



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #09-128-OPE

*(This Policy Bulletin Replaces CD #00-07, PB #01-60-ELI, and PB #02-94-OPE)*

### REVISIONS TO FORMS W-146E, W-153P, W-153Q, W-153R, AND W-153T

<b>Date:</b> December 3, 2009	<b>Sub-Topic(s):</b> Emergency Assistance
<p> This procedure can now be accessed on the FIAWeb.</p>	<p>The purpose of this policy bulletin is to inform all staff at Job Centers, the Office of Housing and Homeless Services (HHS) and the Rental Assistance Unit (RAU) that the following forms used for requests to the RAU have been revised to reflect the agency's most current terminology, formatting requirements, and logo:</p> <ul style="list-style-type: none"> <li>• Request to Pay Rent Arrears in Excess of Cash Assistance Maximum Shelter Allowance (<b>W-146E</b>);</li> <li>• Rental Assistance Unit (RAU) Case Documentation Transmittal (<b>W-153P</b>);</li> <li>• Notice of Approval of the Request to the Rental Assistance Unit (<b>W-153Q</b>);</li> <li>• Rental Assistance Unit Applicant/Participant Data Sheet (<b>W-153R</b>); and</li> <li>• Notice of Denial of the Request to the Rental Assistance Unit (<b>W-153T</b>).</li> </ul> <p>Additional information concerning the forms is as follows:</p> <p><b>W-146E</b> The form, which is utilized when a request is made to pay rent arrears in excess of CA maximum shelter allowance and to document a third party donor, is required for each packet sent to the RAU.</p> <p><b>W-153P</b> The form, which is used to identify a rent-related emergency/situation, is to be utilized with all emergency and non-emergency <u>requests</u> referred to the RAU. All requests made to the RAU by the Center must be supported with documents that are attached to the completed <b>W-153P</b>.</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*

Emergency cases

For emergency cases only, supervisory staff must send a fax of all relevant documentation with the completed **W-153P** to the RAU:

Fax: (212) 331-4115/8959/4286

Non-emergency cases

For non-emergency cases, supervisory staff must submit relevant documentation to the RAU via messenger to 180 Water Street. The envelope should be addressed to:

RAU address

Rental Assistance Unit Mailbox  
180 Water Street/21<sup>st</sup> floor  
New York, NY 10038

**Note:** The **W-153P** requires the Job Opportunity Specialist/Worker's name and the authorizing supervisor's name, signature, and telephone number.

An additional revision to the **W-153P** is as follows:

- A new box, titled "Resources (such as bank accounts, pensions, 401Ks, IRAs, etc)," was added to the Documentation attached section of the **W-153P** form.

**W-153Q**

The form is completed by the RAU via the RADMS and informs Centers that the request to RAU was approved.

When the request is approved, the RAU Supervisor must give final authorization on the case. Once the request is approved, the **W-153Q** is completed by the RAU and is communicated to the Centers via RADMS.

An additional revision to the **W-153Q** is as follows:

- All references to Jiggets were changed to Family Eviction Prevention Supplement (FEPS) on the **W-153Q**.

**W-153R**

The form was developed to assist staff in identifying the specific applicant/participant information required by RAU to process the request. A **W-153R**, which is completed by the Housing Diversion Unit (HDU) staff, must be included in every packet forwarded to the RAU.

Additional revisions to the **W-153R** are as follows:

- The reference to Exception to Policy was removed from the title of Form **W-153R**.
- In the 1st Section, a phrase: “(Note: All documents must be scanned into the case record.)” was added.
- In the 2nd Section, the phrase “If application: Results of WRS clearance – breakdown of last 4 quarters:” was deleted.
- In the 2nd Section, reference to UIB was deleted.
- In the section titled: “If applicant requests ‘One-Shot’, indicate income source and amount:” boxes with possible income sources and a line for the amount of income were added.
- The questions “Has the address been checked?” and “Has a visit been made to the new apartment?” were deleted from the Third-Party Donor section.
- The question “Are there ‘at risk’ factors involved with this case?” was moved from the Third-Party Donor section to the Household Composition section.
- The Evaluation/Comments section was deleted.
- In the Household Composition Section, under Arrearage, “CA Level” was added.
- The Third-Party Donor Section was moved from the 4th section to the end of the form.

### **W-153T**

The form advises the Centers of the RAU denial of requests for rental assistance.

When the request is denied, the **W-153T** is completed by the RAU and is communicated to the Centers via RADMS.

An additional revision to the **W-153T** is as follows:

- All references to Jiggets were changed to Family Eviction Prevention Supplement (FEPS) on the **W-153T**.

**Note:** The Worker should not utilize the **W-153Q** or **W-153T** to notify the applicant/participant of the agency’s decision on his/her request for rental assistance except in an emergency situation, in which the applicant/participant is required to provide proof of assistance to the court.

Job Center Directors, Office of Housing and Homeless Services (HHS) and the Rental Assistance Unit (RAU) must ensure that all previous versions of these forms are recycled.

Samples of the forms are attached.

*Effective Immediately*

**Attachments:**

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

- W-146E** Request to Pay Rent Arrears in Excess of Cash Assistance Maximum Shelter Allowance (Rev. 12/3/09)
- W-146E (S)** Request to Pay Rent Arrears in Excess of Cash Assistance Maximum Shelter Allowance (Spanish) (Rev. 12/3/09)
- W-153P** Rental Assistance Unit (RAU) Case Documentation Transmittal (Rev. 12/3/09)
- W-153Q** Notice of Approval of the Request to the Rental Assistance Unit (Rev. 12/3/09)
- W-153R** Rental Assistance Unit Applicant/Participant Data Sheet (Rev. 12/3/09)
- W-153T** Notice of Denial of the Request to the Rental Assistance Unit (Rev. 12/3/09)

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_

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

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

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

Applicant/Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agreement by Third Party to Pay Excess Rent**

I, \_\_\_\_\_, affirm that:  
(Name)

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

effective \_\_\_\_\_. The payment will be made directly to the:

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

\_\_\_\_\_  
\_\_\_\_\_

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

My monthly household income is: \_\_\_\_\_ My shelter expense is: \_\_\_\_\_

The proof of income I am submitting is:

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

\_\_\_\_\_  
(Employer's Name and Address)

- Proof of other income/source:

\_\_\_\_\_

My relationship to the applicant/participant is: \_\_\_\_\_

My address is: \_\_\_\_\_

The above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_

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

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

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

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

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

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

Firma del Solicitante/Participante: \_\_\_\_\_ Fecha: \_\_\_\_\_

### Acuerdo por Tercera Parte para Pagar el Alquiler en Exceso

Yo, \_\_\_\_\_, doy fe de que:  
(Nombre)

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

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

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

\_\_\_\_\_

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

Mi ingreso mensual del hogar es: \_\_\_\_\_ Mi gasto de albergue es: \_\_\_\_\_

El comprobante de ingreso que presentaré es el siguiente:

- Talones de paga, formulario W-2 y/o carta por parte del empleador o en papel con el membrete de:  
\_\_\_\_\_  
(Nombre y Dirección del Empleador)

- Comprobante de otro ingreso/fuente:  
\_\_\_\_\_

Mi relación con el solicitante/participante es la siguiente: \_\_\_\_\_

Mi dirección es: \_\_\_\_\_

Los datos más arriba son verdaderos y exactos.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Originating Center: \_\_\_\_\_

### Rental Assistance Unit (RAU) Case Documentation Transmittal

The Family Independence Administration (FIA) requires that all submissions to the RAU be accompanied by relevant documentation.

**Documentation attached** (check  all that apply):

- Court-ordered Stipulation with LT/Index Number
- Notice of Petition
- Petition
- Notice of Motion
- Order to Show Cause
- Breakdown of rent arrears by landlord
- Letter from nonprofit organization on official letterhead stating contribution toward arrears
- Copy of money order if tenant claims that he/she has money to contribute toward arrears
- "Third-party" verification if tenant states that he/she has family or friends to assist with arrears and/or ongoing rent (**Form W-146E**)
- Income verification (such as paystubs, award letters, and UIB, etc.)
- Resources (such as bank accounts, pensions, 401Ks, and IRAs)
- Medical documentation
- Unforeseen emergency

Describe and document: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

---

JOS/Worker: \_\_\_\_\_  
*(print name)*

AJOSII/HDU-AJOSI: \_\_\_\_\_  
*(print name)*

\_\_\_\_\_  
*(signature)*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Center Number: \_\_\_\_\_  
Attention: \_\_\_\_\_  
c.c: \_\_\_\_\_

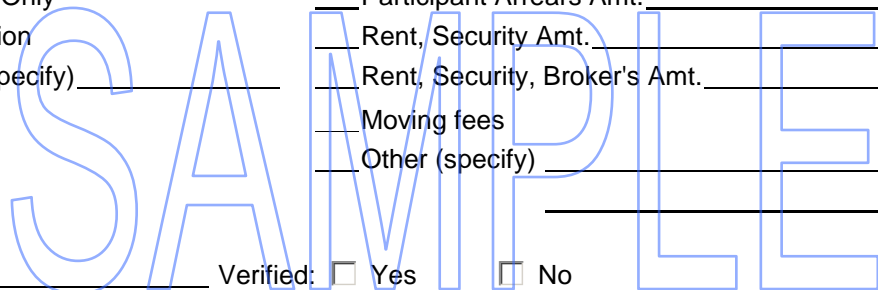
**Notice of Approval of the Request to the Rental Assistance Unit**  
**Rent arrears checks are to be issued direct vendor only.**

The request for the specific need checked below has been approved. We agree to pay \$ \_\_\_\_\_ provided that the case is in active status or otherwise eligible for assistance. See below for the reason for approval:

**Requested Action:**

**Specific Need:**

<input type="checkbox"/> Special Grant	<input type="checkbox"/> Applicant Arrears Amt. _____	Period _____
<input type="checkbox"/> FEPS Arrears Only	<input type="checkbox"/> Participant Arrears Amt. _____	Period _____
<input type="checkbox"/> FEPS Relocation	<input type="checkbox"/> Rent, Security Amt. _____	Period _____
<input type="checkbox"/> FEPS other (specify) _____	<input type="checkbox"/> Rent, Security, Broker's Amt. _____	Period _____
	<input type="checkbox"/> Moving fees _____	
	<input type="checkbox"/> Other (specify) _____	



L&T Number: \_\_\_\_\_ Verified:  Yes  No

Explain: \_\_\_\_\_

Reasons for Approval (Check all that apply)	
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> EARP
<input type="checkbox"/> NYCHA	<input type="checkbox"/> State FEPS eligible
<input type="checkbox"/> HPD	<input type="checkbox"/> ACS Housing Subsidy eligible
<input type="checkbox"/> Section 8	<input type="checkbox"/> Special factors/circumstances considered in determining eligibility
<input type="checkbox"/> SCRIE	<input type="checkbox"/> Disability
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Elderly
<input type="checkbox"/> Sufficient income to pay future rent	<input type="checkbox"/> Dependent Children
<input type="checkbox"/> Arrears are reasonable based on circumstances presented	<input type="checkbox"/> APS
<input type="checkbox"/> Permanent housing for the homeless	<input type="checkbox"/> Other (specify) _____
Approval conditions _____	
_____	
_____	



**Rental Assistance Unit**  
Applicant/Participant Data Sheet

Case Number: \_\_\_\_\_ Originating Center: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Prepared by: \_\_\_\_\_  
\_\_\_\_\_  
Reviewed by (AJOS II/HDU-AJOS I): \_\_\_\_\_  
\_\_\_\_\_  
Unit: \_\_\_\_\_  
Reason for non-payment of rent: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
Fax Number: \_\_\_\_\_  
\_\_\_\_\_  
Date sent to RAU: \_\_\_\_\_

Legal documents?  Yes  No

(Note: All documents must be scanned into the case record.)

Applicant  "One-Shot "  Participant

If applicant requests "One-Shot", indicate income source and amount:

UIB: \$ \_\_\_\_\_  Self-employment: \$ \_\_\_\_\_  401k: \$ \_\_\_\_\_  
 SSA: \$ \_\_\_\_\_  Union Benefits: \$ \_\_\_\_\_  SSI: \$ \_\_\_\_\_  
 Pension: \$ \_\_\_\_\_  Stocks: \$ \_\_\_\_\_  Other (specify): \_\_\_\_\_

**Household Composition** Number of Adults: \_\_\_\_\_ Ages: \_\_\_\_\_  
Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Are there "at risk" factors involved with this case?

If Yes, details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Arrearage**

Arrears Requested: \_\_\_\_\_  
Excess Rent: \_\_\_\_\_  
Recoupable Rent: \_\_\_\_\_  
CA Level: \_\_\_\_\_  
Non-Recoupable Rent: \_\_\_\_\_  
Period(s): \_\_\_\_\_  
Other fees (legal fees, marshal's fees, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rent**

Restricted:  Yes  No  
Date of Restriction: \_\_\_\_\_  
Actual Rent: \_\_\_\_\_  
Excess Rent: \_\_\_\_\_  
Mortgage Arrears Situation (see page 2):  Yes  No

**Mortgage Arrears Situation**

When was property purchased? \_\_\_\_\_

Purchase price? \_\_\_\_\_

Terms of mortgage \_\_\_\_\_

2nd/3rd mortgage: \_\_\_\_\_

Equity in home?  Yes  No

If Yes, amount? \_\_\_\_\_

Income producing property?  Yes  No

If Yes, amount? \_\_\_\_\_

How was home afforded? \_\_\_\_\_

Down payment? \_\_\_\_\_

\_\_\_\_\_

Mortgage holders? \_\_\_\_\_

How will mortgage be paid in the future? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foreclosure action? \_\_\_\_\_

\_\_\_\_\_

**Third-Party Donor**  Past  New

Name: \_\_\_\_\_

Shelter Expenses: \_\_\_\_\_

Address: \_\_\_\_\_

Income/Wages: \_\_\_\_\_

\_\_\_\_\_

Contribution: \_\_\_\_\_

\_\_\_\_\_

Has the applicant/participant requested exception to policy within the past twelve months/prior twelve months

If Yes, date(s): \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can the applicant/participant be referred for Legal Aid services?  Yes  No

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Center Number: \_\_\_\_\_  
Attention: \_\_\_\_\_  
c.c: \_\_\_\_\_

### Notice of Denial of the Request to the Rental Assistance Unit

Amount Denied: \$ \_\_\_\_\_

Periods: \_\_\_\_\_

Check the request for the specific need below:

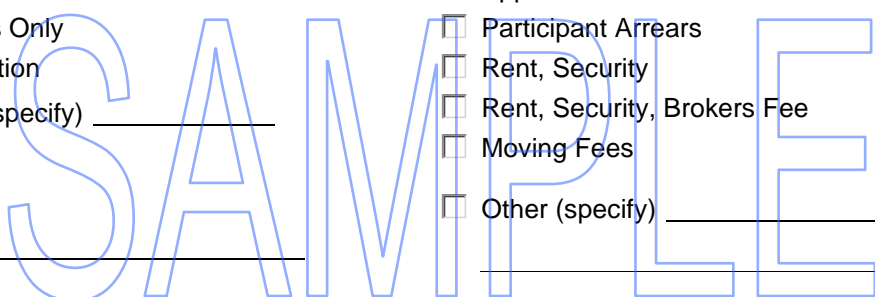
**Requested Action:**

- Special Grant
- FEPS Arrears Only
- FEPS Relocation
- FEPS other (specify) \_\_\_\_\_

**Specific Need:**

- Applicant Arrears
- Participant Arrears
- Rent, Security
- Rent, Security, Brokers Fee
- Moving Fees
- Other (specify) \_\_\_\_\_

L&T Number: \_\_\_\_\_



Check the reasons for denial below:

Reasons for Denial (Check all that apply)	
<input type="checkbox"/> Excessive Arrears	<input type="checkbox"/> No future ability or plan to pay rent
<input type="checkbox"/> Excessive Rent	<input type="checkbox"/> Recidivism
<input type="checkbox"/> Sufficient income to pay past rent	
<input type="checkbox"/> Other (specify) _____	
_____	
_____	
_____	

If new information becomes available, this decision can be reconsidered.

Please call: \_\_\_\_\_.

RAU Consultant \_\_\_\_\_

Date \_\_\_\_\_