



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN #23-40-OPE
(This Policy Bulletin Replaces PB #19-16-OPE)

REVISION TO THE RENTAL ASSISTANCE UNIT REFERRAL PROCESS

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

<p>Date: July 19, 2023</p>	<p>Subtopic(s): Preparation of RAU packet</p>
	<p>Revisions to the Original Policy Bulletin:</p> <p>This policy bulletin has been revised to:</p> <ul style="list-style-type: none"> • Increase the number of months of rent/mortgage/property tax arrears that may be paid without RAU approval from six (6) to twelve (12) for individuals applying <u>only</u> for a one-shot deal (OSD); • Increase the rent/mortgage/property tax arrears from \$7,200 to \$15,000 for up to twelve (12) months for individuals applying <u>only</u> for a OSD; • Include applications for Emergency Assistance to Adults (EAA) in the above <u>two</u> criteria; • Provide criteria to be used in determining, on a case-by-case basis, eligibility for the higher level grant amounts and/or for the longer arrears duration • Inform staff of the updated levels of approval for rent arrears codes • Remind staff at the Benefits Access Center of when they will process a rent/mortgage arrears OSD request without a referral to the Homeless Diversion Unit (HDU) or the RAU using the updated thresholds above; and • Update all references of “Job Center” to “Benefits Access Center”. • Any references to the Living in Communities (LINC) program were removed. • Remind staff that RAU evaluates city subsidy cases where there are arrears due to a tenant not paying their portion of the rent (portion not covered by the subsidy). <p>Purpose:</p> <p>The purpose of this policy bulletin is to inform Benefits Access Center (BAC), Case Management Unit (CMU), Homelessness Diversion Unit (HDU), and RAU staff about changes to the RAU referral process for individuals applying <u>only</u> for a one-shot deal (OSD).</p> <p>The RAU referral process for individuals applying for rent in advance, new apartment expense, moving expense, and assistance with rent, mortgage or property tax arrears who are also applying for ongoing assistance will be handled separately from those applying <u>only</u> for a OSD.</p>

I. One Shot Deal Only Cases

Refer to [PB #23-34-SYS](#)

Effective immediately, the CMU JOS/Worker will only refer housing-related arrears requests to HDU when certain indicators for the request being considered complex are present. All categories of emergency assistance (EAF, ESNA and EAA) where a OSD is requested would follow the new OSD processing guidelines.

A. Cases Handled by CMU and not Referred to HDU or RAU

Housing-related **OSD only** arrears requests *not* referred to HDU and RAU

CMU JOS/Workers will continue to process housing-related OSD only arrears requests *without* referral to HDU and RAU in the following instances:

Revised

- It is not complex (as defined on pages 2-3 of this procedure); **and**
- Rent arrears, mortgage arrears, or property taxes are at or below \$15,000 for twelve (12) months or less; **and**
- Applicant did not receive a housing-related arrears grant in the past 2 years/24 months

New
CMU eligibility
determinations
Eligibility Factors

When CMU is handling the case without RAU approval, staff must evaluate the case for the following on a case-by-case basis:

- The need for assistance;
- Documentation which describes the cause of the need;
- Personal responsibility/utilization of available resources;
- Affordability of housing;
- Any special “at-risk” factors (e.g., disability, elderly status, children in the household); and
- A future plan to pay rent going forward.

After a careful review of these factors, if the CMU staff determines that the applicant’s request for rent arrears may warrant payment, the following additional factors will be considered:

- The need to abate the threat of eviction and potential for homelessness;
- The almost certain entry into the shelter system (this is likely because of the low stock of affordable housing in New York City [NYC]); and
- The consideration of social factors (such as at risk/special case circumstances) that may make it prohibitive and unsafe to relocate/enter shelter system.

Approvals

If based on these factors, which must be documented in the case record, the CMU staff finds the household eligible, they must:

- Single Issue (**SI**) the case using Opening Code **Y38** (Case accepted only for emergency shelter arrears and/or emergency utility arrears which the applicant agrees to repay) or **Y39** (Case accepted only for emergency shelter arrears and or emergency utility arrears with no repayment agreement) on the POS Turn-Around Document (TAD) based on the case category;
- Complete the PA Single Issuance Authorization Form (**LDSS- 3575**) on the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:
 - Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below Agency maximum monthly shelter allowance for the household size.
 - If the rent/mortgage exceeds the Agency maximum monthly shelter allowance for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.

The CMU staff must then submit the case to the appropriate level supervisor in their location for review and approval who would not ordinarily sign off on these requests. To best facilitate these changes, the levels of approval for Special Grant Code **31** and **30** have been updated.

Effective with this change, the AJOS I will be able to approve grants with these codes totaling up to \$3,999.99. Any requests with grants between \$4,000 and \$9,999.99 must be signed off by the AJOS II. For requests with grants between \$10,000 and \$15,000, the Admin JOS I (Deputy Director) or the Admin JOS II (Director) must sign off.

Note: If the request includes any other benefit issuance codes as part of the request, the traditional levels of approval will remain in place. For example: household applies for a OSD for both rent arrears and utility arrears. Rent arrears total is \$3,500 and the utility arrears is \$1,500. Because of the utility arrears amount, the entire case will have to go to an AJOS II for sign-off even though the rent arrears amount is within the AJOS I range.

Denials

If the CMU staff determines that the household does not meet the requirements outlined above, the denial reasons must be documented in the case record with detailed case notes and staff must ensure the proper denial notice is sent to the household.

Housing-related **OSD only** arrears requests referred directly to the RAU.

Revised

Refer to [PB#23-34-SYS](#)

Revised

Housing-related **OSD only** arrears requests referred to RAU.

Revised

- CMU JOS/Workers will refer housing related OSD only arrears requests directly to RAU in the following instances:
 - It is complex; **and**
 - Is more than twelve (12) months at or below agency level; **or**
 - Is for up to twelve (12) months, and above \$15,000; **and**
 - It is not a first-time request or the applicant received a housing-related grant for rent arrears, mortgage arrears, or property taxes within the past 2 years/24 months

B. Cases Referred From CMU to RAU

CMU JOS/Workers will refer housing-related OSD only arrears requests to RAU in the following instances:

- Rent arrears, mortgage arrears, or property taxes for more than twelve (12) months of actual rent; **or**
- The arrears are for more than \$15,000 dollars; **or**
- Received a shelter-related arrears grant within the last 24 months; **or**
- The arrears request is determined to be complex in nature, regardless of amount, timeframe, or prior request. Complex is defined as:
 - Hold over court case
 - Marshall’s Notice of Eviction
 - Post-Eviction case
 - Foreclosure case
 - Reverse mortgage case
 - Property tax arrears or tax liens case
 - No future ability to pay
 - Not on the lease/not the primary tenant
 - City subsidy cases (CityFHEPS, HOME TBRA)
 - Other subsidy cases (FHEPS, NYCHA, Section 8)
 - Failing the poverty level test for EAF and ESNA

Note: RAU evaluates city subsidy cases where there are arrears due to a tenant not paying their portion of the rent (portion not covered by the subsidy).

One Shot Deals Only

II. RAU Referral Process in POS for Rental, Mortgage, or Property Tax Arrears for One Shot Deal Applicants Only

The instructions in this section are for applications for arrears requests where the applicant is not also applying for ongoing assistance.

A. Referrals from CMU Directly to RAU

Designated CMU JOS/Workers will refer OSD cases, when appropriate, to RAU.

OSD cases referred from FIA to RAU

When an applicant is requesting an emergency grant for rent arrears, the JOS/Worker must access the **Single Issuance (SI) Grant Requests Task List** in the **Non-Food Emergency/Special Grant Activity** POS to record the request.

For cases referred from FIA to RAU, the JOS/Worker must send the case to the Supervisor using the **Non-Food Emergency/Special Grant Activity**.

New questions and indicators were added to the rent and mortgage arrears window to determine whether the OSD case should be routed to RAU.

A new routing decision alert field was added in POS to determine if the CMU JOS/Worker will have to refer the case to RAU. The routing decision is based on the responses to the questions and indicators from the above screens as well as information about the applicant's income, resources, and if they receive a rental subsidy.

The CMU worker will click on this button to run the rules for routing indicators and system look-ups. Once the JOS/Worker clicks on this button, a message will appear in the routing Decision Alert box. The message will tell the Worker if the case should be referred to RAU based on the criteria in Section I (B) of this procedure.

The Supervisor will refer the case to the RAU via the **Non-Food Emergency/Special Grant Activity**

Viewing the RAU approval/disapproval in POS

The CMU JOS/Worker must then access the case via the **RAU Recommendation to HDU** queue, review the RAU determination in the **Grants** tab of the **Request Action** window.

If the RAU denies the request for shelter arrears, the CMU Worker will process the denial and provide the appropriate notice to the applicant/participant.

III. New Apartment, Rent in Advance, and Housing Arrears with Ongoing Cash Assistance Requests

Reminder

The instructions in this section are for applications for new apartment expenses, rent in advance and arrears requests where the applicant is also applying for ongoing Cash Assistance.

Housing related requests not referred to HDU or RAU

A. Housing Related Requests Not Referred to HDU or RAU

CMU JOS/Workers will continue to process housing-related arrears requests without referral to HDU and RAU in the following instances:

- Rent arrears, mortgage arrears, or property tax arrears for cases when:
 - Four months or less are owed; and

- The monthly amount owed is at or below the Agency level for the household size
- Broker’s fee vouchers at or below Agency level, when rent in advance and security deposit is not being requested
- Security deposit vouchers at or below Agency level rent when the
 - Applicant is not in receipt of Section 8; and
 - Rent in advance and a broker’s fee is not being requested

B. Housing Related Requests Referred Directly to RAU

Housing related requests referred directly to RAU

CMU JOS/Workers will refer requests directly to RAU in the following instances:

- Requests for new apartment first month’s rent if it is above the agency maximum rent levels for the household size
- Requests for rent in advance (and pro rata share, when applicable) for all applicants/participants who receive an HPD Section 8 housing subsidy, if other eligibility factors are met

Reminder

RAU staff must approve the full first month rent in advance (and pro rata share, when applicable) for all applicants/ participants who receive an HPD Section 8 housing subsidy.

Reminder

Applicants/participants who have NYCHA/Section 8 or who have a non-HPD Section 8 voucher and request rent in advance above the agency maximum will have their eligibility determined by RAU on a case-by-case basis.

C. Housing Related Requests Referred to HDU then to RAU

Housing related requests referred to HDU then RAU

CMU JOS/Workers will refer requests to HDU, and then HDU will refer RAU in the following instance:

- Requests for Rental arrears above the agency maximum rent levels for the household size when the client is also applying for ongoing CA

IV. RAU Referral Process in POS for Requests for Rental Arrears and Ongoing Cash Assistance, Rent in Advance, New Apartment Expense

Requests for rental arrears with ongoing assistance, rent in advance and new apartment expenses will follow the referral process for the OSD except:

- the receiving rental subsidy question will not appear;
- the routing decision field will not appear;
- the routing message field will not appear.

This is where the rental subsidy question and routing decision fields would be in the new OSD process

A. RAU Packet Preparation for Rental Arrears

All staff must scan and index the following as part of the RAU packet referral for rental arrears:

- A completed Request to Pay Rent Arrears in Excess of Cash Assistance Maximum Shelter Allowance (**W-146E**) form, including proof of the third party's income, if appropriate.
- Proof of paid current month rent, where available
- Up-to-date documented proof of arrears in the form of monthly billing statements, breakdowns, landlord notices, receipts and/or similar documents.
- A lease and landlord's proof of ownership if the documentation of the arrears is unofficial, suspect or not corroborated by documented legal action.

- Pertinent legal documentation such as notices, petitions, stipulations and orders to show cause.
- If the case has a hardship situation, proof of the hardship.
- Verification of income and resources, if applicable.

V. **RAU Packet Preparation for Rent in Advance**

Reminder

CMU JOS/Workers must scan and index the following as part of the requests for rent in advance and other new apartment expenses:

- An explanation of the need to move;
- A letter of intent to rent requesting the fees needed to secure the apartment;
- the lease;
- the broker's license (if applicable);
- landlord proof of ownership (if dwelling has fewer than six units); and
- Section 8 voucher (if applicable)

Note: Staff must scan and index the RAU packets for rent arrears and rent in advance *prior* to referring the case to RAU.

For information on accessing the HRA OneViewer, refer to [PB #10-103-SYS](#)

Refer to the Preparation of the RAU Packet (**Attachment A**) for a step-by-step description (with screenshots) showing the appearance of scanned images and illustrating how to index all RAU forms and documentation into the HRA OneViewer as a single RAU packet.

A. Approved Request for Rental/Mortgage or Property Tax Arrears

If the request is approved by RAU, the RAU Supervisor must give final authorization on the case. Once the request is approved, Notice of Approval of the Request to the Rental Assistance Unit (**W-153Q**) form is completed by RAU via RAD.

A blank section on the **W-153Q** called "**Condition to be met by Applicant/Participant**" is where the RAU Worker will enter the conditions to be met for approval.

Provide form **W-153Q** to individuals only in limited emergency circumstances.

In emergency situations, in which the applicant/participant must provide proof of assistance to the court and the RAU JOS/Worker cannot prepare the shelter allowance checks in a timely manner to prevent an eviction, the RAU JOS/Worker must contact the RAU Director or Deputy Director to obtain the **W-153Q**. This request should not be made unless an order to show cause is required on a Marshal's notice or post-eviction. The RAU Director/ Deputy Director will make available a copy

of the **W-153Q**, which will be provided to the applicant/participant at court.

Important: The RAU JOS/Worker must not utilize form **W-153Q** to notify the applicant/participant of the Agency's decision on the request for rental assistance except in an emergency situation such as when the applicant/participant is required to provide proof of assistance to the Court. Instead, and in all cases, the applicant/participant must be sent the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance {For Applicants Only} (**W-145HH**) form or Action Taken on Your Request for Emergency Assistance or Additional Allowance {for Participants Only} (**W-137B**) form as appropriate.

If an emergency situation exists, the staff may also print the **W-636 Notice of Special Grant** from the HRA OneViewer and give the client as verification of assistance to present to the court.

Reminder

See [PB #15-74-OPE](#) Revisions to the Centralized Rent Processing Unit Processing of RAU Approvals of Rent Arrears for information on CRPU rental assistance approval processing.

Once RAU has approved a request for rent arrears, or mortgage arrears or property tax arrears, RAU will forward the approval for processing by the Centralized Rent Processing Unit. The CMU/HDU JOS/Worker will be able to review the RAU approval but cannot take any actions on those approvals.

B. Denial of Requests for Rental Assistance

RAU staff will communicate denials of requests for rental assistance to the HDU/CMU JOS/Worker in POS via RAD. The Benefits Access Center staff will provide the **Form W-145HH** (for applicants) or **W-137B** (for participants) to the applicant/participant to inform them of the denial.

Effective Immediately

Related Items:

PB #10-103-SYS	HRA OneViewer
PB #15-74-OPE	Revisions to the Centralized Rent Processing Unit Processing of RAU Approvals of Rent Arrears
PB #23-34-SYS	CA POS Release Notes Version 27.2

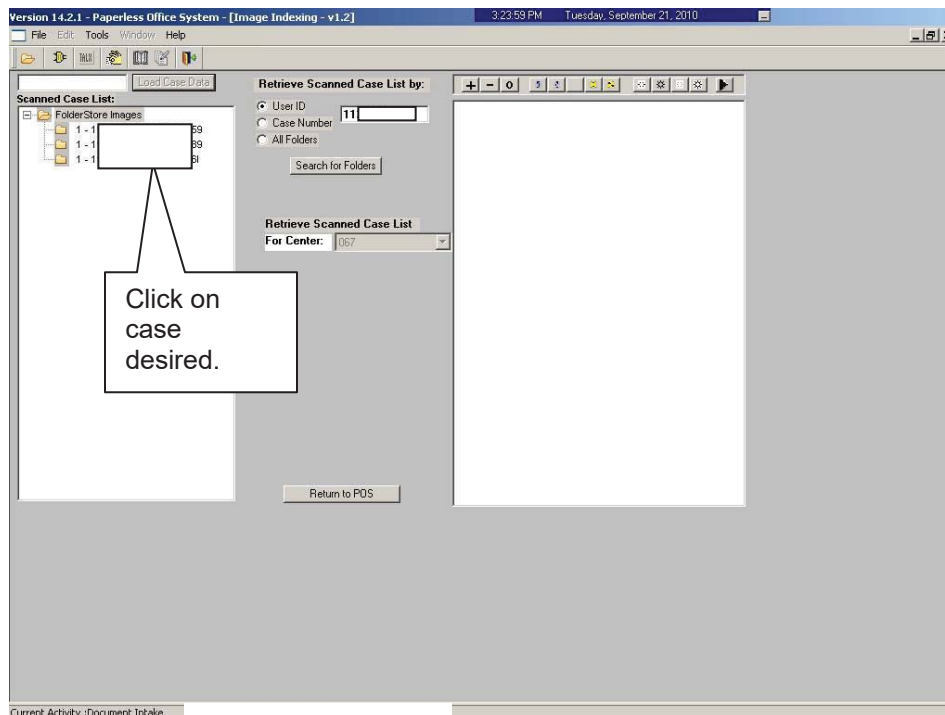
Attachments:

Attachment A	Preparation of the RAU Packet
Attachment B	POS HDU Instructions
W-137B (E)	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 03/01/23)
W-137B (S)	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 03/01/23)
W-145HH (E)	Notice of Decision on Assistance to Meet an Immediate Need or Emergency Grant (For Applicants Only) (Rev. 02/28/23)
W-145HH (S)	Notice of Decision on Assistance to Meet an Immediate Need or Emergency Grant (For Applicants Only) (Spanish) (Rev. 02/28/23)
W-146E (E)	Request to Pay Rent Arrears in Excess of Cash Assistance Maximum Shelter Allowance (Rev. 12/03/09)
W-146E (S)	Request to Pay Rent Arrears in Excess of Cash Assistance Maximum Shelter Allowance (Spanish) (Rev. 12/03/09)
W-153Q	Notice of Approval of the Request to the Rental Assistance Unit (Rev. 6/13/13)
W-636 (E)	Notice of Special Grant (Rev. 07/18/23)
W-636 (S)	Notice of Special Grant (Spanish) (Rev. 07/18/23)

After successfully scanning the documents, the images captured will be electronically stored in a folder associated with the proper case number. In the Paperless Office System (POS), the JOS/Worker must index the scanned documents. To do so the JOS/Worker must:

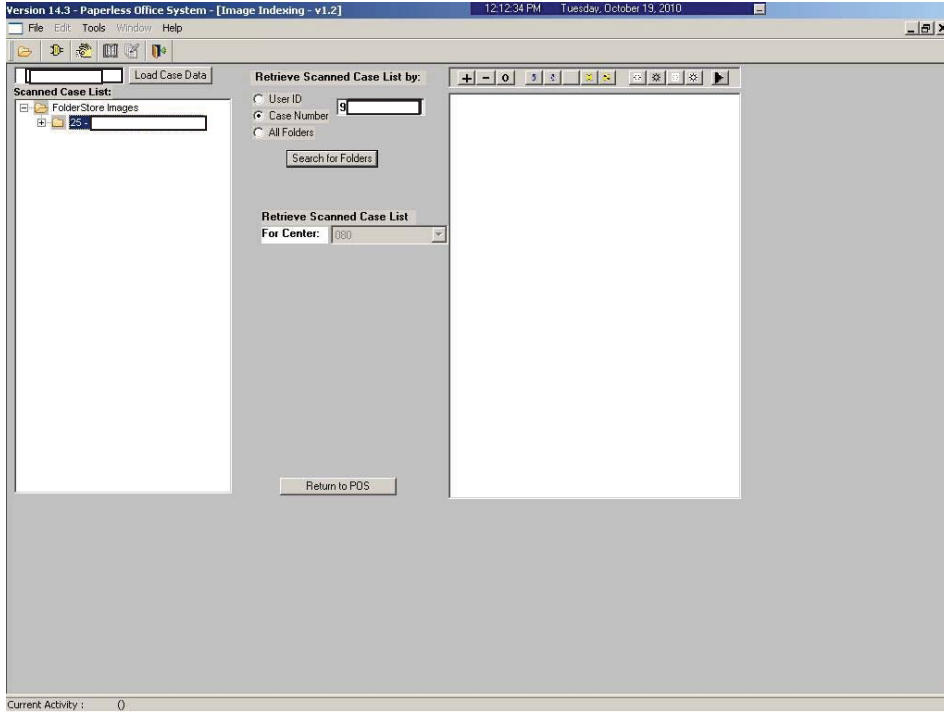
- Select **Tools** from the menu bar in POS.
- Select **Digital Sender Image Indexing**.

POS will then access the **Image Indexing** application.



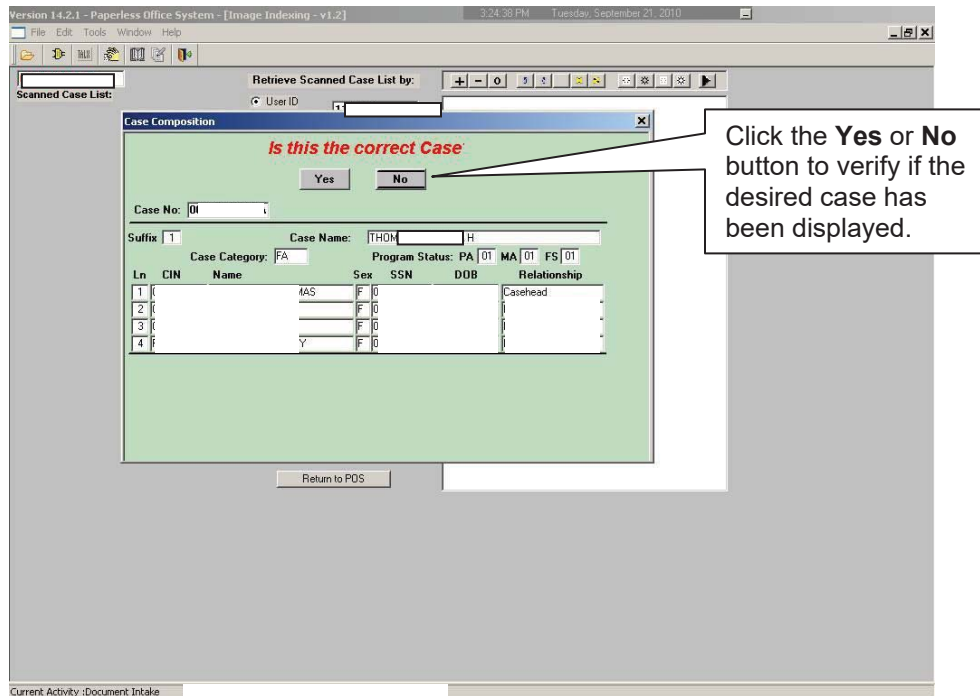
After a successful search is completed, a list of scanned cases associated with the **UserID** will appear in the **Scanned Case List:** field. To select a particular case the JOS/Worker must:

- Click on the desired case.



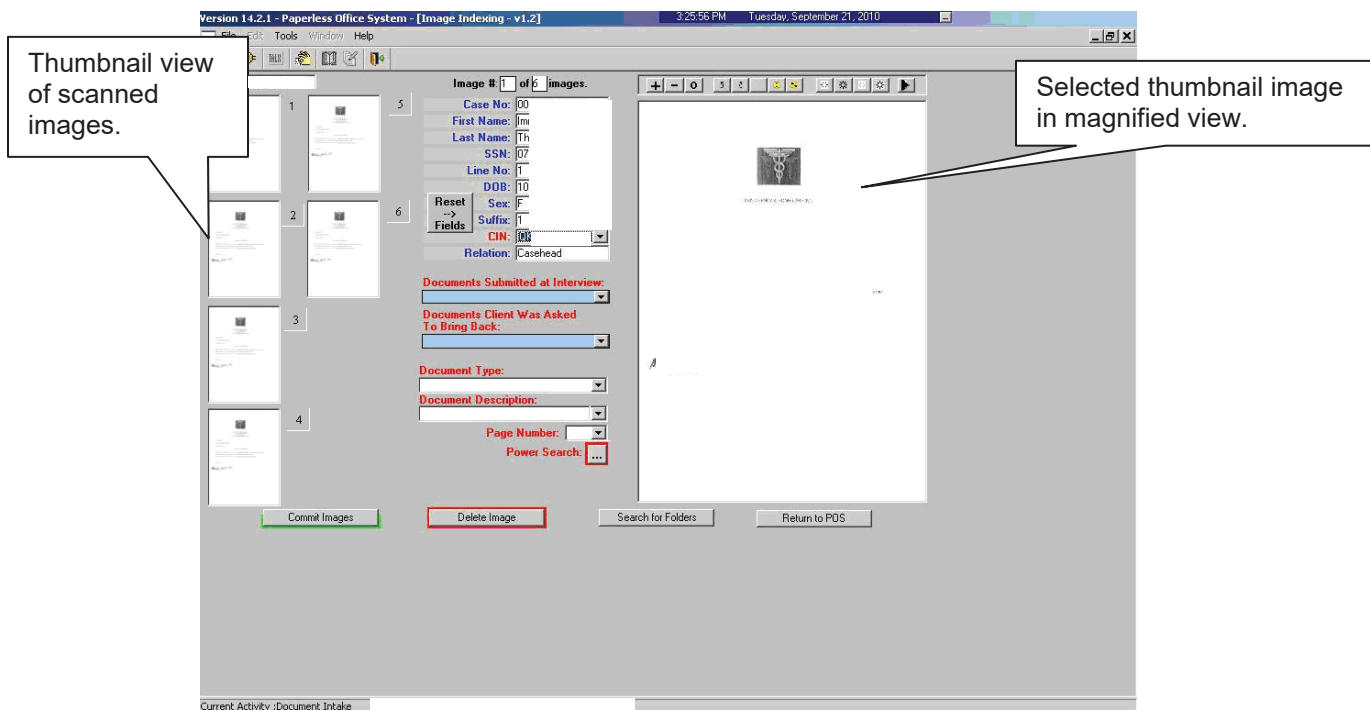
The case number selected will populate the **Load Case Data** field.

- Click **Load Case Data** button.



After the JOS/Worker clicks on the **Load Case Data** button, the **Case Composition** screen appears with information pertinent to the case.

- If the information in the pop-up box is incorrect, select **“No”** and the application will take you back to the **Image Indexing** screen to reenter the correct **Case Number** in the **Load Case Data** field.
- If the **Case Number** and **Case Name** in the pop-up box are correct, select **“Yes”** to proceed to the **“Digital Index Imaging Screen.”**



POS displays all the images that were scanned by the JOS/Worker in a thumbnail view. If there are more than eight images, a scroll bar will appear that will allow the JOS/Worker to view/access additional thumbnail images.

On the far right side is a magnified view of the document thumbnail selected. The JOS/Worker can view any of the images in magnified view by clicking on the thumbnail of the scanned document. At the top of this area, there is a Tool Bar, which is utilized to change the appearance of the selected image.

The JOS/Worker must verify that all documents that are to become part of the image have been scanned properly. If a document was incorrectly scanned or inadvertently added, it can be selected, deleted, and/or re-scanned.

Combining Images

Press and hold **CTRL** key and click on the images to include in the RAU packet.

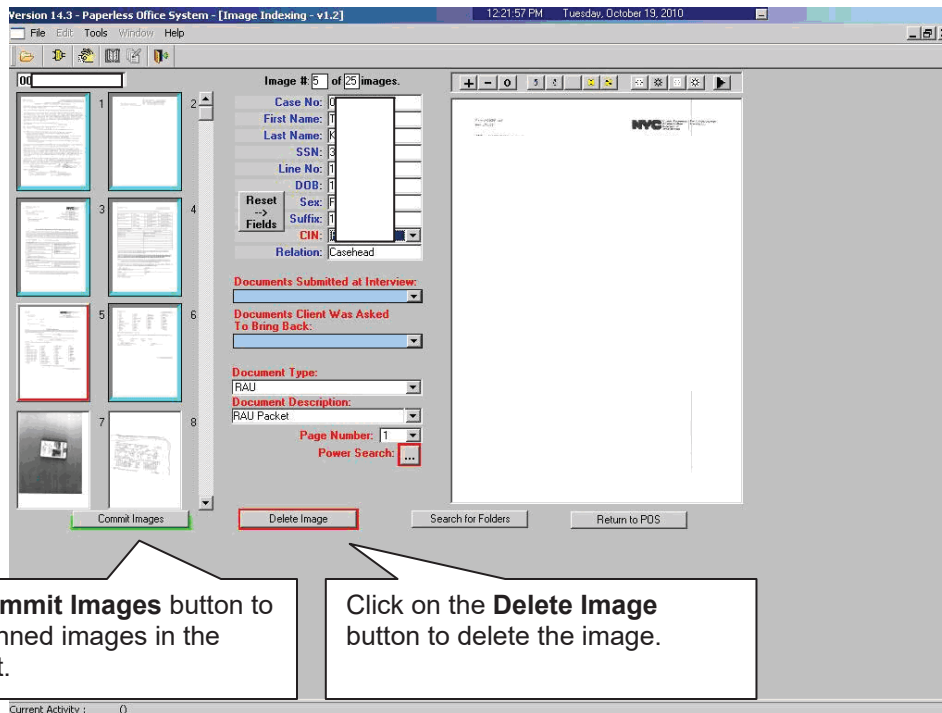
Select **RAU** from **Document Type** drop-down menu.

Select **RAU Packet** from **Document Description** drop-down menu.

To combine scanned images to be included in the packet, press and hold the **CRTL** key and click on the individual images. Images selected are illuminated with a blue border. The image displayed in the normal viewer is illuminated in red.

To properly label and classify the scanned documents the JOS/Worker must:

- Select **RAU** from the **Document Type** drop-down menu.
- Select **RAU Packet** from the **Document Description** drop-down menu.

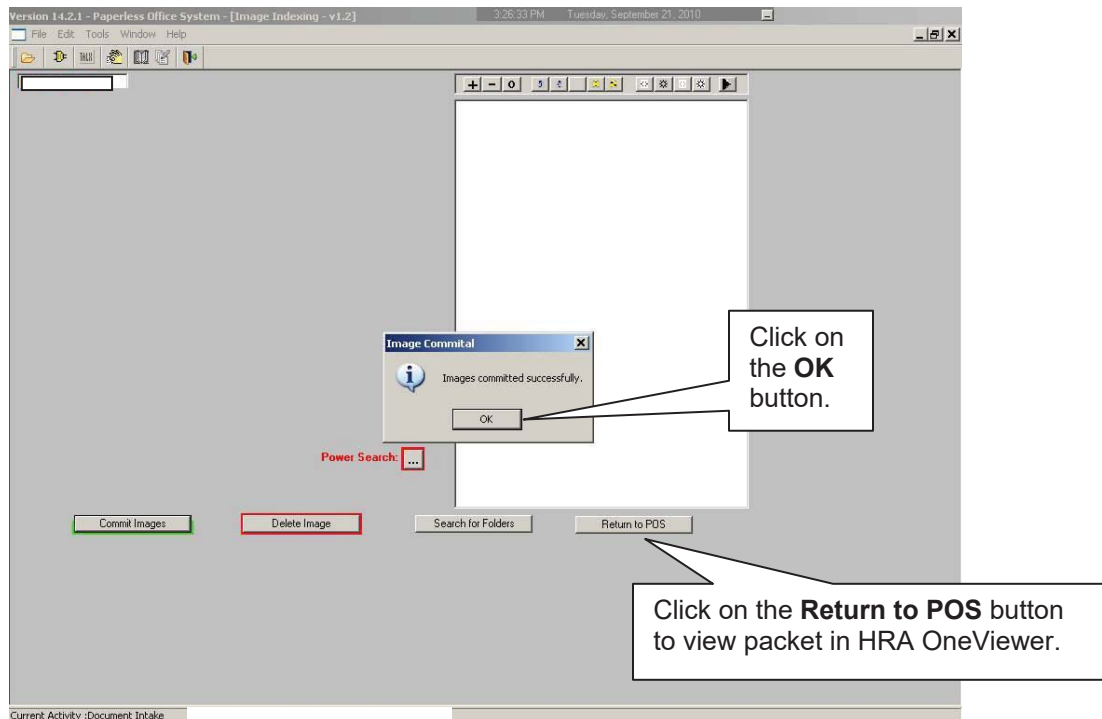


Once the JOS/Worker has selected all the images that are to be indexed and the required fields have been populated with information, the JOS/Worker can commit the images. To commit the images:

- Click on the **Commit Images** button to include scanned images in the RAU packet.

If an image should be deleted from the folder, the JOS/Worker must:

- Click on the thumbnail image.
- Click on the **Delete Image** button.



When the images have been successfully combined into the RAU packet, an **Image Committed** information window will appear with the message “**Images committed successfully**”. The JOS/Worker must:

- Click the **OK** button.

To exit the **Image Indexing** application:

- Click on the **Return to POS** button; or
- Go to **File** and select **Close**.

POS HDU INSTRUCTIONS

HDU Intake Activity

After completing the Household Screen, Address Information, and Individual Detail sections in the **HDU Intake Activity**, the HDU worker must continue to complete the following sections:

- Referred to HDU From (see below)
- HDU Information (see pages 3-16)
- SI Grant Requests (see page 17)
- Print Forms (see page 18)
- Approval Elements (see page 19)

Referred to HDU From Window

Version 16.3 - Paperless Office System - [Referred to HDU from] 1:06:29 PM Wednesday, November 07, 2012

File Edit Tools Window Help

Case Information
Case Number: Case Name:

Referred to HDU From:
Homeless Referral Type: At-Risk Population:

Other Details:

Risk Factors
Risk Factors:

Risk Factors Details:

Requesting RAU Reconsideration/Addition	Reason for Reconsideration/Addition
<input type="text" value="YES"/>	<input type="text" value="Additional Documentation"/>

Other Details:

Narrative

HDU Information Screen

Version 16.2 - Paperless Office System - [HDU Information] 11:49:45 AM Friday, August 24, 2012

File Edit Tools Window Help

Instructions: Use the window below to record grant requests. To record a request, click "Yes" for the appropriate row in the window. A Response to Question window will appear to allow you to record the details of the request. Once all requests are recorded, click the Next button to continue.

	Yes	No
Is Employed?	<input checked="" type="radio"/>	<input type="radio"/>
Is Self-Employed?	<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?	<input type="radio"/>	<input type="radio"/>
Are There Rent Or Mortgage/Tax Arrears?	<input type="radio"/>	<input type="radio"/>
Mortgage/Property Tax Arrears?	<input type="radio"/>	<input type="radio"/>
HDU Shelter Arrears Detail	<input type="radio"/>	<input type="radio"/>
Household Resources, Expenses and Other Potential Savings	<input type="radio"/>	<input type="radio"/>
HDU Decision/Plan of Action	<input type="radio"/>	<input type="radio"/>
Document Deferral	<input type="radio"/>	<input type="radio"/>

Spanish Next Previous

The HDU worker must complete the **HDU Information** section which contain the following screens (shown in pages 3 through 16):

- Is Employed? (read only window, see page 4)
- Is Self-Employed? (read only window, see page 4)
- Do you (or anyone who lives with) have a rent, mortgage or other shelter expenses? (see page 5)
- Are there rent or mortgage arrears? (see page 5)
- Mortgage/Property Tax arrears? (see page 6)
- HDU Shelter Arrears Details (see pages 7-10)
- Household Resources, Expenses and Other Potential Savings (see page 11)
- HDU Decision/Plan of Action (see pages 12-15)
- Document Deferral (see page 16)

Is Employed? Response to Question Window (Read Only)

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING:		Yes	No
Is Employed?		<input checked="" type="radio"/>	<input type="radio"/>
Response to Question			
Info from WRS		Who <input type="text"/>	
Employee	<input type="text"/>	Start Date	00/00/0000
Employer	<input type="text"/>	Expected End Date...	00/00/0000
Street	<input type="text"/>	Type of Work..	Beauty Culture
City	<input type="text"/>	Gross income	\$0.00
Zip	<input type="text"/>	Employer	<input type="text"/>
Wage	<input type="text"/>	Frequency	Hours/Freq... BW
Year	<input type="text"/>	Taxes Withheld	<input type="radio"/> Yes <input type="radio"/> No
Quarter	<input type="text"/>	Day Paid	<input type="radio"/> Yes <input type="radio"/> No
State		Is Health Insurance Available through Your Employer (even if you are not participating)?	
City		<input type="radio"/> Yes.. <input type="radio"/> No	
Zip		Do you have child or dependent care expenses due to employment (including job search)?	
Wage		<input type="radio"/> Yes <input type="radio"/> No	
Year		Do you have other employment-related expenses (including job search)?	
Quarter		<input type="radio"/> Yes <input type="radio"/> No	
Document...		Scan	
<input type="text"/>		<input type="checkbox"/>	
Comment		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
OK		Cancel	

Is Self-Employed? Response to Question Window (Read Only)

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING:		Yes	No
Is Employed?		<input type="radio"/>	<input checked="" type="radio"/>
Is Self-Employed?		<input checked="" type="radio"/>	<input type="radio"/>
Response to Question			
Info from WRS		Who <input type="text"/>	
Employee	<input type="text"/>	Start Date	00/00/0000
Employer	<input type="text"/>	Expected End Date...	00/00/0000
Street	<input type="text"/>	Company Name	<input type="radio"/> Yes <input type="radio"/> No
City	<input type="text"/>	Name	<input type="text"/>
Zip	<input type="text"/>	Business Address	<input type="text"/>
Wage	<input type="text"/>	Different from Residence	<input type="radio"/> Yes... <input type="radio"/> No
Year	<input type="text"/>	Business Type	<input type="text"/>
Quarter	<input type="text"/>	Business Tel #	<input type="text"/>
Document...		Gross Income	\$0
<input type="text"/>		Frequency	<input type="text"/>
Scan		Taxes Withheld	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/>		Hours Per Frequency	<input type="text"/>
Comment...		Expenses	<input type="radio"/> Yes.. <input type="radio"/> No
<input type="text"/>		Monthly Net Income Amount	\$0.00
<input type="text"/>		Is Health Insurance Available to You (even if you are not participating)?	
<input type="text"/>		<input type="radio"/> Yes.. <input type="radio"/> No	
<input type="text"/>		Do you have child or dependent care expenses due to employment (including job search)?	
<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No	
<input type="text"/>		Do you have other employment-related expenses (including job search)?	
<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No	
OK		Cancel	

Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses? Response to Question Window

Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses? Yes No

Response to Question

Shelter Information

Shelter Type: Apt pvt house... Shelter Code: 01 Change Shelter type?: Yes No Actual amount charged for Rent/Mortgage: \$400.00 Frequency: M Verified: Yes No

Click to View/Update Details of the Current Shelter Type Housing Advantage Indicator(HAI): Rent Charged To Secondary Tenant: .00

Landlord Information

Landlord Type: Landlord SSN/Tax Number: Name: Landlord Name: Phone: Apt/Suite Number: Apt/Suite Number: Street Dir: Street Name: Street Type: City: State: Zip: New York New York

Restriction Information

Has The Household Requested A Rent Restriction Exemption? Yes No Rent Restriction Type: Direct Involuntary (PA level) PA Shelter Amount: 400.00 Is the restriction information the Same As The Landlord Information? Yes No Name: Client Name for Landlord Nam House Number or PO Box: Apt/Suite: Street Dir: Street Name: Street Type: City: State: Zip: New York New York

Excess Rent: Monthly Excess Rent: \$0.00

Document... Scan Comment...

OK Cancel

Are There Rent Or Mortgage/Tax Arrears? Response to Question Window

Are There Rent Or Mortgage/Tax Arrears? Yes No

Response to Question

<input checked="" type="radio"/> Rent Arrears	Arrears Amount: \$1,569.00	Period From: 01/01/2012	Period To: 07/31/2012	Months of Arrears: 08
<input type="radio"/> Mortgage Arrears	Arrears Amount: \$0.00	Period From: 00/00/0000	Period To: 00/00/0000	Months of Arrears:
	Property Tax Arrears Amount: \$0.00	Property Tax Period From: 00/00/0000	Property Tax Period To: 00/00/0000	Property Tax Months of Arrears:

Amortization of mortgage on applicant/recipient-owned property Amount: \$1,568.00

Carrying charges on applicant/recipient-owned property Amount: \$1,596.00

Document... Scan Comment...

OK Cancel

Mortgage/Property Tax Arrears? Response to Question Window

Mortgage/Property Tax Arrears?						
Response to Question						
<p>This window allows you to record the property details for homeowners requesting assistance with Mortgage/Tax Arrears or information for those requesting assistance with a Co-op purchase. For Co-op purchase, the purchase price must be entered and all details about the purchase must be entered in the "How was Home Afforded/Details of Co-op Purchase?" question.</p>						
Type of Request <input type="radio"/> Purchase Co-op Apt <input type="radio"/> Help with Mortgage/Tax Arrears <input type="radio"/> Property Tax Arrears Only		Property Purchase Date 00/00/0000	Purchase Price (Incl tax, fees & closing costs) \$ 00	Name of Mortgage Holder _____	Terms of Mortgage Years: _____ Interest: _____	
Did you or will you make Down Payment a Down Payment? <input type="radio"/> Yes <input type="radio"/> No	Down Payment Amount \$ 00	Is Property Producing Income? <input type="radio"/> Yes <input type="radio"/> No	Monthly Amount Received \$ 00	Number of Mortgages _____	Date Last Mortgage was taken 00/00/0000	Last Mortgage Amount \$ 00
Equity in Home? <input type="radio"/> Yes <input type="radio"/> No	Equity Amount \$ 00	Foreclosure Action? <input type="radio"/> Yes <input type="radio"/> No	Foreclosure Details _____		How Afforded Home/Details of Co-op Purchase? _____	
Document...		Scan	Comment...			
_____		_____	_____			
<input type="button" value="OK"/>			<input type="button" value="Cancel"/>			

Note: The **Mortgage/Property Tax Arrears? Response to Question Window** is used to record *property specific information* for homeowners requesting Mortgage/Tax Arrears or Co-op purchase assistance.

HDU Shelter Arrears Detail

Response to Question

Case Information
 Case Number: _____ Case Name: _____ Contact Person: _____
 Street Address _____ City _____ State _____ Zip Code _____ Phone # _____ AlternativePhone # _____
 Shelter Type: _____ Shelter Code: _____ Rent Restriction Type: _____
 Actual Rent: _____ Frequency: _____ PA Shelter Amount: _____ Excess Rent: _____

Landlord/Lender Information
 Landlord/Lender Name: _____ Landlord/Lender Email: _____
 Landlord/Lender Address : _____
 Landlord/Lender Phone#: _____ Landlord Cell#: _____ Landlord/Lender Fax#: _____

Arrears Information
 Breakdown Submitted? Yes No Legal Fees: .00 Formerly on Advantage Program
 Mortgage/Rent Arrears: .00 Period From: 00/00/00 Period To: 00/00/0000 Month of Arrears: _____
 Property Tax Arrears: .00 Period From: 00/00/00 Period To: 00/00/0000 Month Of Arrears: _____
 Principle reason For Non Payment: _____ Non Payment Detail: _____
 Is Client Faced with ?
 Non Pay Petition Eviction Dispossess Holdover
 Post Eviction No Court Action Client Foreclosure Landlord Foreclosure
 Is there a Court Stipulation? Yes No Is there a order to Show Cause? Yes No
 Court Date: 00/00/0000 Follow Up Date: 00/00/0000 Date: 00/00/0000 Eviction Date: 00/00/0000
 Has the Client Applied for Housing Through?

Section 8 Housing Date: 00/00/0000 NYCHRA Date: 00/00/0000 FEPS Date: 00/00/00 Status: _____

Instructions Excess Rent Income

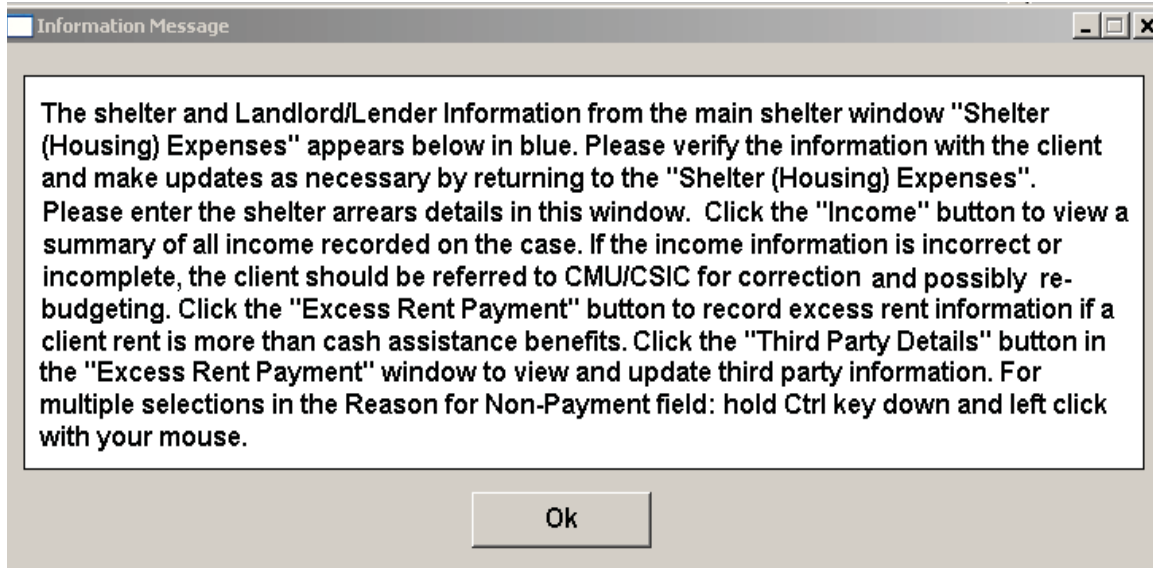
Instructions, Excess Rent, and Income options. See pages 8 through 10 for examples.

OK Cancel

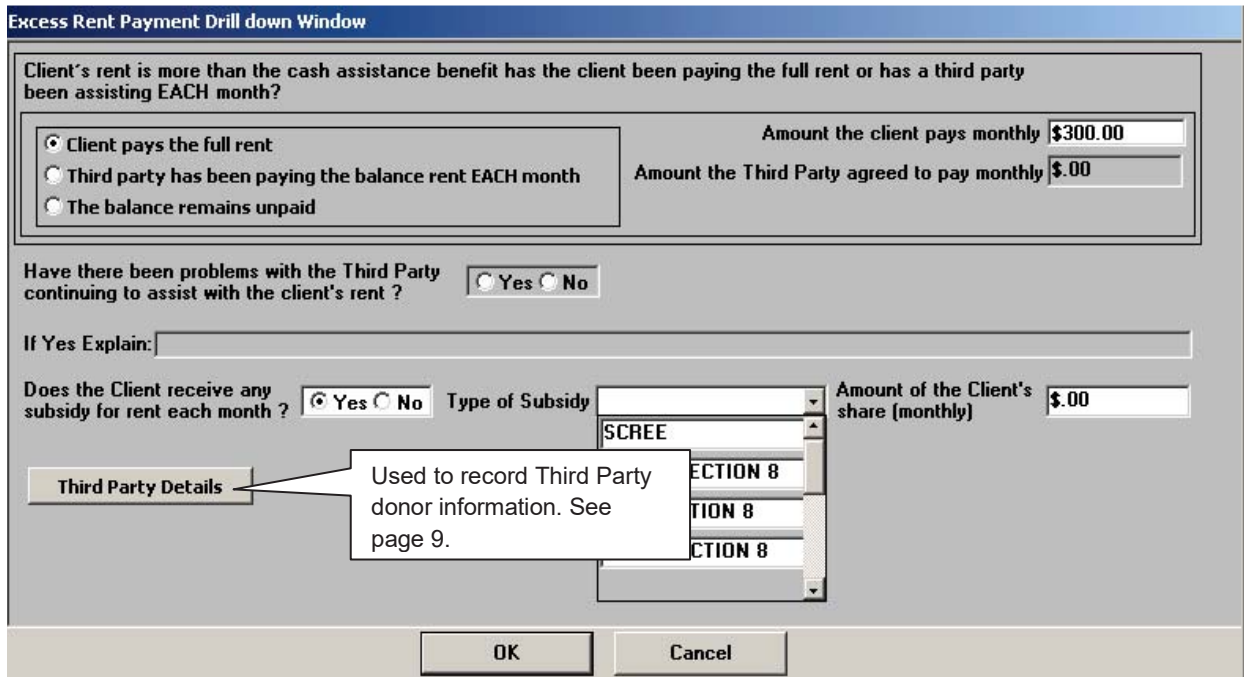
The **Instructions**, **Excess Rent**, and **Income** options may be selected toward the bottom of the **HDU Shelter Arrears Detail** screen.

The **Instructions** option gives directions on how to complete the **Excess Rent**, **Third Party Details** (within the **Excess Rent** window) and **Income** windows.

Instructions Window from HDU Shelter Arrears Detail



Excess Rent Payment from HDU Shelter Arrears Detail



The above **Excess Rent Payment** screen is accessed by clicking on **Excess Rent** on the **HDU Shelter Arrears Detail** screen.

Click on **Third Party Details** to access the **Third Party Drill Down** window.

Third Party Drill Down Window option from Excess Rent Payment Window

Third Party HDUA Drill Down Window

Instructions: A Legally responsible relative is a relative who, by law is responsible for the support and care of another person such as a spouse, parent or step-parent. Parents (including adoptive parents) and step-parents are responsible for the support of their children and/or step-children only under the age of 21. A loan is defined as money that is borrow and must be returned. Court ordered payments are defined as support payments required to be made directly to a recipient pursuant to an order of the family court/payments that are directed by the court.

Donor 1 Information

Donor's Name	House No	Dir	Street Name	Type	City	State	Zip
Donor's relationship to client	Donor's SSN	Donor's Phone No.	Shelter Exp	Freq	Gross Salary	Freq	
<input type="radio"/> Legally Responsible Relative	- -	- -	.00		.00		
<input type="radio"/> Non-Legally Responsible Relative	Net Salary	Freq	Other income	Amount	Freq		
	.00			.00			

Contribution Information

Monthly Contribution Amount: Is this considered a Loan? Yes No Is this court ordered payment? Yes No

Contribution Start Date: Is Donor still assisting? Yes No Contribution End Date:

Contribution given to whom? To Client Directly to Landlord

Donor 2 Information

Donor's Name	House No	Dir	Street Name	Type	City	State	Zip
Donor's relationship to client	Donor's SSN	Donor's Phone No.	Shelter Exp	Freq	Gross Salary	Freq	
<input type="radio"/> Legally Responsible Relative	- -	- -	.00		.00		
<input type="radio"/> Non-Legally Responsible Relative	Net Salary	Freq	Other income	Amount	Freq		
	.00			.00			

Contribution Information

Monthly Contribution Amount: Is this considered a Loan? Yes No Is this court ordered payment? Yes No

Contribution Start Date: Is Donor still assisting? Yes No Contribution End Date:

Contribution given to whom? To Client Directly to Landlord

Donor 3 Information

Donor's Name	House No	Dir	Street Name	Type	City	State	Zip

Income Recorded During Interview Window from HDU Shelter Arrears Detail

Income Recorded During Interview

Instructions:
Unlike the SNA 125% income test, the EAF test is only applicable to income that is actually available to the EAF household on the date of application, not the household's anticipated or past income. Income guidelines are updated annually.
For example, an applying household may have received income exceeding 200% but on the day of EAF application has less than 200% of that income available, therefore passing the income test and any available income is applied to the emergency need.

Name	Income Type	Monthly Amount (Gross)	Monthly Amount (Net)

Total Total

OK

This window is accessed by clicking on **Income** from the **HDU Shelter Arrears Detail** window.

The Income window is used to view a summary of the income recorded on the case. If the income information is incorrect or incomplete the applicant/participant must be referred to CMU/CSIC for correction and possibly re-budgeting.

Household Resources, Expenses and Other Potential Savings

Instructions

The household resources and expenses in this window are the most current available and are displayed in blue. If after interviewing the client you determine that updated amounts are needed, make entries in the 'HDU Household Resources' and 'HDU Monthly Expenses' areas. After reviewing the household budget with the client you may discover some savings that would assist the family in reducing the need for future public assistance. Please make these entries in the 'Other Potential Savings' area. Information added to fields annotated with an asterisk (*) require an explanation in the narrative field.

HOUSEHOLD RESOURCES		HOUSEHOLD MONTHLY EXPENSES		OTHER POTENTIAL MONTHLY SAVINGS	
Household Resources	Amount	Household Monthly Expenses	Amount	Other Potential Savings	
Cash	\$0.00	Rent/Mortgage	\$0.00	Will Obtain Employment	\$0.00
Savings/Checking Accounts	\$0.00	Tax	\$0.00	Will Receive Food Stamps	\$0.00
Stocks/Bonds/CDs	\$0.00	Utilities	\$0.00	Expecting SSA or VA Benefits, Other Benefits	\$0.00
Retirement Accounts	\$0.00	HDU H/H Monthly Expenses		Have Second Jo./Higher Paying Job	\$0.00
Personal Assets (Condo, Etc)	\$0.00	Food	\$0.00	Remove children from private school	\$0.00
Life Insurance	\$0.00	Transportation	\$0.00	Credit Counseling	\$0.00
Alimony	\$0.00	Credit Cards	\$0.00	Will Sell Car	\$0.00
Disability	\$0.00	Garnishees*	\$0.00	Have Arranged Affordable Child Care	\$0.00
Tax Refund	\$0.00	Car Insurance*	\$0.00	Have Arranged Affordable Adult Care	\$0.00
Lawsuits	\$0.00	Life Insurance*	\$0.00	Bankruptcy	\$0.00
Loan From Others	\$0.00	Loans*	\$0.00	Will Receive Additional/Change Health Insurance	\$0.00
PA/FS	\$0.00	Cable TV	\$0.00	Third Party Financial Assistance	\$0.00
HDU Household Resources		Personal (clothing, laundry, etc)	\$0.00	Other	\$0.00
Earned Income (HDU)	\$0.00	Entertainment	\$0.00	Total Potential Savings	
Unearned Income (HDU)	\$0.00	Home/Cell Phone	\$0.00	\$0.00	
Credit Cards	\$0.00	Child Support*	\$0.00		
Inheritance	\$0.00	Child Care *	\$0.00		
Other	\$0.00	Medical Fees*	\$0.00		
Total Household Resources	\$0.00	Tuition*	\$0.00		
		Other	\$0.00		
		Total Household Expenses	\$0.00		

OK
Cancel

The Amounts in blue are pre-populated from prior POS entry. Any updated amounts must be entered in the "grey" areas (See instructions toward the top of the window).

HDU Decision/Plan of Action

HDU DECISION/PLAN OF ACTION

To be eligible for a rent arrears grant, a plan is needed for future rent/mortgage payments when the cash assistance allowance does not cover the entire shelter amount for participants/applicants. The applicant's/participant's available resources must not exceed the Resource Limits. All resources (if any) must be evaluated to determine whether they are countable towards the resource limit or exempt. Also cases applying for a one-time-cash grant must use all available resources and to apply for, as well as pursue, potentially available resources. A resource must be easily converted to available cash, even if it results in a penalty for liquidating the resource, such as in the case of stocks, bonds, etc. Click the 'Landlord Contact' button to record details of discussion with landlord and to indicate that no contact was made.

Case Information
Case Number: _____ Case Name: _____

Future Rent Payment Plan

Payment Plan w/Landlord:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status: _____
Pension Loan:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status: _____
Bank/Credit Union Loan:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status: _____
Salary Advance:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status: _____
Retirement/IRA/401K Loan:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status: _____
Cashing Savings Bond:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status: _____
Borrow From Family/Friend:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status: _____
Cash Value of Life Insurance:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status: _____
Other Potential Resource:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status: _____
Charity/Church/Synagogue:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status: _____

Unforeseen Circumstances that Caused Arrears
Are there unforeseen circumstances that caused the arrears? (select all that apply) Yes No

- Robbery or Loss of Property
- Medical
- Unexpected Death in a Family
- Loss of Income
- Natural Disaster/Fire
- Loss of affordable childcare

Participant provide documentation to verify circumstances? Yes No Deferred

HDU Plan of Action
Outcome: Client Refused Services Outcome Date: 09/05/2012
Other Details: _____

Did the Participant Provide all necessary Documentation? Yes No Deferred RAU Packet Complete: Yes No

Landlord Contact
Reason for extension beyond 30 days: _____

OK Cancel

Initial Plan of Action example on pages 13 and 14.

Landlord Contact example on page 15.

The **Initial Plan of Action** and **Landlord Contact** options may be selected from the **HDU Decision/Plan of Action** window.

Initial Plan of Action from the HDU Decision/Plan of Action window

HDU DECISION/PLAN OF ACTION

To be eligible for a rent arrears grant, a plan is needed for future rent/mortgage payments when the cash assistance allowance does not cover the entire shelter amount for participants/applicants. The applicant's/participant's available resources must not exceed the

HDU Decision/Plan of Action

INITIAL PLAN OF ACTION

- One-Shot Deal Arrears Intervention
- Client Arrears Intervention
- New Apartment Expenses Request
- Section 8 Recertification
- Landlord Contact
- Referral

Referrals

Once **Referral** is checked, select the adjacent **Referrals** button to enter a specific referral type.

OK Cancel

OK Cancel

Referrals window from the Initial Plan of Action window

The screenshot displays a software interface for 'HDU Decision/Plan of Action'. It features a main window with a list of options under the heading 'INITIAL PLAN OF ACTION'. The 'Referral' option is selected, which triggers a secondary 'Referrals' window to appear. A callout box points to the 'Referrals' button with the text: 'The Referrals window will appear once selected.' The 'Referrals' window contains a list of referral types, with 'Legal Services Referral' selected. An 'OK' button is located at the bottom of the 'Referrals' window.

HDU Decision/Plan of Action

INITIAL PLAN OF ACTION

- One-Shot Deal Arrears Intervention
- Client Arrears Intervention
- New Apartment Expenses Request
- Section 8 Recertification
- Landlord Contact
- Referral

Referrals

The Referrals window will appear once selected.

Referrals

- FEPS Referral
- Legal Services Referral
- Financial Counseling Referral
- Referral to CMU/Customer Service
- Referral to Section 8
- CBO Case Management Referral
- Referral to NYCHA
- Domestic Violence Referral
- Referral for SCRIE or DRIE
- APS Referral
- Education/Training Referral
- Employment Referral
- Other

OK

Landlord Contact window from the HDU Decision/Plan of Action window

HDU DECISION/PLAN OF ACTION

To be eligible for a rent arrears grant, a plan is needed for future rent/mortgage payments when the cash assistance allowance does not cover the entire shelter amount for participants/applicants. The applicant's/participant's available resources must not exceed the

Landlord Contact

Case Information

Case Number: Case Name:

Landlord Contact Made? Yes No Discussion Date:

Results of Discussion With Landlord

Move to New Apartment Rent Reduction Arrears Reduction Awaiting FEPS Pending Outcome Negative Outcome

Lease Duration: New Monthly Rent: New Arrears:

Comment...

OK Cancel

OK Cancel

HDU Document Deferral Window

HDU DOCUMENT DEFERRAL WINDOW

Instructions: This HDU Documentation Deferral window lists the names of **all active adult household members over 18 years of age**. If there is someone residing in your household over 18 that does not appear on this list, select "Other Person Not Listed", then enter the name in the "Other Name" field. Once you have selected from the "who" list box, you should select **all of the documents needed for the name you selected only**. For instances when you have more than one selection for a request type, you can make multiple selections per each request type group. Hold the 'Ctrl' button down on your keyboard and left click with your mouse). If you need to make additional request for the next household member, use the "scroll bar" to view the next available row so that you can fill their request information separately

Deferral Due Date Return Documents To: Homeless Diversion Unit (HDU) Must See Your Worker

Who Other Name

Request Type	Select Documentation List	Supporting Information
<input type="checkbox"/> Brokers Fees/Voucher	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Mortgage Payments/ Arrears	<input type="text" value="Income tax return for year"/>	<input type="text" value="2011"/>
<input type="checkbox"/> Moving expenses	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Property Tax Payments/ Arrears	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Rent Arrears	<input type="text" value="Income tax return for year"/>	<input type="text" value="2003"/>
<input type="checkbox"/> Security Deposit/ Voucher	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other HDU Request:	Specify <input type="text"/>	<input type="text"/>

Comments

Select the person(s) selected for the deferral in the **Who** drop-down box. If there is another individual, over 18 years of age, that is not listed in the drop-down box, select **"Other Person Not Listed"**, then enter the name in the **Other Name** field.

Select the **Request Type** and complete the **Select Documentation List** fields.

SI Grant Requests and Issuance

Version 16.2.1 - Paperless Office System - [SI Grant Requests and Issuance] 5:35:09 PM Wednesday, Aug

File Edit Tools Window Help

Instructions

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

SI Grant Request

1.	Task Name: SI Grant Needs Identified in Interview Action: This Task must be completed before proceeding. Status: No Action Required	NA
2.	Task Name: Record Special Grant Requests Action: This Task must be completed before proceeding. Status: Completed	GO
3.	Task Name: Requests Details Action: This Task must be completed before proceeding. Status: No Action Required	NA
4.	Task Name: EAF, E-SNA and EAA Financial Eligibility Determination Action: This Task must be completed before proceeding. Status: No Action Required	NA
5.	Task Name: Print Forms for Client to Sign Action: This Task must be completed before proceeding. Status: No Action Required	NA

Next Previous

Print Forms

Version 16.2.1 - Paperless Office System - [Print Forms] 5:36:02 PM Wednesday, August 22, 2012

File Edit Tools Window Help

Form No	Form Description	Copies	Forms
DSS2474	SSI Referral and Certification of Contact		e-form
DSS3151	Food Stamp Change Report Form		e-form
DSS3573	PA-Recoupment		e-form
DSS3938	Food Stamp Application Expedited Processing Summary Sheet		e-form
DSS4198	Third Party Data Sheet		e-form
DSS4279	Notice of Responsibilities and Rights for Support		e-form
DSS4529	Agreement to Repay Any Safety Net Assistance Overpayments Still Owed After Case Is Closed		e-form
DSS4530	Assignment of Wages, Salary, Commissions or other Compensation for Services		e-form
DSS4571	Alcohol/Substance Abuse Screening Instrument		e-form
DSS4733	DFR Legal Residence Statement		e-form
DSS4753	Food Stamps - Request for Contact/Missed Interview		e-form
DSS4776	Safety Net Assistance (SNCA) Application (LDSS-4776)		e-form
EXP_76R	Documentation Receipt		e-form
EXP83H	Declaration of Application for a Social Security Number		e-form
M15	Inquiry Regarding Veterans' Benefits and Servicemen's Allotments		e-form
M15F	Agreement to Repay Public Assistance		e-form
M186RR	Mandatory Dispute Resolution Action Taken Form		e-form
M186TT	Mandatory Dispute Resolution No Action Taken Form		e-form

Preview W-145HH Notice Next Print Previous

Approval Elements

Version 16.3 - Paperless Office System - [Approval Elements] 1:46:28 PM Monday, January 14, 2013

File Edit Tools Window Help

Disapproved Element
Address Information Approval Edit
 Add Comment

Disapproval Reasons Review Comment Log

Disapproved Element
Identity,Citizenship,Relationship,Residence,SSN,Age&Household Composition Approval Edit
 Add Comment

Disapproval Reasons Review Comment Log

Disapproved Element
Identity,Citizenship,Relationship,Residence,SSN,Age&Household Composition Approval Edit
 Add Comment

Disapproval Reasons Review Comment Log

Next Refer to RAU Previous
 Refer Back to Worker

Activity Includes Ready SI Grants: No
 Highest PA Issuance Code Total: 0
 Grants Needing Center Director (Admin JOS II) Approval:
 Next Level: ADMIN JOS

The HDU Supervisor will use the **Approve HDU Intake** activity to approve information completed by the HDU worker via the **HDU Intake** activity. The **Approve HDU Intake** activity will contain the following sections *with Supervisory Review* areas attached toward the bottom of those sections.

- Household Screen
- Address Information
- Individual Detail
- HDU Referred From
- HDU Information
- SI Grant Requests
- Print Forms
- Notice Selection (SCR Centers)
- Approval Elements

Supervisory Approval – HDU Information Example

Version 16.2.1 - Paperless Office System - [Supervisory Approval-Shelter] 5:38:21 PM Wednesday, August 22, 2012

File Edit Tools Window Help

Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?

Shelter Type	Actual Amount Charged For Rent/Mortgage	Frequency	Rent Charged to Secondary Tenant	Frequency	Verified
23	\$0	M		00	Yes

Housing Advantage Indicator (HAI) _____

No One Pays Rent, Mortgage or Other Shelter Expense Shelter Type _____ Number of bedrooms _____

Monthly PA Shelter Amount _____

Landlord Information:

Landlord Type _____
Name _____
Address _____
Phone _____ NY
SSN _____ Tax Number _____

Rent Restriction Info

Restriction Type _____
PA Shelter Amount: _____
Name _____
Address _____ NY
Routing _____

Supervisory Review

Documents: _____ Documents Reviewed: _____

Approve
 Disapprove

Disapproval Reasons _____

Preview Comment Log _____

Supervisory Review Area

Approval Elements Screen

Version 16.3 - Paperless Office System - [Approval Elements] 1:46:28 PM Monday, January 14, 2013

File Edit Tools Window Help

Disapproved Element
Address Information Approval Edit
Add Comment

Disapproval Reasons Review Comment Log

Disapproved Element
Identity,Citizenship,Relationship,Residence,SSN,Age&Household Composition Approval Edit
Add Comment

Disapproval Reasons Review Comment Log

Disapproved Element
Identity,Citizenship,Relationship,Residence,SSN,Age&Household Composition Approval Edit
Add Comment

Disapproval Reasons Review Comment Log

Next Refer to RAU Previous
Refer Back to Worker

Activity Includes Ready SI Grants: No
Highest PA Issuance Code Total: 0
Grants Needing Center Director (Admin JOS II) Approval: []
Next Level: ADMIN JOS

The HDU Supervisor sends the case to RAU by selecting the **Refer to RAU** button toward the bottom of the **Approval Elements** screen.

Decisions Received From RAU

When RAU processes a decision on the case, an **Assign Change Case Data** (for active cases) or **Assign Non-Food Emergency** (for applying cases) will be placed in the **RAU Recommendation to HDU** queue.

The **Request Action** window is updated with the RAU decision allowing HDU to process the decision. There are three tabs on the **Request Action** window. The Grants tab appears below. Screenshots of the **Referrals and Outcomes** and **Documentation and Verification** tabs appear in the following pages.

Request Action Window: Grants Tab

The **SI Grant Details** and the **SI Grant Decision** sections of the **Grants** tab will be systematically pre-filled with the decision details.

If the case is a reconsideration (previously denied by RAU and resubmitted by the Job Center with new information), on the **Grants** tab, Select **Yes** to in response to the **Submit Addition to RAU?** Question. Select an appropriate reason from the **Reason** drop-down list. The complete list of reasons are the following:

- Legal fees
- Change of time period requested (change of dates)
- Additional documentation
- Client/Third Party Contribution
- New income
- Other

The screenshot shows the 'Paperless Office System - [Request Action]' interface. The top status bar indicates the time as 8:16:48 AM on Wednesday, May 15, 2013. The main window title is 'Version 17.1.1 - Paperless Office System - [Request Action]'. The interface includes a menu bar (File, Edit, Tools, Window, Help) and a header section with the following information:

- Request Type:** Rent in Advance (to secure an Apartment)
- Financially Eligible for:** EAF? Yes, E-SNA? NA, EAA?
- Grant Info:** Complete
- Referrals and Outcomes:** Complete
- Documentation and Verification:** Complete

The main content area is divided into three tabs: **Grants** (selected), **Referrals and Outcomes**, and **Documentation and Verification**. The **Grants** tab contains the following sections:

- SI Grant Details:**
 - SI Grant Needed? Yes No
 - Decision Due Date: 05/17/2013, Overdue? No
 - Comments: [Text Field]
 - [View Benefit Issuance History](#)
- SI Grant Decision:**
 - RAU Referral Required? Yes
 - Ready for Referral to RAU? Yes No
 - Was Decision Received? Yes No
 - Decision: Issue Grant, Issue Grant Conditionally, Deny Grant
- Conditions:**
 - Submit Addition to RAU? Yes No
 - Reason: **Additional Documentation** (selected from a dropdown menu)
- Not ready for decision:** (selected)
- Accept:** Approved Amount: \$0.00 / 00/00/0000 To: 00/00/0000
- Deny:** Denied Amount: \$0.00

At the bottom of the window, there are three buttons: **Close**, **Next Request**, and **Previous Request**.

Two callout boxes provide instructions:

- One callout points to the 'Submit Addition to RAU?' radio button, stating: "Select **Yes** button to **Submit Addition to RAU?** Question."
- Another callout points to the 'Reason' dropdown menu, stating: "Select reasons for **Submit Addition to RAU** here."

Request Action Window: Referrals and Outcomes tab

Version 17.1.1 - Paperless Office System - [Request Action] 8:13:48 AM Wednesday, May 15, 2013

File Edit Tools Window Help

Request Type: Financially Eligible for: EAF? E-SNA? EAA?

Grant Info: Referrals and Outcomes: Documentation and Verification:

Grants | **Referrals and Outcomes** | Documentation and Verification

Referrals

Referral to HDU: Yes No Details:

Referral to RAU: Yes No Details:

Referral to Housing Court: Yes No Details:

Referral to Center Management: Yes No Details:

Landlord Contact: Yes No Details:

Comments:

ATTACHMENT B

Request Action Window: Documentation and Verification Tab

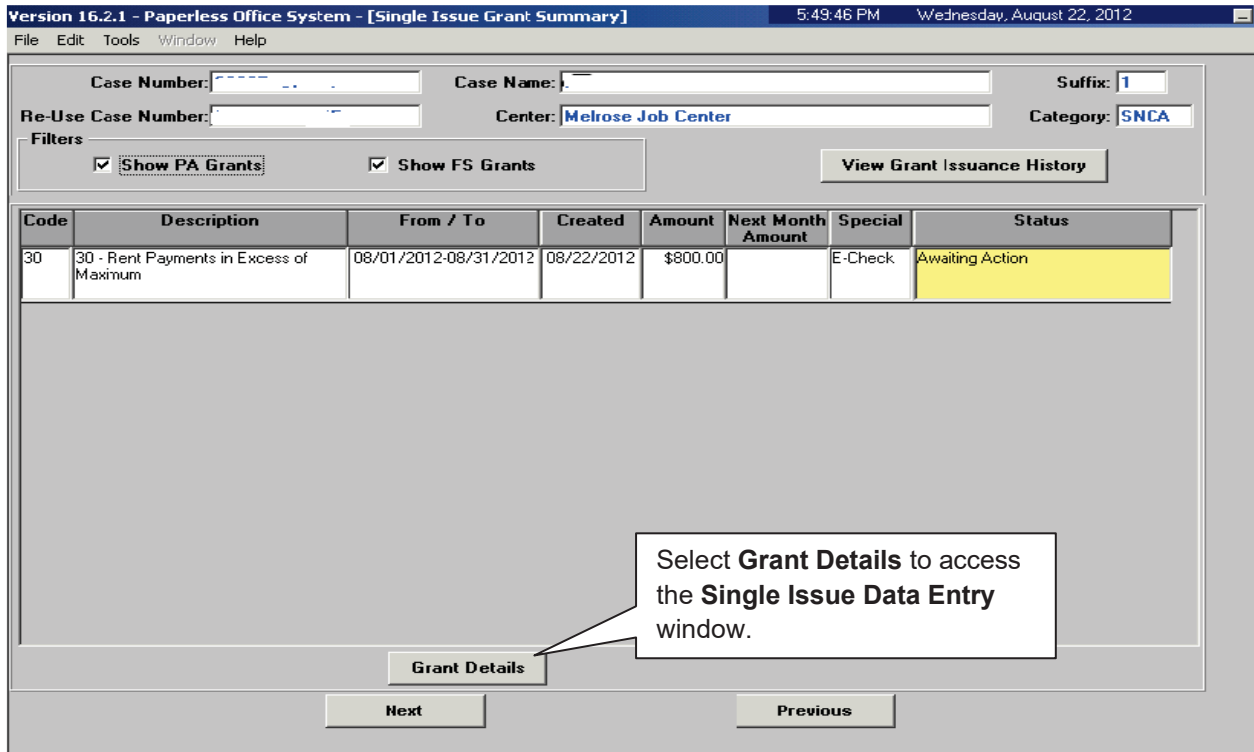
No Documents Needed Example:

The screenshot shows the 'Paperless Office System - [Request Action]' window. The title bar includes 'File Edit Tools Window Help'. The 'Request Type' is 'Back Rent or Carrying Charges'. Financially Eligible for: EAF? Yes, E-SNA? NA, EAA? . Grant Info: Complete, Referrals and Outcomes: Complete, Documentation and Verification: Complete. The 'Documentation and Verification' tab is active. The question 'Does the client need to bring back documents?' has 'No' selected. There is a 'Comments:' text box. At the bottom are buttons for 'Close', 'Next Request', and 'Previous Request'.

Documents Needed Example:

The screenshot shows the 'Paperless Office System - [Request Action]' window. The title bar includes 'File Edit Tools Window Help' and 'Version 17.1 - Paperless Office System - [Request Action] 8:48:47 AM Monday, January 28, 2013'. The 'Request Type' is 'Back Rent or Carrying Charges'. Financially Eligible for: EAF? Yes, E-SNA? NA, EAA? . Grant Info: Complete, Referrals and Outcomes: Complete, Documentation and Verification: Complete. The 'Documentation and Verification' tab is active. The question 'Does the client need to bring back documents?' has 'Yes' selected. The question 'Due date for client to return with documents:' has '02/07/2013' entered. The question 'Collateral Contact Made?' has radio buttons for 'Yes' and 'No', with 'No' selected. There is an 'Action Taken:' dropdown menu. There is a 'Comments:' text box. At the bottom are buttons for 'Close', 'Next Request', and 'Previous Request'.

Single Issue Grant Summary Window



Version 16.2.1 - Paperless Office System - [Single Issue Grant Summary] 5:49:46 PM Wednesday, August 22, 2012

File Edit Tools Window Help

Case Number: [] Case Name: [] Suffix: 1

Re-Use Case Number: [] Center: Melrose Job Center Category: SNCA

Filters

Show PA Grants Show FS Grants View Grant Issuance History

Code	Description	From / To	Created	Amount	Next Month Amount	Special	Status
30	30 - Rent Payments in Excess of Maximum	08/01/2012-08/31/2012	08/22/2012	\$800.00		E-Check	Awaiting Action

Grant Details

Next Previous

Select **Grant Details** to access the **Single Issue Data Entry** window.

The **Single Issue Grant Summary** window will be updated with the approved grant. HDU or designated staff must process the grant in the **Single Issue Data Entry** window (accessed by selecting **Grant Details**). See **PD #10-22-SYS Single Issuance Grant Requests in POS** for more information.



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Caseload: _____

Worker Telephone No.: _____

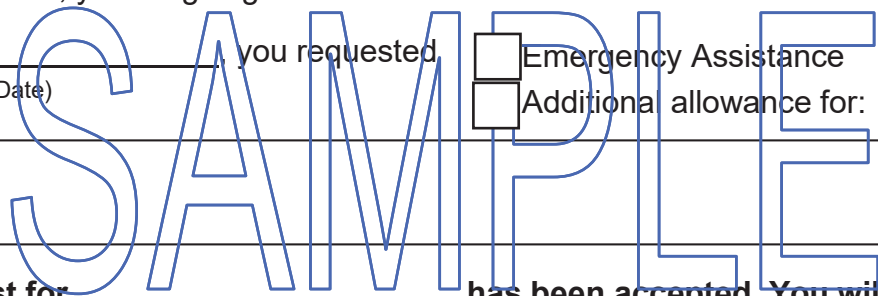
FH&C Telephone No.: _____

Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

The Agency's decision(s) regarding your benefit program(s) is/are explained below, next to the checked box(es) .

This Notice applies only to your request for an additional allowance to meet a special need, a change in grant, or an application for emergency assistance. If your request for additional assistance is denied, your ongoing Cash Assistance case will not be affected.

On _____ (Date), you requested Emergency Assistance Additional allowance for:



Your request for _____ has been accepted. You will receive:

One payment in the amount of \$ _____.

Period covered, if applicable: _____.

How we will pay:

Broker's or finder's fee/voucher paid to broker/finder

You must pick up check at your Benefits Access Center

Check mailed to your home

We will add it to your regular Cash Assistance grant which you can get through the EBT system

Security deposit/agreement/voucher paid/provided to landlord

Check sent directly to landlord/vendor

Other action: _____

You will receive a second notice informing you as to how your ongoing benefits will be affected.

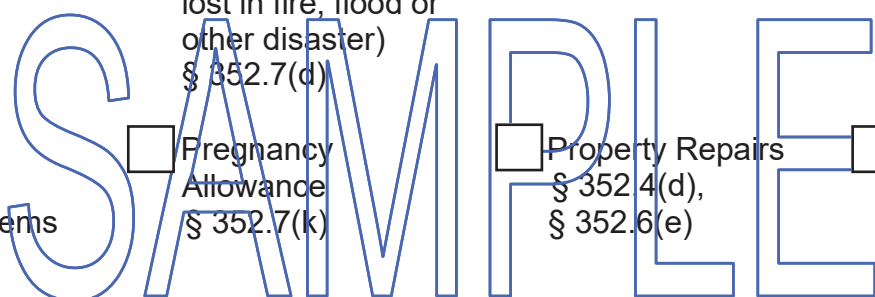
(Turn page)

On _____, you were referred to the Office of Burial Services at 33-28 Northern Boulevard, 3rd Floor, Long Island City, NY 11101, (718) 473-8310, to apply for a burial allowance.

Your request for _____ has been denied because:

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR (please see the section numbers below):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Addition to Household § 352.30 | <input type="checkbox"/> Additional Allowance for Fuel § 352.5 | <input type="checkbox"/> Back Mortgage and/or Taxes § 352.7 (g) | <input type="checkbox"/> Back Rent § 352.7 (g) |
| <input type="checkbox"/> Broker's or Finder's Fee/Voucher § 352.6(a) | <input type="checkbox"/> Catastrophic Loss (replacement of clothing and furniture lost in fire, flood or other disaster) § 352.7(d) | <input type="checkbox"/> Furniture and Other Household Items § 352.7(a) | <input type="checkbox"/> Moving Expenses § 352.6(a) |
| <input type="checkbox"/> Repair of Essential Household Items § 352.7(b) | <input type="checkbox"/> Pregnancy Allowance § 352.7(k) | <input type="checkbox"/> Property Repairs § 352.4(d), § 352.6(e) | <input type="checkbox"/> Rent Security Deposit/ Agreement § 352.6(a) |
| <input type="checkbox"/> Work Activity Related Supportive Services § 385.4 | <input type="checkbox"/> Restaurant Allowance § 352.7(c) | <input type="checkbox"/> Semimonthly Fuel for Heating Allowance § 352.5(b) | <input type="checkbox"/> Storage of Furniture and Personal Belongings § 352.6(f) |



Other (specify):

JOS/Worker's Name

Date

Supervisor's Name

Date

(Turn page)

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

**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.ny.gov/oah/forms.asp>

(Turn page)

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

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

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

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

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

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

(Turn page)

FAIR HEARING REQUEST

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

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

Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

SAMPLE



Fecha: _____
 Número de caso: _____
 Nombre del caso: _____
 Centro: _____
 Volumen de casos: _____
 Teléfono del trabajador: _____
 Teléfono de FH&C: _____

Medida tomada sobre su Petición para la Asistencia de Emergencia, las asignaciones adicionales o para añadir a personas al caso de Asistencia en Efectivo (solo para participantes)

A continuación, se ofrece la explicación (junto a la casilla marcada con) sobre la decisión de la Agencia en cuanto a su(s) programa(s) de beneficio(s).

Este aviso solo se aplica a su petición para recibir una asignación adicional con el fin de satisfacer una necesidad especial, para cambiar algún subsidio o para una solicitud para la asistencia de emergencia. Si se niega la petición para recibir asistencia adicional, su caso continuo de Asistencia en Efectivo no se verá afectado.

El día _____, usted pidió: Asistencia de emergencia
 (Fecha) Asignación adicional para:

Su petición para _____ **ha sido aceptada. Usted recibirá:**
 Un pago de \$ _____ .
 Plazo de tiempo cubierto, si corresponde: _____ .

Cómo se hará el pago:

- | | | |
|--|---|--|
| <input type="checkbox"/> Por vale/comisión, a nombre del agente inmobiliario o del intermediario | <input type="checkbox"/> Por cheque, a ser recogido en su Centro de Acceso a Beneficios | <input type="checkbox"/> Por cheque, enviado a su vivienda |
| <input type="checkbox"/> Por medio del sistema de la tarjeta EBT, añadido a su Asistencia en Efectivo que recibe normalmente | <input type="checkbox"/> Por medio del depósito de seguridad/contrato/vale de pago/ entregado al arrendador | <input type="checkbox"/> Por cheque, enviado directamente al arrendador/ representante |
| <input type="checkbox"/> Otra medida: _____ | | |

Recibirá un segundo aviso informándole cómo se verán afectados sus beneficios
(Gire la hoja)

El día _____, usted fue referido para que solicitara la asignación para entierros en la Oficina para Servicios de Entierro (*Office of Burial Services*), ubicada en 33-28 Northern Boulevard, 3rd Floor (3er piso), Long Island City, NY 11101; teléfono: (718) 473-8310.

Su petición para _____ ha sido rechazada porque:

La(s) ley(es) y/o el reglamento que nos permite hacer esto es el artículo 18 NYCRR (favor de ver a continuación las secciones (§) del reglamento que aplican):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Adición al hogar § 352.30 | <input type="checkbox"/> Asignación adicional para combustible § 352.5 | <input type="checkbox"/> Hipoteca y/o impuestos atrasados que se deben § 352.7 (g) | <input type="checkbox"/> alquiler atrasado que se debe § 352.7 (g) |
| <input type="checkbox"/> Comisión del agente inmobiliario o del intermediario/vale de pago § 352.6(a) | <input type="checkbox"/> Pérdida por catástrofe (reemplazo de ropa y muebles destruidos por fuego, inundación u otro tipo de desastre) § 352.7(d) | <input type="checkbox"/> Muebles y otros artículos del hogar § 352.7(a) | <input type="checkbox"/> Gastos de mudanza § 352.6(a) |
| <input type="checkbox"/> Reparación de artículos esenciales para el hogar § 352.7(b) | <input type="checkbox"/> Asignación para el embarazo § 352.7(k) | <input type="checkbox"/> Reparaciones a la propiedad § 352.4 (d), § 352.6(e) | <input type="checkbox"/> Depósito de seguridad/ contrato de alquiler § 352.6(a) |
| <input type="checkbox"/> Actividad de trabajo relacionada a los Servicios de Apoyo § 385.4 | <input type="checkbox"/> Asignación para restaurantes § 352.7(c) | <input type="checkbox"/> Asignación quincenal de combustible para calefacción § 352.5(b) | <input type="checkbox"/> Almacenamiento de muebles y artículos personales § 352.6(f) |

Otro (especifique):

Nombre del trabajador(a)/JOS

Fecha

Nombre del supervisor(a)

Fecha

(Gire la hoja)

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad?
¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la HRA debido a su condición? **Nosotros podemos ayudarle.** Llámenos al 718-557-1399. También puede pedir ayuda cuando visite las oficinas de la HRA. La ley le da derecho a pedir 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

(Gire la hoja)

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) que está en la **página 1 de este aviso, o escribanos a la dirección que está en la página 1 de este aviso**. A veces este resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aún 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 desea que el Estado revise nuestra decisión, debe pedir una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso, si se trata de un caso de Asistencia en Efectivo, Asistencia Médica o de Servicios Sociales; y si el caso es del Programa de Asistencia de Nutrición Suplementaria (SNAP), debe pedir la Audiencia dentro de noventa (90) días

Si 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 pedir la Audiencia Imparcial por escrito, antes de la fecha límite.

Cómo pedir la Audiencia Imparcial: Si considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede pedir 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 a mano este aviso cuando llame).

(2) POR ESCRITO: Complete la sección "Petición de Audiencia Imparcial" en este aviso y envíe una copia de este aviso completo (guarde una copia) a:

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

(3) POR FAX:

Complete la sección "Petición de Audiencia Imparcial" en este aviso y faxee una copia de este aviso completo al **(518) 473-6735**.

(4) EN PERSONA:

Complete la sección "Petición de Audiencia Imparcial" en este aviso y traiga una copia de este aviso completo 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:

Complete el formulario de petición electrónica en:
<http://www.otda.ny.gov/oah/forms.asp>

(Gire la hoja)

Qué puede esperar de la Audiencia Imparcial: El Estado le enviará una notificación informando sobre cuándo y dónde se llevará a cabo la Audiencia Imparcial. Durante 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 audiencias cualquier documento relacionado con su caso, tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede ir a la audiencia, puede enviar a alguien que lo(a) represente. Si dicho representante no es abogado, usted debe proporcionarle una carta al representante para que el funcionario de audiencias sepa que usted desea que esa persona lo(a) represente. Durante la audiencia, usted, su abogado o su representante también podrán interrogar a nuestros testigos o a los suyos, con el fin de aclarar el caso.

Si usted tiene alguna 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 traer al funcionario de audiencias una carta escrita y firmada por usted.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, es posible que la pueda obtener comunicándose con La Sociedad de Ayuda Legal (*The Legal Aid Society*) de su localidad u otro grupo legal de abogacía. Encontrará a La Sociedad de Ayuda Legal u a otro grupo de abogacía más cercano en las Páginas Amarillas (*Yellow Pages*), bajo el título "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudar a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si nos llama, nos escribe o nos envía su petición por fax, le proporcionaremos copias gratuitas de los documentos en su archivo, los mismos que serán entregados al funcionario de audiencias durante la Audiencia Imparcial. Además, si nos llama, escribe o nos envía su petición por fax, le enviaremos copias gratuitas de documentos específicos en su archivo, que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar cómo revisar su archivo, contáctenos por teléfono 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 pedirlos con anticipación. Éstos se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán los documentos por correo sólo si especifica que desea recibirlos por correo.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA: Las publicaciones de políticas de la Oficina de Asistencia Temporal y para Discapacitados (*OTDA*) y las publicaciones de políticas y los manuales de la *HRA* están a su disponibilidad, y a la de su representante, para determinar si se debe pedir una Audiencia Imparcial y prepararse para la misma. Las publicaciones de políticas y los manuales de la *OTDA* aparecen en el sitio web de la *OTDA*: <http://www.otda.ny.gov/legal>. Además, hay publicaciones y manuales que explican cómo la agencia llegó a su determinación, que están disponibles a petición del interesado. Para pedir las publicaciones de políticas y los 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 desea más información sobre su caso, sobre cómo solicitar una audiencia imparcial, revisar su archivo u obtener copias adicionales de documentos, llame al teléfono y/c escribanos a la dirección que aparecen en la **página 1** de este aviso.

(Gire la hoja)

PETICIÓN DE AUDIENCIA IMPARCIAL

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

Nombre en
letra de
molde:

Nombre _____ Inicial _____ Apellido _____
2do nombre _____
Dirección: _____
Ciudad: _____ Estado: _____ Código postal: _____

Número de caso: _____

Teléfono: _____

Firma: _____

Fecha: _____



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

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

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

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

What You Asked For

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

This is a follow up to our notice dated . _____

(Turn Page)

Decision On Your Request

Approval

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

You Must Pay Us Back

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

(Turn Page)

Decision On Your Request

Denial

Food-related Immediate Need

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

Nonfood-related Immediate Need

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

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

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

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

- Other:

(Turn Page)

Other Action

Other action taken on your application:

Your request is not an immediate need.

Medical Assistance

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

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

SAMPLE

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

(Turn Page)

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

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

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

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

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

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

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

(Turn page)

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

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

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

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

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

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

(Turn page)

FAIR HEARING REQUEST

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

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

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

SAMPLE

(Turn page)

New York State Emergency Rental Assistance Program (ERAP)

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

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

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

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

Residents of New York City are eligible if they:

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

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



Fecha: _____

Número de caso: _____

Nombre del caso: _____

Unidad de casos: _____

Nombre del trabajador(a): _____

Número de teléfono del
trabajador(a): _____

Número de teléfono de
FH&C: _____

Aviso de la decisión sobre la asistencia para satisfacer una necesidad inmediata o para el subsidio especial (solo para solicitantes)

Usted ha pedido ayuda para satisfacer una necesidad inmediata. Este aviso se refiere a esa petición. Si también ha enviado una solicitud para continuar recibiendo la Asistencia en Efectivo (*Cash Assistance, CA*), este aviso no se refiere a ello. Recibirá un aviso por separado sobre la Asistencia en Efectivo.

Nota sobre las recientes denegaciones de la Asistencia en Efectivo: Si no cumple con los requisitos de elegibilidad, su solicitud para continuar recibiendo la Asistencia en Efectivo puede que sea denegada. Si se deniega por falta de cumplimiento y dentro de los 90 días del rechazo usted reenvía la solicitud para satisfacer una necesidad inmediata o para el subsidio de emergencia para alimentos o artículos de uso personal, es posible que la deneguemos. Si puede demostrar que tiene una buena razón que justifique su incumplimiento, es posible que aprobemos una segunda petición, aunque la haya enviado dentro de los 90 días de la denegación.

Lo que usted pidió:

En fecha _____, pidió asistencia para satisfacer la siguiente necesidad inmediata:

Este aviso es para dar seguimiento al aviso fechado _____.

(Gire la hoja)

Decisión sobre su petición:

Aprobación

- Puede retirar un subsidio de emergencia por un monto de \$ _____ el _____.
(Fecha)
- Este subsidio se emite antes de hacer la revisión de su caso.
- Se ha proveído un subsidio de emergencia (por vez única) por el monto de \$ _____ para:

Usted tiene que reembolsarnos:

- Usted es responsable de reembolsarnos \$ _____ como se indica a continuación:
 - Este monto se nos tiene que devolver en base al acuerdo de reembolso que usted firmó en fecha _____.
(Fecha)
 - Debe reembolsar el monto indicado anteriormente, porque es mayor que \$ _____, que es el monto máximo de asignación para albergue que la Administración de Recursos Humanos (*HRA*) concede a hogares con ____ integrantes, por cada mes de atraso en el pago de alquiler que la *HRA* haya acordado pagar. Sin embargo, tenga en cuenta que si usted es propietario(a) de bienes inmuebles y la *HRA* ha presentado una orden de embargo contra su propiedad, seguirá siendo responsable de pagar el monto completo de su subsidio de emergencia. Además, la recuperación del monto completo del subsidio de emergencia podría realizarse bajo otras disposiciones legales (por ej.: llegar a un acuerdo por demanda, interceptar ganancias de lotería, etc.).

(Gire la hoja)

Decisión sobre su petición:

Denegación

Necesidad inmediata relacionada con alimentos

- Usted no cumplió con establecer/documentar su identidad.
- Usted tiene exceso de recursos.
- Entre las personas que no son ciudadanas norteamericanas, su estado actual no califica como elegible.
- Usted obtuvo un subsidio de necesidad inmediata en los últimos 90 días, pero luego no cumplió con los requisitos de elegibilidad.
- Se le otorgaron beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP) el mismo día.
- Se deniega por otra razón (favor de especificar):

Necesidad inmediata no relacionada con alimentos

- Usted no cumplió con establecer/documentar su identidad.
- Usted tiene exceso de recursos.
- Entre las personas que no son ciudadanas norteamericanas, su estado actual no califica como elegible.
- Usted obtuvo un subsidio de necesidad inmediata en los últimos 90 días, pero luego no cumplió con los requisitos de elegibilidad.
- Usted solicitó la Asistencia en Efectivo el _____ (en los últimos tres meses).
(Fecha)

Usted obtuvo el beneficio marcado a continuación, pero no cumplió con los requisitos de elegibilidad. No demostró que tenía una buena razón para no cumplir.

- Subsidio(s) de necesidad inmediata
- Otros subsidios (favor de especificar):

Los reglamentos que nos permiten hacer esto son el 18 NYCRR § 351.1, § 351.8 y §352.7.

- Otra razón:

(Gire la hoja)

Otra acción:

Otra acción tomada en cuanto a su solicitud:

Su petición no es una necesidad inmediata.

Asistencia Médica:

- Si necesita ayuda con sus facturas médicas, tiene que enviar una solicitud por separado para la Asistencia Médica.
- Si desea obtener más información sobre la elegibilidad para la Asistencia Médica, llame al número de teléfono del trabajador(a) que aparece en la **página 1**.
- Su Asistencia Médica permanecerá igual.
- Su solicitud para la Asistencia Médica está siendo evaluada. Le enviaremos nuestra decisión dentro de 30 días.

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

SAMPLE

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad?

¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la HRA debido a su condición? **Nosotros podemos ayudarle.** Llámenos al 718-557-1399. También puede pedir ayuda cuando visite las oficinas de la HRA. La ley le da derecho a pedir este tipo de ayuda.

(Gire la hoja)

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) que está en la **página 1** de este aviso, o escríbanos a la dirección que está en la **página 1** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aún 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 desea que el Estado revise nuestra decisión, debe pedir una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso, si se trata de un caso de Asistencia en Efectivo, Asistencia Médica o de Servicios Sociales; y si el caso es del Programa de Asistencia de Nutrición Suplementaria (SNAP), debe pedir la Audiencia dentro de noventa (90) días

Si 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 pedir la Audiencia Imparcial por escrito, antes de la fecha límite

Cómo pedir la Audiencia Imparcial: Si considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede pedir 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 a mano este aviso cuando llame).
- (2) POR ESCRITO:** Complete la sección "Petición de Audiencia Imparcial" en este aviso y envíe una copia de este aviso completo (guarde una copia para usted) a:
**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201**
- (3) POR FAX:** Complete la sección "Petición de Audiencia Imparcial" en este aviso y faxee una copia de este aviso completo al **(518) 473-6735**.
- (4) EN PERSONA:** Complete la sección "Petición de Audiencia Imparcial" en este aviso y traiga una copia de este aviso completo 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:** Complete el formulario de petición electrónica en:
<http://www.otda.state.ny.us/oah/forms.asp>

(Gire la hoja)

Qué puede esperar de la Audiencia Imparcial: El Estado le enviará una notificación informando sobre cuándo y dónde se llevará a cabo la Audiencia Imparcial. Durante 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 audiencias cualquier documento relacionado con su caso, tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede ir a la audiencia, puede enviar a alguien que lo(a) represente. Si dicho representante no es abogado, usted debe proporcionarle una carta al representante para que el funcionario de audiencias sepa que usted desea que esa persona lo(a) represente. Durante la audiencia, usted, su abogado o su representante también podrán interrogar a nuestros testigos o a los suyos, con el fin de aclarar el caso.

Si usted tiene alguna 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 traer al funcionario de audiencias una carta escrita y firmada por usted.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, es posible que la pueda obtener comunicándose con La Sociedad de Ayuda Legal (*The Legal Aid Society*) de su localidad u otro grupo legal de abogacía. Encontrará a La Sociedad de Ayuda Legal u a otro grupo de abogacía más cercano en las Páginas Amarillas (*Yellow Pages*), bajo el título "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudar a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si nos llama, nos escribe o nos envía su petición por fax, le proporcionaremos copias gratuitas de los documentos en su archivo, los mismos que serán entregados al funcionario de audiencias durante la Audiencia Imparcial. Además, si nos llama, escribe o nos envía su petición por fax, le enviaremos copias gratuitas de documentos específicos en su archivo, que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar cómo revisar su archivo, contáctenos por teléfono 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 pedirlos con anticipación. Éstos se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán los documentos por correo sólo si especifica que desea recibirlos por correo.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA: Las publicaciones de políticas de la Oficina de Asistencia Temporal y para Discapacitados (*OTDA*) y las publicaciones de políticas y los manuales de la *HRA* están a su disponibilidad, y a la de su representante, para determinar si se debe pedir una Audiencia Imparcial y prepararse para la misma. Las publicaciones de políticas y los manuales de la *OTDA* aparecen en el sitio web de la *OTDA*: <http://www.otda.ny.gov/legal>. Además, hay publicaciones y manuales que explican cómo la agencia llegó a su determinación, que están disponibles a petición del interesado. Para pedir las publicaciones de políticas y los 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 desea saber más sobre su caso, sobre cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame al teléfono y/o escribanos a la dirección que aparecen en la **página 1** de este aviso.

(Gire la hoja)

PETICIÓN DE AUDIENCIA IMPARCIAL

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

Nombre en letra de molde: _____ Número de caso: _____

Nombre Inicial del 2º nombre Apellido(s)

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código postal: _____

Firma: _____ Fecha: _____

SAMPLE

(Gire la hoja)

**Programa de Asistencia de Emergencia para el Alquiler
del Estado de Nueva York
(New York State Emergency Rental Assistance Program, ERAP)**

Para ver si la *HRA* puede ayudarlo(a) con sus necesidades de asistencia de alquiler, el Estado requiere que usted primero tramite la solicitud de *ERAP* y que haya recibido la decisión sobre dicha petición.

¡La asistencia de *ERAP* para cubrir los pagos vencidos que debe del alquiler no tiene que ser reembolsada!

Para tramitar *ERAP*, entre al sitio web otda.ny.gov/erap. También puede iniciar el trámite por teléfono, llamando a **1-844-NY1-RENT (1-844-691-7368)**. Si necesita asistencia para enviar la solicitud de *ERAP*, entre al sitio web <http://nyc.gov/erap> para hallar la lista de organizaciones comunitarias que pueden ayudarlo(a). Si aún necesita ayuda después de que se haya tomado una decisión sobre su solicitud de *ERAP*, puede siempre contactar a la *HRA*. Entre a la página web www.nyc.gov/accesshra para reenviar la Petición de Subsidio Especial (*Special Grant Request*).

En la actualidad y a través de *ERAP*, existen fondos disponibles para los hogares de la Ciudad de Nueva York que deban pagos vencidos del alquiler. Los hogares que cuenten con bajos o moderados ingresos y que sean elegibles, podrán obtener ayuda para pagar un equivalente de hasta 12 meses de alquiler que estén vencidos en el pago y, además, hasta tres meses de futuros pagos de alquiler y otras asistencias.

Los residentes de la Ciudad de Nueva York serán elegibles si:

- adeudan pagos vencidos de alquiler desde que empezó la pandemia de COVID-19 en marzo de 2020 Y
- califican para los beneficios de desempleo o han perdido ingresos y/o han incrementado sus gastos debido a la pandemia de COVID-19, Y
- sus hogares tienen ingresos brutos mensuales (antes de que se le apliquen puestos) inferiores al 80% de los ingresos medios en el área donde viven (*Area Median Income, AMI*).

Límites de ingresos brutos anuales	
Número de integrantes del hogar	Al nivel o por debajo del 80% de AMI
1	\$66,850
2	\$76,400
3	\$85,950
4	\$95,450
5	\$103,100
6	\$110,750
7	\$118,400
8	\$126,000

Date: _____
Case Number: _____
Case Name: _____

Request to Pay Rent Arrears in Excess of Cash Assistance Maximum Shelter Allowance

I, _____, am requesting assistance to pay rent arrears to avoid eviction.
(Name)

I understand that my rent is in excess of the cash assistance maximum shelter allowance for my household size.
I understand that in order to have this request approved, I must provide documentation showing how future rent payments will be made, including a statement from a third party who will help me pay my rent.
I understand that the rent arrears payment will be made in the form of a check made payable to my landlord.
If any of the rent arrears advanced to me duplicates assistance previously given to me by the Human Resources Administration, I agree to the recoupment of such portion of the arrears payment.

Applicant/Participant's Signature: _____ Date: _____

Agreement by Third Party to Pay Excess Rent

I, _____, affirm that:
(Name)

I agree to pay the excess rent in the amount of \$ _____ for the apartment occupied
by _____ at _____,
(Applicant/Participant's Name) (Applicant/Participant's Address)

effective _____. The payment will be made directly to the:

- aforementioned applicant/participant
- landlord (name and address):

My income, indicated below, is sufficient to meet all of my expenses as well as the excess rent payment.

My monthly household income is: _____ My shelter expense is: _____

The proof of income I am submitting is:

- Pay stubs, W-2 form and/or letter from employer on employer's stationery from:

_____ (Employer's Name and Address)

- Proof of other income/source:

My relationship to the applicant/participant is: _____

My address is: _____

The above information is true and correct.

Signature: _____ Date: _____

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

Solicitud para Pagar Alquiler Atrasado en Exceso de la Asignación Máxima de Asistencia en Efectivo para Refugio

Yo, _____, solicito asistencia para pagar el alquiler atrasado para evitar ser desalojado(a).
(Nombre)

Comprendo que mi alquiler sobrepasa la asignación máxima de asistencia en efectivo para refugio dado el tamaño de mi familia.

Comprendo que para que se apruebe la presente solicitud, tengo que proporcionar documentación que muestre cómo se harán pagos de alquiler posteriores, incluyendo una declaración de una tercera parte que me ayudará a pagar el alquiler.

Más aún, comprendo que el pago atrasado de alquiler será hecho mediante cheque pagadero a mi casero(a).

En caso de que alguno de los atrasos de alquiler que se me hayan adelantado sea una duplicación de la asistencia que haya anteriormente recibido de parte de la Administración de Recursos Humanos, consiento en reembolsar la cantidad del pago de atrasos que corresponda.

Firma del Solicitante/Participante: _____ Fecha: _____

Acuerdo por Tercera Parte para Pagar el Alquiler en Exceso

Yo, _____, doy fe de que:
(Nombre)

Acuerdo pagar el alquiler en exceso por la cantidad de \$ _____ para el apartamento ocupado por _____ en _____,
(Nombre del Solicitante/Participante) (Dirección del Solicitante/Participante)

a partir de _____. El pago se le hará directamente al:
(Fecha)

- antemencionado solicitante/participante
- casero (nombre y dirección):

La cantidad de mis ingresos, indicados más abajo, es suficiente para cubrir todos mis gastos, tal como los pagos de alquiler en exceso.

Mi ingreso mensual del hogar es: _____ Mi gasto de albergue es: _____

El comprobante de ingreso que presentaré es el siguiente:

- Talones de paga, formulario W-2 y/o carta por parte del empleador o en papel con el membrete de:

(Nombre y Dirección del Empleador)

- Comprobante de otro ingreso/fuente:

Mi relación con el solicitante/participante es la siguiente: _____

Mi dirección es: _____

Los datos más arriba son verdaderos y exactos.

Firma: _____ Fecha: _____

Date: _____

Case Number: _____

Case Name: _____

Center: _____

Notice of Approval of the Request to the Rental Assistance Unit
Rent arrears checks are to be issued direct vendor only.

We agree to pay \$ _____ provided that the case is in active status or otherwise eligible for assistance.

Condition to be met by Applicant/Participant

SAMPLE



Date: _____

Case Number: _____

Case Name: _____

Caseload: _____

Code: _____

Notice of Special Grant

The box checked below indicates what action we have taken on your case:

- A check is being sent to you under separate cover.
- A check was issued to you at the Benefits Access Center

on: _____
(date)

- A check is being hand-delivered directly to the Housing Court/other.

\$: _____ from: _____ to: _____ for the following reasons:

Empty box for reasons (containing large 'SAMPLE' watermark)

\$: _____ from: _____ to: _____ for the following reasons:

Empty box for reasons

\$: _____ from: _____ to: _____ for the following reasons:

Empty box for reasons

\$: _____ from: _____ to: _____ for the following reasons:

Empty box for reasons

(Turn page)

Explanation (if required):

Authorized by

Date

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

SAMPLE



Fecha: _____

Número de caso: _____

Nombre del caso: _____

Volumen de casos: _____

Código: _____

Aviso de subsidio especial

La siguiente casilla marcada con indica qué acción hemos tomado sobre su caso:

- Se le enviará un cheque por separado.
- Se emitió un cheque en el Centro de Acceso a Beneficios el: _____ (fecha).
- Se entregará un cheque en persona y directamente al Tribunal de Viviendas/otro.

\$: _____ de: _____ a: _____ por las siguientes razones:

Empty box for reasons, containing a large blue 'SAMPLE' watermark.

\$: _____ de: _____ a: _____ por las siguientes razones:

Empty box for reasons.

\$: _____ de: _____ a: _____ por las siguientes razones:

Empty box for reasons.

\$: _____ de: _____ a: _____ por las siguientes razones:

Empty box for reasons.

(Gire la hoja)

Explicación (si es necesario):

Autorizado por

Fecha

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad? ¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la HRA debido a su condición? Nosotros podemos ayudarle. Llámenos al 718-557-1399. También puede pedir ayuda cuando visite las oficinas de la HRA. La ley le da derecho a pedir este tipo de ayuda.

SAMPLE