



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

## POLICY BULLETIN # 23-15-ELI

*(This Policy Bulletin Replaces PB #22-04-ELI and PB #22-75-ELI)*

### REVISION TO FAMILY HOMELESSNESS AND EVICTION PREVENTION SUPPLEMENT (FHEPS) RENT LEVEL INCREASES AND PROGRAM CHANGES AND REVISION TO TEMPORARY CHANGES TO FHEPS A ELIGIBILITY REQUIREMENTS DUE TO COVID-19

Date: March 1, 2023	Subtopic(s): FHEPS, Rental Supplement
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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

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## Revisions to the Original Policy Bulletin

This policy bulletin is being revised to inform staff of the following:

- The FHEPS A and FHEPS B payment standards (i.e., maximum rent amounts) and utility allowance amounts have increased. Please refer to the [FHEPS A Payment Standards](#) and [FHEPS B Payment Standards](#) sections of this procedure for the new payment standards, and refer to the [Utility Allowance](#) section for the new utility allowance amounts.
- All applicable forms have been revised to reflect the new payment standards and utility allowance amounts. Please refer to the [Revised Forms](#) section for the list of forms that have been revised.
- The following temporary changes to the FHEPS A program have been extended until December 31, 2023:
  - Waiver of the court action requirement and acceptance of a rent demand letter.
  - Increase in the rent arrears amount that a determination can be made on without documentation of extenuating circumstances to \$20,000.

Please refer to the [Temporary Changes to FHEPS A Eligibility Requirements](#) section of the procedure for additional information.

- When Homelessness Diversion Unit (HDU) staff are assisting applicants/participants with completing the Help for People with Disabilities (**HRA-102c**) form for the purposes of FHEPS, staff must ensure that the following language is used for the Reasonable Accommodation (RA) request:
  - *A unit size/budget increase to accommodate the clinical needs of a household member*

Please refer to the [Reasonable Accommodations](#) section of this procedure for additional information on RA requests.

Revised

## Purpose

The purpose of this policy bulletin is to inform staff of increases to the Family Homelessness and Eviction Prevention Supplement (FHEPS) payment standards and utility allowance amounts. Additionally, this policy bulletin informs staff of changes to the FHEPS program and provides instructions on how to process requests with the changes in place. This policy bulletin applies to the Office of Domestic Violence (ODV), Homelessness Prevention Administration (HPA), Homelessness Diversion Unit (HDU), Case Management Unit (CMU) staff acting as HDU, Customer Service Information Center (CSIC), other Benefits Access Center (BAC) CMU staff and supervisors, Centralized Rent Processing Unit (CRPU), Rental Assistance Unit (RAU), and the FHEPS Centralized Determination Unit (FCDU). It is informational for all other staff.

## Procedure

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

In February 2022, the FHEPS A and FHEPS B allowances and maximum rent levels became equivalent to the New York City Housing Authority (NYCHA) Section 8 payment standard and were no longer indexed to the NYC Rent Guidelines Board annual adjustments. The NYCHA Section 8 payment standard may be between 90% and 110% of the annually published U.S. Department of Housing and Urban Development (HUD) Fair Market Rents (FMR). The standard was previously set at 108% of the FMR.

Aside from the changes mentioned in this procedure, all other aspects of the 2017 FHEPS program remain the same. Refer to [PD #17-26-ELI](#).

## FHEPS A

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

### Temporary Changes to FHEPS A Eligibility Requirements

Due to COVID-19, OTDA agreed to temporarily waive the FHEPS A eligibility requirement that an applicant/participant must have a Housing Court proceeding. Additionally, OTDA agreed to temporarily increase the rent arrears amount that a determination can be made on without documenting extenuating circumstances to \$20,000. These temporary changes have been extended until December 31, 2023.

Provided that all other eligibility requirements are met, FHEPS A To Stay applications may be completed and submitted to FCDU and/or approved by FCDU if they include the following:

- A written rent demand from the landlord indicating that the tenant has defaulted on their rent and that landlord is demanding payment from the tenant; or a threat of eviction due to nonpayment in writing from the landlord.
- Rent arrears that are under \$20,000. If the arrears amount is over \$20,000, the applicant/participant must document extenuating circumstances, which FCDU will use to determine eligibility.

As many of these rent arrears requests will cover a significant number of months, HDU staff are also reminded to try to obtain a monthly breakdown of the arrears either from the applicant/participant and/or directly from the landlord. If, after diligent efforts are made, the breakdown cannot be obtained, HDU staff must still submit the FHEPS application to FCDU for review. FCDU will review the package in its entirety and determine if the breakdown is deemed essential in order to determine FHEPS eligibility on a case-by-case basis, as per regular process.

HDU staff must try to obtain a monthly breakdown of the rent arrears.

### FHEPS A Payment Standards

FHEPS A rent levels are indexed to a percentage of the annually published HUD FMR, as noted above. HRA is responsible for costs between 100% of the HUD FMR and the NYCHA Section 8 payment standard.

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

Revised

**Note:** These rent tables are based on the 2023 FMR.

Revised

**FMR and NYC FHEPS Rent Levels 2023\***

	Studio	1 bd	2 bd	3 bd	4 bd
110% FMR**	\$ 2,335	\$ 2,387	\$ 2,696	\$ 3,385	\$ 3,647
FMR (2023 levels)**	\$ 2,123	\$ 2,170	\$ 2,451	\$ 3,078	\$ 3,316
Difference (NYC Share)	\$ 212	\$ 217	\$ 245	\$ 307	\$ 331.00

\* Calendar 2023 standards for NYC

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

Revised

**FHEPS 2023 Rent Table**

Family Size	Max TA Shelter Allowance (a)	Max TA FHEPS Supplement (covered by State as of 1/21/21) includes FFY 2023 FMR Percent Increase (b)	Max Amt Reimbursed by TA Funds (TA SA + Max 2021 TA FHEPS + FFY 2023 FMR Percent Increase) (c) (a + b)	Rent Supplement (Difference between Max TA supplement (as of 1/21/21 with increase) and 2023 100% FMR) (d)	City Portion (110% FMR - Max TA Funds - Rent Supplement) (e) (f-c-d)	Max FHEPS Rent 110% FMR (All Utilities Included) (f)	Number of Bedrooms
1	\$ 277.00	\$ 725.00	\$ 1,002.00	\$ 1,168.00	\$ 217.00	\$ 2,387.00	1
2	\$ 283.00	\$ 847.00	\$ 1,130.00	\$ 1,040.00	\$ 217.00	\$ 2,387.00	1
3	\$ 400.00	\$ 906.00	\$ 1,306.00	\$ 1,145.00	\$ 245.00	\$ 2,696.00	2
4	\$ 450.00	\$ 917.00	\$ 1,367.00	\$ 1,084.00	\$ 245.00	\$ 2,696.00	2
5	\$ 501.00	\$ 1,044.00	\$ 1,545.00	\$ 1,533.00	\$ 307.00	\$ 3,385.00	3
6	\$ 524.00	\$ 1,146.00	\$ 1,670.00	\$ 1,408.00	\$ 307.00	\$ 3,385.00	3
7	\$ 546.00	\$ 1,187.00	\$ 1,733.00	\$ 1,583.00	\$ 331.00	\$ 3,647.00	4
8	\$ 546.00	\$ 1,315.00	\$ 1,861.00	\$ 1,455.00	\$ 331.00	\$ 3,647.00	4
9	\$ 546.00	\$ 1,367.00	\$ 1,913.00	\$ 1,900.00	\$ 381.00	\$ 4,194.00	5
10	\$ 546.00	\$ 1,423.00	\$ 1,969.00	\$ 1,844.00	\$ 381.00	\$ 4,194.00	5
11	\$ 546.00	\$ 1,475.00	\$ 2,021.00	\$ 2,289.00	\$ 431.00	\$ 4,741.00	6
12	\$ 546.00	\$ 1,530.00	\$ 2,076.00	\$ 2,234.00	\$ 431.00	\$ 4,741.00	6
13	\$ 546.00	\$ 1,584.00	\$ 2,130.00	\$ 2,678.00	\$ 480.00	\$ 5,288.00	7
14	\$ 546.00	\$ 1,638.00	\$ 2,184.00	\$ 2,624.00	\$ 480.00	\$ 5,288.00	7
15	\$ 546.00	\$ 1,691.00	\$ 2,237.00	\$ 3,068.00	\$ 530.00	\$ 5,835.00	8
16	\$ 546.00	\$ 1,746.00	\$ 2,292.00	\$ 3,013.00	\$ 530.00	\$ 5,835.00	8
17	\$ 546.00	\$ 1,800.00	\$ 2,346.00	\$ 3,457.00	\$ 579.00	\$ 6,382.00	9
18	\$ 546.00	\$ 1,855.00	\$ 2,401.00	\$ 3,402.00	\$ 579.00	\$ 6,382.00	9
19	\$ 546.00	\$ 1,908.00	\$ 2,454.00	\$ 3,846.00	\$ 629.00	\$ 6,929.00	10
20	\$ 546.00	\$ 1,963.00	\$ 2,509.00	\$ 3,791.00	\$ 629.00	\$ 6,929.00	10

Utility Allowance

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

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

Revised

The following is the DSS utility allowance schedule:

**DSS Utility Allowance Schedules**

<b>COOKING GAS AND ELECTRIC (NO ELECTRIC STOVE)</b>						
<b>Number of Bedrooms</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Cooking Gas (\$)	24	27	31	35	39	43
Electric (\$)	75	85	110	136	162	188
Total (w/ Cooking Gas & Electric) (\$)	99	112	141	171	201	231

<b>OIL HEAT AND HOT WATER</b>						
<b>Number of Bedrooms</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Oil Hot Water Only (\$)	28	32	47	61	76	90
Oil Heat Only (\$)	91	107	122	137	153	168
Total (Oil Heat & Hot Water) (\$)	119	139	169	198	229	258

<b>GAS HEAT AND HOT WATER</b>						
<b>Number of Bedrooms</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Gas Hot Water Only (\$)	18	21	31	40	50	59
Gas Heat Only (\$)	60	70	81	90	100	110
Total (Gas Heat & Hot Water) (\$)	78	91	112	130	150	169

<b>ELECTRIC HEAT AND HOT WATER</b>						
<b>Number of Bedrooms</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Electric Hot Water Only (\$)	28	33	42	52	61	70
Electric Heat Only (\$)	58	68	87	106	125	144
Total (Electric Heat & Hot Water) (\$)	86	101	129	158	186	214

<b>ELECTRIC</b>						
<b>Number of Bedrooms</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Including Electric Cooking Range (\$)	86	98	129	161	193	225

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

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

Help with calculating the utility allowance.

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

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

Maximum Rent Calculations for Rent-Regulated Apartments

Revised

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

**Example 1: Studio Apartment**

Revised

- Payment Standard: \$2,335
- Utility Allowance: \$78
- Legal Rent: \$2,200

**Maximum Allowable Rent Calculation:**

Payment Standard:	\$2,335.00
Utility Allowance:	- \$ 78.00
Maximum Allowable Rent:	\$2,257.00

The final rent must be the lesser of \$2,257.00 (maximum allowable rent) and \$2,200.00 (legal rent). In this situation, the legal rent is the lesser amount.

**Final Rent: \$2,200.00**



**Example 2: 3-bedroom apartment**

Revised

- Payment Standard: \$3,385
- Utility Allowance: \$171
- Legal Rent: \$3,290

**Maximum Allowable Rent Calculation:**

Payment Standard:	\$3,385.00
Utility Allowance:	- \$ 171.00
Maximum Allowable Rent:	\$3,214.00

The final rent must be the lesser of \$3,214.00 (maximum allowable rent) and \$3,290.00 (legal rent). In this situation, the maximum allowable rent is the lesser amount.

**Final Rent: \$3,214.00**

Guidelines for FHEPS Payments

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

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

Landlord Bonus

No landlord bonus

When the FHEPS A and FHEPS B allowances and maximum rent levels became equivalent to the NYCHA Section 8 payment standard in February 2022, the Landlord Bonus was removed as an option. The Unit Hold Incentive and Broker Fee remain in place.

Eligibility

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

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

Example scenario of a FHEPS Modification

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

Reminder of basic FHEPS eligibility requirements. Refer to [PD #17-26-ELI](#)

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

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

As previously mentioned, in addition to the above requirements, though December 31, 2023, households will also be considered potentially eligible for FHEPS if they have received a written rent demand or threat of eviction letter from their landlord due to nonpayment.

#### Reminders to BAC Staff on FHEPS A To Stay

BACs process FHEPS A To Stay applications, modifications, and restorations.

FHEPS A To Stay is an eviction prevention subsidy that allows families to remain in their apartments. As a reminder, the completion and submission of FHEPS A To Stay applications, including FHEPS modifications and restorations, are handled at BACs by HDU.

CSIC, CMU, and other BAC staff must be aware that regardless of why an applicant/participant is at a BAC, if they indicate that they are interested in FHEPS, staff must identify whether the applicant/participant has rent arrears. If there are rent arrears, staff must initiate a rent arrears grant request which will get the applicant/participant to HDU. Provided that all eligibility requirements are met, HDU will assist the applicant/participant with completing and submitting the FHEPS A To Stay application.

Additionally, if CSIC, CMU, or other BAC staff are with an applicant/participant who indicates that they previously received FHEPS but lost it and want it restored, staff must be aware that the applicant/participant may have rent arrears. If there are rent arrears, staff must initiate an arrears grant request which will get the applicant/participant to HDU. When HDU is determining the reason for the rent arrears, they will be able to identify in the Paperless Office System (POS) that the applicant/participant previously received FHEPS and will submit the FHEPS restoration, provided that all eligibility requirements are met.

POS message showing if an applicant/participant previously received FHEPS.

**Note:** If FHEPS is not on the budget, but the applicant/participant received a FHEPS grant within the past 12 months, a message will appear in the **Address Information** window in POS indicating “This case received FHEPS in the past 12 months.”

Arrears

Revised

As previously mentioned, the general authorization to pay arrears without additional documentation of extenuating circumstances has been temporarily increased to \$20,000 until December 31, 2023.

The maximum rent arrears amount has temporarily increased to \$20,000 until December 31, 2023.

Provided that all other eligibility requirements are met, FHEPS A To Stay applications must be submitted to FCDU for a determination as long as the arrears are under \$20,000. If the arrears amount is over \$20,000, the applicant/participant must document extenuating circumstances that FCDU can use to determine eligibility.

Reasonable Accommodations

Reasonable Accommodations

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

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

- **RAs for FHEPS A To Stay**

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

Some reasons for RAs may include:

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

Applicants Without An Approved RA:

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

When assisting applicants/participants with completing the **HRA-102c**, staff must ensure that the following language is used for the RA request:

- A unit size/budget increase to accommodate the clinical needs of a household member

**Note:** As indicated in [PD #16-27-OPE](#), individuals are not required to use the **HRA-102c** to request an RA. A request may also be submitted in writing indicating the nature of the requested accommodation. If an individual’s physical and/or mental condition prevents them from making the request in writing, they may contact the Office of Constituent Services (OCS) for assistance with submitting the request at 718-557-1399.

New

How to submit an RA request.

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

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

The RA request may also be submitted by:

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

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

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

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

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

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

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

- **RAs for FHEPS To Move**

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

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

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

**Examples of Cash Assistance (CA) and Rent Calculations**

**Example 1: CA household of 3**

Revised

- \$1,000 of monthly gross income
- \$2,696 monthly rent

**CA Budget Calculation:**

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

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

CA grant	\$ 379.50
Amount Paid by Family	\$ 20.50
<i>(CA family contribution of \$400.00 minus CA Grant of \$379.50)</i>	
CA-Funded supplement	\$ 847.00
City Portion	<u>\$ 1,449.00</u>
Total Rent	\$ 2,696.00

Revised

**Example 2: CA household of 3**

- \$1,000 of monthly gross income
- \$2,696 monthly rent
- Additional NCA household member with \$800 of income (SSI)

**CA Budget Calculation:**

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

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

CA grant	\$ 379.50
Amount Paid by Family on CA <i>(CA family contribution of \$400.00 minus CA Grant of \$379.50)</i>	\$ 20.50
CA-Funded supplement	\$ 607.00
NCA Family Member Contribution <i>(30 percent of \$800.00)</i>	\$ 240.00
City Portion	<u>\$ 1,449.00</u>
Total Rent	\$ 2,696.00

**FHEPS B**

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

FHEPS B Payment Standards

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

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

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

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

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

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

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

**Note:** These tables are based on the 2023 FMR.

Revised

**FMR and NYC FHEPS Rent Levels 2023\***

Revised

	Studio	1 bd	2 bd	3 bd	4 bd
110% FMR**	\$ 2,335	\$ 2,387	\$ 2,696	\$ 3,385	\$ 3,647
FMR (2023 levels)**	\$ 2,123	\$ 2,170	\$ 2,451	\$ 3,078	\$ 3,316
Difference (NYC Share)	\$ 212	\$ 217	\$ 245	\$ 307	\$ 331.00

\* Calendar 2023 standards for NYC

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



Revised

**FHEPS 2023 Rent Table**

Family Size	Max TA Shelter Allowance (a)	City Portion (110% FMR - Max TA Funds Rent Supplement) (e) (f-c-d)	Max FHEPS Rent 110% FMR (All Utilities Included) (f)	Number of Bedrooms
1	\$ 277.00	\$ 2,110.00	\$ 2,387.00	1
2	\$ 283.00	\$ 2,104.00	\$ 2,387.00	1
3	\$ 400.00	\$ 2,296.00	\$ 2,696.00	2
4	\$ 450.00	\$ 2,246.00	\$ 2,696.00	2
5	\$ 501.00	\$ 2,884.00	\$ 3,385.00	3
6	\$ 524.00	\$ 2,861.00	\$ 3,385.00	3
7	\$ 546.00	\$ 3,101.00	\$ 3,647.00	4
8	\$ 546.00	\$ 3,101.00	\$ 3,647.00	4
9	\$ 546.00	\$ 3,648.00	\$ 4,194.00	5
10	\$ 546.00	\$ 3,648.00	\$ 4,194.00	5
11	\$ 546.00	\$ 4,195.00	\$ 4,741.00	6
12	\$ 546.00	\$ 4,195.00	\$ 4,741.00	6
13	\$ 546.00	\$ 4,742.00	\$ 5,288.00	7
14	\$ 546.00	\$ 4,742.00	\$ 5,288.00	7
15	\$ 546.00	\$ 5,289.00	\$ 5,835.00	8
16	\$ 546.00	\$ 5,289.00	\$ 5,835.00	8
17	\$ 546.00	\$ 5,836.00	\$ 6,382.00	9
18	\$ 546.00	\$ 5,836.00	\$ 6,382.00	9
19	\$ 546.00	\$ 6,383.00	\$ 6,929.00	10
20	\$ 546.00	\$ 6,383.00	\$ 6,929.00	10

**FHEPS APPLICATION PROCESS**

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

FHEPS A To Stay**HDU and other Benefits Access Center (BAC) staff:**

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

HDU staff must enter the number of bedrooms

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

**FCDU and CRPU:**

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

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

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

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

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

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

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

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

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

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

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

WMS codes for the additional monthly supplement.

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

- Tenant Name
- Case Number
- FHEPS Approval Date
- Amount Issued by WMS
- Additional QC Amount
- Additional QD Amount
- SNAP Benefit Amount on Budget

As a reminder, since WMS is not yet able to account for the Supplemental Nutrition Assistance Program (SNAP) shelter amount on the budget, CRPU staff are required to enter the amount of the participant's SNAP benefit on the **HRA-194**. Additionally, to ensure that there is no SNAP overpayment, CRPU must continue to email the **HRA-194** each month to DSS' Data Analytics, Reporting and Triage (DART).

Staff must monitor this spreadsheet on a monthly basis to ensure that the additional supplement is issued each month. Additionally, since WMS is not yet able to account for the SNAP shelter amount on the budget, CRPU must email the **HRA-194** each month to DSS' DART to ensure that there is no SNAP overpayment.

#### FHEPS A To Move and Good Cause Transfers

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

#### FHEPS B To Move

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

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

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

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

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

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

#### FHEPS B To Stay

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

#### Modification and Restoration Scenarios

Modification and Restoration scenarios

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

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

Revised

## Forms

### Payment Standard and Utility Allowance Forms

- Landlord Utility Calculator (**Attachment A**) is a tool to assist landlords and brokers (if applicable) to calculate the utility allowance amount. The calculator provides a breakdown of the amount due by the tenant and landlord for each utility expense.
- The Landlord Utility Information (**DSS-8q**) form must be completed by landlords and requires that they indicate all the utilities available for the rental unit and whether each utility expense is paid by the landlord or tenant. This form also provides the DSS Utility Allowance Schedules. The **DSS-8q** must be included in the FHEPS application packet submission.

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

- What You Should Know About FHEPS or CityFHEPS Shopping Letters and Utilities (**DSS-31**) informs applicants/participants about the interplay of the utility allowance and the payment standards, and it also gives applicants/participants guidance on how to find out which utilities are included in their rent.
- The Family Homelessness and Eviction Prevention Supplement (FHEPS) Payment Standards (**HRA-146z**) form provides the FHEPS payment standards along with the maximum rent amounts after the utility allowance deductions. This form also provides the DSS utility allowance chart.
- The FHEPS Payment Tracker (**HRA-194**) is a spreadsheet for staff to record and track the issuance of the additional FHEPS supplement, as well as the participant's SNAP benefit amount, until WMS has been updated.
- FHEPS Single-Suffix and Multi-Suffix Budgeting Spreadsheet (**HRA-194a**) is a worksheet that has one tab for single-suffix cases and another tab for multi-suffix cases. Staff must use this spreadsheet to determine the amount of the FHEPS supplement, as well as determine the appropriate codes from which to issue benefits.

- FHEPS Rent Increase for Current Tenants - Landlord FAQ (**HRA-194b**) provides landlords with information on how to handle the increased rent levels, including when and how a rent increase may be requested. The **HRA-194b** also explains the utility allowance.

#### Revised Forms

Revised

The following forms have been revised to reflect the FHEPS payment standard and utility allowance increases, as well as the extension of the temporary changes to the eligibility requirements, where applicable:

- Landlord Utility Calculator (**Attachment A**)
- Landlord Utility Information Form (**DSS-8q**)
- What You Should Know About FHEPS or CityFHEPS Shopping Letters and Utilities (**DSS-31**)
- FHEPS A & B Application (**HRA-146a**)
- Potential Eligibility for FHEPS (Shopping Letter) (**HRA-146j**)
- Potential Eligibility for FHEPS (Shopping Letter) (**HRA-146k**)
- FHEPS Fact Sheet for Landlords (**HRA-146q**)
- FHEPS Fact Sheet (**HRA-146r**)
- FHEPS Payment Standards (**HRA-146z**)
- FHEPS Single-Suffix and Multi-Suffix Budgeting Spreadsheet (**HRA-194a**)
- The FHEPS Rent Increase for Current Tenants - Landlord FAQ (**HRA-194b**)

#### Replaced Forms

Revised

When the FHEPS A and FHEPS B allowances and maximum rent levels became equivalent to the NYCHA Section 8 payment standard in February 2022, the FHEPS Multi-Suffix Budgeting Spreadsheet (**HRA-146h**) and FHEPS Single-Suffix Budgeting Spreadsheet (**HRA-146v**) were replaced by the FHEPS Single-Suffix and Multi-Suffix Budgeting Spreadsheet (**HRA-194a**).

*Effective immediately.*

#### **Related Items:**

[PD #16-27-OPE](#)

[PD #17-26-ELI](#)

**Attachments:**

<b>Attachment A</b>	Landlord Utility Calculator (Version 12/05/22)
<b>BRC-681A (E)</b>	Do You Have a Disability? (Rev. 01/16)
<b>DSS-8q (E)</b>	Landlord Utility Information (Rev. 02/10/23)
<b>DSS-31 (E)</b>	What You Should Know About FHEPS or CITYFHEPS Shopping Letters and Utilities (Rev. 02/13/23)
<b>HRA-102c (E)</b>	Help for People with Disabilities (Rev. 01/05/17)
<b>HRA-146a (E)</b>	Family Homelessness and Eviction Prevention Supplement A and B (FHEPS A and B) Application (Rev. 02/09/23)
<b>HRA-146b (E)</b>	Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Approval Notice (Rev. 05/12/22)
<b>HRA-146c (E)</b>	Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Approval Notice (Rev. 05/12/22)
<b>HRA-146d (E)</b>	Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Denial Notice (Rev. 02/10/22)
<b>HRA-146e (E)</b>	Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Denial Notice (Rev. 09/13/17)
<b>HRA-146j (E)</b>	Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (Shopping Letter) (Rev. 02/09/23)
<b>HRA-146k (E)</b>	Potential Eligibility for Family Homelessness and Eviction Prevention Supplement (FHEPS) (Shopping Letter) (Rev. 02/09/23)
<b>HRA-146m (E)</b>	FHEPS A Demographic Sheet (Rev. 02/10/22)
<b>HRA-146n (E)</b>	FHEPS B Demographic Sheet (Rev. 02/10/22)
<b>HRA-146o (E)</b>	Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral to Community Based Organizations (Rev. 02/10/22)
<b>HRA-146q (E)</b>	Family Homelessness and Eviction Prevention Supplement (FHEPS) Fact Sheet For Landlords (Rev. 02/15/23)
<b>HRA-146r (E)</b>	Family Homelessness & Eviction Prevention Supplement (FHEPS) Fact Sheet (Rev. 02/14/23)
<b>HRA-146s (E)</b>	FHEPS Check Request Form (Rev. 02/11/22)
<b>HRA-146z (E)</b>	Family Homelessness and Eviction Prevention Supplement (FHEPS) Payment Standards (Rev. 02/09/23)
<b>HRA-194 (E)</b>	FHEPS Payment Tracker (Rev. 09/12/22)



**HRA-194a (E)**

FHEPS Single-Suffix and Multi-Suffix  
Budgeting Spreadsheet (Version 02/10/23)

**HRA-194b (E)**

FHEPS Rent Increase for Current Tenants -  
Landlord FAQ (Rev. 02/09/23)

**W-137B (E)**

Action Taken on Your Request for Emergency  
Assistance, Additional Allowances, or to Add a  
Person to the Cash Assistance Case (For  
Participants Only) (Rev. 03/16/20)

### Landlord Utility Calculator

version: 12/5/2022

Number of Bedrooms:

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

Item	Fuel Type	Cost	Paid By	Landlord	Tenant
Heating	Gas	\$ 81	Tenant	\$ -	\$ 81
Cooking	Gas	\$ 31	Tenant	\$ -	\$ 31
Water Heating	Gas	\$ 31	Tenant	\$ -	\$ 31
Other Electric		\$ 110	Tenant	\$ -	\$ 110
<b>Total</b>		<b>\$ 253</b>		<b>\$ -</b>	<b>\$ 253</b>



Photo is of a model used for illustrative purposes only.



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

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

### What are examples of reasonable accommodations?

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

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

SAMPLE

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

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

### How do I ask for a reasonable accommodation?

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

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

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

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

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



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

### What if I need help completing the form?

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

### How will I find out if my request is approved?

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

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

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



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BRC-681A  
Rev. 1/16

## ANTI-DISCRIMINATION POLICY

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



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

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

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

### What should I include if I make a complaint?

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

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

# Do you have a disability?

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

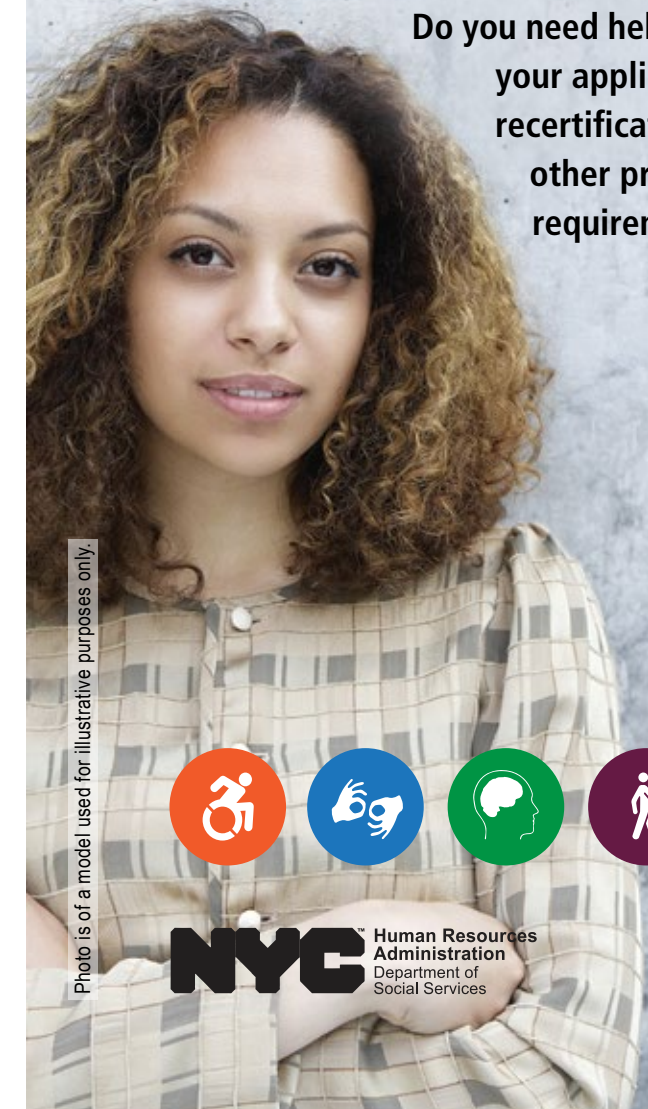


Photo is of a model used for illustrative purposes only.



**NYC** Human Resources Administration  
Department of Social Services

## Landlord Utility Information

**Instructions to Landlord:**

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

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

\_\_\_\_\_.

Actual Number of Bedrooms: \_\_\_\_\_

Number of Bedrooms on Shopping Letter: \_\_\_\_\_

Is this Apartment Rent Stabilized?  Yes  No

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

**I understand that when the tenant incurs the expense for utilities, the maximum rent DSS will approve will be the fair market rent minus the Utility Allowance, as shown in the attached schedules. DSS will pay the full regulated rent if it is less than this amount.**

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

\_\_\_\_\_  
 Landlord Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Landlord Signature

### **DSS Utility Allowance Schedules**

(see next page for the FHEPS and CityFHEPS Payment Standards)

<b>COOKING GAS AND ELECTRIC (NO ELECTRIC STOVE)</b>						
<b>Number of Bedrooms</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Cooking Gas (\$)	24	27	31	35	39	43
Electric (\$)	75	85	110	136	162	188
Total (w/ Cooking Gas & Electric) (\$)	99	112	141	171	201	231

<b>OIL HEAT AND HOT WATER</b>						
<b>Number of Bedrooms</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Oil Hot Water Only (\$)	28	32	47	61	76	90
Oil Heat Only (\$)	91	107	122	137	153	168
Total (Oil Heat & Hot Water) (\$)	119	139	169	198	229	258

<b>GAS HEAT AND HOT WATER</b>						
<b>Number of Bedrooms</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Gas Hot Water Only (\$)	18	21	31	40	50	59
Gas Heat Only (\$)	60	70	81	90	100	110
Total (Gas Heat & Hot Water) (\$)	78	91	112	130	150	169

<b>ELECTRIC HEAT AND HOT WATER</b>						
<b>Number of Bedrooms</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Electric Hot Water Only (\$)	28	33	42	52	61	70
Electric Heat Only (\$)	58	68	87	106	125	144
Total (Electric Heat & Hot Water) (\$)	86	101	129	158	186	214

<b>ELECTRIC</b>						
<b>Number of Bedrooms</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 or more</b>
Including Electric Cooking Range (\$)	86	98	129	161	193	225

(Turn Page)

## FHEPS and CityFHEPS Payment Standards

### Maximum Rent Amounts

Family Size	Unit Size	<u>All Utilities Included</u>	Without Cooking Gas & Electric	With Cooking Gas Only	With Electric Only	<u>No Utilities Included</u>
1	*SRO	\$1,751	\$1,652	\$1,676	\$1,727	\$1,574
1	0 (Studio)	\$2,335	\$2,236	\$2,260	\$2,311	\$2,158
1 or 2	1	\$2,387	\$2,275	\$2,302	\$2,360	\$2,184
3 or 4	2	\$2,696	\$2,555	\$2,586	\$2,665	\$2,443
5 or 6	3	\$3,385	\$3,214	\$3,249	\$3,350	\$3,084
7 or 8	4	\$3,647	\$3,446	\$3,485	\$3,608	\$3,296
9 or 10	5	\$4,194	\$3,963	\$4,006	\$4,151	\$3,794
11 or 12	6	\$4,741	\$4,510	\$4,553	\$4,698	\$4,341
13 or 14	7	\$5,288	\$5,057	\$5,100	\$5,245	\$4,888
15 or 16	8	\$5,835	\$5,604	\$5,647	\$5,792	\$5,435
17 or 18	9	\$6,382	\$6,151	\$6,194	\$6,339	\$5,982
19 or 20	10	\$6,929	\$6,698	\$6,741	\$6,886	\$6,529

\* SRO only applies to CityFHEPS



Department of  
Social Services

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

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

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

Family Size	Unit Size	All Utilities Included	Without Cooking Gas & Electric	With Cooking Gas Only	With Electric Only	No Utilities Included
1	SRO	\$1,751	\$1,652	\$1,676	\$1,727	\$1,574
1	0 (Studio)	\$2,335	\$2,236	\$2,260	\$2,311	\$2,158
1 or 2	1	\$2,387	\$2,275	\$2,302	\$2,360	\$2,184
3 or 4	2	\$2,696	\$2,555	\$2,586	\$2,665	\$2,443
5 or 6	3	\$3,385	\$3,214	\$3,249	\$3,350	\$3,084
7 or 8	4	\$3,647	\$3,446	\$3,485	\$3,608	\$3,296
9 or 10	5	\$4,194	\$3,963	\$4,006	\$4,151	\$3,794
11 or 12	6	\$4,741	\$4,510	\$4,553	\$4,698	\$4,341
13 or 14	7	\$5,288	\$5,057	\$5,100	\$5,245	\$4,888
15 or 16	8	\$5,835	\$5,604	\$5,647	\$5,792	\$5,435
17 or 18	9	\$6,382	\$6,151	\$6,194	\$6,339	\$5,982
19 or 20	10	\$6,929	\$6,698	\$6,741	\$6,886	\$6,529

### How can I find out which utilities are included?

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

### Can I agree to pay the landlord the difference?

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



**HELP FOR PEOPLE WITH DISABILITIES**

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

For example:

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

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

SAMPLE

**HOW TO ASK FOR A REASONABLE ACCOMMODATION**



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



**CALL:** 212-331-4640

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



**FAX:** 212-331-4685



**EMAIL:** [ConstituentAffairs@hra.nyc.gov](mailto:ConstituentAffairs@hra.nyc.gov)



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

**GET HELP WITH THIS FORM!**

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

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

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

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

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

### **YOUR INFORMATION**

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

Case Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2 (if any): \_\_\_\_\_

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

### **WHY DO YOU NEED HELP?**

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

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

### **CHOOSE WHAT HELP YOU MIGHT NEED BECAUSE OF YOUR CONDITION:**

Help for people who are blind or low vision  
*Explain:* \_\_\_\_\_

Making appointments when you can have someone come with you

No appointments during certain days and times


No appointments during rush hour

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

Shorter wait times

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

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

Help for people who are deaf or hard of hearing  :

American Sign Language (ASL) interpretation

Other forms of interpretation

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

Help reading forms

Help completing forms

You need HRA to come to your home for appointments

Transfer your case to center:

Keep your case at your center:

\_\_\_\_\_

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

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

Location

Date Received

Name of HRA worker (Print)

Signature

Center 90 Staff only: Homebound status was requested  Yes  No

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

### 1. Client Information

Head of Household's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Current Mailing Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Cash Assistance (CA) Case Number \_\_\_\_\_

Are you in a special assessment situation?  Yes  No

### 2. Reason for Application

Check one:

FHEPS to stay in your apartment

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

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

If No, reason for move:

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

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

New apartment Address (if applicable)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**(Turn page)**

**2. Reason for Application (continued)**

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

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

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

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

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

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

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

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

**(Turn page)**

**4. People Who Will Live in the Apartment**

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

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

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

SAMPLE

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

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

You can also call the Office of Constituent Services at **718-557-1399** to make the request. You must provide documentation from a medical provider so that HRA can evaluate the request.

**(Turn page)**

**5. Income of People Who Will Live in the Apartment**

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

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

**6. Lease Information for Apartment to Receive FHEPS Supplement**

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

If yes, what is the lease renewal date? \_\_\_\_\_

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

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

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

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

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

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

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

**(Turn page)**

**7. Rental Information**

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

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

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

If yes, what is the maximum legal rent? \_\_\_\_\_

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

Residency Start Date: \_\_\_\_\_

How many bedrooms are in the unit?: \_\_\_\_\_

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

Name	Rent Contribution
<b>SAMPLE</b>	

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

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

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

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

Yes  No

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

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

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

**(Turn page)**

**8. Arrears (continued)**

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

- Yes       No

If yes, list the time period(s):

**9. Applicant/Participant Agreement**

By submitting this application:

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

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

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

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

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

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

**10. Preparer Information**

Worker Name \_\_\_\_\_

Location \_\_\_\_\_

Telephone Number \_\_\_\_\_ Extension (if any) \_\_\_\_\_

**(Turn page)**



**11. FHEPS To Stay Worksheet**

Unit Size	Family Size*	Max CA Shelter Allowance**	Max CA Funded FHEPS Supplement	Max NYC Only Share	Max FHEPS Rent
Studio	1	\$277	\$1,846	\$212	\$2,335
1	1	\$277	\$1,893	\$217	\$2,387
1	2	\$283	\$1,887	\$217	\$2,387
2	3	\$400	\$2,051	\$245	\$2,696
2	4	\$450	\$2,001	\$245	\$2,696
3	5	\$501	\$2,577	\$307	\$3,385
3	6	\$524	\$2,554	\$307	\$3,385
4	7	\$546	\$2,770	\$331	\$3,647
4	8	\$546	\$2,770	\$331	\$3,647
5	9	\$546	\$3,267	\$381	\$4,194
5	10	\$546	\$3,267	\$381	\$4,194
6	11	\$546	\$3,764	\$431	\$4,741
6	12	\$546	\$3,764	\$431	\$4,741
7	13	\$546	\$4,262	\$480	\$5,288
7	14	\$546	\$4,262	\$480	\$5,288
8	15	\$546	\$4,759	\$530	\$5,835
8	16	\$546	\$4,759	\$530	\$5,835
9	17	\$546	\$5,257	\$579	\$6,382
9	18	\$546	\$5,257	\$579	\$6,382
10	19	\$546	\$5,754	\$629	\$6,929
10	20	\$546	\$5,754	\$629	\$6,929

\* Number of Family members in receipt of CA

\*\* Based on the standard shelter allowances

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(Turn page)

**12: Monthly Accounting of Arrears Worksheet**

Month	Rent Charged	Rent Paid	Rent Still Due	Categories of Rent Still Due					
				A.	B.	C.	D.	E.	F.
				Stale Checks	Failure to Receive Full Shelter	Amount in Excess of Shelter Allowance	Amount Subject to Advance Recoupment	Amount Payable as Applicant	Other
<b>Totals</b>									

SAMPLE

**INSTRUCTIONS: Amounts in columns "A" through "F" must equal "Rent Still Due"**

1. If the column does not apply to this case, write "N/A". "E" and "F" can be left blank if these situations do not apply.
2. Shelter allowance lost due to sanctions must be included in column "F", but cannot be paid by HRA. See Worksheet on **Page 9** for calculating "sanction arrears" that cannot be paid by HRA.

**No arrears will be paid unless documentation is presented that shows that arrears that cannot be paid by HRA will be paid by the client or a third party or forgiven by the landlord.**

(Turn page)

**13: Sanction Worksheet**

This worksheet is to be used for months prior to the application for FHEPS or FHEPS Reinstatement when there was a Cash Assistance sanction in effect.

**Worksheet for Calculating FHEPS Sanction Arrears that Cannot be Paid by HRA**

1	2	3	4	5	6	7	8	9	10	11
Sanction Month	Total Number in CA Household (including sanctioned individuals[s])	Number of Individuals Sanctioned	Standard CA Shelter Allowance for Household	Rent Charged for a Month	Rent Charged for a Month in Excess of Shelter Allowance (Column 5 - Column 4)	Maximum FHEPS Supplement Amount	Lesser of Column 6 and Column 7 Amounts	Supplement Sanction Arrears <u>Not to be paid</u> (Column 3 divided by Column 2) X Column 8*	Reduction (if any) in Shelter Allowance on Account of Sanction <u>Not to be paid</u>	Total FHEPS Sanction Arrears <u>Not to be paid</u> (Column 9 + Column 10)
<b>Totals</b>										

SAMPLE

\* For child support enforcement sanctions, multiply column 8 by 25%. In the case of both a child support and an employment sanction, (A) multiply column 8 by 25% to get the child support sanction amount, (B) multiply column 8 by 75% and multiply the result by column 3 divided by column 2, to get the employment sanction amount, and (C) add the results in A and B together to get the total sanction amount.

Total Sanction Arrears for a given month should be inserted in the worksheet in Section 12, Column "F" on Page 8 as sanction arrears that cannot be paid by HRA. If the sanction was in effect for only one cycle in the month, divide by two and note in columns 9 and 10 above.

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

Case Number: \_\_\_\_\_

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

Fair Hearing & Conference

Telephone Number: \_\_\_\_\_

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

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

Address for which FHEPS is approved: \_\_\_\_\_

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

SAMPLE

**We used the information listed below to decide the monthly amount your household must pay to the landlord.**

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

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

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

**(Turn page)**

If arrears were requested:

Approved arrears amount: \$ \_\_\_\_\_

Of this amount \$ \_\_\_\_\_ is recoupable

\$ \_\_\_\_\_ is non-recoupable

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

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

Please remember that:

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

If you have any questions about this decision please call us at the Rental Assistance Call Center at 718-557-1399.

**(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 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE

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

**(Turn page)**

## Conference and Fair Hearing Information

### CONFERENCE

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

### STATE FAIR HEARING

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

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

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

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

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

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

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

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

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

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

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

**(Turn page)**

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

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

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

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

**FAIR HEARING REQUEST**

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

SAMPLE

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Name M.I. Last Name

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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



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

Case Number: \_\_\_\_\_

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

Fair Hearing & Conference

Telephone Number: \_\_\_\_\_

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

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

Address for which FHEPS is approved: \_\_\_\_\_

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

SAMPLE

**We used the information listed below to decide the monthly amount your household must pay to the landlord.**

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

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

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

**(Turn page)**

If arrears were requested:

Approved arrears amount: \$ \_\_\_\_\_

Of this amount \$ \_\_\_\_\_ is recoupable

\$ \_\_\_\_\_ is non-recoupable

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

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

Please remember that:

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

If you have any questions about this decision please call us at the Rental Assistance Call Center at 718-557-1399.

**(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 718-557-1399. 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

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**(Turn page)**

## Conference and Fair Hearing Information

### CONFERENCE

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

### STATE FAIR HEARING

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

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

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

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

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

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

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

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

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

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

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

**(Turn page)**

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

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

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

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

**FAIR HEARING REQUEST**

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

Large empty rectangular box for providing reasons for the fair hearing request.

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Name M.I. Last Name

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Case Number: \_\_\_\_\_

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

Fair Hearing & Conference

Telephone Number: \_\_\_\_\_

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

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

**Reason for Denial:**

You do not receive Cash Assistance.

**OR**

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

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

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

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

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

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

Your rent arrears are too high.

Other:

**(Turn page)**

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

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

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

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

SAMPLE

**(Turn page)**

## Conference and Fair Hearing Information

### CONFERENCE

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

### STATE FAIR HEARING

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

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

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

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

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

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

(Turn page)



**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](mailto:CRO@hra.nyc.gov) or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201** .

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

**FAIR HEARING REQUEST**

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

Empty box for providing reasons for a Fair Hearing request.

Case Number: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Name M.I. Last Name

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Participant Name: \_\_\_\_\_  
Fair Hearing & Conference  
Telephone Number: \_\_\_\_\_

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

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

### Reason for Denial:

You do not receive Cash Assistance.

**OR**

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

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

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

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

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

Your rent arrears are too high.

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

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

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

**(Turn page)**

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

Other:

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

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

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

SAMPLE

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

**(Turn page)**

## Conference and Fair Hearing Information

### CONFERENCE

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

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**(Turn page)**

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**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.

SAMPLE

**FAIR HEARING REQUEST**

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

Case Number: \_\_\_\_\_

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

Name M.I. Last Name

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

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

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

The FHEPS program helps eligible families secure permanent housing. Landlords agreeing to rent to FHEPS clients will receive the full first month's rent in advance plus the next three

(3) months FHEPS rent supplement. Landlords may also request a reservation incentive equal to one month's rent, if they agree to hold the apartment for 30 days. Brokers may receive a broker's fee of up to 15% annual rent.\*

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

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

**Note to potential tenant:** HRA will pay the standard based on the actual rental, not the amount on this shopping letter. For example, if your shopping letter says you can rent an apartment with 3 bedrooms for \$3,385, but you rent an apartment with 2 bedrooms, HRA will only pay up to the standard for a 2 bedroom apartment which is \$2,696. If you have questions about a particular unit you are viewing or any special circumstances you may encounter, ask your case manager to escalate the unit for review.

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

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

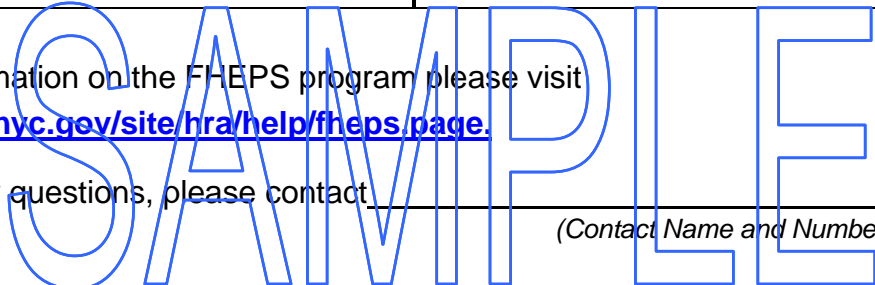
The following completed documents are required from landlords:	If a broker's fee is requested, the following completed documents are also required:
<ol style="list-style-type: none"> <li>1. Signed lease or agreement in writing to rent apartment for one year</li> <li>2. Security Voucher <b>(W-147n)</b>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

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

If you have any questions, please contact \_\_\_\_\_.  
*(Contact Name and Number)*

CA#: \_\_\_\_\_

CARES # (if applicable): \_\_\_\_\_



Expiration Date: \_\_\_\_\_

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

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

The FHEPS program helps eligible families secure permanent housing.

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

**Note to potential tenant:** HRA will pay the standard based on the actual rental, not the amount on this shopping letter. For example, if your shopping letter says you can rent an apartment with 3 bedrooms for \$3,385, but you rent an apartment with 2 bedrooms, HRA will only pay up to the standard for a 2 bedroom apartment which is \$2,696. If you have questions about a particular unit you are viewing or any special circumstances you may encounter, ask your case manager to escalate the unit for review.

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

(Turn page)



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

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

For more information on the FHEPS program please visit

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

If you have any questions, please contact \_\_\_\_\_.

*(Contact Name and Number)*

CA#: \_\_\_\_\_

CARES # (if applicable): \_\_\_\_\_

SAMPLE

## FHEPS A DEMOGRAPHIC SHEET

### Client's Information

Client's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Agency Name: \_\_\_\_\_ CA Case #: \_\_\_\_\_

Staff Contact: \_\_\_\_\_ Staff Phone #: \_\_\_\_\_

Staff e-Mail: \_\_\_\_\_

### **For Clients in Shelter (if applicable):**

Facility Code: \_\_\_\_\_ CARES Case #: \_\_\_\_\_

Program Administrator: \_\_\_\_\_ Program Analyst: \_\_\_\_\_

### **Did you include the following?**

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

### **For Clients in Shelter, did you include:**

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

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

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

### **Comments:**

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**FHEPS B DEMOGRAPHIC SHEET**

**Client's Information**

Client's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Agency Name: \_\_\_\_\_ CA Case #: \_\_\_\_\_

Staff Contact: \_\_\_\_\_ Staff Phone #: \_\_\_\_\_

Staff Email: \_\_\_\_\_

**For Clients in Shelter (if applicable):**

Facility Code: \_\_\_\_\_ CARES Case #: \_\_\_\_\_

Program Administrator: \_\_\_\_\_ Program Analyst: \_\_\_\_\_

**Did you include the following?**

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

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

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

**Comments:**

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**SUPERVISORY REVIEW (Director of Social Services or higher)**

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\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SAMPLE

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

**Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral**

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

SAMPLE

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

\_\_\_\_\_  
**HDU Worker's Name**

\_\_\_\_\_  
**HDU Supervisor's Name**

\_\_\_\_\_  
**HDU Worker's Phone Number**

\_\_\_\_\_  
**Date**

**(Turn Page)**

**Participant needs help with the following to determine FHEPS eligibility:**

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

**Comments:**

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

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

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

### What are the two types of FHEPS?

The two types of FHEPS are:

- *FHEPS to Stay* – lets families stay in the home they currently live in. In addition to paying a rent supplement going forward, FHEPS to Stay can cover up to \$20,000<sup>1</sup> in rent arrears, and more in some cases.
- *FHEPS to Move* – lets families move to a different home if:
  - they have already lost their home.
  - they cannot stay in their current home.

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

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

1 Maximum arrears payment is subject to State approval. Current amount approved through 12/31/2023.

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

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

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

Family Size	Unit Size	Payment Standard
1	Studio	\$2,335
1 or 2	1	\$2,387
3 or 4	2	\$2,696
5 or 6	3	\$3,385
7 or 8	4	\$3,647
9 or 10	5	\$4,194
11 or 12	6	\$4,741
13 or 14	7	\$5,288
15 or 16	8	\$5,835
17 or 18	9	\$6,382
19 or 20	10	\$6,929

### What is a Utility Allowance?

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

### How much will I receive from the supplement?

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

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

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

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

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



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

**How do I participate in the FHEPS program?**

If you are a landlord or broker, please contact a Home Support Specialist with the Public Engagement Unit at **718-557-1399** or visit <http://nyc.gov/homesupportunit> to discuss how you can lease apartments with rental assistance programs.

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

HRA's Rental Assistance Call Center, reachable at 718-557-1399, can help both landlords and tenants with program information, payment inquiries, and aftercare referrals for tenants.

**Are there any additional FHEPS requirements?**

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

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

SAMPLE

## Family Homelessness & Eviction Prevention Supplement (FHEPS) Fact Sheet

### What is FHEPS?

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

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

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

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

### How do I know if I qualify for FHEPS?

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

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

### **\*Evicted can mean:**

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

### How long can I get FHEPS?

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

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

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

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

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

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

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

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

Family Size	Unit Size	Payment Standard
1	Studio	\$2,335
1 or 2	1	\$2,387
3 or 4	2	\$2,696
5 or 6	3	\$3,385
7 or 8	4	\$3,647
9 or 10	5	\$4,194
11 or 12	6	\$4,741
13 or 14	7	\$5,288
15 or 16	8	\$5,835
17 or 18	9	\$6,382
19 or 20	10	\$6,929

**Please note that landlords are not allowed to charge any fees other than what is legally stated in the lease.** You should not agree to any side deals and should immediately call HRA at **311** or **718-557-1399** to tell us about any such requests.

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

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

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

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

### **What else do I need to know about FHEPS?**

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

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

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

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

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

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<sup>1</sup> Maximum arrears payment is subject to State approval. Current amount approved through 12/31/2023.

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

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

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

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

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

- Online using ACCESS HRA ([www.nyc.gov/accesshra](http://www.nyc.gov/accesshra)) or the ACCESS HRA mobile app
- In person at your local BAC.

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

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

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

Families who are at risk of eviction or have left a DHS shelter and need support may call **311** or **718-557-1399** to find their local Homebase homelessness prevention office. Families can also visit <https://www1.nyc.gov/site/hra/help/homebase-locations.page> to find the Homebase provider that covers their zip code.

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

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

# FHEPS Check Request Form

<b>Tenant Name:</b>		
<b>Case Number:</b>		
<b>Category:</b>		
<b>Date Requested:</b>		

## Landlord Leasing Check

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

<b>Total Rent Check:</b>	<b>\$0</b>
--------------------------	------------

## Unit Hold Incentive

Landlord Unit Hold Incentive:	\$0.00
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## Broker's Check

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

<b>Total Broker's Check:</b>	
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## Request for Rent Arrears and Legal & Marshal Fees

Rent Arrears (Recoupable)	\$0.00	
Rent Arrears (Non-Recoupable)	\$0.00	
	<b>Total Rent Arrears</b>	<b>\$0.00</b>
	<b>Legal &amp; Marshal Fees</b>	<b>\$0.00</b>
	<b>Total</b>	<b>\$0.00</b>

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

## FHEPS PAYMENT STANDARDS

### Maximum Rent Amounts

(see next page for Utility Allowance)

Family Size	Unit Size	<u>All Utilities Included</u>	Without Cooking Gas & Electric	With Cooking Gas Only	With Electric Only	<u>No Utilities Included</u>
1	Studio	\$2,335	\$2,236	\$2,260	\$2,311	\$2,158
1 or 2	1	\$2,387	\$2,275	\$2,302	\$2,360	\$2,184
3 or 4	2	\$2,696	\$2,555	\$2,586	\$2,665	\$2,443
5 or 6	3	\$3,385	\$3,214	\$3,249	\$3,350	\$3,084
7 or 8	4	\$3,647	\$3,446	\$3,485	\$3,608	\$3,296
9 or 10	5	\$4,194	\$3,963	\$4,006	\$4,151	\$3,794
11 or 12	6	\$4,741	\$4,510	\$4,553	\$4,698	\$4,341
13 or 14	7	\$5,288	\$5,057	\$5,100	\$5,245	\$4,888
15 or 16	8	\$5,835	\$5,604	\$5,647	\$5,792	\$5,435
17 or 18	9	\$6,382	\$6,151	\$6,194	\$6,339	\$5,982
19 or 20	10	\$6,929	\$6,698	\$6,741	\$6,886	\$6,529

(Turn Page)

### DSS Utility Allowance Schedules

<b>COOKING GAS AND ELECTRIC (NO ELECTRIC STOVE)</b>						
Number of Bedrooms	0	1	2	3	4	5 or more
Cooking Gas (\$)	24	27	31	35	39	43
Electric (\$)	75	85	110	136	162	188
Total (w/ Cooking Gas & Electric) (\$)	99	112	141	171	201	231

<b>OIL HEAT AND HOT WATER</b>						
Number of Bedrooms	0	1	2	3	4	5 or more
Oil Hot Water Only (\$)	28	32	47	61	76	90
Oil Heat Only (\$)	91	107	122	137	153	168
Total (Oil Heat & Hot Water) (\$)	119	139	169	198	229	258

<b>GAS HEAT AND HOT WATER</b>						
Number of Bedrooms	0	1	2	3	4	5 or more
Gas Hot Water Only (\$)	18	21	31	40	50	59
Gas Heat Only (\$)	60	70	81	90	100	110
Total (Gas Heat & Hot Water) (\$)	78	91	112	130	150	169

<b>ELECTRIC HEAT AND HOT WATER</b>						
Number of Bedrooms	0	1	2	3	4	5 or more
Electric Hot Water Only (\$)	28	33	42	52	61	70
Electric Heat Only (\$)	58	68	87	106	125	144
Total (Electric Heat & Hot Water) (\$)	86	101	129	158	186	214

<b>ELECTRIC</b>						
Number of Bedrooms	0	1	2	3	4	5 or more
Including Electric Cooking Range (\$)	86	98	129	161	193	225





FHEPS Calculation Spreadsheet (Single Suffix Cases with LRR)

Ver: 2/10/2023

Scenario Description (remarks to be entered)	
--	--

A	Household Size (No. of PA active lines) (01-152)	3	(to be entered, 1-20)
A-1	LRR Lines	0	
B	No. of NPA lines	0	(to be entered, 0-4)
C	Actual Shelter Expenses (11-225)	\$2,696	(to be entered)
D	Income for all PA/FS active lines (44-048)	\$500	(to be entered)

NPA Line(s)		Income * (07-800)	30% of income	Indiv. prorated rent	The lesser **	** The lesser of 30% of income and individual prorated rent
1	N	\$0	NA	NA	NA	
2	N	\$0	NA	NA	NA	* Income(s) entered on lines that beyond the number of lines in (B) will be disregarded.
3	N	\$0	NA	NA	NA	
4	N	\$0	NA	NA	NA	
5	N	\$0	NA	NA	NA	
E Total					\$0	

F	PA Shelter Lookup (incl. LRR no.)	\$400	System generated
G	Portion funded by PA Cat. of Assistance (Max.) **	\$847	- ditto
	City portion (Max)	\$245	- ditto
H	Max. Rent Level (w/LRR)	\$2,696	- ditto
J	Cap - Actual Shelter Expenses	\$2,696	- ditto
K	Amt Beyond Cap - Client's responsibility	\$0	- ditto
L	FHEPS by PA Cat. of Assistance (Max) **	\$847	(Zero if negative)
	FHEPS by City (calc)	\$1,449	to be hidden in final version
M	FHEPS by City (Max capped at HH Size w/o LRR)	\$245	(Zero if negative)
N	FHEPS Total (Max)	\$2,296	(Zero if negative)
P	30% of Income (PA/FS)	\$150	= D x 30%
Q	30% of Income (PA/FS) minus PA Lookup	\$0	= P - F (0 if -ve)
R	The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines	\$0	= E
S	R minus Amt Beyond Cap	\$0	= R - K (0 if -ve)

T	FHEPS (Overall) (11-090)	\$2,296.00	= N - Q - S (0 if -ve)
U	FHEPS (funded by PA Cat. of Assistance) ***	\$847.00	= L - Q - S (0 if -ve)
V	FHEPS (City) (22-239)	\$1,449.00	= T - U
W	City Responsibility ****	63%	= (V/T) X 100%
X	Countable FS Shelter (11-225-FR) *****	\$400.00	= J - T + K

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

\*\*\*\* For FHEPS Code 66 only

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

SI Payment	\$1,116.00	ISSUE WITH QC for FHEPS A ISSUE WITH QE for FHEPS B
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CTL	\$245
RSP	\$1,449

FHEPS Calculation Spreadsheet (Multi Suffix Cases)

Ver:

2/10/2023

Scenario Description (remarks to be entered)	
--	--

	Suffix w/FHEPS	Another Suffix	Combined for comparison	
A Household Size (No. of PA active lines) (01-152)	3	1	4	(1-20)
B No. of NPA lines	0		0	(0-5)
C Actual Shelter Expenses (11-225) Combined	\$2,696		\$2,696	
D Income for all PA/FS active lines (44-048)	\$500	\$0	\$500	

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

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

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

	Suffix w/FHEPS	Another Suffix	Combined for comparison	
F PA Shelter Lookup	\$400	\$277	\$677	System generated
G Portion funded by PA Cat. of Assistance (Max) **	\$847		\$856	- ditto
H Max. Rent Level	\$2,696		\$2,696	- ditto
J Cap - Actual Shelter Expenses	\$2,696		\$2,696	- ditto
K Amt Beyond Cap - Client's responsibility	\$0		\$0	- ditto
L FHEPS by PA Cat. of Assistance (Max) **	\$847		\$856	(0 if -ve)
M FHEPS by City (Max)	\$1,172		\$1,163	(0 if -ve)
N FHEPS Total (Max) allowed in this case	\$2,019		\$2,019	(0 if -ve)
P 30% of Income (PA/FS)	\$150	\$0	\$150	= D x 30%
Q 30% of Income (PA/FS) minus PA Lookup	\$0	\$0	\$0	= P - F (0 if -ve)
R The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines		\$0	\$0	= E
S R minus Amt Beyond Cap		\$0	\$0	
T FHEPS (Overall) (11-090) to be entered by worker	\$2,019		\$2,019	= N - Q - S (0 if -ve)
U FHEPS (funded by PA Cat. of Assistance) **	\$847		\$856	= L - Q - S (0 if -ve)
V FHEPS (City) (22-239)	\$1,172		\$1,163	= T - U
W City Responsibility ***	58%		58%	
X FS Shelter (11-225) to be entered by worker	\$677		\$677	= J - T + K

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

\*\*\* For FHEPS Code 68 only

Max Calculated Supplement Amt for combined household =	\$2,019	(=T, combined)
Minus: Max Supplement Amt for household size of: 3	\$2,296	(from lookup table)
= Monthly Single Issuance Amount	\$0	(0 if -ve)

Up To 100% SI Payment State	\$1,116
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Actual FS Shelter (11-225) to be entered by worker	\$677
Actual FHEPS (Overall) (11-090) entered by worker	903

## FHEPS RENT INCREASE FOR CURRENT TENANTS - LANDLORD FAQ

### **Q: FHEPS rents have increased, may I increase the rent for my current tenant?**

**A:** HRA will review requests for rent increases only upon the annual lease renewal. Mid-year increases will not be approved unless the unit is subject to government regulations with respect to allowable rents. Rent increases authorized under such regulations will be permitted midyear.

The requested rent must be at or below the registered legal rent, if any, for the Unit as established by federal, state, or local law or regulations. Any increase amount must be consistent with allowable amounts under the law. For example, if the collectable rent is restricted at a certain AMI or FMR, the requested rent increase must be in compliance with that requirement.

The rent must be adjusted for any utilities not covered by the landlord. HRA has published a utility allowance schedule and calculator to help you determine the size of the adjustment.

### **Q: What is a Utility Allowance?**

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

### **Q: How can I apply for an increase?**

**A:** The tenant may submit a new lease and a copy of the completed Landlord Utility Form (**DSS-8q**) online using ACCESS HRA or in person at their Benefits Access Center.



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

Case Number: \_\_\_\_\_

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

Center: \_\_\_\_\_

Caseload: \_\_\_\_\_

Worker Telephone No.: \_\_\_\_\_

FH&C Telephone No.: \_\_\_\_\_

### Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

The Agency's decision(s) regarding your benefit program(s) is/are explained below, next to the checked box(es) .

This Notice applies only to your request for an additional allowance to meet a special need, a change in grant, or an application for emergency assistance. If your request for additional assistance is denied, your ongoing Cash Assistance case will not be affected.

On \_\_\_\_\_, you requested  Emergency Assistance  
(Date)  Additional allowance for:

Your request for \_\_\_\_\_ has been accepted. You will receive:

- One payment in the amount of \$ \_\_\_\_\_ .
- Period covered, if applicable: \_\_\_\_\_ .

How we will pay:

- Broker's or finder's fee/voucher paid to broker/finder
- You must pick up check at your Job Center
- Check mailed to your home
- We will add it to your regular Cash Assistance grant which you can get through the EBT system
- Security deposit/agreement/voucher paid/provided to landlord
- Check sent directly to landlord/vendor

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

You will receive a second notice informing you as to how your ongoing benefits will be affected.

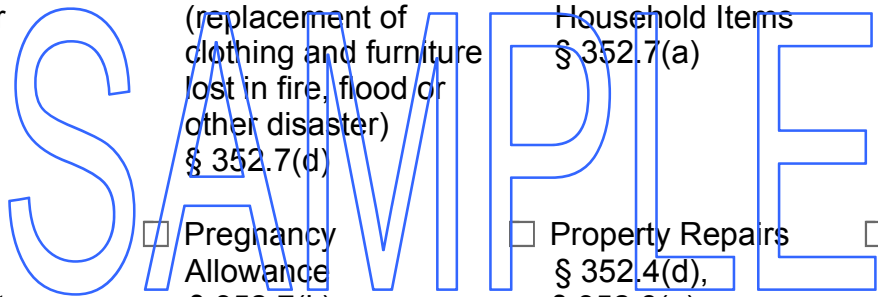
(Turn page)

On \_\_\_\_\_, you were referred to the Office of Burial Services at 33-28 Northern Boulevard, 3rd Floor, Long Island City, NY 11101, (718) 473-8310, to apply for a burial allowance.

Your request for \_\_\_\_\_ has been denied because:

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR (please see the section numbers below):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Addition to Household § 352.30                    | <input type="checkbox"/> Additional Allowance for Fuel § 352.5  | <input type="checkbox"/> Back Mortgage and/or Taxes § 352.7 (g)            | <input type="checkbox"/> Back Rent § 352.7 (g)                                   |
| <input type="checkbox"/> Broker's or Finder's Fee/Voucher § 352.6(a)       | <input type="checkbox"/> Catastrophic Loss (replacement of clothing and furniture lost in fire, flood or other disaster) § 352.7(d) | <input type="checkbox"/> Furniture and Other Household Items § 352.7(a)    | <input type="checkbox"/> Moving Expenses § 352.6(a)                              |
| <input type="checkbox"/> Repair of Essential Household Items § 352.7(b)    | <input type="checkbox"/> Pregnancy Allowance § 352.7(k)   | <input type="checkbox"/> Property Repairs § 352.4(d), § 352.6(e)           | <input type="checkbox"/> Rent Security Deposit/ Agreement § 352.6(a)             |
| <input type="checkbox"/> Work Activity Related Supportive Services § 385.4 | <input type="checkbox"/> Restaurant Allowance § 352.7(c)  | <input type="checkbox"/> Semimonthly Fuel for Heating Allowance § 352.5(b) | <input type="checkbox"/> Storage of Furniture and Personal Belongings § 352.6(f) |



Other (specify):

\_\_\_\_\_

\_\_\_\_\_  
JOS/Worker's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Date

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

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

SAMPLE

**(Turn page)**

## Conference and Fair Hearing Information

### CONFERENCE

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

### STATE FAIR HEARING

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

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

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

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

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

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

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

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

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

(Turn page)



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

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

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

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

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

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

(Turn page)

### FAIR HEARING REQUEST

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

Print Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
                  Name                   M.I.                   Last Name

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

SAMPLE