



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN # 22-05-OPE

HOMELESSNESS DIVERSION UNIT (HDU) REFERRALS TO HOMEBASE FOR POTENTIAL EMERGENCY HOUSING VOUCHER (EHV) ELIGIBILITY

Date: February 7, 2022	Subtopic(s): Rental Assistance
<p>Front End - HDU</p>	<p><u>Purpose</u></p> <p>The purpose of this policy bulletin is to inform Homelessness Diversion Unit (HDU) and Homelessness Prevention Administration (HPA) staff of a new process to refer applicants/participants who are not living in shelter to Homebase for potential Emergency Housing Voucher (EHV) Eligibility. Currently, the deadline for leasing up the EHV vouchers is 6/30/2022. This is informational for all other staff.</p> <p><u>Background</u></p> <p>The Emergency Housing Voucher (EHV) program is available through the American Rescue Plan Act. Through EHV, the U.S. Department of Housing and Urban Development (HUD) is providing rental assistance administered by local Public Housing Agencies (PHA) including the Department of Housing Preservation and Development (HPD), New York City Housing Authority (NYCHA) and New York State Homes and Community Renewal (HCR) for low to moderate income households who are homeless, at risk of homelessness, experiencing or fleeing domestic violence, and the recently homeless, to rent housing on the private market.</p> <p>Homebase providers evaluate applicants who are living in the community for potential EHV eligibility and assist those households submitting applications on their behalf. To help ensure the potentially eligible New Yorkers access EHV to remain in their apartments and prevent eviction, a new referral process has been established as outlined below.</p> <p><u>Required Action</u></p> <p>When an applicant/participant requests assistance with rent arrears, HDU will continue to process the request per current process. Once HDU staff completes the action with the individual (e.g., referral to RAU, deferral for docs, etc.), effective immediately, HDU staff must now also complete the Homebase EHV Referral online form, if</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
 Call 718-557-1313 then press 3 at the prompt followed by 1 or
 send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

appropriate. This form can be accessed at <https://forms.office.com/g/xRd2M9HbDU>.

Note: Staff must be logged into Microsoft 365 in order to access this form. The link above can also be accessed by pasting into Microsoft Edge.

Staff must not refer clients or complete the EHV Referral online form for New York City Housing Authority (NYCHA) residents or households who receive FHEPS, CityFHEPS or Section 8.

The Homebase EHV Referral form records information related to the household’s annual income and current housing situation. See income guidelines and EHV rent rates, below.

Family Size	1	2	3	4
30% AMI	\$25,080	\$28,650	\$32,220	\$35,790

Family Size	5	6	7	8
30% AMI	\$38,670	\$41,520	\$44,400	\$47,250

Bedroom Size	Family Size	EHV*
0	1 or 2	\$1,900
1	1 or 2	\$1,945
2	3 or 4	\$2,217
3	5 or 6	\$2,805
4	7 or 8	\$3,006

*Amounts do not include exception amounts for particular zip codes. Visit <https://www1.nyc.gov/site/hpd/services-and-information/subsidy-andpayment-standards.page> to search for a specific zip code.

After completing the online form, HDU staff will determine whether a referral to Homebase for further assessment is appropriate and must inform the applicant/participant that they might be able to get an EHV and that they should contact the Homebase that serves their zip code. HDU staff must provide them with the address and phone number of the appropriate Homebase Office by using the Homebase website: <https://www1.nyc.gov/site/hra/help/homebase-locations.page>. Staff must indicate on the online form that the referral was made and to which Homebase office.

Homebase Referral from FIA (**HRA-146y**)

In addition to verbally informing the applicant/participant about the referral to Homebase, HDU staff must also complete the Homebase Referral From FIA ([HRA-146y](#)), which is available on eDocs. Once completed, staff must print the form (in the appropriate reading language), mail the referral and index the completed form into the client's electronic case record. This form can be accessed in the screening tool, using the hyperlink. For instructions on completing and printing the form on eDocs, see **Attachment A**.

Back End - HPA

Designated HPA staff will be provided access to a SharePoint site which will collect the responses/information entered by HDU staff. This information will be used by HPA staff to track and monitor referrals made to Homebase. Additionally, HPA staff can use the information provided for Homebase to outreach to individuals who did not report to Homebase but potentially qualify for an EHV, based on the information recorded.

Effective Immediately

Attachments:

Attachment A Completing and Printing From eDocs
[HRA-146y](#) **Homebase Referral from the Family Independence Administration (FIA)**

ATTACHMENT A

1. Complete the form you can use the “Tab” key to move throughout the fields. Once you have entered all the necessary information, scroll back to the top of the page and click the “Print & Review” button.

Print & Review



NYC Department of Homeless Services
Department of Social Services

DHS/DSS-4002f_IN (E) 01/11/2021 (page 1 of 7) LLF

**Notice of Action Taken on Your Re-Application for
Emergency, Pre-Investigation Housing Assistance**

Notice Date: <u>01/30/2021</u>	Name and Address of Agency Center:
Effective Date: <u>02/05/2021</u>	PATH
Case Number: <u>123456A</u>	151 EAST 151 STREET
CARES ID: <u>123456A</u>	BRONX, NY 10451

CASE NAME (and C/O Name if Present) AND ADDRESS:

Name: Name

Address: Address

City: City State: NY Zip Code: 11111

C/O Name: C/O Name

Address: Address



City: City State: NY Zip Code: 99999

CONTACT INFORMATION:

General Telephone Number for Questions or Help:	844-347-7284
To Request an Agency Conference:	844-347-7284
Fair Hearing Information and Assistance:	800-205-0110 or 800-994-6494
DHS Records Access:	recordsaccess@dhs.nyc.gov
Legal Assistance Information:	See Legal Assistance Section

2. Two new icons will appear at the top of the form. Click the blue arrow to display available languages. Then select the client’s preferred reading language and then click “Print in Languages”

Print & Review



Available Languages:


English Spanish Arabic Urdu Chinese (Simplified) Chinese (Traditional) Haitian Creole French Korean Polish Russian Bengali

Print in languages

3. A new PDF icon will appear in the top right. Click on that icon.

Print & Review    Available Languages: English Spanish Arabic Urdu Chinese (Simplified) Chinese (Traditional) Haitian Creole French Korean Polish Russian Bengali Print in languages 

7. A new tab will open with the completed PDF form in English and the selected language with the information entered on the English version, now populated on the alternative language version. Print the PDF and ensure it is committed to the client case record.

	Department of Homeless Services Department of Social Services	DHS/DSS-4002F_IN (S) 01/28/2021 (page 1 of 7) (E) 01/11/2021 LLF
Aviso de medidas tomadas en relación con su nueva solicitud de ayuda para vivienda de emergencia antes de la investigación (Spanish)		
Fecha del aviso: <u>01/30/2021</u>	Nombre y dirección de la agencia o centro:	Nombre y dirección de la agencia o centro: PATH 151 EAST 151 STREET BRONX, NY 10451
Fecha de entrada en vigor: <u>02/05/2021</u>		
Número de caso: <u>123456A</u>		
Id. de CARES: <u>123456A</u>		
<u>NOMBRE Y DIRECCIÓN DEL ENCARGADO DEL CASO (y nombre a/c si existiese):</u>		
Nombre: <u>Name</u>		
Dirección: <u>Address</u>		
Ciudad: <u>City</u>	Estado: <u>ST</u>	Código postal: <u>11111</u>

Date: _____

Case Number: _____

Case Name: _____

Center: _____

**HOMEBASE REFERRAL FROM
 THE FAMILY INDEPENDENCE ADMINISTRATION (FIA)**

Referral to: Homebase*	
Provider Name:	_____
Address:	_____
City:	_____ State: _____ Zip Code: _____
Telephone Number:	_____

*Note to FIA Staff - Click the link based on the client's borough of residence to find the correct Homebase provider: [Bronx](#) | [Brooklyn](#) | [Manhattan](#) | [Queens](#) | [Staten Island](#)

Household Composition and Current Rent Status	
Head of Household Name:	_____
Number of Adults:	_____ Number of Children: _____
Current Rent Amount:	_____ Household Income (Monthly): _____
Number of Bedrooms:	_____

(Turn page)

Potential EHV Eligibility

- Is the household income at or below 30% Area Median Income (AMI)? Yes No

Family Size	1	2	3	4
30% AMI	\$25,080	\$28,650	\$32,220	\$35,790

Family Size	5	6	7	8
30% AMI	\$38,670	\$41,520	\$44,400	\$47,250

- Is the household at risk of shelter entry due to COVID hardships? Yes No
- Is the household rent at or below the EHV rent limit? Yes No

Bedroom Size	Family Size	EHV*
0	1 or 2	\$1,900
1	1 or 2	\$1,945
2	3 or 4	\$2,217
3	5 or 6	\$2,805
4	7 or 8	\$3,006

*Amounts do not include exception amounts for particular zip codes. Visit <https://www1.nyc.gov/site/hpd/services-and-information/subsidy-and-payment-standards.page> to search for a specific zip code.