



FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner

Policy, Procedures, and Training

POLICY BULLETIN #10-112-ELI

(This Policy Bulletin Obsoletes PB #08-120-ELI)

INCOME SAVINGS REQUIREMENT FOR EMPLOYED FAMILY SHELTER RESIDENTS

<p>Date: November 8, 2010</p>	<p>Subtopic(s): Budgeting</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>See PD #09-21-ELI for information on the EID.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff of the Income Savings Requirement (ISR), which requires employed households receiving an earned income disregard who reside in shelter to save money each month they reside in shelter.</p> <p>New York State Social Services Law, Section 36-c was amended to require that certain shelter residents with earned income save money that they otherwise would have been required to contribute toward their shelter expense. A household's accumulated savings will be returned to them once they exit the Homeless Shelter.</p> <p>All of the following criteria must be met in order for a household to participate in the ISR:</p> <ul style="list-style-type: none"> • Shelter Type code on the WMS budget must be 06, 13, 14, 30, 33, or 34. • Cash Assistance (CA) case must have only one active suffix. (Multi suffix cases are excluded from ISR.) • CA case must be eligible to receive the Earned Income Disregard (EID). • CA case must have more than one active individual on CA. • CA case must have a zero budget deficit. <p>Non Cash Assistance Food Stamp cases are excluded from the ISR.</p> <p>Families subject to the ISR will receive a Client Notice System (CNS) notice from the Human Resources Administration (HRA) that will specify the amount of their required monthly contribution.</p>

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

A mass rebudget (MRB) will run in November 2010 to calculate the ISR amount for all households meeting the criteria on page 1.

When the MRB is completed, a file of all the cases that are initially enrolled in ISR will be sent by WMS to Management Information Systems (MIS) New York City Work, Accountability and You (NYCWAY). MIS will send DHS a report that provides the name of the shelter in which the household is residing and the monthly savings amount that the household must contribute to the ISR.

The following paragraph has been added to the CNS notice for households subject to the ISR:

“You or someone in your household currently receives income from employment. As a condition of residing in a homeless shelter you are required to save a portion of your family’s earnings. When you leave the shelter, HRA will give you all the money you saved plus interest. Starting _____ you must contribute _____ to your family’s savings plan. The Human Resources Administration will send you an invoice advising you where to send your monthly savings. If you are no longer residing in shelter you will not receive an invoice from HRA.

When a budget is calculated and the household is no longer subject to the ISR, the CNS notice will contain the following paragraph:

“You or someone in your household has had a reduction in income, is no longer receiving income from employment, or has had another change that affects your participation in the Income Savings Requirement. As a result, your household is not required to contribute toward the Income Savings plan. When you leave shelter, HRA will give you all the money you saved plus interest.”

DARB will send monthly invoices to ISR households.

The Division of Accounts Receivable and Billing (DARB) of HRA will mail the Income Savings Requirement (ISR) (**W-820E**) invoice along with a postage paid return envelope to each ISR household on the first of the month for which a savings contribution is due. The contribution due date will be the 15th of that month.

For the initial CNS notices mailed in November 2010 that contain ISR contribution amounts, the **W-820E** will be mailed by DARB on January 1, 2011, and will have a due date of January 15, 2011. The initial invoice will inform the household of the required savings contribution and the payment due date. Future invoices will list the ISR amount due for the current month and the amount of any ISR amounts that are past due for prior months. The invoice lists the telephone number (**[718] 510-0071**) for participants to call if the household has any questions about their ISR account.

DARB will be responsible for recording and processing payments made and HRA's contractual vendor, Bank of America, will be responsible for maintaining the savings accounts of ISR households. DARB will also be responsible for processing payments to households who leave the DHS shelter.

Households that may be required to participate in ISR will meet with a DHS shelter case worker who will be responsible for informing individuals about the ISR. DHS workers will also be responsible for having the household complete the Request for Taxpayer Identification Number and Certification (**W-9**) from the Internal Revenue Service (IRS). The completion of the **W-9** will allow the individual to avoid a 28% backup withholding from the IRS when the savings are returned to the household.

The Bank of America will prepare monthly bank statements which will list the amount of money that has been deposited by the household and the amount of interest that has been credited to the account. The monthly statements will be mailed by DARB to the ISR household.

A check for the total amount of accumulated savings plus any interest earned will be mailed to the household by DARB when the household is discharged from shelter and provides a verifiable address to DHS for the check to be mailed to.

DARB will be responsible for handling ISR checks returned to the Agency as undeliverable and for the check replacement process when the household reports the ISR check has been lost or stolen.

Monies that are returned to ISR households are considered exempt as income or a resource for CA until the twelfth month following the month in which the household leaves the shelter.

For Food Stamp (FS) purposes, monies that are returned to ISR households will be considered a non-recurring lump sum payment, which is excluded as income but counted as a resource in the month received for households that are not considered categorically eligible for FS and are still subject to a resource requirement.

The Income Savings Requirement Worksheet for Families in Temporary Housing with Earned Income (**W-648K**) has been created to manually calculate the amount of the monthly contribution that the household must save to comply with ISR.

See [PB #10-57-ELI](#) for information on FS categorical eligibility.

Form **W-648K** is used to manually calculate the ISR contribution.

Unearned income is not counted in the ISR calculation.

The amount of the monthly ISR is the actual monthly shelter cost minus the household's monthly budget deficit. The monthly budget deficit is a calculation of the household's monthly needs minus the household's monthly income. For households with children in shelter, the actual cost of shelter is included in the needs calculation. For households required to participate in ISR, only earned income is used to determine the income portion of the monthly budget deficit. Unearned income is not counted when calculating the monthly ISR amount and is therefore not listed on the **W-648K**.

Households in the ISR have the right to a Fair Hearing to challenge the amount of their monthly contribution or to contest the amount of accumulated savings that they are entitled to receive when the household moves out of shelter.

Effective Immediately

Reference:

Social Services Law 36-c

Related Items:

[PB #10-57-ELI](#)
[PD #09-21-ELI](#)

Attachments:

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

- W-648K** Income Savings Requirement Worksheet for Families in Temporary Housing with Earned Income
- W-648K (S)** Income Savings Requirement Worksheet for Families in Temporary Housing with Earned Income (Spanish)
- W-820E** Income Savings Requirement (ISR)

Date: _____
 Case Number: _____
 Case Name: _____
 Caseload: _____
 Center: _____
 Shelter Type: _____

Income Savings Requirement Worksheet for Families in Temporary Housing with Earned Income (Effective December 1, 2010)

Calculation of Needs

Enter Semimonthly (S/M) amounts. (Be sure to use conversion chart for weekly and monthly amounts.)

Needs				S/M Amount
1.	Pre-added allowance/Personal needs allowance			\$
2.	Energy grant			\$
3.	Pregnancy allowance			\$
4.	Restaurant allowance	Number of People	Meals	Amount
		Pregnant or under 18*		
		Not pregnant and 18 and older		
5.	Temporary Housing Shelter cost			\$
6.	Total S/M needs (add lines 1 through 5)			\$
7.	OCSE sanction: enter 25% needs reduction amount, if applicable (multiply amount on line 6 by 0.25) <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
8.	S/M needs (line 6 minus line 7)			\$

* A person under nineteen years of age and a full-time student regularly attending a secondary school or in the equivalent level of vocational or technical training if, before such person attains age nineteen, such person may reasonably be expected to complete the program of such secondary school or training.

Calculation of Earned Income

Earned Income			S/M Amount	
9.	S/M gross earned income			
	Name	How Often		Gross Income
				\$
10.	Enter the S/M poverty level for the household size (see chart below)		\$	
11.	Subtract line 10 from line 9 (if line 10 is more than 9, enter "0")		\$	
12.	Enter the amount from line 9 or line 10, which ever is less		\$	
13.	Standard deduction (allow \$45 S/M for each employed individual)		\$	
14.	Subtract line 13 from line 12		\$	
15.	Earned income disregard (multiply line 14 by 0.52)		\$	
16.	Subtract line 15 from line 14		\$	
17.	Net S/M earned income (add line 11 and line 16)		\$	

Size of Family	Semimonthly Amount
1	\$451.25
2	\$607.08
3	\$762.92
4	\$918.75
5	\$1,074.58
6	\$1,230.42
7	\$1,386.25
8	\$1,542.08

For each additional person, add \$155.83 semimonthly.

Semimonthly Income Savings Requirement Calculation

		S/M Amount
18.	Total S/M needs (enter the amount from line 6)	\$
19.	Net S/M earned income (enter the amount from line 17)	\$
20.	Total S/M needs minus net S/M earned income (line 18 minus 19; if line 19 is greater than line 18, enter "0")	\$
21.	Temporary Housing Shelter Cost (enter amount from line 5)	\$
22.	S/M Income Savings Requirement (line 21 minus line 20)	\$

Monthly Income Savings Requirement

		Monthly Amount
23.	Monthly Income Savings Requirement (multiply the amount on line 22 by 2 and round to the nearest whole dollar)	\$

Authorization Period: From: _____ To: _____.

Authorized by _____

Date _____

Fecha: _____
 Número del Caso: _____
 Nombre del Caso: _____
 Unidad de Casos: _____
 Centro: _____

Hoja de Datos de Requisito de Ahorros para Familias en Viviendas Temporales con Ingreso Salarial (A partir del 1ro de diciembre, 2010)

Cálculos de Necesidades

Anote las cantidades quincenales. (Asegúrese de usar la tabla de conversión para cantidades semanales y mensuales.)

Necesidades				Cantidad Quincenal
1.	Asignación añadida anteriormente/Asignación para necesidades personales			\$
2.	Concesión de energía			\$
3.	Asignación para embarazo			\$
4.	Asignación para restaurantes	Número de Personas	Comidas	Cantidad
		Embarazada o menor de 18 años de edad*		
		No Embarazada y de 18 años de edad o mayor		\$
5.	Costo de Alojamiento de Vivienda Temporal			\$
6.	Quincenal total de necesidades (sume las líneas 1 a 5)			\$
7.	Sanción de OCSE: Anote el 25% de la cantidad de la reducción de necesidades, si corresponde (multiplique la cantidad de la línea 6 por 0.25) <input type="checkbox"/> Sí <input type="checkbox"/> No			\$
8.	Necesidades quincenales (línea 6 menos línea 7)			\$

*Una persona menor de 19 años que asista regularmente y a tiempo completo a escuela secundaria o a capacitación vocacional o técnica, si resulta razonable esperar que dicha persona termine sus estudios o capacitación antes de cumplir los 19 años de edad.

Cálculos de ingreso salarial

Ingreso Salarial			Cantidad Quincenal
9.	Ingreso bruto salarial quincenal		
	Nombre	Con qué Frecuencia	Ingreso bruto
			\$
10.	Anote la cantidad quincenal del nivel de pobreza para el tamaño del hogar (vea la tabla más abajo)		\$
11.	Reste la cantidad de la línea 10 de la línea 9 (si la línea 10 es más que la línea 9 anote "0")		\$
12.	Anote la cantidad de la línea 9 o 10 anote la menor de las dos cantidades.		\$
13.	Deducción normal (se permiten \$45 quincenales por cada persona empleada)		\$
14.	Reste la cantidad de la línea 13 de la línea 12		\$
15.	La omisión de ingreso salarial (Multiplique la cantidad de la línea 14 por 0.52)		\$
16.	Reste la cantidad de la línea 15 de la línea 14		\$
17.	Ingreso neto salarial quincenal (sume las líneas 11 y 16)		\$

**Tabla de Consulta
de las Normas de Pobreza 2010**

Tamaño de la Familia	Cantidad Quincenal
1	\$451.25
2	\$607.08
3	\$762.92
4	\$918.75
5	\$1,074.58
6	\$1,230.42
7	\$1,386.25
8	\$1,542.08

Por cada persona adicional, agregue \$155.83 quincenal.

Cálculo Quincenal del Requisito de Ahorro de Ingreso

		Cantidad Quincenal
18.	Cantidad total quincenal de necesidades (anote la cantidad de la línea 6)	\$
19.	Ingreso neto salarial quincenal (anote la cantidad de la línea 17)	\$
20.	Total de las necesidades quincenales menos el ingreso neto salarial quincenal (línea 18 menos 19; si la línea 19 es superior a la línea 18, anote "0")	\$
21.	Costo de Alojamiento de Vivienda Temporal (anote la cantidad de la línea 5)	\$
22.	Requisito de Ahorro de Ingreso quincenal (línea 21 menos línea 20)	\$

Requisito de Ahorro de Ingreso Mensual

		Cantidad Mensual
23.	Requisito Mensual de Ahorro de Ingreso (multiplique la cantidad de la línea 22 por 2 y redondee al dólar más cercano)	\$

Período de Autorización: De: _____ A: _____.

Autorizado por _____

Fecha _____

Income Savings Requirement (ISR)



ISR Invoice Number: _____
 Case Number: _____
 CIN Number: _____
 Category/ Item: _____
 Past Due Amount: _____
 Current Due: _____
 Amount Now Due: _____
 Due Date: _____

ISR invoice and receipt-includes

all deposits received through

For the account of:

SAMPLE		
Receipt Number	Deposit Process Date	Received Amount

This notice shows the amount HRA has determined you are required to deposit into your savings account as part of the Income Savings Requirement. It also lists the deposit received from you for the prior month. If you have any questions about your account, please call the number listed below.

Call: 718-510-0071

RETURN THE PORTION BELOW WITH YOUR DEPOSIT AND PLEASE USE THE ENVELOPE PROVIDED.

CUT HERE

CUT HERE

Invoice Number:	Case No.:	Cat. Code:	Item Class:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Please use enclosed envelope or send deposit to:

<p>Make Checks or Money Orders payable to: HRA / DARB <u>Do not send cash.</u></p> <p>Please put your case number on the check or money order, in order to insure that we credit your account appropriately.</p>	<p>NYC HUMAN RESOURCES ADMINISTRATION PO BOX 954 PECK SLIP STATION NEW YORK, NY 10272 - 0954</p>
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First Name:	Last Name:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Deposit Due By:	Total Amount Due:	Billing Period:	Amount Enclosed:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>