



OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

POLICY BULLETIN #18-72-OPE

MONTHLY UPDATES: (DHS-14, DHS-14A, DSS-7, DSS-7A, DSS-7B, DSS-7C, DSS-7D, DSS-7E, DSS-7F, DSS-7G, DSS-7H, DSS-7I, DSS-7J, DSS-7K, DSS-7L, DSS-7M, DSS-7N, DSS-7O, DSS-7P, DSS-7Q, DSS-7R, DSS-8, DSS-8A, DSS-8B, DSS-8C, DSS-8D, DSS-8E, DSS-8F, DSS-8G, DSS-8H, DSS-8I, DSS-8J, DSS-8K, DSS-10, DSS-10A, DSS-10B, HPA-96, HRA-104B, HRA-104C, HRA-105, HRA-145, M-328A/B/C [INSERT], W-145G)

Date: Novembr 5, 2018	Subtopic(s): Forms
Updated items	<p>The following forms have been added or updated on edocs:</p> <ul style="list-style-type: none"> • The following Department of Homeless Services (DHS) forms were updated at the request of the Office of the Medical Director: <ul style="list-style-type: none"> ▪ “HCF-DHS Referral Form” (DHS-14); ▪ “DHS ADL Assessment for Institutional Referrals” (DHS-14a). • The forms listed below were created for the new CityFHEPS program. CityFHEPS combines city-funded housing subsidy programs, including multiple Living in Communities (LINC) programs, the Special Exit and Prevention Supplement (SEPS), and the City Family Eviction Prevention Supplement (CityFEPS) into one program. Additional information about these forms and their intended will be released in a separate document. <ul style="list-style-type: none"> ▪ “Rental Assistance Supplement: Potential Eligibility Letter” (DSS-7); ▪ “Your Household Share” (DSS-7a); ▪ “Potential Eligibility for a Rental Assistance Supplement” (7b); ▪ “Your Household Share Information” (DSS-7c); ▪ “The Name of Your Rental Assistance Supplement Is Changing” (DSS-7d); ▪ “CityFHEPS RENEWAL REQUEST” (DSS-7e); ▪ “We Have <u>Approved</u> Your Renewal for a Rental Assistance Supplement!” (DSS-7f); ▪ “Warning: Your Rental Assistance Supplement May End!” (DSS-7g);

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

- “Final Notice: Your Rental Assistance Supplement Will End” (**DSS-7h**);
 - “CityFHEPS Denial Notice” (**DSS-7i**);
 - “CityFHEPS Approval Notice (**DSS-7j**);
 - “Rental Assistance Key Release Agreement and Check Distribution” (**DSS-7k**);
 - “CityFHEPS Provider Referral Form” (**DSS-7L**);
 - “CityFHEPS Notice of Denial” (**DSS-7m**);
 - “CityFHEPS Frequently Asked Questions (For Residents of “Department of Homeless Services or Human Resources Administration Shelters or Those Experiencing Street Homeslessness” (**DSS-7n**);
 - “Application for CityFHEPS (Rooms Only)” (**DSS-7o**);
 - “CityFHEPS PROGRAM PARTICIPANT AGREEMENT” (**DSS-7p**);
 - “Application for CityFHEPS (Apartments and Single Room Occupancy Units)” (**DSS-7q**);
 - “CityFHEPS Frequently Asked Questions For Clients in the Community” (**DSS-7r**);
 - “Notice of Termination of Rental Assistance Supplement Payments” (**DSS-8**);
 - “Notice of Renewal of a Rental Assistance Supplement” (**DSS-8a**);
 - “Tenant Contact Information” (**DSS-8b**);
 - “CityFHEPS Approval Notice to Landlord” (**DSS-8c**);
 - “Room Rental Allocation Form” (**DSS-8d**);
 - “CityFHEPS Verification of Eligibility” (**DSS-8e**);
 - “CityFHEPS Landlord Statement of Understanding - Apartment Rentals” (**DSS-8f**);
 - “CityFHEPS Landlord Statement of Understanding - Room and SRO Rentals” (**DSS-8g**);
 - “CityFHEPS Packet Cover Sheet - Shelter” (**DSS-8h**);
 - “CityFHEPS Packet Cover Sheet - Community” (**DSS-8i**);
 - “CityFHEPS Frequently Asked Questions for Landlords and Brokers” (**DSS-8j**);
 - “Change of Payee for CityFHEPS Payments” (**DSS-8k**);
 - Website Clearance Checklist” (**DSS-10**);
 - “APARTMENT REVIEW CHECKLIST” (**DSS-10a**);
 - “APARTMENT REVIEW CHECKLIST GUIDANCE” (**DSS-10b**).
- “LINC Rental Assistance Program Unit Registration Form” (**HPA-96**) form was created for DHS Shelter providers. The form is utilized when a potential LINC housing unit requires an HPD inspection. This form must be included with any LINC packets submitted to HPA.

- The following forms were created to provide a response to individuals who appeal the denial of a Reasonable Accommodation request. These forms are only used by the Special Services Reasonable Accommodation Unit.
 - “Decision on Your Administrative Appeal”(HRA-104b);
 - “Decision on Your Clinical Appeal” (HRA-104c).
- “Unit Hold Incentive Voucher” (HRA-145) the rental assistance programs listed on the form were changed from “LINC (except LINC VI), CITYFEPS, SEPS, FHEPS (from Shelter only) and HOME TBRA” to “CityFHEPS, FHEPS (from Shelter only) and HOME TBRA”.
- “CityFHEPS Shelter Facility Referral Form For Single Adults and Adult Families With Income” (W-145G) form was updated for use with the new CityFHEPS program.
- The following forms were revised to conform with the plain language standards:
 - “Denial of Reasonable Accommodation: No Documentation” (HRA-105);
 - “Timely Aid-Continuing Fair Hearing Language Insert Conference and Fair Hearing Information” (M-328a/b/c) (Insert).

Center Directors must ensure that only the latest versions of forms (available on HRA eDocs) are used and that all previous and obsolete versions of the forms are removed from circulation and recycled.

Effective Immediately

Attachments:

DHS-14	HCF-DHS Referral Form (10/30/2018)
DHS-14a	DHS ADL Assessment for Institutional Referrals (10/30/2018)
DSS-7	Rental Assistance Supplement: Potential Eligibility Letter (09/05/2018)
DSS-7 (S)	Rental Assistance Supplement: Potential Eligibility Letter (Spanish) (09/05/2018)
DSS-7a	Your Household Share (09/05/2018)
DSS-7a (S)	Your Household Share (09/05/2018)
DSS-7b	Potential Eligibility for a Rental Assistance Supplement (09/05/2018)
DSS-7b (S)	Potential Eligibility for a Rental Assistance Supplement (09/05/2018)

DSS-7c	Your Household Share Information (09/05/2018)
DSS-7c (S)	Your Household Share Information (Spanish) (09/05/2018)
DSS-7d	The Name of Your Rental Assistance Supplement Is Changing (09/05/2018)
DSS-7d (S)	The Name of Your Rental Assistance Supplement Is Changing (Spanish) (09/05/2018)
DSS-7e	CityFHEPS RENEWAL REQUEST (09/05/2018)
DSS-7e (S)	CityFHEPS RENEWAL REQUEST (Spanish) (09/05/2018)
DSS-7f	We Have <u>Approved</u> Your Renewal for a Rental Assistance Supplement! (09/05/2018)
DSS-7f (S)	We Have <u>Approved</u> Your Renewal for a Rental Assistance Supplement! (Spanish) (09/05/2018)
DSS-7g	WARNING: Your Rental Assistance Supplement May End! (09/05/2018)
DSS-7g (S)	WARNING: Your Rental Assistance Supplement May End! (Spanish) (9/05/2018)
DSS-7h	Final Notice: Your Rental Assistance Supplement Will End (09/05/2018)
DSS-7h (S)	Final Notice: Your Rental Assistance Supplement Will End (Spanish) (09/05/2018)
DSS-7i	CityFHEPS Denial Notice (10/11/2018)
DSS-7i (S)	CityFHEPS Denial Notice (Spanish) (10/11/2018)
DSS-7j	CityFHEPS Approval Notice (10/17/2018)
DSS-7j (S)	CityFHEPS Approval Notice (Spanish) (10/17/2018)
DSS-7k	Rental Assistance Key Release Agreement and Check Distribution (10/05/2018)
DSS-7k (S)	Rental Assistance Key Release Agreement and Check Distribution (Spanish) (10/05/2018)
DSS-7L	CityFHEPS Provider Referral Form (10/23/2018)
DSS-7m	CityFHEPS Notice of Denial (10/11/2018)
DSS-7m (S)	CityFHEPS Notice of Denial (Spanish) (10/11/2018)
DSS-7n	CityFHEPS Frequently Asked Questions (For Residents of Department of Homeless Services or Human Resources Administration Shelters or Those Experiencing Street Homeslessness) (10/18/2018)
DSS-7n (S)	CityFHEPS Frequently Asked Questions (For Residents of Department of Homeless Services or Human Resources Administration Shelters or Those Experiencing Street Homeslessness) (Spanish) (10/18/2018)

DSS-7o	Application for CityFHEPS (Rooms Only) (10/16/2018)
DSS-7o (S)	Application for CityFHEPS (Rooms Only) (Spanish) (10/16/2018)
DSS-7p	CityFHEPS PROGRAM PARTICIPANT AGREEMENT (10/15/2018)
DSS-7p (S)	CityFHEPS PROGRAM PARTICIPANT AGREEMENT (Spanish) (10/15/2018)
DSS-7q	Application for CityFHEPS (Apartment and Single Room Occupancy Units) (10/16/2018)
DSS-7q (S)	Application for CityFHEPS (Apartment and Single Room Occupancy Units) (Spanish) (10/16/2018)
DSS-7r	CityFHEPS Frequently Asked Questions For Clients in the Community (10/18/2018)
DSS-7r (S)	CityFHEPS Frequently Asked Questions For Clients in the Community (Spanish) (10/18/2018)
DSS-8	Notice of Termination of Rental Assistance Supplement Payments (09/05/2018)
DSS-8a	Notice of Renewal of a Rental Assistance Supplement (09/05/2018)
DSS-8b	Tenant Contact Information (9/28/2018)
DSS-8c	CityFHEPS Approval Notice to Landlord (10/01/2018)
DSS-8d	Room Rental Allocation Form (10/04/2018)
DSS-8e	CityFHEPS Verification of Eligibility (11/01/2018)
DSS-8f	CityFHEPS Landlord Statement of Understanding - Apartment Rentals (10/26/2018)
DSS-8g	CityFHEPS Landlord Statement of Understanding - Room and SRO Rentals (10/26/2018)
DSS-8h	CityFHEPS Packet Cover Sheet - Shelter (10/26/2018)
DSS-8i	CityFHEPS Packet Cover Sheet - Community (10/26/2018)
DSS-8j	CityFHEPS Frequently Asked Questions for Landlords and Brokers (10/26/2018)
DSS-8k	Change of Payee for CityFHEPS Payments (11/01/2018)
DSS-10	Website Clearance Checklist (10/01/2018)
DSS-10a	APARTMENT REVIEW CHECKLIST (10/26/2018)
DSS-10b	APARTMENT REVIEW CHECKLIST GUIDANCE (10/26/2018)
HPA-96	LINC Rental Assistance Program Unit Registration Form (10/29/2018)

HRA-104b	Decision on Your Administrative Appeal (10/10/2018)
HRA-104b (S)	Decision on Your Administrative Appeal (Spanish) (10/10/2018)
HRA-104c	Decision on Your Clinical Appeal (10/10/2018)
HRA-104c (S)	Decision on Your Clinical Appeal (Spanish) (10/10/2018)
HRA-105	Denial of Reasonable Accommodation: No Documentation (07/16/2018)
HRA-105 (S)	Denial of Reasonable Accommodation: No Documentation (Spanish) (07/16/2018)
HRA-145	Unit Hold Incentive Voucher (9/27/2018)
M-328a/b/c (Insert)	Timely Aid-Continuing Fair Hearing Language Insert Conference and Fair Hearing Information (12/28/17)
M-328a/b/c (Insert) (S)	Timely Aid-Continuing Fair Hearing Language Insert Conference and Fair Hearing Information (12/28/17)
W-145G	CityFHEPS Shelter Facility Referral Form For Single Adults and Adult Families With Income (10/26/2018)

Client Name (First, Last):

DOB:

LOS over 30 days: Yes No

CARES ID:

HCF-DHS REFERRAL FORM

Screening Tool for Referral from Health Care Facilities: SINGLE ADULT

This HCF-DHS Referral Form must be completed for each patient who is admitted to a healthcare facility (HCF) or a long-term care facility (LTCF) and is being referred to the DHS Single Adult Shelter or Street System. Completion of this form for each patient will help Department of Homeless Services (DHS) to determine if:

- (1) The patient is medically appropriate to reside in a single adult DHS shelter or Safe Haven facility; and
- (2) All efforts have been made first to discharge the patient to a non-shelter setting.

Facilities for single adults are congregate settings with open dormitory-style rooms and do not provide nursing services; there are **no medical or respite shelters in the New York City DHS Shelter System.**

Please note that if the form is incomplete, the DHS facility or Office of the Medical Director will contact you to request all missing information. This will delay the determination and approval.

- For detailed guidance on this form, including a brief description of DHS and coordination of care guidance, see the *Referral from Healthcare Facilities to DHS Single Adult Facilities*, (hereafter referred to as the procedure) found at: <https://www1.nyc.gov/site/dhs/shelter/singleadults/single-adults-hospital.page>.
- Electronically completed forms are best practice, and DHS will review all received forms sent via email.
- Determinations regarding referrals or requests for more information will be communicated via email.
- If a homeless patient leaves against medical advice, please email HCF-DHSreferral@dhs.nyc.gov.
- This is a PDF fillable form and must be **electronically completed and submitted**. Forms that have been handwritten and/or faxed will not be accepted.

To use this form:

- 1- Call the DHS Referral Line at 212-361-5590 to determine if the patient is a new or current DHS client.
 - a. If the patient is a current DHS client, the HCF will request the name of the client's assigned DHS site and the email address to which the referral form should be sent. The shelter director of the patient's assigned site.
 - b. If the patient is new to the DHS system or has been out of shelter for over 12 months, email the form to:
 - I. DHS-HCFreferral@dhs.nyc.gov for men, and
 - II. HCFReferral@helpusa.org for women.
- 2- Complete the form and email it to the appropriate email address.
- 3- After the form has been sent via email, the DHS site or Office of the Medical Director will respond with a determination within 1 business day for inpatient stays less than 30 days and 2 business days for inpatient stays of 30 days or more.

Client Name (First, Last):

DOB:

CARES ID:

Absolute Exclusion Criteria for DHS single adult shelter or safe haven

If the patient has one or more of the health conditions, limitations of independent activities, or functional needs listed below, they are medically inappropriate for DHS single adult shelter or Safe Haven

- | | |
|--|---|
| <ul style="list-style-type: none"> • Inability to care for self and independently manage activities of daily living; use the ADL Assessment Form included on the Referral Form. An ADL score <12 indicates medical inappropriateness for shelter. The ADL Assessment Form must be completed by a clinician on the patient’s team; • Lack of decisional capacity; • Need for home care or visiting nurse services beyond wound care or IM/IV medication administration and beyond 2 weeks; • Severe immunosuppression (chemotherapy, end-stage AIDS, post-transplant, with an Absolute Neutrophil Count (ANC) <500/mL); • Major dementia with cognitive deficits (MMSE <25); • Peritoneal dialysis; • Inability to make needs known or follow commands; • Unresolved delirium; | <ul style="list-style-type: none"> • Inability to independently manage chronic illnesses or medication administration, schedule, and reminders, including inability to self-administer insulin; • Inability to independently manage urinary catheters; • Inability to manage urinary or bowel incontinence or explosive diarrhea; • Oxygen-dependence requiring an oxygen tank/cylinder of any size, containing liquid or compressed oxygen (oxygen concentrators are allowed); • Cranial Halo Devices or stabilizing protective gear worn continuously; • Poses imminent risk of physical harm to themselves or others; • Inability to: understand spoken, signed, visual, or tactile language with or without an interpreter; • On a ventilator; or • CD4 count below 200. |
|--|---|

SAMPLE

If the patient has any of the health conditions, limitations of activities, or functional needs listed on this page **STOP, the patient is medically inappropriate for a DHS shelter or Safe Haven and should not be sent to DHS. For more information on alternative housing solutions, please go to: <https://www1.nyc.gov/site/hra/help/homelessness-prevention.page>.**

Relative Exclusion Criteria for DHS single adult shelter or Safe Haven

If one or more of the following apply to the patient, the HCF/LTCF may be contacted for additional information by the DHS Office of the Medical Director or relevant site.

- | | |
|---|--|
| <ul style="list-style-type: none"> • Requires infusion pumps/ PICC lines | <ul style="list-style-type: none"> • Intra-muscular or intra-venous medication administration via nurse- no more than twice per day, must be prearranged by HCF and limited to no more than 2 weeks |
| <ul style="list-style-type: none"> • Colostomy bag | |
| <ul style="list-style-type: none"> • Tracheostomy/ feeding tube | |

Client Name (First, Last):

DOB:

CARES ID:

DHS SITE/OMD USE ONLY	
Reviewer name:	CARES number:
Gender:	SSN:
DOB:	HCF of origin:
Date and time review completed:	Destination shelter/ Safe Haven:
Does the client appear to need a reasonable accommodation?	Has the HCF requested a reasonable accommodation?
Status of referral:	If additional information needed, date/ time additional information requested:
If follow up referral, number of requests for information for this client:	
Person information was requested from:	
If patient was medically inappropriate, reason why:	
If referral was incomplete, specify missing information:	
POST ARRIVAL AT DHS SITE	
Date patient arrived at shelter: Arrived,	
in worse state than described in referral	despite determination of medical inappropriateness
medically inappropriate and was transported back to healthcare facility	within 24 hour period of referral being sent
at shelter outside of the hours between 9:00am and 3:00pm	medically inappropriate and was kept in shelter until situation resolved

SAMPLE

Healthcare facility staff please begin form here:

Name of healthcare facility: If not listed, please type:		Type of HCF:
Name of primary person completing this form:	First alternate Email address:	
Title:	Telephone/beeper:	
Email Address:	Second Alternate Email address:	
Telephone/beeper:	Telephone/beeper:	
Date this form was completed:	Date of Admission:	
Over 30 day length of stay: Yes No	Expected Date of Discharge:	

Client Name (First, Last):

DOB:

CARES ID:

Section 1. Patient Demographic and Healthcare Facility Information

1.1	Alias(es):	CARES # (if known):
	Date of Birth:	Facility MRN:
	Insurance type:	Insurance #:
	Ethnicity:	Social Security #:
	Race:	Other, specify:
	Gender:	Other, specify:
	Patient agrees to be placed in shelter if found medically appropriate: Yes No Not Yet	
1.2	Healthcare facility name:	
	Department or Service:	
	Telephone number:	
	Inpatient Physician Name:	Social Worker Name:
	Telephone:	Telephone:
	Email:	Email:
1.3	Primary Care Physician Name:	
	Care Coordinator Name:	
	Telephone:	Telephone:
Email:		
<p>1) Call the DHS Referral Line at 212-361-5590 to inquire if patient is known to DHS. You will be given the pertinent email address where the referral should be sent. If there is no answer, please leave a voicemail and someone will return your call as soon as possible.</p> <p>2) If the patient has been in shelter in the last 12 months, go to Section 3 (skip Section 2).</p> <p>3) If the patient is new to the DHS System or has not been in shelter in the past 12 months, go to Section 2.</p>		
1.3	Is patient new to Single Adult Shelter System or have they not been in a single adult shelter within the past 12 months? YES NO	
	If the patient has been in a Single adult shelter in the past 12 months, please identify the patient's shelter of record:	

CARES ID:

DHS ADL Assessment for Institutional Referrals

To be completed by healthcare facility staff only

Patient Name:		Patient date of birth:	
Name and title of the person completing this assessment:			Date:
Scope	The patient is able to...	Yes (1)	No (0)
BATHING	Bathe self independently. May use devices such as shower chair and/or grab bars.		
DRESSING	Independently retrieve all clothing, dress, and undress, including shoes and outer garments.		
GROOMING	Groom self independently including shaving, brushing teeth and hair, and other common grooming activities.		
TOILETING	Successfully complete toileting independently including transferring and without supervision, preventing soiling of clothing and using toilet paper. May use raised toilet and/or grab bars.		
BOWELS	Manage bowels, catheter, colostomy bag, or diapers independently and without leaks.		
BLADDER	Control bladder functions without assistance, can include use of diapers to control leaking or minimal incontinence.		
TRANSFERRING	Independently transfer from wheelchair to bed and vice versa. May use elevated bed.		
FEEDING	Feed self independently, including for example carrying food tray, opening common food and drink containers, and cutting up own food.		
MOBILITY	Independently ambulate or use a cane, walker, or propel a manual or motorized wheelchair.		
COMMUNICATION	Communicate through spoken, signed, visual, or tactile language with or without an interpreter.		
COGNITION	Understand directions and follow commands, and make needs known.		
SELF-MANAGEMENT	Manage key responsibilities associated with independent living including medications and chronic illness(es).		
If score is less than 12, patient is not appropriate for shelter.		Total Score:	

Client Name (First, Last):

DOB:

CARES ID:

Section 2. Placement Efforts for New Clients of the Single Adult Shelter System

Prior location, before current admission			
The HCF/LTCF must make all efforts to place patient in permanent housing before making a referral to DHS.			
2.1	Home: rental/own/lease holder/ lived with partner or spouse	Residential facility: Adult Home Skilled nursing facility Residential drug treatment facility OMH residential mental health facility Rehabilitation center Assisted living, other:	Street homeless
	Single Room Occupancy (SRO)		Prison, name:
	Aged out of foster care		Jail, name:
	Lived in friend's or relative's home		State psychiatric hospital, name:
Other, specify:			
2.2	If street homeless, length of stay in streets in past year if known/applicable:		Unknown
	Usual locations, if known/applicable:		Unknown
2.3	Was the patient's prior living situation in another city/state/country?		Yes No
	- If yes, specify city and state: - If yes, was patient staying in a homeless shelter?		Yes No
2.4	Length of stay at last location What has changed at last residence to prevent patient from returning?		
2.5	For those who meet Adult Protective Services (APS) (https://www1.nyc.gov/assets/hra/downloads/pdf/services/aps/APS_BROCHURE.pdf), is the patient under the care of APS?		Yes No
2.6	Reasons patient is homeless:		
	Lost employment	Evicted/ other reasons	
	Divorce/ separation	Evicted/ did not pay rent	
	Domestic violence	Aged out of foster care	
	Recently released from jail, prison, or other criminal justice institution	Other, specify:	

Client Name (First, Last):

DOB:

CARES ID:

Placement efforts: As applicable, detail efforts made to assist the patient in securing a return home or another non-shelter setting based on housing and clinical history. Provide outcomes and list all efforts: attempted, reason failed, or ineligible. Please note that shelter is a last resort and healthcare facility staff are expected to exhaust placement efforts, and attempts must be documented for every eligible placement opportunity.

2.7	Potential alternate placement:	Eligible:		Attempted date:	Justify inability to place patient in alternate housing:
		Yes	No		
	Relative's or friend's home				
	Return to own home				
	Adult home				
	Skilled nursing facility				
	Sub-acute unit				
	Rehabilitation center				
	Residential drug treatment facility				
	OMH residential mental health facility				
	Assisted living, other:				
	SRO				
	Applied for rental assistance				
	Applied for other subsidies/ rental assistance with HRA				
	HASA services (if eligible)				
	Voluntary diversion to residence outside NYC				
	Other, specify:				
Please indicate reasons why the patient is ineligible for all non-shelter housing options:					

SAMPLE

Please include housing applications submitted and any available documentation thereof. HRA 2010e applications for supportive housing should be made prior to discharge for potentially eligible patients.

Client Name (First, Last):

DOB:

CARES ID:

Section 3. Clinical Information

Reason for admission: <i>Indicate the principal reason for admission. If reason is not listed, please specify other reason for admission in text box labelled "Specify other reason for admission."</i>			
3.1	Accident or injury, specify:	Acute illness, specify:	Alcohol intoxication
	Chronic Disease, specify:	Homicidal ideation	Psychiatric distress, specify:
	Substance use, specify:	Suicide attempt	Suicidal ideation
	Other, specify:		
3.2	Please explain reason for admission:		
3.3	Hospital course: Please include information regarding the patient's hospital course including detailed reason for admission and other salient information. <div style="text-align: center; font-size: 4em; color: blue; opacity: 0.5; margin-top: 20px;">SAMPLE</div>		
3.4	Was the patient admitted for violent or threatening behavior?	Yes	No
	<u>If yes:</u>		
	1. Was the patient compliant with medications while in the healthcare facility?	Yes	No
	2. Does the patient have insight related to their mental illness?	Yes	No
	3. Does the patient have insight into their need to be compliant with medications upon release?		
		Yes	No
	4. Date of last known episode of violence:		
	5. Date of last emergency injection (if applicable):		
3.5	Does the patient have a known history of arson?	Yes	No
3.6	In past 12 months prior to this admission, self-reported number of: Hospital stays: None 1 or more, approximate number: ED visits: None 1 or more, approximate number:		

Client Name (First, Last):

DOB:

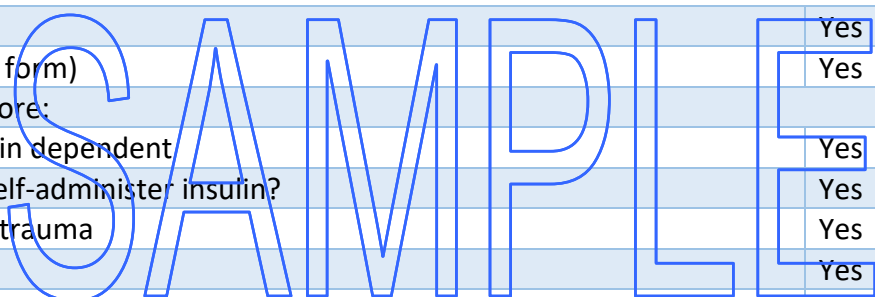
CARES ID:

3.7

DISCHARGE DIAGNOSES: Indicate all medical and mental health diagnoses:

MEDICAL

Arthritis or other joint disease	Yes	No
Cancer	Yes	No
Type of cancer:	ANC #:	
Chronic kidney/renal disease	Yes	No
On dialysis	Yes	No
Chronic liver disease	Yes	No
Cirrhosis	Yes	No
Hepatitis B	Yes	No
Hepatitis C	Yes	No
Chronic pulmonary disease	Yes	No
COPD	Yes	No
Emphysema	Yes	No
Asthma	Yes	No
Chronic bronchitis	Yes	No
Cognition (not related to a Developmental Disability, specify):		
Delirium	Yes	No
Dementia (any form)	Yes	No
MMSE score:		
Diabetes- insulin dependent	Yes	No
Able to self-administer insulin?	Yes	No
Head injury or trauma	Yes	No
Heart Disease	Yes	No
Heart failure	Yes	No
Class IV:	Yes	No
HIV/AIDS	Yes	No
CD4 count:		
HASA referred	Yes	No
Hypertension	Yes	No
Immuno-suppressed	Yes	No
ANC score:		
Incontinence (urinary or bowel)	Yes	No
Recent surgery	Yes	No
Type of surgery:		
Seizure disorder/ epilepsy	Yes	No
Tuberculosis test:		
TST: Date:	Positive	Negative
QFN: Date:	Positive	Negative
Chest X-Ray date:		



Client Name (First, Last):

DOB:

CARES ID:

Consistent with:			
• No active disease		Yes	No
• Old tuberculosis		Yes	No
• Active tuberculosis		Yes	No
• Suspicion for tuberculosis		Yes	No
Latent Tuberculosis:		Yes	No
Active Tuberculosis:		Yes	No
Treatment start date:			
Were 3 consecutive negative smears obtained*:		Yes	No
If yes*:	Date 1:	Date 2:	Date 3:
DEVELOPMENTAL DISABILITY			
Does the patient have a diagnosis of, or if there reason to believe they have a diagnosis of a developmental disability (or show signs of):			
Autism Spectrum Disorder		Yes	No
Cerebral Palsy		Yes	No
Intellectual disability (formerly known as Mental Retardation)		Yes	No
Neurological Impairment		Yes	No
Seizure Disorder (before age 22)		Yes	No
Any diagnosis that manifests similarly to Intellectual Disability		Yes	No
BEHAVIORAL HEALTH			
Mental health:			
Anxiety disorder		Yes	No
Bipolar disorder		Yes	No
Depression		Yes	No
Obsessive-Compulsive Disorder		Yes	No
PTSD		Yes	No
Schizoaffective Disorder		Yes	No
Schizophrenia		Yes	No
Substance and Alcohol use:			
Substance use		Yes	No
Specify drug:			
History of non-fatal overdose		Yes	No
Date <i>if known</i> :			
Other conditions not listed above:			

SAMPLE

If a cognitive impairment is indicated, please send a complete MMSE with this Referral Form.

*Only applies to respiratory/pulmonary tuberculosis.

Client Name (First, Last):

DOB:

CARES ID:

Section 4. Functional Status

For patients with a disabling condition due to a medical condition or disability, please attach a completed DHS Reasonable Accommodation Request Form (<https://www1.nyc.gov/assets/dhs/downloads/pdf/client-accom-request-form.pdf>) when this Referral Form is submitted. For example, but not limited to: gastrostomy tube, tracheostomy/feeding tube, requires infusion pumps or picc lines, colostomy bag, needs wound care or nursing visits, or uses a wheelchair, walker, cane or crutches, CPAP or BiPAP/ BPAP machine, or oxygen concentrator.

For additional guidance, see the *Process for Referral of Single Adults from Healthcare Facilities to the DHS Single Adult Shelter System*.

Please attach PRI if patient is being referred from a Long Term Care Facility and those hospitalized for > 2 months.

4.1 Health conditions, limitations of independent activities, and functional needs:			
Urinary catheter	Yes	No	N/A
Urostomy bag	Yes	No	N/A
If yes to any diagnosis or possibility of diagnosis to developmental disability listed in section 3.5:			
Did any of the following codes appear in eMedNY/ePACES: 44,45,46,49, and 95?	Yes	No	
Was OPWDD contacted?	Yes	No	
Indicate which codes appear and what the outcome of the conversation was with OPWDD:			
Gastrostomy tube	Yes	No	N/A
Tracheostomy/feeding tube	Yes	No	N/A
Intra-muscular or intra-venous medication administration via nurse- no more than 2 per day, must be prearranged by HCF and limited to no more than 2 weeks	Yes	No	N/A
Requires infusion pumps/ PICC lines	Yes	No	N/A
Colostomy bag	Yes	No	N/A
Unable to walk more than a few feet alone	Yes	No	N/A
History of accidents or leaks	Yes	No	N/A
History of falls	Yes	No	N/A
4.2 Wound care	Yes	No	N/A
Location of wound:			
Size of wound:			
Cause of wound, if known:			
Number of dressing changes per day:			N/A
Able to manage wound dressing alone	Yes	No	N/A
4.3 Nursing Service	Yes	No	N/A
Estimated number of visits per day or per week:			

Client Name (First, Last):

DOB:

CARES ID:

Describe function:					
Arranged?			Yes	No	N/A
Please arrange nursing visits for first thing in the morning before shelter clients have left the premises.					
Contact Name:			Phone number/Email:		
Estimated number of weeks of VNS required:					
4.4	Can the patient communicate via any method (interpreter, spoken, written, etc.)?			Yes	No
4.5	Durable Medical Equipment:				
	Wheelchair			Yes	No
	Walker			Yes	No
	Cane or crutches			Yes	No
	CPAP or BiPAP machine			Yes	No
	Oxygen concentrator			Yes	No

SAMPLE

Client Name (First, Last):

DOB:

CARES ID:

Section 5. Medication List and Relevant Information

Medications list: Please list all discharge medications for the patient. If unable to include medication list here, please attach a medications list *only* as an attachment to this form.

5.1

Comments: Please include any relevant information that DHS site staff or OMD should be aware of regarding the patient, to optimize shelter and service coordination.

5.2

SAMPLE

Client Name (First, Last):

DOB:

CARES ID:

Section 6. Discharge Plans

- Please indicate below if follow-up plans are still being arrange and email plans to the relevant site
- All follow up plans should be made as early as possible and at the latest, by the day of discharge.
- Please check off all planned appointments if not made at time of referral submission.
- Referrals must include planned follow-up care including a primary care physician appointment.
- For clients on AOT or an ACT, submit a Reasonable Accommodation form for a location-based placement.

Follow-up plan:

6.1	Are follow-up care appointments still being arranged?			Yes	No
	Are follow-up plans attached to this form?			Yes	No
	Medical appointment	Date	Time	Location	
	Contact name:		Phone number/ email:		
	Mental health appointment	Date	Time	Location	
	Contact name:		Phone number/ email:		
	Substance use appointment	Date	Time	Location	
	Contact name:		Phone number/ email:		
	Surgical follow-up appointment	Date	Time	Location	
	Contact name:		Phone number/ email:		
	Physical therapy initial appointment	Date	Time	Location	
	Contact name:		Phone number/ email:		
	Other appointment (1):	Date	Time	Location	
	Contact name:		Phone number/ email:		
	Other appointment (2):	Date	Time	Location	
	Contact name:		Phone number/ email:		
6.2	Application made for Health Home			Yes	No
	Health Home care coordinator name:			N/A	
	Telephone:		Email:		
6.3	AOT order application complete			Yes	No
	If yes, was final court order and treatment plan received?			Yes	No
	If no, does the patient not meet criteria? Specify:				
6.4	Does patient have an ACT team?			Yes	No
	Name of ACT team:		Borough of ACT team:		
	ACT team contact name and phone number/ email:				

Client Name (First, Last):

DOB:

CARES ID:

8790Section 7. Treatment Team Approval

In the opinion of the clinical treatment team, the patient is independent (does not require support or assistance) in activities of daily living as detailed in the DHS ADL Assessment for Institutional Referrals on page 5, and the patient:

- Will be able to function in shelter in a congregate setting and without home care or long term nursing support; and
- Has no health, mental, or emotional concerns that may make them a danger to themselves or others in a shelter setting.

If one or both of the above statements are false, the patient is inappropriate for shelter.

We, the treatment team identified below, hereby attest to the truth of the above statements, and that everything included in this HCF-DHS Referral Form is a true and accurate representation of the health conditions, limitations of independent activities, and functional needs of the patient. We explored non-shelter housing options to the best of our abilities and confirm that no viable and safe alternatives to shelter were found prior to making this referral to DHS.

SAMPLE

Treating Provider

Name	Title
Telephone	Email

Social Worker

Name	Title
Telephone	Email

Member of treatment team

Name	Title
Telephone	Email

**DHS ADL ASSESSMENT FOR INSTITUTIONAL REFERRALS
 TO BE COMPLETED BY HEALTHCARE FACILITY STAFF ONLY**

Patient Name

Patient Date of Birth

Name and Title of the person completing the assessment

Date

SCOPE	THE PATIENT IS ABLE TO....	YES (1)	No (0)
BATHING	Bathe self independently. May use devices such as shower chair and/or grab bars.		
DRESSING	Independently retrieve all clothing, dress, and undress, including shoes and outer garments.		
GROOMING	Groom self independently including shaving, brushing teeth and hair, and other common grooming activities.		
TOILETING	Successfully complete toileting independently including transferring and without supervision, preventing soiling of clothing and using toilet paper. May use raised toilet and/or grab bars.		
BOWELS	Manage bowels, catheter, colostomy bag, or diapers independently and without leaks.		
BLADDER	Control bladder functions without assistance, can include use of diapers to control leaking or minimal incontinence.		
TRANSFERRING	Independently transfer from wheelchair to bed and vice versa. May use elevated bed.		
FEEDING	Feed self independently, including carrying food tray, opening common food and drink containers, and cutting up own food.		
MOBILITY	Independently ambulate or use a cane, walker, or propel a manual or motorized wheelchair.		
COMMUNICATION	Communicate through spoken, signed, visual, or tactile language with or without an interpreter.		
COGNITION	Understand directions and follow commands, and make needs known.		
SELF-MANAGEMENT	Manage key responsibilities associated with independent living including medications and chronic illness(es).		

If score is less than 12, patient is not appropriate for shelter.

Total Score:

--



Client Name: _____

Date: _____

Letter Number: _____

Expiration Date: _____

Rental Assistance Supplement: Potential Eligibility Letter

_____ may be eligible to rent an apartment for up to \$_____ per month with CityFHEPS. The family must find a qualifying apartment and receive final approval to receive the rental assistance supplement.

Landlords will receive the full first month's rent and the next three (3) or eleven (11) months of the rental assistance supplement when the family is approved. Currently, landlords may get a \$_____ lease-signing bonus.

Landlords may also be eligible for a number of additional incentives. For more information on landlord incentives, visit www.nyc.gov/dsshousing.

Licensed brokers may receive a fee of up to 15% of the annual rent. The 15% broker's fee is available for packets submitted by _____.

Refusal to accept CityFHEPS may constitute source of income discrimination under the NYC Human Rights Law Sec. 8-107(5)(a)(1)-(2) and/or (c)(1)-(3).

See **page 2** for required documents and further information.

Landlords must give the family the following completed documents:
<ol style="list-style-type: none">1. Signed lease or written agreement to rent the apartment to the family for at least one year2. Request for security3. Landlord's W-9 (needed to receive all payments)4. Unit Hold Incentive Voucher (HRA-145), if requested5. Payee form if the landlord makes someone his/her payee6. Landlord Statement of Understanding7. Proof of ownership

Brokers who request a broker's fee must also give the family these completed documents:
<ol style="list-style-type: none">1. Broker's Request for Enhanced Fee Payment by Check (HRA-121)2. Copy of the broker's current license

Please visit www.nyc.gov/dsshousing to download our forms mentioned in the tables above and for more information about CityFHEPS.

SAMPLE

If you have any questions, please contact _____.
(Contact name and number)

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.



Nombre del cliente: _____

Fecha de vencimiento: _____

Fecha: _____

Número de carta: _____

Suplemento de Asistencia de Alquiler: Carta de Posible Elegibilidad

_____ podría ser elegible para alquilar un apartamento de hasta \$ _____ mensuales, mediante CityFHEPS. La familia debe encontrar un apartamento que califique y recibir aprobación final para recibir el suplemento de asistencia de alquiler.

Los arrendadores recibirán el primer mes de alquiler completo y tres (3) u once (11) meses del suplemento de asistencia de alquiler, cuando la familia sea aprobada. En la actualidad, los arrendadores podrían recibir un bono de \$ _____ por firmar el contrato.

Los arrendadores también podrían ser elegibles para un número de incentivos adicionales. Para obtener más información sobre los incentivos del arrendador, entre a www.nyc.gov/dsshousing.

Los agentes inmobiliarios con licencia podrían recibir un porcentaje de comisión de hasta 15% del alquiler anual. El 15% de comisión del agente inmobiliario está disponible para los paquetes presentados de aquí al _____.

El rehusarse aceptar CityFHEPS podría constituir discriminación en base a la fuente de ingreso conforme a la Ley de Derechos Humanos de la ciudad de Nueva York, Sección 8-107(5)(a)(1)-(2) y/o (c)(1)-(3).

Consulte la **página 2** para ver los documentos requeridos y más información.

(Voltee la página)

Loa arrendadores deben entregarle a la familia los siguientes documentos rellenos:

1. Contrato de alquiler firmado o acuerdo de alquiler escrito para alquilarle el apartamento a la familia durante por lo menos un año.
2. Petición del depósito de garantía.
3. Formulario **W-9** del arrendador (necesario para recibir todos los pagos)
4. Vale de incentivo para reservar la unidad (**HRA-145 Unit Hold Incentive Voucher**), si se solicita.
5. Formulario de beneficiario (Payee form) si el arrendador nombra a un beneficiario.
6. Declaración de entendimiento del arrendador (Lanlord Statement of Understanding).
7. Comprobante de propiedad (Proof of Ownership).

Los agentes inmobiliarios que soliciten comisión también deben entregarle a la familia los siguientes documentos rellenos:

1. Petición del agente inmobiliario para recibir pago de comisión aumentada por cheque (**HRA-121 Broker's Request for Enhanced Fee Payment by Check**)
2. Copia de licencia actual del agente inmobiliario.

Favor de entrar a www.nyc.gov/dsshousing para descargar los formularios mencionados en la casilla anterior o si le gustaría obtener más información sobre CityFHEPS.

Si tiene cualquier pregunta, favor de contactar a _____.
(Nombre y número de contacto)

CityFHEPS es similar al programa Federal de la Sección 8 en el sentido de que, sujeto a la disponibilidad de fondos, provee asistencia, incluida asistencia de alquiler en determinadas cantidades, a los arrendadores e inquilinos que deseen establecer una relación mutua. Toda relación contractual se establecerá exclusivamente entre cada inquilino participante en el programa y el arrendador del inquilino que también participe en el programa.

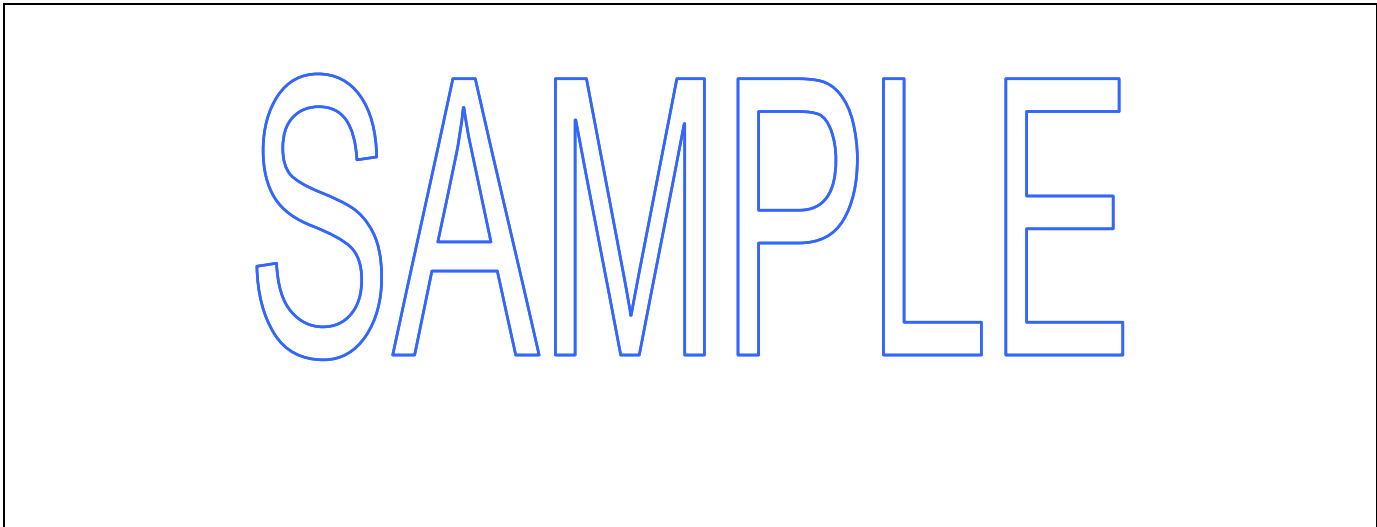


Date: _____
Case Number: _____
Case Name: _____

Your Household Share

This letter contains private information for you. You do not need to show this letter to any landlord or broker.

You may get rental assistance from CityFHEPS for the following reason(s):



Your potential **household share** is \$_____ per month. The “household share” is the portion of your rent you would pay to your landlord each month. You can look for an apartment with a rent up to \$_____ per month.

The amounts above are based on your current household size and total income. The amount you would pay may change if you have a change in your household or income before you receive final approval for CityFHEPS. We used the information listed on **page 2** to decide the monthly amount your household would pay to the landlord.

(Turn Page)

Important Reminders

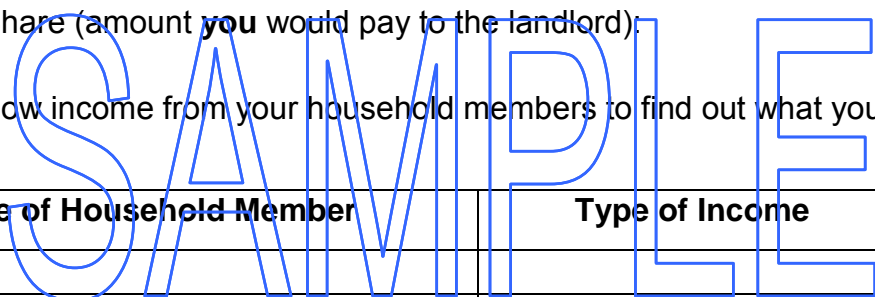
- Side deals with Landlords are prohibited.
- The HRA security voucher is considered payment of security. Landlords and brokers should not ask you to pay any additional monies for security.

Tell us if your landlord or broker states they do not accept housing programs or security vouchers, or asks you for a side deal. Call the DSS Source of Income Discrimination Unit at **929-221-6576**.

Household Information

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. CA Shelter Allowance (amount **HRA** would pay to the Landlord): \$ _____
6. CityFHEPS Rent Supplement (amount **HRA** would pay to the Landlord): \$ _____
7. Household Share (amount **you** would pay to the landlord): \$ _____

We used the below income from your household members to find out what your household share is:



Name of Household Member	Type of Income	Income
1.		
2.		
3.		
4.		
5.		
6.		
Total Income for all household members:		

If you have any questions about your potential household share, please speak to your case manager.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

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

Fecha: _____
Número del caso: _____
Nombre del caso: _____

La Porción de su Hogar

Esta carta contiene información privada para usted. Usted no tiene que mostrarle esta carta a un posible arrendador o agente inmobiliario.

Usted puede recibir asistencia de alquiler mediante CityFHEPS debido a la(s) siguiente(s) razón(es):

SAMPLE

Es posible que **la porción de su hogar** sea de \$_____ mensuales. La “porción del hogar” es la porción del alquiler que usted le paga al arrendador cada mes. Usted puede buscar un apartamento con un alquiler máximo de \$_____ mensuales.

Las cantidades ya mencionadas se basan en el número de integrantes y el ingreso total del hogar. La cantidad que usted tiene que pagar podría cambiar si se da algún cambio en el hogar o en el ingreso, antes de que usted reciba la aprobación final de CityFHEPS. Nosotros hemos utilizado la información que aparece en la **página 2** para decidir la cantidad mensual que su hogar tendría que pagarle al arrendador.

(Voltee la página)

Recordatorios importantes:

- Queda prohibido hacer tratos aparte con el arrendador.
- El vale de depósito de garantía de la HRA sirve como pago de garantía. Los arrendadores y los agentes inmobiliarios no deben pedirle que pague dinero adicional para cubrir el depósito de garantía.

Infórmenos si algún arrendador o agente inmobiliario declara no aceptar los programas de vivienda o vales de depósito de garantía, o le pide hacer trato aparte. Llame a la Unidad de Discriminación en Base a la Fuente de Ingreso del Departamento de Servicios Sociales [DSS, por sus siglas en inglés] al **929-221-6576**.

Información sobre el hogar

1. Número de integrantes del hogar que reciben Asistencia en Efectivo (CA, por sus siglas en inglés): _____
2. Número de integrantes del hogar que no reciben CA: _____
3. Ingreso total de los integrantes que reciben CA: \$ _____
4. Ingreso total de los integrantes que no reciben CA: \$ _____
5. Asignación de Albergue de CA (cantidad que la **HRA** le pagaría al arrendador): \$ _____
6. Suplemento de Alquiler de CityFHEPS (cantidad que la **HRA** le pagaría al arrendador): \$ _____
7. Porción del hogar (cantidad que **usted** le tendría que pagar al arrendador): \$ _____

Nosotros utilizamos la siguiente información sobre los integrantes del hogar para calcular la porción que le toca pagar a su hogar:

Nombre del integrante del hogar	Tipo de ingreso	Ingreso
1.		
2.		
3.		
4.		
5.		
6.		
Total de ingreso de todos los integrantes del hogar:		

Si tiene cualquier pregunta sobre la posible porción de su hogar, favor de conversar con el/la administrador(a) de su caso.

CityFHEPS es similar al programa Federal de la Sección 8 en el sentido de que, sujeto a la disponibilidad de fondos, provee asistencia, incluida la asistencia de alquiler en determinadas cantidades, a los arrendadores e inquilinos que deseen establecer una relación mutua. Toda relación contractual se establecerá exclusivamente entre cada inquilino participante en el programa y el arrendador del inquilino que también participe en el programa.

(Voltee la página)

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE



Client Name: _____

Date: _____

Letter Number: _____

Expiration Date: _____

Potential Eligibility for a Rental Assistance Supplement

_____ may be eligible for CityFHEPS. CityFHEPS helps eligible households rent and keep their housing. The household must find a qualifying apartment, Single Room Occupancy (SRO) unit, or room and receive final approval to receive the rental assistance supplement.

The maximum allowable monthly rent for each housing unit type is listed below:

- Apartment: \$ _____ for this household.
- Room: \$800 (only available for households of one (1) or two (2) adults).
- Single room occupancy unit: \$1,047 (only available for a single adult).

Landlords will receive the full first month's rent and the next three (3) or eleven (11) months of the rental assistance supplement when the household is approved. Currently, landlords who rent an apartment may get a \$ _____ lease-signing bonus.

Landlords may also be eligible for a number of additional incentives. For more information on landlord incentives, visit www.nyc.gov/dsshousing.

Licensed brokers may receive a fee of up to 15% of the annual rent. The 15% broker's fee is available for packets submitted by _____.

Refusal to accept CityFHEPS may constitute source of income discrimination under the NYC Human Rights Law Sec.8-107(5)(a)(1)-(2) and/or (c)(1)-(3).

See **page 2** for required documents.

(Turn Page)

Landlords must give the household the following completed documents:

1. Signed lease or written agreement to rent the apartment, room, or SRO to the household for at least one year
2. Request for security
3. Landlord's **W-9** (needed to receive all payments)
4. Unit Hold Incentive Voucher (**HRA-145**), if requested
5. Payee form if the landlord makes someone his/her payee
6. Room Allocation form (if applicable)
7. Landlord Statement of Understanding
8. Proof of ownership

Brokers who request a broker's fee must also give the household these completed documents:

1. Broker's Request for Enhanced Fee Payment by Check (**HRA-121**)
2. Copy of the broker's current license

Please visit www.nyc.gov/dsshousing to download our forms mentioned in the tables above and for more information about CityFHEPS.

If you have any questions, please contact _____.
(Contact name and number)

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

Nombre del cliente: _____

Fecha: _____

Fecha de vencimiento: _____

Número de carta: _____

Posible Elegibilidad para el Suplemento de Asistencia de Alquiler

_____ podría ser elegible para CityFHEPS. CityFHEPS ayuda a los hogares elegibles a alquilar y a conservar sus viviendas. El hogar debe encontrar un apartamento, una habitación de ocupación individual (SRO, por sus siglas en inglés) o una habitación normal que califique y recibir aprobación final para recibir el suplemento de asistencia de alquiler.

El máximo de alquiler mensual permitido por cada tipo de unidad se lista a continuación:

- Apartamento: \$ _____ para este hogar.
- Habitación normal: \$800 (solo disponibles para hogares de uno (1) o dos (2) adultos).
- Unidad de habitación de ocupación individual: \$1,047 (solo disponible para un solo adulto).

Los arrendadores recibirán el primer mes de alquiler completo y tres (3) u once (11) meses del suplemento de asistencia de alquiler, cuando el hogar sea aprobado para cualquier tipo de unidad de vivienda. En la actualidad, los arrendadores podrían recibir un bono de \$ _____ por firmar el contrato.

Los arrendadores también podrían ser elegibles para un número de incentivos adicionales. Para obtener más información sobre los incentivos del arrendador, entre a www.nyc.gov/dsshousing.

Los agentes inmobiliarios con licencia podrían recibir un porcentaje de comisión de hasta 15% del alquiler anual. El 15% de comisión del agente inmobiliario está disponible para los paquetes presentados de aquí al _____.

El rehusarse aceptar CityFHEPS podría constituir discriminación en base a la fuente de ingreso, conforme a la Ley de Derechos Humanos de la ciudad de Nueva York, Sección 8-107(5)(a)(1)-(2) y/o (c)(1)-(3).

Consulte la **página 2** para ver los documentos requeridos y más información.

(Voltee la página)

Loa arrendadores deben entregarle a la familia los siguientes documentos rellenos:

1. Contrato de alquiler firmado o acuerdo de alquiler escrito para alquilarle el apartamento a la familia durante por lo menos un año.
2. Petición de depósito de garantía.
3. Formulario **W-9** del arrendador (necesario para poder recibir todos los pagos)
4. Vale de incentivo para reservar la unidad (**HRA-145 Unit Hold Incentive Voucher**), si se solicita.
5. Formulario de beneficiario (Payee form) si el arrendador nombra a un beneficiario.
6. Formulario de asignación de habitación (si corresponde)
7. Declaración de entendimiento del arrendador (Landlord Statement of Understanding).
8. Comprobante de propiedad.

Los agentes inmobiliarios que soliciten comisión también deben entregarle a la familia los siguientes documentos rellenos:

1. Petición del agente inmobiliario para recibir pago de comisión aumentada por cheque (**HRA-121 Broker's Request for Enhanced Fee Payment by Check**)
2. Copia de licencia actual del agente inmobiliario.

Favor de entrar a www.nyc.gov/dsshousing para descargar los formularios mencionados en la casilla anterior o si le gustaría obtener más información sobre CityFHEPS.

Si tiene cualquier pregunta, favor de contactar a _____.
(Nombre y número de contacto)

CityFHEPS es similar al programa Federal de la Sección 8 en el sentido de que, sujeto a la disponibilidad de fondos, provee asistencia, incluida la asistencia de alquiler en determinadas cantidades, a los arrendadores e inquilinos que deseen establecer una relación mutua. Toda relación contractual se establecerá exclusivamente entre cada inquilino participante en el programa y el arrendador del inquilino que también participe en el programa.

Date: _____
Case Number: _____
Case Name: _____

Your Household Share Information

This letter contains private information for you. You do not need to show this letter to any landlord or broker.

You may get rental assistance from CityFHEPS for the following reason(s):

SAMPLE

Your potential **household share** is \$_____ per month if you rent an apartment or if you are a single adult renting a Single Room Occupancy (SRO) unit.

If you are household of one (1) or two (2) adults renting a room, your potential household share is \$_____.

The “household share” is the portion of your rent you would pay to your landlord each month.

You can look for:

- An **apartment** with a rent up to \$_____ per month; or
- An **SRO** with a rent up to \$1,047 per month, if you are a single adult; or
- A **room in an apartment or house** with a rent up to \$800 per month, if you are a household of one (1) or two (2) adults.

(Turn Page)

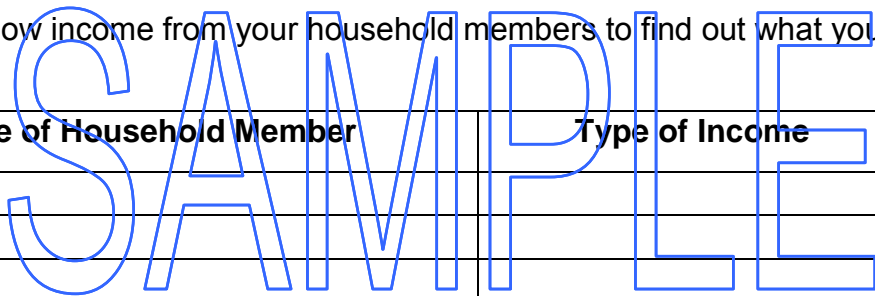
The amounts above are based on your current household size and total income. The amount you would pay may change if you have a change in your household or income before you receive final approval for CityFHEPS. We used the information listed below to decide the monthly amount your household would pay to the landlord.

Household Information

- 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. CA Shelter Allowance (amount **HRA** would pay to the Landlord): \$ _____
- 6. CityFHEPS Rent Supplement (amount **HRA** would pay to the Landlord): \$ _____
- 7. Household Share for Room (amount **you** would pay to the landlord): \$ _____
- 8. Household Share for Apartment/SRO (amount **you** would pay to the landlord): \$ _____

Note: Household share is different if you rent an apartment or an SRO, or if you rent a room.

We used the below income from your household members to find out what your household share is:



Name of Household Member	Type of Income	Income
1.		
2.		
3.		
4.		
5.		
6.		
Total Income for all household members:		

If you have any questions about your potential household share, please speak to your case manager.

Important Reminders

- Side deals with Landlords are prohibited.
- The HRA security voucher is considered payment of security. Landlords and brokers should not ask you to pay any additional monies for security.

Tell us if your landlord or broker states they do not accept housing programs or security vouchers, or asks you for a side deal. Call the DSS Source of Income Discrimination Unit at **929-221-6576**.

(Turn Page)

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord–tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant’s landlord participating in the program.

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

Fecha: _____
Número del caso: _____
Nombre del caso: _____

Información sobre la Porción de su Hogar

Esta carta contiene información privada para usted. Usted no tiene que mostrarle esta carta a un posible arrendador o agente inmobiliario.

Usted podría recibir asistencia de alquiler mediante CityFHEPS por la(s) siguiente(s) razón(es):

SAMPLE

Es posible que **la porción de su hogar** sea de \$_____ mensuales si alquila un apartamento o si usted es soltero(a) y alquila una habitación de ocupación individual (habitación clasificada SRO, por sus siglas en inglés).

Si su hogar está compuesto por una (1) o dos (2) personas adultas que alquilan una habitación normal, la porción de su hogar será de \$_____.

La “porción del hogar” es la porción del alquiler que usted le paga al arrendador cada mes.

Usted puede buscar:

- Un **apartamento** con un alquiler de hasta \$_____ mensuales; o
- Una habitación **SRO** con un alquiler de hasta \$1,047 mensuales, si es soltero(a)
- Una habitación **en un apartamento o casa** con alquiler de hasta \$800 mensuales, si su hogar está compuesto por una (1) o dos (2) personas adultas.

(Voltee la página)

Las cantidades ya mencionadas se basan en el número de integrantes y el ingreso total del hogar. La cantidad que usted tiene que pagar podría cambiar si se da algún cambio en el hogar o en el ingreso, antes de recibir la aprobación final de CityFHEPS. Nosotros hemos utilizado la información listada a continuación para decidir la cantidad mensual que su hogar tendría que pagarle al arrendador.

Información sobre el hogar

- 1. Número de integrantes del hogar que reciben Asistencia en Efectivo (CA): _____
- 2. Número de integrantes del hogar que no reciben CA: _____
- 3. Ingreso total de los integrantes que reciben CA: \$ _____
- 4. Ingreso total de los integrantes que no reciben CA: \$ _____
- 5. Asignación de Albergue de CA (cantidad que la HRA] le pagaría al arrendador): \$ _____
- 6. Suplemento de Alquiler de CityFHEPS (cantidad que la HRA le pagaría al arrendador): \$ _____
- 7. Porción del hogar por una habitación (cantidad que **usted** le tendría que pagar al arrendador): \$ _____
- 8. Porción del hogar por un apartamento/habitación SRO (cantidad que **usted** le tendría que pagar al arrendador): _____

Nota: La porción del hogar es diferente si usted alquila un apartamento o una habitación SRO, o una habitación sin clasificación.

Nosotros utilizamos la siguiente información sobre los integrantes del hogar para calcular la porción que le toca pagar a su hogar:

Nombre del integrante del hogar	Tipo de ingreso	Ingreso
1.		
2.		
3.		
4.		
5.		
6.		
Total de ingreso de todos los integrantes del hogar:		

Si tiene cualquier pregunta sobre la posible porción de su hogar, favor de conversar con el/la administrador(a) de su caso.

Recordatorios importantes:

- Queda prohibido hacer tratos aparte con el arrendador.
- El vale de depósito de garantía de la HRA sirve como pago de garantía. Los arrendadores y los agentes inmobiliarios no deben pedirle que pague dinero adicional para cubrir el depósito de garantía.

Infórmenos si algún arrendador o agente inmobiliario declara no aceptar los programas de vivienda o vales de depósito de garantía, o le pide hacer trato aparte. Llame a la Unidad de Discriminación en Base a la Fuente de Ingreso del Departamento de Servicios Sociales [DSS, por sus siglas en inglés] al **929-221-6576**.

(Voltee la página)

CityFHEPS es similar al programa Federal de la Sección 8 en el sentido de que, sujeto a la disponibilidad de fondos, provee asistencia, incluida asistencia de alquiler en determinadas cantidades, a los arrendadores e inquilinos que deseen establecer una relación mutua. Toda relación contractual se establecerá exclusivamente entre cada inquilino participante en el programa y el arrendador del inquilino que también participe en el programa.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE

Date: _____
Case Number: _____
Case Name: _____

The Name of Your Rental Assistance Supplement is Changing

You currently get a rental assistance supplement from the Special Exit and Prevention Supplement (SEPS) or Living In Communities (LINC) program.

The enclosed renewal application is for our new rental assistance supplement called CityFHEPS.

If your renewal application is approved, we will enroll you in CityFHEPS.

Important things to know about the new CityFHEPS rental assistance supplement:

- Your CityFHEPS may increase if your rent goes up. Visit www.nyc.gov/dsshousing for more information.
- The income you can have at renewal and still qualify for CityFHEPS has increased from 200% to 250% of the Federal Poverty Level (FPL).
- If your income changes, you can request a change in your CityFHEPS amount at any time!
- If you are eligible for Cash Assistance (CA), but not receiving benefits, your rental assistance supplement may go down at this renewal and you may be ineligible for CityFHEPS in the future. To apply for CA, please visit your local Job Center. If you're uncertain about your CA status, visit www.nyc.gov/accesshra.

If you have any questions about CityFHEPS, please call the Rental Assistance Call Center at **929-221-0043**.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

(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

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

El Nombre del Suplemento de Asistencia de Alquiler Va a Cambiar

En la actualidad usted recibe un suplemento de asistencia de alquiler por parte del Suplemento para Salida Especial y Prevención (SEPS, por sus siglas en inglés) o del programa Vivienda en las Comunidades (LINC, por sus siglas en inglés).

La solicitud de renovación adjunta es para el nuevo programa de asistencia de alquiler llamado CityFHEPS.

Si se aprueba su solicitud de renovación, nosotros le inscribiremos en el programa de CityFHEPS.

Puntos importantes a saber sobre el suplemento de asistencia de alquiler de CityFHEPS:

- Su suplemento de alquiler de CityFHEPS puede incrementar si su alquiler aumenta. Entre a www.nyc.gov/dsshousing para obtener más información.
- El ingreso que usted puede tener a la hora de la renovación y aún calificar para CityFHEPS ha aumentado del 200% al 250% del Nivel Federal de Pobreza (FPL, por sus siglas en inglés).
- ¡Si su ingreso cambia, usted puede solicitar un cambio de la cantidad de CityFHEPS en cualquier momento!
- Si es elegible para la Asistencia en Efectivo (CA, por sus siglas en inglés) pero no para recibir beneficios, su suplemento para asistencia de alquiler podría ser reducido en esta renovación y podría ser inelegible para recibir CityFHEPS en el futuro. Para solicitar los beneficios de CA, favor de dirigirse a su centro de trabajo local. Si no está seguro de cuál es su estado de CA, entre a www.nyc.gov/accesshra.

Si tiene cualquier pregunta sobre CityFHEPS, favor de llamar al Centro de Llamadas para Asistencia de Alquiler al **929-221-0043**.

CityFHEPS es similar al programa Federal de la Sección 8 en el sentido de que, sujeto a la disponibilidad de fondos, provee asistencia, incluida asistencia de alquiler en determinadas cantidades, a los arrendadores e inquilinos que deseen establecer una relación mutua. Toda relación contractual se establecerá exclusivamente entre cada inquilino participante en el programa y el arrendador del inquilino que también participe en el programa.

(Voltee la página)

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE

Notice Date: _____

Client Name: _____

Case Number: _____

Rental Assistance Supplement
Expiration Date: _____

CityFHEPS RENEWAL REQUEST

DUE DATE:

INSTRUCTIONS:

To continue getting a rental assistance supplement you must:

- Fill out and sign this renewal form.
- Please answer all the questions.
- **Please read carefully and make sure that all of the information is correct.**
- If you mark “no” in any of the boxes below, please add your corrections on this form.
- Either mail **this form and supporting documents** in the enclosed envelope or scan and email all documents by the due date above to:



Email: RAPrenewals@hra.nyc.gov



Mail: CityFHEPS
NYC Human Resources Administration
150 Greenwich Street, 36th Floor
New York, New York 10007

- See **page 5** regarding supporting documentation.

(Turn Page)

1. Residence and Contact Information: This is the information we have on file for you.

Address:
Phone Number:
Emergency Contact Number:

Is the above information correct? Yes No If "No," please give us your new information below.

New Address:
New Phone Number:
New Emergency Contact Number:

2. Household Information:

The following is the most recent information we have about your household:

Name	Date of Birth	Current Cash Assistance Status
SAMPLE		

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 5** for more information.

Household Member	Date of Birth	Social Security Number	Add	Remove
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

(Turn Page)

3. Employment: The following is the most recent information we have about the people who live in your household and are working:

Name	Hours	Monthly Income

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 5** for more information.

Status*	Household Member	Employer	Hours	New Monthly Amount

*For **Status**, tell us if we need to **add**, **change**, or **remove** the person's employment.

If you are not working, please tell us why in the box below:

SAMPLE

4. Other Income:

We have the following information about your household's unearned income:

Name	Type of Income	Monthly Amount

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 5** for more information.

Add	Change	Remove	Household Member	Type of Income	New Monthly Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

(Turn Page)

5. Rent Information:

We have the following information about your monthly rent: \$ _____

Will this be your rent after _____? Yes No I do not know

If "No," what will your monthly rent be? \$ _____

(Please give us an updated lease or rental agreement with the new information.)

See page 5 for more information.

6. Rent Arrears: Are you behind in your rent payments? Yes No

If "Yes," please send us additional information. See page 5 for more information.

Signature

I certify that the information I am giving to the NYC Human Resources Administration, including any supporting documentation, is accurate and complete to the best of my knowledge and belief.

Head of Household Signature: _____ Date: _____

SAMPLE

(Turn Page)

INSTRUCTIONS on what types of Documents to Submit

A. Documentation/Follow Up: Do not send originals! Send copies only.

#1: Residence and Contact Information: No documentation required.

#2: Household Information: If your household information is correct, you do not need to submit any additional paperwork.

If you need to add members, please submit any of the following documents. (Note that you must report income from additional members, and additional household members may or may not result in a change in your subsidy.)

- Photo I.D., Driver's license, U.S. passport, Naturalization certificate, Hospital/Doctor's records, Adoption papers, Birth/baptismal certificate

#3: Employment: If you are on Cash Assistance and the information we have on page 2 is correct, you do not need to submit any additional documentation.

If you are not on Cash Assistance and you are employed, you **must** submit any of the following:

- 2 most recent pay stubs
- An employment letter indicating hours and wages
- A termination letter

#4: Other Income: Submit any of the following **only** if the income we have on page 3 is wrong:

- Copy of current award certificate/letter,
- Copy of current benefit check,
- Official correspondence from New York State Department of Labor, SSA, Veterans Administration, or agency administering grant/award, or
- Copy of termination letter

#5: Rent Information: If the information we have on page 4 is not correct or if your monthly rent will change, please send us a copy of your lease or other rental agreement from your landlord.

#6: Rent Arrears: We will follow up if you told us on this form that you have rent arrears. Please note that if you do not tell us immediately about your rental arrears we may not renew your City Fighting Homelessness and Eviction Prevention Supplement (CityFHEPS) rental assistance supplement.

See **page1** for email and mailing addresses.

For assistance, call the Rental Assistance Call Center at 929-221-0043.

Fecha de aviso: _____

Nombre del cliente: _____

Número del caso: _____

Fecha de vencimiento del suplemento de asistencia de alquiler: _____

PETICIÓN DE RENOVACIÓN DE CityFHEPS

FECHA LÍMITE:

INSTRUCCIONES:

Para seguir recibiendo el suplemento de asistencia de alquiler usted tiene que:

- Rellenar y firmar este formulario de renovación.
- Contestar todas las preguntas.
- **Leer cuidadosamente y asegurarse de que toda la información esté correcta.**
- Añadir sus correcciones en este formulario si marca "no" en cualquiera de la casillas.
- Enviar **este formulario y los documentos de apoyo** por correo postal o los puede escanear y enviar por correo electrónico, de aquí a la fecha límite mencionada arriba.



Email: RAPrenewals@hra.nyc.gov



Mail: CityFHEPS
NYC Human Resources Administration
150 Greenwich Street, 36th Floor
New York, New York 10007

- Vea la **página 5** para informarse sobre la documentación de apoyo.

(Voltee la página)

1. Información sobre su residencia y contacto: Esta es la información que tenemos en nuestros archivos sobre usted.

Dirección:
Número telefónico:
Número para emergencias:

¿Es correcta la información anterior? Sí No Si no, actualice su información a continuación.

Dirección nueva:
Número telefónico nuevo:
Número para emergencias nuevo:

2. Información sobre el hogar:

La siguiente información es lo más reciente que tenemos sobre su hogar.

Nombre	Fecha de nacimiento	Estado actual de Asistencia en Efectivo
SAMPLE		

¿Es correcta la información anterior? Sí No

Si marca "No", rellene el siguiente cuadro y envíenos prueba de la información. Vea la **página 5** para obtener más información.

Miembro del hogar	Fecha de nacimiento	Número de Seguridad Social	Añadir	Retirar
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

(Voltee la página)

3. Empleo: La siguiente información es lo más reciente que tenemos sobre las personas que trabajan y viven en su hogar.

Nombre	Horas	Ingreso mensual

¿Es correcta la información anterior? Sí No

Si marca "No", rellene el siguiente cuadro y envíenos prueba de la información. Vea la **página 5** para obtener más información.

Estado*	Miembro del hogar	Empleador	Horas	Cantidad mensual nueva

*Para la casilla de **estado**, explique si tenemos que **añadir**, **cambiar** o **retirar** el empleo de la persona.

Si no está trabajando, favor de explicar la razón en el siguiente cuadro:

SAMPLE

4. Otros ingresos:

Tenemos la siguiente información sobre los ingresos no devengados de su hogar.

Nombre	Tipo de ingreso	Cantidad mensual

¿Es correcta la información anterior? Sí No

Si marca "No", rellene el siguiente cuadro y envíenos prueba de la información. Vea la **página 5** para obtener más información.

Añadir	Cambiar	Retirar	Miembro del hogar	Tipo de ingreso	Cantidad mensual nueva
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

(Voltee la página)

5. Información sobre el alquiler:

Nosotros tenemos la siguiente información sobre su alquiler mensual: \$ _____

¿Será este su alquiler después de _____? Sí No No lo sé

Si la respuesta es "No", ¿cuánto será el alquiler mensual? \$ _____

(Favor de proporcionarnos un contrato de alquiler actualizado o un acuerdo de alquiler).

Vea la página 5 para obtener más información.

6. Atraso de alquiler: ¿Está usted atrasado(a) en el pago del alquiler? Sí No

Si la respuesta es "Sí", favor de enviarnos información adicional. Consulte la página 5 para obtener más información.

Firma

Certifico que la información que le estoy proporcionando a la Administración de Recursos Humanos de la Ciudad de Nueva York, incluido cualquier documento de apoyo, es precisa y completa según mi leal saber y entender.

Firma del jefe/jefa del hogar: _____ Fecha: _____

SAMPLE

(Voltee la página)

INSTRUCCIONES sobre los tipos de documentos que debe presentar

A. Documentación/Seguimiento: No envíe los originales, solo envíe copias.

#1: Dirección e información de contacto: No se requiere documentación.

#2: Información sobre el hogar: Si la información sobre su hogar es correcta, no necesita proporcionar documentación adicional.

Si necesita añadir miembros, favor de proporcionar cualquiera de los siguientes documentos. (Note que cualquier ingreso por parte de miembros adicionales tiene que ser notificado y el añadir miembros adicionales puede o no resultar en algún cambio en el subsidio).

- Identificación con foto, licencia de conducir, pasaporte de EE.UU., certificado de naturalización, registro de hospital/doctor, documentos de adopción, partida de nacimiento/bautismo

#3: Empleo: Si usted recibe Asistencia en Efectivo y la información que tenemos en la página 2 es correcta, no tiene que proporcionar documentación adicional.

Si no recibe Asistencia en Efectivo y tiene empleo, usted **tiene** que presentar cualquiera de los siguientes documentos:

- Los 2 talones de pago más recientes
- Carta de empleo que indique las horas y el sueldo
- Carta de despido

#4: Otros ingresos: Presente cualquiera de los siguientes **solo** si el ingreso que tenemos en la página 3 es incorrecto:

- Copia del certificado/la carta de asignación actual,
- Copia del cheque actual de beneficios,
- Correspondencia oficial del Departamento de Labor del Estado de Nueva York, de la Administración de Seguridad Social (SSA, por sus siglas en inglés), de la Administración de Veteranos, o de la agencia que administra el subsidio/la asignación, o
- Copia de la carta de despido

#5: Información sobre el alquiler: Si la información que tenemos en la página 3 no es correcta, favor de enviarnos una copia del contrato de alquiler u otro acuerdo de alquiler con el arrendador.

#6: Atraso de alquiler: Nosotros le daremos seguimiento si nos informó mediante este formulario que tiene atraso de alquiler. Favor de tener en cuenta que si usted no nos informa inmediatamente sobre el atraso de alquiler, puede que nosotros no le renovemos el suplemento de asistencia de alquiler para la Lucha de la Ciudad contra la Falta de Vivienda y por la Prevención del Desalojo (CityFHEPS).

Vea la **página 1** para obtener el correo electrónico y la dirección postal.

Para recibir asistencia, llame al Centro de Llamadas de la Asistencia de alquiler 929-221-0043

Notice Date: _____

Client Name: _____

Case Number: _____

Rental Assistance Supplement
Expiration Date: _____

CityFHEPS RENEWAL REQUEST

DUE DATE:

INSTRUCTIONS:

To continue getting a rental assistance supplement you must:

- Fill out and sign this renewal form.
- Please answer all the questions.
- **Please read carefully and make sure that all of the information is correct.**
- If you mark “no” in any of the boxes below, please add your corrections on this form.
- Either mail **this form and supporting documents** in the enclosed envelope or scan and email all documents by the due date above to:



Email: RAPrenewals@hra.nyc.gov



Mail: CityFHEPS
NYC Human Resources Administration
150 Greenwich Street, 36th Floor
New York, New York 10007

- See **page 5** regarding supporting documentation.

(Turn Page)

1. Residence and Contact Information: This is the information we have on file for you.

Address:
Phone Number:
Emergency Contact Number:

Is the above information correct? Yes No If "No," please give us your new information below.

New Address:
New Phone Number:
New Emergency Contact Number:

2. Household Information:

The following is the most recent information we have about your household:

Name	Date of Birth	Current Cash Assistance Status
SAMPLE		

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 5** for more information.

Household Member	Date of Birth	Social Security Number	Add	Remove
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

(Turn Page)

3. Employment: The following is the most recent information we have about the people who live in your household and are working:

Name	Hours	Monthly Income

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 5** for more information.

Status*	Household Member	Employer	Hours	New Monthly Amount

*For **Status**, tell us if we need to **add**, **change**, or **remove** the person's employment.

If you are not working, please tell us why in the box below:

SAMPLE

4. Other Income:

We have the following information about your household's unearned income:

Name	Type of Income	Monthly Amount

Is the above information correct? Yes No

If "No," please complete the chart below and send us proof of the information. See **page 5** for more information.

Add	Change	Remove	Household Member	Type of Income	New Monthly Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

(Turn Page)

5. Rent Information:

We have the following information about your monthly rent: \$ _____

Will this be your rent after _____? Yes No I do not know

If "No," what will your monthly rent be? \$ _____

(Please give us an updated lease or rental agreement with the new information.)

See page 5 for more information.

6. Rent Arrears: Are you behind in your rent payments? Yes No

If "Yes," please send us additional information. See page 5 for more information.

Signature

I certify that the information I am giving to the NYC Human Resources Administration, including any supporting documentation, is accurate and complete to the best of my knowledge and belief.

Head of Household Signature: _____ **Date:** _____

SAMPLE

(Turn Page)

INSTRUCTIONS on what types of Documents to Submit

A. Documentation/Follow Up: Do not send originals! Send copies only.

#1: Residence and Contact Information: No documentation required.

#2: Household Information: If your household information is correct, you do not need to submit any additional paperwork.

If you need to add members, please submit any of the following documents. (Note that you must report income from additional members, and additional household members may or may not result in a change in your subsidy.)

- Photo I.D., Driver's license, U.S. passport, Naturalization certificate, Hospital/Doctor's records, Adoption papers, Birth/baptismal certificate

#3: Employment: If you are on Cash Assistance and the information we have on page 2 is correct, you do not need to submit any additional documentation.

If you are not on Cash Assistance and you are employed, you **must** submit any of the following:

- 2 most recent pay stubs
- An employment letter indicating hours and wages
- A termination letter

#4: Other Income: Submit any of the following **only** if the income we have on page 3 is wrong:

- Copy of current award certificate/letter,
- Copy of current benefit check,
- Official correspondence from New York State Department of Labor, SSA, Veterans Administration, or agency administering grant/award, or
- Copy of termination letter

#5: Rent Information: If the information we have on page 4 is not correct or if your monthly rent will change, please send us a copy of your lease or other rental agreement from your landlord.

#6: Rent Arrears: We will follow up if you told us on this form that you have rent arrears. Please note that if you do not tell us immediately about your rental arrears we may not renew your City Fighting Homelessness and Eviction Prevention Supplement (CityFHEPS) rental assistance supplement.

See **page1** for email and mailing addresses.

For assistance, call the Rental Assistance Call Center at 929-221-0043.

Fecha de aviso: _____

Nombre del cliente: _____

Número del caso: _____

Fecha de vencimiento del suplemento de asistencia de alquiler: _____

PETICIÓN DE RENOVACIÓN DE CityFHEPS

FECHA LÍMITE:

INSTRUCCIONES:

Para seguir recibiendo el suplemento de asistencia de alquiler usted tiene que:

- Rellenar y firmar este formulario de renovación.
- Contestar todas las preguntas.
- **Leer cuidadosamente y asegurarse de que toda la información esté correcta.**
- Añadir sus correcciones en este formulario si marca "no" en cualquiera de la casillas.
- Enviar **este formulario y los documentos de apoyo** por correo postal o los puede escanear y enviar por correo electrónico, de aquí a la fecha límite mencionada arriba.



Email: RAPrenewals@hra.nyc.gov



Mail: CityFHEPS
NYC Human Resources Administration
150 Greenwich Street, 36th Floor
New York, New York 10007

- Vea la **página 5** para informarse sobre la documentación de apoyo.

(Voltee la página)

1. Información sobre su residencia y contacto: Esta es la información que tenemos en nuestros archivos sobre usted.

Dirección:
Número telefónico:
Número para emergencias:

¿Es correcta la información anterior? Sí No Si no, actualice su información a continuación.

Dirección nueva:
Número telefónico nuevo:
Número para emergencias nuevo:

2. Información sobre el hogar:

La siguiente información es lo más reciente que tenemos sobre su hogar.

Nombre	Fecha de nacimiento	Estado actual de Asistencia en Efectivo
SAMPLE		

¿Es correcta la información anterior? Sí No

Si marca "No", rellene el siguiente cuadro y envíenos prueba de la información. Vea la **página 5** para obtener más información.

Miembro del hogar	Fecha de nacimiento	Número de Seguridad Social	Añadir	Retirar
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

(Voltee la página)

3. Empleo: La siguiente información es lo más reciente que tenemos sobre las personas que trabajan y viven en su hogar.

Nombre	Horas	Ingreso mensual

¿Es correcta la información anterior? Sí No

Si marca "No", rellene el siguiente cuadro y envíenos prueba de la información. Vea la **página 5** para obtener más información.

Estado*	Miembro del hogar	Empleador	Horas	Cantidad mensual nueva

*Para la casilla de **estado**, explique si tenemos que **añadir**, **cambiar** o **retirar** el empleo de la persona.

Si no está trabajando, favor de explicar la razón en el siguiente cuadro:

SAMPLE

4. Otros ingresos:

Tenemos la siguiente información sobre los ingresos no devengados de su hogar.

Nombre	Tipo de ingreso	Cantidad mensual

¿Es correcta la información anterior? Sí No

Si marca "No", rellene el siguiente cuadro y envíenos prueba de la información. Vea la **página 5** para obtener más información.

Añadir	Cambiar	Retirar	Miembro del hogar	Tipo de ingreso	Cantidad mensual nueva
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

(Voltee la página)

5. Información sobre el alquiler:

Nosotros tenemos la siguiente información sobre su alquiler mensual: \$ _____

¿Será este su alquiler después de _____? Sí No No lo sé

Si la respuesta es "No", ¿cuánto será el alquiler mensual? \$ _____

(Favor de proporcionarnos un contrato de alquiler actualizado o un acuerdo de alquiler).

Vea la página 5 para obtener más información.

6. Atraso de alquiler: ¿Está usted atrasado(a) en el pago del alquiler? Sí No

Si la respuesta es "Sí", favor de enviarnos información adicional. Consulte la página 5 para obtener más información.

Firma

Certifico que la información que le estoy proporcionando a la Administración de Recursos Humanos de la Ciudad de Nueva York, incluido cualquier documento de apoyo, es precisa y completa según mi leal saber y entender.

Firma del jefe/jefa del hogar: _____ Fecha: _____

SAMPLE

(Voltee la página)

INSTRUCCIONES sobre los tipos de documentos que debe presentar

A. Documentación/Seguimiento: No envíe los originales, solo envíe copias.

#1: Dirección e información de contacto: No se requiere documentación.

#2: Información sobre el hogar: Si la información sobre su hogar es correcta, no necesita proporcionar documentación adicional.

Si necesita añadir miembros, favor de proporcionar cualquiera de los siguientes documentos. (Note que cualquier ingreso por parte de miembros adicionales tiene que ser notificado y el añadir miembros adicionales puede o no resultar en algún cambio en el subsidio).

- Identificación con foto, licencia de conducir, pasaporte de EE.UU., certificado de naturalización, registro de hospital/doctor, documentos de adopción, partida de nacimiento/bautismo

#3: Empleo: Si usted recibe Asistencia en Efectivo y la información que tenemos en la página 2 es correcta, no tiene que proporcionar documentación adicional.

Si no recibe Asistencia en Efectivo y tiene empleo, usted **tiene** que presentar cualquiera de los siguientes documentos:

- Los 2 talones de pago más recientes
- Carta de empleo que indique las horas y el sueldo
- Carta de despido

#4: Otros ingresos: Presente cualquiera de los siguientes **solo** si el ingreso que tenemos en la página 3 es incorrecto:

- Copia del certificado/la carta de asignación actual,
- Copia del cheque actual de beneficios,
- Correspondencia oficial del Departamento de Labor del Estado de Nueva York, de la Administración de Seguridad Social (SSA, por sus siglas en inglés), de la Administración de Veteranos, o de la agencia que administra el subsidio/la asignación, o
- Copia de la carta de despido

#5: Información sobre el alquiler: Si la información que tenemos en la página 3 no es correcta, favor de enviarnos una copia del contrato de alquiler u otro acuerdo de alquiler con el arrendador.

#6: Atraso de alquiler: Nosotros le daremos seguimiento si nos informó mediante este formulario que tiene atraso de alquiler. Favor de tener en cuenta que si usted no nos informa inmediatamente sobre el atraso de alquiler, puede que nosotros no le renovemos el suplemento de asistencia de alquiler para la Lucha de la Ciudad contra la Falta de Vivienda y por la Prevención del Desalojo (CityFHEPS).

Vea la **página 1** para obtener el correo electrónico y la dirección postal.

Para recibir asistencia, llame al Centro de Llamadas de la Asistencia de alquiler 929-221-0043



Department of Social Services

DSS-7f (E) 09/05/2018 (page 1 of 5) LLF

Notice Date: _____

Client Name: _____

Letter Number: _____

We Have Approved Your Renewal for a Rental Assistance Supplement!

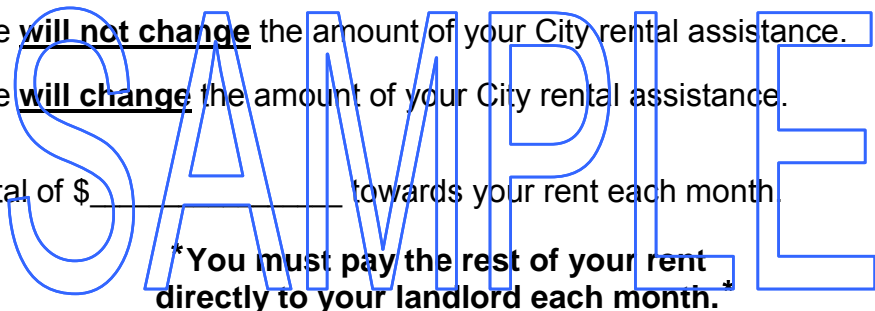
We received your renewal request and transferred you to CityFHEPS.

Your rental assistance supplement will continue for another year starting _____.

We **will not change** the amount of your City rental assistance.

We **will change** the amount of your City rental assistance.

We will pay a total of \$ _____ towards your rent each month.



You must pay the rest of your rent directly to your landlord each month.

We will pay a CityFHEPS rental assistance supplement amount of \$ _____

towards your rent each month. This amount will not change until your next renewal unless you notify us that your rent has gone up or your income has gone down and you are approved for a CityFHEPS modification.

The part of your rent paid by Cash Assistance is \$ _____ as long as your Cash Assistance budget does not change and you do everything that we ask you to do for Cash Assistance. If your Cash Assistance shelter allowance changes, the amount of rent you have to pay will also change.

We based your CityFHEPS rental assistance supplement amount on the following information you gave us or that we had in our files for your household:

1. Your monthly rent is \$ _____.
2. There are _____ people in your home.
3. Your household gross monthly income is \$ _____.

(Turn Page)

If you believe you will not be able to pay your household share, you should go to your local Homebase office. In some instances you may be eligible to transfer to a less expensive apartment.

If you have any questions, please call us at **929-221-0043** immediately.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

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 ENCLOSED CONFERENCE AND ADMINISTRATIVE APPEAL
RIGHTS INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

(Turn Page)

Right to a Review of Our Determinations

DO YOU THINK WE ARE WRONG? (IF SO, CONTACT HRA IMMEDIATELY)

If you think our decision is wrong, you should talk with your case manager. If we made a mistake, we will correct it. If you are not satisfied with the explanation your case manager gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this determination.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call 929-221-0043 and say that you are requesting a review conference about your eligibility for the CityFHEPS program. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have. If you have documents that show there was an error, you can explain the error to us and we will direct you regarding the fastest way to change or update your information.

If you are not satisfied with the results of the review conference, you are still entitled to an administrative appeal. **Your time to request an appeal will be extended until 60 days after the date of your review conference.**

ADMINISTRATIVE APPEAL PROCESS

Deadline for requesting an appeal: You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

How to Ask for an Administrative Appeal Hearing:

You can ask for an administrative appeal by **mail**, by **fax**, or by **email**. If you cannot reach HRA by fax or email, please write to NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003 to ask for an administrative appeal before the deadline. All requests for administrative appeals must be in writing.

(1) MAIL: Send a copy of **ALL PAGES OF THIS NOTICE**, completed, to:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Please keep a copy for yourself.)

(2) FAX: Fax a copy of **ALL PAGES OF THIS NOTICE** to: **917-639-0313**.

(3) E-MAIL: Scan and E-mail **ALL PAGES OF THIS NOTICE** to: **RACC@hra.nyc.gov**

(Turn Page)

I want an administrative appeal. I do not agree with the City's decision.
(You may explain why you disagree below, but you do not have to include a written explanation.)

Keeping your Benefits the Same:

We will not change your CityFHEPS amount if you ask for an Administrative Appeal hearing about the decision in this notice within 10 days of the date of this notice. If you ask for a conference only and not an Administrative Appeal hearing, we WILL change your CityFHEPS amount.

If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____
Name _____ M.I. _____ Last Name _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____
Signature: _____ Date: _____

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

(Turn Page)

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either 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.

If you have a disability and need a reasonable accommodation, such as sign language interpretation, assistance for a visual impairment or some other accommodation, to participate in a conference or hearing, please make this request on this form.

Legal Assistance

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

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 file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-0043** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

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.

Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **929-221-0043** or write to **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.

Fecha de aviso: _____

Nombre del cliente: _____

Núm.de certificación: _____

Hemos Aprobado la Renovación del Suplemento de Asistencia de Alquiler

Nosotros recibimos su solicitud de renovación y le hemos transferido a CityFHEPS.

Su suplemento de asistencia de alquiler continuará por un año más, a partir del _____.

No cambiaremos la cantidad de su asistencia de alquiler de la ciudad.

Cambiaremos la cantidad de su asistencia de alquiler de la ciudad.

Nosotros pagaremos un total de \$ _____ para cubrir parte de su alquiler cada mes.

***Usted tiene que pagar lo restante directamente al arrendador cada mes*.**

Nosotros pagaremos el suplemento de asistencia de alquiler de CityFHEPS por la cantidad de \$ _____, para cubrir el alquiler mensual. Esta cantidad no cambiará hasta la próxima renovación, a menos que usted nos notifique que su alquiler ha aumentado o que sus ingresos han bajado y que se le ha aprobado una modificación de CityFHEPS.

La porción de alquiler pagada por la Asistencia en Efectivo es de \$ _____, siempre y cuando no cambie su presupuesto de la Asistencia en Efectivo y usted haga todo lo que le pidamos en cuanto a la Asistencia en Efectivo.

Nosotros basamos la cantidad de la asistencia de alquiler de CityFHEPS en la información que usted nos proporcionó o que teníamos en nuestros archivos sobre su hogar:

1. Su alquiler mensual es de \$ _____.
2. Hay _____ personas en su hogar.
3. El ingreso bruto mensual del hogar es de \$ _____.

(Voltee la página)

Si usted piensa que su hogar no podrá pagar la porción de alquiler que le toca, debe ir a la oficina local de Homebase. Es posible que en algunas ocasiones usted sea elegible para transferirse a un apartamento menos costoso.

Si tiene preguntas, llámenos de inmediato al **929-221-0043**.

CityFHEPS es similar al programa Federal de la Sección 8 en el sentido de que, sujeto a la disponibilidad de fondos, provee asistencia, incluida asistencia de alquiler en determinadas cantidades, a los arrendadores e inquilinos que deseen establecer una relación mutua. Toda relación contractual se establecerá exclusivamente entre cada inquilino participante en el programa y el arrendador del inquilino que también participe en el programa.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN ADJUNTA A ESTE AVISO SOBRE CONFERENCIAS
Y DERECHOS DE APELACIÓN ADMINISTRATIVA PARA SABER CÓMO APELAR ESTA
DECISIÓN.**

(Voltee la página)

Derecho a revisar nuestras determinaciones
¿CREE QUE ESTAMOS EQUIVOCADOS?
(EN TAL CASO, COMUNÍQUESE DE INMEDIATO CON LA HRA)

Si piensa que nuestra decisión es errónea, debe hablar con el administrador de su caso. Si cometimos algún error, lo corregiremos. Si usted no está satisfecho(a) con la explicación de su administrador de caso, puede solicitar una conferencia de revisión con la HRA y/o una audiencia de apelación administrativa para obtener a una revisión de la decisión. A menudo, la manera más rápida de que se revise una decisión es mediante la conferencia con la HRA. **La conferencia revisión de la agencia se debe solicitar dentro de 60 días a partir de la emisión de esta determinación.**

CÓMO SOLICITAR UNA CONFERENCIA DE REVISIÓN

Es muy fácil solicitar una conferencia de revisión. Solo tiene que llamar al 929-221-0043 e informar que está solicitando una conferencia de revisión de su elegibilidad para el programa de CityFHEPS. Se programará una conferencia lo antes posible.

QUÉ SE HA DE ESPERAR EN UNA CONFERENCIA DE REVISIÓN

En la conferencia de revisión, analizaremos nuestra decisión con usted. A veces ésta es la manera más rápida de solucionar cualquier problema que pueda tener. Si tiene documentos que demuestren que hubo algún error, puede explicarnos el error y le indicaremos cuál es la forma más rápida de cambiar o actualizar su información.

Si no está satisfecho(a) con los resultados de la conferencia de revisión, aún tiene derecho a una apelación administrativa. El período para **solicitar una apelación se extenderá hasta 60 días después de la fecha de la conferencia de revisión.**

TRÁMITE DE APELACIÓN ADMINISTRATIVA

Fecha límite para solicitar una apelación: Tiene 60 días a partir de la fecha de este aviso o de la fecha de la conferencia para solicitar la apelación administrativa.

Cómo solicitar una audiencia de apelación administrativa:

Puede solicitar una apelación administrativa por **correo postal**, por **fax** o por **correo electrónico**. Si no puede comunicarse con la HRA por fax o por correo electrónico, favor de escribir a NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003, para solicitar una apelación administrativa antes de la fecha límite. Todas las solicitudes de apelaciones administrativas se deben presentar por escrito.

(1) CORREO POSTAL: Enviar una copia de **TODAS LAS PÁGINAS DE ESTE AVISO, rellenas**, a:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Favor de guardar una copia para usted.)

(2) FAX: Enviar una copia de **TODAS LAS PÁGINAS DE ESTE AVISO** al:
917-639-0313.

(3) CORREO ELECTRÓNICO: Escanear y enviar por correo electrónico **TODAS LAS PÁGINAS DE ESTE AVISO** a: **RACC@hra.nyc.gov**

(Voltee la página)

Deseo una apelación administrativa. No estoy de acuerdo con la decisión de la ciudad.

(A continuación puede explicar por qué no está de acuerdo, pero no es obligatorio incluir una explicación por escrito).

Para mantener sus beneficios sin cambios:

Nosotros no cambiaremos el CityFHEPS, si usted solicita una Audiencia de Apelación Administrativa sobre la decisión mencionada en este aviso, dentro de 10 días de la fecha que aparece en este aviso. Si usted solo solicita una conferencia pero no solicita la Audiencia de Apelación Administrativa, nosotros CAMBIAREMOS el CityFHEPS.

Si no desea que la cantidad de asistencia de alquiler continúe hasta que se tome una decisión, usted tiene que comunicárselo a la HRA cuando solicite la Audiencia de Apelación Administrativa.

Nombre en letra de molde: **SAMPLE** Número del caso: _____
Dirección: _____
Nombre I. Apellido
Teléfono: _____
Ciudad: _____ Estado: _____ Código postal: _____
Firma: _____ Fecha: _____

Qué debe esperar en una Audiencia de Apelación Administrativa

La HRA le enviará un aviso que le indicará cuándo y dónde tendrá lugar la audiencia de apelación.

En la audiencia, usted tendrá la oportunidad de explicar por qué piensa que la decisión es errónea. Puede traer a un abogado, a un familiar, a un amigo o a otra persona para que le ayude con su explicación. Si no puede acudir en persona, puede enviar a alguien para que le represente. Si en vez de ir usted envía a alguien que no sea abogado a la audiencia, debe darle a esa persona una carta que le indique al funcionario de audiencias que usted desea que esta persona le represente en la audiencia.

(Voltee la página)

Para ayudarle durante la audiencia a explicar por qué cree que estamos equivocados, debería traer a cualquier testigo que pueda ayudarle. También debe presentar cualquier documento que tenga, como: talones de paga, contratos de arrendamiento, recibos, facturas, declaraciones médicas. En la audiencia, usted, su abogado u otro representante pueden hacer preguntas a los testigos que traigamos nosotros o que usted traiga para ayudar en su caso.

Si tiene una discapacidad y no puede viajar, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado o empleado de abogado, su representante debe traerle al funcionario de la audiencia una carta firmada.

Si usted tiene una discapacidad y necesita acomodamiento razonable para participar en una conferencia o audiencia, como interpretación de lenguaje de señas, asistencia para un impedimento visual o algún otro acomodamiento, favor de solicitarlo en este formulario.

Asistencia Legal

Si usted cree que necesita a un abogado para que le ayude con este problema, podría obtener abogado sin costo alguno comunicándose con la Sociedad de Ayuda Legal local u otro grupo de abogacía. Para conseguir información de contacto de la Sociedad de Ayuda Legal u otros grupos de abogacía o los nombres de otros abogados, consulte las páginas amarillas en la sección "Abogados" o busque el equivalente en el Internet.

Acceso a su expediente y copias de documentos

Para ayudarle a prepararse para la audiencia, usted tiene derecho a revisar el expediente de su caso. Si llama, escribe o envía un fax a la HRA, le enviaremos copias gratuitas de los documentos en su expediente, las cuales entregaremos al funcionario de la audiencia durante la misma. Además, si llama, escribe o nos envía un fax, le enviaremos copias gratuitas de otros documentos específicos que usted crea que pueda necesitar para prepararse para la audiencia de apelación. Para solicitar documentos o para averiguar cómo revisar su archivo, llame a la HRA al **929-221-0043** o escriba a la HRA a **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Si desea copias de los documentos del expediente de su caso, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo razonable, antes de la fecha de la audiencia. Los documentos se le enviarán por correo, sólo si usted solicita específicamente que sean enviados por correo.

Información

Si desea obtener más información sobre su caso, sobre cómo pedir una apelación administrativa, cómo revisar su expediente o sobre cómo obtener copias adicionales de documentos, llame a la HRA al **929-221-0043** o escriba a **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Otros derechos de apelación

Si usted piensa que la decisión del funcionario de la audiencia es errónea, tendrá derecho a apelar dicha decisión ante un gerente de nivel superior de la HRA. La información sobre cómo entablar una apelación adicional se incluirá en la decisión del funcionario de audiencias.



Department of Social Services

DSS-7g (E) 09/05/2018 (page 1 of 2) LLF

Notice Date: _____

Program Participant Name: _____

WARNING: Your Rental Assistance Supplement May End!

Your SEPS or LINC Will End on: _____

Your rental assistance supplement is going to end because:

- You did not send back the renewal packet that we mailed to you. If you need another packet, **immediately** call us at **929-221-0043**.
- Your household income is too high for you to continue getting a rental assistance supplement. If you think this is incorrect, call **929-221-0043**.
- You did not return documents that we asked you to send to us.
- You are no longer living in the home we approved for a rental assistance supplement.

You will not get a rental assistance supplement after _____ unless you take care of the problems above before _____.

You can still send us the additional information or documents that we asked you to give us. Email or mail us the copies of the documents:



Email: RAPrenewals@hra.nyc.gov



Mail: CityFHEPS
NYC Human Resources Administration
150 Greenwich Street, 36th Floor
New York, New York 10007

We will send you a **final notice** when we end your rental assistance supplement.

If you have any questions about this notice, please call us 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

Fecha de aviso: _____

Nombre del participante del programa: _____

ADVERTENCIA: ¡Su Asistencia de Alquiler Podría Terminar!

Su SEPS o LINC se terminará el: _____

Su suplemento de asistencia de alquiler se va a terminar porque:

- Usted no devolvió el paquete de renovación que nosotros le enviamos por correo. Si necesita otro paquete, favor de llamarnos **de inmediato** al **929-221-0043**.
- Su ingreso es demasiado alto para poder seguir recibiendo el suplemento de asistencia de alquiler. Si piensa que esto es incorrecto, llame al **929-221-0043**.
- Usted no devolvió los documentos que le pedimos que nos enviara.
- Usted ya no vive en el hogar que nosotros aprobamos para el suplemento de asistencia de alquiler.

Usted no recibirá suplemento de asistencia de alquiler después del _____ a menos que se encargue de los problemas ya mencionados, antes del _____.

Aún puede enviarnos la información o documentos adicionales que le pedimos. Envíenos las copias de los documentos por correo postal o electrónico:



Correo electrónico: RAPrenewals@hra.nyc.gov



Correo postal: CityFHEPS
NYC Human Resources Administration
150 Greenwich Street, 36th Floor
New York, New York 10007

Nosotros le enviaremos un **aviso final** cuando demos por terminado el suplemento de asistencia de alquiler.

Si tiene cualquier pregunta sobre este aviso, favor de llamarnos al **929-221-0043**.

(Voltee la página)

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? **Nosotros podemos prestarle ayuda.** Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE



Department of Social Services

DSS-7h (E) 09/05/2018 (page 1 of 4) LLF

Notice Date: _____

Program Participant Name: _____

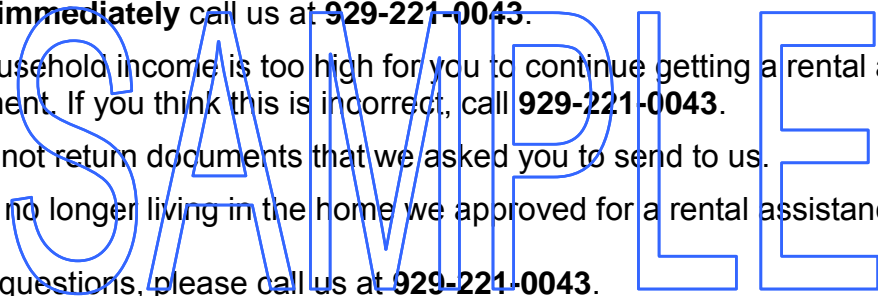
Final Notice: Your Rental Assistance Supplement Will End

Your SEPS or LINC Will End on: _____

Your rental assistance supplement is going to end because:

- You did not send back the renewal packet that we mailed to you. If you need another packet, **immediately** call us at **929-221-0043**.
- Your household income is too high for you to continue getting a rental assistance supplement. If you think this is incorrect, call **929-221-0043**.
- You did not return documents that we asked you to send to us.
- You are no longer living in the home we approved for a rental assistance supplement.

If you have any questions, please call us at **929-221-0043**.



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 ENCLOSED CONFERENCE AND ADMINISTRATIVE APPEAL RIGHTS INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

(Turn Page)

Right to a Review of Our Determinations

DO YOU THINK WE ARE WRONG? (IF SO, CONTACT HRA IMMEDIATELY)

If you think our decision is wrong, you should talk with your case manager. If we made a mistake, we will correct it. If you are not satisfied with the explanation your case manager gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this determination.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call 929-221-0043 and say that you are requesting a review conference about your eligibility for the CityFHEPS program. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have. If you have documents that show there was an error, you can explain the error to us and we will direct you regarding the fastest way to change or update your information.

If you are not satisfied with the results of the review conference, you are still entitled to an administrative appeal. **Your time to request an appeal will be extended until 60 days after the date of your review conference.**

ADMINISTRATIVE APPEAL PROCESS

Deadline for requesting an appeal: You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

How to Ask for an Administrative Appeal Hearing:

You can ask for an administrative appeal by **mail**, by **fax**, or by **email**. If you cannot reach HRA by fax or email, please write to NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003 to ask for an administrative appeal before the deadline. All requests for administrative appeals must be in writing.

(1) MAIL: Send a copy of **ALL PAGES OF THIS NOTICE**, completed, to:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Please keep a copy for yourself.)

(2) FAX: Fax a copy of **ALL PAGES OF THIS NOTICE** to: **917-639-0313**.

(3) E-MAIL: Scan and E-mail **ALL PAGES OF THIS NOTICE** to: RACC@hra.nyc.gov

(Turn Page)

I want an administrative appeal. I do not agree with the City's decision.
(You may explain why you disagree below, but you do not have to include a written explanation.)

Keeping your Benefits the Same:

We will not end your CityFHEPS if you ask for an Administrative Appeal hearing about the decision in this notice within 10 days of the date of this notice. If you ask for a conference only and not an Administrative Appeal hearing, we WILL end your CityFHEPS.

If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____

Name _____ M.I. _____ Last Name _____

Address: _____

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

Signature: _____ Date: _____

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

(Turn Page)

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either 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.

If you have a disability and need a reasonable accommodation, such as sign language interpretation, assistance for a visual impairment or some other accommodation, to participate in a conference or hearing, please make this request on this form.

Legal Assistance

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

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 file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-0043** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

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.

Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **929-221-0043** or write to **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.

Fecha del Aviso: _____

Nombre del Participante del Programa: _____

Aviso Final: Su Asistencia de Alquiler Terminará

Su SEPS o LINC se terminará el: _____

Su suplemento de asistencia de alquiler se va a terminar porque:

- Usted no devolvió el paquete de renovación que nosotros le enviamos por correo. Si necesita otro paquete, favor de llamarnos **de inmediato** al **929-221-0043**.
- Su ingreso es demasiado alto para poder seguir recibiendo el suplemento de asistencia de alquiler. Si piensa que esto es incorrecto, llame al **929-221-0043**.
- Usted no devolvió los documentos que le pedimos que nos enviara.
- Usted ya no vive en el hogar que nosotros aprobamos para el suplemento de asistencia de alquiler.

Si usted tiene pregunta, favor de llamarnos al **929-221-0043**.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN ADJUNTA A ESTE AVISO SOBRE CONFERENCIAS
Y DERECHOS DE APELACIÓN ADMINISTRATIVA PARA SABER
CÓMO APELAR ESTA DECISIÓN.**

(Voltee la página)

Derecho a revisar nuestras determinaciones

¿CREE QUE ESTAMOS EQUIVOCADOS? (EN TAL CASO, COMUNÍQUESE DE INMEDIATO CON LA HRA)

Si piensa que nuestra decisión es errónea, debe hablar con el administrador de su caso. Si cometimos un error, lo corregiremos. Si usted no está satisfecho(a) con la explicación de su administrador de caso, puede solicitar una conferencia de revisión con la HRA y/o una audiencia de apelación administrativa para obtener una revisión de la decisión. A menudo, la manera más rápida de que se revise una decisión es mediante la conferencia con la HRA. **La conferencia de revisión de la agencia se debe solicitar dentro de 60 días a partir de la emisión de esta determinación.**

CÓMO SOLICITAR UNA CONFERENCIA DE REVISIÓN

Es muy fácil solicitar una conferencia de revisión. Solo tiene que llamar al 929-221-0043 e informar que está solicitando una conferencia de revisión de su elegibilidad para el programa de CityFHEPS. Se programará una conferencia tan pronto posible.

QUÉ SE HA DE ESPERAR EN UNA CONFERENCIA DE REVISIÓN

En la conferencia de revisión, analizaremos nuestra decisión con usted. A veces ésta es la manera más rápida de solucionar cualquier problema que pueda tener. Si tiene documentos que demuestren que hubo un error, puede explicarnos el error y le indicaremos cuál es la forma más rápida de cambiar o actualizar su información.

Si no está satisfecho(a) con los resultados de la conferencia de revisión, aún tiene derecho a una apelación administrativa. El período para **solicitar una apelación se extenderá hasta 60 días después de la fecha de la conferencia de revisión.**

TRÁMITE DE APELACIÓN ADMINISTRATIVA

Fecha límite para solicitar una apelación: Tiene 60 días a partir de la fecha de este aviso o de la fecha de la conferencia para solicitar la apelación administrativa.

Cómo solicitar una audiencia de apelación administrativa:

Puede solicitar una apelación administrativa por **correo postal**, por **fax**, o por **correo electrónico**. Si no puede comunicarse con la HRA por fax o correo electrónico, favor de escribir a NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003, para solicitar una apelación administrativa antes de la fecha límite. Todas las solicitudes de apelaciones administrativas se deben presentar por escrito.

(1) CORREO POSTAL: Enviar una copia de **TODAS LAS PÁGINAS DE ESTE AVISO**, rellenadas, a:

**NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003**

(Favor de guardar una copia para usted.)

(2) FAX: Enviar una copia de **TODAS LAS PÁGINAS DE ESTE AVISO** al: **917-639-0313**.

(3) CORREO ELECTRÓNICO: Escanear y enviar por correo electrónico **TODAS LAS PÁGINAS DE ESTE AVISO** a: RACC@hra.nyc.gov

(Voltee la página)

Deseo una apelación administrativa. No estoy de acuerdo con la decisión de la ciudad.

(A continuación puede explicar por qué no está de acuerdo, pero no es obligatorio incluir una explicación por escrito).

Para mantener sus beneficios sin cambios:

Nosotros no terminaremos el CityFHEPS si usted solicita una audiencia de Apelación Administrativa debido la decisión en este aviso, dentro de 10 días de la fecha de este aviso. Si usted solo solicita una conferencia, pero no solicita la audiencia de Apelación Administrativa, nosotros SÍ terminaremos el CityFHEPS.

Si no desea que la cantidad de asistencia de alquiler cambie en lo que se dicta la decisión, debe informar a la HRA al solicitar la audiencia de Apelación Administrativa.

Nombre en letra de molde: **SAMPLE** Número del Caso: _____

Dirección: _____ Nombre _____ I. _____ Apellido _____

Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Qué se ha de esperar en una Audiencia de Apelación Administrativa

La HRA le enviará un aviso que le informará cuándo y dónde tendrá lugar la audiencia de apelación.

En la audiencia, usted tendrá la oportunidad de explicar por qué piensa que la decisión es errónea. Puede traer a un abogado, a un familiar, a un amigo o a otra persona para que le ayude con su explicación. Si no puede acudir en persona, puede enviar a alguien para que le represente. Si en vez de ir, usted envía a alguien que no sea abogado a la audiencia, debe darle a esa persona una carta que le indique al funcionario de audiencia que usted desea que esta persona le represente en la audiencia.

(Voltee la página)

Para ayudarle durante la audiencia a explicar por qué cree que estamos equivocados, debe traer a cualquier testigo que pueda ayudarle. También debe presentar cualquier documento que tenga, como: talones de paga, contratos de arrendamiento, recibos, facturas, declaraciones médicas. En la audiencia, usted, su abogado u otro representante pueden hacer preguntas a los testigos que traigamos nosotros o que usted traiga para abogar por su caso.

Si tiene una discapacidad y no puede viajar, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado o empleado de abogado, su representante debe traerle al funcionario de la audiencia una carta firmada.

Si usted tiene una discapacidad y necesita acomodamiento razonable para participar en una conferencia o audiencia, como interpretación de lenguaje de señas, asistencia para un impedimento visual o algún otro acomodamiento, favor de solicitarlo en este formulario.

Asistencia Legal

Si usted cree que necesita un abogado para que le ayude con este problema, podría obtener abogado sin costo alguno comunicándose con la Sociedad de Ayuda Legal local u otro grupo de abogacía. Para información de contacto de la Ayuda Legal u otros grupos de abogacía o los nombres de otros abogados, consulte las Páginas Amarillas en la sección "Abogados" o busque el equivalente en el Internet.

Acceso a su expediente y copias de documentos

Para ayudarle a prepararse para la audiencia, usted tiene derecho a revisar el expediente de su caso. Si llama, escribe o envía un fax a la HRA, le enviaremos copias gratuitas de los documentos de su expediente, las cuales entregaremos al funcionario de la audiencia durante la misma. Además, si llama, escribe o nos envía un fax, le enviaremos copias gratuitas de otros documentos específicos que usted crea que pueda necesitar para prepararse para la audiencia de apelación. Para solicitar documentos o para averiguar cómo revisar su archivo, llame a la HRA al **929-221-0043** o escriba a la HRA a **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Si desea copias de los documentos del expediente de su caso, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo razonable, antes de la fecha de la audiencia. Los documentos se le enviarán por correo, sólo si así lo solicita.

Información

Si desea obtener más información sobre su caso, cómo solicitar una apelación administrativa, cómo revisar su expediente o cómo obtener copias adicionales de documentos, llame a la HRA al **929-221-0043** o escriba a **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Otros derechos de apelación

Si usted piensa que la decisión del funcionario de la audiencia es errónea, tendrá derecho a apelar dicha decisión ante un gerente de nivel superior de la HRA. La información sobre cómo entablar una apelación adicional se incluirá en la decisión del funcionario de audiencia.



**Department of
Social Services**

DSS-7i (E) 10/11/2018 (page 1 of 5) LLF

Date: _____

Client Name: _____

CA Case Number: _____

CityFHEPS Denial Notice

Your application for CityFHEPS dated _____, has been denied for the following reason(s):

Reason(s) for Denial for households in Shelter:

You do not meet any of the following criteria:

1. Your household is an adult only household with earned income.
2. Your household has earned income and works at least thirty (30) hours per week.
3. Your household includes someone who is 60 years of age or older.
4. Your household includes an adult who is receiving federal disability benefits.
5. WeCARE has determined that there is an adult in your household who may be eligible for federal disability benefits.
6. Your household includes an adult who is exempt from Cash Assistance work requirements because this adult is needed at home to care for a household member with a verified mental or physical condition, or disability.
7. Your household includes someone who has served in the United States Armed Forces.
8. Your household is staying in a shelter that will close.
9. Your household was referred by a CityFHEPS qualifying program.

You have not found an apartment that qualifies for a CityFHEPS rental assistance supplement.

The housing unit you found does not meet CityFHEPS standards.

(Turn Page)

Reason(s) for Denial (*continued*):

- You do not have a qualifying shelter stay.
- You are not eligible for shelter.
- Your household includes the person who made you eligible for HRA Shelter.
- Your household's income is more than 200% of the Federal Poverty Level.
- All members of your household eligible for CA are not receiving CA.
- Your household is not sanction-free.
- Your household is eligible for FHEPS.
- Your household has a federal housing voucher or coupon.
- Other

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 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 ENCLOSED CONFERENCE AND ADMINISTRATIVE APPEAL
RIGHTS INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

(Turn Page)

Right to a Review of Our Determinations

DO YOU THINK WE ARE WRONG? (IF SO, CONTACT HRA IMMEDIATELY)

If you think our decision is wrong, you should talk with your case manager. If we made a mistake, we will correct it. If you are not satisfied with the explanation your case manager gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this determination.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call 929-221-0043 and say that you are requesting a review conference about your eligibility for the CityFHEPS program. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have. If you have documents that show there was an error, you can explain the error to us and we will direct you regarding the fastest way to change or update your information.

If you are not satisfied with the results of the review conference, you are still entitled to an administrative appeal. **Your time to request an appeal will be extended until 60 days after the date of your review conference.**

ADMINISTRATIVE APPEAL PROCESS

Deadline for requesting an appeal: You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

How to Ask for an Administrative Appeal Hearing:

You can ask for an administrative appeal by **mail**, by **fax**, or by **email**. If you cannot reach HRA by fax or email, please write to NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003 to ask for an administrative appeal before the deadline. All requests for administrative appeals must be in writing.

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109 East 16th Street, 3rd Floor
New York, NY 10003
(Please keep a copy for yourself.)

(2) FAX: Fax a copy of **ALL PAGES OF THIS NOTICE** to: **917-639-0313**.

(3) E-MAIL: Scan and E-mail **ALL PAGES OF THIS NOTICE** to: **RACC@hra.nyc.gov**

(Turn Page)

I want an administrative appeal. I do not agree with the City's decision.
(You may explain why you disagree below, but you do not have to include a written explanation.)

Keeping your Benefits the Same:

We will not end your CityFHEPS if you ask for an Administrative Appeal hearing about the decision in this notice within 10 days of the date of this notice. If you ask for a conference only and not an Administrative Appeal hearing, we WILL end your CityFHEPS.

If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____
Name _____ M.I. _____ Last Name _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

(Turn Page)

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either 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.

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If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

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 file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-0043** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

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.

Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **929-221-0043** or write to **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.



Fecha: _____

Nombre del Cliente: _____

Número de

Caso de CA: _____

Aviso de Rechazo de CityFHEPS

Su solicitud del suplemento de CityFHEPS, fechada _____, ha sido rechazada por las siguientes razones.

Razón por el rechazo:

- Usted no cumple con ninguno de los siguientes criterios:
1. Su hogar está compuesto de un solo adulto con un ingreso salarial.
 2. Su hogar cuenta con ingreso salarial y con por lo menos 30 horas de trabajo semanal.
 3. Su hogar incluye a una persona de 60 años o mayor.
 4. Su hogar incluye a una persona que recibe beneficios federales por discapacidad.
 5. WeCARE ha determinado que hay un adulto en su hogar que podría ser elegible para recibir beneficios federales por discapacidad.
 6. Su hogar incluye a un adulto exonerado del requisito de trabajo del programa de Asistencia en Efectivo, ya que se necesita a este adulto en casa para cuidar a algún integrante del hogar que padezca de una discapacidad o de alguna condición física o mental verificada.
 7. Su hogar incluye a una persona que ha servido en la Ejercito de los Estados Unidos.
 8. Su hogar está hospedado en un refugio que va a ser cerrado.
 9. Su hogar fue referido por un programa de CityFHEPS calificado.
- Usted no ha encontrado un apartamento que califique para el suplemento de asistencia de alquiler de CityFHEPS.
- El apartamento que encontró no cumple con las normas de CityFHEPS.

(Voltee la página)

SAMPLE

Razón por el rechazo (*continuación*):

- Usted no tiene una estadía en albergue que califique.
- Usted no es elegible para recibir albergue.
- Su hogar incluye a la persona por la cual usted es elegible para el albergue de la HRA.
- El ingreso de su hogar es superior al 200% del nivel de pobreza federal.
- Todos los integrantes de su hogar que son elegibles para recibir la Asistencia en Efectivo (CA, por sus siglas en inglés) no la están recibiendo.
- Su hogar no está libre de sanciones.
- Su hogar es elegible para recibir FHEPS.
- Su hogar recibe un vale o cupón federal para vivienda.
- Otra razón

SAMPLE

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN EN ESTE AVISO SOBRE LAS
CONFERENCIAS Y LOS DERECHOS DE APELACIÓN ADMINISTRATIVA PARA SABER
CÓMO APELAR ESTA DECISIÓN.**

(Voltee la página)

Derecho a revisar nuestras determinaciones

¿CREE QUE ESTAMOS EQUIVOCADOS? (EN TAL CASO, COMUNÍQUESE DE INMEDIATO CON LA HRA)

Si piensa que nuestra decisión es errónea, debe hablar con el administrador de su caso. Si cometimos un error, lo corregiremos. Si usted no está satisfecho(a) con la explicación de su administrador de caso, puede solicitar una conferencia de revisión con la HRA y/o una audiencia de apelación administrativa para obtener a una revisión de la decisión. A menudo, la manera más rápida de que se revise una decisión es mediante la conferencia con la HRA. **La conferencia revisión de la agencia se debe solicitar dentro de 60 días a partir de la emisión de esta determinación.**

CÓMO SOLICITAR UNA CONFERENCIA DE REVISIÓN

Es muy fácil solicitar una conferencia de revisión. Solo tiene que llamar al 929-221-0043 e informar que está solicitando una conferencia de revisión de su elegibilidad para el programa de CityFHEPS. Se programará una conferencia tan pronto posible.

QUÉ SE HA DE ESPERAR EN UNA CONFERENCIA DE REVISIÓN

En la conferencia de revisión, analizaremos nuestra decisión con usted. A veces ésta es la manera más rápida de solucionar cualquier problema que pueda tener. Si tiene documentos que demuestren que hubo un error, puede explicarnos el error y le indicaremos cuál es la forma más rápida de cambiar o actualizar su información.

Si no está satisfecho(a) con los resultados de la conferencia de revisión, aún tiene derecho a una apelación administrativa. El período para **solicitar una apelación se extenderá hasta 60 días después de la fecha de la conferencia de revisión.**

TRÁMITE DE APELACIÓN ADMINISTRATIVA

Fecha límite para solicitar una apelación: Tiene 60 días a partir de la fecha de este aviso o de la fecha de la conferencia para solicitar la apelación administrativa.

Cómo solicitar una audiencia de apelación administrativa:

Puede solicitar una apelación administrativa por **correo postal**, por **fax** o por **correo electrónico**. Si no puede comunicarse con la HRA por fax o correo electrónico, favor de escribir a NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003, para solicitar una apelación administrativa antes de la fecha límite. Todas las solicitudes de apelaciones administrativas se deben presentar por escrito.

- (1) CORREO POSTAL:** Enviar copia de **TODAS LAS PÁGINAS DE ESTE AVISO**, rellenadas, a:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Favor de guardar una copia para usted.)
- (2) FAX:** Enviar copia de **TODAS LAS PÁGINAS DE ESTE AVISO** al: **917-639-0313**.
- (3) CORREO ELECTRÓNICO:** Escanear y enviar por correo electrónico **TODAS LAS PÁGINAS DE ESTE AVISO** a: **RACC@hra.nyc.gov**

(Voltee la página)

- Deseo una apelación administrativa. No estoy de acuerdo con la decisión de la ciudad.** (Puede explicar a continuación por qué no está de acuerdo, pero no es obligatorio incluir una explicación por escrito).

Para mantener sus beneficios sin cambios:

Nosotros no terminaremos el CityFHEPS si usted solicita una audiencia de Apelación Administrativa debido la decisión en este aviso, dentro de 10 días de la fecha de este aviso. Si usted solo solicita una conferencia, pero no solicita la audiencia de Apelación Administrativa, nosotros SÍ terminaremos el CityFHEPS.

Si no desea que la cantidad de asistencia de alquiler cambie en lo que se dicta la decisión, debe informar a la HRA al solicitar la audiencia de Apelación Administrativa.

Nombre en letra de molde: **SAMPLE** Número del caso: _____

Nombre I. Apellido _____

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Qué debe esperar en una Audiencia de Apelación Administrativa

La HRA le enviará un aviso que le informará cuándo y dónde tendrá lugar la audiencia de apelación.

En la audiencia, usted tendrá la oportunidad de explicar por qué piensa que la decisión es errónea. Puede traer a un abogado, a un familiar, a un amigo o a otra persona para que le ayude con su explicación. Si no puede acudir en persona, puede enviar a alguien para que le represente. Si en vez de ir usted envía a alguien que no sea abogado a la audiencia, debe darle a esa persona una carta que le indique al funcionario de audiencia que usted desea que esta persona le represente en la audiencia.

(Voltee la página)

Para ayudarle durante la audiencia a explicar por qué cree que estamos equivocados, debería traer a cualquier testigo que pueda ayudarle. También debe presentar cualquier documento que tenga, como: talones de paga, contratos de arrendamiento, recibos, facturas, declaraciones médicas. En la audiencia, usted, su abogado u otro representante pueden hacer preguntas a los testigos que traigamos nosotros o que usted traiga para abogar por su caso.

Si tiene una discapacidad y no puede viajar, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado o empleado de abogado, su representante debe traerle al funcionario de la audiencia una carta firmada.

Si usted tiene una discapacidad y necesita acomodamiento razonable para participar en una conferencia o audiencia, como interpretación de lenguaje de señas, asistencia para un impedimento visual o algún otro acomodamiento, favor de solicitarlo en este formulario.

Asistencia legal

Si usted cree que necesita a un abogado para que le ayude con este problema, podría obtener abogado sin costo alguno comunicándose con su Sociedad de Ayuda Legal local u otro grupo de abogacía. Para información de contacto de la Ayuda Legal u otros grupos de abogacía o los nombres de otros abogados, consulte las Páginas Amarillas en la sección "Abogados" o busque el equivalente en el Internet.

Acceso a su expediente y copias de documentos

Para ayudarle a prepararse para la audiencia, usted tiene derecho a revisar el expediente de su caso. Si llama, escribe o envía un fax a la HRA, le enviaremos copias gratuitas de los documentos de su expediente, las cuales entregaremos al funcionario de la audiencia durante la misma. Además, si llama, escribe o nos envía un fax, le enviaremos copias gratuitas de otros documentos específicos que usted crea que pueda necesitar para prepararse para la audiencia de apelación. Para solicitar documentos o para averiguar cómo revisar su archivo, llame a la HRA al **929-221-0043** o escriba a **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Si desea copias de los documentos del expediente de su caso, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo razonable, antes de la fecha de la audiencia. Los documentos se le enviarán por correo, sólo si lo solicita específicamente.

Información

Si desea obtener más información sobre su caso, cómo pedir una apelación administrativa, cómo revisar su expediente o cómo obtener copias adicionales de documentos, llame a la HRA al **929-221-0043** o escriba a **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Otros derechos de apelación

Si usted piensa que la decisión del funcionario de la audiencia es errónea, tendrá derecho a apelar dicha decisión ante un gerente de nivel superior de la HRA. La información sobre cómo entablar una apelación adicional se incluirá en la decisión del funcionario de audiencia.

Date: _____

Case Number: _____

Participant Name: _____

CityFHEPS Approval Notice

We have approved your household for CityFHEPS.

The approved address, including unit number, is listed below:

 Your monthly household share is \$ _____. Your household must pay the monthly household share directly to your landlord.

Your first payment to your landlord is due on _____.

Household Information

- | | |
|--|----------|
| 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. CA Shelter Allowance (amount HRA will pay to the Landlord): | \$ _____ |
| 6. CityFHEPS Rent Supplement (amount HRA will pay to the Landlord): | \$ _____ |
| 7. Household Share (amount you have to pay to the landlord): | \$ _____ |
| Total Monthly Rent (sum of 5, 6, and 7): | \$ _____ |

(Turn Page)

Arrears (overdue rent), if applicable:

Your rent arrears request is approved for \$ _____.

- Individuals who **get** CA: If any part of your approved rent arrears is recoupable (must be paid back), we will take a portion of the money back from your CA grant. You will get a separate notice about this amount.
- Individuals who **do not** get CA: You will get a notice of repayment if any part of your approved rent arrears must be paid back to us.

Please remember that:

- You signed a Program Participant Agreement. It explains the requirements for participating in CityFHEPS.
- HRA oversees the Homebase program. Homebase is administered by non-profit partners across New York City. Homebase is there to help you with any issues you have after leaving shelter. This can include employment, benefits advocacy, rent arrears, or help to discuss disputes or problems with your landlord.
- Your Homebase office and phone number are listed below:

- If you have a CA shelter allowance and it is reduced, you will have to make up the difference to your landlord.
- If your income has gone down and you would like to see if you can get a larger CityFHEPS supplement, call 929-221-0043.
- Your CityFHEPS is approved for one year. You must renew your CityFHEPS each year that you need assistance. HRA will mail you a renewal application up to five months before your lease expiration. Your CityFHEPS will be renewed if your household meets the CityFHEPS requirements. Homebase can help you with your renewal if you need assistance.
- If you want to move to a new address and use your CityFHEPS, we must approve your move first. If you move without getting our approval first you may lose your CityFHEPS. Go to your Homebase provider to ask about moving.

If you have any questions about this decision, please call us at 929-221-0043.

(Turn Page)

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord–tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant’s landlord participating in the program.

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 ENCLOSED CONFERENCE AND ADMINISTRATIVE APPEAL
RIGHTS INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

(Turn Page)

Right to a Review of Our Determinations

DO YOU THINK WE ARE WRONG? (IF SO, CONTACT HRA IMMEDIATELY)

If you think our decision is wrong, you should talk with your case manager. If we made a mistake, we will correct it. If you are not satisfied with the explanation your case manager gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this determination.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call 929-221-0043 and say that you are requesting a review conference about your eligibility for the CityFHEPS program. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have. If you have documents that show there was an error, you can explain the error to us and we will direct you regarding the fastest way to change or update your information.

If you are not satisfied with the results of the review conference, you are still entitled to an administrative appeal. **Your time to request an appeal will be extended until 60 days after the date of your review conference.**

ADMINISTRATIVE APPEAL PROCESS

Deadline for requesting an appeal: You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

How to Ask for an Administrative Appeal Hearing:

You can ask for an administrative appeal by **mail**, by **fax**, or by **email**. If you cannot reach HRA by fax or email, please write to NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003 to ask for an administrative appeal before the deadline. All requests for administrative appeals must be in writing.

(1) MAIL: Send a copy of **ALL PAGES OF THIS NOTICE**, completed, to:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Please keep a copy for yourself.)

(2) FAX: Fax a copy of **ALL PAGES OF THIS NOTICE** to: **917-639-0313**.

(3) E-MAIL: Scan and E-mail **ALL PAGES OF THIS NOTICE** to: RACC@hra.nyc.gov

(Turn Page)

I want an administrative appeal. I do not agree with the City's decision.
(You may explain why you disagree below, but you do not have to include a written explanation.)

Keeping your Benefits the Same:

We will not end your CityFHEPS if you ask for an Administrative Appeal hearing about the decision in this notice within 10 days of the date of this notice. If you ask for a conference only and not an Administrative Appeal hearing, we WILL end your CityFHEPS.

If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____
Name _____ M.I. _____ Last Name _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

(Turn Page)

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either 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.

If you have a disability and need a reasonable accommodation, such as sign language interpretation, assistance for a visual impairment or some other accommodation, to participate in a conference or hearing, please make this request on this form.

Legal Assistance

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

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 file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-0043** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

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.

Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **929-221-0043** or write to **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.

Fecha: _____

Número de caso: _____

Nombre del participante: _____

Aviso de Aprobación de CityFHEPS

Le hemos aprobado el CityFHEPS a su hogar:

A continuación sigue la dirección aprobada, incluyendo el número de la vivienda:

La porción mensual de su hogar es de \$ _____ El hogar tiene que pagar la
 porción mensual directamente al arrendador.

El primer pago a su arrendador es pagadero el _____.

Información sobre el hogar

1. Número de integrantes del hogar que reciben Asistencia en Efectivo (CA, por sus siglas en inglés): _____
 2. Número de integrantes del hogar que no reciben CA: _____
 3. Ingreso total de los integrantes que reciben CA: \$ _____
 4. Ingreso total de los integrantes que no reciben CA: \$ _____
 5. Asignación de albergue de CA (cantidad que la **HRA** le pagará al arrendador): \$ _____
 6. Suplemento de alquiler de CityFHEPS (cantidad que la **HRA** le pagará al arrendador): \$ _____
 7. Porción del hogar (cantidad que **usted** tiene que pagar al arrendador): \$ _____
- Total de alquiler mensual (la suma de las líneas 5, 6 y 7): _____

(Voltee la página)

Atrasos (alquiler pendiente), si corresponde:

Su petición para atrasos de alquiler ha sido aprobada por la cantidad de \$ _____.

- Para personas **que reciben** CA: En caso de que alguna porción del atraso de alquiler aprobado sea recuperable (que tenga que reembolsarnos), nosotros retomaremos esa porción del dinero del subsidio de CA. Usted recibirá un aviso aparte sobre esa cantidad.
- Para personas **que no reciben** CA: Usted recibirá un aviso en caso de que tenga que reembolsarnos cualquier porción del atraso de alquiler aprobado.

Favor de recordar que:

- Usted firmó un Acuerdo del Participante del Programa. Este explica los requisitos para participar en CityFHEPS.
- La HRA supervisa el programa de Homebase. Homebase es administrado por socios sin fines de lucro en toda la ciudad e Nueva York. Homebase existe para ayudarle con cualquier problema que tenga después de salir del refugio. Esto puede incluir empleo, abogacía de beneficios, atrasos de alquiler o cualquier disputa o problema con su arrendador.
- A continuación sigue la oficina y el número de teléfono de Homebase:

_____.
- Si tiene una asignación de albergue y es reducida, usted tendrá que compensarle la diferencia al arrendador.
- Si su ingreso ha bajado y usted desea intentar obtener un suplemento mayor de CityFHEPS, llame al 929-221-0043.
- Su CityFHEPS está aprobado por un año. Usted tiene que renovar el CityFHEPS cada año, si necesita la asistencia. La HRA le enviará por correo una solicitud de renovación, con hasta cinco meses de anticipación a la fecha de vencimiento del contrato de alquiler. El CityFHEPS será renovado si su hogar cumple con los requisitos de CityFHEPS. Homebase también puede ayudar con la renovación, si la necesita.
- Si desea mudarse a una nueva dirección y utiliza CityFHEPS, nosotros debemos aprobar la mudanza primero. Si se muda sin obtener aprobación primero, usted podría perder el CityFHEPS. Vaya donde el proveedor de Homebase para pedir información sobre la mudanza.

Ante cualquier pregunta sobre esta decisión, favor de llamarnos al 929-221-0043.

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El CityFHEPS es similar al programa federal de la Sección 8, en el sentido de que, sujeto a la disponibilidad de fondos, provee asistencia, incluida la asistencia de alquiler de cantidades determinadas, a los arrendadores e inquilinos que deseen entablar una relación mutua. Toda relación contractual será exclusivamente entre cada inquilino participante en el programa y al arrendador que participa igualmente en el programa.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN EN ESTE AVISO SOBRE LAS
CONFERENCIAS Y LOS DERECHOS DE APELACIÓN ADMINISTRATIVA PARA SABER
CÓMO APELAR ESTA DECISIÓN.**

(Voltee la página)

Derecho a revisar nuestras determinaciones

¿CREE QUE ESTAMOS EQUIVOCADOS? (EN TAL CASO, COMUNÍQUESE DE INMEDIATO CON LA HRA)

Si piensa que nuestra decisión es errónea, debe hablar con el administrador de su caso. Si cometimos algún error, lo corregiremos. Si usted no está satisfecho(a) con la explicación de su administrador de caso, puede solicitar una conferencia de revisión con la HRA y/o una audiencia de apelación administrativa para obtener a una revisión de la decisión. A menudo, la manera más rápida de que se revise una decisión es mediante la conferencia con la HRA **La conferencia revisión de la agencia se debe solicitar dentro de 60 días a partir de la emisión de esta determinación.**

CÓMO SOLICITAR UNA CONFERENCIA DE REVISIÓN

Es muy fácil solicitar una conferencia de revisión. Solo tiene que llamar al 929-221-0043 e informar que está solicitando una conferencia de revisión de su elegibilidad para el programa de CityFHEPS. Se programará una conferencia lo antes posible.

QUÉ SE HA DE ESPERAR EN UNA CONFERENCIA DE REVISIÓN

En la conferencia de revisión, analizaremos nuestra decisión con usted. A veces ésta es la manera más rápida de solucionar cualquier problema que pueda tener. Si tiene documentos que demuestren que hubo algún error, puede explicarnos el error y le indicaremos cuál es la forma más rápida de cambiar o actualizar su información.

Si no está satisfecho(a) con los resultados de la conferencia de revisión, aún tiene derecho a una apelación administrativa. **El período para solicitar una apelación se extenderá hasta 60 días después de la fecha de la conferencia de revisión.**

TRÁMITE DE APELACIÓN ADMINISTRATIVA

Fecha límite para solicitar una apelación: Tiene 60 días a partir de la fecha de este aviso o de la fecha de la conferencia para solicitar la apelación administrativa

Cómo solicitar una audiencia de apelación administrativa:

Puede solicitar una apelación administrativa por **correo postal**, por **fax**, o por **correo electrónico**. Si no puede comunicarse con la HRA por fax o por correo electrónico, favor de escribir a NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003, para solicitar una apelación administrativa antes de la fecha límite. Todas las solicitudes de apelaciones administrativas se deben presentar por escrito.

(1) CORREO POSTAL: Enviar copia de **TODAS LAS PÁGINAS DE ESTE AVISO**, rellenadas, a:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Favor de guardar una copia para usted.)

(2) FAX: Enviar copia de **TODAS LAS PÁGINAS DE ESTE AVISO** al:
917-639-0313.

(3) CORREO ELECTRÓNICO: Escanear y enviar por correo electrónico **TODAS LAS PÁGINAS DE ESTE AVISO** a: RACC@hra.nyc.gov

(Voltee la página)

- Deseo una apelación administrativa. No estoy de acuerdo con la decisión de la ciudad.** (Puede explicar a continuación por qué no está de acuerdo, pero no es obligatorio incluir una explicación por escrito).

Para mantener sus beneficios sin cambios:

Nosotros no terminaremos el CityFHEPS si usted solicita una audiencia de Apelación Administrativa debido la decisión en este aviso, dentro de 10 días de la fecha de este aviso. Si usted solo solicita una conferencia, pero no solicita la audiencia de Apelación Administrativa, nosotros SÍ terminaremos el CityFHEPS.

Si no desea que la cantidad de asistencia de alquiler cambie en lo que se dicta la decisión, debe informar a la HRA al solicitar la audiencia de Apelación Administrativa.

Nombre en letra
de
molde:

SAMPLE

Nombre I. Apellido

Dirección:

Número del caso: _____

Teléfono: _____

Código postal: _____

Ciudad:

Estado: _____

Firma:

Fecha: _____

Qué debe esperar en una Audiencia de Apelación Administrativa

La HRA le enviará un aviso que le indicará cuándo y dónde tendrá lugar la audiencia de apelación.

En la audiencia, usted tendrá la oportunidad de explicar por qué piensa que la decisión es errónea. Puede traer a un abogado, a un familiar, a un amigo o a otra persona para que le ayude con su explicación. Si no puede acudir en persona, puede enviar a alguien para que le represente. Si en vez de ir usted envía a alguien que no sea abogado a la audiencia, debe darle a esa persona una carta que le indique al funcionario de audiencias que usted desea que esta persona le represente en la audiencia.

(Voltee la página)

Para ayudarle durante la audiencia a explicar por qué cree que estamos equivocados, debería traer a cualquier testigo que pueda ayudarle. También debe presentar cualquier documento que tenga, como: talones de paga, contratos de arrendamiento, recibos, facturas, declaraciones médicas. En la audiencia, usted, su abogado u otro representante pueden hacer preguntas a los testigos que traigamos nosotros o que usted traiga para ayudar en su caso.

Si tiene una discapacidad y no puede viajar, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado o empleado de abogado, su representante debe traerle al funcionario de la audiencia una carta firmada.

Si usted tiene una discapacidad y necesita acomodamiento razonable para participar en una conferencia o audiencia, como interpretación de lenguaje de señas, asistencia para un impedimento visual o algún otro acomodamiento, favor de solicitarlo en este formulario.

Asistencia Legal

Si usted cree que necesita a un abogado para que le ayude con este problema, podría obtener abogado sin costo alguno comunicándose con la Sociedad de Ayuda Legal local u otro grupo de abogacía. Para conseguir información de contacto de la Sociedad de Ayuda Legal u otros grupos de abogacía o los nombres de otros abogados, consulte las páginas amarillas en la sección "Abogados" o busque el equivalente en el Internet.

Acceso a su expediente y copias de documentos

Para ayudarle a prepararse para la audiencia, usted tiene derecho a revisar el expediente de su caso. Si llama, escribe o envía un fax a la HRA, le enviaremos copias gratuitas de los documentos en su expediente, las cuales entregaremos al funcionario de la audiencia durante la misma. Además, si llama, escribe o nos envía un fax, le enviaremos copias gratuitas de otros documentos específicos que usted crea que pueda necesitar para prepararse para la audiencia de apelación. Para solicitar documentos o para averiguar cómo revisar su expediente, llame a la HRA al **929-221-0043** o escriba a la HRA a **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Si desea copias de los documentos del expediente de su caso, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo razonable, antes de la fecha de la audiencia. Los documentos se le enviarán por correo, sólo si usted solicita específicamente que sean enviados por correo.

Información

Si desea obtener más información sobre su caso, sobre cómo pedir una apelación administrativa, cómo revisar su expediente o sobre cómo obtener copias adicionales de documentos, llame a la HRA al **929-221-0043** o escriba a **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Otros derechos de apelación

Si usted piensa que la decisión del funcionario de la audiencia es errónea, tendrá derecho a apelar dicha decisión ante un gerente de nivel superior de la HRA. La información sobre cómo entablar una apelación adicional se incluirá en la decisión del funcionario de audiencias.



Rental Assistance Key Release Agreement and Check Distribution

Date: _____

Tenant: _____ Subsidy Program: _____

Address: _____ Apartment/Room Number: _____

This form documents the release of keys and distribution of checks for approved CityFHEPS housing units.

KEY RELEASE 1	
<p>Release Location 1: _____ Address</p> <p>_____ City _____ State _____ Zip Code</p>	
<p>Provided by: _____</p> <p>_____ Name (Print) _____ Telephone Number</p> <p>_____ Signature _____ Date</p> <p>Check one: <input type="checkbox"/> Landlord <input type="checkbox"/> Broker <input type="checkbox"/> Landlord's Authorized Agent</p>	<p style="font-size: 4em; color: blue; text-align: center; opacity: 0.5;">SAMPLE</p>
<p>Provided to:</p> <p>_____ Name (Print) _____ Telephone Number</p> <p>_____ Signature _____ Date</p> <p>Check one: <input type="checkbox"/> Client <input type="checkbox"/> Shelter/DHS Staff <input type="checkbox"/> Housing Opportunity Team</p> <p>If Shelter/DHS Staff: _____ Shelter Name _____ Title</p>	

(Turn Page)

KEY RELEASE 2

Release Location 2: (only if client did not receive keys at Key Release 1)

Address

City

State

Zip Code

Provided by:

Name (Print)

Telephone Number

Signature

Date

Check one: Client Shelter/DHS Staff Housing Opportunity Team

If Shelter/DHS Staff:

Shelter Name

Title

Provided to client:

Name (Print)

Telephone Number

Signature

Date

SAMPLE

(Turn Page)

HOUSING UNIT PAYMENTS

On _____, _____ checks in the amount of _____ were released to (check one):

Landlord/Landlord's Authorized Agent Broker

On _____, _____ checks in the amount of _____ were released to (check one):

Landlord/Landlord's Authorized Agent Broker

Landlord/Landlord's Authorized Agent:

Name (Print)

Telephone Number

Signature

Date

Broker:

Name (Print)

Telephone Number

Signature

Date

Confirmation of Check Distribution:

Name (Print)

Telephone Number

Signature

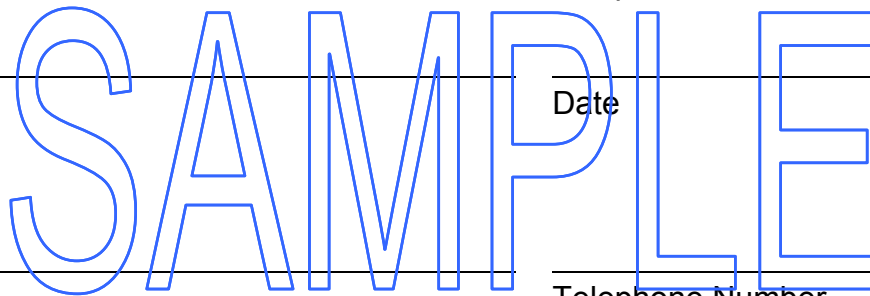
Date

Check one: Shelter/DHS Staff Housing Opportunity Team

If Shelter/DHS Staff:

Shelter Name

Title



Acuerdo de Entrega de Llaves y Distribución de Cheques de Asistencia de Alquiler

Fecha: _____

Inquilino: _____ Programa de subsidio: _____

Dirección: _____ Núm. de apartamento/cuarto: _____

Este formulario documenta la entrega de llaves y la distribución de cheques para las viviendas aprobadas por CityFHEPS.

ENTREGA DE LLAVES 1	
Lugar de entrega 1:	_____
	Dirección

	Ciudad Estado Código postal
Proporcionadas por:	_____
Nombre (en letra de molde)	Número de teléfono
_____	_____
Firma	Fecha
Marque una:	<input type="checkbox"/> Arrendador <input type="checkbox"/> Agente inmobiliario <input type="checkbox"/> Agente autorizado por el arrendador
Proporcionadas a:	
_____	_____
Nombre (en letra de molde)	Número de teléfono
_____	_____
Firma	Fecha
Marque una:	<input type="checkbox"/> Cliente <input type="checkbox"/> Personal del refugio/DHS <input type="checkbox"/> Equipo de oportunidades de vivienda
En caso de escoger personal del refugio/DHS favor de marcar:	
_____	_____
Nombre del refugio	Cargo

(Voltee la página)

ENTREGA DE LLAVES 2

Lugar de entrega 2: (solo si el cliente no recibió llaves en el lugar de entrega 1)

Dirección

Ciudad

Estado

Código postal

Proporcionadas por:

Nombre (en letra demolde)

Número de teléfono

Firma

Fecha

Marque una: Cliente Personal del refugio/DHS
 Equipo de oportunidades de vivienda

En caso de escoger
personal del refugio/DHS
favor de marcar:

Nombre del refugio

Cargo

Proporcionadas al cliente:

Nombre (en letra de molde)

Número de teléfono

Firma

Fecha

(Voltee la página)

PAGOS POR LA VIVIENDA

El _____, _____ cheques por las cantidades de _____
fueron emitidos al (marque una):

Arrendador/agente autorizado del arrendador Agente inmobiliario

El _____, _____ cheques por las cantidades de _____
fueron emitidos al (marque una):

Arrendador/agente autorizado del arrendador Agente inmobiliario

Arrendador/agente autorizado del arrendador:

Nombre (en molde)

Número de teléfono

Firma

Fecha

Agente inmobiliario:

Nombre (en molde)

Número de teléfono

Firma

Fecha

Confirmación of distribución de cheques:

Nombre (en molde)

Número de teléfono

Firma

Fecha

Marque una: Personal del refugio/DHS Equipo de oportunidades de vivienda

En caso de escoger
personal del refugio/DHS
favor de marcar:

Nombre del refugio

Cargo



Department of Social Services

DSS-7L (E) 10/23/2018

Date: _____

Applicant Name: _____

Case Number (if known): _____

Date of Birth: _____

To: HRA Job Center

From:

Provider Name _____

CityFHEPS Provider Referral Form

Please be advised that we are referring _____ to apply for Cash Assistance (CA).

This individual is potentially eligible for CityFHEPS:

To Stay

To Move

This individual:

Needs to apply for ongoing CA.

Needs to have CA in SI status.

Is in sanction status for:

Employment

Office of Child Support Services (list address below):

Other Sanction

Worker's Name (print)

Worker's Telephone Number

Date: _____

Client Name: _____

CA Case Number: _____

CityFHEPS Notice of Denial

Your application for CityFHEPS dated _____, has been denied for the following reason(s):

Reason(s) for Denial:

- You do not meet any of the following criteria:
1. You are at risk of homelessness and your household includes a veteran.
 2. Within the last 12 months, you have been evicted or left a residence in NYC that was involved in an eviction proceeding or you had to leave a NYC residence because of a vacate order issued by a City agency or a foreclosure action or for health and safety reasons, **AND**
 - You receive Adult Protective Services; **OR**
 - You will be using CityFHEPS to keep a rent-controlled apartment; **OR**
 - You have previously lived in a Department of Homeless Services (DHS) shelter.
 3. Your household was referred by a CityFHEPS qualifying program, and DSS determined that CityFHEPS was needed to avoid shelter entry.
- You have not found an apartment that qualifies for a CityFHEPS rental assistance supplement.
- You do not have a lease or residency rights for at least 12 months in the apartment you have requested a CityFHEPS rental assistance supplement for.
- The housing unit you found does not meet CityFHEPS standards.
- The housing unit you found is above the maximum rent for your household.

(Turn Page)

Reason(s) for Denial (*continued*):

- Your household's income is more than 200% of the Federal Poverty Level.
- All members of your household eligible for CA are not receiving CA.
- Your household is not sanction-free.
- Your household is eligible for FHEPS.
- Your household has a federal housing voucher or coupon.
- Other

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 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 ENCLOSED CONFERENCE AND ADMINISTRATIVE APPEAL
RIGHTS INFORMATION SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

(Turn Page)

Right to a Review of Our Determinations

DO YOU THINK WE ARE WRONG? (IF SO, CONTACT HRA IMMEDIATELY)

If you think our decision is wrong, you should talk with your case manager. If we made a mistake, we will correct it. If you are not satisfied with the explanation your case manager gives you, you can request a review conference with HRA and/or an administrative appeal hearing to obtain a review of the decision. Often, the quickest way to have the decision reviewed is by requesting a conference with HRA. **An agency review conference must be requested within 60 days of the issuance of this determination.**

HOW TO REQUEST A REVIEW CONFERENCE

It is very easy to request a review conference. Just call 929-221-0043 and say that you are requesting a review conference about your eligibility for the CityFHEPS program. One will be scheduled as soon as possible.

WHAT TO EXPECT AT A REVIEW CONFERENCE

At a review conference, we will discuss our decision with you. Sometimes this is the fastest way to solve any problem you may have. If you have documents that show there was an error, you can explain the error to us and we will direct you regarding the fastest way to change or update your information.

If you are not satisfied with the results of the review conference, you are still entitled to an administrative appeal. **Your time to request an appeal will be extended until 60 days after the date of your review conference.**

ADMINISTRATIVE APPEAL PROCESS

Deadline for requesting an appeal: You have 60 days from the date of this notice or the date of your conference to request an Administrative Appeal.

How to Ask for an Administrative Appeal Hearing:

You can ask for an administrative appeal by **mail**, by **fax**, or by **email**. If you cannot reach HRA by fax or email, please write to NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003 to ask for an administrative appeal before the deadline. All requests for administrative appeals must be in writing.

(1) MAIL: Send a copy of **ALL PAGES OF THIS NOTICE**, completed, to:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Please keep a copy for yourself.)

(2) FAX: Fax a copy of **ALL PAGES OF THIS NOTICE** to: **917-639-0313**.

(3) E-MAIL: Scan and E-mail **ALL PAGES OF THIS NOTICE** to: **RACC@hra.nyc.gov**

(Turn Page)

I want an administrative appeal. I do not agree with the City's decision.
(You may explain why you disagree below, but you do not have to include a written explanation.)

Keeping your Benefits the Same:

We will not end your CityFHEPS if you ask for an Administrative Appeal hearing about the decision in this notice within 10 days of the date of this notice. If you ask for a conference only and not an Administrative Appeal hearing, we WILL end your CityFHEPS.

If you do not want your rental assistance amount to continue until the decision is issued, you must tell HRA when you request the Administrative Appeal hearing.

Print Name: _____ Case Number: _____
 Name _____ M.I. _____ Last Name _____
 Address: _____ Telephone: _____
 City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

What to Expect at an Administrative Appeal Hearing

HRA will send you a notice that tells you when and where the appeal hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

(Turn Page)

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

If you have a disability and cannot travel, you may appear through a representative, either 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.

If you have a disability and need a reasonable accommodation, such as sign language interpretation, assistance for a visual impairment or some other accommodation, to participate in a conference or hearing, please make this request on this form.

Legal Assistance

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocacy group. For contact information for Legal Aid or other advocacy groups or the names of other lawyers, check your Yellow Pages under "Lawyers" or check the internet equivalent.

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 file. If you call, write or fax HRA, we will send you free copies of the documents from your files which we will give to the hearing officer at the hearing. Also, if you call, write or fax us, we will send you free copies of other specific documents which you think you may need to prepare for your appeal hearing. To ask for documents or to find out how to look at your file, call HRA at **929-221-0043** or write HRA at **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

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.

Information

If you want more information about your case, how to ask for an administrative appeal, how to see your file, or how to get additional copies of documents, call HRA at **929-221-0043** or write to **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Further Appeal Rights

If you think the hearing officer's decision is wrong, you will have the right to appeal the hearing officer's decision to a higher-level manager within HRA. Information on how to take a further appeal will be included in the hearing officer's decision.

Fecha: _____

Nombre del caso: _____

Número de caso de CA: _____

Notificación de Rechazo de CityFHEPS

Su solicitud de CityFHEPS, fechada _____, ha sido rechazada por las siguientes razones.

Razón por el rechazo:

- Usted no cumple con ninguno de los siguientes criterios:
1. Usted se enfrenta al riesgo de quedar sin vivienda y su hogar incluye a una persona veterana.
 2. Durante los últimos 12 meses, usted ha sido desalojado o abandonó una vivienda involucrada en un procedimiento de desalojo en NYC, o usted tuvo que abandonar una vivienda en NYC debido a una orden de desocupar emitida por una agencia de la ciudad, o tuvo que abandonar por una acción de ejecución hipotecaria, o por razones de salud y seguridad Y,
 - usted recibe Servicios de Protección para Adultos;
 - usted utilizará CityFHEPS para conservar un apartamento de alquiler regulado;
 - usted ha vivido anteriormente en un refugio del Departamento de Servicios para Personas sin Vivienda (DHS, por sus siglas en inglés).
 3. Su hogar fue referido por un programa calificado de CityFHEPS y el DSS determinó que CityFHEPS era necesario para evitar entrar a un refugio.
- Usted no ha encontrado un apartamento que califique para el suplemento de asistencia de alquiler de CityFHEPS.
- Usted no tiene contrato de alquiler o derechos de vivienda durante un mínimo de 12 meses en el apartamento para el cual usted ha solicitado el suplemento de asistencia de alquiler de CityFHEPS.
- La unidad de vivienda que usted encontró no cumple con los criterios de CityFHEPS.
- El alquiler de la unidad de vivienda que usted encontró está por encima del máximo de alquiler para la cual su hogar califica.

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Razón por el rechazo (*continuación*):

- El ingreso de su hogar es superior al 200% del nivel de pobreza federal.
- Todos los integrantes de su hogar que son elegibles para recibir la Asistencia en Efectivo (CA, por sus siglas en inglés) no la están recibiendo.
- Su hogar no está libre de sanciones.
- Su hogar es elegible para recibir FHEPS.
- Su hogar recibe un vale o cupón federal para vivienda.
- Otra razón

SAMPLE

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? **Nosotros podemos prestarle ayuda.** Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN EN ESTE AVISO SOBRE LAS
CONFERENCIAS Y LOS DERECHOS DE APELACIÓN ADMINISTRATIVA PARA SABER
CÓMO APELAR ESTA DECISIÓN.**

(Voltee la página)

Derecho a revisar nuestras determinaciones
¿CREE QUE ESTAMOS EQUIVOCADOS?
(EN TAL CASO, COMUNÍQUESE DE INMEDIATO CON LA HRA)

Si piensa que nuestra decisión es errónea, debe hablar con el administrador de su caso. Si cometimos un error, lo corregiremos. Si usted no está satisfecho(a) con la explicación de su administrador de caso, puede solicitar una conferencia de revisión con la HRA y/o una audiencia de apelación administrativa para obtener a una revisión de la decisión. A menudo, la manera más rápida de que se revise una decisión es mediante la conferencia con la HRA. **La conferencia revisión de la agencia se debe solicitar dentro de 60 días a partir de la emisión de esta determinación.**

CÓMO SOLICITAR UNA CONFERENCIA DE REVISIÓN

Es muy fácil solicitar una conferencia de revisión. Solo tiene que llamar al 929-221-0043 e informar que está solicitando una conferencia de revisión de su elegibilidad para el programa de CityFHEPS. Se programará una conferencia tan pronto posible.

QUÉ SE HA DE ESPERAR EN UNA CONFERENCIA DE REVISIÓN

En la conferencia de revisión, analizaremos nuestra decisión con usted. A veces ésta es la manera más rápida de solucionar cualquier problema que pueda tener. Si tiene documentos que demuestren que hubo un error, puede explicarnos el error y le indicaremos cuál es la forma más rápida de cambiar o actualizar su información.

Si no está satisfecho(a) con los resultados de la conferencia de revisión, aún tiene derecho a una apelación administrativa. **El período para solicitar una apelación se extenderá hasta 60 días después de la fecha de la conferencia de revisión.**

TRÁMITE DE APELACIÓN ADMINISTRATIVA

Fecha límite para solicitar una apelación: Tiene 60 días a partir de la fecha de este aviso o de la fecha de la conferencia para solicitar la apelación administrativa.

Cómo solicitar una audiencia de apelación administrativa:

Puede solicitar una apelación administrativa por **correo postal**, por **fax** o por **correo electrónico**. Si no puede comunicarse con la HRA por fax o correo electrónico, favor de escribir a NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003, para solicitar una apelación administrativa antes de la fecha límite. Todas las solicitudes de apelaciones administrativas se deben presentar por escrito.

- (1) CORREO POSTAL:** Enviar copia de **TODAS LAS PÁGINAS DE ESTE AVISO**, rellenadas, a:
NYC/DSS Administrative Hearings
109 East 16th Street, 3rd Floor
New York, NY 10003
(Favor de guardar una copia para usted.)
- (2) FAX:** Enviar copia de **TODAS LAS PÁGINAS DE ESTE AVISO** al: **917-639-0313**.
- (3) CORREO ELECTRÓNICO:** Escanear y enviar por correo electrónico **TODAS LAS PÁGINAS DE ESTE AVISO** a: **RACC@hra.nyc.gov**

(Voltee la página)

- Deseo una apelación administrativa. No estoy de acuerdo con la decisión de la ciudad.** (Puede explicar a continuación por qué no está de acuerdo, pero no es obligatorio incluir una explicación por escrito).

Para mantener sus beneficios sin cambios:

Nosotros no terminaremos el CityFHEPS si usted solicita una audiencia de Apelación Administrativa debido la decisión en este aviso, dentro de 10 días de la fecha de este aviso. Si usted solo solicita una conferencia, pero no solicita la audiencia de Apelación Administrativa, nosotros SÍ terminaremos el CityFHEPS.

Si no desea que la cantidad de asistencia de alquiler cambie en lo que se dicta la decisión, debe informar a la HRA al solicitar la audiencia de Apelación Administrativa.

Nombre en letra de molde: **SAMPLE** Número del caso: _____

Nombre I. Apellido _____

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____

Qué debe esperar en una Audiencia de Apelación Administrativa

La HRA le enviará un aviso que le informará cuándo y dónde tendrá lugar la audiencia de apelación.

En la audiencia, usted tendrá la oportunidad de explicar por qué piensa que la decisión es errónea. Puede traer a un abogado, a un familiar, a un amigo o a otra persona para que le ayude con su explicación. Si no puede acudir en persona, puede enviar a alguien para que le represente. Si en vez de ir usted envía a alguien que no sea abogado a la audiencia, debe darle a esa persona una carta que le indique al funcionario de audiencia que usted desea que esta persona le represente en la audiencia.

(Voltee la página)

Para ayudarle durante la audiencia a explicar por qué cree que estamos equivocados, debería traer a cualquier testigo que pueda ayudarle. También debe presentar cualquier documento que tenga, como: talones de paga, contratos de arrendamiento, recibos, facturas, declaraciones médicas. En la audiencia, usted, su abogado u otro representante pueden hacer preguntas a los testigos que traigamos nosotros o que usted traiga para abogar por su caso.

Si tiene una discapacidad y no puede viajar, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado o empleado de abogado, su representante debe traerle al funcionario de la audiencia una carta firmada.

Si usted tiene una discapacidad y necesita acomodamiento razonable para participar en una conferencia o audiencia, como interpretación de lenguaje de señas, asistencia para un impedimento visual o algún otro acomodamiento, favor de solicitarlo en este formulario.

Asistencia legal

Si usted cree que necesita a un abogado para que le ayude con este problema, podría obtener abogado sin costo alguno comunicándose con su Sociedad de Ayuda Legal local u otro grupo de abogacía. Para información de contacto de la Ayuda Legal u otros grupos de abogacía o los nombres de otros abogados, consulte las Páginas Amarillas en la sección "Abogados" o busque el equivalente en el Internet.

Acceso a su expediente y copias de documentos

Para ayudarle a prepararse para la audiencia, usted tiene derecho a revisar el expediente de su caso. Si llama, escribe o envía un fax a la HRA, le enviaremos copias gratuitas de los documentos de su expediente, las cuales entregaremos al funcionario de la audiencia durante la misma. Además, si llama, escribe o nos envía un fax, le enviaremos copias gratuitas de otros documentos específicos que usted crea que pueda necesitar para prepararse para la audiencia de apelación. Para solicitar documentos o para averiguar cómo revisar su archivo, llame a la HRA al **929-221-0043** o escriba a **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Si desea copias de los documentos del expediente de su caso, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo razonable, antes de la fecha de la audiencia. Los documentos se le enviarán por correo, sólo si lo solicita específicamente.

Información

Si desea obtener más información sobre su caso, cómo pedir una apelación administrativa, cómo revisar su expediente o cómo obtener copias adicionales de documentos, llame a la HRA al **929-221-0043** o escriba a **NYC/DSS Administrative Hearings, 109 East 16th Street, 3rd Floor, New York, NY 10003**.

Otros derechos de apelación

Si usted piensa que la decisión del funcionario de la audiencia es errónea, tendrá derecho a apelar dicha decisión ante un gerente de nivel superior de la HRA. La información sobre cómo entablar una apelación adicional se incluirá en la decisión del funcionario de audiencia.

CityFHEPS Frequently Asked Questions

(For Residents of Department of Homeless Services or Human Resources Administration Shelters or Those Experiencing Street Homelessness)

This document provides general information about the CityFHEPS program. This information is for households who are currently in shelter or experiencing street homelessness and are applying for CityFHEPS for the first time. It is not meant to provide full details about the operation of the CityFHEPS program.

What is CityFHEPS?

CityFHEPS is a rental assistance program to help individuals and families find and keep housing. It is administered by the Department of Social Services (DSS), which includes both the Department of Homeless Services (DHS) and the Human Resources Administration (HRA).

Can I get CityFHEPS?

Not every individual or family who is currently in shelter or experiencing street homelessness will qualify for the program.

In order to get CityFHEPS, you must meet certain eligibility criteria.

These include:

- Applying for any public benefits you may be eligible for and accepting them if offered.
- Having a gross household income at or below 200% of the Federal Poverty Level.
- Not qualifying for any other rental assistance programs.

If you have any questions about CityFHEPS and your eligibility, you should talk to your housing specialist or case manager.

How will I know I am eligible for CityFHEPS?

You will know that you might be eligible for CityFHEPS when you receive the “Shopping Letter” and “Household Share Letter.” These letters are issued by DSS and will be provided to you by your housing specialist or case manager. Once you have these letters, you can start to look for housing.

Once you find housing, you must tell your housing specialist or case manager. They will help you submit the required documents so that DSS can determine if you are eligible for CityFHEPS and if your housing qualifies for the program.

Do I have to be on Cash Assistance to get CityFHEPS?

If your household is eligible for Cash Assistance, you have to be receiving those benefits. Additionally, you cannot have a “sanction” on your case. A sanction is when you, or someone in your household, do not comply with HRA rules and your household gets less benefits. If you or someone else in your household has a sanction, you must go to your DSS/HRA Job Center to clear it before you can get CityFHEPS.

How long can I keep getting CityFHEPS?

The CityFHEPS program generally provides for up to four annual renewals, with additional extensions available for “good cause.”

This five-year maximum does not apply to households that include someone who is 60 years old or older, or that include an adult who receives federal disability benefits. Renewals are subject to households continuing to meet eligibility requirements and the continued availability of funding.

What do I do with the Shopping and Household Share Letters?

Once you have been identified as possibly eligible to receive CityFHEPS by DSS, your case manager or housing specialist will give you two documents: a Shopping Letter and a Household Share Letter.

Receiving these letters does not mean that you are definitely eligible for CityFHEPS. It only means that you are potentially eligible for CityFHEPS. Your eligibility for the program will only be determined once you have found a qualifying apartment, single room occupancy (SRO) unit, or room and your case manager or housing specialist submits a package of required documents to DSS.

Once you’ve received the Shopping and Household Share Letters, review and discuss them with your case manager or housing specialist. If the personal and income information on these letters is accurate, your case manager or housing specialist will begin to help you look for permanent housing.

It is your responsibility to look for and find housing. When looking, you should consider carefully what is most important to you. For example, you may need to be near family, school, doctors, etc.

How do these letters help me find housing?

As you look for housing and speak with landlords, the Shopping Letter will serve as a guide for you, your potential landlord, and any broker you might work with.

The Shopping Letter will tell you, the landlord, and/or a broker:

- The highest amount of rent CityFHEPS will allow for your household size and housing type;
- Some of the financial incentives that DSS may offer to the landlord or broker; *and*
- The types of documentation that are needed from the landlord or broker to continue the CityFHEPS eligibility assessment.

(Turn page)

The Household Share Letter is **for your use only**. It is **not** meant to be shared with potential landlords or brokers.

The Household Share Letter tells you:

- Your potential CityFHEPS rental assistance supplement amount;
- How much of the rent you might have to pay (your “household share”); *and*
- The reasons we have found you potentially eligible to receive CityFHEPS.

This letter also details the household income information that DSS has on file for you and/or your household. It is important that you review this information to make sure it is right. If you are approved for CityFHEPS you will receive a letter from DSS with your final household share. If your information changed from when you received your Household Share Letter, the amount your Approval Letter says you will have to pay may be different. Your Approval Letter has the correct amount you have to pay.

What kind of housing can I rent using CityFHEPS? Where can I use my CityFHEPS?

You can use CityFHEPS to rent an entire apartment, a single room in an apartment, or an SRO unit. Any housing must be in the five (5) boroughs of New York City.

SRO units are only available for households with one adult. The maximum rent that CityFHEPS will allow is \$1,047 per month.

A single room is available to a household of no more than two adults. The maximum rent that CityFHEPS will allow is \$800 per month.

An apartment can be rented by a household of any size. The maximum rent that CityFHEPS will allow is based on household size. See the chart below.

Housing Unit	Apartment					
Household Size	1	2	3 or 4	5 or 6	7 or 8	9 or 10
Maximum Rent	\$1,246	\$1,303	\$1,557	\$2,010	\$2,257	\$2,600

How is the amount I have to pay in rent determined?

The amount you have to pay in rent is determined by a number of factors. These include your household size and the income of each household member.

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

If you are approved for CityFHEPS, we will send you an approval notice detailing how much we will pay your landlord and how much you must pay.

(Turn page)

Do I have the right to stay in the same housing unit for as long as I receive CityFHEPS?

In general, if you are in a rent-regulated unit, you can stay in your unit. Otherwise, your right to stay in your unit is based on the terms of your lease.

When can my rent increase?

If you are in a rent-regulated apartment, your rent can only increase by the amount allowed by law. If you are not in a rent-regulated unit, your landlord may increase your rent on lease renewal.

What if my landlord says I have to pay extra money?

Your landlord cannot ask you to pay more than what we have determined is your household share unless your shelter allowance goes down. If this happens, you will have to make up that difference.

Your landlord cannot ask you to pay a security deposit because DSS is giving them a voucher for security. If your landlord asks you to pay more money, please tell your case manager or housing specialist.

What if a landlord says they won't take CityFHEPS?

Landlords/brokers cannot refuse to rent to you because you are receiving CityFHEPS. This is called "Source of Income" discrimination and it is unlawful in New York City. Please call the DSS Source of Income Discrimination Unit at 929-221-6576 if a landlord is refusing to rent to you because you receive CityFHEPS.

Who should I call if I need help or have a question about CityFHEPS?

You should speak with your case manager or housing specialist first about any questions you may have.

What happens if I have trouble paying my rent or have any other housing issues after I leave the shelter?

After you leave the shelter, you can contact Homebase for aftercare services. Contact them immediately if you have trouble paying your rent, including any rent increase on lease renewal. Call **311** to find the Homebase location closest to you or call your non-residential provider.

(Turn page)

You Should Know

- A landlord or Broker may not refuse to accept CityFHEPS. Refusal to accept CityFHEPS may constitute source of income discrimination under the NYC Human Rights Law.
- Side deals with landlords and brokers are prohibited.
- If a landlord or broker refuses CityFHEPS or asks you for a side deal, call the DSS Source of Income Discrimination Unit at (929)-221-6576.
- The HRA security voucher is considered payment of security. A landlord or broker should not ask you to pay any additional monies for security.
- Brokers should not ask you to pay any additional broker fees because DSS is paying your broker fee.
- Your landlord cannot force you to move to a different unit.
- Call the HRA Fraud Hotline at 718-722-8001 immediately if the unit you viewed at your walkthrough is not the same unit you are offered at move in.

SAMPLE

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

Preguntas Frecuentes sobre CityFHEPS

(Para residentes de los refugios del Departamento de Servicios para la Falta de Vivienda y de la Administración de Recursos Humanos o para aquellos que hayan quedado en la calle)

Este documento proporciona información general sobre el programa de CityFHEPS. Esta información es para los hogares que vivan actualmente en un refugio o que se hayan quedado en la calle y estén solicitando por primera vez los beneficios de CityFHEPS. Este documento no fue creado para proporcionar todos los detalles sobre cómo funciona el programa de CityFHEPS.

¿Qué es CityFHEPS?

CityFHEPS es un programa de asistencia de alquiler para ayudar a personas y familias a encontrar y conservar la vivienda. El programa es administrado por el Departamento de Servicios Sociales (DSS, por sus siglas en inglés), el cual incluye al Departamento de Servicios para la Falta de Vivienda (DHS, por sus siglas en inglés) y a la Administración de Recursos Humanos (HRA, por sus siglas en inglés).

¿Puedo yo recibir CityFHEPS?

No todas las personas o familias que actualmente vivan en un refugio o en la calle, calificarán para el programa.

Para poder recibir CityFHEPS, usted tiene que cumplir ciertos criterios de elegibilidad:

Estos criterios incluyen:

- Solicitar cualquiera de los beneficios de asistencia pública para los cuales sea elegible y aceptarlos si son ofrecidos.
- Tener un ingreso bruto de hogar a nivel o por debajo del 200% del nivel de pobreza federal.
- No calificar para ningún otro programa de asistencia de alquiler.

Si tiene cualquier pregunta sobre CityFHEPS o su elegibilidad, hable con el especialista en vivienda o el administrador del caso.

¿Cómo sabré si soy elegible para recibir CityFHEPS?

Usted sabrá si podría ser elegible para recibir CityFHEPS cuando reciba la “Carta para Búsqueda de Vivienda” y la “Carta de la Porción del Hogar.” Estas cartas son expedidas por el DSS y le serán proporcionadas por medio al especialista en vivienda o el administrador del caso. Una vez haya recibido estas cartas, usted podrá iniciar la búsqueda de vivienda.

Una vez haya encontrado vivienda, tendrá que informarle al especialista en vivienda o al administrador del caso. Ellos le ayudarán a presentar los documentos necesarios para que el DSS determine si usted es elegible para recibir CityFHEPS y si la vivienda califica para participar en el programa.

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¿Debo recibir la Asistencia en Efectivo para poder recibir CityFHEPS?

Si su hogar es elegible para recibir la Asistencia en Efectivo, usted tiene que recibir esos beneficios también. Además, usted no debe tener ninguna “sanción” en su caso. Una sanción se da cuando usted o alguna persona en el hogar no cumple con las normas de la HRA y por tanto, se reducen los beneficios que recibe el hogar. Si usted o alguna persona tiene alguna sanción, tendrá que ir al Centro de Trabajo de DSS/HRA para anularla, antes de poder recibir CityFHEPS.

¿Por cuánto tiempo podré recibir CityFHEPS?

El programa de CityFHEPS generalmente ofrece cuatro renovaciones anuales con extensiones adicionales, si existe “motivo justificado”.

Este máximo de cinco años no corresponde a los hogares que incluyan a personas de 60 años de edad o mayores, o a hogares que incluyan algún adulto que reciba beneficios federales por discapacidad. La renovación está sujeta al cumplimiento del criterio de elegibilidad por parte del hogar y a la disponibilidad de fondos.

¿Qué hago con las cartas de búsqueda de vivienda y de la porción del hogar?

Una vez que el DSS determine la posibilidad de que usted reciba CityFHEPS, el especialista en vivienda o el administrador de caso le entregará dos documentos: una carta de búsqueda de vivienda y una carta de la porción del hogar.

El recibir estas cartas no significa que usted es definitivamente elegible para recibir CityFHEPS. Solo quiere decir que usted posiblemente es elegible para recibir CityFHEPS. Su elegibilidad para el programa solo se determinará una vez que usted haya encontrado apartamento, habitación de ocupación individual (SRO, por sus siglas en inglés) o una habitación normal y su administrador del caso o especialista en vivienda haya presentado al DSS el paquete de documentos requeridos.

Una vez usted haya recibido la carta de búsqueda de vivienda y la carta de contribución del hogar, repáselas y converse sobre ellas con el administrador del caso o el especialista en vivienda. Si la información personal y de ingreso que aparece en las cartas es correcta, el administrador del caso o el especialista en vivienda empezará a ayudarle a buscar vivienda permanente.

Es su responsabilidad buscar y encontrar vivienda. Durante la búsqueda, usted debe considerar los factores más importantes para usted. Por ejemplo, puede que usted necesite estar cerca de la familia, escuela, doctores, etc.

¿De qué forma me ayudan estas cartas a buscar apartamento?

La carta de búsqueda de vivienda le servirá como guía a usted, a los posibles arrendadores y a cualquier agente inmobiliario que trabaje con usted, durante la búsqueda de vivienda

La carta de búsqueda de vivienda le explicará los siguientes puntos a usted, al arrendador y/o al agente inmobiliario:

- El máximo de alquiler permitido por CityFHEPS, según el número de integrantes del hogar y el tipo de vivienda;
- Algunos de los incentivos económicos que el DSS le podría ofrecer al arrendador o al agente inmobiliario y;
- Los tipos de documento que se necesitan por parte del arrendador o del agente inmobiliario para dar seguimiento a la evaluación para la elegibilidad de CityFHEPS.

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La Carta de la Porción del Hogar es **solo para su uso personal**. No es para compartirse con posibles arrendadores o agentes inmobiliarios.

La Carta de la Porción del Hogar le indica:

- la posible cantidad del suplemento de asistencia de alquiler de CityFHEPS;
- la porción del alquiler que usted podría tener que pagar (la “porción del hogar”) y
- las razones por las cuales hemos determinado que usted posiblemente sea elegible para recibir CityFHEPS.

Esta carta también provee detalles sobre el ingreso de su hogar que el DSS tiene archivado. Es importante que usted repase esta información para asegurarse de que sea correcta. Si se le aprueba el CityFHEPS, usted recibirá una carta del DSS indicando la porción final que le toca pagar a su hogar. Si su información ha cambiado después de haber recibido la Carta de la Porción de su Hogar, la cantidad a pagar indicada en la carta de aprobación puede que sea distinta. La Carta de Aprobación indica la cantidad correcta que usted tiene que pagar.

¿Qué tipo de vivienda puedo alquilar mediante CityFHEPS?

¿En dónde puedo utilizar CityFHEPS?

Usted puede utilizar CityFHEPS para alquilar un apartamento completo, una sola habitación en un apartamento, o una habitación de ocupación individual (SRO, por sus siglas en inglés). Toda vivienda debe estar ubicada en los cinco (5) condados de la ciudad de Nueva York.

Las habitaciones SRO solo están disponibles para los hogares de un solo adulto. El máximo alquiler que CityFHEPS admite es de \$1,047 mensual.

Una sola habitación está disponible para los hogares de no más de dos adultos. El máximo alquiler que CityFHEPS admite es de \$800 mensuales.

Un apartamento puede ser alquilado por un hogar con cualquier número de integrantes. El máximo alquiler que CityFHEPS admite se basa en el número de integrantes del hogar. Vea la tabla que sigue a continuación.

Unidad de vivienda	Apartamento						
	Número de integrantes del hogar	1	2	3 o 4	5 o 6	7 o 8	9 o 10
Máximo de alquiler		\$1,246	\$1,303	\$1,557	\$2,010	\$2,257	\$2,600

¿Cómo se determina la cantidad de alquiler que tengo que pagar?

La cantidad de alquiler que usted tiene que pagar se determina según varios factores. Estos incluyen el número de integrantes del hogar y el ingreso de cada integrante.

¿Cómo sabré la cantidad que CityFHEPS le pagará al arrendador y cuánto tendré que pagar yo?

Si a usted se le aprueba CityFHEPS, nosotros le enviaremos un aviso de aprobación que indicará la cantidad que nosotros le pagaremos a su arrendador y la cantidad que usted deberá pagar.

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¿Tengo el derecho de permanecer en la misma vivienda mientras reciba CityFHEPS?

Por lo general, si usted está en una vivienda de alquiler regulado, puede permanecer en la vivienda. Por lo demás, su derecho de quedarse en la vivienda se basa en las condiciones del contrato de alquiler.

¿Cuándo puede aumentar mi alquiler?

Si usted está en un apartamento de alquiler regulado, su alquiler solo puede aumentar por la cantidad permitida por la ley. Si usted no está en un apartamento de alquiler regulado por ley, el arrendador puede aumentar el alquiler al renovar el contrato de alquiler.

¿Qué tal si el arrendador me exige que yo pague más dinero?

Su arrendador no puede exigir que usted pague más dinero de la porción del hogar que nosotros hemos determinado, a menos que se disminuya su asignación de albergue.

Dada tal disminución, usted tendrá que cubrir la diferencia.

Su arrendador no puede pedirle depósito de garantía porque el DSS le ha proveído a éste un vale de garantía. Si su arrendador le exige que pague más dinero, favor de informar a su administrador de caso o especialista en vivienda.

¿Qué tal si mi arrendador se rehúsa a aceptar CityFHEPS?

Los arrendadores/agentes inmobiliarios no pueden rehusarse a alquilarle vivienda porque usted esté recibiendo CityFHEPS. Esto se denomina discriminación en base a la "fuente de ingreso" y es ilegal en la ciudad de Nueva York. Favor de llamar a la Unidad del DSS contra la Discriminación en base a Fuente de Ingreso al 929-221-6576, en caso de que su arrendador se rehúse a alquilarle la vivienda porque usted recibe CityFHEPS.

¿A quién llamo si necesito ayuda o si tengo alguna pregunta sobre CityFHEPS?

Hable primero con el administrador o el especialista de su caso.

¿Qué pasa si me se me dificulta pagar el alquiler o si tengo otros problemas con la vivienda después de salir del refugio?

Después de salir del refugio, usted puede comunicarse con Homebase para recibir servicios de atención complementaria. Si se le dificulta pagar el alquiler, lo que incluiría cualquier aumento de alquiler al renovarse el contrato, comuníquese con ellos de inmediato. Llame al **311** para ubicar el local de Homebase más cercano o llame a su proveedor de servicios no residenciales.

Lo que usted debe saber

- El arrendador o agente inmobiliario no puede rehusarse a aceptar CityFHEPS. El rehusarse a aceptar CityFHEPS puede constituir discriminación en base a la fuente de ingreso, conforme a la Ley de Derechos Humanos de la ciudad de Nueva York.
- Quedan prohibidos los tratos por separado con arrendadores y agentes inmobiliarios.
- Si el arrendador o agente inmobiliario rehúsa CityFHEPS o le propone un trato aparte, llame a la Unidad del DSS contra la Discriminación en base a la Fuente de Ingreso al (929)-221-6576.
- El vale de garantía de la HRA se considera pago de garantía. El arrendador o agente inmobiliario no debe exigirle a usted que pague ningún dinero adicional a la garantía.
- Los agentes inmobiliarios no deben exigirle a usted que pague ninguna comisión inmobiliaria adicional, puesto que el DSS está pagando la misma.
- Su arrendador no le puede forzar a mudarse a otra vivienda.
- Si la vivienda que usted inspeccionó inicialmente no es la misma que se le está ofreciendo a la hora de la mudanza, llame de inmediato a la Línea de Emergencia para Fraude de la HRA al 718-722-8001.

SAMPLE

El CityFHEPS es similar al programa federal de la Sección 8, en el sentido de que, sujeto a la disponibilidad de fondos, provee asistencia, incluida la asistencia de alquiler de cantidades determinadas, a los arrendadores e inquilinos que deseen entablar una relación mutua. Toda relación contractual será exclusivamente entre cada inquilino participante en el programa y el arrendador que participa igualmente en el programa.



Department of Social Services

DSS-7o (E) 10/16/2018 (page 1 of 3) LLF

Date: _____

Referring Agency/CBO: _____

**Application for CityFHEPS
(Rooms Only)**

This is a CityFHEPS application for the household below. We submit this application, along with the completed CityFHEPS packet cover sheet, on the household's behalf. If eligible, please approve and issue the appropriate Department of Social Services (DSS) checks and documents.

1. Referral Source		2. Request Type	
<input type="checkbox"/> APS	<input type="checkbox"/> Homebase	<input type="checkbox"/> To stay	<input type="checkbox"/> New move
<input type="checkbox"/> HAP	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> Transfer move	

3. Household Information			
Applicant Name:		Cash Assistance (CA) Case Number:	

Address (Number, Street, Apartment/Room):	City:	State:	Zip Code:
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Name	DOB	Relationship to Applicant	CA Status	Income/Frequency	Type of Income
		SELF			

1. Requested Room Rent:	\$ _____
2. Enter the greater amount of 2a or 2b	\$ _____
2a. \$50	
2b. Monthly CA Shelter Allowance: \$ _____	
3. Proposed CityFHEPS Monthly Rental Assistance (#1 minus #2):	\$ _____

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4. Landlord and Room Rental Information					
Landlord's Name:					
Landlord's Address			Address of Room to be Rented		
Number, Street, Apartment/Room:			Number, Street, Apartment/Room:		
City:	State:	Zip Code:	City:	State:	Zip Code:

5. Clearances Completed	
<input type="checkbox"/> Is the apartment subsidized housing (e.g. NYCHA, Section 8, FEPS): If yes, subsidy type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Landlord Room Rentals Checklist</u>	
<input type="checkbox"/> Inspection or walk through completed, residence approved	Date: _____
<input type="checkbox"/> Room is NOT in a unit subject to Rent Stabilization	Date: _____
<input type="checkbox"/> Apartment does NOT have more than 3 bedrooms	Date: _____
<input type="checkbox"/> Are heat, hot water, electricity, and cooking gas (if stove is not electric) included in the rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Payment Request
<input type="checkbox"/> Payment in the amount of \$ _____, representing the first four months of rent, minus any shelter allowance for months two (2), three (3), and four (4), made payable to: _____ (landlord or authorized payee)
<input type="checkbox"/> Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (W-137A)
<input type="checkbox"/> Check box if client can move in before the lease start date*
* Partial rent is available if the household can move in one day after approval (except for approvals on or before the 3rd day of the month or on or after the 3rd day before the end of the month). In the case of approvals on or before the 3rd day of the month, that month will count as the first full month.

(Turn Page)

Certification:

I declare under penalty of perjury that all statements made on and documents submitted with this application are correct and complete to the best of my knowledge. I certify that by signing this application, I agree to an investigation conducted by the New York City Human Resources Administration (HRA) to verify or confirm the information I have submitted, and determine my eligibility for CityFHEPS.

Applicant - Print Name

Applicant - Signature

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

Signed:

SAMPLE

Caseworker - Print Name

Caseworker - Signature

Phone

Email

Supervisor - Print Name

Supervisor - Signature

Fecha: _____

Agencia que refiere/CBO: _____

Solicitud de CityFHEPS (Habitaciones solamente)

La presente es una solicitud de CityFHEPS para el hogar a continuación. Nosotros estamos presentando esta solicitud en nombre del hogar, con la hoja adjunta y rellena del paquete de CityFHEPS. En caso de elegibilidad, favor de aprobar y expedir los cheques y documentos apropiados del Departamento de Servicios Sociales (DSS, por sus siglas en inglés).

1. Fuente de referencia		2. Tipo de petición	
<input type="checkbox"/> APS	<input type="checkbox"/> Homebase	<input type="checkbox"/> Sin mudanza	<input type="checkbox"/> Nueva mudanza
<input type="checkbox"/> HAP	<input type="checkbox"/> Reasignación rápida de vivienda	<input type="checkbox"/> Mudanza de transferencia	

3. Información sobre el hogar

Nombre del solicitante:		Número de caso de Asistencia en Efectivo (CA, por sus siglas en inglés):	
Dirección (número, calle, apartamento/habitación):		Ciudad:	Estado: Código postal:

Nombre	Fecha de nacimiento	Relación con el solicitante	Estado de CA	Ingreso/frecuencia	Tipo de ingreso
		SÍ MISMO(A)			

1. Alquiler solicitado por la habitación:	\$ _____
2. Anote la mayor entre las cantidades 2a y 2b	\$ _____
2a. \$50	
2b. Asignación mensual de albergue de CA: \$ _____	
3. Asistencia mensual propuesta para el alquiler de CityFHEPS (#1 menos #2):	\$ _____

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4. Información sobre el arrendador y el alquiler de la habitación					
Nombre del arrendador:					
Dirección del arrendador			Dirección del local a ser alquilado		
Número, calle, apartamento/habitación:			Número, calle, apartamento/cuarto:		
Ciudad:	Estado:	Código postal:	Ciudad:	Estado:	Código postal:

5. Autorización finalizada	
<input type="checkbox"/> ¿Es el apartamento una vivienda subsidiada (ej., NYCHA, Sección 8, FEPS): En caso afirmativo, tipo de subsidio: _____ <input type="checkbox"/> Sí <input type="checkbox"/> No	
<u>Lista de control de habitaciones alquiladas por el arrendador</u>	
<input type="checkbox"/> Inspección o vista final realizada, residencia aprobada	Fecha: _____
<input type="checkbox"/> La habitación NO es parte de una vivienda sujeta a la estabilización de alquiler	Fecha: _____
<input type="checkbox"/> El apartamento NO tiene más de 3 dormitorios	Fecha: _____
<input type="checkbox"/> ¿Están la calefacción, el agua caliente, la electricidad y el gas para cocinar (si la estufa no es eléctrica) incluidos en el alquiler?	<input type="checkbox"/> Sí <input type="checkbox"/> No

6. Petición de Pago
<input type="checkbox"/> Pago por la cantidad de \$ _____, correspondiente a los primeros cuatro meses de alquiler, sustraída de toda asignación para los meses dos (2), tres (3) y cuatro (4), pagaderos a: _____ (arrendador o beneficiario autorizado)
<input type="checkbox"/> Petición de Asistencia de Emergencia, Asignaciones Adicionales, o de Añadir a una Persona al Caso de Asistencia en Efectivo (Sólo para Participantes) (W-137A [S])
<input type="checkbox"/> Marque la casilla si el cliente se puede mudar a la vivienda antes de la fecha de inicio del contrato de alquiler*
* Hay alquiler parcial disponible si la familia se puede mudar a la vivienda el día posterior a la aprobación (excepto en caso de aprobación el 3er día del mes o el 3er día antes del final del mes, o después). En caso de aprobación el 3er día del mes o antes, ese mes se considerará el primer mes completo.

(Voltee la página)

Certificación:

Declaro bajo pena de perjurio que todas las declaraciones prestadas en esta solicitud y en los documentos adjuntos son correctas y completas, según mi leal saber y entender. Certifico que al firmar esta solicitud, acepto una investigación por parte de la Administración de Recursos Humanos (HRA, por sus siglas en inglés) de la ciudad de Nueva York, para verificar o confirmar la información presentada por mí y para determinar mi elegibilidad para CityFHEPS.

Solicitante – Nombre en letra de molde

Solicitante - Firma

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE

Firmas:

Trabajador de caso -
Nombre en letra de molde

Trabajador de caso - Firma

Número de teléfono

Correo electrónico

Supervisor - Nombre en letra de molde

Supervisor - Firma



Date: _____

CityFHEPS PROGRAM PARTICIPANT AGREEMENT

Program Applicant Name: _____

I, _____, have applied for a monthly rental assistance supplement from the CityFHEPS program to help my household pay rent for the following unit, which I have personally viewed:

SAMPLE

I understand and agree to the following:

1. I agree to:
 - provide accurate, complete and current information on income and household composition;
 - provide supporting documentation as needed to verify my household's eligibility;
2. Any information I provide in connection with my application for CityFHEPS will be subject to verification by HRA. If any information I provide is incorrect, I may be denied CityFHEPS.
3. I agree to an investigation to verify or confirm the information I have given in connection with my request for CityFHEPS. If additional information is requested, I will provide it.

(Turn page)

I further understand and agree to the following if I am approved for CityFHEPS:

1. My CityFHEPS approval notice will list my CityFHEPS Rental Assistance Supplement Amount.
2. HRA will pay the CityFHEPS Rental Assistance Supplement Amount directly to my landlord (or their designee) each month.
3. I understand that HRA will pay a Rental Assistance Supplement Amount. If I am on Cash Assistance, HRA may also pay my landlord (or landlord's designee) a Shelter Allowance. I understand that **I am responsible for paying the rest of my rent.**
4. I agree to file for all work supports for which I am entitled. These work supports include public benefits and tax credits, such as the Earned Income Tax Credit (EITC), the Child Tax Credit (CTC) and the Child Care Tax Credit (CCTC). For assistance with tax preparation, I may visit www.nyc.gov/taxprep, or call 311 and ask for "tax preparation assistance."
5. I must make best efforts to keep my housing.
6. I can get help and referrals from my local Homebase office or other designated service provider for things like landlord-tenant mediation and anti-eviction services.
7. All members of my household who are eligible for Cash Assistance (CA) must receive CA.
8. If my household may be eligible for any federal or State housing benefit, including Section 8 or FHEPS, I must apply for such benefits and accept them if offered.
9. If my household is eligible for HRA Shelter, my household cannot include the person(s) who made my household eligible for HRA Shelter.
10. I must get HRA's approval before I move into a new apartment.
11. I agree to promptly notify HRA, by calling 929-221-0043, if:
 - I move;
 - I am served with eviction papers;
 - My landlord or the person I pay rent to changes; or
 - I fall behind in paying my rent.
12. If I am renting a room or a Single Room Occupancy (SRO) unit and I plan to add someone under 18 to my household, I will promptly notify HRA, by calling 929-221-0043, so I can get help moving to an apartment.

(Turn page)

13. I understand that CityFHEPS cannot be combined with any other rental assistance program, except with the prior approval of HRA.

14. I will cooperate fully with the City in its administration of the CityFHEPS program.

You Should Know

- A Landlord or Broker may not refuse to accept CityFHEPS. Refusal to accept CityFHEPS may constitute source of income discrimination under the NYC Human Rights Law.
- Side deals with landlords and brokers are prohibited.
- If a landlord or broker refuses CityFHEPS or asks you for a side deal, call the DSS Source of Income Discrimination Unit at **929-221-6576**.
- The HRA security voucher is considered payment of security. A landlord or broker should not ask you to pay any additional monies for security.
- Brokers should not ask you to pay any additional broker fees.
- Your landlord cannot force you to move to a different unit.
- Call HRA's Fraud Hotline at 718-722-8001 immediately if the unit you viewed at your walkthrough is not the same unit you are offered at move in.

Required Signatures

I have read and understand this Program Participant Statement of Understanding and agree to its terms.

Date

Program Applicant Signature

I have read and understand this Program Participant Statement of Understanding. I agree to cooperate fully with HRA and its administration of the CityFHEPS program and provide accurate information about my income and any additional information, as needed. I agree to an investigation to verify or confirm any information I provide in connection with HRA's administration of CityFHEPS.

Date

Household Member Name

Household Member Signature

Date

Household Member Name

Household Member Signature

Date

Household Member Name

Household Member Signature

(Turn page)

The following adult household members have not signed a copy of this agreement for the following reason(s):

Case Manager or Housing Specialist Name

Case Manager or Housing Specialist Signature

Date

The Case Manager or Housing Specialist signature confirms the household member information indicated above.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 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.

Fecha: _____

ACUERDO PARA EL PARTICIPANTE DEL PROGRAMA CITYFHEPS

Nombre del participante del programa: _____

Yo, _____, he solicitado el suplemento de asistencia de alquiler del programa CityFHEPS, para ayudar a mi hogar a pagar el alquiler del siguiente apartamento, el cual he visto personalmente:

Comprendo y estoy de acuerdo con lo siguiente:

- SAMPLE**
1. Estoy de acuerdo con:
 - proporcionar información exacta, completa y actual sobre el ingreso y los integrantes del hogar;
 - proporcionar documentación de apoyo para verificar la elegibilidad de mi hogar, cuando sea necesario;
 2. Cualquier información que yo proporcione en conexión con mi solicitud de CityFHEPS estará sujeta a verificación por la HRA. Si proporciono cualquier información incorrecta, yo podría ser rechazado(a) para participar en CityFHEPS.
 3. Estoy de acuerdo con que se lleve a cabo una investigación para verificar o confirmar la información que he proporcionado en conexión con mi petición de CityFHEPS. Si se solicita más información, yo la proporcionaré.

(Voltee la página)

Comprendo además y estoy de acuerdo con lo siguiente, si soy aprobado(a) para participar en el programa de CityFHEPS:

1. Mi aviso de aprobación de CityFHEPS indicará la cantidad del Suplemento de Asistencia de Alquiler de CityFHEPS.
2. La HRA le pagará el Suplemento de Asistencia de Alquiler de CityFHEPS directamente al arrendador (o a la persona designada) cada mes.
3. Comprendo que la HRA pagará una cantidad por el Suplemento de Asistencia de Alquiler. Si recibo Asistencia en Efectivo, la HRA también podría pagarle a mi arrendador (o a la persona designada por mi arrendador) una asignación de albergue. Comprendo que **yo soy responsable de pagar la cantidad restante de mi alquiler.**
4. Estoy de acuerdo con solicitar todo crédito al cual tenga derecho. Estos créditos incluyen los beneficios públicos y los créditos de impuestos, tales como el Crédito de Impuesto por Ingreso Obtenido (EITC, por sus siglas en inglés), el Crédito de Impuesto Infantil (CTC, por sus siglas en inglés) y el Crédito de Impuesto por Cuidado Infantil (CCTC, por sus siglas en inglés). Para obtener ayuda para preparar los impuestos, visite la página www.nyc.gov/taxprep o llame al 311 y pida “ayuda para preparar los impuestos”.
5. Tengo que hacer el mayor esfuerzo para mantener mi vivienda.
6. Puedo obtener ayuda y referencias de la oficina local de Homebase u otro proveedor de servicio designado, para asuntos tales como la mediación entre el arrendador y el inquilino, y servicios para evitar el desalojo.
7. Todos los integrantes de mi hogar que sean elegibles para recibir Asistencia en Efectivo (CA, por sus siglas en inglés) deben recibirla.
8. Si mi hogar fuera elegible para recibir cualquier beneficio de vivienda federal o estatal, incluyendo la sección 8 o FHEPS, yo tengo que solicitar dichos beneficios y aceptarlos si son ofrecidos.
9. Si mi hogar es elegible para recibir albergue de la HRA, mi hogar no puede vivir con la(s) persona que causaron que mi hogar fuera elegible para recibir albergue de la HRA.
10. Tengo que obtener aprobación de la HRA antes de mudarme a un nuevo apartamento.
11. Estoy de acuerdo con llamar al 929-221-0043 para notificar prontamente a la HRA, si:
 - me mudo;
 - recibo documentos para ser desalojado(a);
 - hay cambio de arrendador o de la persona a quien le pago el alquiler o
 - me atraso con el pago del alquiler.
12. Si alquilo una habitación o una habitación de ocupación individual (SRO, por sus siglas en inglés) y tengo la intención de añadir al hogar a una persona menor de 18 años, le notificaré prontamente a la HRA llamando al 929-221-0043, para obtener ayuda para mudarme a un apartamento.

(Voltee la página)

13. Comprendo que CityFHEPS no puede ser combinado con ningún otro programa de asistencia de alquiler, excepto con la aprobación previa de la HRA.

14. Cooperaré plenamente con la ciudad en la administración del programa de CityFHEPS.

Lo que usted debe saber

- El arrendador o agente inmobiliario no puede rehusarse a aceptar CityFHEPS. El rehusarse a aceptar CityFHEPS puede constituir discriminación en base a la fuente de ingreso, conforme a la Ley de Derechos Humanos de la ciudad de Nueva York.
- Quedan prohibidos los tratos por separado con arrendadores y agentes inmobiliarios.
- Si el arrendador o agente inmobiliario rehúsa CityFHEPS o le propone un trato aparte, llame a la Unidad del DSS contra la Discriminación en base a la Fuente de Ingreso al **(929)-221-6576**.
- El vale de garantía de la HRA se considera pago de garantía. El arrendador o agente inmobiliario no debe exigirle a usted que pague ningún dinero adicional a la garantía.
- Los agentes inmobiliarios no deben exigirle a usted que pague ninguna comisión inmobiliaria adicional, puesto que el DSS está pagando la misma.
- Su arrendador no le puede forzar a mudarse a otra vivienda.
- Si la vivienda que usted inspeccionó inicialmente no es la misma que se le está ofreciendo a la hora de la mudanza, llame de inmediato a la Línea de Emergencia para Fraude de la HRA al 718-722-8001.

Firmas requeridas

He leído y comprendo esta Declaración de Entendimiento del Participante del Programa y estoy de acuerdo con sus condiciones.

Fecha

Firma del solicitante del programa

He leído y comprendo esta Declaración de Entendimiento del Participante del Programa. Estoy de acuerdo con cooperar plenamente con la HRA en la Administración del programa CityFHEPS y con proporcionar información exacta sobre mis ingresos, y cualquier información adicional, cuando sea necesario. Estoy de acuerdo con la investigación para verificar o confirmar cualquier información que yo haya proporcionado en conexión con la administración de CityFHEPS por parte de la HRA.

Fecha

Nombre del integrante del hogar

Firma del integrante del hogar

Fecha

Nombre del integrante del hogar

Firma del integrante del hogar

Fecha

Nombre del integrante del hogar

Firma del integrante del hogar

(Voltee la página)

Los siguientes adultos integrantes del hogar no han firmado una copia de este acuerdo por la(s) siguiente(es) razón(es):

Nombre del administrador de caso o
especialista en vivienda

Nombre del administrador de caso o
especialista en vivienda

Fecha

El administrador de caso o especialista en vivienda confirma la información del integrante del hogar, indicada arriba.

SAMPLE
CityFHEPS es similar al programa Federal de la Sección 8 en el sentido de que, sujeto a la disponibilidad de fondos, provee asistencia, incluida asistencia de alquiler en determinadas cantidades, a los arrendadores e inquilinos que deseen establecer una relación mutua. Toda relación contractual se establecerá exclusivamente entre cada inquilino participante en el programa y el arrendador del inquilino que también participe en el programa.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.



Department of Social Services

DSS-7q (E) 10/16/2018 (page 1 of 4) LLF

Date: _____

Referring Agency/CBO: _____

Application for CityFHEPS (Apartments and Single Room Occupancy Units)

This is a CityFHEPS application for the household below. We submit this application, along with the completed CityFHEPS packet cover sheet, on the household's behalf. If eligible, please approve and issue the appropriate Department of Social Services (DSS) checks and documents.

SAMPLE

1. Referral Source		2. Request Type	
<input type="checkbox"/> APS	<input type="checkbox"/> Homebase	<input type="checkbox"/> To stay	<input type="checkbox"/> New move
<input type="checkbox"/> HAP	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> Transfer move	

3. Household Information					
Applicant Name:			Cash Assistance (CA) Case Number:		
Address:			Adults:	Minor Children:	
Name	DOB	Relationship to Applicant	CA Status	Income/Frequency	Type of Income
		SELF			

(Turn Page)

4. Household Information	
1. Lease Rent:	\$ _____
a. Is this a rent regulated apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. If yes, is the rent "preferential"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. If yes, what is the "non-preferential" rent?	\$ _____
b. Is heat and hot water included in the rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. CA Household Size	_____
3. Total Income of Household Members on CA:	\$ _____
4. Enter the greater amount of 4a or 4b	\$ _____
a. Monthly Standard CA Shelter Allowance for CA household size is	\$ _____
b. 30% of CA household's monthly gross income is	\$ _____
5. Total Income of Household Members not on CA (if applicable):	\$ _____
a. 30% of monthly gross income (if applicable):	\$ _____
6. Enter the sum of # 4 and # 5a	\$ _____
7. Proposed CityFHEPS Monthly Rent Supplement: (# 1 minus # 6):	\$ _____
8. Requested Rent Arrears Grant (if applicable):	\$ _____
9. Requested Payment of Legal & Marshal Fees (if applicable):	\$ _____

SAMPLE

5. Apartment Information					
Landlord's Name:					
Landlord's Address			Rental Address		
Number, Street, Apartment/Room:			Number, Street, Apartment/Room:		
City:	State:	Zip Code:	City:	State:	Zip Code:

6. Payment Request	
New Apartment Moves	
<input type="checkbox"/> Payment in the amount of \$ _____, representing the first full month's rent and: <input type="checkbox"/> 3 months of CityFHEPS Monthly Rental Assistance Supplement OR <input type="checkbox"/> 11 months, if available, of CityFHEPS Monthly Rental Assistance Supplement made payable to: _____ (landlord or authorized payee)	
<input type="checkbox"/> Payment in the amount of \$ _____, representing broker's fee, made payable to: _____ (broker name or company name)	
<input type="checkbox"/> Payment in the amount of \$3,500.00, representing incentive bonus	
<input type="checkbox"/> Check box if the client can move in before the lease start date* * Partial rent is available if the household can move in one day after approval (except for approvals on or before the 3rd day of the month or on or after the 3rd day before the end of the month). In the case of approvals on or before the third day of the month, that month will count as the first full month.	
Preserving Current Apartments	
<input type="checkbox"/> Payment in the amount of \$ _____, representing arrears for the period _____, made payable to: _____ (landlord or authorized payee)	
<input type="checkbox"/> Payment in the amount of \$ _____, representing legal & marshal fees, made payable to: _____ (company name)	

Certification:

I declare under penalty of perjury that all statements made on and documents submitted with this application are correct and complete to the best of my knowledge. I certify that by signing this application, I agree to an investigation conducted by the New York City Human Resources Administration (HRA) to verify or confirm the information I have submitted, and determine my eligibility for CityFHEPS.

(Applicant - Print Name)

(Applicant - Signature)

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

Signed:

(Caseworker - Print Name)

(Caseworker - Signature)

(Supervisor - Print Name)

(Supervisor - Signature)

Fecha: _____
 Agencia de _____
 Referencia/CBO: _____

Solicitud para CityFHEPS (Apartamentos y Habitaciones de Ocupación Individual)

La presente es una solicitud de CityFHEPS para el hogar a continuación. Nosotros estamos presentando esta solicitud a nombre del hogar, con la hoja adjunta y rellena del paquete de CityFHEPS. En caso de elegibilidad, favor de aprobar y expedir los cheques y documentos apropiados del Departamento de Servicios Sociales (DSS, por sus siglas en inglés).

1. Fuente de referencia	2. Tipo de petición
<input type="checkbox"/> APS <input type="checkbox"/> Homebase <input type="checkbox"/> HAP <input type="checkbox"/> Reasignación rápida de vivienda	<input type="checkbox"/> Sin mudanza <input type="checkbox"/> Nueva mudanza <input type="checkbox"/> Mudanza de transferencia

3. Información sobre el hogar		
Nombre del solicitante:	Número de caso de Asistencia en Efectivo (CA, por sus siglas en inglés):	
Dirección	Adultos:	Menores de edad:

Nombre	Fecha de Nacimiento	Relación con el solicitante	Estado de CA	Ingreso/frecuencia	Tipo de ingreso
		SÍ MISMO(A)			

(Voltee la página)

4. Información sobre el hogar	
1. Contrato de alquiler:	\$ _____
a. ¿Es éste un apartamento con alquiler regulado?	<input type="checkbox"/> Sí <input type="checkbox"/> No
i. En caso afirmativo, ¿es “preferencial” el alquiler?	<input type="checkbox"/> Sí <input type="checkbox"/> No
ii. En caso afirmativo, ¿es “no preferencial” el alquiler?	\$ _____
b. ¿Se incluye la calefacción y el agua caliente en el alquiler?	<input type="checkbox"/> Sí <input type="checkbox"/> No
2. Número de integrantes del hogar que recibe CA:	
3. Ingreso total de los integrantes del hogar que reciben CA:	\$ _____
4. Anote la mayor de las cantidades entre 4a y 4b	\$ _____
a. Asignación mensual de albergue normal de CA para el número de integrantes del hogar de CA	\$ _____
b. 30% del ingreso bruto del hogar de CA	\$ _____
5. Ingreso total de los integrantes del hogar que no reciben CA (si corresponde):	\$ _____
a. 30% del ingreso bruto mensual (si corresponde):	\$ _____
6. Anote la suma de # 4 y # 5a	\$ _____
7. Suplemento de alquiler mensual propuesto por CityFHEPS: (# 1 menos # 6):	\$ _____
8. Solicitó el subsidio por atrasos de alquiler (si corresponde):	\$ _____
9. Solicitó pago de los honorarios legales y del mariscal (si corresponde):	\$ _____

5. Información sobre el apartamento					
Nombre del arrendador:					
Dirección del arrendador			Dirección de la propiedad a ser alquilada		
Número, calle, apartamento/habitación:			Número, calle, apartamento/habitación:		
Ciudad:	Estado:	Código postal:	Ciudad:	Estado:	Código postal:

(Voltee la página)

6. Petición de Pago

Nuevas mudanzas al apartamento

- El pago por la cantidad de \$ _____, que representa el primer mes completo de alquiler y
- 3 meses del suplemento de alquiler mensual de CityFHEPS
 - O**
 - 11 meses, si disponibles, del suplemento de alquiler mensual de CityFHEPS
- pagaderos a:

(arrendador o beneficiario autorizado)

- El pago por la cantidad de \$ _____, que representa la comisión del agente inmobiliario, es pagadero a:

(nombre del agente inmobiliario o de la compañía)

- Pago por la cantidad de \$3,500.00, representa un bono de incentivo
- Marque esta casilla si el cliente se puede mudar a la vivienda antes del inicio del contrato de alquiler*

* Hay alquiler parcial disponible si la familia se puede mudar a la vivienda el día posterior a la aprobación (excepto en caso de aprobación el 3er día del mes o el 3er día antes del final del mes). En caso de aprobación el 3er día del mes o antes, ese mes se considerará el primer mes completo.

Conservación de los apartamentos actuales

- El pago por la cantidad de \$ _____, que representa atrasos durante el período de _____, es pagadero a:

(arrendador o beneficiario autorizado)

- El pago por el valor de \$ _____, que representa los honorarios legales o del mariscal, es pagadero a:

(nombre de la compañía)

(Voltee la página)

Certificación:

Declaro bajo pena de perjurio que todas las declaraciones prestadas en esta solicitud y en los documentos adjuntos son correctas y completas, según mi leal saber y entender. Certifico que al firmar esta solicitud, acepto una investigación por parte de la Administración de Recursos Humanos (HRA, por sus siglas en inglés) de la ciudad de Nueva York, para verificar o confirmar la información presentada por mí y para determinar mi elegibilidad para CityFHEPS.

(Solicitante – Nombre en letra de molde)

(Solicitante – Firma)

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE

Firmado por:

(Trabajador del caso - nombre en letra de molde)

(Trabajador del caso - firma)

(Supervisor - nombre en letra de molde)

(Supervisor - firma)

CityFHEPS Frequently Asked Questions For Clients in the Community

This document gives general information about the CityFHEPS rental assistance program. This information is for those New Yorkers who currently have housing but might be at risk of losing it. This document is not meant to provide full details about the operation of the CityFHEPS program.

What is CityFHEPS?

CityFHEPS is a rental assistance program to help individuals and families find and keep housing. It is administered by the Department of Social Services (DSS), which includes both the Department of Homeless Services (DHS) and the Human Resources Administration (HRA).

Only DSS can determine your eligibility for the program. Your eligibility is based on a number of factors. The information below provides basic guidance on how eligibility is determined.

Can I get CityFHEPS?

To be eligible for CityFHEPS, households must have a gross income at or below 200% of the federal poverty level and meet **one** of the following five (5) criteria:

1. The household includes someone who served in the U.S. Armed Forces and is at risk of homelessness; **OR**
2. The household has an unexpired LINC, CITYFEPS, or SEPS letter at the time CityFHEPS eligibility is requested (not available after 2/28/2019); **OR**
3. The household gets LINC VI or Pathway Home benefits and would be eligible for CityFHEPS if they were in DHS or HRA shelter; **OR**
4. The household was referred by a CityFHEPS qualifying program, and DSS determined that CityFHEPS was needed to avoid shelter entry; **OR**
5. The household is facing eviction in court (or was evicted in the past year)

AND:

- Includes someone who has previously lived in a DHS shelter; **OR**
- Includes someone who has an active Adult Protective Services (APS) case or is in a designated community guardianship program; **OR**
- Lives in a rent-controlled apartment and will use CityFHEPS to stay in that apartment.

(Turn Page)

How do I apply for CityFHEPS?

To apply for CityFHEPS, you must visit one of the DSS nonprofit service providers. You can visit one of our Homebase or Housing Assistance Providers (HAP) offices. There are more than 20 offices across the five boroughs of New York City. Visit <http://nyc.gov/dsshousing> to learn more about Homebase or HAP and find the location nearest to you.

Once you are at a Homebase or HAP office, a caseworker will collect the information needed by DSS to assess your potential eligibility for CityFHEPS.

The caseworker may refer you to apply for other public benefits, including federal and state rental assistance programs.

If your household is found eligible for, and offered, other benefits, you **must** accept them. This is required by the CityFHEPS program.

How will I know I am eligible for CityFHEPS?

You will know that you might be eligible for CityFHEPS when you get the DSS letters from your caseworker. There are two letters you can get from your caseworker.

These are the “Shopping Letter” and “Household Share Letter.” Households seeking to stay in their current housing or to move into new housing will both get a Household Share Letter, but only those seeking new housing will get a Shopping Letter.

Your eligibility to receive CityFHEPS will be based on a number of factors, including, but not limited to, whether or not your identified housing unit meets the CityFHEPS requirements and whether or not you meet the CityFHEPS eligibility criteria.

What do I do with the letter(s) I get from my caseworker?

The Household Share Letter is **for your use only**. It is not meant to be shared with potential landlords or brokers.

The Household Share Letter tells you:

- Your potential CityFHEPS rental assistance supplement amount;
- An estimate of how much of the rent you will have to pay (your “household share”); and
- The reasons you may be eligible to receive CityFHEPS.

It is important that you review the information on your Household Share letter to make sure it is right. If you are approved for CityFHEPS you will receive a letter from DSS with your final household share. If your information changed from when you received your Household Share Letter, the amount your Approval Letter says you will have to pay may be different. Your Approval Letter has the correct amount you have to pay.

(Turn Page)

What if I want to remain in my current housing?

Your caseworker will help you file an application for CityFHEPS with DSS, which will include your eligibility, documentation of eviction, and arrears documentation.

Your eligibility to receive CityFHEPS in your current housing unit will be based on a number of factors, including, but not limited to, whether or not your identified housing unit meets the CityFHEPS requirements, the amount of the rent arrears, and whether or not you meet the general CityFHEPS eligibility criteria.

What if I want to move to new housing?

You will get the Household Share Letter and a Shopping Letter. Your Shopping Letter is **valid for 120 days**. The expiration date is listed on the Shopping Letter. Once you have this letter, you can start to look for housing.

You may share the Shopping Letter with any potential landlord or broker. The Shopping Letter will tell you, the landlord, and/or a broker:

- The highest amount of rent CityFHEPS will allow for your household size and housing type;
- The documentation needed from the landlord or broker to continue the CityFHEPS eligibility assessment; and
- It will also direct landlords and brokers to our website, www.nyc.gov/dsshousing, where more information about financial incentives they may be eligible to receive can be obtained.

Once you have the Shopping Letter and Household Share Letters, you can start to look for an apartment, single room occupancy (SRO) unit, or room. You must find a potential housing option and then contact your caseworker to complete your application.

Once you have found an appropriate housing option for your household size and contacted your caseworker, they will then submit your application and documents on your behalf to DSS so that we can determine if you are eligible for CityFHEPS.

Do I have to be on Cash Assistance to get CityFHEPS?

If your household is eligible for Cash Assistance, you must be receiving those benefits. Additionally, you cannot have a “sanction” on your cash assistance case. A sanction is placed on a case when you, or someone in your household, do not comply with DSS/HRA rules and your household gets less benefits. If you or someone else in your household has a sanction, you must go to your DSS/HRA Job Center to clear it before you can get CityFHEPS.

How long can I keep getting CityFHEPS?

The CityFHEPS program generally provides for up to four annual renewals, with additional extensions available for “good cause” (five years total).

This five-year maximum does not apply to households that include someone who is 60 years old or older, or that include an adult who receives federal disability benefits. Renewals are subject to households continuing to meet eligibility requirements and the continued availability of funding.

What kind of housing can I rent using CityFHEPS? Where can I use my CityFHEPS?

You can use CityFHEPS to rent an entire apartment, a single room in an apartment, or a single room occupancy (SRO) unit. Any housing must be in the five (5) boroughs of New York City. SRO units are only available for households with one adult. The maximum rent that CityFHEPS will allow is \$1,047 per month.

A single room in an apartment is available to a household of no more than two adults. The maximum rent that CityFHEPS will allow is \$800 per month.

An apartment can be rented by a household of any size. The maximum rent that CityFHEPS will allow is based on household size. See the chart below.

Housing Unit	Apartment					
Household Size	1	2	3 or 4	5 or 6	7 or 8	9 or 10
Maximum Rent	\$1,246	\$1,303	\$1,557	\$2,010	\$2,257	\$2,600

How is the amount I have to pay in rent determined?

The amount you have to pay in rent is determined by a number of factors. These include your household size and the income of each household member.

What if a landlord says they won't take CityFHEPS?

Landlords/brokers cannot refuse to rent to you because you are receiving CityFHEPS. This is called "Source of Income" discrimination and it is unlawful in New York City. Please call the DSS Source of Income Discrimination Unit at 929-221-6576 if a landlord is refusing to rent to you because you receive CityFHEPS.

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

If you are approved for CityFHEPS, we will send you a notice that tells you how much we will pay your landlord and how much you must pay your landlord.

What if my landlord says I have to pay extra money?

Your landlord cannot ask you to pay more than what we have determined is your household share unless your shelter allowance goes down. If this happens, you will have to make up that difference.

Your landlord cannot ask you to pay a security deposit because DSS is giving them a voucher for security. If your landlord asks you to pay more money, please tell your caseworker immediately

Who should I call if I need help or have a question about CityFHEPS?

You should speak with your caseworker first about any questions you may have.

Do I have the right to stay in the same housing unit for as long as I receive CityFHEPS?

In general, if you are in a rent-regulated unit, you can stay in your unit. Otherwise, your right to stay in your unit is based on the terms of your lease.

When can my rent increase?

CityFHEPS does not protect you against rent increases after the end of your lease. If you are in a rent-regulated apartment, your rent can only increase in accordance with applicable regulations.

What happens if I have trouble paying my rent or any other housing issues?

You can contact Homebase for aftercare services. Contact them immediately if you have trouble paying your rent, including any rent increase on lease renewal. Call **311** to find the Homebase location closest to you.

You Should Know

- A landlord or broker may not refuse to accept CityFHEPS. Refusal to accept CityFHEPS may constitute source of income discrimination under the NYC Human Rights Law.
- Side deals, or paying landlords or brokers extra money up front or monthly through the first year, are prohibited.
- If a landlord or broker refuses CityFHEPS or asks you for a side deal, call the DSS Source of Income Discrimination Unit at (929)-221-6576.
- The HRA security voucher is considered payment of security. A landlord or broker should not ask you to pay any additional monies for security.
- Brokers should not ask you to pay any additional broker fees because DSS is paying your broker's fee.
- Your landlord cannot force you to move to a different unit.
- Call the HRA Fraud Hotline at 718-722-8001 immediately if the unit you viewed at your walkthrough is not the same unit you are offered at the time you move in.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

Preguntas Frecuentes sobre CityFHEPS Para Clientes Comunitarios

Este documento provee información general sobre el programa de asistencia de alquiler de CityFHEPS. Esta información es para aquellos neoyorquinos que actualmente cuentan con vivienda, pero pueden estar en riesgo de perderla. El propósito de este documento no es proveer los detalles completos de la operación del programa de CityFHEPS.

¿Qué es CityFHEPS?

CityFHEPS es un programa de asistencia de alquiler para ayudar a personas y familias a encontrar y conservar la vivienda. El programa es administrado por el Departamento de Servicios Sociales (DSS, por sus siglas en inglés), que incluye al Departamento de Servicios para la Falta de Vivienda (DHS, por sus siglas en inglés) y a la Administración de Recursos Humanos (HRA, por sus siglas en inglés).

Solo el DSS puede determinar la elegibilidad para el programa. La elegibilidad se basa en un número de factores. La información a continuación provee las pautas básicas de cómo se determina la elegibilidad.

¿Puedo yo recibir CityFHEPS?

Para ser elegible para CityFHEPS, los hogares deben tener un ingreso bruto al nivel de pobreza federal o a menos del 200% del mismo nivel y cumplir **uno** de los siguientes cinco (5) criterios:

1. El hogar incluye a alguien que sirvió en la Fuerzas Armadas de EE.UU. y que corre riesgo de perder la vivienda; **○**
2. El hogar tiene una carta vigente de LINC, CITYFEPS o SEPS, a la hora de solicitar la elegibilidad para CityFHEPS (no disponible después del 2/28/2019); **○**
3. El hogar recibe beneficios de LINC VI o Pathway Home y sería elegible para CityFHEPS, si estuviera en un refugio de DHS o HRA; **○**
4. El hogar fue referido por un programa calificado de CityFHEPS y el DSS ha determinado que CityFHEPS era necesario para evitar ingreso al refugio; **○**
5. El hogar se enfrenta a desalojo judicial (o fue desalojado durante el año pasado)

Y además:

- incluye a alguien que vivió previamente en un refugio de DHS; **○**
- incluye a alguien que tiene un caso activo de Servicios para la Protección de Adultos (APS, por sus siglas en inglés) o que participa en un programa designado de tutela comunitaria; **○**
- vive en un apartamento de alquiler controlado y utilizará CityFHEPS para permanecer en ese apartamento.

(Voltee la página)

¿Cómo solicito CityFHEPS?

Para solicitar CityFHEPS usted debe visitar uno de los proveedores sin fines de lucro del DSS. Puede visitar una de nuestras oficinas de Homebase o de los Proveedores de Asistencia para la Vivienda (HAP, por sus siglas en inglés). Hay más de 20 oficinas en los cinco condados de la ciudad de Nueva York. Visite <http://nyc.gov/dsshousing> para más información sobre Homebase o HAP y para ubicar la oficina más cercana a usted.

En la oficina de Homebase o de HAP, el trabajador del caso recopilará la información necesaria para que el DSS evalúe su posibilidad de elegibilidad para CityFHEPS.

El trabajador del caso le podría recomendarle que presente solicitud para otros beneficios públicos, incluyendo programas de asistencia de alquiler federales y estatales.

Si se determina que su hogar es elegible para otros beneficios y si se le ofrecen dichos beneficios, usted **tiene que** aceptarlos. Éste es un requisito del programa de CityFHEPS.

¿Cómo sabré si soy elegible para recibir CityFHEPS?

Usted sabrá si podría ser elegible para recibir CityFHEPS cuando reciba las cartas del DSS por parte de su trabajador de caso. Hay dos cartas que usted puede recibir de parte de su trabajador del caso.

Éstas son la “carta de búsqueda de vivienda” y la “carta de porción del hogar”. Los hogares que desean quedarse en su actual vivienda o mudarse a nueva vivienda ambos recibirán la carta de porción del hogar, pero solo aquellos que deseen mudarse a nueva vivienda recibirán la carta de búsqueda de vivienda.

Su elegibilidad para recibir CityFHEPS se basará en una serie de factores, incluyendo, sin limitarse a, si su vivienda identificada reúne los requisitos de CityFHEPS y si usted reúne los criterios de elegibilidad de CityFHEPS.

¿Qué debo hacer con la(s) carta(s) que reciba de parte del trabajador mi caso?

La carta de la porción del hogar es solo **para su uso personal**. No es para compartirse con posibles arrendadores o agentes inmobiliarios.

La carta de la porción del hogar le indica:

- la posible cantidad del suplemento de asistencia alquiler de CityFHEPS;
- un cálculo de la porción del alquiler que usted tendrá que pagar (la “porción de su hogar”); y
- las razones por las cuales usted podría ser elegible para recibir CityFHEPS.

Es importante que usted repase la información en la carta de la porción del hogar para cerciorarse de que sea correcta. Si se le aprueba el CityFHEPS, usted recibirá una carta de parte del DSS con la cantidad final de la porción de su hogar. Si su información ha cambiado desde que recibió la carta de la porción del hogar, la cantidad indicada en su carta de aprobación que usted tendrá que pagar puede ser distinta. La carta de aprobación indica la cantidad que usted tiene que pagar.

(Voltee la página)

¿Qué tal si deseo permanecer en mi actual vivienda?

Su trabajador de caso le ayudará a presentar una solicitud para CityFHEPS ante el DSS, que incluirá su elegibilidad, documentación del trámite de desalojo y documentación sobre atrasos de alquiler.

Su elegibilidad para recibir CityFHEPS en su actual vivienda se basará en una serie de factores, incluyendo, sin limitarse a, el cumplimiento por parte de su vivienda identificada de los requisitos de CityFHEPS, la cantidad de atrasos de alquiler y si la vivienda que se ha identificado cumple o no los criterios generales de elegibilidad de CityFHEPS.

¿Qué tal si deseo mudarme a una nueva vivienda?

Usted recibirá la carta de la porción del hogar y la carta de búsqueda de vivienda. La carta de búsqueda de vivienda permanecerá en **vigor por 120 días**. La fecha de vencimiento aparece en la carta de búsqueda de vivienda. Una vez usted reciba esta carta, puede iniciar la búsqueda de vivienda.

Usted puede compartir la carta de búsqueda de vivienda con cualquier posible arrendador o agente inmobiliario. La carta de búsqueda de vivienda le indicará a usted, al arrendador y/o al agente inmobiliario:

- El máximo de alquiler permitido por CityFHEPS, según el número de integrantes del hogar y el tipo de vivienda
- Los documentos que se necesitan por parte del arrendador o del agente inmobiliario para continuar la evaluación para la elegibilidad de CityFHEPS; y
- Nuestro sitio web, www.nyc.gov/dsshousing, en donde hay disponible más información sobre los incentivos económicos que el arrendador y agente inmobiliario podrían ser elegibles para recibir.

Una vez usted reciba las cartas de búsqueda de vivienda y de la porción del hogar, puede empezar a buscar apartamento, habitación de ocupación individual (SRO, por sus siglas en inglés), o una habitación. Usted debe encontrar una posible opción de vivienda y luego comunicarse con su trabajador de caso para finalizar su solicitud

Una vez haya ubicado vivienda adecuada para el número de integrantes de su hogar y se haya comunicado con su trabajador de caso, su solicitud y documentos serán presentados en su nombre al DSS, para que nosotros podamos determinar su elegibilidad para CityFHEPS.

¿Debo recibir la Asistencia en Efectivo para poder recibir CityFHEPS?

Si su hogar es elegible para recibir la Asistencia en Efectivo, usted tiene que recibir esos beneficios también. Además, usted no debe tener ninguna “sanción” en su caso de Asistencia en Efectivo. Una sanción se da cuando usted o alguna persona en el hogar no cumple las reglas del DSS/HRA y su hogar recibe menos beneficios. Si usted o alguna persona tiene alguna sanción, tendrá que ir al Centro de Trabajo de DSS/HRA para anularla, antes de poder recibir CityFHEPS.

¿Por cuánto tiempo podré recibir CityFHEPS?

El programa de CityFHEPS generalmente ofrece cuatro renovaciones anuales con extensiones adicionales, si existe “motivo justificado” (por un total de cinco años).

Este máximo de cinco años no corresponde a los hogares que incluyan a personas de 60 años de edad o mayores, o a hogares que incluyan algún adulto que reciba beneficios federales por discapacidad. La renovación está sujeta al cumplimiento del criterio de elegibilidad por parte del hogar y a la disponibilidad de fondos.

(Voltee la página)

¿Qué tipo de vivienda puedo alquilar mediante CityFHEPS?

¿En dónde puedo utilizar CityFHEPS?

Usted puede utilizar CityFHEPS para alquilar un apartamento completo, una sola habitación en un apartamento o una habitación de ocupación individual (SRO, por sus siglas en inglés). Toda vivienda debe estar ubicada en los cinco (5) condados de la ciudad de Nueva York.

Las habitaciones SRO solo están disponibles para los hogares de un solo adulto. El máximo alquiler que CityFHEPS admite es de \$1,047 mensual.

Una sola habitación está disponible para los hogares de no más de dos adultos. El máximo alquiler que CityFHEPS admite es de \$800 mensuales.

Un apartamento puede ser alquilado por un hogar con cualquier número de integrantes. El máximo alquiler que CityFHEPS admite se basa en el número de integrantes del hogar. Vea la tabla que sigue a continuación.

Housing Unit	Apartamento					
Household Size	1	2	3 o 4	5 o 6	7 o 8	9 o 10
Maximum Rent	\$1,246	\$1,303	\$1,557	\$2,010	\$2,257	\$2,600

¿Cómo se determina la cantidad de alquiler que tengo que pagar?

La cantidad de alquiler que usted tiene que pagar se determina según varios factores. Estos incluyen el número de integrantes del hogar y el ingreso de cada integrante.

¿Qué tal si mi arrendador se rehúsa a aceptar CityFHEPS?

Los arrendadores/agentes inmobiliarios no pueden rehusarse a alquilarle vivienda porque usted esté recibiendo CityFHEPS. Esto se denomina discriminación en base a la "fuente de ingreso" y es ilegal en la ciudad de Nueva York. Favor de llamar a la Unidad del DSS contra la Discriminación en base a Fuente de Ingreso al 929-221-6576, en caso de que su arrendador se rehúse a alquilarle la vivienda porque usted recibe CityFHEPS.

¿Cómo sabré la cantidad que CityFHEPS le pagará al arrendador y cuánto tendré que pagar yo?

Si a usted se le aprueba CityFHEPS, nosotros le enviaremos un aviso de aprobación que indicará la cantidad que nosotros le pagaremos a su arrendador y la cantidad que usted deberá pagar.

¿Qué tal si el arrendador me exige que yo pague más dinero?

Su arrendador no puede exigir que usted pague más dinero de la porción del hogar que nosotros hemos determinado, a menos que se disminuya su asignación de albergue. Dada tal disminución, usted tendrá que cubrir la diferencia.

Su arrendador no puede pedirle depósito de garantía porque el DSS le ha proveído a éste un vale de garantía. Si su arrendador le exige que pague más dinero, favor de informar a su trabajador de caso de inmediato.

(Voltee la página)

¿A quién llamo si necesito ayuda o si tengo alguna pregunta sobre CityFHEPS?

Hable primero con el trabajador de su caso sobre cualquier pregunta que pueda tener.

¿Tengo el derecho de permanecer en la misma vivienda mientras reciba CityFHEPS?

Por lo general, si usted está en una vivienda de alquiler regulado, puede permanecer en la vivienda. Por lo demás, su derecho de quedarse en la vivienda se basa en las condiciones del contrato de alquiler.

¿Cuándo puede aumentar mi alquiler?

CityFHEPS no le protege contra aumentos de alquiler después de que se termine su contrato. Si usted está en un apartamento de alquiler regulado, su alquiler solo puede aumentar conforme a las reglas correspondientes.

¿Qué pasa si me se me dificulta pagar el alquiler o si tengo otros problemas con la vivienda después de salir del refugio?

Puede comunicarse con Homebase para recibir servicios de atención complementaria. Si se le dificulta pagar el alquiler, lo que incluiría cualquier aumento de alquiler al renovarse el contrato, comuníquese con ellos de inmediato. Llame al **311** para ubicar el local de Homebase más cercano a usted.

Lo que usted debe saber

- El arrendador o agente inmobiliario no puede rehusarse a aceptar CityFHEPS. El rehusarse a aceptar CityFHEPS puede constituir discriminación en base a la fuente de ingreso, conforme a la Ley de Derechos Humanos de la ciudad de Nueva York.
- Quedan prohibidos los tratos por separado con arrendadores y agentes inmobiliarios.
- Si el arrendador o agente inmobiliario rehúsa CityFHEPS o le propone un trato aparte, llame a la Unidad del DSS contra la Discriminación en base a la Fuente de Ingreso al (929)-221-6576.
- El vale de garantía de la HRA se considera pago de garantía. El arrendador o agente inmobiliario no debe exigirle a usted que pague ningún dinero adicional a la garantía.
- Los agentes inmobiliarios no deben exigirle a usted que pague ninguna comisión inmobiliaria adicional, puesto que el DSS está pagando la misma.
- Su arrendador no le puede forzar a mudarse a otra vivienda.
- Si la vivienda que usted inspeccionó inicialmente no es la misma que se le está ofreciendo a la hora de la mudanza, llame de inmediato a la Línea de Emergencia para Fraude de la HRA al 718-722-8001.

El CityFHEPS es similar al programa federal de la Sección 8, en el sentido de que, sujeto a la disponibilidad de fondos, provee asistencia, incluida la asistencia de alquiler de cantidades determinadas, a los arrendadores e inquilinos que deseen entablar una relación mutua. Toda relación contractual será exclusivamente entre cada inquilino participante en el programa y el arrendador que participa igualmente en el programa.



Human Resources
Administration
Department of
Homeless Services

**Department of
Social Services**

DSS-8 (E) 09/05/2018

Notice Date: _____

Participant Name: _____

Notice of Termination of Rental Assistance Supplement Payments

Dear Landlord,

As of _____, we will stop sending you SEPS or LINC rental assistance payments on behalf of your tenant, _____, residing at _____.
After this time, your tenant will be responsible for making full rent payments to you.



If you have any questions about this notice, call 929-221-0043 to leave your name, number, and question.



Human Resources Administration

Department of Homeless Services

Department of Social Services

DSS-8a (E) 09/05/2018

Notice Date: _____

Participant Name: _____

Notice of Renewal of a Rental Assistance Supplement

We are writing to inform you that we have renewed the rental assistance supplement for the tenant listed above and enrolled them in a new program called CityFHEPS.

The City will pay the CityFHEPS Rental Assistance Payment Amount of \$ _____ per month beginning _____ until the next annual renewal.*

* The Rental Assistance Payment Amount will not change during the one year renewal period, except in limited circumstances. If the household's income goes down, the City may increase the CityFHEPS Rental Assistance Supplement payment. The payment will not decrease during the one year renewal period.

If you have any questions about CityFHEPS, visit www.nyc.gov/dsshousing.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.



Tenant Contact Information

TENANT INFORMATION
Name:
Phone Number:
Email:
Emergency Phone Number:
Emergency Contact Name/Type:
LANDLORD / MANAGEMENT COMPANY INFORMATION
Name:
Phone Number:
Email:
Payment Address:
BROKER INFORMATION
Name:
Phone Number:



CityFHEPS Approval Notice to Landlord

Dear Landlord,

_____, has been approved for CityFHEPS for the following period and at the following address:

Effective date: _____ End date: _____.

Address: _____

- 1. **Approved Apartment Rent:** \$ _____
- 2. **CityFHEPS Rental Assistance Supplement Amount (which HRA will pay to you or your designated payee):** \$ _____
- 3. **Remaining Rent (a portion of this may be paid by HRA):** \$ _____

SAMPLE

The tenant is responsible for paying you, the landlord or your designated payee, the Remaining Rent, minus any shelter allowance that HRA may be paying on the tenant's behalf.

Remember, you signed a Landlord Statement of Understanding, which explained the requirements for participating in CityFHEPS.

Please refer to www.nyc.gov/dsshousing for more information.

CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.



**Department of
Social Services**

DSS-8d (E) 10/04/2018 (page 1 of 2)

Room Rental Allocation Form

Before an individual can move into a room through the CityFHEPS program, the Department of Social Services (DSS) must confirm the following:

- That the individual’s move into the apartment will not result in more than three unrelated individuals residing in the apartment in violation of the Housing Maintenance Code;
- That DSS is not making payments on behalf of anyone who is no longer in the apartment;
- That no CityFHEPS tenants have moved from their original room to a different room within the apartment that was not inspected by the City; and
- That DSS is not paying rent on behalf of anyone else for the room you are attempting to rent to a new tenant.

Instructions: Complete this form and submit this document along with the room rental packet.

A. Landlord Information					
Landlord Name					Phone
B. Property Address					
Address					Apartment #
C. Current Room Allocation					
Room #	Occupied?	HRA Payment?	If yes, Tenant Name and Cash Assistance (CA) Number if known	Date Moved In	Is the Tenant in room indicated on the initial lease?
	Y/N	Y/N			Y/N (If No, Room # _____)
	Y/N	Y/N			Y/N (If No, Room # _____)
	Y/N	Y/N			Y/N (If No, Room # _____)
	Y/N	Y/N			Y/N (If No, Room # _____)
D. Report Any Payments For Tenants No Longer Living In The Residence					
Room #	Type of Payment	Former Tenant Name		Date Left	Possessions in room or Storage?
					Y/N
					Y/N
					Y/N
E. Proposed New Tenant Assignment					
Room #	Tenant Name				

(Turn Page)

If you are receiving any payments for tenants who no longer live in the apartment, submit this form to CityFHEPSrooms@hra.nyc.gov immediately. Payments for the room(s) you are trying to rent must be stopped before a new tenant may move in.

1. If one of your tenants has moved to a room that was not inspected by DSS, you must submit an inspection request for that room in addition to the request for the prospective tenant.

I certify that the information provided on this form is true and accurate the best of my knowledge.

Landlord Signature

Date

SAMPLE

CityFHEPS Verification of Eligibility

Applicant Name: _____

1. Referral Source			
<input type="checkbox"/> Homebase	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> HRA APS	<input type="checkbox"/> HAP

2. Income	
<input type="checkbox"/> New Cases - Household income is at or below 200% of the Federal Poverty Guidelines:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Transfer cases - Household income is at or below 250% of the Federal Poverty Guidelines:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Eligibility Criteria (must check one of the following seven categories)	
1. Has any household member served in the United States Armed Forces (veteran)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, name of veteran: _____	
2. Has any household member faced an eviction or been evicted in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Is any household member in receipt of Adult Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the household live in a rent-controlled apartment and seek to use rental assistance to preserve that apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has any household member previously resided in a DHS shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the household been referred by a CityFHEPS qualifying program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, check the referring agency:	
<input type="checkbox"/> Three-Quarter Housing Task Force	<input type="checkbox"/> DHS Intake <input type="checkbox"/> SI HB Pilot
<input type="checkbox"/> NYC Department of Correction	<input type="checkbox"/> NHPO
4. <input type="checkbox"/> Non-expired CITYFEPS or SEPS letter (option sunsets 2/28/19)	
5. <input type="checkbox"/> PATHWAY Home or LINC VI household that meets shelter eligibility criteria	
6. <input type="checkbox"/> Approved Good Cause transfer request	
7. <input type="checkbox"/> Approved Update/Conversion from _____	
(former rental assistance supplement program)	

4. Risk Assessment

Housing Options

Assess the applicant's housing options, including alternative housing assistance as well as support networks such as family, friends, faith-based or other social networks.

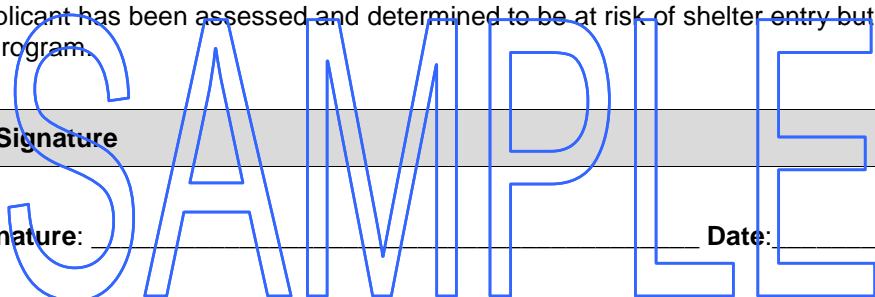
Risk of Homelessness (veterans and CityFHEPS qualifying program referrals only)

I certify that this applicant has been assessed and determined to be at risk of shelter entry but for the assistance of the CityFHEPS program.

5. Program Staff Signature

Program Staff Signature: _____ Date: _____

Program Staff Name: _____



**CityFHEPS Landlord Statement of Understanding –
 Apartment Rentals**

Unit Information

Address:	
Name of Owner:	

The unit indicated above (the "Unit") is being rented for at least a one-year period beginning on _____ to: _____
 (the "Rental Agreement Start Date") (the "Program Participant")

Please read the Statement of Understanding carefully, complete all applicable fields, and, if you understand and accept all of the terms stated below, sign in the space at the bottom.

Program Information

HRA will pay a portion of the monthly rent ("CityFHEPS Rental Assistance Supplement Amount") on behalf of the eligible CityFHEPS household to rent the Unit. The Program Participant is responsible for paying any portion of the rent that is not covered by the CityFHEPS Rental Assistance Supplement Amount and their Cash Assistance (CA) shelter allowance, if any.

CityFHEPS is similar to the Section 8 program in that, subject to the availability of funding, the City of New York is implementing a program to provide assistance to landlords and tenants who want to form a landlord-tenant relationship, including rental assistance of specified amounts. Any contractual relationship will be solely between each tenant participating in the program and such tenant's landlord participating in the program.

(Turn page)

Landlord Information

Please select one:

- I am the Owner of the unit identified above.
- I am the Registered Managing Agent for the unit identified above and have attached current proof of registration with HPD.
- I am authorized to sign this landlord statement of understanding and the lease on behalf of the owner of the unit identified above and have attached proof of such authorization.

Payment Information

Checks should be made payable to _____ on behalf of

(Owner)

Relationship of Payee to Owner: _____

Payee Phone Number: _____

Checks should be mailed to the following address:

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

I understand that I will receive at least the first full month's rent up front and (choose one):

- 3 months of CityFHEPS Rental Assistance Supplement
OR
- 11 months of CityFHEPS Rental Assistance Supplement

If the Unit is being rented with the assistance of a broker, I represent that:

- (a) The owner is not the broker.
- (b) The owner will not receive any part of the broker's fee directly or indirectly from the broker.
- (c) The premises cannot be rented without the services of the broker below:

Broker:	
License Number:	
Address:	

(Turn page)

Landlord Requirements

1. In accordance with CityFHEPS rules, I understand that I must:

- (a) Not demand, request, or receive any amount above the rent or reasonable fees that are stipulated in the lease or rental agreement;
- (b) Deem all payments made by HRA on behalf of the Program Participant that are paid in full by the final day of the month, as timely paid, regardless of any provisions in the lease to the contrary;
- (c) Accept the HRA security voucher in lieu of a cash security deposit and not request any additional security from the client;
- (d) Not move a household from one unit to another without prior written approval from both HRA and the household;
- (e) Notify HRA within 5 business days of learning that the household no longer resides in the Unit;
- (f) Notify HRA within 5 business days if any legal proceeding affecting the Program Participant's tenancy is commenced;
- (g) Notify HRA as soon as reasonably practicable if ownership or management of the premises is changing;
- (h) Return any payments from HRA for any period that the household was not residing in the Unit;
- (i) Promptly report and return to HRA any overpayments of rent, including, but not limited to: overpayments caused by inaccurate information provided to us or changes in ownership, payee, and/or management.

2. I understand that required notifications to HRA must be made in writing to:

**Rental Assistance Programs
NYC Human Resources Administration
150 Greenwich Street, 36th Floor
New York, NY 10007**

I understand that if I have any questions, I may also call 929-221-0043.

HRA will provide me with instructions on how to return any overpayments when such overpayments are reported.

3. I have read the attached "Fix Lead Paint Hazards: What Landlords Must Do and Every Tenant Should Know." I understand and agree to abide by the requirements of Local Law 1 of 2004 to the extent they are applicable to the Unit.

4. I make the following representations:

- a) I have the legal authority to rent out the Unit for the period covered by the lease or rental agreement.
- b) The rent charged in the lease is at or below the legal rent, if any, for the Unit as established by federal, state, or local law or regulations.

(Turn page)

Landlord Requirements (continued)

- 5. I understand that financial incentives from HRA will not be available for the rental of the Unit where the previous tenant was receiving FHEPS, CityFHEPS or another New York City rental assistance program, unless I can show good cause for not renewing the previous tenant.

- 6. I understand that failure to comply with any of the requirements stated above may result in my disqualification from future participation in CityFHEPS and other New York City rental assistance programs. HRA may also pursue any other available legal remedies and, in appropriate circumstances, will refer clients for legal services.

I have read the above Statement of Understanding carefully and I understand and accept all the terms stated above.

Landlord Authorized Signature

Date

Print Name and Title

SAMPLE

Attachment:

Fix Lead Paint Hazards: What Landlords Must Do and Every Tenant Should Know

**CityFHEPS Landlord Statement of Understanding –
 Room and SRO Rentals**

Unit Information

Address:	
Name of Owner:	

The unit indicated above (the "Unit") is being rented for at least a one-year period beginning on _____ to: _____
 (the "Rental Agreement Start Date") (the "Program Participant")

Please read the Statement of Understanding carefully, complete all applicable fields, and, if you understand and accept all of the terms stated below, sign in the space at the bottom.

Program Information

HRA will pay a portion of the monthly rent ("CityFHEPS Rental Assistance Supplement Amount") on behalf of the eligible CityFHEPS household to rent the Unit. The Program Participant is responsible for paying any portion of the rent that is not covered by the CityFHEPS Rental Assistance Supplement Amount and their Cash Assistance (CA) shelter allowance, if any.

CityFHEPS is similar to the Section 8 program in that, subject to the availability of funding, the City of New York is implementing a program to provide assistance to landlords and tenants who want to form a landlord-tenant relationship, including rental assistance of specified amounts. Any contractual relationship will be solely between each tenant participating in the program and such tenant's landlord participating in the program.

Landlord Information

Please select one:

- I am the Owner of the unit identified above.
- I am the Registered Managing Agent for the unit identified above and have attached current proof of registration with HPD.
- I am authorized to sign this landlord statement of understanding and the lease on behalf of the owner of the unit identified above and have attached proof of such authorization.

(Turn Page)

Payment Information

Checks should be made payable to _____

on behalf of _____
(Owner)

Relationship of Payee to Owner: _____

Payee Phone Number: _____

Checks should be mailed to the following address:

Address: _____

City: _____ State: _____ Zip Code: _____

I understand that I will receive at least the first full month's rent up front and (choose one):

3 months of CityFHEPS Rental Assistance Supplement

OR

11 months of CityFHEPS Rental Assistance Supplement

If the Unit is being rented with the assistance of a broker, I represent that:

- (a) The owner is not the broker.
- (b) The owner will not receive any part of the broker's fee directly or indirectly from the broker.
- (c) The premises cannot be rented without the services of the broker below:

SAMPLE

Broker:	
License Number:	
Address:	

Landlord Requirements

1. In accordance with CityFHEPS rules, I understand that I must:

- (a) Not demand, request, or receive any amount above the rent or reasonable fees that are stipulated in the lease or rental agreement;
- (b) Deem all payments made by HRA on behalf of the Program Participant that are paid in full by the final day of the month, as timely paid, regardless of any provisions in the lease to the contrary;
- (c) Accept the HRA security voucher in lieu of a cash security deposit and not request any additional security from the client;
- (d) Not move a household from one unit to another without prior written approval from both HRA and the household;
- (e) Not rent rooms to more than three unrelated individuals residing in one apartment.
- (f) Notify HRA within 5 business days of learning that the household no longer resides in the Unit;
- (g) Notify HRA within 5 business days if any legal proceeding affecting the Program Participant's tenancy is commenced;
- (h) Notify HRA as soon as reasonably practicable if ownership or management of the premises is changing;
- (i) Return any payments from HRA for any period that the household was not residing in the Unit;
- (j) Promptly report and return to HRA any overpayments of rent, including, but not limited to: overpayments caused by inaccurate information provided to us or changes in ownership, payee, and/or management.

(Turn Page)

Landlord Requirements (continued)

2. I understand that required notifications to HRA must be made in writing to:

**Rental Assistance Programs
NYC Human Resources Administration
150 Greenwich Street, 36th Floor
New York, NY 10007**

I understand that if I have any questions, I may also call 929-221-0043.

HRA will provide me with instructions on how to return any overpayments when such overpayments are reported.

3. I make the following representations:

- a) I have the legal authority to rent out the Unit for the period covered by the lease or rental agreement.
- b) The rent charged in the lease is at or below the legal rent, if any, for the Unit as established by federal, state, or local law or regulations.

4. I understand that financial incentives from HRA will not be available for the rental of the Unit where the previous tenant was receiving FHEPS, CityFHEPS or another New York City rental assistance program, unless I can show good cause for not renewing the previous tenant.

5. I understand that failure to comply with any of the requirements stated above may result in my disqualification from future participation in CityFHEPS and other New York City rental assistance programs. HRA may also pursue any other available legal remedies and, in appropriate circumstances, will refer clients for legal services.

I have read the above Statement of Understanding carefully and I understand and accept all the terms stated above.

SAMPLE

Landlord Authorized Signature

Date

Print Name and Title

CityFHEPS Packet Cover Sheet – Shelter

Client's Information

Client's Name: _____ Social Security Number: _____
 Agency Name: _____ Cash Assistance Case #: _____
 Staff Contact: _____ Staff Phone #: _____
 Staff e-Mail: _____
 Program Analyst: _____ CARES ID: _____
 Program Administrator: _____ Facility Code: _____

Did you include the following mandatory documents?

- | | |
|---|---|
| <input type="checkbox"/> DSS-7 or DSS-7b ("Shopping Letter") | <input type="checkbox"/> Proof of Apartment/Room Preclearance |
| <input type="checkbox"/> DSS-7a or DSS-7c ("Household Share Letter") | <input type="checkbox"/> DSS-10a Apartment Review Checklist |
| <input type="checkbox"/> Proof of last 30 days of Income
(for everyone in the household 18+) | <input type="checkbox"/> Deed/Proof of Ownership |
| <input type="checkbox"/> W-137A Request for Emergency Assistance | <input type="checkbox"/> DSS-8f or DSS-8g ("Landlord Statement of Understanding") |
| <input type="checkbox"/> DSS-7p Program Participant Agreement | <input type="checkbox"/> Signed by managing agent or other authorized representative? If checked, |
| <input type="checkbox"/> Lease or Rental Agreement for 12 months | <input type="checkbox"/> Proof of HPD Registration or Authorization |
| <input type="checkbox"/> Shelter Residency Letter | <input type="checkbox"/> W-147N Security Voucher |
| <input type="checkbox"/> DSS-8b Tenant Contact Information | |
| <input type="checkbox"/> Landlord W9 | |



Check the rental type and associated forms included. Also check which landlord incentives apply, if any:

- | | |
|---|---|
| <input type="checkbox"/> Room Rental? | <input type="checkbox"/> Apartment/SRO Rental? |
| <input type="checkbox"/> DSS-8d Room Allocation Form | <input type="checkbox"/> HRA-145 Unit Hold Incentive Voucher (Apartments Only) |
| <input type="checkbox"/> \$500 Veteran bonus for landlords | <input type="checkbox"/> Landlord bonus \$ _____ |
| | <input type="checkbox"/> CityFHEPS Rental Assistance Supplement |
| | <input type="checkbox"/> 3 months OR <input type="checkbox"/> 11 months |

If a Broker was used, did you include the following documents?

- HRA-121** Broker's Request for Enhanced Fee Payment by Check Broker License (if broker fee)

Comments: _____

CityFHEPS Packet Cover Sheet - Community

Client's Information

Client's Name: _____

Social Security Number: _____ Cash Assistance Case #: _____

Agency Name: _____ Staff Contact: _____

Staff Phone #: _____ Staff e-Mail: _____

Did you include the following mandatory documents?

- | | |
|---|---|
| <input type="checkbox"/> DSS-8e CityFHEPS Verification of Eligibility | <input type="checkbox"/> Landlord W9 |
| <input type="checkbox"/> DSS-7o or DSS-7q ("Application for CityFHEPS") | <input type="checkbox"/> Deed/Landlord Proof of Ownership |
| <input type="checkbox"/> Proof of last 30 days of Income
(for everyone in the household 18+) | <input type="checkbox"/> DSS-8f or DSS-8g ("Landlord Statement of Understanding") |
| <input type="checkbox"/> W-137A Request for Emergency Assistance | <input type="checkbox"/> Signed by managing agent or other authorized representative? If checked, |
| <input type="checkbox"/> DSS-7p Program Participant Agreement | <input type="checkbox"/> Proof of HPD Registration or Authorization |
| <input type="checkbox"/> Lease or Rental Agreement for 12 months | <input type="checkbox"/> W-147N Security Voucher |
| <input type="checkbox"/> Proof of eligibility (veteran status, APS letter, eviction) | |
| <input type="checkbox"/> DSS-8b Tenant Contact Information | |

Is the household remaining in place or moving to a new unit?

- | | |
|---|---|
| <input type="checkbox"/> Remaining in Place | <input type="checkbox"/> New Unit |
| <input type="checkbox"/> Arrears Documents | <input type="checkbox"/> DSS-7 or DSS-7b ("Shopping Letter") |
| | <input type="checkbox"/> Proof of Apartment/Room Preclearance |
| | <input type="checkbox"/> DSS-10a Apartment Review Checklist |

Check the rental type and associated forms included. Also check which landlord incentives apply, if any:

- | | |
|---|--|
| <input type="checkbox"/> Room Rental? | <input type="checkbox"/> Apartment/SRO Rental? |
| <input type="checkbox"/> DSS-8d Room Allocation Form | <input type="checkbox"/> HRA-145 Unit Hold Incentive Voucher |
| <input type="checkbox"/> \$500 Veteran bonus for landlords | <input type="checkbox"/> Landlord bonus \$ _____ |
| | <input type="checkbox"/> CityFHEPS Rental Assistance Supplement |
| | <input type="checkbox"/> 3 months OR <input type="checkbox"/> 11 months |

Do any of the following situations apply?

- | | |
|--|--|
| <input type="checkbox"/> HRA-146p Domestic Violence Action Form | <input type="checkbox"/> Broker? If checked, |
| | <input type="checkbox"/> HRA-121 Broker's Request for Enhanced Fee Payment by Check |
| | <input type="checkbox"/> Broker License (if broker fee) |

(Turn Page)

Comments:

SAMPLE

CityFHEPS Frequently Asked Questions for Landlords and Brokers

What is CityFHEPS?

CityFHEPS is a rental assistance supplement program to help individuals and families find and keep an apartment, a room, or single room occupancy (SRO) unit. CityFHEPS consolidates seven subsidies into a single program, designed to simplify and streamline the process for all New Yorkers, including landlords and brokers, who serve as partners in our efforts to connect low-income New Yorkers to stable housing. The program is administered by the Department of Social Services (DSS), which includes both the Department of Homeless Services (DHS) and the Human Resources Administration (HRA).

CityFHEPS rent levels are indexed to annual NYC Rent Guidelines Board adjustments for one-year leases and are slightly higher than previous City programs. If you house a tenant with CityFHEPS, you will receive rent payments directly from DSS/HRA.

What are the benefits of participating in CityFHEPS for landlords and brokers?

Under CityFHEPS, you will receive:

- Rents that are based on household size and indexed to annual NYC Rent Guidelines Board adjustments for one-year leases.
- The option to receive the first month's rent in full, plus the next three (3) months' rent supplement up front, or the first month's rent in full plus the next 11 months' rent supplement up front. No matter which option you choose, you will also receive a security voucher.
- Monthly rental assistance payments from DSS/HRA for up to five (5) years if your tenant continues to meet eligibility requirements and you remain in compliance with program requirements.
- A timely and standardized apartment or room "preclearance."

The following incentives may also be available:

- A \$4,300 landlord bonus at signing
- A "unit hold" incentive equal to one month's rent to ensure that landlords get paid for the time it takes to move in the tenant they've selected
- A broker's fee equal to 15% of the annual rent

For the most up-to-date information on the CityFHEPS program and benefits, please visit <http://nyc.gov/dsshousing>.

How do I participate in the CityFHEPS program or find out more?

If you are a landlord or broker,

- **Find out more information** about leasing an apartment with CityFHEPS by calling the Public Engagement Unit's Home Support Line at 929-221-0047 or filling out the online form at <http://nyc.gov/homesupportunit>.
-
- Agree to the requirements of the CityFHEPS Landlord Statement of Understanding, available at <http://nyc.gov/dsshousing>.

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

CityFHEPS Program Maximum Apartment Rent Chart (as of October 2018)						
Household Size	1	2	3 or 4	5 or 6	7 or 8	9 or 10
Maximum Rent	\$1,246	\$1,303	\$1,557	\$2,010	\$2,257	\$2,600

How much will I receive from the supplement?

Part of the rent will be covered by the CityFHEPS rental assistance supplement. If the tenant has income, they will also pay a portion of their income as rent.

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

In general, the CityFHEPS rent supplement will not change during the first year of the program, except in very limited circumstances.

What if I am offering a rented room or an SRO?

If you are offering a rented room, the maximum rent is \$800, and the CityFHEPS rental supplement will be the difference between the actual rent (up to \$800) and the tenant's contribution (\$50 or their monthly shelter allowance, whichever is greater). If you are offering an SRO, the maximum rent is \$1,047, and the CityFHEPS rental supplement will be the difference between the actual rent and the tenant's contribution (30% of the household's monthly gross income or the maximum monthly shelter allowance, whichever is greater).

What is the unit approval and leasing process?

There are several steps to the unit approval and leasing process.

Once a tenant has identified a unit, the tenant's housing specialist or case worker will begin the pre-clearance process, which is conducted by DSS.

Then, the unit and building must be clear of a specific set of violations, and a physical walkthrough is scheduled to review the unit. If the unit passes the walkthrough, the tenant's housing specialist or case worker will prepare the housing packet – including the request for a unit hold payment referenced earlier – and also schedule a lease signing for you and the tenant.

(Turn Page)

What is the unit approval and leasing process? (continued)

To learn more about what is required for the preclearance and walkthrough, you can look at the Website Clearance Checklist, Apartment Review Checklist, and the Apartment Review Checklist Guidance available on <http://nyc.gov/dsshousing>.

The lease must be signed by both you and the tenant in order for the packet to be reviewed. The lease must reflect the complete address of the unit, including the unit number.

Once the packet is complete and submitted, it undergoes a final review by DSS. If the packet is approved, a key and check exchange is scheduled by the tenant's housing specialist or case worker. At the key and check exchange, you must provide the tenant with keys for the unit they were shown, which must be the same as unit indicated on the lease. At the key and check exchange, you will receive several checks for any approved unit hold payment and the first several months of rent for the unit. You will also be provided with the security voucher.

Tenants must renew their participation in the CityFHEPS program annually. DSS will recalculate the tenant contribution of a participant based on their current income when they renew.

What help is available once my tenant moves in?

For program information and payment inquiries, contact the HRA Rental Assistance Call Center, Monday-Friday from 9 AM to 5 PM at 929-221-0043.

Are there additional CityFHEPS requirements?

- In situations where DSS/HRA makes payments for any period that the household was not residing in the unit, you are required to promptly notify HRA and return any overpayment.
- Side deals with clients are strictly prohibited. You are not permitted to request any additional fees, beyond what is legally agreed upon in the lease or rental agreement. You are prohibited from charging extra for heat and hot water if you are renting out a room or SRO.
- The unit that a CityFHEPS tenant occupies must be the same unit listed on the lease and reviewed during the walkthrough process.

The information in this fact sheet provides a general overview of the CityFHEPS program. It is not intended to provide full details concerning the operation of the program.

Note: CityFHEPS is similar to the federal Section 8 program in that, subject to the availability of funding, it provides assistance, including rental assistance of specified amounts, to landlords and tenants who want to form a landlord-tenant relationship. Any contractual relationship will be solely between each tenant participating in the program and each tenant's landlord participating in the program.

Change of Payee for CityFHEPS Payments

The person who completes this form must be either:

1. The managing agent;
 2. The person who signed the original "CityFHEPS Landlord Statement of Understanding";
- OR**
3. The current owner.

1. Tenant Information
Name: _____ Program Type: _____ Address: _____
2. Change of Payee Reason and Effective Date
Reason for Payee Change (check which box applies): <input type="checkbox"/> Change in ownership (please provide bill of sale, deed, or other proof of ownership change, if not provided already) <input type="checkbox"/> Change in Management (please provide the following if different from the payee information below): Management Company Name: _____ Address: _____ Apt. or Suite #: _____ City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Other: Please explain reason for payee change. _____ _____ Effective Date of Payee Change: _____
3. Payee Name (checks will be made payable to the designated payee on behalf of the owner)
Payee Name: _____
4. Payee Information
Name of Contact Person (if Payee is an Entity): _____ Email: _____ Phone #: _____

(Turn Page)

5. Mailing Address for Checks

Address: _____ Apt. or Suite #: _____
City: _____ State: _____ Zip Code: _____

6. Payee's Mailing Address (if different from *Mailing Address for Checks* above)

Address: _____ Apt. or Suite #: _____
City: _____ State: _____ Zip Code: _____

7. Landlord Statement

Complete and sign the statement below:

Please be advised that I _____, hereby authorize
(print landlord name)

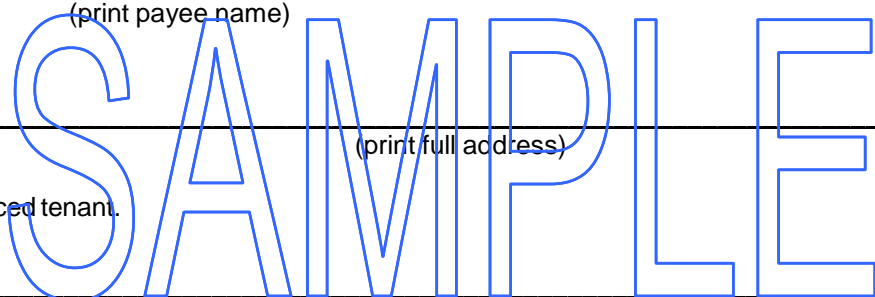
_____ to receive payment for the apartment
(print payee name)

located at: _____
(print full address)

for the above-referenced tenant.

Landlord Name: _____

Landlord Signature: _____



WEBSITE CLEARANCE CHECKLIST

In order to qualify for a CityFHEPS, State FHEPS or SOTA (NYC only) Apartment/Room Review, the apartment/room must pass the clearances below.

Client Name: _____

Shelter/Provider Name: _____

Date of website checks: _____

Apartment Information

Address: _____		
Borough: _____	Zip: _____	

Building Owner Information

Name: (Last) _____ ; (First) _____ OR name of Company _____		
BIN: _____		

SAMPLE

Department of Buildings (DOB)			
The following questions can be answered by visiting the DOB website www.nyc.gov/buildings			
1. Does this building have open vacate orders that affect either the entire building or the individual apartment/room, as per the DOB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Does this building have a Stop Work Order in effect Partial or Full that affects either the entire building or the individual apartment(s)/room(s) intended for use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Are there any complaints on the DOB BIS system in the last four years in categories 31, 45, or 71 with a final disposition code of A1 – A9, C1 – C4, or with no disposition code? http://a810-bisweb.nyc.gov/bisweb/bispi00.jsp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Does the unit appear to be a legal apartment as per the Certificate of Occupancy (C of O) on the DOB website? Note: The C of O, Temporary C of O, Letter of No Objection, or I-Card authorizes residential occupancy. http://a810-bisweb.nyc.gov/bisweb/bispi00.jsp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Please enter the date of construction of the building as listed on the C of O.	Year of construction: _____		

(Turn Page)

Department of Finance (DOF)	
The following question can be answered by visiting the DOF website https://www1.nyc.gov/site/finance/index.page .	
1. Is a building owner listed for the unit? If yes, record the building owner name.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

Department of Housing Preservation and Development (HPD)	
The following questions can be answered by visiting the HPD website https://hpdonline.hpdnyc.org/HPDOnline/provide_address.aspx or by entering the property address into the HPDONLINE section of HPD's page at www.nyc.gov/hpd .	
1. Does the unit have an open lead violation on the HPD website? Order Numbers 555, 604, 606, 607, 610, 611, 612, 614, 616, 617, 618, or 619 <i>If there are open lead-based paint violations, the owner must correct those violations before an Apartment Review will be conducted. You can call HPD at 212-863-5501 or visit their website at nyc.gov/hpd to obtain guidance on how to clear those violations.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the building have open litigation for heat and hot water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the building subject to comprehensive litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the building listed in the Alternative Enforcement Program with an "I Order"? Note: the AEP is listed in red if your building is in the program. A building with an "I Order" number 729 does not pass review.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the building listed in the Underlying Conditions program? Note: "I Order" number 730 does not pass review.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does this building have open vacate orders that affect either the entire building or the individual apartment/room intended for use with the subsidy as per HPD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the building subject to 7A Administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fire Department of the City of New York (FDNY)	
The following question can be answered by visiting the FDNY website https://www1.nyc.gov/site/fdny/business/violations/violations.page	
1. Does the FDNY have an active vacate order for this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Turn Page)

New York State Department of Health (NYS DOH)

The following question can be answered by visiting the NYS DOH website
https://www.health.ny.gov/facilities/adult_care/memorandum.htm

1. Does NYS DOH include this building on its Uncertified Facilities List or Referral Suspension List?

Yes

No

Comments

SAMPLE

Person completing checklist (Print)

Person completing checklist (Signature)

Date

**APARTMENT REVIEW CHECKLIST
 (to be completed by City or Provider staff)**

Client Name: _____

Shelter/Provider Name: _____

Date of apartment viewing: _____



Are there children in the Household? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, indicate the ages of all children:
--





Apartment Information

Address:		
Apartment Number:	Borough:	Zip Code:










Total # rooms: _____ Total # bedrooms: _____ Total # baths: _____ Total # of units: _____ Number of people who will live in the apartment: _____

UTILITIES (GAS, ELECTRICITY, AND WATER) MUST BE CONNECTED BY THE LANDLORD PRIOR TO THE APARTMENT REVIEW.					
1. Interior of Building	YES	NO	N/A	Information	
a) Are the interior stairs & halls free of hazards? (e.g. damaged surfaces, peeling paint, or loose or missing handrails)	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	Pass/Fail	
b) Is there excess garbage in the hallways/interior of the building that may cause a health and safety condition?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance	
c) Is there an unlocked Fire Exit from the building?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail	
d) Do halls and stairwells have a clear path to egress?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance	
e) Do halls and stairwells have sufficient lighting?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance	
f) Is there a working bell for the apartment?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail	
g) Is there a working mailbox or mail slot for the tenant?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail	
h) Is there an elevator in the building?	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail	
i) If 1h is YES - is at least one in working order?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Not Pass/Fail
j) If 1h is YES - is the elevator door wide enough to fit a wheelchair (36 inches)?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Not Pass/Fail See Guidance
k) Are any of the fire exits blocked?	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	Pass/Fail	
l) Is there a self-closing mechanism on the building entrance door and the fire exit doors? <i>Applies only to buildings/houses with 3 or more units.</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Not Pass/Fail See Guidance


2. Hallway and Apartment or House – Complete this section if there are children 10 years old and under	YES	NO	N/A	Information
<p>a) If there are children 10 years old and under, are window guards in place in the hallways and installed with the correct (one way) screws and L brackets? <i>Applies only to buildings/houses with 3 or more units.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail See Guidance 
<p>b) If there are children 10 years old and under, are window guards in place in the unit and installed with the correct (one way) screws and L brackets? <i>Applies only to buildings/houses with 3 or more units.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail See Guidance 

3. Overall Apartment/House	YES	NO	N/A	Information
<p>a) If there are window gates, does the window leading to the fire escape have a window gate installed that can be opened from the inside?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail See Guidance 
<p>b) If 3a is YES – are the window gates on the fire escape window stamped with an FDNY approval number and can they be opened without the use of a key? <i>For example, the gates should be able to be opened from the inside and should not have padlocks.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail See Guidance 
<p>c) Are there locks on the interior doors of the apartment that have access to a fire escape?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
<p>d) Is there at least one window in every room that will be used for sleeping?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
<p>e) Do the windows open, close, and lock freely?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
<p>f) Is there a window leading to the outside (basement, first floor, fire escape, porch, or other outside place that can be reached from the ground) that is not lockable?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
<p>g) Are all interior surfaces free of cracking, peeling & loose paint?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
<p>h) If 3g is NO - is the area 2 or more square feet?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Box 11 on page 7
<p>i) Is the unit free of hanging or exposed wires? <i>Wires that connect to a cable box are not considered exposed wires.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail


(Turn page)





3. Overall Apartment/House (continued)	YES	NO	N/A	Information
j) Is the unit free of evidence of rats, mice, roaches, or other vermin?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
k) Is the unit free of any evidence of leaks?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
l) Are the floors free of hazards? <i>For example, no gaps, tripping hazards, or protruding nails.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
m) Are there any holes in the walls, floors, or ceilings?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
n) Is each of the rooms that is used for sleeping at least 80 sq. ft.? <i>Each room used for sleeping must have a window.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
o) Is there a self-closing mechanism on the front door of the apartment? <i>Applies only to buildings/houses with 3 or more units</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail See Guidance 
p) Is there a lock on the inside of the apartment entrance door requiring a key to exit the apartment? <i>No double cylinder locks are permitted.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
q) Is there a smoke detector located within 15 feet of the entrance to each room that is used for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
r) If 3q is YES - are all of the smoke detectors working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail See Guidance
s) Is there a carbon monoxide detector located within 15 feet of the entrance to each room that is used for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
t) If 3s is YES - are all of the carbon monoxide detectors working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail See Guidance
u) Is there steam coming from the radiator or valve or moisture around the valve?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Box 10 on page 7 See Guidance
v) Is there evidence of leaking on, under, or around the radiator?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Box 10 on page 7 See Guidance 

(Turn page)





3. Overall Apartment/House (continued)	YES	NO	N/A	Information
<p>w) Is the radiator missing a knob or valve?</p> <p><i>Check the N/A box if you were unable to observe the knob or valve to the cover</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail See Box 10 on page 7 See Guidance 
<p>x) Is this apartment in the basement, cellar, or attic?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Not Pass/Fail See Box 9 on Page 6
<p>y) Is the apartment being repaired or under renovation or construction?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
<p>z) Can the unit be accessed without having to go through another unit?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
<p>aa) Does the unit have a porch or balcony that is 30 inches or more above ground?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail
<p>ab) If 3aa is YES, is a railing present and secure?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail
<p>ac) If the inspection occurs between 10/1 and 5/31 it is required for the heat to be working.</p> <p><i>Between 6 AM and 10 PM, if the outside temperature falls below 55 degrees, the inside temperature must be at least 68 degrees Fahrenheit.</i></p> <p><i>Between 10 PM and 6 AM, the inside temperature must be at least 62 degrees Fahrenheit at all times.</i></p>	Temperature: <hr style="width: 100%;"/> (Fahrenheit)			Time of day of walk-through: <hr style="width: 100%;"/> Pass/Fail

SAMPLE

4. Bathroom	YES	NO	N/A	Information
<p>a) Do the sink, tub/standing shower, and showerhead have hot and cold running water?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance
<p>b) Does the water in the sink, tub/standing shower, and showerhead flow freely?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
<p>c) Is the water in the sink, tub/standing shower, and showerhead clean after flushing the pipes for at least 60 seconds (i.e. no rust)?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
<p>d) Is the toilet in proper working order?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
<p>e) Is there an exhaust fan or an operable window in the bathroom?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
<p>f) Is the bathroom free of plumbing leaks (including steam leaks)?</p>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 

5. Kitchen	YES	NO	N/A	Information
a) Does the kitchen sink have hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance
b) Is the water in the sink clean after flushing the pipe for at least 60 seconds (i.e. no rust)?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
c) Is there a working oven?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
d) Are all burners on the stove working?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
e) Is there a working refrigerator with rails and shelves?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail
f) Is the refrigerator cold?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance
g) Does the kitchen have cabinets, shelves, or a space to store food?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
h) Does the kitchen have a meal preparation area (e.g., counter space)?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
i) Is the kitchen free of plumbing leaks (including steam leaks)?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
j) Is there grease build-up on or around the stove or oven?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
k) Is there a working vent over the stove or a window in the kitchen?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail

SAMPLE

6. Electrical	YES	NO	N/A	Information
a) Does each room that will be used for sleeping have either two electrical outlets or one outlet and one permanent light fixture?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
b) Do all of the outlets in the kitchen and bathroom have a reset button (GFCI Outlet)?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
c) Are fixtures and electrical devices secure, with no exposed wires, and have plate covers?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
d) Are any exposed wires present in the apartment? <i>Wires that connect to a cable box are not considered exposed wires.</i>	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail See Guidance 
e) Are there any wires located in or located near standing water?	<input type="checkbox"/>	<input type="checkbox"/>		Pass/Fail

(Turn page)

7. THIS SECTION IS FOR CITY STAFF USE ONLY - Rooms/SROs	YES	NO	N/A	Information
a) Are there locks on the interior doors that have access to a fire escape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail
b) Is there an unlocked Fire Exit/Fire Escape accessible from all areas of the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail
c) Is there a bathroom accessible to all occupants of the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail
d) Is there a kitchen accessible to all occupants of the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail
e) Are all interior doors hung properly and provide secure privacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail
f) For rooms and SROs, are heat, hot water, electricity and gas included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail

8. Approval	YES	NO	Information
<p>a) Are there any other issues that would make the apartment unsuitable to rent?</p> <p>If so, what are they?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center; font-size: 4em; color: blue; opacity: 0.5;">SAMPLE</p>	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail
b) Based on the answers you have provided above, do you approve of this apartment for rent by this client?	<input type="checkbox"/>	<input type="checkbox"/>	Pass/Fail

9. Basement and Attic Escalation	YES	NO	Information
<p>Please indicate if you answered YES to the question below. If you answer YES, the unit cannot pass at this time. You must email a completed copy of the Apartment Review Checklist to apartmentoffers@dhs.nyc.gov with the subject line “Escalation” for approval.</p>	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3x? 	<input type="checkbox"/>	<input type="checkbox"/>	Notify CPD staff if you checked YES.

10. Items for Escalation Please indicate if you answered YES to any of the questions listed below. If the landlord subsequently repairs the condition, send a copy of this completed Apartment Review Checklist to apartmentoffers@dhs.nyc.gov with the subject line "Escalation" for approval.	YES	NO	Information
<ul style="list-style-type: none"> Was the answer YES for 3u? 	<input type="checkbox"/>	<input type="checkbox"/>	Notify CPD staff if you checked YES for any of these items.
<ul style="list-style-type: none"> Was the answer YES for 3v? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Was the answer YES for 3w? 	<input type="checkbox"/>	<input type="checkbox"/>	

11. Peeling Paint If the answer to question 3h is, YES, and there are children living in the household, please notify the landlord as instructed in the bottom of the last page of this document. Please also send a completed copy of this Apartment Walkthrough Checklist to apartmentoffers@dhs.nyc.gov with the subject line "Paint Condition." Even if the apartment failed for other reasons, you must still send a completed copy of this form to DSS.	YES	NO	Information
a) Was the answer YES for 3h ?	<input type="checkbox"/>	<input type="checkbox"/>	Notify CPD staff if the answers to both questions in Box 11 are YES.
b) Are any children in the Household?	<input type="checkbox"/>	<input type="checkbox"/>	

SAMPLE

Certification		
I certify that I visited the property located at the address indicated above and that the information in this form has been answered correctly to the best of my ability.		
_____ Person completing walk through (Print)	_____ Person completing walk through (Signature)	_____ Date
_____ Name of your organization (Print)		

- ❖ A copy of this form and the Apartment Website Clearance Checklist must be included in your application request packet. The application will not pass review if the apartment needs repair or does not pass the required clearances.
- ❖ For technical Support during the Apartment Review, please call 212-232-0560 from the hours of 9am to 5pm Mondays through Fridays.
- ❖ If the unit fails under any condition, a copy of the completed Apartment Review Checklist must be provided to the landlord via email so a record can be kept.

APARTMENT REVIEW CHECKLIST GUIDANCE

This form is to be used along with the **DSS-10a** where “*See Guidance*” is indicated.

1. Interior of Building

b. Is there excess garbage in the hallways/interior of the building that may cause a health and safety condition?

GUIDANCE

Halls and interior common areas must be free of clutter:

- Garbage or materials cannot be stored in the area for an extended period of over one week
- No tripping hazards in halls or interior areas
- No odors from garbage
- No infestation of roaches or rodents
- It may be helpful to try to speak to the super to see if this condition has persisted for longer than a week

PHOTO Guidance:

Please document with a photo(s).

d. Do halls and stairwells have a clear path to egress?

GUIDANCE

Halls and stairwells must have a clear path to egress:

- No clutter, including bikes, boxes, garbage, or tenants’ belongings are blocking stairwells, halls, or exits
- Halls, stairwells, and exits are free of tripping hazards

PHOTO Guidance:

Please document with a photo(s).

e. Do halls and stairwells have sufficient lighting?

GUIDANCE

Halls and stairwells must have sufficient lighting:

- Building exits must have sufficient lighting
- Building exit signs must be operable

PHOTO Guidance:

Please document with a photo(s).

j. If 1h is YES - is the elevator door wide enough to fit a wheelchair (36 inches)?

GUIDANCE

Elevators doors must be measured using a tape measure to ensure opening is at least 36 inches wide to accommodate a wheelchair.

1. Interior of Building (continued)**I. Is there a self-closing mechanism on the building entrance door and the fire exit doors?****GUIDANCE**

This requirement only applies to multiple dwellings, which are buildings or houses with three or more units.

The image below is an example of a self-closing door mechanism. There may be other acceptable types or models.

**PHOTO Guidance:**

If pass, please document with a photo(s) of the self-closing door mechanisms observed.

2. Hallway and Apartment or House – Complete this section if there are children 10 years old and under**a. If there are children 10 years and under, are window guards in place in the hallways and installed with the correct (one way) screws and L brackets?****GUIDANCE**

Under law, window guards are required for units in multiple dwellings (buildings or houses with 3 or more units) that have:

- children 10 and under as tenants
- windows that are more than six feet off the ground

*Fire escape windows can only have FDNY-approved window gates, they **cannot** have window guards.*

The image below is an example of a correct window guard, (one way) screw, and L bracket. There may be other acceptable types.



For further guidance, please see

http://www.nyc.gov/html/fdny/pdf/safety/fire_safety_education/2010_02/07_residential_apartment_fire_safety_english.pdf.

PHOTO Guidance:

Please document with a photo(s).

2. Hallway and Apartment or House – Complete this section if there are children 10 years old and under (continued)

- b. If there are children 10 years and under, are window guards in place in the unit and installed with the correct (one way) screws, and L brackets?

GUIDANCE

Under law, window guards are required for units in multiple dwellings (buildings or houses with 3 or more units) that have:

- children 10 and under as tenants
- windows that are more than six feet off the ground

*Fire escape windows can only have FDNY-approved window gates, they **cannot** have window guards.*

The image below is an example of a correct window guard, (one way) screw, and L bracket. There may be other acceptable types



For further guidance, please see

http://www.nyc.gov/html/fcny/pdf/safety/fire_safety_education/2010_02/07_residential_apartment_fire_safety_english.pdf.

PHOTO Guidance:

Please document with a photo(s).

3. Overall Apartment/House

- a. If there are window gates, does the window leading to the fire escape have a window gate installed that can be opened from the inside?

GUIDANCE

- Test that the gate works
- No key or padlocks on the gate

PHOTO Guidance:

If pass, please document with a photo(s) of the window gate showing where it can be opened from the inside.

3. Overall Apartment/House (continued)

- b. If 3a is YES – are the window gates on the fire escape window stamped with an FDNY approval number and can they be opened without the use of a key?**

GUIDANCE

The image below is an example of an FDNY approved window gate and correct (one way) screw. There may be other acceptable types or models.

*Fire escape windows can only have FDNY-approved window gates, they **cannot** have window guards.*



For further guidance, please see

http://www.nyc.gov/html/fdny/pdf/safety/fire_safety_education/2010_02/07_residential_apartment_fire_safety_english.pdf.

PHOTO Guidance:

If pass, please document with a photo(s) of the FDNY approval number located on the gate and where the gate can be opened without the use of a key.

- d. Is there at least one window in every room that will be used for sleeping?**

GUIDANCE

Every room used for sleeping must have at least one (1) window to the outside, including the living room, if the living room is used by a household member for sleeping.

PHOTO Guidance:

If pass, please document with a photo(s).

- f. Is there a window leading to the outside (basement, first floor, fire escape, porch, or other outside place that can be reached from the ground) that is not lockable?**

PHOTO Guidance:

If pass, please document with a photo(s) of the window leading to the outside and show where it is lockable.

- j. Is the unit free of evidence of rats, mice, roaches, or other vermin?**

GUIDANCE

The housing unit should be free of vermin:

- Evidence of roaches and/or rodents or other vermin are not found in the housing unit
- If evidence of vermin is found, such as dead roaches or droppings, the landlord must be taking steps to eliminate the problem (for example, receipt or record of recent extermination efforts)

PHOTO Guidance:

If fail, please document with a photo(s) of the evidence of vermin, such as dead roaches or rodent droppings.

3. Overall Apartment/House (continued)**k. Is the unit free of evidence of leaks?****GUIDANCE**

The housing unit should be free of leaks:

- No discoloration or stains found on ceilings
- No evidence of mold or mildew
- No leaks under the kitchen and/or bathroom sinks or windowsills

PHOTO Guidance:

If fail, please document with a photo(s) that shows evidence of leaks.

l. Are the floors free of hazards?**GUIDANCE**

Floors in the housing unit must be free of hazards:

- Floors must be even (not buckling)
- No missing or broken tiles or floorboards
- No nails sticking out
- Carpeting must be tight.

PHOTO Guidance

If fail, please document with a photo(s) of the failing condition.

m. Are there any holes in the walls, floors, or ceilings?**GUIDANCE**

Walls, floors, and ceilings must not have any holes.

PHOTO Guidance

If fail, please document with a photo(s) of the failing condition.

o. Is there a self-closing mechanism on the front door of the apartment?**GUIDANCE**

This requirement only applies to multiple dwellings, which are buildings or houses with three or more units.

The images below are examples of a self-closing door mechanism. There may be other acceptable types or models.

**PHOTO Guidance:**

If pass, please document with a photo(s) of the self-closing door mechanisms observed.

(Turn page)

3. Overall Apartment/House (continued)

p. Is there a lock on the inside of the apartment entrance door requiring a key to exit the apartment?

PHOTO Guidance:

Please document with a photo(s).

q. Is there a smoke detector located within 15 feet of the entrance to each room that is used for sleeping?

GUIDANCE

Smoke detectors are required to be located within 15 feet of sleeping rooms. More than one smoke detector may be required depending on the locations of the sleeping rooms.

PHOTO Guidance:

If pass, please document with a photo(s) of each required smoke detector.

r. If 3q is YES - are all of the smoke detectors working?

GUIDANCE

All smoke detectors should be tested by pressing the test button. If detector is going off at the start of the inspection or starts to go off during the inspection, and replacing the battery does not resolve the issue, it is a fail.

s. Is there a carbon monoxide detector located within 15 feet of the entrance to each room that is used for sleeping?

GUIDANCE

Carbon monoxide detectors are required to be located within 15 feet of sleeping rooms. More than one carbon monoxide detector may be required depending on the locations of the sleeping rooms.

PHOTO Guidance:

If pass, please document with a photo(s) of each required carbon monoxide detector.

t. If 3s is YES - are all of the carbon monoxide detectors working?

GUIDANCE

All carbon monoxide detectors should be tested by pressing the test button. If detector is going off at the start of the inspection or starts to go off during the inspection, and replacing the battery does not resolve the issue, it is a fail.

3. Overall Apartment/House (continued)

u. Is there steam coming from the radiator or valve or moisture around the valve?

GUIDANCE

Is the radiator spewing steam that is evident whether or not it has a cover?

Is the pressure valve emitting steam or is there moisture accumulating around the valve?

Please also follow the instructions in **Box 10 of the Apartment Review Checklist.**

The image below is an example of a pressure valve.



v. Is there evidence of leaking on, under, or around the radiator?

GUIDANCE

If the radiator is covered or uncovered, look for evidence of leaking on the floor around the radiator, such as moisture, staining or damage for moisture.

Please also follow the instructions in **Box 10 of the Apartment Review Checklist.**

The image below is an example of leaking around the radiator.



PHOTO Guidance:

If fail, please document with a photo(s) that shows evidence of leaking.

3. Overall Apartment/House (continued)**w. Is the radiator missing a knob or valve?****GUIDANCE**

The unit must fail if either the valve or knob are missing.

If you are unable to observe the knob or valve to the cover check the N/A box for this question on the **Apartment Review Checklist**.

Please also follow the instructions in **Box 10 of the Apartment Review Checklist**.

The images below are examples of radiator knobs and valves. There may be other acceptable types or models.

**PHOTO Guidance:**

Please document with a photo(s).

SAMPLE

4. Bathroom – Provide a photo of all area(s) of the housing unit to be occupied by the tenant.**a. Do the sink, tub/standing shower, and showerhead have hot and cold running water?****GUIDANCE**

Let the water run for 60-90 seconds to ensure that it is hot. Measure the water temperature; it must be 120 Fahrenheit.

f. Is the bathroom free of plumbing leaks (including steam leaks)?**GUIDANCE**

Look under the sink while the faucet is running to ensure there are no leaks or accumulation of moisture.

PHOTO Guidance:

Please document with a photo(s).

<p>5. Kitchen – Provide a photo of all area(s) of the housing unit to be occupied by the tenant.</p>	
<p>a. Does the kitchen sink have hot and cold running water?</p>	<p style="text-align: center;"><u>GUIDANCE</u></p> <p>Let the water run for 60-90 seconds to ensure that it is hot. Measure the water temperature; it must be 120 Fahrenheit.</p>
<p>f. Is the refrigerator cold?</p>	<p style="text-align: center;"><u>GUIDANCE</u></p> <p>Use a thermometer to measure the temperature of the refrigerator. The freezer should be below freezing, and the refrigerator temperature should be between 36° and 46° Fahrenheit.</p>
<p>g. Does the kitchen have cabinets, shelves, or a space to store food?</p> <p>PHOTO Guidance: If <u>pass</u>, please document with a photo(s) that shows the cabinet, shelves, or food storage space.</p>	
<p>h. Does the kitchen have a meal preparation area (e.g., counter space)?</p> <p>PHOTO Guidance: If <u>pass</u>, please document with a photo(s) that shows the meal preparation area.</p>	
<p>i. Is the kitchen free of plumbing leaks (including steam leaks)?</p> <p style="text-align: center;"><u>GUIDANCE</u></p> <p>Look under the sink while the faucet is running to ensure there are no leaks or accumulation of moisture.</p> <p>PHOTO Guidance: If <u>fail</u>, please document with a photo(s) of the sink plumbing (under sink, back wall and under cabinet), and steam pipes.</p>	
<p>j. Is there grease build-up on or around the stove or oven?</p> <p style="text-align: center;"><u>GUIDANCE</u></p> <p>Lift the top of the range to check for grease build-up.</p> <p>PHOTO Guidance: If <u>fail</u>, please document with a photo(s) of the grease build-up.</p>	

6. Electrical – Provide a photo of all area(s) of the housing unit to be occupied by the tenant.

a. Does each room that will be used for sleeping have either two electrical outlets or one outlet and one permanent light fixture?

PHOTO Guidance:

If pass, please document with a photo(s) of the electrical outlets and/or light fixture.

b. Do all the outlets in the kitchen and bathroom have a reset button (GFCI Outlet)?

GUIDANCE

GFCI Outlets are required in any outlet within 4 feet of a water source. If the outlet is more than 4 feet away, it is not required to be GFCI.

PHOTO Guidance:

If pass, please document with a photo(s) of the GFCI Outlet that is less than 4 feet away from a water source.

c. Are fixtures and electrical devices secure, with no exposed wires, and have plate covers?

PHOTO Guidance:

If fail, please document with a photo(s) of any failed conditions.

d. Are any exposed wires present in the apartment?

PHOTO Guidance:

If fail, please document with a photo(s) of any exposed wires present in the apartment.

SAMPLE

Date: _____

Decision on Your Administrative Appeal

On _____, you asked for:

Your original request was denied on _____ because the Human Resources Administration (HRA) did not receive clinical documentation and/or we were not able to get documents from your doctor or provider.

You asked for an appeal on _____. Your appeal has been:

Approved

Approved - Home Visit Needed/Homebound

For more than one year. We may contact you in the future to obtain updated medical or clinical documents.

For 12 months (one year) from _____. We will contact you before your **12 months** are over to give you a chance to renew your HVN/HB status.

For 6 months from _____. We will contact you before your **6 months** are over to give you a chance to renew your HVN/HB status.

Denied – The documents we reviewed do not support your request.

(Turn Page)

- Denied – We did not receive clinical documentation and/or were not able to get documentation from your doctor or provider.
- Alternative Offered:

The Human Resources Administration (HRA) has reviewed all the following documentation pertaining to your appeal, including the:

SAMPLE

If you want to talk more about this decision, please call _____.

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at HRA. **If this is true for you, we can help you.** Call us at 718-557-1387. You have a right to ask for this kind of help under the law.

Fecha: _____

Decisión sobre su Apelación Administrativa

El _____, usted pidió:

La petición original fue rechazada el _____ debido a que la Administración de Recursos Humanos (HRA, por sus siglas en inglés) no recibió documentación clínica y/o nosotros no pudimos obtener documentos por parte de su médico o proveedor.

Usted solicitó una apelación el _____. La apelación ha sido:

Aprobada

Aprobada – Necesidad de visitas al hogar/confinamiento al hogar (HVN/HB, por sus siglas en inglés)

Por más de un año. Puede ser que nosotros nos comuniquemos con usted en un futuro para obtener documentos médicos o clínicos actualizados.

Por 12 meses (un año) desde _____. Nosotros nos comunicaremos con usted antes del vencimiento de los **12 meses** para brindarle la oportunidad de renovar su estado de HVN/HB.

Por 6 meses desde _____. Nosotros nos comunicaremos con usted antes del vencimiento de los **6 meses** para brindarle la oportunidad de renovar su estado de HVN/HB.

Rechazada – Los documentos que hemos examinado no apoyan su petición.

(Voltee la página)

- Rechazada – No recibimos documentación clínica y/o no pudimos obtener documentos de parte de su médico o proveedor.
- Alternativa brindada:

La HRA ha examinado toda documentación pertinente a su apelación que sigue a continuación, incluyendo:

SAMPLE

Si usted desea hablar más a fondo sobre esta decisión con nosotros, favor de llamar al

_____.

El padecimiento de una afección o discapacidad médica o psiquiátrica puede impedirle entender este aviso o cumplir el mismo. Este tipo de afección puede obstruir el recibimiento de otros servicios de la HRA. **Si esta situación le corresponde a usted, nosotros podemos ayudarle.** Llámenos al 718-557-1387. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

Date: _____

Decision on Your Clinical Appeal

On _____, you asked for:

Your original request was denied on _____ because the documents we reviewed did not support your request.

You asked for an appeal on _____. Your appeal has been:

Approved

SAMPLE

Approved - Home Visit Needed/Homebound

For more than one year. We may contact you in the future to obtain updated medical or clinical documents.

For 12 months (one year) from _____. We will contact you before your **12 months** are over to give you a chance to renew your HVN/HB status.

For 6 months from _____. We will contact you before your **6 months** are over to give you a chance to renew your HVN/HB status.

Denied – The documents we reviewed do not support your request.

(Turn Page)

Alternative Offered:

The Human Resources Administration (HRA) has reviewed all the following documentation pertaining to your appeal, including the:

If you want to talk more about this decision, please call _____.

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at HRA. **If this is true for you, we can help you.** Call us at 718-557-1387. You have a right to ask for this kind of help under the law.

Fecha: _____

Decisión sobre su Apelación Clínica

El _____, usted pidió:

La petición original fue rechazada el _____ porque los documentos que examinamos no apoyan su petición.

Usted pidió una apelación el _____. Su apelación ha sido:

Aprobada

SAMPLE

Aprobada – Necesidad de visitas al hogar/confinamiento al hogar (HVN/HB, por sus siglas en inglés)

por más de un año. Nosotros podríamos comunicarnos con usted en un futuro para obtener documentos médicos o clínicos actualizados.

por 12 meses (un año) a partir del _____. Nosotros nos comunicaremos con usted antes de que se venzan los **12 meses** para brindarle la oportunidad de renovar su estado de HVN/HB.

por 6 meses a partir del _____. Nosotros nos comunicaremos con usted antes de que se venzan los **6 meses** para brindarle la oportunidad de renovar su estado de HVN/HB.

Rechazada – los documentos examinados no apoyan su petición.

(Voltee la página)

Alternativa brindada:

La HRA ha examinado toda documentación pertinente a su apelación que sigue a continuación, incluyendo:

SAMPLE

Si desea hablar más a fondo sobre esta decisión, favor de llamar al _____.

El padecimiento de una afección o discapacidad médica o psiquiátrica puede impedirle entender este aviso o cumplir el mismo. Este tipo de afección puede obstruir el recibimiento de otros servicios de la HRA. **Si esta situación le corresponde a usted, nosotros podemos ayudarle.** Llámenos al 718-557-1387. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

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

**Denial of Reasonable Accommodation:
No Documentation**

On _____, _____ asked for this
accommodation:

SAMPLE

We denied your request for this accommodation. We do not have any documents that support the request. You did not send us any documents. We could not get any documents from your doctor or provider. We tried to contact you before making this decision.

(Turn page)

How to Appeal a Reasonable Accommodation Decision

If you do not agree with our decision, you or your authorized representative can file an appeal. We will review your appeal to see if we made the right decision.

To file an appeal, you have to ask us for an appeal in writing **within 30 days** from the date of this notice.

We added the Request for an Appeal of a Reasonable Accommodation Decision (Form **HRA-102**) to this mailing. You can fill it out and mail, fax or email it to:

ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Email: RARappeals@hra.nyc.gov

If you need help filing your appeal because of a physical or mental health condition, call us at (212) 331-4640 or email us at constituentsaffairs@hra.nyc.gov. We will help you.

If we gave you an accommodation that we have now denied, we will still give you that accommodation until 30 days after the date of this notice. If you file an appeal, we still give you the accommodation until we make an appeal decision.

If you asked for other accommodations, we will send you a separate notice for each one.

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.

Fecha: _____
Número de caso: _____
Nombre _____
Centro _____
Número de confirmación: _____

**Rechazo de Arreglo Razonable:
Falta de Documentación**

El _____, _____ solicitó el siguiente arreglo:

SAMPLE

Nosotros hemos rechazado su solicitud de este arreglo. No contamos con ninguna documentación que apoye su solicitud. Usted no nos envió ningún documento. No pudimos obtener ningún documento de parte de su médico o proveedor. Intentamos comunicarnos con usted antes de tomar esta decisión.

(Voltee la página)

Cómo apelar la decisión de arreglo razonable

Si usted no está de acuerdo con nuestra decisión, usted o su representante autorizado puede presentar apelación. Revisaremos su petición de apelación para verificar que hayamos tomado la decisión justa.

Para interponer apelación, usted debe comunicarse con nosotros por escrito **dentro de 30 días** a partir de la fecha de este aviso.

Hemos adjuntado el formulario Petición de Apelación de la Decisión de Arreglo Razonable (**HRA-102 [S]**) a este envío postal. Usted puede rellenar y enviarlo por correo postal, fax o correo electrónico a:

ADA Compliance Officer
150 Greenwich Street, 42nd Floor
New York, New York 10007
Fax: (917) 639-0333
Email: **RARappeals@hra.nyc.gov**

Si usted necesita asistencia para interponer su apelación debido a una afección física y/o psiquiátrica, call us at (212) 331-4640 or email us at constituentsaffairs@hra.nyc.gov.
llámenos al (212) 331-4640 o envíe un correo electrónico a constituentsaffairs@hra.nyc.gov.
Nosotros le ayudaremos.

Si le hemos otorgado un arreglo que ahora estamos rechazando, aún le podemos acomodar hasta 30 después de la fecha de este aviso. Si usted interpone apelación, le seguiremos brindando el arreglo hasta que tomemos una decisión respecto a su apelación.

Si usted ha solicitado otros arreglos, le enviaremos un aviso por separado para cada arreglo.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? **Nosotros podemos prestarle ayuda.** Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

Unit Hold Incentive Voucher

If this voucher is submitted as part of a rental assistance housing packet, at the time of lease signing between the below listed landlord and tenant, the New York City Human Resources Administration (“HRA”) will issue an additional check for the equivalent of one month’s rent (in the amount listed below) as a unit hold incentive since the below landlord held the apartment for the below tenant while HRA completed its approval process.

HRA will only issue this unit hold incentive if:

- The tenant continues to be otherwise eligible for the rental assistance program;
- The apartment has passed any applicable inspection or health and safety review;
- The landlord has submitted all applicable rental documents for HRA approval;
- HRA is not found to be already making payments for this apartment or unit on behalf of anyone who is no longer residing there; **and**
- A lease or rental agreement for one year or longer is signed by the landlord and tenant.

The City’s rental assistance programs for which this Voucher applies are: CityFHEPS, FHEPS (from Shelter only) and HOME TBRA rental supplement. If the tenant ultimately does not move into the apartment following lease signing, the incentive must be refunded (call 929-221-0043).

A. Landlord or Management Company Information		
Name	Phone	
Address		
City	State	Zip Code
Check One: <input type="checkbox"/> Landlord <input type="checkbox"/> Management		
B. Rental Unit		
Address	Apartment #	Monthly Rent
C. Tenant (only one Household may be selected per apartment)		
Name	Rental Assistance Type	

I certify that I own or manage the above-named rental unit, that the unit is currently vacant and that I agree not to lease the unit to any other third-party during the period commencing 30 days from the date of my signature below.

By signing below, I understand that nothing in this document creates a legally enforceable agreement or guarantee by HRA.

 Landlord/Authorized Agent’s Name

 Landlord/Authorized Agent’s Signature

 Date



Timely Aid-Continuing Fair Hearing Language Insert 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

Continuing Your Benefit(s): If our decision affects your benefits and you ask for a Fair Hearing within ten (10) days of the date of this notice, we will restore your benefits to the level that they were at before this notice, until a Fair Hearing decision is issued. If you ask for a conference only, and not a State Fair Hearing, your benefits will not be restored to the level that they were at before this notice.

If you lose the Fair Hearing, you will have to pay back any benefits that you received, but should not have received, while you were waiting for the Fair Hearing decision. If you ask for a Fair Hearing and you do not want your benefits to be restored while you wait for the decision to be issued, you must tell the State when you call for a Fair Hearing, OR check the box below and send back this notice.

I do not want my benefits restored while I wait for the Fair Hearing decision to be issued.

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: _____



Encarte de Lenguaje de Audiencia Imparcial Oportuno de Continuación de Asistencia Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para programar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (FH&C) en la **página 1** de este aviso, o escríbanos a la dirección en la **página 1** de este aviso. A veces éste resulta el modo más rápido de solucionar algún problema que tenga. Le recomendamos que así lo haga, aun si ha solicitado una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial.

AUDIENCIA IMPARCIAL ESTATAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, asistencia médica, o de servicios sociales; y tiene que presentar solicitud dentro de noventa (90) días para asuntos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si usted no logra comunicarse con la Oficina del Estado de Nueva York de Asistencia Temporal y para Discapacitados por teléfono, por fax, en persona o por Internet, favor de solicitar por escrito una Audiencia Imparcial antes de la fecha límite.

Cómo Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

(1) POR TELÉFONO: Llame al **(800) 342-3334**.

(Favor de tener este aviso a la mano al llamar.)

(2) POR ESCRITO: Envíe una copia (y guarde una copia para sí) de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:

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

(3) FAX: Faxee una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.

(4) EN PERSONA: Traiga una copia de todo este aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y para Discapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a la siguiente dirección: **14 Boerum Place, Brooklyn, NY 11201**.

(5) POR INTERNET: Llene un formulario de petición electrónica en:

<http://www.otda.state.ny.us/oah/forms.asp>

(Voltee la página)

Qué Puede Esperar de La Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que esa persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Si usted padece una discapacidad, y no puede trasladarse, puede comparecer mediante un representante, o un amigo, pariente o abogado. Si su representante no es abogado, ni es empleado de abogado, su representante debe traerle al funcionario de audiencias una carta escrita y firmada.

ASISTENCIA LEGAL: Si usted necesita asistencia legal gratuita, puede obtener tal asistencia al comunicarse con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede ubicar la Sociedad de Ayuda Legal o grupo de abogacía más cercana al buscar en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un fax, le proporcionaremos copias gratuitas de los documentos de su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por fax, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para solicitar documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por fax al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe solicitarlas con anticipación. Éstas se le proveerán dentro de un plazo adecuado antes de la fecha de la audiencia. Se le enviarán por correo los documentos sólo si lo solicita específicamente.

DISPONIBILIDAD DE MATERIALES DE POLÍTICA: Las expediciones de la política de la Oficina de Asistencia Temporal y para Discapacitados (OTDA) y las expediciones de la política y manuales de la HRA están disponibles para usted y su representante para determinar si se debe solicitar una Audiencia Imparcial y prepararse para la misma. Las expediciones y manuales de la política de OTDA se publican en el sitio Web de la OTDA en <http://www.otda.ny.gov/legal>. Además, previa solicitud a la HRA, hay disponibles expediciones y manuales que explican cómo la agencia llegó a su determinación. Para solicitar expediciones de políticas y manuales, llame al **(718) 722-5012**, o envíe un fax al **(718) 722-5018**, o envíe correo electrónico a CRO@hra.nyc.gov, o escriba a **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

INFORMACIÓN: Si usted desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en la **página 1** de este aviso.

(Voltee la página)

PETICIÓN DE AUDIENCIA IMPARCIAL

Continuación de su(s) Beneficio(s): Si nuestra decisión afecta sus beneficios y usted solicita una Audiencia Imparcial dentro de diez (10) días a partir de la fecha de este aviso, nosotros restauraremos sus beneficios al nivel anterior a este aviso, hasta que se emita la decisión de la Audiencia Imparcial. Si usted solicita sólo una conferencia, en vez de una Audiencia Imparcial Estatal, no se restaurarán sus beneficios al nivel anterior a este aviso.

Si usted pierde la Audiencia Imparcial, tendrá que devolver cualquier beneficio que haya recibido sin derecho a ello, mientras esperaba la emisión de la decisión. Si solicita una Audiencia Imparcial y no desea que sus beneficios se restauren mientras espera la decisión de la Audiencia Imparcial, usted debe informar al Estado al llamar para una Audiencia Imparcial, O marcar la casilla a continuación y devolver este aviso.

No deseo que se restauren mis beneficios mientras espero que se emita la decisión de la Audiencia Imparcial.

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

SAMPLE

En Letras
de Molde: _____ Núm. del Caso: _____
Nombre I. Apellido

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____



Date: _____

Resident's Name: _____

Shelter Entry Date: _____

To: **HRA Job Center**

From: _____ Shelter Facility

_____ Facility code

_____ Address

**CityFHEPS Shelter Facility Referral Form
For Single Adults and Adult Families With Income**

Please be advised that we are referring _____ to apply for Cash Assistance (CA) because they are potentially eligible for CityFHEPS. They have resided in the shelter since the date indicated above.

This individual:

Needs to apply for ongoing CA.

Needs to have CA in SI status.

Shelter Staff Name

Shelter Staff Telephone Number