



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN # 22-13-ELI

FAMILY HOMELESSNESS AND EVICTION PREVENTION SUPPLEMENT (FHEPS) RENT LEVEL INCREASES AND PROGRAM CHANGES

Date: February 18, 2022	Subtopic(s): FHEPS, Rental Supplement
	Table of Contents
	Purpose..... 2
	Procedure..... 2
	FHEPS A 2
	New Maximum Rent Level Amounts 2
	Utility Allowance 3
	Maximum Rent Calculations for Rent-Regulated Apartments 4
	Eligibility 5
	Arrears 6
	Reasonable Accommodations..... 7
	Examples of Cash Assistance (CA) and Rent Calculations..... 9
	FHEPS B 10
	FHEPS APPLICATION PROCESS 12
	FHEPS A To Stay..... 12
	FHEPS A To Move and Good Cause Transfers 14
	FHEPS B To Move 14
	FHEPS B To Stay..... 15
	Modification and Restoration Scenarios 15
	Forms 15
	New Forms 15
	Revised Forms 17
	Replaced Forms 18
	Related Items: 18
	Attachments: 18

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

Purpose

The purpose of this policy bulletin is to inform staff of changes made to the Family Homelessness and Eviction Prevention Supplement (FHEPS) program and provide instructions on how to process requests with the new changes in place. This policy bulletin applies to the Office of Domestic Violence (ODV), Homelessness Prevention Administration (HPA), Homelessness Diversion Unit (HDU), Case Management Unit (CMU) staff acting as HDU, other Job Center CMU staff and supervisors, Centralized Rent Processing Unit (CRPU), Rental Assistance Unit (RAU), and the FHEPS Centralized Determination Unit (FCDU). It is informational for all other staff.

Procedure

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

This section provides the changes that have been approved to the FHEPS program effective February 16, 2022. Aside from the changes mentioned in this procedure, all other aspects of the 2017 FHEPS program remain the same. Refer to [PD #17-26-ELI](#).

FHEPS A

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

New Maximum Rent Level Amounts

FHEPS A allowances and maximum rent levels are now equivalent to the New York City Housing Authority (NYCHA) Section 8 payment standard, which may be between 90% and 110% of the annually published U.S. Department of Housing and Urban Development (HUD) Fair Market Rents (FMR). The standard was previously set at 108% of the FMR.

FHEPS A rent levels will now be indexed to a percentage of the annually published HUD FMR, as noted above, and will no longer be indexed to the NYC Rent Guidelines Board annual adjustments. HRA will be responsible for costs between 100% of the HUD FMR and the NYCHA Section 8 payment standard.

FHEPS A maximum rent amounts have changed

The following are updated rent tables which will be adjusted annually when HUD publishes its FMR levels.

Note: The tables below are based on the 2021 FMR as the current rent levels are pending appeal with HUD.

FMR and NYC FHEPS Rent Levels 2022*

	Studio	1 bd	2 bd	3 bd	4 bd
108% FMR**	\$ 1,900	\$ 1,945	\$ 2,217	\$ 2,805	\$ 3,006
FMR (2021 levels)**	\$ 1,760	\$ 1,801	\$ 2,053	\$ 2,598	\$ 2,784
Difference (NYC Share)	\$ 140	\$ 144	\$ 164	\$ 207	\$ 222

* Calendar 2022 standards for NYC as of 1/16/2022

** Units larger than 4 bedrooms increase 15% for each bedroom from the 4 bedroom threshold

FHEPS 2022 Rent Table

Family Size	Max TA Shelter Allowance	Max TA Funded Supplement	Max Amt. Reimbursed by TA Funds (TA SA + Additional Funded FHEPS Supplement)	Max NYC Only Share	Max FHEPS Rent	Number of Bedrooms
1	\$ 277.00	\$1,524.00	\$ 1,801.00	\$ 144.00	\$ 1,945.00	1
2	\$ 283.00	\$1,518.00	\$ 1,801.00	\$ 144.00	\$ 1,945.00	1
3	\$ 400.00	\$1,653.00	\$ 2,053.00	\$ 164.00	\$ 2,217.00	2
4	\$ 450.00	\$1,603.00	\$ 2,053.00	\$ 164.00	\$ 2,217.00	2
5	\$ 501.00	\$2,097.00	\$ 2,598.00	\$ 207.00	\$ 2,805.00	3
6	\$ 524.00	\$2,074.00	\$ 2,598.00	\$ 207.00	\$ 2,805.00	3
7	\$ 546.00	\$2,238.00	\$ 2,784.00	\$ 222.00	\$ 3,006.00	4
8	\$ 546.00	\$2,238.00	\$ 2,784.00	\$ 222.00	\$ 3,006.00	4
9	\$ 546.00	\$2,655.60	\$ 3,201.60	\$ 255.30	\$ 3,456.90	5
10	\$ 546.00	\$2,655.60	\$ 3,201.60	\$ 255.30	\$ 3,456.90	5
11	\$ 546.00	\$3,073.20	\$ 3,619.20	\$ 288.60	\$ 3,907.80	6
12	\$ 546.00	\$3,073.20	\$ 3,619.20	\$ 288.60	\$ 3,907.80	6
13	\$ 546.00	\$3,490.80	\$ 4,036.80	\$ 321.90	\$ 4,358.70	7
14	\$ 546.00	\$3,490.80	\$ 4,036.80	\$ 321.90	\$ 4,358.70	7
15	\$ 546.00	\$3,908.00	\$ 4,454.00	\$ 355.60	\$ 4,809.60	8
16	\$ 546.00	\$3,908.00	\$ 4,454.00	\$ 355.60	\$ 4,809.60	8
17	\$ 546.00	\$4,326.00	\$ 4,872.00	\$ 388.50	\$ 5,260.50	9
18	\$ 546.00	\$4,326.00	\$ 4,872.00	\$ 388.50	\$ 5,260.50	9
19	\$ 546.00	\$4,744.00	\$ 5,290.00	\$ 421.40	\$ 5,711.40	10
20	\$ 546.00	\$4,744.00	\$ 5,290.00	\$ 421.40	\$ 5,711.40	10

Utility Allowance

Utilities paid by the tenant must be subtracted from the payment standard.

Utilities paid by the tenant must be subtracted from the FHEPS payment standard. The amount that is subtracted is called the utility allowance, which is designated by the Human Resources Administration (HRA)/Department of Social Services (DSS) as reasonable allowance to cover monthly utility bills. Utility allowances are determined based on the typical cost of utilities and services paid by households occupying housing of various sizes.

All FHEPS packets submitted for approval must include leases that already account for any utility allowance that needs to be subtracted from the rent. In the event that a tenant rents a unit that has more bedrooms than the number listed on the shopping letter, the utility allowance amount is calculated according to the number of bedrooms on the shopping letter, not the unit.

New form and calculator

The Landlord Utility Information Form (**DSS-8q**) and Landlord Utility Calculator have been created to assist with identifying and calculating the utility allowance amount. Additional information on the **DSS-8q** and Landlord Utility Calculator is provided in the [Forms](#) section of this procedure.

New form

Additionally, the What You Should Know About FHEPS or CityFHEPS Shopping Letters and Utilities (**DSS-31**) has been developed to inform applicants/participants about the interplay of the utility allowance and the payment standards.

Applicants/participants who receive shopping letters must also be sent the **DSS-31**

Note: All applicants/participants who receive shopping letters **must** also be given a copy of the **DSS-31** until further notice.

Maximum Rent Calculations for Rent-Regulated Apartments

Maximum rent for rent-regulated apartments

For rent-regulated apartments, the maximum rent amount that may be approved (i.e., final rent) must be the lesser of the maximum allowable rent and the legal rent. To calculate the maximum allowable rent, staff must subtract the utility allowance from the payment standard. The following are examples of maximum allowable rent calculations and final rent determinations:

Example 1: Studio Apartment

- Payment Standard: \$1,900
- Utility Allowance: \$75
- Legal Rent: \$1,750

Maximum Allowable Rent Calculation:

Payment Standard:	\$1,900.00
Utility Allowance:	- \$ 75.00
Maximum Allowable Rent:	\$1,825.00

The final rent must be the lesser of \$1,825.00 (maximum allowable rent) and \$1,750.00 (legal rent). In this situation, the legal rent is the lesser amount.

Final Rent: \$1,750.00

Example 2: 3-bedroom apartment

- Payment Standard: \$2,805
- Utility Allowance: \$136
- Legal Rent: \$2,700

Maximum Allowable Rent Calculation:

Payment Standard:	\$2,805.00
Utility Allowance:	- \$ 136.00
Maximum Allowable Rent:	\$2,669.00

The final rent must be the lesser of \$2,669.00 (maximum allowable rent) and \$2,700.00 (legal rent). In this situation, the maximum allowable rent is the lesser amount.

Final Rent: \$2,669.00

Guidelines for FHEPS Payments

Payments must not exceed the maximum rent standard for the size of the actual rental unit.

FHEPS payments must not exceed the maximum rent standard for the authorized size of the actual unit rented, even if the household was preliminarily approved (i.e., provided a shopping letter) for a higher supplement based on household size. For example, if an applicant/participant's shopping letter and family size standard allows rent for an apartment with three bedrooms, but the applicant/participant rents an apartment with two bedrooms, HRA would pay up to the standard for a two-bedroom apartment.

Landlord Bonus

Landlord Bonus is no longer offered.

Due to the increase in rent levels, the Landlord Bonus will no longer be offered; however, the Unit Hold Incentive and Broker Fee will remain in place.

Eligibility

Rent increases within the new rent levels for current FHEPS participants must be submitted to FCDU as a Modification

As stated above, the new FHEPS maximum rent levels are part of the eligibility assessment. Any participant with a FHEPS subsidy already on their budget who has a rent increase within the new rent levels must be referred to FCDU for a FHEPS Modification. In these situations, a new Family Homelessness and Eviction Prevention Supplement A and B (FHEPS A and B) Application (**HRA-146a**) must be submitted with the referral to FCDU.

Example scenario of a FHEPS Modification

- **Example:** A current FHEPS participant submits a request for rent arrears. During the HDU interview, the participant indicates that the cause of their rent arrears is due to an increase in rent. The rent increase is higher than the previous FHEPS maximum amount for the household size, but it is within the new FHEPS rent levels, even with the utility allowance deduction. Once the participant provides a current lease and completes a new **HRA-146a**, the documents will be submitted to FCDU as a Modification for a Change in Rent.

As stated in [PD #17-26-ELI](#), the FHEPS program currently requires a household to meet one of the following criteria to be considered initially eligible for the program:

Reminder of basic FHEPS eligibility requirements.

- Reside in a residence in New York City that is the subject of an eviction proceeding, or
- Within the last 12 months, have been evicted or left a residence in New York City that was the subject of an eviction proceeding, or
- Reside in a New York City Department of Homeless Services (DHS) or New York City Human Resources Administration (HRA) shelter and within the 12 months prior to entering the City shelter system, have been evicted or left a residence in New York City that was the subject of an eviction proceeding.

Refer to [PD #17-26-ELI](#) for detailed information on the FHEPS eligibility requirements.

In addition to the above requirements, through December 31, 2022, households will also be considered potentially eligible for FHEPS if they have received a written rent demand or threat of eviction letter from their landlord due to nonpayment.

Refer to [PB #22-04-ELI](#) for detailed information on temporary changes to some of the FHEPS A eligibility requirements.

Note: For more information on the temporary waiver of the Housing Court requirement, as well as other temporary changes to the FHEPS A eligibility requirements, please refer to [PB #22-04-ELI](#)

Arrears

As mentioned in [PB #22-04-ELI](#), the general authorization to pay arrears without additional documentation of extenuating circumstances has increased to \$20,000 through December 31, 2022. Provided that all other eligibility requirements are met, FHEPS A To Stay applications must be submitted to FCDU for a determination as long as the arrears are under \$20,000. If the arrears amount is over \$20,000, the participant must document extenuating circumstances that FCDU can use to determine eligibility.

Reasonable
AccommodationsReasonable Accommodations

DSS will provide Reasonable Accommodations (RAs) in the provision of FHEPS to accommodate a disability in accordance with the Fair Housing Act and the Americans with Disabilities Act (ADA). A household with a documented, verified reasonable accommodation need may receive rent in excess of the maximum rent level for their household size as set forth in the rent tables on page 3.

As described in [PD #16-27-OPE](#), RAs are reviewed and approved by Customized Assistance Services (CAS)/Office of Reasonable Accommodations (ORA).

- **RAs for FHEPS A To Stay**

If HDU staff identify, or the applicant/participant states that due to a disability, they are residing in an apartment at a higher rent level than is allowed for their household size, it must be documented through an approved RA.

Some reasons for RAs may include:

- Medical equipment that requires additional apartment space.
- A household member with a condition that requires they have their own bedroom.

Applicants Without An Approved RA:

If the applicant/participant does not have an approved RA on file, HDU/FIA staff must initiate the RA request as per the current RA procedure, [PD #16-27-OPE](#), and provide them with the Help for People with Disabilities (**HRA-102c**) form. The **HRA-102c** includes the Reasonable Accommodation Request Form, as well as information on RAs and the process for submission. Staff must also give the applicant/participant the “Do You Have a Disability?” (**BRC-681A**), which provides additional information and resources for RAs.

Note: As indicated in [PD #16-27-OPE](#), individuals are not required to use the **HRA-102c** to request an RA. A request may also be submitted in writing indicating the nature of the requested accommodation. If an individual’s physical and/or mental condition prevents them from making the request in writing, they may contact the Office of Constituent Services (OCS) for assistance with submitting the request at 212-331-4640.

Refer to [PD #16-27-OPE](#) for detailed information and instructions on the RA process.

The applicant/participant may call OCS at 212-331-4640 for assistance with submitting their RA request.

How to submit an RA request.

Applicants/participants who request an RA must be provided with a receipt of their request. Staff must sign and make a copy of the completed **HRA-102c** and provide the original form (in person or via mail) to the applicant/participant and advise them to keep the form for their records. Staff must scan and index the form, or written request, along with any documents.

To submit the RA request on behalf of the applicant/participant, HDU must send the **HRA-102c** and all documents to OCS via email at constituentaffairs@hra.nyc.gov.

The RA request may also be submitted by:

- Mail to: Human Resources Administration
Office of Constituent Services
150 Greenwich Street, 35th Floor
New York, NY 10007
- Fax to: 212-331-4685

If there are rent arrears, HDU will proceed with submitting the arrears request to RAU/FCDU as per the current process to address the household's immediate need for rent arrears. The FHEPS application, however, will be held until an RA decision has been made. This process is similar to how FCDU holds FHEPS decisions for cases that are pending an Emergency Rental Assistance Program (ERAP) decision.

- **RA Question Added to the FHEPS Application Form**

Staff must reference the RA question on the **HRA-146a** as a POS case comment.

The Family Homelessness and Eviction Prevention Supplement A and B (FHEPS A and B) Application (**HRA-146a**) has been revised to include the following question regarding reasonable accommodations:

“Do you or a person that lives with you have a medical or disability related need or medical equipment that may require additional space?”

Since the **HRA-146a** generated via POS has not yet been updated with this question, staff must reference this information in the POS case comments.

- **RAs for FHEPS To Move**

RAs for FHEPS To Move cases can be assisted by DHS and DHS Provider staff for individuals in shelter, or by Homebase programs for individuals in the community.

If DHS or Homebase staff identify, or the applicant/participant states that due to a disability, they need to reside in a larger apartment at a higher rent level than is allowed for their household size, it must be documented through an approved RA.

In these situations, DHS and Homebase staff will provide applicants/participants with the **HRA-102c** and assist them with gathering documentation and submitting the RA request on their behalf to HRA for review.

Examples of Cash Assistance (CA) and Rent Calculations

Example 1: CA household of 3

Sample CA and rent calculations

- \$1,000 of monthly gross income
- \$2,217 monthly rent

CA Budget Calculation:

Max Shelter allowance	\$ 400.00
Basic allowance	\$ 336.00
Home energy allowance	\$ 30.00
Supplemental home energy allowance	<u>\$ 23.00</u>
Total CA Standard of Need	\$ 789.00
Less net applicable household income	<u>\$ 409.50</u>
Total CA Grant	\$ 379.50

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

CA grant	\$ 379.50
Amount Paid by Family	\$ 20.50
<i>(CA family contribution of \$400.00 minus CA Grant of \$379.50)</i>	
CA-Funded supplement	\$ 1,653.00
Additional HRA-funded supplement	<u>\$ 164.00</u>
Total Rent	\$ 2,217.00

Example 2: CA household of 3

- \$1,000 of monthly gross income
- \$2,217 monthly rent
- Additional NCA household member with \$800 of income (SSI)

CA Budget Calculation:

Max Shelter allowance	\$ 400.00
Basic allowance	\$ 336.00
Home energy allowance	\$ 30.00
Supplemental home energy allowance	<u>\$ 23.00</u>
Total CA Standard of Need	\$ 789.00
Less net applicable household income	<u>\$ 409.50</u>
Total CA Grant	\$ 379.50

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

CA grant	\$ 379.50
Amount Paid by Family on CA <i>(CA family contribution of \$400.00 minus CA Grant of \$334.00)</i>	\$ 20.50
CA-Funded supplement	\$ 1,413.00
NCA Family Member Contribution <i>(30 percent of \$800.00)</i>	\$ 240.00
Additional HRA-funded supplement	<u>\$ 164.00</u>
Total Rent	\$ 2,217.00

FHEPS B

FHEPS B provides a rent supplement for survivors of domestic violence with children and is available to eligible families living in Human Resources Administration (HRA) and DHS shelters, and in limited circumstances, eligible families in the community. As in FHEPS A, FHEPS B will provide a rent supplement for eligible families up to five years, with the possibility of an extension for good cause, as long as the household maintains eligibility.

As with FHEPS A mentioned above, FHEPS B allowances and maximum rent levels will be equivalent to the NYCHA Section 8 payment standard, which may be between 90% and 110% of the annually published HUD FMR. The standard was previously set at 108% of the FMR.

FHEPS B rent levels will also be indexed to a percentage of the annually published HUD FMR, as noted above, and will no longer be indexed to the NYC Rent Guidelines Board annual adjustments.

Refer to [PD #17-26-ELI](#) for more information on the FHEPS B

New FHEPS B rent levels

For FHEPS B, HRA/DSS will pay the entire amount of the supplement. The shelter supplement is the actual rent (up to the payment standard) minus the CA shelter allowance and any participant contribution.

As with FHEPS A, FHEPS B payments must not exceed the maximum rent standard for the authorized size of the actual unit rented, even if the household was preliminarily approved (i.e., provided a shopping letter) for a higher supplement based on household size.

For example, if an applicant/participant's shopping letter and family size standard is for three bedrooms, but they rent an apartment with two bedrooms, HRA/DSS would pay up to the standard for a two-bedroom apartment.

The following are updated rent tables which will be adjusted annually when HUD publishes its FMR levels.

Note: The tables below are based on the 2021 FMR as the current rent levels are pending appeal with HUD.

FMR and NYC FHEPS Rent Levels 2022*

	Studio	1 bd	2 bd	3 bd	4 bd
108% FMR**	\$ 1,900	\$ 1,945	\$ 2,217	\$ 2,805	\$ 3,006
FMR (2021 levels)**	\$ 1,760	\$ 1,801	\$ 2,053	\$ 2,598	\$ 2,784
Difference (NYC Share)	\$ 140	\$ 144	\$ 164	\$ 207	\$ 222

* Calendar 2022 standards for NYC as of 1/16/2022

** Units larger than 4 bedrooms increase 15% for each bedroom from the 4 bedroom threshold

FHEPS B 2022 Rent Table

Family Size	Max TA Shelter Allowance	Max NYC Only Share	Max FHEPS Rent	Number of Bedrooms
1	\$ 277.00	\$ 1,668.00	\$ 1,945.00	1
2	\$ 283.00	\$ 1,662.00	\$ 1,945.00	1
3	\$ 400.00	\$ 1,817.00	\$ 2,217.00	2
4	\$ 450.00	\$ 1,767.00	\$ 2,217.00	2
5	\$ 501.00	\$ 2,304.00	\$ 2,805.00	3
6	\$ 524.00	\$ 2,281.00	\$ 2,805.00	3
7	\$ 546.00	\$ 2,460.00	\$ 3,006.00	4
8	\$ 546.00	\$ 2,460.00	\$ 3,006.00	4
9	\$ 546.00	\$ 2,910.90	\$ 3,456.90	5
10	\$ 546.00	\$ 2,910.90	\$ 3,456.90	5
11	\$ 546.00	\$ 3,361.80	\$ 3,907.80	6
12	\$ 546.00	\$ 3,361.80	\$ 3,907.80	6
13	\$ 546.00	\$ 3,812.70	\$ 4,358.70	7
14	\$ 546.00	\$ 3,812.70	\$ 4,358.70	7
15	\$ 546.00	\$ 4,263.60	\$ 4,809.60	8
16	\$ 546.00	\$ 4,263.60	\$ 4,809.60	8
17	\$ 546.00	\$ 4,714.50	\$ 5,260.50	9
18	\$ 546.00	\$ 4,714.50	\$ 5,260.50	9
19	\$ 546.00	\$ 5,165.40	\$ 5,711.40	10
20	\$ 546.00	\$ 5,165.40	\$ 5,711.40	10

FHEPS B rent chart

FHEPS APPLICATION PROCESS

The Welfare Management System (WMS) has not yet been updated to account for the increased FHEPS rent levels. A revised policy will be issued once WMS has been updated.

FHEPS A To Stay

HDU and other Job Center staff:

Other than the following changes, the current process will remain in place for families who are potentially eligible for FHEPS:

- HDU and Job Center staff must be aware of the new higher rent levels to ensure that applications within the acceptable levels are sent to FCDU for a determination, provided that all other eligibility requirements are met.
- When processing a FHEPS application, HDU staff must enter the number of bedrooms in the rental unit as a case comment in POS. Alternatively, HDU may enter the number of bedrooms in the **Narrative** section of the **Referred to HDU From** window.
- HDU staff must review leases to determine whether it indicates who is responsible for paying utilities. If the lease does not specify this information, staff must check the **DSS-8q** or the case record for other proof of utility expenses.
- HDU staff must provide landlords with the **DSS-8q**. If the **DSS-8q** is not returned, staff must check the HRA OneViewer for any utility bills and also look in POS to see if there is any utility information in the case record. If the utility information is able to be verified through case information, staff must add a comment in the HDU Narrative for FCDU and submit the FHEPS application, provided that all other required information has been provided.

FCDU and CRPU:

As per current process, FHEPS applications are received by FCDU via either the Rental Assistance Database (RAD), FCDU Determination Mailbox, or the Current/Landlord Management System (LMS). Once a FHEPS packet is received, it is assigned to staff who will review it to ensure that correct documentation has been provided.

If the packet is incomplete, an email is sent to the referrer and/or to the Job Center for further assistance.

HDU staff must enter the number of bedrooms as a case comment in POS or in the **Narrative** section of the **Referred to HDU From** window.

If the packet is complete, staff will process the application and submit the determination to their supervisor for review. A determination is made by the supervisor to either approve or deny the application.

If the application is denied, action is taken in RAD to deny the application. FCDU will send the referrer and applicant the Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Denial Notice (**HRA-146d**), or the Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Denial Notice (**HRA-146e**), and the Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137b**) by email and regular mail.

If the request is approved, FCDU will send the referrer the Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Approval Notice (**HRA-146b**) or the Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Approval Notice (**HRA-146c**).

Checks will be processed by CRPU and the approval notice (**HRA-146b** or **HRA-146c**) will be emailed to the referrer and CRPU. The email includes instructions to CRPU on when to add the subsidy on the budget. CRPU is responsible for updating budgets, which takes place as follows:

- FHEPS To Move cases - After four (4) months
- FHEPS To Stay cases, Modifications, and Restorations - The next business day

Staff must complete the FHEPS Single-Suffix and Multi-Suffix Budgeting Spreadsheet (**HRA-194a**) to determine the supplement amount under the previous FHEPS levels, and what must be issued as the additional supplement each month until WMS has been updated. Some additional information on the **HRA-194a** is provided in the [New Forms](#) section of this procedure.

Since WMS is not yet programmed with the new FHEPS rent levels, staff must calculate the City portion and State portion of the supplement. CRPU staff must issue an additional monthly supplement for the difference between the previous FHEPS amount and the new FHEPS amount using the following WMS codes:

- **QC** (FHEPS A City Supplement)
- **QD** (FHEPS A State Supplement)
- **QI** (single issuance code) for multi-suffix cases

Staff must use the **HRA-194a**

For FHEPS A, use WMS codes **QC** and **QD** to issue the additional monthly supplement, or **QI** for multi-suffix cases.

CRPU staff must maintain a list of cases that require issuance of the additional monthly FHEPS subsidy using the FHEPS Payment Tracker (**HRA-194**). The **HRA-194** is a spreadsheet with columns to identify the following information:

- Tenant Name
- Case Number
- FHEPS Approval Date
- Amount Issued by WMS
- Additional QC Amount
- Additional QD Amount

Staff must monitor this spreadsheet on a monthly basis to ensure that the additional supplement is issued each month.

FHEPS A To Move and Good Cause Transfers

The new FHEPS A rent levels as described above in the [New Maximum Rent Level Amounts](#) section apply to FHEPS A To Move and Good Cause Transfers. As per current process, Homebase will submit FHEPS A To Move and Good Cause Transfer applications to FCDU for individuals living in the community, and DHS will submit move applications for individuals residing in a DHS shelter. These applications are submitted to FCDU via the Current/LMS system.

FHEPS B To Move

FHEPS B To Move cases for families residing in an HRA Domestic Violence (DV) shelter are handled by the Office of Domestic Violence (ODV). As per current process, once a FHEPS B To Move case is approved, FCDU sends the determination to ODV who will handle the issuance of payments, which includes the full first month's rent in advance, plus the next three (3) months of the FHEPS rent supplement.

Since WMS is not yet programmed with the new FHEPS rent levels, staff must calculate the City portion and State portion of the supplement using the **HRA-194a**.

Note: Some FHEPS B To Move applications for individuals living in the community are submitted by Homebase providers. FHEPS B applications from HRA shelters and Homebase providers are submitted to FCDU through the Current/LMS system.

For FHEPS B, use WMS code **QE** to issue the additional monthly supplement..

If WMS has not been updated with the new FHEPS rent levels when FHEPS is placed on the participant’s budget, ODV staff must issue an additional monthly supplement for the difference between the previous FHEPS amount and the new FHEPS amount using the WMS code **QE** (FHEPS B City Supplement).

ODV staff must document all details of these cases on the FHEPS Payment Tracker (**HRA-194**) and monitor these cases on a monthly basis to ensure that the additional supplement is issued each month.

FHEPS B To Stay

FHEPS B To Stay cases, which are handled by New York City Family Justice Centers (FJCs), will follow the same process as FHEPS A To Stay cases.

Modification and Restoration Scenarios

Modification and Restoration scenarios

As per current process, if the FHEPS supplement was removed from a participant’s budget due to an agency error, staff must restore the FHEPS supplement, provided that their rent amount has not changed. These situations do not require a restoration application.

If, however, the participant now has a higher rent amount that is within the new FHEPS payment standards, the case must be sent as a Modification to FCDU for a determination.

Forms

New Forms

New Forms

- Landlord Utility Information (**DSS-8q**) form

The **DSS-8q** must be completed by landlords and requires that they indicate all the utilities available for the rental unit and whether each utility expense is paid by the landlord or tenant. This form also provides the DSS Utility Allowance Schedules. The **DSS-8q** must be included in the FHEPS application packet submission.

Note: As mentioned previously, utility information from the applicant’s case record can be used in lieu of the **DSS-8q**.

- Landlord Utility Calculator (**Attachment A**)

The Landlord Utility Calculator (**Attachment A**) is a tool to assist landlords and brokers (if applicable) to calculate the utility allowance amount. The calculator provides a breakdown of the amount due by the tenant and landlord for each utility expense.

- What You Should Know About FHEPS or CityFHEPS Shopping Letters and Utilities (**DSS-31**)

The **DSS-31** has been developed to inform applicants/participants about the interplay of the utility allowance and the payment standards, and it also gives applicants/participants guidance on how to find out which utilities are included in their rent.

- Family Homelessness and Eviction Prevention Supplement (FHEPS) Payment Standards (**HRA-146z**)

The **HRA-146z** provides the new FHEPS payment standards along with the maximum rent amounts after the utility allowance deductions. This form also provides the DSS Utility Allowance Schedule.

- FHEPS Payment Tracker (**HRA-194**)

The **HRA-194** is a spreadsheet for staff to record and track the issuance of the additional FHEPS supplement until WMS has been updated.

- FHEPS Single-Suffix and Multi-Suffix Budgeting Spreadsheet (**HRA-194a**)

The **HRA-194a** replaces the FHEPS Multi-Suffix Budgeting Spreadsheet (**HRA-146h**) and FHEPS Single-Suffix Budgeting Spreadsheet (**HRA-146v**). The **HRA-194a** is a worksheet that has one tab for single-suffix cases and another tab for multi-suffix cases. Staff must use the new spreadsheet to determine the amount of the FHEPS supplement, as well as determine the appropriate codes from which to issue benefits.

Revised forms

Revised Forms

The following forms have been revised, where applicable, to reflect the changes to the FHEPS program, which includes the rent level increases, new utilities requirements, removal of the landlord bonus, reasonable accommodation provisions, temporary waiver of the Housing Court action requirement, and temporary increase of the arrears amount on which a determination can be made without documenting extenuating circumstances:

- Family Homelessness and Eviction Prevention Supplement A and B (FHEPS A and B) Application (**HRA-146a**)
- Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Approval Notice (**HRA-146b**)
- Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Approval Notice (**HRA-146c**)
- Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Denial Notice (**HRA-146d**)
- FHEPS Max Rent Calculator (**HRA-146i**)
- Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (Shopping Letter) (**HRA-146j**)
- Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (Shopping Letter) (**HRA-146k**)
- FHEPS A Demographic Sheet (**HRA-146m**)
- FHEPS B Demographic Sheet (**HRA-146n**)
- Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral to Community Based Organizations (**HRA-146o**)
- Family Homelessness and Eviction Prevention Supplement (FHEPS) Fact Sheet For Landlords (**HRA-146q**)
- Family Homelessness & Eviction Prevention Supplement (FHEPS) Fact Sheet (**HRA-146r**)

- FHEPS Check Request Form (**HRA-146s**)

Replaced Forms

The **HRA-146h** and **HRA-146v** have been replaced

As mentioned in the [New Forms](#) section above, the FHEPS Multi-Suffix Budgeting Spreadsheet (**HRA-146h**) and FHEPS Single-Suffix Budgeting Spreadsheet (**HRA-146v**) have been replaced by the FHEPS Single-Suffix and Multi-Suffix Budgeting Spreadsheet (**HRA-194a**).

The **HRA-194a** worksheet has one tab for single-suffix cases and another tab for multi-suffix cases. Staff must use the **HRA-194a** to determine the amount of the FHEPS supplement, as well as the appropriate codes under which benefits are to be issued.

Effective immediately.

Related Items:

- [PD #16-27-OPE](#)
- [PD #17-26-ELI](#)
- [PB #22-04-ELI](#)

Attachments:

Attachment A	Landlord Utility Calculator
BRC-681A (E)	Do You Have a Disability?
DSS-8q (E)	Landlord Utility Information
DSS-31 (E)	What You Should Know About FHEPS or CITYFHEPS Shopping Letters and Utilities
HRA-102c (E)	Help for People with Disabilities
HRA-146a (E)	Family Homelessness and Eviction Prevention Supplement A and B (FHEPS A and B) Application
HRA-146b (E)	Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Approval Notice
HRA-146c (E)	Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Approval Notice
HRA-146d (E)	Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Denial Notice
HRA-146e (E)	Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Denial Notice
HRA-146i (E)	FHEPS Max Rent Calculator
HRA-146j (E)	Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (Shopping Letter)

HRA-146k (E)	Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (Shopping Letter)
HRA-146m (E)	FHEPS A Demographic Sheet
HRA-146n (E)	FHEPS B Demographic Sheet
HRA-146o (E)	Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral to Community Based Organizations
HRA-146q (E)	Family Homelessness and Eviction Prevention Supplement (FHEPS) Fact Sheet For Landlords
HRA-146r (E)	Family Homelessness & Eviction Prevention Supplement (FHEPS) Fact Sheet
HRA-146s (E)	FHEPS Check Request Form
HRA-146z (E)	Family Homelessness and Eviction Prevention Supplement (FHEPS) Payment Standards
HRA-194 (E)	FHEPS Payment Tracker
HRA-194a (E)	FHEPS Single-Suffix and Multi-Suffix Budgeting Spreadsheet
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)

Attachment A

Landlord Utility Calculator

version: 1/20/2022

Number of Bedrooms:

Item	Specify Fuel Type	Paid By (check one)
Heating	<input type="radio"/> Gas <input checked="" type="radio"/> Electric <input type="radio"/> Oil <input type="radio"/> Other:	<input type="radio"/> Landlord <input checked="" type="radio"/> Tenant
Cooking	<input type="radio"/> Gas <input type="radio"/> Electric <input checked="" type="radio"/> Other:	<input checked="" type="radio"/> Landlord <input type="radio"/> Tenant
Water Heating	<input type="radio"/> Gas <input checked="" type="radio"/> Electric <input type="radio"/> Oil <input type="radio"/> Other:	<input checked="" type="radio"/> Landlord <input type="radio"/> Tenant
Other Electric		<input type="radio"/> Landlord <input checked="" type="radio"/> Tenant

Item	Fuel Type	Cost	Paid By	Landlord	Tenant
Heating	Electric	\$ 93	Tenant	\$ -	\$ 93
Cooking	Oil	\$ -	Landlord	\$ -	\$ -
Water Heating	Electric	\$ 62	Landlord	\$ 62	\$ -
Other Electric		\$ 161	Tenant	\$ -	\$ 161
Total		\$ 316		\$ 62	\$ 254



Photo is of a model used for illustrative purposes only.



If it is difficult to meet HRA's requirements because of a medical, mental health or other type of condition, we can help.

HRA is committed to helping you access our services. If you have a disability, HRA can help by providing supports or accommodations to make it easier for you to get the services you need. This type of help is called a **reasonable accommodation.**

What are examples of reasonable accommodations?

Examples of reasonable accommodations offered by HRA for people with disabilities are:

- Making your appointments at times that avoid rush hour travel
- Shortening your wait times at HRA Offices
- Providing a sign language interpreter
- Helping you with reading and completing forms
- Home visits, if needed

SAMPLE

A few examples of conditions that may cause you to need a reasonable accommodation:

- » Vision, speech, or hearing impairments
- » Medical conditions like arthritis, cancer, multiple sclerosis, heart disease, cirrhosis, or HIV/AIDS
- » Developmental or learning disabilities
- » Mental health conditions like bipolar disorder, clinical depression, anxiety disorder, or schizophrenia

How do I ask for a reasonable accommodation?

- » You can ask for a reasonable accommodation at any HRA location or program.
- » You can ask for an accommodation by calling the Office of Constituent Services (OCS) at (212) 331-4640.
- » You can complete and submit HRA's Reasonable Accommodation Request (RAR) form or make your own written request. You can get a copy of this form at your local HRA Office or by calling OCS at the number above.

Download the form by searching the internet for: HRA - Disability Access - NYC.gov

Where can I submit a Reasonable Accommodation Request (RAR) form or a written request for an accommodation?

Give us your completed RAR form or written request at your local HRA office; **OR** Email, mail, or fax your written request or completed RAR to:

**Human Resources Administration
Office of Constituent Services
150 Greenwich St. 35th Floor
New York, NY 10007
Fax: (212) 331-4685 OR (212) 331-4686
constituentservices@hra.nyc.gov**



You do not need to give us proof of your condition at the time of the request. We may ask you to give us some medical or clinical documents later.

What if I need help completing the form?

If your condition makes it hard for you to complete the RAR form or submit your request, contact OCS for help at (212) 331-4640.

How will I find out if my request is approved?

HRA will review the request and decide if a reasonable accommodation is appropriate. We will contact you to let you know of our decision. You can call (212) 331-4640 to find out the status of your request.

What if I use a text telephone (TTY) or voice carry-over (VCO) phone?

You can call us using the telephone relay service by dialing 7-1-1 or 1(800) 662-1220. Then connect to OCS at (212) 331-4640.



© Copyright 2016, The City of New York. Human Resources Administration/ Department of Social Services. For permission to reproduce all or part of this material contact the New York City Human Resources Administration.

BRC-681A
Rev. 1/16

ANTI-DISCRIMINATION POLICY

What if I feel I've been treated unfairly because of my disability?



If you think you or someone in your family has been discriminated against at HRA because of a disability you may send a complaint by letter, fax, or email to:

Jennifer Shaoul
Executive Director of Disability Affairs
Human Resources Administration
Office of Client Advocacy and Access
150 Greenwich Street – 42nd Floor
New York, NY 10007
Fax: (212) 437-2161
Email: shaoulj@hra.nyc.gov

Or you can call the Central Complaint Unit at (718) 291-4141

What should I include if I make a complaint?

- 1 Your name, mailing address, and telephone number
- 2 Your HRA case number, if you have it
- 3 A description of what happened and where and when it happened
- 4 The names and job titles of HRA workers involved, if you have them
- 5 The HRA office, program, or service involved

*** HRA is committed to ensuring meaningful access to programs and services for people with disabilities consistent with the Americans with Disabilities Act (ADA) of 1990 and other laws.**

Do you have a disability?

Do you need help with your application, recertification or other program requirements?

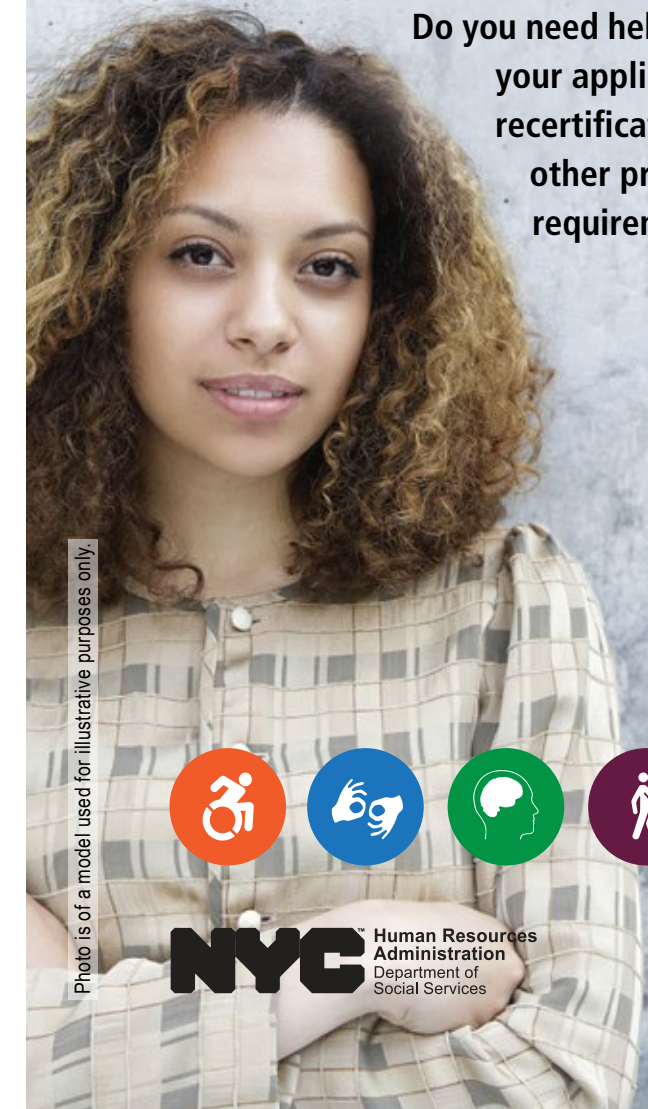


Photo is of a model used for illustrative purposes only.



NYC Human Resources Administration
Department of Social Services

Landlord Utility Information

Instructions to Landlord:

Please identify the utilities available for the available rental unit and whether the expense is incurred by you or the tenant.

The unit I am renting is located at (list address):

Actual Number of Bedrooms: _____

Number of Bedrooms on Shopping Letter: _____

Is this Apartment Rent Stabilized? Yes No

Item	Specify Fuel Type				Paid By (check one)	
Heating	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Cooking	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Water Heating	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Other Electric					<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant

I understand that when the tenant incurs the expense for utilities, the fair market rent for which I am entitled to rent the unit will be reduced by the amount indicated in the DSS Utility Allowance Schedule (see next page) based on the household size.

I swear or affirm that the information I have provided about the utilities for this unit is accurate. If I have misrepresented this information, DSS will reduce the ongoing rent by the appropriate amount and recoup past over-payments.

 Landlord Name

 Date

 Landlord Signature

DSS Utility Allowance Schedules effective January 1, 2022

COOKING GAS AND ELECTRIC (NO ELECTRIC STOVE)						
Number of Bedrooms	0	1	2	3	4	5 or more
Cooking Gas (\$)	23	26	29	33	36	40
Electric (\$)	75	84	110	136	161	187
Total (w/ Cooking Gas & Electric) (\$)	98	110	139	169	197	227

OIL HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Oil Hot Water Only (\$)	18	22	31	41	51	60
Oil Heat Only (\$)	61	72	82	92	102	112
Total (Oil Heat & Hot Water) (\$)	79	94	113	133	153	172

GAS HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Gas Hot Water Only (\$)	15	17	25	33	41	48
Gas Heat Only (\$)	49	58	67	74	82	90
Total (Gas Heat & Hot Water) (\$)	64	75	92	107	123	138

ELECTRIC HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Electric Hot Water Only (\$)	29	34	43	53	62	71
Electric Heat Only (\$)	39	46	62	77	93	108
Total (Electric Heat & Hot Water) (\$)	68	80	105	130	155	179

ELECTRIC						
Number of Bedrooms	0	1	2	3	4	5 or more
Including Electric Cooking Range (\$)	86	98	130	162	193	225

What You Should Know About FHEPS or CITYFHEPS Shopping Letters and Utilities

The amount on the shopping letter is the maximum amount you can rent an apartment for when all of the utilities like heat, hot water, electricity, and cooking gas are included.

The chart below will help you identify the maximum rent amount of your voucher if you are responsible for some or all of the utilities:

NUMBER OF BEDROOMS	ALL UTILITIES INCLUDED	WITHOUT COOKING GAS & ELECTRIC	WITH COOKING GAS ONLY	WITH ELECTRIC ONLY	NO UTILITIES INCLUDED
0	\$1,900	\$1,802	\$1,825	\$1,877	\$1,738
1	\$1,945	\$1,835	\$1,861	\$1,919	\$1,760
2	\$2,217	\$2,078	\$2,107	\$2,188	\$1,986
3	\$2,805	\$2,636	\$2,669	\$2,772	\$2,529
4	\$3,006	\$2,809	\$2,845	\$2,970	\$2,686
5	\$3,457	\$3,230	\$3,270	\$3,417	\$3,092
6	\$3,908	\$3,681	\$3,721	\$3,868	\$3,543
7	\$4,359	\$4,132	\$4,172	\$4,319	\$3,994
8	\$4,810	\$4,583	\$4,623	\$4,770	\$4,445

How can I find out which utilities are included?

- The proposed lease will tell you what utilities are included
- The listing may also say what utilities are included. *For example: heat and hot water are included.*
- You can ask the broker or landlord

Can I agree to pay the landlord the difference?

No, you cannot agree to pay the landlord the difference. This is known as a “side deal” and landlords promise not to do this when they accept the voucher. This helps ensure your rent is the amount in the lease and keeps rents affordable for everyone.

HELP FOR PEOPLE WITH DISABILITIES

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us?

For example:

- Does your condition make it hard for you to use public transportation?
- Do you need help to get to appointments?
- Does your condition make it hard for you to wait for long periods of time?
- Is it hard for you to read, understand or fill out forms?
- Do you need help because of a vision or hearing disability?
- Do you need other help because of your condition?

If you do, we may be able to help you. This help is called a reasonable accommodation.

SAMPLE
HOW TO ASK FOR A REASONABLE ACCOMMODATION



ASK: You can ask for help when you come to an HRA office or center



CALL: 212-331-4640

You can also write us or fill out the request on the other side of this form and give it to us through:



FAX: 212-331-4685



EMAIL: ConstituentAffairs@hra.nyc.gov



MAIL: HRA
Office of Constituent Services
150 Greenwich Street, 35th Floor
New York, NY 10007

GET HELP WITH THIS FORM!

You can get help with this form or with your request.

CALL: 212-331-4640 or **VISIT:** your center or HRA office

Turn this page over to complete the Reasonable Accommodation Request Form. ➡

**HELP FOR PEOPLE WITH DISABILITIES
REASONABLE ACCOMMODATION REQUEST FORM**

Do you have a disability, medical condition or mental health condition that makes it hard for you to apply for or get benefits from us? **If you do**, please fill out this form. **If you do not**, you don't need to fill out this form.

YOUR INFORMATION

Name: _____ Date: _____

Case Number: _____ Date of Birth: _____

Phone Number 1: _____ Phone Number 2 (if any): _____

Address: _____

WHY DO YOU NEED HELP?

Tell us how your condition makes it hard to access HRA benefits and services (If you need more space to write, please attach pages): _____

CHOOSE WHAT HELP YOU MIGHT NEED BECAUSE OF YOUR CONDITION:

Help for people who are blind or low vision
Explain: _____

Making appointments when you can have someone come with you


No appointments during certain days and times

No appointments during rush hour

No in-office appointments while you apply for Access-A-Ride

Shorter wait times

Accommodations (other than above) that you need to access services at HRA. *Explain:* _____

Help for people who are deaf or hard of hearing  :

American Sign Language (ASL) interpretation

Other forms of interpretation

Explain: _____

Help reading forms

Help completing forms

You need HRA to come to your home for appointments

Transfer your case to center:

Keep your case at your center:

**You do not need to give us proof of your condition now.
We may ask you to give us some medical or clinical documents later.**

To be completed by HRA worker if submitted at an HRA location (Please give a copy to the client):

Location

Date Received

Name of HRA worker (Print)

Signature

Center 90 Staff only: Homebound status was requested Yes No

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

1. Client Information

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

Mailing Address Street _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Cash Assistance (CA) Case Number _____

Are you in a special assessment situation? Yes No

2. Reason for Application

Check one:

FHEPS to stay in your apartment

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

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

If No, reason for move:

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

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

New Apartment Address (if applicable)

Street _____

City _____ State _____ Zip Code _____

(Turn page)

2. Reason for Application (continued)

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

3. Proof of Eviction Proceeding or Rent Demand Letter (only required if you are facing eviction or have been evicted, or received a rent demand letter)

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

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

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

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

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

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

(Turn page)

4. People Who Will Live in the Apartment

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

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

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

Do you or a person that lives with you have a medical or disability related need or medical equipment that may require additional space? Yes No

If you answered yes, please request a reasonable accommodation. To request a reasonable accommodation, you can complete the “Help For People With Disabilities” (HRA-102c) form, available on the HRA website at <https://www1.nyc.gov/site/hra/help/disability-access.page>.

You can also call the Office of Constituent Services at **212-331-4640** to make the request. You must provide documentation from a medical provider so that HRA can evaluate the request.

(Turn page)

5. Income of People Who Will Live in the Apartment

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

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

6. Lease Information for Apartment to Receive FHEPS Supplement

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

If yes, what is the lease renewal date? _____

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

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

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

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

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

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

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

(Turn page)

7. Rental Information

Total Monthly Rent \$ _____ (If FHEPS To Stay, also see Worksheet on p. 7)

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

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

If yes, what is the maximum legal rent? _____

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

Residency Start Date: _____.

How many bedrooms are in the unit?: _____

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

Name	Rent Contribution
SAMPLE	

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

Total Rent Arrears Requested \$ _____ (see attached worksheets)

If total rent arrears requested are over \$20,000, please describe any special circumstances:

Is the applicant's name on the submitted eviction documentation/rent demand letter?

Yes No

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

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

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

8. Arrears (continued)

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

Yes No

If yes, list the time period(s):

9. Applicant/Participant Agreement

By submitting this application:

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

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

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

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

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

If I am requesting arrears, I acknowledge that the preparer explained and completed the necessary worksheets for me.

10. Preparer Information

Worker Name _____

Location _____

Telephone Number _____ Extension (if any) _____

11. FHEPS To Stay Worksheet

Unit Size	Family Size*	Max CA Shelter Allowance**	Max CA Funded FHEPS Supplement	Max NYC Only Share	Max FHEPS Rent
Studio	1	\$277	\$1,483	\$140	\$1,900
1	1	\$277	\$1,524	\$144	\$1,945
1	2	\$283	\$1,518	\$144	\$1,945
2	3	\$400	\$1,653	\$164	\$2,217
2	4	\$450	\$1,603	\$164	\$2,217
3	5	\$501	\$2,097	\$207	\$2,805
3	6	\$524	\$2,074	\$207	\$2,805
4	7	\$546	\$2,238	\$222	\$3,006
4	8	\$546	\$2,238	\$222	\$3,006
5	9	\$546	\$2,656	\$255	\$3,457
5	10	\$546	\$2,656	\$255	\$3,457
6	11	\$546	\$3,073	\$289	\$3,908
6	12	\$546	\$3,073	\$289	\$3,908
7	13	\$546	\$3,491	\$322	\$4,359
7	14	\$546	\$3,491	\$322	\$4,359
8	15	\$546	\$3,908	\$356	\$4,810
8	16	\$546	\$3,908	\$356	\$4,810
9	17	\$546	\$4,326	\$389	\$5,261
9	18	\$546	\$4,326	\$389	\$5,261
10	19	\$546	\$4,744	\$421	\$5,711
10	20	\$546	\$4,744	\$421	\$5,711

* Number of Family members in receipt of CA

** Based on the standard shelter allowances as of February 16, 2022

(Turn page)

Date: _____

Case Number: _____

Participant Name: _____

Fair Hearing & Conference

Telephone Number: _____

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

SAMPLE

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

Address for which FHEPS is approved: _____

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

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

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

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

(Turn page)

If arrears were requested:

Approved arrears amount: \$ _____

Of this amount \$ _____ is recoupable

\$ _____ is non-recoupable

If anything is recoupable, this means we will take a portion of the money back from your CA grant. You will receive another notice about the recoupment.

We will not pay any future or additional recoupable arrears for this FHEPS case.

Please remember that:

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

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

(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 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE

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

(Turn page)

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

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

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

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

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

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

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

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

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

(Turn page)

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

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

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

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

FAIR HEARING REQUEST

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

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

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

Signature: _____ Date: _____

Date: _____

Case Number: _____

Participant Name: _____

Fair Hearing & Conference

Telephone Number: _____

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

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

Address for which FHEPS is approved: _____

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

SAMPLE

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

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

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

(Turn page)

If arrears were requested:

Approved arrears amount: \$ _____

Of this amount \$ _____ is recoupable

\$ _____ is non-recoupable

If anything is recoupable, this means we will take a portion of the money back from your CA grant. You will receive another notice about the recoupment.

We will not pay any future or additional recoupable arrears for this FHEPS case.

Please remember that:

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

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

(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 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE

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

(Turn page)

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

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

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

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

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

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

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

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

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

(Turn page)

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

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

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

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

FAIR HEARING REQUEST

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

SAMPLE

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

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

Signature: _____ Date: _____

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

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

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

Reason for Denial:

You do not receive Cash Assistance.

OR

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

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

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

You do not have a qualifying eviction or a rent demand letter from your landlord or management company.

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

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

Your rent arrears are too high.

Other:

(Turn page)

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

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

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

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

SAMPLE

(Turn page)

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

- (1) TELEPHONE:** Call **(800) 342-3334** . (Please have this notice in hand when you call.)
- (2) WRITE:** Send a copy (and keep a copy for yourself) of this entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
- (3) FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735** .
- (4) IN PERSON:** Bring a copy of this entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn NY 11201**
- (5) ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

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

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

(Turn page)

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

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

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

Reason for Denial:

You do not receive Cash Assistance.

OR

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

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

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

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

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

Your rent arrears are too high.

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

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

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

(Turn page)

Reason for Denial (*continued*):

Other:

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

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

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

SAMPLE

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

(Turn page)

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

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

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

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

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

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

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

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

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

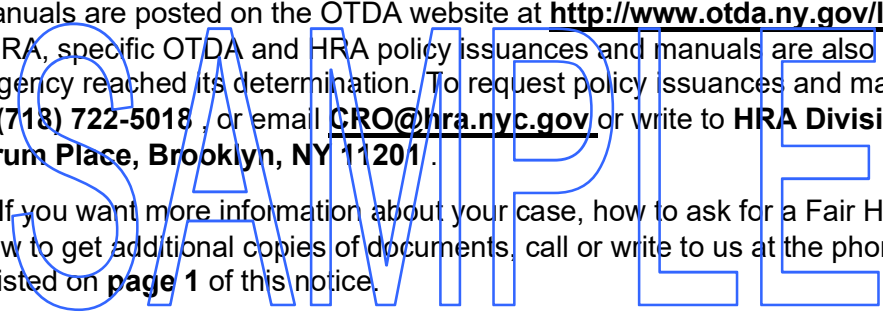
(Turn page)

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

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

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

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



FAIR HEARING REQUEST

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

Case Number: _____

Print Name: _____

Name M.I. Last Name

Address: _____

Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Definitions

CA Household - people who live with you and are also on your Cash Assistance case
NCA Household Members - people who live with you and are not on your Cash Assistance case and who have income

Note

Everyone in household should be on PA or have income as an NCA person except those ineligible because of immigration status

SAMPLE

Expiration Date: _____

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

_____ is potentially eligible for the FHEPS program, subject to them locating an apartment and final approval of their FHEPS application.

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

* All incentives are subject to available funding. Visit <http://www.nyc.gov/dsshousing> to confirm available incentives.

The maximum rent is \$ _____ for _____ number of bedrooms.

Note to potential tenant: HRA will pay the standard based on the actual rental, not the amount on this shopping letter. For example, if your shopping letter says you can rent an apartment with 3 bedrooms for \$2,805, but you rent an apartment with 2 bedrooms, HRA will only pay up to the standard for a 2 bedroom apartment which is \$2,217. If you have questions about a particular unit you are viewing or any special circumstances you may encounter, ask your case manager to escalate the unit for review.

Note to landlord: the maximum rent includes all utilities. If certain utilities are not included, deduct a utility allowance using the chart provided.

(Turn page)

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

The following completed documents are required from landlords:	If a broker's fee is requested, the following completed documents are also required:
<ol style="list-style-type: none"> 1. Signed lease or agreement in writing to rent apartment for one year 2. Security Voucher (W-147n) 3. Landlord's W-9 4. Unit Hold Incentive Voucher (HRA-145), if requested 5. Landlord Utility Information (DSS-8q) 	<ol style="list-style-type: none"> 1. Landlord/Managing Agent's Statement (W-147m) 2. Broker's Request for Enhanced Fee Payment by Check (HRA-121) 3. Copy of broker's license

For more information on the FHEPS program please visit <https://www1.nyc.gov/site/hra/help/fheps.page>.

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

CA#: _____

CARES # (if applicable): _____

Expiration Date: _____

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

_____ is potentially eligible for the FHEPS program, subject to them locating an apartment and final approval of their FHEPS application.

The FHEPS program helps eligible families secure permanent housing.

The maximum rent is \$ _____ for _____ number of bedrooms.

Note to potential tenant: HRA will pay the standard based on the actual rental, not the amount on this shopping letter. For example, if your shopping letter says you can rent an apartment with 3 bedrooms for \$2,805, but you rent an apartment with 2 bedrooms, HRA will only pay up to the standard for a 2 bedroom apartment which is \$2,217. If you have questions about a particular unit you are viewing or any special circumstances you may encounter, ask your case manager to escalate the unit for review.

Note to landlord: the maximum rent includes all utilities. If certain utilities are not included, deduct a utility allowance using the chart provided.

(Turn page)

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

The following completed documents are required from landlords:	The following completed documents are required from brokers:
<ol style="list-style-type: none"> 1. Security Voucher (W-147n) 2. Signed lease or agreement in writing to rent apartment for one year 3. Landlord Utility Information (DSS-8q) 	<ol style="list-style-type: none"> 1. Copy of broker's license

For more information on the FHEPS program please visit

<https://www1.nyc.gov/site/hra/help/fheps.page>.

If you have any questions, please contact _____.

(Contact Name and Number)

CA#: _____

CARES # (if applicable): _____

SAMPLE

FHEPS A DEMOGRAPHIC SHEET

Client's Information

Client's Name: _____

Social Security #: _____

Agency Name: _____ CA Case #: _____

Staff Contact: _____ Staff Phone #: _____

Staff e-Mail: _____

For Clients in Shelter (if applicable):

Facility Code: _____ CARES Case #: _____

Program Administrator: _____ Program Analyst: _____

Did you include the following?

- HRA-146a** FHEPS Application
- HRA-146j or HRA-146k** Potential Eligibility for FHEPS (*aka "Shopping Letter"*)
- W-137a** Request for Emergency Assistance
- W-147n** Security Voucher (if requested)
- HRA-146p** Domestic Violence Action Form (if applicable)
- Proof of residency in the apartment at the time of eviction (if applicable)
- Proof of rent demand or eviction: HPOP Print Out, rent demand letter, Court Documentation, etc.
- Last 30 days of Pay Stubs or Other Proof of Income (for everyone in the household over 18)
- Lease or Agreement for 12 months
- Landlord Utility Information (**DSS-8q**)
- To stay only** – If arrears, Landlord breakdown of arrears
- To move only** – Landlord Proof of Ownership

For Clients in Shelter, did you include:

- Proof of Apartment/Room Preclearance
- DSS-10a** Apartment Review Checklist
- Shelter Residence Letter

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

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

Comments:

FHEPS B DEMOGRAPHIC SHEET

Client's Information

Client's Name: _____

Social Security #: _____

Agency Name: _____ CA Case #: _____

Staff Contact: _____ Staff Phone #: _____

Staff Email: _____

For Clients in Shelter (if applicable):

Facility Code: _____ CARES Case #: _____

Program Administrator: _____ Program Analyst: _____

Did you include the following?

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> HRA-146a FHEPS Application <input type="checkbox"/> HRA-146j or HRA-146k Potential Eligibility for FHEPS (<i>aka "Shopping Letter"</i>) <input type="checkbox"/> W-137a Request for Emergency Assistance <input type="checkbox"/> Lease or Agreement for 12 months <input type="checkbox"/> Last 30 days of Pay Stubs or Other Proof of Income (for everyone in the household over 18) <input type="checkbox"/> W-147n Security Voucher (if requested) <input type="checkbox"/> DSS-8q Landlord Utility Information | <ul style="list-style-type: none"> <input type="checkbox"/> To stay only – If arrears, Landlord breakdown of arrears <input type="checkbox"/> To move only – Landlord Proof of Ownership <input type="checkbox"/> Proof of Apartment/Room Preclearance <input type="checkbox"/> DSS-10a Apartment Review Checklist (if applicable) <input type="checkbox"/> Shelter Residence Letter (if applicable) <p>Verification of FHEPS B eligibility (for applicants in the community)</p> |
|---|---|

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

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Landlord W9 <input type="checkbox"/> HRA-145 Unit Hold Incentive Voucher <input type="checkbox"/> Broker License (if broker fee) | <ul style="list-style-type: none"> <input type="checkbox"/> HRA-121 Broker's Request for Advance Fee Payment by Check (if broker fee) <input type="checkbox"/> W-147m Landlord/Managing Agent's Statement (if broker fee) |
|---|---|

Comments:

SUPERVISORY REVIEW (Director of Social Services or higher)

Name (print)

Title

Email

Telephone Number

Signature

Date

SAMPLE

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

Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral

Referral to:	
<input type="checkbox"/> Homebase <input type="checkbox"/> Known Legal Service Provider	<input type="checkbox"/> Other: _____
Provider Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____	
Number of Adults: _____	Number of Children: _____

SAMPLE

Rent Status	
Actual Rent: _____	Amount Budgeted: _____
Arrears Amount: _____	Arrears Period: _____ to _____
Sanction Arrears Amount (if applicable): _____	Sanction Arrears Period (if applicable): _____ to _____

HDU Worker's Name

HDU Supervisor's Name

HDU Worker's Phone Number

Date

(Turn Page)

Participant needs help with the following to determine FHEPS eligibility:

- Support or legal assistance needed for urgent housing issue
(for example: to delay eviction while CA case issue is being resolved)
- Rent is above the FHEPS maximum payment standards
- Rent arrears exceed the FHEPS maximum
- Current lease does not meet FHEPS requirements
(for example: no lease, month-to-month, 6 months remaining in unregulated apartment)
 - Does not have a lease alternative
(for example: rent controlled apartment, current rent stabilized lease ending in less than one year, court stipulation stating a one-year lease will be provided)
- No current Housing Court case or no case within the last 12 months; or no rent demand letter from the landlord or management company
- FHEPS tenant of record requirement not met
- Household member requirement not met (child under 18 years of age; or child 18 years of age in high school or vocational school; or a pregnant woman)
- Needs financial support with sanction arrears amount
- Assistance needed with getting documents for FHEPS application
- Needs to be evaluated for FHEPS To Move
- Other: _____

Comments:

Family Homelessness & Eviction Prevention Supplement (FHEPS) Fact Sheet for Landlords

What is the Family Homelessness & Eviction Prevention Supplement (FHEPS)?

- FHEPS is a rent supplement for families who are moving from homeless shelters to stable housing, or who are in danger of losing their current housing.
- FHEPS helps ensure low-income NYC families can afford stable housing while landlords are compensated fairly.
- If you house a FHEPS tenant, you will receive rent payments directly from the New York City Human Resources Administration (HRA)
 - Part of the rent will be covered by the FHEPS supplement and part by the tenant's Cash Assistance shelter allowance.
 - If the tenant also has income, they will also pay a portion of their income as rent.

What are the two types of FHEPS?

The two types of FHEPS are:

- *FHEPS to Stay* – lets families stay in the home they currently live in. In addition to paying a rent supplement going forward, FHEPS to Stay can cover up to \$20,000¹ in rent arrears, and more in some cases.
- *FHEPS to Move* – lets families move to a different home if:
 - they have already lost their home.
 - they cannot stay in their current home.

What are the benefits to a landlord of having FHEPS tenants?

- Under FHEPS to Move, you will receive the first month's rent in full plus the next three months' rent supplement up front, as well as a security voucher.
- You will receive regular rent supplement payments from HRA **for up to five years**, and more if the tenant qualifies for an extension.
- If the family is leaving HRA or DHS shelter (and only if the family is leaving HRA or DHS shelter), the following will also be available:
 - A Unit Hold payment. A Unit Hold payment is an additional month's rent where a landlord agrees to accept a client and not lease the unit to anyone else during a 30-day period. Payment will not be made until lease signing or when the client moves in.
 - An enhanced broker fee of up to 15%² of the annual rent.
- Under FHEPS to Stay, if you currently have a tenant with rent arrears who may be evicted, you can receive a payment of up to \$20,000 to cover the accrued rent arrears if they are approved for FHEPS.
 - Families do not have to be the tenants of record as long as they resided in the apartment when the arrears accrued.
 - Under some circumstances rent arrears payments may be issued for amounts greater than \$20,000 if it will keep a family in housing that will be stable and affordable going forward.
 - Decisions about payments greater than \$20,000 will be made on a case-by-case basis at the discretion of HRA and/or the State of New York.

1 Maximum arrears payment is subject to State approval. Current amount approved through 12/31/2022.

2 The enhanced broker's fee will be offered for as long as funding remains available.
Visit <http://www.nyc.gov/dsshousing> to see if this enhanced fee is still available.

What is the maximum rent for apartments FHEPS tenants can lease?

The payment standards are the maximum amount of subsidy that HRA will pay to the owner on behalf of the FHEPS tenant. HRA's payment standards are based on the Section 8 standard adopted by the New York City Housing Authority (NYCHA). The amounts are set forth below:

Family Size	Unit Size	Payment Standard (As of 02/16/2022)
1	Studio	\$1,900 (Studio)
1 or 2	1	\$1,945
3 or 4	2	\$2,217
5 or 6	3	\$2,805
7 or 8	4	\$3,006
9 or 10	5	\$3,457
11 or 12	6	\$3,908
13 or 14	7	\$4,359

What is a Utility Allowance?

Utilities paid by the tenant will be subtracted from the payment standard. The amount that is subtracted is called the utility allowance. Utility allowances are determined based on the typical cost of utilities and services paid by households occupying housing of various sizes. The DSS utility allowance schedule is available at www.nyc.gov/dsshousing and is updated annually.

How much will I receive from the supplement?

The amount of a household's FHEPS rent supplement will depend on household income, the number of people in the household, and the current FHEPS program maximum rent and maximum FHEPS supplement amounts, which are indexed to the annual rent adjustments of the NYC Rent Guidelines Board. The amount of the household's FHEPS rent supplement is decided when the household's FHEPS application is approved by HRA.

The FHEPS rent supplement **may change** if:

- the number of people on a tenant's Cash Assistance case changes.
- the household's shelter allowance changes because of budgeting rules for Cash Assistance.
- the income of household members not on the Cash Assistance case changes.
- The NYC Rent Guidelines Board announces a rent adjustment to one-year lease renewals in rent-stabilized apartments.

The FHEPS rent supplement amount **will stop** if the tenant no longer has:

- a Cash Assistance case.
- a child under 18 years of age **OR** under 19 years of age who is a full-time student regularly attending a secondary school or the equivalent level of vocational or technical training.

In many but not all cases, once a household is enrolled in the FHEPS Rent Supplement Program, their entire rent will generally be paid to you through the shelter allowance on their household's Cash Assistance case and the FHEPS rent supplement amount.

How do I participate in the FHEPS program?

If you are a landlord or broker, please contact a Home Support Specialist with the Public Engagement Unit at **929-221-0047** or visit <http://nyc.gov/homesupportunit> to discuss how you can lease apartments with rental assistance programs.

Once I have a tenant in the FHEPS program, what resources are available if I need help?

HRA's Rental Assistance Call Center, reachable at 929-221-0043, can help both landlords and tenants with program information, payment inquiries, and aftercare referrals for tenants.

Are there any additional FHEPS requirements?

- In situations where the household leaves an apartment due to an eviction or move, you are required to notify HRA and return any overpayment.
- **Side Deals with Clients are Prohibited:** "Side deals," i.e., charging more than the rent amount set forth in the lease, is strictly prohibited. Your tenant will be responsible for paying any difference between the rent and the sum of the shelter allowance and the FHEPS supplement. You are not allowed to ask the tenant to pay you any more than this.

The information in this program description provides a general overview of the FHEPS rent supplement program. It is not intended to provide full details concerning the operation of the program.

SAMPLE

Family Homelessness & Eviction Prevention Supplement (FHEPS) Fact Sheet

What is FHEPS?

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

FHEPS can be used to remain in your home, to move within New York City, or to move out of shelter if you have already lost your home.

If you qualify for FHEPS, part of your rent is covered by a FHEPS supplement paid directly to your landlord. The FHEPS payment is in addition to the shelter allowance you get for your CA case.

If you or someone you share your apartment or house with has income, you may have to pay part of the rent yourself.

How do I know if I qualify for FHEPS?

To qualify for FHEPS your family must include a child under 18 years of age, a child under 19 years of age who is enrolled full-time in high school or a vocational or technical program, or a pregnant person **AND** you must either have an active CA case **OR**, if you are in shelter, qualify for CA once you leave shelter. You must also meet **ONE** of the following requirements:

- You are in HRA shelter.
- You are in DHS shelter and eligible for HRA shelter.
- You are in a DHS shelter and were evicted* in NYC sometime in the year before you entered shelter.
- You are currently in the process of being evicted in NYC or were evicted* in NYC within the last 12 months, or you have received a rent demand letter from your landlord or management company.

****Evicted can mean:***

- *An eviction proceeding against you or the person on the lease for your home.*
- *A foreclosure action for your building or home.*
- *A determination by a City agency that you must leave your building or home because of health and/or safety reasons.*

How long can I get FHEPS?

Eligible families can get FHEPS for up to five years. You can apply for an extension of FHEPS if you still need help. Your household must meet all eligibility requirements and prove that you have good cause for needing an extension.

How do I know what FHEPS is going to pay my landlord and how much I will have to pay?

The amount of a household's FHEPS rent supplement will depend on your household's income and the number of people in your household. The amount is decided when your FHEPS application is approved.

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

- If someone in your household receives CA and has income, such as from a job.
- If your household includes someone who is not required to be on your CA case, such as someone who receives SSI.

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

How do I know what size apartment I should look for?

The FHEPS payment standards are the maximum amount of subsidy that HRA will pay. These standards are based on the Section 8 standards used by the New York City Housing Authority (NYCHA). The standards based on family and unit size are in the table below (some exceptions apply):

Family Size	Unit Size	Payment Standard (As of 02/16/2022)
1	Studio	\$1,900 (Studio)
1 or 2	1	\$1,945
3 or 4	2	\$2,217
5 or 6	3	\$2,805
7 or 8	4	\$3,006
9 or 10	5	\$3,457

Please note that landlords are not allowed to charge any fees other than what is legally stated in the lease. You should not agree to any side deals and should immediately call HRA at **311** or **929-221-0043** to tell us about any such requests.

You must be able to remain in the home you find for at least 12 months. An agreement or a lease in writing that says you can live in the home for 12 more months is required when you apply. All leases are between you and your landlord. The City is not a party to the lease.

Can I stay in the apartment I live in if I owe unpaid rent?

In order to receive payments for unpaid rent, which is also sometimes called “rent arrears,” you must be able to stay in your apartment for at least 12 more months and have a lease or agreement in writing from your landlord.

A FHEPS payment of up to \$20,000 ¹ may be issued on behalf of an eligible family to pay the family’s portion of unpaid rent for any period of time when the family lived in the apartment. Your family did not have to be the tenants of record when the rent was first due. If a request is made for a payment that is greater than \$20,000, it will be considered on a case-by-case basis.

What else do I need to know about FHEPS?

HRA needs to know about changes on your case. Changes **may increase or lower** your FHEPS rent supplement.

You **must** let HRA know if **any** of the following changes happen:

- Your rent changes.
- The landlord or the person that you pay rent to changes.
- The number of people on your CA case changes (for example, if there is a new baby in the household).
- The income of the people living in the apartment changes.

Also, if a household member does not do something HRA asks and they are sanctioned, the amount of your FHEPS supplement may change.**

***When a household member is sanctioned, the household’s CA grant and shelter allowance will be lower. If a sanction happens, your FHEPS supplement will also be lower. You will have to pay the amount that the shelter allowance and FHEPS supplement are lowered by directly to your landlord for as long as the sanction is in place.*

The FHEPS rent supplement amount **will stop** if **either** of the following happens:

- Your family no longer has a CA case.
- Your family no longer has a child under 18 years of age **or** under 19 years of age who is a full-time student regularly attending a secondary school or the equivalent level of vocational or technical training.

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

¹ Maximum arrears payment is subject to State approval. Current amount approved through 12/31/2022.

I think I qualify for FHEPS, what do I do next?

If you are not in a shelter and you are at risk of eviction or homelessness, you can submit a request for help with rent arrears with your Job Center. You can submit the request:

- Online using ACCESS HRA (www.nyc.gov/accesshra) or the ACCESS HRA mobile app
- In person at your local Job Center.

If you are in a shelter, your FHEPS provider or shelter housing specialist/case manager will explain FHEPS in more detail and will help you in your search for an apartment.

Families in shelter who are approved for FHEPS may be eligible to receive a furniture allowance. You should work with your case manager to arrange for moving assistance. Landlords will receive one month full rent and an additional three months' rent supplement up-front. Landlords also receive a security voucher.

I have a FHEPS apartment already, but I need help. Who can I call?

Families who are at risk of eviction or have left a DHS shelter and need support may call **311** or **929-221-0043** to find their local Homebase homelessness prevention office. Families can also visit <https://www1.nyc.gov/site/hra/help/homebase-locations.page> to find the Homebase provider that covers their zip code.

Families who have left an HRA shelter should call **929-221-7270** to be connected to their local community-based nonresidential program.

The information in this program description provides a general overview of the FHEPS rent supplement program. It is not intended to provide full details concerning the operation of the program.

SAMPLE

FHEPS Check Request Form

Tenant Name:		
Case Number:		
Category:		
Date Requested:		

Landlord Leasing Check

Number of Bedrooms:		\$0
Actual Rent		\$0
FHEPS Supplement	\$0	
FHEPS Supplement X 3		\$0

Total Rent Check:	\$0
--------------------------	------------

Unit Hold Incentive

Landlord Unit Hold Incentive:	\$0.00
--------------------------------------	---------------

Broker's Check

Note: Only request if the tenant is working with a broker.

Total Broker's Check:	
------------------------------	--

Request for Rent Arrears and Legal & Marshal Fees

Rent Arrears (Recoupable)	\$0.00	
Rent Arrears (Non-Recoupable)	\$0.00	
	Total Rent Arrears	\$0.00
	Legal & Marshal Fees	\$0.00
	Total	\$0.00

Security Deposit Voucher Request	amount approved for security deposit voucher:	
Furniture Request?	Indicate if Yes and consult DHS/shelter/provider for details:	
Moving Expenses Request?	Indicate if Yes and consult DHS/shelter/provider for details:	

FHEPS PAYMENT STANDARDS EFFECTIVE 02/16/2022

Maximum Rent Amounts
 (see next page for Utility Allowance)

NUMBER OF BEDROOMS	<u>ALL UTILITIES INCLUDED</u>	WITHOUT COOKING GAS & ELECTRIC	WITH COOKING GAS ONLY	WITH ELECTRIC ONLY	<u>NO UTILITIES INCLUDED</u>
0	\$1,900	\$1,802	\$1,825	\$1,877	\$1,738
1	\$1,945	\$1,835	\$1,861	\$1,919	\$1,760
2	\$2,217	\$2,078	\$2,107	\$2,188	\$1,986
3	\$2,805	\$2,636	\$2,669	\$2,772	\$2,529
4	\$3,006	\$2,809	\$2,845	\$2,970	\$2,686
5	\$3,457	\$3,230	\$3,270	\$3,417	\$3,092
6	\$3,908	\$3,681	\$3,721	\$3,868	\$3,543
7	\$4,359	\$4,132	\$4,172	\$4,319	\$3,994
8	\$4,810	\$4,583	\$4,623	\$4,770	\$4,445

(Turn Page)

DSS Utility Allowance Schedules Effective 01/01/2022

COOKING GAS AND ELECTRIC (NO ELECTRIC STOVE)						
Number of Bedrooms	0	1	2	3	4	5 or more
Cooking Gas (\$)	23	26	29	33	36	40
Electric (\$)	75	84	110	136	161	187
Total (w/ Cooking Gas & Electric) (\$)	98	110	139	169	197	227

OIL HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Oil Hot Water Only (\$)	18	22	31	41	51	60
Oil Heat Only (\$)	61	72	82	92	102	112
Total (Oil Heat & Hot Water) (\$)	79	94	113	133	153	172

GAS HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Gas Hot Water Only (\$)	15	17	25	33	41	48
Gas Heat Only (\$)	49	58	67	74	82	90
Total (Gas Heat & Hot Water) (\$)	64	75	92	107	123	138

ELECTRIC HEAT AND HOT WATER						
Number of Bedrooms	0	1	2	3	4	5 or more
Electric Hot Water Only (\$)	29	34	43	53	62	71
Electric Heat Only (\$)	39	46	62	77	93	108
Total (Electric Heat & Hot Water) (\$)	68	80	105	130	155	179

ELECTRIC						
Number of Bedrooms	0	1	2	3	4	5 or more
Including Electric Cooking Range (\$)	86	98	130	162	193	225

FHEPS Calculation Spreadsheet: Single Suffix Cases with LRR

Scenario Description (remarks to be entered)

A	Household Size (No. of PA active lines) (01-152)	1	(to be entered, 1-20)
A-1	LRR Lines	0	
B	No. of NPA lines	0	(to be entered, 0-4)
C	Actual Shelter Expenses (11-225)	\$2,000	(to be entered)
D	Income for all PA/FS active lines (44-048)	\$0	(to be entered)

NPA Line(s)	N	Income * (07-800)	30% of income	Indiv. prorated rent	The lesser **	
1	N	\$0	NA	NA	NA	
2	N	\$0	NA	NA	NA	
3	N	\$0	NA	NA	NA	
4	N	\$0	NA	NA	NA	
5	N	\$0	NA	NA	NA	
Total:					\$0	

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

* Income(s) entered on lines that beyond the number of lines in (B) will be disregarded.

SAMPLE

F	PA Shelter Lookup (incl. LRR no.)	\$277	System generated
G	Portion funded by PA Cat. of Assistance (Max.) **	\$1,524	- ditto
	City portion (Max)	\$144	- ditto
H	Max. Rent Level (w/LRR)	\$1,945	- ditto
J	Cap - Actual Shelter Expenses	\$1,945	- ditto
K	Amt Beyond Cap - Client's responsibility	\$55	- ditto
L	FHEPS by PA Cat. of Assistance (Max) **	\$1,524	(Zero if negative)
M	FHEPS by City (Max capped at HH Size w/o LRR)	\$144	(Zero if negative)
N	FHEPS Total (Max)	\$1,668	(Zero if negative)
P	30% of Income (PA/FS)	\$0	= D x 30%
Q	30% of Income (PA/FS) minus PA Lookup	\$0	= P - F (0 if -ve)
R	The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines	\$0	= E
S	R minus Amt Beyond Cap	\$0	= R - K (0 if -ve)

T	FHEPS (Overall) (11-090)	\$1,668.00	= N - Q - S (0 if -ve)
U	FHEPS (funded by PA Cat. of Assistance) ***	\$1,524.00	= L - Q - S (0 if -ve)
V	FHEPS (City) (22-239)	\$144.00	= T - U
W	City Responsibility ****	9%	= (V/T) X 100%
X	Countable FS Shelter (11-225-FR) *****	\$332.00	= J - T + K

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

**** For FHEPS Code 66 only

***** May need to be adjusted for LRR/Aliens

FHEPS Calculation Spreadsheet: Single Suffix Cases with LRR *(continued)*

For FHEPS A Monthly Supplements

Up To 100% SI Payment State	\$536.00	Issue With QD
Up To 108% SI Payment City	\$144.00	Issue With QC

For FHEPS B Monthly Supplements

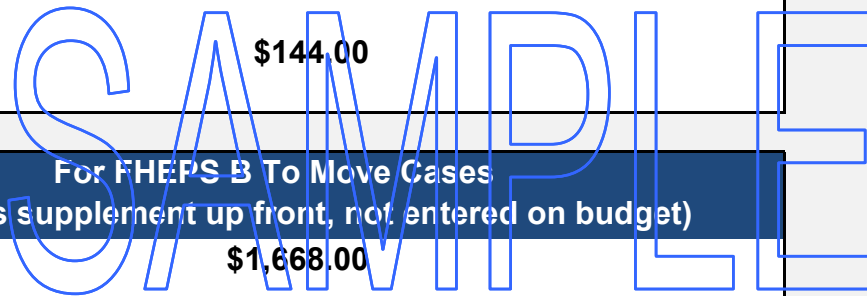
Combined up to 100% and up to 108%	\$680.00	Issue With QE
------------------------------------	----------	---------------

For FHEPS A To Move Cases (3 months supplement up front, not entered on budget)

Issue with QD	\$1,524.00
Issue with QC	\$144.00

For FHEPS B To Move Cases (3 months supplement up front, not entered on budget)

Issue with QE	\$1,668.00
---------------	-------------------



FHEPS Calculation Spreadsheet: Multi-Suffix Cases

Scenario Description (remarks to be entered)

	Suffix w/FHEPS	Another Suffix	Combined for comparison
A Household Size (No. of PA active lines) (01-152)	4	2	6
B No. of NPA lines		1	1
C Actual Shelter Expenses (11-225) Combined		\$8,000	\$8,000
D Income for all PA/FS active lines (44-048)	\$0	\$0	\$0

(1-20)
(0-5)

NPA Line(s)	Income * (07-800)	30% of income	Indiv. prorated rent	The lesser **
1	Y \$800	\$240	\$1,143	\$240
2	N \$0	NA	NA	NA
3	N \$0	NA	NA	NA
4	N \$0	NA	NA	NA
5	N \$0	NA	NA	NA
Total:				\$240

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

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

	Suffix w/FHEPS	Another Suffix	Combined for comparison
F PA Shelter Lookup	\$501	\$283	\$784
G Portion funded by PA Cat. of Assistance (Max.) **	\$1,603		\$2,074
H Max. Rent Level	\$2,217		\$2,805
J Cap - Actual Shelter Expenses	\$2,217		\$2,805
K Amt Beyond Cap - Client's responsibility	\$5,783		\$5,195
L FHEPS by PA Cat. of Assistance (Max) **	\$1,433		\$2,021
M FHEPS by City (Max)	\$0		\$0
N FHEPS Total (Max) allowed in this case	\$1,433		\$2,021
P 30% of Income (PA/FS)	\$0	\$0	\$0
Q 30% of Income (PA/FS) minus PA Lookup	\$0	\$0	\$0
R The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines		\$240	\$240
S R minus Amt Beyond Cap		\$0	\$0

System generated

- ditto
- ditto
- ditto
- ditto
(0 if -ve)
(0 if -ve)
(0 if -ve)
= D x 30%
= P - F (0 if -ve)
= E

SAM

T FHEPS (Overall) (11-090) to be entered by worker	\$1,433		\$2,021	= N - Q - S (0 if -ve)
U FHEPS (funded by PA Cat. of Assistance) **	\$1,433		\$2,021	= L - Q - S (0 if -ve)
V FHEPS (City) (22-239)	\$0		\$0	= T - U
W City Responsibility ***	0%		0%	
X FS Shelter (11-225) to be entered by worker	\$6,567		\$5,979	= J - T + K

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

Max Calculated Supplement Amt for combined household =		\$2,021	(=T, combined)
Minus: Max Supplement Amt for household size of: 4		\$1,767	(from lookup table)
= Monthly Single Issuance Amount		\$254	(0 if -ve)

Up To 100% SI Payment State	\$765	Issue with QD
Up To 108% SI Payment City	\$0	Issue with QI

Actual FS Shelter (11-225) to be entered by worker	\$5,979	Entered on household Screen in FS Shelter
Actual FHEPS (Overall) (11-090) entered by worker	1256	Entered with Additional Needs Type 68



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 _____, you requested Emergency Assistance
(Date) 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 Job 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 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

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

SAMPLE

(Turn page)

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

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

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

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

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

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

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

(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