



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #05-30-OPE

REVISIONS TO FORM W-145A

Date: February 17, 2005	Subtopic(s): Forms
<input type="checkbox"/> This procedure can now be accessed on the FIAweb.	<p>The purpose of this policy bulletin is to inform staff that the Notice to Landlord/Primary Tenant: Determination of Rent Restriction Payment Status (W-145A) has been revised as follows:</p> <ul style="list-style-type: none">• The title of the form was changed to "Notice to Landlord/Primary Tenant of Rent Restriction Payment Status."• Removed Category, Caseload and Suffix fields from the header's data information section.• Removed checkbox and text: "We have determined that the client has not mismanaged his public assistance payment at this time. Therefore, we are not restricting the client's shelter allowance."• Removed checkbox and text: "You requested we restrict the shelter allowance of the above individual, however, your request does not contain all the information required. On the reverse, please find a sample letter indicating the information that is required for us to make a determination."• Removed "Sample of Letter Requesting Restricted Rent Payment" from form.• Inserted Center field to the header's data information section.• Inserted paragraph: "The Human Resources Administration now pays shelter allowances for Safety Net and Family Assistance participants, with a few exceptions, through mandatory direct vendor payments to the landlord or primary tenant to ensure that rent is paid promptly."• The following section headings were added to the form to clearly delineate each section: Initiation of Shelter Allowance Restriction, Termination of Shelter Allowance Restriction, and Ineligibility for Payment of Shelter Allowance.

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

- In the Termination of Shelter Allowance Restriction section, the text: "As of the above date, the participant will receive his/her complete semimonthly grant, including a shelter allowance, and will be responsible for making rent payments to you" was revised to "As of the above date, the participant will be responsible for making full rent payments to you."

Center Directors must ensure that all previous versions of form **W-145A** are recycled.

Effective Immediately

Please use Print on Demand to obtain copies of forms.

Attachments:

W-145A Notice to Landlord/Primary Tenant of Rent Restriction Payment Status (Rev. 2/17/05)



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

Notice to Landlord/Primary Tenant of Rent Restriction Payment Status

The Human Resources Administration now pays shelter allowances for Safety Net and Family Assistance participants, with a few exceptions, through mandatory direct vendor payments to the landlord or primary tenant to ensure that rent is paid promptly.

We are writing to inform you of the restriction of rent for the above-named public assistance participant residing at:

Address: _____
City: _____ State: _____ Zip: _____

SAMPLE

Initiation of Shelter Allowance Restriction

- Beginning _____, the shelter allowance for the above-named public assistance
(date)
participant will be paid semimonthly by a:
- check sent directly to you on the participant's behalf.
 - two-party check in the participant's name and yours sent to the participant, but for deposit only to your account.
- We will notify you prior to terminating this method of payment.*

Termination of Shelter Allowance Restriction

- Beginning _____, the shelter allowance for the above-named participant will no longer be
(date)
paid by a:
- check sent directly to you on the participant's behalf.
 - two-party check in the participant's name and yours.
- As of the above date, the participant will be responsible for making full rent payments to you.*

Ineligibility for Payment of Shelter Allowance

Beginning _____, the shelter allowance for the above-named participant will be withheld due
(date)
to an immediate hazardous housing code violation(s) recorded for the building's public areas or for the apartment listed above. If you need assistance in removing the violation(s), or if you dispute that the violation(s) is/are still on record, we urge you to contact the Department of Housing Preservation and Development's Code Enforcement Unit borough office.

If you have any questions, please feel free to call _____
(telephone number)

Worker Name (please print)

Worker Signature

Date

Supervisor Name (please print)

Supervisor Signature

Date

SAMPLE