assistance (NCA). This includes any individuals in receipt of Supplemental Nutrition Assistance Program (SNAP) benefits only on the CA case.
- In “Actual Shelter Expenses Combined” enter the Total Lease Rent Amount for the household. Note: Remove from this amount any contribution from individuals who are not part of the CA household, are not part of the SNAP household, and are not mandated household members.
- In “Monthly Income for all CA/FS active lines enter” the gross monthly income for each suffix. Do not apply any deductions or pro-rate the income amongst the suffixes. Do not use existing budgeted income from the WMS budget.

- In “No. of NCA Individuals” enter the total monthly income of the NCA household members. Only enter one amount per NCA individual. Do not combine the incomes if there is more than one NCA individual.
- Click on any other cell and the budgeting tool will calculate the FHEPS supplement
 - In some instances there will be a need for a monthly single issuance payment (see row AA on the sample **HRA-146h**).


Budget in WMS

After completing the **HRA-146h**, staff must calculate a budget in WMS. To do this, staff must make the following entries on the Household/Suffix Financial Data screen of the WMS budget based on the results of the budgeting tool (see screen shot below and sample **HRA-146h**):

IMPORTANT. Follow the priority order below in order to assign FHEPS to the correct suffix:

- If the two suffixes are not of equal size, assign FHEPS to the *largest* suffix (the suffix with the most household members)
 - If the two suffixes are of equal size then assign FHEPS to the suffix with Family Assistance (FA) funding if there is one.
 - If the two suffixes are of equal size and neither has FA funding then FHEPS can be assigned to either suffix.
-
- enter either an “N” or an “S” in the pro-ration indicator field
 - enter “01” in the shelter type field
 - enter the FS Shelter amount from row AD on the **HRA-146h**
 - enter “06” in the “per” field to indicate monthly
 - enter the appropriate Standard Utility Allowance (FSUA) indicator
 - on suffix 01 enter Additional Needs Type 68
 - enter the FHEPS Supplement amount from row AC on the **HRA-146h**
 - enter the maximum CA shelter allowance (with children) for each suffix (rows AE and AF on the **HRA-146h**)
 - if necessary, enter or change the landlord information in the restriction fields
 - review each active line and make any other changes that might be necessary for the budget
 - print and save the WMS budget

Table 1. Sample HRA-146h and corresponding WMS screen shot



HRA-146h (E) 11/29/2017

FHEPS Multi-Suffix Budgeting Spreadsheet

Date	10/18/2017		
Case Name	John Doe		
Case Number	123456789A		
Job Center	40		

FHEPS ← (Click A or B in box to the left)

	Suffix w/FHEPS	Other Suffix	Combined for comparison
A Household Size (No. of CA active lines)	3	2	5
B No. of NCA individuals	0		0
C Actual Shelter Expenses Combined	\$1,900		\$1,900
D Monthly Income for all CA/FS active lines	\$0	\$0	\$0

(Maximum 20 h/h members)
(Maximum 5 NCA individuals)

NCA Line(s)	Income *	30% of income	Indiv. prorated rent	The lesser **
1	\$0	NA	NA	NA
2	\$0	NA	NA	NA
3	\$0	NA	NA	NA
4	\$0	NA	NA	NA
5	\$0	NA	NA	NA
E Total				\$0

* Include only up to 5 lines. Income(s) entered on lines that are beyond the number of lines in (B) will be disregarded.
** The lesser of 30% of income and individual prorated rent

	Suffix w/FHEPS	Other Suffix	Combined for comparison
F PA Shelter Lookup	\$400	\$283	\$683
G Portion funded by PA Cat. of Assistance (Max.) ***	\$814		\$814
H Max. Rent Level	\$1,534		\$1,980
J Cap - Actual Shelter Expenses	\$1,534		\$1,900
K Amt Beyond Cap - Client's responsibility	\$368		\$0
L FHEPS by PA Cat. of Assistance (Max) ***	\$814		\$814
M FHEPS by City (Max)	\$37		\$275
N FHEPS Total (Max) allowed in this case	\$851		\$1,217
P 30% of Income (PA/FS)	\$0	\$0	\$0
Q 30% of Income (PA/FS) minus PA Lookup	\$0	\$0	\$0
R The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines		\$0	\$0
S R minus Amt Beyond Cap		\$0	\$0
T FHEPS (Overall)		\$851	\$1,217
U FHEPS (funded by PA Cat. of Assistance) ***		\$814	\$814
V FHEPS (City)		\$37	\$275
W City Responsibility ****		4%	23%
X FS Shelter to be entered by worker		\$1,049	\$683

*** For FHEPS Code 67, also funded by NYC
**** For FHEPS Code 68 only

Y Max Calculated Supplement Amt for combined household =		\$1,217
Z Max Supplement Amt for household size of:	3	\$1,134
AA Monthly Single Issuance Amount		\$83
AB Single Issuance Code		QI

Single Issuance Code for FHEPS A Supplement Amount

BUDGET AMOUNTS TO BE ENTERED BY WORKER		S. Iss. Code
AC FHEPS Supplement Amount	\$1,134	QI
AD FS Shelter Amount	\$683	
AE PA Shelter Amount-Suffix w/FHEPS	\$400	
AF PA Shelter Amount-"Other" Suffix	\$283	

Table 2. WMS Budget Screen (Associated with Table 1)

The screenshot shows a terminal window titled "M01PVZ.nyc.state.ny.us.r4w - Reflection for ReGIS Graphics". The main display area contains the following text:

```
NSBL02 [P] AUTHORIZED HOUSEHOLD/SUFFIX FINANCIAL DATA 10/27/17
CASE/BUD # /BASIS CTR 017 WORKER 00190 FR # LRR PRO IND S
EFFECTIVE DATE 11A17- CASE NAME
NEEDS: SHEL: TYPE 01 AMT 68300 PER 06 # BDRMS WATER: AMT PER
FSUA : IND X TYPE AMT PER CHILD HEAP HAI
FSUT : IND AMT PER DISP: AMT PER
PHONE: IND AMT PER INST: TYPE AMT
SUF TYPE ST NO RTG CE ADDL:TY AMT PER FUEL RESOURCE PA SHEL
FS: 01 AC 04 Y 68 113400 06 *****0 40000
PA: 01 FA AC 03 *****0 28300
02 SNCA AC
```

Callouts provide the following instructions:

- Enter amount from row AD on HRA-146h (points to the "68300" value in the "AMT" column).
- Must enter "S" or "N" (points to the "S" in the "PRO IND" column).
- Enter code 68 and the amount from row AC on HRA-146h (points to the "68" and "113400" values in the "TYPE" and "AMT" columns).
- Enter maximum CA shelter allowance for each suffix size (rows AE and AF on HRA-146h) (points to the "40000" and "28300" values in the "PA SHEL" column).

At the bottom of the screen, there is a status bar with the following information:

```
228, 56 | VT500-7 -- M01PVZ.nyc.state.ny.us via TELNET | 00:06:39 Num
```


Table 3. Sample HRA146-h with FHEPS B information (no WMS budget shown)

Date	10/18/2017		
Case Name	John Doe		
Case Number	123456789A		
Job Center	40		

FHEPS	B	← (Click A or B in box to the left)
-------	---	-------------------------------------

	Suffix w/FHEPS	Other Suffix	Combined for comparison
A Household Size (No. of CA active lines)	2	2	4 (Maximum 20 h/h members)
B No. of NCA individuals	0		0 (Maximum 5 NCA individuals)
C Actual Shelter Expenses Combined		\$1,534	\$1,534
D Monthly Income for all CA/FS active lines	\$0	\$0	\$0

NCA Line(s)	Income *	30% of income	Indiv. prorated rent	The lesser **
1	N \$0	NA	NA	NA
2	N \$0	NA	NA	NA
3	N \$0	NA	NA	NA
4	N \$0	NA	NA	NA
5	N \$0	NA	NA	NA
E Total				\$0

* Include only up to 5 lines. Income(s) entered on lines that are beyond the number of lines in (B) will be disregarded.

** The lesser of 30% of income and individual prorated rent

	Suffix w/FHEPS	Other Suffix	Combined for comparison
F PA Shelter Lookup	\$283	\$283	\$566
G Portion funded by PA Cat. of Assistance (Max.) ***	\$718		\$821
H Max. Rent Level	\$1,284		\$1,534
J Cap - Actual Shelter Expenses	\$1,284		\$1,534
K Amt Beyond Cap - Client's responsibility	\$270		\$0
L FHEPS by PA Cat. of Assistance (Max) ***	\$718		\$821
M FHEPS by City (Max)	\$0		\$147
N FHEPS Total (Max) allowed in this case	\$718		\$968
P 30% of Income (PA/FS)	\$0	\$0	\$0
Q 30% of Income (PA/FS) minus PA Lookup	\$0	\$0	\$0
R The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines		\$0	\$0
S R minus Amt Beyond Cap		\$0	\$0
T FHEPS (Overall)		\$718	\$968
U FHEPS (funded by PA Cat. of Assistance) ***		\$718	\$821
V FHEPS (City)		\$0	\$147
W City Responsibility ****		0%	15%
X FS Shelter to be entered by worker		\$816	\$566

*** For FHEPS Code 67, also funded by NYC

**** For FHEPS Code 68 only

Y Max Calculated Supplement Amt for combined household =		\$968
Z Max Supplement Amt for household size of:	2	\$1,001
AA Monthly Single Issuance Amount		\$0
AB Single Issuance Code		QF

BUDGET AMOUNTS TO BE ENTERED BY WORKER	Single Iss. Codes	
	QE	QF
AC FHEPS Supplement Amount	\$968	\$821
AD FS Shelter Amount	\$566	\$147
AE PA Shelter Amount-Suffix w/FHEPS	\$283	
AF PA Shelter Amount-"Other" Suffix	\$283	

Breakout of FHEPS B Supplement Amount by Single Issuance Codes

Authorizing the budget

To authorize the new budget, staff must:

- print out a Turn Around Document (TAD)
- enter the newly saved budget number on the TAD
- complete the Housing Program Indicator (HPI) Code ancillary form using one of the following values:
 - **L** - FHEPS A To Stay
 - **M** - FHEPS A To Move
 - **N** - FHEPS B To Stay
 - **O** - FHEPS B To Move
- submit the paper documents to the supervisor for approval/signature
- scan and index the supervisory signed paper documents as “Internal Paper Authorization Document”
- initiate a new PAM activity to submit the TAD and ancillary form for data entry
- complete the Notice of Intent to Change Benefits (**LDSS-4015A NYC** and **LDSS-4015B NYC**) using information from the newly created budget
- mail the **LDSS-4015A/B** along with the budget and The Family Homelessness & Eviction Prevention Supplement (FHEPS) What You Need to Know (**HRA-146g**) form

Check Issuance

If benefits need to be issued for a multi-suffix FHEPS case, staff must utilize single issuance code **QI** for FHEPS A cases and **QE and QF** for FHEPS B cases to issue any necessary supplement, including the four months of supplement in advance for FHEPS to Move cases (see instructions in PD for FHEPS to Move cases). When issuing FHEPS Rent Arrears, either **QA** or **QB** must be used (see instructions in PD for FHEPS to Stay cases).

Recording Information for Claiming

To ensure proper claiming for multi-suffix FHEPS cases, designated SPC, ODV, and CRPU staff must also access the FHEPS Manual Claiming Spreadsheet from the SharePoint site (staff provided link under separate cover). Specific instructions will be also be provided by Supervision on the entering of information from the completed **HRA-146h** to the FHEPS Manual Claiming Spreadsheet.

LDSS

HOUSING PROGRAM INDICATOR (HPI) CODE (ITEM # 064)

CASE NUMBER 	DATE FORM PREPARED <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
ORIGINATING ID	AUTHORIZATION NUMBER 						

Suffix ID #	HPI
-------------	-----

ELIGIBILITY SPECIALIST	DATE	SUPERVISOR'S SIGNATURE	DATE
------------------------	------	------------------------	------

CONTROL CLERK	DATE	CRT OPERATOR	DATE
---------------	------	--------------	------

Attachment B

NYC AUTHORIZED FHEPS PROVIDERS¹

Community-Based Providers Serving the Bronx

Organization	Area Served	Phone Number	Intake Procedure
BronxWorks Hunts Point Multi Service Center 630 Jackson Avenue, 3 rd Floor Bronx, NY 10455	All of the Bronx	718-637-2630	Go to BronxWorks directly during business hours.
Catholic Charities Community Services Center #35 – Dyckman , 4055 10th Avenue, Lower Level, Room 25, NY, NY 10034	All of Manhattan & the Bronx & Staten Island	646-977-8955 or joy.willis@archny.org (Dyckman Site Supervisor)	Go to Catholic Charities during business hours.
Catholic Charities Community Services Center #13 – Waverly Job Center 12 West 14 St. 4th Fl. New York, NY 10011	All of Manhattan, the Bronx, & Staten Island	212-337-0213 or ivette.soto@archny.org (Acting Waverly Site Supervisor)	Go to Catholic Charities during business hours.
Catholic Charities Community Services East End/Hamilton Job Center 2322 Third Avenue, 4th Floor New York, NY	All of Manhattan & the Bronx & Staten Island	212-860-8291 or arlene.Santiago@archny.org (East End Site Supervisor)	Go to Catholic Charities during business hours.

¹ Organizations change addresses, phone numbers, intake procedures, and locations. Contact providers prior to sending clients if you are not certain about the information.

Bronx Legal Services Providers

(A lawyer may represent tenant/recipient in court **and** process FHEPS application)

Organization	Area Served	Phone #	Intake Procedure
The Legal Aid Society 260 E. 161 st St., 8 th Floor Bronx, NY 10451	All of the Bronx	718-991-4600	Call 646-340-1920 on a Wednesday beginning at 9:00am
Legal Services NYC – Bronx 349 E. 149 th Street, 10th Floor Bronx, NY 10451	All of the Bronx	718-928-3700	Call (718) 928-3700 Monday – Friday, 10 – 4 for intake screening.
Legal Services NYC – Bronx (Courthouse Office) 1118 Grand Concourse, Rm. 370, Bronx, NY 10456	All of the Bronx	718-928-3700	Appointments are limited depending upon availability. Call (718) 928-3700 for intake screening.
Northern Manhattan Improvement Corp. Uptown Office 76 Wadsworth Ave, NY, NY 10033	All of Manhattan & the Bronx	Uptown Office: 212-822-8300	Uptown office has intake M and Th beginning at 8am on first-come, first-serve basis.
The Bronx Defenders 360 E. 161 st Street Bronx, NY 10451	All of the Bronx	718-838-7878	Representation restricted to existing clients of Bronx Defenders

Brooklyn Community-Based Providers

Organization	Area Served	Phone Number	Intake Procedure
CAMBA Center #66 (Bushwick Job Center) 30 Thornton St.(Basement) Brooklyn, NY 11206	All of Brooklyn	718-675-3373	Mon – Fri (9am-3pm) Scheduled by phone or same day walk ins accepted with relevant documentation.
Brooklyn Housing & Family Services 415 Albemarle Rd Brooklyn, NY 11218		718-435-7585	
Partnership for the Homeless Family Resource Center 100 Pennsylvania Ave, 3 rd Fl Brooklyn, NY 11207	11207, 11208, 11239 (ENY); 11221, 11237 (Bushwick); 11205, 11206, 11216, 11221, 11233 (Bed-Stuy); 11225, 11213 (Crown Heights); 11236 (Canarsie); 11212 (Brownsville); 11203, 11212 (E Flatbush)	718-875-0027	Mon – Thurs (10am-4pm) Scheduled appointments or walk-ins accepted with relevant documentation.

Brooklyn Legal Services Providers

(May represent tenant/recipient in court and process FHEPS application)

Organization	Area Served	Phone #	Intake Procedure
The Legal Aid Society (Courthouse Office) 141 Livingston Street Brooklyn, NY 11201 (9:30-11:00 am, M-F)	All of Brooklyn	718-722-3100 (main office)	9:30-11:30 am (walk-in for pre-screen)
Legal Services NYC – Brooklyn 1360 Fulton St. Brooklyn, NY 11216	All of Brooklyn	718-237-5559	Call hotline at 718-237-5539 on Tuesdays & Thursdays from 9:30am-11:30am, or call 718-237-5500 (9-5, M-F), to make appt for Friday walk-in clinic.
Legal Services NYC – Brooklyn 105 Court St. Brooklyn, NY 11201	All of Brooklyn	718-237-5559	Call hotline at 718-237-5539 on Tuesdays & Thursdays from 9:30am-11:30am, or call 718-237-5500 (9-5, M-F), to make appt for Friday walk-in clinic.
Brooklyn Legal Services Corp. A 260 Broadway Brooklyn, NY 11211	All of Brooklyn	718-487-2300	9am - 5pm by appointment
CAMBA Legal Services 885 Flatbush Ave. Brooklyn, NY 11226	All of Brooklyn	718-287-0010	Call for appointment

Manhattan Community-Based Providers

Manhattan Legal Services Providers

(May represent tenant/recipient in court and process FHEPS application)

Organization	Area Served	Phone #	Intake Procedure
The Legal Aid Society (Harlem Community Law Office) 230 E. 106th St New York, NY 10029	All of Manhattan	212-426-3000	Call Thursdays between 9 & 10am and you will be called back
The Legal Aid Society (Courthouse Office) 111 Centre St., Room 106 NY, NY 10013	All of Manhattan	212-766-2450	Call or come in to be put on waiting list
Manhattan Legal Services (Upper Manhattan) 1 West 125th St., 2nd Fl. NY, NY 10027	All of Manhattan	646-442-3100	Call Mondays through Friday 9am to 5pm to make an appointment.
MFY 299 Broadway, 4th Floor New York, NY 10007	South of 110th St., Entire East Side	212-417-3812	Fridays from 1:30pm-4:30pm
Housing Conservation Coordinators, Inc. 777-10 th Ave. New York, NY 10019	Hell's Kitchen/Clinton & Upper West Side (34 th - 100 th Streets – on the West Side)	212-541-5996	Walk-in intake hours Mondays 4pm - 6:30pm or Thursdays 10am - 12:30pm with all relevant information (court papers, leases, notices received, proof of rental payments & proof of income for all household members such as tax returns, public assistance, pay stubs, Social Security award letters, etc. & birth certificates for all minors).
Northern Manhattan Improvement Corp. Courthouse Office 111 Centre Street, Room 323, NY, NY 10013 Uptown Office 76 Wadsworth Ave, NY, NY 10033	Courthouse: All of Manhattan Uptown Office: All of Manhattan & the Bronx	Courthouse: 212-566-0900 Uptown Office: 212-822-8300	Courthouse office handles post-evicts and denied OSCs only. Uptown office has intake M and Th beginning at 8am on first-come, first-serve basis
New York Legal Assistance Group (NYLAG) 7 Hanover Sq., 18 th Floor New York, NY 10004	Manhattan & other boroughs	212-613-5000	9:00am-3:00pm on M,W,Th

<u>Organization</u>	<u>Areas Served</u>	<u>Contact Information</u>
Catholic Charities Community Services Center #35 – Dyckman, 4055 10th Avenue, Lower Level, Room 25, NY, NY 10034	All of Manhattan & the Bronx & Staten Island	646-977-8955 or joy.willis@archny.org (Dyckman Site Supervisor)
Catholic Charities Community Services Center #13 – Waverly Job Center 12 West 14 St. 4th Fl. New York, NY 10011	All of Manhattan, the Bronx, & Staten Island	212-337-0213 or ivette.soto@archny.org (Acting Waverly Site Supervisor)
Catholic Charities Community Services East End/Hamilton Job Center 2322 Third Avenue, 4th Floor New York, NY 10035	All of Manhattan & the Bronx & Staten Island	212-860-8291 or arlene.Santiago@archny.org (East End Site Supervisor)

Queens Community-Based Provider

Organization	Area Served	Phone #	Intake Procedure
Queens Community House - Eviction Prevention Unit 165-08 88th Ave – Rm. 217, Jamaica, NY	All of Queens	718-883-8310	Walk-ins welcome or call for an appointment

Queens Legal Services Providers

(May represent tenant/recipient in court **and** process FHEPS application)

Organization	Area Served	Phone #	Intake Procedure
The Legal Aid Society Queens Neighborhood Office 120-46 Queens Blvd. Kew Gardens, NY 11415 Courthouse Office 89-17 Sutphin Blvd – Rm 160 Jamaica, NY	All of Queens	718-286-2450	Walk-ins at Courthouse Office Mon or Wed at 9:00 a.m. or call for screening Mon, Wed, or Fri from 9-11
Queens Legal Services 89-00 Sutphin Blvd, 3rd Fl. Jamaica, NY 11435	All of Queens	347-592-2200	Walk-in intake, M-Thurs. 10 – 3; emergency intake Fri, 10 – 3.
New York Legal Assistance Group (NYLAG Courthouse Office) 89-17 Sutphin Boulevard, Room 124, Jamaica, NY	All of Queens	718-262-7143	Walk-ins on Mon-Thurs from 9:30 to 12:30 & 2 to 4:30. Fri. from 9:30 to 12:30. Or call the intake number on Mon, Wed, Thur 9-3.

Community-Based Providers Serving Staten Island

Organization	Address	Phone	Intake Procedure
Catholic Charities Center #13 – Waverly Job Center <i>(Note: must go to Manhattan)</i>	12 West 14th Street, 4th Fl. NY, NY	212-337-0213 <i>or</i> Julissa.Matias@archny.org (Waverly Site Supervisor)	Go to Catholic Charities during business hours.
CAMBA Center #66 – Thornton Job Center <i>(Note: must go to Brooklyn)</i>	30 Thornton Street, Basement Brooklyn, NY 11206	718-675-3373	Call for appointment.

Staten Island Legal Services Providers

(May represent tenant/recipient in court **and** process FHEPS application)

Organization	Address	Phone #	Intake Procedure
The Legal Aid Society (Staten Island Neighborhood Office)	60 Bay St. Staten Island, NY 10301	347-422-5333	Mondays 9am-12pm
CAMBA Legal Services	648 Bay Street Staten Island, NY 10304	718-282-6473 Ext. 2	Call Mondays through Fridays 9am – 5pm for an appointment

FHEPS Legal Services Provider for Young People Under

21

(May represent tenant/recipient in court **and** process FHEPS application)

Organization	Address	Phone #	Intake Procedure
The Door	121-6 th Ave, 3rd floor New York, New York 10013	212- 941-9090 Ext 3250, Mike Williams	Call

ATTACHMENT C

Temporary Assistance Bureau
Employment & Income Support Programs

Office of Temporary and Disability Assistance
40 North Pearl Street, Albany, NY 12243-0001
[\(518\) 474-9344](tel:5184749344) | otda.sm.cees.tabureau@otda.ny.gov
www.otda.ny.gov

NAICA
1075 Grand Concourse
Bronx, NY 10452

8/16/2017

NOTIFICATION OF ACCEPTANCE FOR A FAMILY HOMELESSNESS & EVICTION PREVENTION SUPPLEMENT

Client: Doe, Jane	Case No: XXXXXXXX	Job Center: 44
Address: 0000 Manhattan Avenue, Apt. 11 Bronx, NY 10458	Adults: 1	Children: 2

RENT SUMMARY

1. CA Shelter Amount (Shelter Schedule)	\$400.00
2. Additional Client Contribution:	\$20.00
3. Total of (1) + (2)* (CA Shelter):	\$420.00
4. CA Funded Supplement:	\$500.00
5. NYC Funded Supplement:	\$50.00
6. Total FHEPS Supplement = (4) + (5)*	\$550.00
7. NCA Rent Contribution to Landlord:	\$240.00
8. Total Stated Rent = (3) + (6) + (7) + (10)	\$1,210.00
9. Actual Rent (FS Shelter) (8 - 6)	\$660.00
10. Other Suffix Shelter Allowance (if applicable)	\$0.00

ARREARS SUMMARY

Arrears Requested:	\$5,286.47
Recoupable:	\$1,763.71
State Dated Checks:	\$0.00
Non - Recoupable:	\$521.00
In excess of shelter Amt:	\$1,100.88
Prior to Application:	\$1,900.88
Period Covered:	3/15-11/16

If the regular CA grant and/or F&O grant is not sufficient to allow for HRA payment of the total in (3) on account of other income of the FHEPS recipient CA household, the FHEPS recipient must make up the shortfall by direct payment to the landlord.

Dear :

This agency has reviewed your letter and agrees to provide the requested supplement (exclusive of any requested legal costs), summarized above, on condition that your client agrees to vendor or other restricted payment. The additional sums above the shelter allowances provided as "excess" are not subject to any current recoupments and may not be the subject of recoupment.

Please note that this approval is limited to the summarized facts and circumstances. Any change concerning the client's household composition, the rental unit's location, or the amount of the prospective rent or the requested arrears (except for an amount corresponding to rent accruing while the present request was pending) that increases the amount of rent supplement requested must be specifically approved. A copy of the Application must be submitted along with this letter to HRA for payment to be made.

Sincerely,

Jeffrey Gaskell/ka
Assistant Deputy Commissioner
Employment & Income Support Programs



ACTION TAKEN ON YOUR

FAMILY HOMELESSNESS & EVICTION PREVENTION SUPPLEMENT SPECIAL ALLOWANCE

NOTICE DATE:		NAME AND ADDRESS OF AGENCY	
CASE NUMBER	CIN NUMBER	NYS Office of Temporary and Disability Assistance 40 North Pearl Street 11 th Floor Albany, New York 12243	
CASE NAME (And C/O Name if Present) AND ADDRESS			
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP <u>(518) 474-9344</u>	
		OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____	

1

On _____ you asked for help with:

A special need of: _____

An immediate need of: _____

We will help you by: _____

Meeting your need in the following way: _____

Doing the following, since this is **not** a need of yours that must be met today: _____

We **cannot** help you because: _____

The LAW(S) AND/OR REGULATION(S) which allow us to do this is **18 NYCRR 352.3 (a) (3)**.

This is a follow-up to our notice dated: _____

2

On _____ you asked for help with:

A special need of: _____

An immediate need of: _____

We will help you by: _____

Meeting your need in the following way: _____

Doing the following, since this is **not** a need of yours that must be met today: _____

We **cannot** help you because: _____

The LAW(S) AND/OR REGULATION(S) which allow us to do this _____

This is a follow-up to our notice dated: _____

Note: If your allowance changes, you will get a separate notice telling you this and explaining why.

Public Assistance – If you are also applying for public assistance, you will also get a separate notice from us telling you of the decision on your application. If you are getting public assistance and your request for more help is denied, your ongoing public assistance case will not be affected.

Supplemental Nutrition Assistance Program (SNAP) – If you get assistance, your household’s SNAP benefits may change. If your benefits are changed, you will get a separate notice telling you this and explaining why.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT
OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE TO APPEAL THIS DECISION

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. **STATE FAIR HEARING** – You have 60 days from the date of this notice to ask for a fair hearing:

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

Mail: Send a copy of both sides of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (Please have this notice with you when you call.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735.

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at: 14 Boerum Place, Brooklyn NY, 11201.

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

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

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. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE PHONE. IF YOU WRITE, FAX OR CONTACT US ONLINE INSTEAD, PLEASE BE SURE TO EXPLAIN YOUR SITUATION.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your 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 file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call, write or fax to us, we will provide you with free copies of other documents from your file that 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 us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

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.

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 us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.



Date: _____

Case Number: _____

Participant Name: _____

Notice to Landlords Regarding the New Family Homelessness & Eviction Prevention Supplement (FHEPS) Program

We are writing to inform you that beginning December 2017, your tenant is being transferred into a new rent supplement program, FHEPS. The method and number of checks you receive may change.

As we begin this transition in December, you will receive two checks from us, twice per month. Once this is completed, you will receive one check from us, twice per month.

Your tenant has been notified of these changes and that they must continue to pay the difference between their actual rent and the amount that we pay you.

If your tenant sends you more money than is owed to you in rent, you must return the money to your tenant.

If you have any questions about this transfer please call us at the Rental Assistance Call Center **(929) 221-0043**.

Thank you for your cooperation.

Family Homelessness & Eviction Prevention Supplement A and B (FHEPS A and B) Application

1. Client Information

Head of Household's First Name _____ MI _____ Last Name _____

Current Mailing Address Street _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Cash Assistance (CA) Case Number _____

Are you in a special assessment situation? Yes No

2. Reason for Application

Check one:

FHEPS to stay in your apartment

New FHEPS application to move to new apartment (*enter new address at bottom of page 1*)

Are you moving from an HRA or DHS Shelter? Yes No

If No, reason for move:

Move from one FHEPS apartment to another FHEPS apartment (*enter new address at bottom of page 1*)

Reason for move: (*Must include good cause to justify move*)

New apartment Address (if applicable)

Street _____

City _____ State _____ Zip Code _____

(Turn page)

2. Reason for Application (continued)

- FHEPS Modification:
- Change in Income
 - Change in Rent
 - Change in Household Composition
- Application to Restore FHEPS; Prior Approval Date: _____

3. Proof of Eviction Proceeding (only required if you are facing eviction or have been evicted)

Select the document(s) that is being used as proof of a past/present eviction proceeding:

- Proof of an eviction proceeding, such as a Housing Court petition, judgment, order, or stipulation.
- Foreclosure Proceeding. Notice of possession (or writ of assistance), judgment of foreclosure, or notice of petition and holdover.
- Proof of Court-Ordered or City Agency vacate order.
- Proof that the household has to leave the apartment for health and/or safety reasons as determined by a City agency.

Does someone in the CA household appear as a tenant of record on the documents used as proof?

- Yes (skip to section 4)
- No (proof of residency at the time of the eviction proceeding must be provided.)

Indicate documentation submitted as proof of residency at the time of the eviction proceeding:

- Lease or agreement
- DMV Records
- School Records
- Bank Statements
- Phone / Utility Bill
- Other (please indicate)

(Turn page)

4. People Who Will Live in the Apartment

List all people who will live in the apartment. Include any individuals who are not receiving Cash Assistance and any individuals who have not moved into the apartment yet (such as a roommate).

The person listed on line 1 should be the head of household.

No.	Last Name	First Name, MI	Date of Birth	Relationship to Head of Household
1				Self
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

SAMPLE

(Turn page)

5. Income of People Who Will Live in the Apartment

If any person who will live in the apartment has income, please indicate in "Monthly Income" column below. Indicate the source of each individual's income (e.g. CA, Supplemental Security Income (SSI), Job, Foster Care payments).

No.	Name	Monthly Income	Income Source(s)
1			
2			
3			
4			
5			
6			
7			
8			

6. Lease Information for Apartment to Receive FHEPS Supplement

Is there a current lease or agreement for this apartment? Yes No

If yes, what is the lease renewal date? _____

If yes, is this lease information for the current apartment or a new apartment? Current New

If there is no lease or if the lease or rental agreement expires in less than 1 year, you must explain or provide proof that you can stay in the apartment for at least 1 year after your application is approved. (*Enter explanation below*)

Is the applicant household named in the lease or agreement? Yes No

If No, please verify that each requirement below is met:

The tenant of record must have a lease or otherwise have residency rights for at least 12 months for the residence at the time of approval of the application; **and**, Yes No

The tenant of record must have an income below 200% of the Federal Poverty Level; **and**, Yes No

The applicant(s) must be named as co-tenant on the tenant of record's lease, in a court stipulation, or in a written agreement with the tenant of record or landlord that grants residency rights for at least 12 months from the time of application. Yes No

(Turn page)

7. Rental Information

Total Monthly Rent \$ _____

Is the apartment rent regulated, controlled or stabilized? Yes No

If yes, is the current rent a preferential rent? Yes No

If yes, what is the maximum legal rent? _____

If the household has a roommate, please provide proof of ability to pay rent and date residency will begin.

Residency Start Date: _____

List contribution(s) to Rent by individuals or organizations who are not part of the CA household. This includes roommates or other individuals who are not on CA, whether or not they live/will live in the apartment.

Name	Rent Contribution

SAMPLE

8. Arrears (if arrears are not being requested, please skip to Section 9)

Total Rent Arrears Sought \$ _____

If total rent arrears sought are over \$9,000, please describe any special circumstances:

Is the applicant's name on the submitted eviction documentation? Yes No

If the applicant's name is not on the submitted eviction documentation, the applicant must submit proof of the family's portion of the accrued rent arrears for any period of time when the FHEPS family resided in the apartment.

Indicate documentation submitted as proof of residency at time of the accrued rent arrears:

- Lease or agreement
- School Records
- Phone / Utility Bill
- Other (please indicate) _____
- DMV Records
- Bank Statements

(Turn page)

8. Arrears (continued)

Are there arrears for a time period when the applicant was not living in the apartment?

Yes No

If yes, list the time period(s):

9. Applicant/Participant Agreement *(by signing below, you acknowledge that you have read, understood, and agree to the following)*

I agree that my full monthly rent is \$ _____ and that I owe my landlord the amount that my rent supplement and Cash Assistance (CA) grant does not cover.

I agree to inform the household member(s) who are not part of the CA case of their obligation to pay their share of the rent either directly to the landlord or to me as a contribution to household expenses.

I agree to have my rent supplement from HRA sent directly to my landlord and to report to my Job Center within 10 days if I learn that my landlord has changed or has a new mailing address.

I agree to report to my Job Center within 10 days and make an appointment with my preparer (if appropriate) within 10 days if anyone moves in or out of my home, if my income changes, if anyone is accepted for SSI, if the income of anyone else in my home changes (except for yearly cost of living increases) or if my rent changes. While this application is pending, I will report these changes to my preparer.

If I receive a rent supplement, I understand I cannot move without first obtaining written approval from NYC HRA for the move. I understand that I must complete a new application.

Applicant/Participant Signature

Date

10. Preparer Information

Worker Name _____

Location _____

Telephone Number _____ Extension (if any) _____

Solicitud del Suplemento de las Familias Sin Techo y de Prevención de Desahucio A y B (FHEPS A y B)

1. Información del Cliente

Nombre del Jefe del Hogar _____ I _____ Apellido _____

Dirección Postal Actual Calle _____

Ciudad _____ Estado _____ Código Postal _____
Número de Teléfono Alterno _____

Número de Teléfono _____

Número del Caso de Asistencia en Efectivo (CA) _____

¿Está usted en una situación de evaluación especial? Sí No

2. Motivo de la Solicitud

Marque una casilla:

- FHEPS para permanecer en su apartamento
- Nueva solicitud de FHEPS para mudarse a nuevo apartamento (*ingrese la nueva dirección en la parte inferior de la página 1*)

¿Se está mudando de un refugio de la HRA o DHS? Sí No

En caso negativo, motivo de la mudanza:

- Mudanza de un apartamento FHEPS a otro apartamento FHEPS (*ingrese la nueva dirección en la parte inferior de la página 1*)

Motivo de la mudanza: (*Se debe incluir motivo justificado por la mudanza*)

Nueva Dirección del Apartamento (si corresponde)

Calle _____

Ciudad _____ Estado _____ Código Postal _____

(Voltee la página)

2. Motivo de la Solicitud (continuación)

- Modificación de FHEPS:
- Cambio de Ingreso
 - Cambio de Alquiler
 - Cambio en la Composición del Hogar
- Solicitud para Restaurar FHEPS; Fecha de Aprobación Anterior: _____

3. Prueba de Trámite de Desahucio (sólo necesaria si usted se enfrenta con desahucio o ya ha sido desahuciado)

Seleccione el/los documento(s) que sirva(n) de prueba de trámite de desahucio anterior/actual:

- Prueba de trámite de desahucio, como petición del Tribunal de Vivienda, fallo, orden, o estipulación.
- Ejecución hipotecaria. Aviso de posesión (o mandamiento de asistencia), fallo de ejecución hipotecaria, o aviso de petición y retención.
- Prueba de Orden de Desocupación por parte de tribunal o agencia de la ciudad.
- Prueba que los miembros del hogar tiene que salir del apartamento por motivos de salud y/o de seguridad tal como lo ha determinado una agencia de la ciudad.

¿Figura algún miembro del hogar de CA como inquilino oficial en los documentos usados como prueba?

- Sí (salte a la sección 4)
- No (se debe presentar prueba de residencia a la hora del proceso de desahucio.)

Indique la documentación presentada como prueba de residencia a la hora del proceso de desahucio:

- Contrato o acuerdo de arrendamiento
- Expedientes de DMV
- Expedientes Académicos
- Extractos de Cuentas
- Factura de Teléfono / de Servicios Públicos
- Otro documento (favor de indicar)

(Voltee la página)

4. Residentes Futuros del Apartamento

Liste a todas las personas quienes vivirán en el apartamento. Incluya a toda persona quien no reciba Asistencia en Efectivo y a toda persona quien aún no se haya mudado al apartamento (como un compañero de cuarto).

La persona listada en la línea 1 debe ser el jefe del hogar.

Núm.	Apellido	Nombre, Inicial	Fecha de Nacimiento	Relación con el Jefe del Hogar
1				Sí mismo(a)
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

(Voltee la página)

5. Ingreso de los Residentes Futuros del Apartamento

Si cualquier persona que vivirá en el apartamento gana ingreso, favor de indicarlo en la columna "Ingreso Mensual" más abajo. Indique la fuente del ingreso de cada persona (p.ej., CA, Ingreso de Seguridad Suplementaria [SSI], trabajo, pagos de cuidado temporal).

Núm.	Nombre	Ingreso Mensual	Fuente(s) de Ingreso
1			
2			
3			
4			
5			
6			
7			
8			

6. Información sobre el Contrato de Arrendamiento para que el Apartamento Reciba Suplemento de FHEPS

¿Hay contrato o acuerdo de arrendamiento actual para este apartamento? Sí No

¿En caso afirmativo, cuál es la fecha de renovación del contrato de arrendamiento?

En caso afirmativo, es esta información del contrato de arrendamiento para el actual apartamento o para uno nuevo? Actual Nuevo

Si no hay contrato de arrendamiento o si el contrato o acuerdo de arrendamiento se vence en menos de 1 año, usted debe explicar o proveer prueba de que usted puede permanecer en el apartamento durante por lo menos 1 año después de que se apruebe su solicitud (*Anote la explicación más abajo*)

¿Está nombrado el hogar solicitante en el contrato o acuerdo de arrendamiento? Sí No

En caso negativo, favor de verificar que se cumplan todos los requisitos más abajo:

El inquilino oficial debe tener un contrato de arrendamiento o sino Sí No

tener derecho de residencia de por lo menos 12 meses para la residencia en cuestión a la hora de la aprobación de la solicitud; y,

El inquilino oficial debe tener ingreso inferior al 200% del Nivel Federal de Pobreza; y, Sí No

El/los solicitante(s) debe(n) estar nombrado(s) como coinquilinos en el contrato de arrendamiento del inquilino oficial, en una estipulación judicial, o en un acuerdo por escrito con el inquilino oficial o casero que otorgue el derecho de residencia durante por lo menos 12 meses desde la fecha de la solicitud. Sí No

(Voltee la página)

7. Información de Alquiler

Alquiler Mensual Total \$ _____

¿Tiene el apartamento alquiler regulado, controlado o estabilizado? Sí No

En caso afirmativo, es el alquiler actual preferencial? Sí No

En caso afirmativo, cuál es el alquiler máximo legal? _____

Si el hogar tiene un compañero de cuarto, favor de proporcionar prueba de la capacidad de pagar alquiler y la fecha en que comenzará la residencia.

Fecha de Comienzo de la Residencia: _____

Lista de contribución(es) de alquiler por personas u organizaciones que no son parte del hogar de CA. Esto incluye a compañeros de cuarto u otras personas que no reciban CA, independientemente de si vivan/vivirán en el apartamento.

Nombre	Contribución de alquiler

8. Atrasos (si no se han solicitado atrasos, favor de saltar a la Sección 9)

Total de Atrasos de Alquiler Reclamados \$ _____

Si el total de los atrasos de alquiler reclamados suman más de \$9,000, favor de explicar cualquier circunstancia especial:

¿Figura el nombre del solicitante en la documentación presentada de desahucio ?

Sí No

Si el nombre del solicitante no figura en la documentación de desahucio presentada, el solicitante debe proporcionar prueba de la porción familiar de atrasos de alquiler acumulados por cualquier período de tiempo cuando la familia de FHEPS residía en el apartamento.

Indique la documentación presentada como prueba de residencia a la hora de los atrasos de alquiler acumulados:

- Contrato o acuerdo de arrendamiento
- Expedientes de DMV
- Expedientes académicos
- Extractos de Cuentas
- Factura Teléfono / de Servicios Públicos
- Otro documento (favor de indicar)

(Voltee la página)

8. Atrasos (continuación)

¿Hay atrasos por un período cuando el solicitante no vivía en el apartamento?

Sí No

En caso afirmativo, liste el/los período(s):

9. Acuerdo del Solicitante/Participante *(al firmar más abajo, usted reconoce que ha leído, entendido, y acordado a lo siguiente)*

Estoy de acuerdo que mi alquiler mensual total suma \$ _____ y que le debo a mi casero la cantidad no cubierta por mi suplemento de alquiler y la concesión de mi Asistencia en Efectivo (CA).

Acuerdo informar a los miembros del hogar quienes no sean parte del caso de CA de su obligación de pagar su porción del alquiler, ya sea directamente al casero o a mí, como contribución de los gastos del hogar.

Acuerdo que se envíe mi suplemento de alquiler de la HRA directamente a mi casero y a presentarme a mi Centro de Trabajo dentro de 10 días si averiguo que mi casero haya cambiado o que tenga nueva dirección postal.

Acuerdo presentarme a mi Centro de Trabajo dentro de 10 días y programar una cita con mi preparador (en caso apropiado) dentro 10 días si alguien se muda a mi apartamento o fuera del mismo, si mi ingreso cambia, si se acepta a alguien para recibir SSI, si el ingreso de cualquier otra persona en el hogar cambia (excepto por el incremento del costo anual de vida) o si cambia mi alquiler. Mientras esta solicitud está pendiente, reportaré estos cambios a mi preparador.

Si recibo un suplemento de alquiler, entiendo que no puedo mudarme sin primero obtener aprobación por escrito de parte de HRA de la ciudad de Nueva York. Entiendo que debo llenar una nueva solicitud.

Firma del Solicitante/Participante

Fecha

10. Información del Preparador

Nombre del Trabajador _____

Ubicación _____

Número de Teléfono _____ Extensión (de haberla) _____

Date: _____
 Case Number: _____
 Participant Name: _____
 Fair Hearing & Conference
 Telephone Number: _____

**Family Homelessness and Eviction Prevention Supplement A
 (FHEPS A) Approval Notice**

Your application for FHEPS, dated _____, has been approved as follows:

Address for which FHEPS is approved: _____

Your household is responsible for paying directly to your landlord the monthly share of
 \$ _____.

SAMPLE

We used the information listed below to decide the monthly amount your household must pay to the landlord.	
1. Number of Individuals in Household Receiving Cash Assistance (CA):	
2. Number of Individuals in Household Not Receiving CA:	
3. Total Income for Individuals Receiving CA:	
4. Total Income for Individuals Not Receiving CA:	
5. Apartment Rent	
<i>CA Shelter Allowance (which HRA will pay to the Landlord):</i>	
<i>FHEPS Rent Supplement (which HRA will pay to the Landlord):</i>	
<i>Household Share (This is the amount you must pay to the landlord):</i>	

The laws and/or regulations which allow us to do this are 18 N.Y.C.R.R. §352.3(a)(3).

Note: This approval is based on your current situation and may change. You always have to pay your landlord the difference between your rent and any money we pay to your landlord.

(Turn page)

- Any changes to your income or who lives with you may change these amounts.
- You must tell us of any changes to your income who lives with you, or the amount of your rent within 10 days.
- If someone who lives with you is sanctioned (because they did not do something that we required) and your CA Shelter benefits are lowered, your FHEPS Rent Supplement amount will also be lowered. You must pay the higher rent directly to the Landlord during that time.
- The FHEPS Rent Supplement amount will be stopped if the family no longer has a CA case or no longer has a child under 18 years of age, or under 19 years who is a full-time student regularly attending a secondary school, or the equivalent level of vocational or technical training.
- A household receiving a FHEPS Rent Supplement may not move to a new address and keep eligibility for FHEPS unless we approve it first.

If you have any questions about this decision please call us at the Rental Assistance Call Center _____.

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 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.

**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.**

(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>

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.

(Turn page)

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.

FAIR HEARING REQUEST

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

[Empty rectangular box for providing reasons for a fair hearing request]

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

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____
 Número del Caso: _____
 Nombre del Participante: _____
 Número de Teléfono de Audiencia Imparcial y Conferencia _____

Aviso de Aprobación del Suplemento A para la Prevención de Desalojamiento y Estado sin Techo de Familias (FHEPS A)

Su solicitud de FHEPS, con fecha del _____, ha sido aprobada según indicado a continuación:

Dirección por la cual FHEPS se ha aprobado: _____

Su hogar es responsable de pagarle directamente al casero la porción mensual de \$ _____.

SAMPLE

Nosotros utilizamos la información listada más abajo para determinar la cantidad mensual que su hogar debe pagarle al casero.	
1. Número de personas en el hogar quienes reciban Asistencia en Efectivo (CA):	
2. Número de personas en el hogar quienes No reciban CA:	
3. Ingreso total para las personas quienes reciben CA:	
4. Ingreso total para las personas quienes No reciban CA:	
5. Alquiler del Apartamento	
<i>Asignación de Albergue de CA (que la HRA pagará al casero):</i>	
<i>Suplemento de Alquiler de FHEPS (que la HRA le pagará al casero):</i>	
<i>Porción del Hogar (Ésta es la cantidad que usted debe pagar al casero):</i>	

La ley y/o regla que nos permite tomar esta medida es 18 N.Y.C.R.R. § 352.3(a)(3).

Nota: Esta aprobación se basa en su actual situación y puede cambiar. Usted siempre tiene que pagar a su casero la diferencia entre su alquiler y cualquier dinero que nosotros pagemos a su casero.

(Voltee la página)

- Cualquier cambio en su ingreso o en las personas que vivan con usted puede cambiar estas cantidades.
- Usted debe informarnos dentro de 10 días de cualquier cambio en su ingreso, de quien viva con usted, o de la cantidad de su alquiler.
- Si alguien que vive con usted está bajo sanción (por no cumplir algún requisito nuestros) y sus beneficios de albergue CA se han reducido, su Suplemento de Alquiler de FHEPS también se reducirá. Usted debe pagar la cantidad de alquiler superior directamente a su casero durante este período.
- El Suplemento de Alquiler de FHEPS se cancelará si la familia ya no tiene caso de CA o si ya no tiene un niño menor de 18 años de edad, o menor de 19 años quien sea estudiante a tiempo completo y quien asista regularmente a la secundaria, o a un nivel equivalente de preparación vocacional o técnica.
- El hogar que recibe Suplemento de Alquiler de FHEPS no puede mudarse a un nuevo local y conservar elegibilidad de FHEPS, a menos que nosotros lo aprobemos primero.

Si usted tiene cualquier pregunta sobre esta decisión, llámenos al Centro de Llamadas de Asistencia de Alquiler (Rental Assistance Call Center) al _____.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN DE CONFERENCIAS Y
AUDIENCIAS IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

(Voltee la página)

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera errónea nuestra decisión, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

Cómo Solicitar una Audiencia Imparcial: Si usted considera errónea(s) la(s) decisión(es) que estamos tomando, puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO: Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano al llamar.)

(2) POR ESCRITO: Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201**

(3) FAX: Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA: Traiga consigo una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección:
14 Boerum Place, Brooklyn, NY 11201.

(5) POR INTERNET: Llene un formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera errónea nuestra decisión. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

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Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, tal como un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si así los solicita específicamente.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA: Las expediciones de la política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) y las expediciones de la política y manuales de la HRA están disponibles para usted y su representante para determinar si se debe solicitar una Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio Web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a CRO@hra.nyc.gov, o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

En Letras
de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Date: _____
 Case Number: _____
 Participant Name: _____
 Fair Hearing & Conference
 Telephone Number: _____

**Family Homelessness and Eviction Prevention Supplement B
 (FHEPS B) Approval Notice**

Your application for FHEPS, dated _____, has been approved as follows:

Address for which FHEPS is approved: _____

Your household is responsible for paying directly to your landlord the monthly share of
 \$ _____.

SAMPLE

We used the information listed below to decide the monthly amount your household must pay to the landlord.	
1. Number of Individuals in Household Receiving Cash Assistance (CA):	
2. Number of Individuals in Household Not Receiving CA:	
3. Total Income for Individuals Receiving CA:	
4. Total Income for Individuals Not Receiving CA:	
5. Apartment Rent	
<i>CA Shelter Allowance (which HRA will pay to the Landlord):</i>	
<i>FHEPS Rent Supplement (which HRA will pay to the Landlord):</i>	
<i>Household Share (This is the amount you must pay to the landlord):</i>	

The laws and/or regulations which allow us to do this are 18 N.Y.C.R.R. §352.3(a)(3).

Note: This approval is based on your current situation and may change. You always have to pay your landlord the difference between your rent and any money we pay to your landlord.

(Turn page)

- Any changes to your income or who lives with you may change these amounts.
- You must tell us of any changes to your income, who lives with you or the amount of your rent within 10 days.
- If a household member is sanctioned (because they did not do something that we required) and your CA Shelter benefits are lowered, your FHEPS Rent Supplement amount will also be lowered. You must pay the excess rent directly to the Landlord during that time.
- The FHEPS Rent Supplement amount will be stopped if the family no longer has a CA case or no longer has a child under 18 years of age, or under 19 years who is a full-time student regularly attending a secondary school, or the equivalent level of vocational or technical training.
- A household receiving a FHEPS Rent Supplement may not move to a new address and keep eligibility for FHEPS if we do not approve first.

If you have any questions about this decision please call us at the Rental Assistance Call Center _____.

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 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.

**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.**

(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>

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.

(Turn page)

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.

FAIR HEARING REQUEST

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

[Empty rectangular box for providing reasons for a Fair Hearing request]

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

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____
 Número del Caso: _____
 Nombre del Participante: _____
 Número de Teléfono de Audiencia Imparcial y Conferencia _____

Aviso de Aprobación del Suplemento B para la Prevención de Desalojamiento y Estado sin Techo de Familias (FHEPS B)

Su solicitud de FHEPS, con fecha del _____, ha sido aprobada según indicado a continuación:

Dirección por la cual FHEPS se ha sido aprobado: _____

Su hogar es responsable de pagarle directamente al casero la porción mensual de \$ _____.

SAMPLE

Nosotros utilizamos la información listada más abajo para determinar la cantidad mensual que su hogar debe pagarle al casero.	
1. Número de personas en el hogar quienes reciban Asistencia en Efectivo (CA):	
2. Número de personas en el hogar quienes No reciban CA:	
3. Ingreso total para las personas quienes reciban CA:	
4. Ingreso total para las personas quienes No reciban CA:	
5. Alquiler del Apartamento	
<i>Asignación de Albergue de CA (que la HRA pagará al casero):</i>	
<i>Suplemento de Alquiler de FHEPS (que la HRA le pagará al casero):</i>	
<i>Porción del Hogar (Ésta es la cantidad que usted debe pagar al casero):</i>	

La ley y/o regla que nos permite tomar esta medida es 18 N.Y.C.R.R. § 352.3(a)(3).

Nota: Esta aprobación se basa en su actual situación y puede cambiar. Usted siempre tiene que pagar a su casero la diferencia entre su alquiler y cualquier dinero que nosotros paguemos a su casero.

(Voltee la página)

- Cualquier cambio en su ingreso o en las personas que vivan con usted puede cambiar estas cantidades.
- Usted debe informarnos dentro de 10 días de cualquier cambio en su ingreso, de quien viva con usted, o de la cantidad de su alquiler.
- Si alguien que vive con usted está bajo sanción (por no cumplido algún requisito nuestro tomado pasos obligatorios) y sus beneficios de CA de albergue se han reducidos, su Suplemento de Alquiler de FHEPS también se reducirá. Usted debe pagar la cantidad superior de alquiler directamente a su casero durante este período.
- El Suplemento de Alquiler de FHEPS se cancelará si la familia ya no tiene caso de CA o si ya no tiene un niño menor de 18 años de edad, o menor de 19 años quien sea estudiante a tiempo completo y quien asista regularmente a la secundaria, o a un nivel equivalente de preparación vocacional o técnica.
- El hogar que recibe Suplemento de Alquiler de FHEPS no puede mudarse a un nuevo local y conservar elegibilidad de FHEPS, a menos que nosotros lo aprobemos primero.

Si usted tiene cualquier pregunta sobre esta decisión, llámenos al Centro de Llamadas de Asistencia de Alquiler (Rental Assistance Call Center) al _____.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN DE CONFERENCIAS Y
AUDIENCIAS IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

(Voltee la página)

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera errónea nuestra decisión, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

Cómo Solicitar una Audiencia Imparcial: Si usted considera errónea(s) la(s) decisión(es) que estamos tomando, puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO: Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano al llamar.)

(2) POR ESCRITO: Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201**

(3) FAX: Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA: Traiga consigo una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección:
14 Boerum Place, Brooklyn, NY 11201.

(5) POR INTERNET: Llene un formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera errónea nuestra decisión. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

(Voltee la página)

Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, tal como un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si así los solicita específicamente.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA: Las expediciones de la política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) y las expediciones de la política y manuales de la HRA están disponibles para usted y su representante para determinar si se debe solicitar una Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio Web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a CRO@hra.nyc.gov, o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

En Letras de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Date: _____

Case Number: _____

Participant Name: _____

Fair Hearing & Conference

Telephone Number: _____

Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Denial Notice

Your application for FHEPS A Rent Supplement dated _____, has been denied for the following reason(s):

Reason for Denial:

You do not receive Cash Assistance.

OR

One or more of your household members are in sanction status because they did not do something that we require.

Your family does not include a child under 18 years of age, or under 19 who is a full-time student, or a pregnant woman.

Based on the information we have, we have determined that you will not be eligible for Cash Assistance upon exit from shelter.

You do not have a qualifying eviction.

You have not found an apartment that qualifies for a FHEPS Supplement.

You do not have a lease or residency rights for at least 12 months in the apartment you have requested a FHEPS Rent Supplement for.

Your rent arrears are too high.

Other:

(Turn page)

The laws and/or regulations which allow us to do this are 18 N.Y.C.R.R. §352.3(a)(3).

If you have any questions about this decision please call us at the Rental Assistance Call Center _____.

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.

**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

(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>

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.

(Turn page)

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.

FAIR HEARING REQUEST

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

[Empty rectangular box for providing reasons for the Fair Hearing request]

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

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____

Número del Caso: _____

Nombre del Participante: _____

Número de Teléfono de
Audicias Imparciales
y Conferencias: _____

Aviso de Rechazo del Suplemento para la Prevención de Desalojamiento y Estado sin Techo de Familias (FHEPS) A

Se ha rechazado su solicitud de suplemento de alquiler de FHEPS A con fecha del _____, por el/los siguiente(s) motivo(s):

Motivo del rechazo:

Usted no recibe Asistencia en Efectivo.

O

Uno o más de los miembros de su hogar ha sido sancionado por no reunir algún requisito nuestro.

Su familia no consta de un(a) niño(a) que tenga menos de 18 años de edad, o menos de 19 años quien sea estudiante a tiempo completo, ni tampoco de una mujer embarazada.

Según la información que tenemos, hemos determinado que usted no será elegible para Asistencia en Efectivo al salir del refugio.

A usted no se le ha desalojado de manera cualificadora.

Usted no ha encontrado un apartamento que califique para Suplemento de FHEPS.

Usted no tiene contrato de arrendamiento ni derechos de residencia por un mínimo de 12 meses en el apartamento por el cual haya solicitado Suplemento de Alquiler de FHEPS.

Su atrasos de alquiler suman demasiado.

Otro motivo:

(Voltee la página)

La ley y/o regla que nos permite tomar esta medida es 18 N.Y.C.R.R. §352.3(a)(3).

Ante cualquier pregunta sobre esta decisión, por favor llame al Centro de Llamadas para Asistencia de Alquiler al _____.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN DE CONFERENCIAS Y AUDIENCIAS IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

SAMPLE

(Voltee la página)

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO: Llame al **(800) 342-3334**.

(Favor de tener este aviso a la mano al llamar.)

(2) POR ESCRITO: Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:

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

(3) FAX: Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA: Traiga una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección: **14 Boerum Place, Brooklyn, NY 11201**.

(5) POR INTERNET: Llene un formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

(Voltee la página)

Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, o un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si lo solicita específicamente.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA: Las expediciones de la política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) y las expediciones de la política y manuales de la HRA están disponibles para usted y su representante para determinar si se debe solicitar una Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio Web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a CRO@hra.nyc.gov, o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

En Letras de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____
o: _____

Firma: _____ Fecha: _____

Date: _____

Case Number: _____

Participant Name: _____

Fair Hearing & Conference

Telephone Number: _____

Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Denial Notice

Your application for FHEPS B Rent Supplement dated _____, has been denied for the following reason(s):

Reason for Denial:

You do not receive Cash Assistance.

OR

One or more of your household members are in sanction status because they did not do something that we require.

Your family does not include a child under 18 years of age, or under 19 who is a full-time student, or a pregnant woman.

Based on the information we have, we have determined that you will not be eligible for Cash Assistance upon exit from shelter.

You have not found an apartment that qualifies for a FHEPS Supplement.

You do not have a lease or residency rights for at least 12 months in the apartment you have requested a FHEPS Rent Supplement for.

Your rent arrears are too high.

You are not currently residing in an HRA or DHS shelter.

You are not NoVA eligible, residing in an HRA shelter or certified as eligible by the Family Justice Center (FJC).

Based on your prior history and NoVA evaluation, the location of the apartment you have requested a FHEPS Rent Supplement for is unsafe.

(Turn page)

Reason for Denial (continued):

Other:

The laws and/or regulations which allow us to do this are 18 N.Y.C.R.R. §352.3(a)(3).

If you have any questions about this decision please call us at the Rental Assistance Call Center _____.

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.

SAMPLE

**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.**

(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>

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.

(Turn page)

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.

FAIR HEARING REQUEST

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

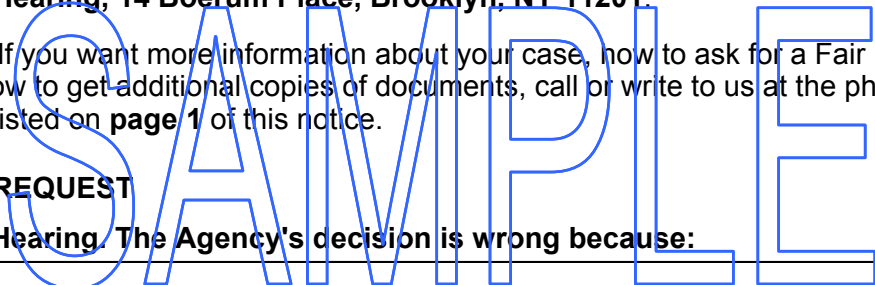
Large empty rectangular box for providing reasons for the fair hearing request.

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

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____



Fecha: _____

Número del Caso: _____

Nombre del Participante: _____

Número de Teléfono de
Audicias Imparciales
y Conferencias: _____

Aviso de Rechazo del Suplemento para la Prevención de Desalojamiento y Estado sin Techo de Familias (FHEPS) B

Se ha rechazado su solicitud de suplemento de alquiler de FHEPS B con fecha del _____,
por el/los siguiente(s) motivo(s):

Motivo del rechazo:

- Usted no recibe Asistencia en Efectivo.
- O**
- Uno o más de los miembros de su hogar ha sido sancionado por no reunir algún requisito nuestro.
- Su familia no consta de un(a) niño(a) que tenga menos de 18 años de edad, o menos de 19 años quien sea estudiante a tiempo completo, ni tampoco de una mujer embarazada.
- Según la información que tenemos, hemos determinado que usted no será elegible para Asistencia en Efectivo al salir del refugio.
- Usted no ha encontrado un apartamento que califique para un Suplemento de FHEPS.
- Usted no tiene contrato de arrendamiento ni derechos de residencia por un mínimo de 12 meses en el apartamento por el cual haya solicitado Suplemento de Alquiler de FHEPS.
- Su atrasos de alquiler suman demasiado.
- Usted no reside actualmente en un refugio de la HRA ni de DHS.
- Usted no reúne los requisitos de NoVa, ni reside en refugio de la HRA ni tampoco le ha certificado el Centro de Justicia de Familias (FJC).
- El local del apartamento por el cual usted ha solicitado un Suplemento de Alquiler de FHEPS no es seguro. Esto se basa en sus antecedentes personales y evaluación de NoVA.

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Motivo del Rechazo (continuación):

Otro motivo:

La ley y/o regla que nos permite tomar esta medida es 18 N.Y.C.R.R. §352.3(a)(3).

Ante cualquier pregunta sobre esta decisión, por favor llame al Centro de Llamadas para Asistencia de Alquiler al _____.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN DE CONFERENCIAS Y AUDIENCIAS IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

SAMPLE

(Voltee la página)

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO:

Llame al **(800) 342-3334**.
(Favor de tener este aviso a la mano al llamar.)

(2) POR ESCRITO:

Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:

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

(3) FAX:

Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA:

Traiga una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección: **14 Boerum Place, Brooklyn, NY 11201**.

(5) POR INTERNET:

Llene un formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

(Voltee la página)

Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, o un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si lo solicita específicamente.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA: Las expediciones de la política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) y las expediciones de la política y manuales de la HRA están disponibles para usted y su representante para determinar si se debe solicitar una Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio Web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a CRO@hra.nyc.gov, o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

En Letras de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____
o: _____

Firma: _____ Fecha: _____

Date: _____

Case Number: _____

Participant Name: _____

Fair Hearing & Conference

Telephone Number: _____

Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Denial Notice

Your application for FHEPS B Rent Supplement dated _____, has been denied for the following reason(s):

Reason for Denial:

You do not receive Cash Assistance.

OR

One or more of your household members are in sanction status because they did not do something that we require.

Your family does not include a child under 18 years of age, or under 19 who is a full-time student, or a pregnant woman.

Based on the information we have, we have determined that you will not be eligible for Cash Assistance upon exit from shelter.

You have not found an apartment that qualifies for a FHEPS Supplement.

You do not have a lease or residency rights for at least 12 months in the apartment you have requested a FHEPS Rent Supplement for.

Your rent arrears are too high.

You are not currently residing in an HRA or DHS shelter.

You are not NoVA eligible, residing in an HRA shelter or certified as eligible by the Family Justice Center (FJC).

Based on your prior history and NoVA evaluation, the location of the apartment you have requested a FHEPS Rent Supplement for is unsafe.

(Turn page)

Reason for Denial (continued):

Other:

The laws and/or regulations which allow us to do this are 18 N.Y.C.R.R. §352.3(a)(3).

If you have any questions about this decision please call us at the Rental Assistance Call Center _____.

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.

SAMPLE

**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.**

(Turn page)

Conference and Fair Hearing Information

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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.

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- (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>

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.

(Turn page)

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.

FAIR HEARING REQUEST

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

SAMPLE

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

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____

Número del Caso: _____

Nombre del Participante: _____

Número de Teléfono de
Audicias Imparciales
y Conferencias: _____

Aviso de Rechazo del Suplemento para la Prevención de Desalojamiento y Estado sin Techo de Familias (FHEPS) B

Se ha rechazado su solicitud de suplemento de alquiler de FHEPS B con fecha del _____, por el/los siguiente(s) motivo(s):

Motivo del rechazo:

- Usted no recibe Asistencia en Efectivo.
- O**
- Uno o más de los miembros de su hogar ha sido sancionado por no reunir algún requisito nuestro.
- Su familia no consta de un(a) niño(a) que tenga menos de 18 años de edad, o menos de 19 años quien sea estudiante a tiempo completo, ni tampoco de una mujer embarazada.
- Según la información que tenemos, hemos determinado que usted no será elegible para Asistencia en Efectivo al salir del refugio.
- Usted no ha encontrado un apartamento que califique para un Suplemento de FHEPS.
- Usted no tiene contrato de arrendamiento ni derechos de residencia por un mínimo de 12 meses en el apartamento por el cual haya solicitado Suplemento de Alquiler de FHEPS.
- Su atrasos de alquiler suman demasiado.
- Usted no reside actualmente en un refugio de la HRA ni de DHS.
- Usted no reúne los requisitos de NoVa, ni reside en refugio de la HRA ni tampoco le ha certificado el Centro de Justicia de Familias (FJC).
- El local del apartamento por el cual usted ha solicitado un Suplemento de Alquiler de FHEPS no es seguro. Esto se basa en sus antecedentes personales y evaluación de NoVA.

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Motivo del Rechazo (continuación):

Otro motivo:

La ley y/o regla que nos permite tomar esta medida es 18 N.Y.C.R.R. §352.3(a)(3).

Ante cualquier pregunta sobre esta decisión, por favor llame al Centro de Llamadas para Asistencia de Alquiler al _____.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN DE CONFERENCIAS Y AUDIENCIAS IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR ESTA DECISIÓN.**

SAMPLE

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Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escribanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO:

Llame al **(800) 342-3334**.
(Favor de tener este aviso a la mano al llamar.)

(2) POR ESCRITO:

Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:

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

(3) FAX:

Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA:

Traiga una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección: **14 Boerum Place, Brooklyn, NY 11201**.

(5) POR INTERNET:

Llene un formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

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Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, o un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si lo solicita específicamente.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA: Las expediciones de la política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) y las expediciones de la política y manuales de la HRA están disponibles para usted y su representante para determinar si se debe solicitar una Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio Web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a CRO@hra.nyc.gov, o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

En Letras de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____
o: _____

Firma: _____ Fecha: _____

Date: _____
 Case Number: _____
 Case Name: _____

FAMILY HOMELESSNESS & EVICTION PREVENTION SUPPLEMENT (FHEPS)

You are getting a rental assistance supplement from the FEPS, CityFEPS, or LINC III program. Because of a class action settlement, you will now get a supplement from a new rental assistance program instead. That program is called FHEPS. We will automatically enroll you in this program.

You will get a notice from New York State that tells you of any changes that are made to your budget because of this new program. This includes any changes to the amount we will pay to your landlord. That notice will have information about your rights to a conference or fair hearing.

SAMPLE

You still have to pay your landlord the difference between your rent and any money we pay to your landlord.

If you have any questions about FHEPS, please call the Rental Assistance Call Center at **929-221-0043**. You can also contact one of the community partners listed below.

Bronx	
BronxWorks 630 Jackson Avenue, 3 rd Floor Hunts Point MultiService Center Bronx, NY 10455 718-637-2630	Catholic Charities DHS Bronx FEPS Program 2155 Blackrock Avenue Bronx, NY 10472 718-414-1050
NAICA 1075 Grand Concourse, Suite 1B Bronx, NY 10452 718-538-3344	

(Turn page)

Manhattan	Queens
Catholic Charities Waverly Job Center 12 West 14 th Street, 4 th Floor New York, NY 10011 212-620-5039	Queens Community House Family Services Call Center #17 165-08 88 th Avenue, Rm 217 Jamaica, NY 11432 718-883-8310
Brooklyn	
Partnership for the Homeless 100 Pennsylvania Avenue, 3 rd Floor Brooklyn, NY 11207 718-875-0027 ex 234	CAMBA Bushwick Job Center 30 Thorton Street (Basement) Brooklyn, NY 11206 718-675-3373

Go to ACCESS HRA to:

- Submit a recertification for Cash Assistance
- View your case status and benefit payments, make online case changes, and more!

Visit ACCESS HRA at nyc.gov/accesshra or manage your benefits on the go with the ACCESS HRA mobile app! nyc.gov/accesshramobile

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.

Fecha: _____
 Número del Caso: _____
 Nombre del Caso: _____

SUPLEMENTO DE FAMILIAS SIN TECHO Y PREVENCIÓN DE DESAHUCIO (FHEPS)

Usted ha recibido un suplemento de asistencia de alquiler del programa FEPS, CityFEPS, o LINC III. Debido a un acuerdo de acción en grupo, en vez usted recibirá un suplemento de un nuevo programa de asistencia de alquiler. Ese programa se llama FHEPS. Nosotros le inscribiremos a usted en este programa automáticamente.

Usted recibirá un aviso del Estado de Nueva York que le indicará cualquier cambio en su presupuesto a raíz de este nuevo programa. Esto incluye cualquier cambio en la cantidad que nosotros le pagaremos a su casero. Este aviso contendrá información sobre su derecho a una conferencia o audiencia imparcial.

Usted aún tendrá que pagarle a su casero la diferencia entre su alquiler y cualquier cantidad que nosotros le paguemos a su casero.

Si usted tiene cualquier pregunta sobre FHEPS, favor de llamar al Centro de Llamadas de Asistencia de Alquiler (Rental Assistance Call Center) al **929-221-0043**. Usted también puede comunicarse con uno de los socios comunitarios listados más abajo.

Bronx	
BronxWorks 630 Jackson Avenue, 3 ^{er} piso Hunts Point MultiService Center Bronx, NY 10455 718-637-2630	Catholic Charities DHS Bronx FEPS Program 2155 Blackrock Avenue Bronx, NY 10472 718-414-1050
NAICA 1075 Grand Concourse, Suite 1B Bronx, NY 10452 718-538-3344	

(Voltee la página)

Manhattan	Queens
Catholic Charities Waverly Job Center 12 West 14 th Street, 4 ^{to} piso New York, NY 10011 212-620-5039	Queens Community House Family Services Call Center #17 165-08 88 th Avenue, sala 217 Jamaica, NY 11432 718-883-8310
Brooklyn	
Partnership for the Homeless 100 Pennsylvania Avenue, 3 ^{er} piso Brooklyn, NY 11207 718-875-0027 ex 234	CAMBA Bushwick Job Center 30 Thorton Street (sótano) Brooklyn, NY 11206 718-675-3373

Visite ACCESS HRA para:

- Presentar recertificación para Asistencia en Efectivo
- ¡Revisar el estado de su caso y pagos de beneficios, hacer cambios a su caso por Internet, y más!

¡Visite ACCESS HRA en nyc.gov/accesshra o administre sus beneficios con la aplicación móvil ACCESS HRA! nyc.gov/accesshramobile

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

The Family Homelessness & Eviction Prevention Supplement (FHEPS) What You Need to Know

What is FHEPS?

FHEPS is a rent supplement for families who receive Cash Assistance and have been evicted or are facing eviction, or who lost their housing due to a domestic violence situation. Families who have lost their housing because of health or safety issues or as a result of certain court decisions may also get FHEPS.

If you qualify, FHEPS will pay a portion of your rent directly to your landlord. The FHEPS payment is in addition to the portion of your cash assistance shelter allowance. If you or someone in your home has income, you may have to pay a portion of the rent yourself (also known as the client share).

I already receive FEPS, CityFEPS, or LINC III. What does FHEPS mean for me?

It means we may be switching you to FHEPS. You do not need to do anything.

If we switch you to FHEPS, the amount you must pay towards your rent may change. The amount you pay will depend on your family's situation.

How will I know what FHEPS is going to pay my landlord, how much I will have to pay, and when any changes will happen?

You will get a notice from New York State that tells you of any changes that are made to your budget if we switch you to the FHEPS program. This includes any changes to the amount we will pay to your landlord. The notice will also tell you the date any changes will happen.

Many households will have their entire rent covered by FHEPS and their Cash Assistance shelter allowance. However, there are two important exceptions when you or your household may be required to pay a portion of your rent:

1. If someone in your household receives Cash Assistance (CA) and has income, such as from a job.
2. If your household includes someone who is not required to be on your CA case, such as someone who receives SSI.

****You must pay your landlord the difference between what HRA pays
and the amount of your rent.****

How long can I keep FHEPS?

In general, FHEPS will continue as long as you are receiving Cash Assistance and have a child under 18, or a child under 19 who is enrolled full-time in high school or an approved vocational program.

What if I want to move and use FHEPS to help me pay for my new apartment?

You must get HRA's approval in writing **before** moving to a new apartment if you want to use FHEPS to help you pay for your new apartment.

What else do I need to know about FHEPS?

You must let HRA know if:

- ✓ someone moves in or out of your apartment, or there is a new baby in the household,
- ✓ the income of the people living in the apartment changes,
- ✓ your rent changes,
- ✓ your household no longer includes a child under 18, or under 19 and in high school or a vocational program, or
- ✓ the landlord or the person that you pay rent to changes.

You must report any of these changes to HRA within 10 days. These changes may change the amount of your shelter allowance, FHEPS benefit, or FHEPS eligibility.

What happens if a household member is sanctioned?

When a household member does not do something HRA asks, they can be sanctioned. This means that the household's Cash Assistance grant and shelter allowance will be lower. If a sanction happens, your FHEPS supplement will also be lower. You will have to pay the amount that the shelter allowance and FHEPS supplement are lowered by directly to your landlord for as long as the sanction is in place.

Who do I call if I need help or have a question about FHEPS?

You can call HRA at 929-221-0043, if you have questions about FHEPS or are having trouble keeping your apartment.

This document provides general information about the FHEPS program for households who will be transferred from other programs into the FHEPS program. It is not intended to provide full details concerning the operation of the FHEPS program.

El Suplemento para la Prevención de Desahucio y Estado sin Techo de Familias (FHEPS) Lo Que Usted Necesita Saber

¿Qué es FHEPS?

FHEPS es un suplemento de alquiler para las familias que reciban Asistencia en Efectivo y a quienes ya se les haya desahuciado o se enfrenten con el desahucio, o quienes hayan perdido la vivienda debido a una situación de violencia doméstica. Las familias que hayan perdido la vivienda debido a problemas de salud o seguridad o como resultado de una orden judicial también pueden recibir FHEPS.

Si usted reúne los requisitos, FHEPS pagará una porción del alquiler directamente al casero. El pago de FHEPS forma parte adicional de la porción de su subsidio de albergue de Asistencia en Efectivo. Si usted o alguien de su hogar gana ingreso, puede que se le obligue a pagar una porción del alquiler (también conocida como la porción del cliente).

Ya he recibido FEPS, CityFEPS, o LINC III. ¿Qué significa FHEPS para mí?

Significa que es posible que le cambiemos a FHEPS. Usted no necesita tomar ningún paso adicional.

Si le cambiamos a FHEPS, puede cambiar la cantidad de su contribución al alquiler. Su porción del pago dependerá de la situación de su familia.

¿Cómo sabré de la cantidad pagada por FHEPS a mi casero, cuánto tendré que pagar por cuenta propia, y cuándo se dará algún cambio?

Usted recibirá un aviso del Estado de Nueva York que le informará de todo cambio que se haga a su presupuesto si le cambiamos al programa de FHEPS. Esto incluye cualquier cambio a la cantidad que pagaremos a su casero. El aviso también incluirá la fecha en que se dará todo cambio.

Para muchas familias, tanto FHEPS como su subsidio de albergue de Asistencia en Efectivo pagará el alquiler total. No obstante, a continuación se indican dos excepciones importantes en que usted o su hogar tienen que pagar una porción del alquiler:

1. Si alguien de su hogar recibe Asistencia en Efectivo (CA) y gana ingreso, tal como ingreso salarial.
2. Si su hogar consta de una persona que no tenga que formar parte de su caso de CA, tal como una persona que recibe SSI.

****Usted tiene que pagar a su casero la diferencia entre lo que paga la HRA y la cantidad de su alquiler.****

¿Por cuánto tiempo puedo seguir recibiendo FHEPS?

Por lo general, FHEPS continuará siempre que usted reciba Asistencia en Efectivo y tenga niño(a) menor de 18 años de edad, o niño menor de 19 años quien esté inscrito en a tiempo completo en la escuela secundaria o programa aprobado de capacitación profesional.

¿Qué tal si deseo mudarme y usar FHEPS para pagar el nuevo apartamento?

Si desea usar FHEPS para pagar el nuevo apartamento, usted debe obtener la aprobación por escrito de la HRA **antes de** la mudanza al nuevo apartamento.

¿Qué más necesito tener en cuenta sobre FHEPS?

Usted debe mantener la HRA al tanto si:

- ✓ alguien se muda a o de su apartamento, o si nace nuevo bebé en el hogar,
- ✓ cambia el ingreso de los residentes del hogar,
- ✓ cambia su alquiler,
- ✓ su hogar ya no consta de un niño(a) menor de 18 años de edad, o menor de 19 años y quien esté en la escuela secundaria o programa de capacitación profesional, o
- ✓ cambia el casero o destinatario del pago de alquiler.

Usted debe reportar cualquier de los cambios antemencionados a la HRA dentro de 10 días. Estos cambios pueden resultar en una nueva cantidad del alquiler, beneficio de FHEPS, o pueden cambiar la elegibilidad de FHEPS.

¿Qué tal si se sanciona a un miembro del hogar?

Se le puede sancionar a un miembro del hogar cuando no tome pasos obligados por la HRA. Esto significa que se reducirá el subsidio de Asistencia en Efectivo y la asignación de albergue. Si se da una sanción, también se reducirá su suplemento de FHEPS. Siempre que la sanción esté en vigor, usted tendrá que pagar directamente a su casero la cantidad de la reducción de la asignación de albergue y suplemento de FHEPS.

¿A quién puedo llamar si tengo alguna pregunta sobre FHEPS?

Usted puede llamar a la HRA al 929-221-0043, si tiene alguna pregunta sobre FHEPS o si tiene alguna dificultad en mantener su apartamento.

Este documento brinda información general sobre el programa FHEPS para las familias quienes se trasladen de otros programas al programa de FHEPS. No tiene por objeto brindar información detallada concerniente a las operaciones del programa FHEPS.

FHEPS Multi-Suffix Budgeting Spreadsheet

Date	
Case Name	
Case Number	
Job Center	

FHEPS ← (Click A or B in box to the left)

	Suffix w/FHEPS	Other Suffix	Combined for comparison	
A Household Size (No. of CA active lines)	0	0	0	(Maximum 20 h/h members)
B No. of NCA individuals	0		0	(Maximum 5 NCA individuals)
C Actual Shelter Expenses Combined	\$0		\$0	
D Monthly Income for all CA/FS active lines	\$0	\$0	\$0	

NCA Line(s)		Income *	30% of income	Indiv. prorated rent	The lesser **	
1	N	\$0	NA	NA	NA	
2	N	\$0	NA	NA	NA	
3	N	\$0	NA	NA	NA	
4	N	\$0	NA	NA	NA	
5	N	\$0	NA	NA	NA	
Total					\$0	

* Include only up to 5 lines. Income(s) entered on lines that are beyond the number of lines in (B) will be disregarded.

** The lesser of 30% of income and individual prorated rent

	Suffix w/FHEPS	Other Suffix	Combined for comparison
F PA Shelter Lookup	#N/A	#N/A	#N/A
G Portion funded by PA Cat. of Assistance (Max.) ***	#N/A		#N/A
H Max. Rent Level	#N/A		#N/A
J Cap - Actual Shelter Expenses	#N/A		#N/A
K Amt Beyond Cap - Client's responsibility	#N/A		#N/A
L FHEPS by PA Cat. of Assistance (Max) ***	#N/A		#N/A
M FHEPS by City (Max)	#N/A		#N/A
N FHEPS Total (Max) allowed in this case	#N/A		#N/A
P 30% of Income (PA/FS)	\$0	\$0	\$0
Q 30% of Income (PA/FS) minus PA Lookup	#N/A	#N/A	#N/A
R The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines		\$0	\$0
S R minus Amt Beyond Cap	#N/A		#N/A
T FHEPS (Overall)	#N/A		#N/A
U FHEPS (funded by PA Cat. of Assistance) ***	#N/A		#N/A
V FHEPS (City)	#N/A		#N/A
W City Responsibility ****	#N/A		#N/A
X FS Shelter to be entered by worker	#N/A		#N/A

*** For FHEPS Code 67, also funded by NYC

**** For FHEPS Code 68 only

Y Max Calculated Supplement Amt for combined household =		#N/A
Z Max Supplement Amt for household size of:	0	#N/A
AA Monthly Single Issuance Amount		#N/A
AB Single Issuance Code		QI

	S. Iss. Code	-----
AC FHEPS Supplement Amount	#N/A	QI
AD FS Shelter Amount	#N/A	
AE PA Shelter Amount-Suffix w/FHEPS	#N/A	
AF PA Shelter Amount- "Other" Suffix	#N/A	

Expiration Date: _____

Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS)

_____ is potentially eligible for the FHEPS program, subject to her/him locating an apartment and final approval of her/his FHEPS application.

The FHEPS program helps eligible families secure permanent housing. Landlords agreeing to rent to FHEPS clients will receive the full first month's rent in advance plus the next three (3) months FHEPS rent supplement, as well as a \$1000 lease signing bonus. Landlords may also request a reservation incentive equal to one month's rent, if they agree to hold the apartment for 30 days. Brokers may receive a broker's fee of up to 15% annual rent.*

* The signing bonus and 15% broker's fee are available through June 30, 2018.

The maximum rent is \$ _____.

SAMPLE

<p>The following completed documents are required from landlords:</p> <ol style="list-style-type: none"> Signed lease or agreement in writing to rent apartment for one year Security Voucher (W-147n) Landlord's W-9 (needed to receive \$1,000 landlord bonus) Unit Hold Incentive Voucher (HRA-145), if requested 	<p>If a broker's fee is requested, the following completed documents are also required:</p> <ol style="list-style-type: none"> Landlord/Managing Agent's Statement (W-147m) Broker's Request for Enhanced Fee Payment by Check (HRA-121) Copy of broker's license
--	---

For more information on the FHEPS program please visit www.nyc.gov/hra.

If you have any questions, please contact _____.
 (Contact Name and Number)

CA#: _____

CARES # (if applicable): _____

Fecha de Vencimiento: _____

Posible Elegibilidad para el Suplemento de la Prevención de Desahucio y del Estado sin Techo de Familias (FHEPS)

Es posible que _____ reúna los requisitos del programa de FHEPS, según su capacidad para conseguir apartamento y la aprobación final de su solicitud de FHEPS.

El programa de FHEPS ayuda a las familias elegibles a conseguir la vivienda permanente. Los caseros que acuerden alquilar a los clientes de FHEPS recibirán por adelantado el alquiler total del primer mes más el suplemento de alquiler de tres (3) meses de FHEPS, al igual que un bono de \$1000 por la firma del contrato de arrendamiento. Además, los caseros pueden solicitar incentivo de reserva que equivalga al alquiler de un mes, si acuerdan reservar el apartamento por hasta 30 días. Los agentes inmobiliarios pueden recibir una cuota de agente de hasta el 15% del alquiler anual.*

* El bono por la firma y la cuota del agente del 15% están disponibles hasta el 30 de junio del 2018.

El alquiler máximo suma \$ _____.

Es necesario que los caseros presenten los siguientes documentos llenados:	En caso de solicitar cuota del agente, es necesario además presentar los siguientes documentos llenados:
<ol style="list-style-type: none"> 1. Contrato de arrendamiento o acuerdo por escrito de alquilar el apartamento por un año firmados 2. Security Voucher (W-147n) 3. El W-9 del casero (necesario para recibir el bono del casero de \$1,000) 4. Unit Hold Incentive Voucher (HRA-145), a petición. 	<ol style="list-style-type: none"> 1. Landlord/Managing Agent's Statement (W-147m) 2. Broker's Request for Enhanced Fee Payment by Check (HRA-121) 3. Una copia de la licencia del agente

Para más información sobre el programa de FHEPS, por favor visite www.nyc.gov/hra.

Ante cualquier pregunta, por favor comuníquese con _____
 (Nombre y número de contacto)

Núm. de CA: _____

Núm. de CARES (si corresponde): _____

Expiration Date: _____

Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS)

_____ is potentially eligible for the FHEPS program, subject to her/him locating an apartment and final approval of her/his FHEPS application.

The FHEPS program helps eligible families secure permanent housing.

The maximum rent is \$_____.

The following completed documents are required from landlords:	The following completed documents are required from brokers:
1. Security Voucher (W-147n) 2. Signed lease or agreement in writing to rent apartment for one year	1. Copy of broker's License

SAMPLE

For more information on the FHEPS program please visit www.nyc.gov/hra.

If you have any questions, please contact _____.
 (Contact Name and Number)

CA#: _____

CARES # (if applicable): _____

Fecha de Vencimiento: _____

Posible Elegibilidad para el Suplemento de Prevención de Desahucio y del Estado sin Techo de Familias (FHEPS)

Es posible que _____ sea elegible para el programa de FHEPS, sujeto a su ubicación de un apartamento y a la aprobación final de su solicitud de FHEPS.

El programa FHEPS ayuda a las familias elegibles a conseguir y conservar vivienda permanente.

El máximo alquiler suma \$ _____.

<p>Los siguientes documentos llenados se requieren de parte de los caseros:</p>	<p>Los siguientes documentos llenados se requieren de parte de los agentes inmobiliarios:</p>
<ol style="list-style-type: none"> 1. Security Voucher (W-147n) 2. Contrato de arrendamiento o acuerdo por escrito de alquilar el apartamento por un año firmados 	<ol style="list-style-type: none"> 1. Copia de la licencia del agente inmobiliario

Para más información sobre el programa de FHEPS, favor de visitar www.nyc.gov/hra.

Ante cualquier pregunta, favor de comunicarse con _____
 (Nombre y número de contacto)

Núm. de CA: _____

Núm. de CARES (si corresponde): _____

FHEPS A DEMOGRAPHIC SHEET

Client's Information

Client's Name: _____

Social Security #: _____

Agency Name: _____ CA Case #: _____

Staff Contact: _____ Staff Phone #: _____

Staff e-Mail: _____

For Clients in Shelter (if applicable):

Facility Code: _____ CARES Case #: _____

Program Administrator: _____ Program Analyst: _____

Did you include the following?

- HRA-146a** FHEPS Application
- HRA-146j or HRA-146k** Potential Eligibility for FHEPS (*aka "Shopping Letter"*)
- W-137a** Request for Emergency Assistance
- W-147n** Security Voucher (if requested)
- HRA-146p** Domestic Violence Action Form (if applicable)
- Proof of residency in the apartment at the time of eviction (if applicable)
- Proof of "eviction": HPOP Print Out, Court Documentation, etc.
- Last 30 days of Pay Stubs or Other Proof of Income (for everyone in the household over 18)
- Lease or Agreement for 12 months
- To stay only** – If arrears, Landlord breakdown of arrears
- To move only** – Landlord Proof of Ownership

For Clients in Shelter, did you include:

- HRA-146I** Apartment Review Checklist
- Shelter Residence Letter

For Clients in Shelter, if Broker and/or Landlord incentives apply, did you include the following?

- Landlord W9 (for landlord bonus)
- HRA-145** Unit Hold Incentive Voucher
- Broker License (if broker fee)
- HRA-121** Broker's Request for Advance Fee Payment by Check (if broker fee)
- W-147m** Landlord/Managing Agent's Statement (if broker fee)

Comments:

FHEPS B DEMOGRAPHIC SHEET

Client's Information

Client's Name: _____

Social Security #: _____

Agency Name: _____ CA Case #: _____

Staff Contact: _____ Staff Phone #: _____

Staff e-Mail: _____

For Clients in Shelter (if applicable):

Facility Code: _____ CARES Case #: _____

Program Administrator: _____ Program Analyst: _____

Did you include the following?

- | | |
|--|--|
| <input type="checkbox"/> HRA-146a FHEPS Application | <input type="checkbox"/> To stay only – If arrears, Landlord breakdown of arrears |
| <input type="checkbox"/> HRA-146j or HRA-146k Potential Eligibility for FHEPS (<i>aka "Shopping Letter"</i>) | <input type="checkbox"/> To move only – Landlord Proof of Ownership |
| <input type="checkbox"/> W-137a Request for Emergency Assistance | <input type="checkbox"/> HRA-146i Apartment Review Checklist (if applicable) |
| <input type="checkbox"/> Lease or Agreement for 12 months | <input type="checkbox"/> Shelter Residence Letter (if applicable) |
| <input type="checkbox"/> Last 30 days of Pay Stubs or Other Proof of Income (for everyone in the household over 18) | <input type="checkbox"/> Verification of FHEPS B eligibility (for applicants in the community) |
| <input type="checkbox"/> W-147n Security Voucher (if requested) | |

For Clients in Shelter, if Broker and/or Landlord incentives apply, did you include the following?

- Landlord W9 (for landlord bonus)
- HRA-145** Unit Hold Incentive Voucher
- Broker License (if broker fee)
- HRA-121** Broker's Request for Advance Fee Payment by Check (if broker fee)
- W-147m** Landlord/Managing Agent's Statement (if broker fee)

Comments:

Domestic Violence Action Form – Provider Information

****DO NOT SCAN INTO CLIENT RECORD****

Date:		Service Provider:	
Client Last Name:		Location:	
Client First Name:		Case ID#:	
Case Mgr Name:		Contact Info:	

Above noted Provider has offered the following information after _____ disclosed domestic violence during the financial assistance application process:

➤ Please place a ✓ next to services offered to the client.

- _____ 1) Offered assistance contacting the New York City Domestic Violence Hotline (800-621-4673) to obtain immediate safety planning and referral information.
- _____ 2) Offered a referral to HRA’s Non-Residential Domestic Violence Prevention Services.
- _____ 3) Offered information regarding how to access services at the NYC Family Justice Centers in all five New York City boroughs.
- _____ 4) Received written confirmation of active engagement in domestic violence services with _____ provider in the community.

SAMPLE

Client Statement:

If applicable, please provide information explaining why you feel safe remaining in your apartment:

I, _____ certify that the Provider:

- Provided me with the above options regarding domestic violence information and services.
- Offered me a move option and I am choosing to remain in my current apartment.

Client’s Signature: _____ Date: _____

Provider Staff Signature: _____ Date: _____

Updated Review:

Date reviewed with client: _____ Client’s Signature: _____

Provider Staff Signature: _____

Domestic Violence Non-Residential Services

Provider	Hotline Number	Borough
Barrier Free Living	212-533-4358	All
HELP R.O.A.D.S.	718-922-7980	Brooklyn
New York Asian Women's Center	212-732-5230 888-888-7702	Queens
NYC Gay & Lesbian Anti-Violence Project	212-714-1141	All
Sanctuary for Families	212-349-6009	Bronx, Manhattan
Seamen's Society for Children and Families	888-837-6687 x4792	Staten Island
STEPS to End Family Violence	877-STEPS-94 (877-783-7794)	Manhattan
Urban Justice Center Domestic Violence Project	718-875-5062	Brooklyn, Queens, Staten Island
Violence Intervention Program	800-664-5880	Bronx , Manhattan
NYC Domestic Violence Hotline	800-621-HOPE	All



SPECIAL SERVICES AVAILABLE

(In Addition to Support Services, Advocacy, Community Outreach, Education and Training, Economic Empowerment, Housing Assistance)

Legal Services

Sanctuary for Families - Bronx, Manhattan
Urban Justice Center - Brooklyn, Queens, Staten Island

New York Asian Women's Center

24-hour Hotline; Services available for children.
Languages: Mandarin, Cantonese, Taiwanese, Korean, Vietnamese, Japanese, Hindi, Bengali, Urdu, Marathi, Fuzhounese, Shanghainese, Lactian and Thai.

Sanctuary for Families

Services available for children. Languages: Spanish, Mandarin, Japanese, Greek and Twi.

Barrier Free Living

Services for individuals with physical and mental disabilities and their children.

STEPS to End Family Violence

Services available for children, teens, disabled population, substance abuse, immigration services.
Languages: Spanish, Arabic, French, Korean, Tongan.

Violence Intervention Program

Services available for children; 24-hour Hotline;
Languages: Spanish. Trauma Informed Care.

NYC Gay & Lesbian Anti-Violence Program

Training and technical assistance on LGBTQ DV issues, court monitoring, precinct accompaniment.

Urban Justice Center

Languages: Spanish, Russian and Latvian.
Services available in other locations as well.



Human Resources
Administration
Department of
Social Services

Emergency and Intervention
Services

M-337
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