



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

## POLICY DIRECTIVE #23-08-OPE

**PROCESSING FAMILY HOMELESSNESS AND EVICTION PREVENTION SUPPLEMENT (FHEPS) TO STAY, COMMUNITY MOVES, AND MODIFICATIONS/RESTORATIONS AT FAMILY INDEPENDENCE ADMINISTRATION (FIA) BENEFITS ACCESS CENTERS (BAC)**

<b>Date:</b> July 24, 2023	<b>Subtopic(s):</b> POS, WMS, Rental Supplement
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**HAVE QUESTIONS ABOUT THIS PROCEDURE?**

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Call 718-557-1313 then press 3 at the prompt followed by 1 or fax to: (917) 639-0298

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## Purpose and Audience

The purpose of this policy directive is to outline and define the Family Homelessness and Eviction Prevention Supplement (FHEPS) program and introduce changes to the FHEPS submission and referral process from the Benefits Access Centers (BACs) for families trying to stay in their current apartment as well as those already in receipt of FHEPS who need either a modification or a restoration.

Refer to **Attachment A** for the detailed Paperless Office System (POS) instructions on the mechanism of referring cases to the FHEPS Centralized Determination Unit (FCDU) for new applications, modifications, and restorations.

This policy directive applies to the Family Independence Administration (FIA) Homelessness Diversion Unit (HDU), Case Management Unit (CMU) staff acting as HDU, other Benefits Access Center (BAC) staff and supervisors, Rental Assistance Unit (RAU), FHEPS Centralized Determination Unit (FCDU), Centralized Rent Processing Unit (CRPU), Homelessness Prevention Administration (HPA), and Office of Domestic Violence (ODV). It is informational for all others.

All FIA Job Centers have been renamed Benefits Access Centers (BACs)

Initially, five (5) FIA sites were selected for the first phase of transitioning FHEPS referrals from Community Based Organizations (CBOs) to FIA sites with implementation effective September 16, 2019:

- Jamaica #54,
- St. Nicholas #18,
- Southern Brooklyn #70,
- Richmond #99, and
- Crotona #46.

As of October 28, 2019, HDU staff at all FIA Centers sites have the ability to initiate and submit FHEPS A to Stay applications, which includes FHEPS Modifications and Restorations.

**Note:** For the purposes of this policy directive, “HDU staff” includes CMU staff acting as HDU.

For detailed information on the FHEPS To Move and FHEPS B programs, please consult [PD #17-26-ELI](#)

This directive does not discuss in detail FHEPS To Move applications for families residing in the community or in Department of Homelessness Services (DHS) shelters or Human Resources Administration (HRA) shelters, and only discusses FHEPS B applications (for survivors of Domestic Violence) with respect to families in the community referred from the Family Justice Center (FJC). For more information on these programs, please see [PD #17-26-ELI](#).

## **Background**

### The FHEPS Program

The FHEPS program is comprised of two parts, Part A and Part B, which target different populations in need of housing assistance. FHEPS A and FHEPS B both have a “To Stay” component and “To Move” component. Generally, “To Stay” cases are those in which a family is threatened with eviction or loss of housing due to nonpayment of rent and the accumulation of rent arrears, as well as cases that have or had a FHEPS subsidy and need a modification or restoration.

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. FHEPS A To Stay serves as an eviction prevention subsidy, to allow families to remain in their apartments. FHEPS A To Move is for families who have already lost their apartments or are otherwise unable to remain in their current apartments.

FHEPS A To Move is available to eligible families living in Human Resources Administration (HRA) and Department of Homeless Services (DHS) shelters who have been evicted within 12 months of entering shelter and to all other eligible families within 12 months of their eviction, or those who otherwise qualify for FHEPS but cannot remain in their current residence. See [PD #17-26-ELI](#) for additional information about FHEPS A To Move.

FHEPS B provides a rent supplement for survivors of domestic violence with children. As with FHEPS A, FHEPS B provides 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 is available to eligible families living in HRA and DHS shelters, and in limited circumstances, eligible families in the community. For detailed information on the FHEPS B program, consult [PD #17-26-ELI](#).

### Designation of FHEPS A or FHEPS B Applications

An important aspect of the FHEPS application process is assessing whether an applicant qualifies for FHEPS A or FHEPS B. FHEPS A applications must include documentation of an eviction, threat of eviction, or an equivalent basis for eligibility, in accordance with FHEPS rules. An example of an equivalent basis includes documentation that there is a city agency order to vacate. If there is a question about the proper designation of an application as FHEPS A or FHEPS B, a supervisor must be consulted.

## **Procedure**

### **Workflow for FHEPS A To Stay Applications**

#### Homelessness Diversion Unit (HDU)

Refer to **Attachment A** for the POS screens corresponding to the workflow

Through a phased implementation, HDU assumed the responsibilities previously handled by authorized/contracted FHEPS community-based organizations (CBOs) in assisting potential FHEPS applicants with the FHEPS application process. Previously, when HDU staff identified a household that might potentially be eligible for FHEPS, HDU referred that case to the above referenced CBOs. Effective September 16, 2019, HDU at identified FIA Centers now known as BACs began to initiate the FHEPS application process and submit the application for the participant. As of October 28, 2019, HDU at BACs citywide became responsible for initiating and submitting the FHEPS To Stay application, including FHEPS Modifications and Restorations, for participants.

This role in the FHEPS application process allows HDU to continue its mission of helping families and individuals maintain permanent housing and avoid placement in the New York City emergency shelter system. HDU's involvement in the FHEPS application process will almost exclusively pertain to FHEPS A To Stay cases.

HDU will submit FHEPS Applications, Modifications and Restorations to FCDU.

While many of HDU's current responsibilities will remain unchanged, these efforts will now be made with the objective of assessing families for FHEPS A To Stay eligibility and advising and assisting them with the requirements. HDU will also submit completed FHEPS Applications, including FHEPS Modifications and Restorations, and supporting documentation for review to the FHEPS Centralized Determination Unit (FCDU).

HDU's current responsibilities include completing rent arrears related requests, assessing and negotiating arrears and ongoing rent payments with landlord/management companies, conducting interviews for arrears requests, assessing the reasons for the accumulation of rent arrears, requesting and collecting documents, and discussing existing and alternative housing arrangements with participants.

## **Eligibility Criteria for FHEPS A To Stay**

### Initial Eligibility Requirements

Prior to referral for a FHEPS eligibility determination, HDU must collect sufficient information and documents to support a referral to FCDU via completion and submission of the Family Homelessness & Eviction Prevention Supplement A and B (FHEPS A and B) Application (**HRA-146a**).

To be potentially eligible for FHEPS A To Stay, the family must meet the following criteria:

- Have an active Cash Assistance (CA) case
  - All household members eligible for CA must be active on the case.
  - No one in the household can be sanctioned.
  - All income for CA members should be budgeted on the case.
  - Income information must be provided for non-Cash Assistance (NCA) members of the household, including household members only in receipt of Supplemental Nutrition Assistance Program (SNAP) benefits (e.g., Supplemental Security Income (SSI) recipients), as well as roommates who are not part of the CA case, which must be included in the FHEPS application and supporting documents.

The child can be in receipt of CA, SSI, an adoption, or foster care subsidy, or not eligible due to immigration status (NEIS). If the child is not in receipt of CA, a responsible adult or another child must be in receipt of CA.

Refer to [PB #23-15-ELI](#) for temporary changes to the FHEPS A program that are in effect through December 31, 2023.

For FHEPS applicants that are secondary tenants, please review the "Secondary Tenant Cases" section.

For more information on rent arrears, please refer to the section [Rent Arrears Amount for FHEPS A To Stay](#)

- Has a household member that includes:
  - A child who is under 18 years of age; OR
  - A child who is 18 years of age and a full-time student enrolled in a secondary school, or the equivalent level of vocational or technical training school; OR
  - A pregnant person.
- Has a housing court proceeding in which the FHEPS applicant:
  - lives in a New York City residence that is the subject of an eviction proceeding or the equivalent; OR
  - has been evicted from a New York City residence within the last 12 months.
 

**Note:** As per the temporary changes approved to the FHEPS A program outlined in [PB #23-15-ELI](#), through December 31, 2023, households are also considered potentially eligible for FHEPS if they have received a written rent demand or threat of eviction letter from their landlord due to nonpayment.
- Is the tenant of record on the lease:
 

**Note:** There is an exception to the tenant of record requirement as the applicant family may be the secondary tenant if certain requirements are met.
- Incurs a monthly rent expense not exceeding the FHEPS maximum rent levels.
- Has rent arrears not exceeding \$20,000
  - **Note:** This rent arrears amount is based on a temporary increase that was approved to the FHEPS A program outlined in [PB #23-15-ELI](#). This amount is in effect through December 31, 2023. When the temporary increase is no longer in effect, a FHEPS A rent arrears payment of up to \$9,000 may be issued on behalf of an eligible family. Rent arrears may be over \$9,000, and go up to \$13,000, if the applicant provides documentation of extenuating circumstances.



Some examples of extenuating circumstances include:

- Loss of income due to unforeseen circumstances beyond the family's control (e.g., the COVID-19 pandemic, other medical emergency, etc.). In these situations, applicants must provide documentation verifying that the pandemic impacted their income, such as:
  - Letter from employer reflecting termination or reduced hours.
  - Pay stubs reflecting loss of income.
  - Documentation from healthcare provider or hospital.
- Households in which there are disabled individuals and/or elderly individuals in frail condition that would make a FHEPS move particularly difficult or create a substantial hardship.
- Unforeseen delays in the FHEPS application process or CA eligibility process that result in accruals of additional rent arrears.
- Very large households where preservation of the residence avoids hardship to the household.
- Extensive ties to the community that favor preservation of the residence.
- Has the right to stay in their apartment for one year
  - This may be shown by a lease or court stipulation that indicates a lease will be provided upon payment of rent arrears.
  - For FHEPS applicants that are secondary tenants, proof that the primary tenant has a right to stay in the apartment for one year and confirm the secondary tenant's right to stay for at least one year.

- **In lieu of a one-year lease:** If the apartment is rent regulated (i.e., rent stabilized or rent controlled) and the rent amount is within the FHEPS levels (e.g., current rent-stabilized lease at the FHEPS level expires in four months), a one-year lease verification is not required as long as the family has a current lease or a renewal form for a new lease. Rent regulated leases automatically provide individuals with the right to renew the lease. It is in the best interest of the family, community, and district for the apartment to remain in an affordable state and for the applicant to remain in their residence as it prevents them from incurring moving expenses or potentially entering shelter.

**Note:** Typically, when a lease is rent stabilized, the beginning of the lease will state that the lease is subject to the rent stabilization law and will reflect the legal and preferential rent, if applicable.

If these eligibility criteria are not met, HDU staff should not submit a FHEPS A To Stay application and must only process the rent arrears request as per current procedure, including sending the request to the Rental Assistance Unit (RAU) as appropriate.

For referrals to Homebase, use the Homebase provider maps to determine the appropriate provider and location.

In these situations, if the household appears potentially eligible for FHEPS, but needs assistance to meet one or more of the FHEPS eligibility requirements, HDU staff must also refer the individual to an appropriate Homebase provider based on the family's zip code using the Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral (**HRA-146o**).

**Note:** When a referral is made to a Homebase provider, HDU staff must use the Homebase provider maps to identify the appropriate Homebase provider and address based on the family's zip code. The Homebase provider maps may be found on the HRA website at: <https://www1.nyc.gov/site/hra/help/homebase.page>.

The **HRA-146o** can be initiated and completed in POS by selecting "Yes" to "Referral to Community Based Organization (HRA-146o)" on the HDU Information screen. When completing the FHEPS referral in POS, HDU staff must select the specific provider, indicate the areas with which the applicant needs assistance, and enter all available details in the Comments field.

Once the **HRA-146o** has been completed in POS, it can be printed and committed.

If the Homebase provider can resolve the issues identified on the **HRA-146o**, they will provide the family with a letter or confirmation summarizing the issues and resolutions, along with any other appropriate documentation, and refer the family back to HDU for the processing of their FHEPS application.

Secondary Tenant Cases

In situations where the applicant family is not the tenant of record of the residence towards which the FHEPS supplement will be applied, they may be eligible if:

- the tenant of record has income below 200% of the Federal Poverty Level; and
- the applicant family is named as co-tenant on either the tenant of record’s lease, a court stipulation, or in a written agreement with the tenant of record or landlord; OR
- has documentation reflecting residency rights of at least 12 months for the residence and the primary tenant is facing eviction. (e.g., sublease agreement between the primary tenant and secondary tenant).

**Rent Amounts for FHEPS A**

Maximum Payment Standards

Beginning in February 2022, FHEPS maximum rents were set in line with 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 but in 2023 has increased to 110% of the FMR. Separate guidance will be provided when these rates change, after review and approval from the Office of Temporary and Disability Assistance (OTDA).

HDU is responsible for initially determining whether the family’s rent is within the maximum rent standards prior to any referral to FCDU.

It is not enough for the primary tenant to be evicting the secondary tenant. The eviction must relate to or cover the primary tenant or everyone in the residence

FHEPS A rent levels are indexed to a percentage of the annually published HUD FMR.

The maximum rent amounts are adjusted annually when HUD publishes its FMR levels.

**Note:** The tables below are based on the 2023 FMR.

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	\$ 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

**FHEPS 2023 Rent Table**

Family Size	Max. PA Shelt. Allow. * (a)	Max. Basic Suppl. by State (b)	Max. Basic Subsidy (c)=(a)+(b)	Additional Supplement up to the 100% (d1)	Max. Add'l NYC Funded Suppl. at NYC/HRA's Option (d)	Total Max. FHEPS (e)=(b)+(d + d1)	Max. Rent Level (f)=(a)+(e)	Number of bedrooms
1	\$277	\$725	\$1,002	\$1,168	\$217	\$2,110	\$2,387	1
2	283	847	1,130	1,040	217	2,104	2,387	1
3	400	906	1,306	1,145	245	2,296	2,696	2
4	450	917	1,367	1,084	245	2,246	2,696	2
5	501	1,044	1,545	1,533	307	2,884	3,385	3
6	524	1,146	1,670	1,408	307	2,861	3,385	3
7	546	1,187	1,733	1,583	331	3,101	3,647	4
8	546	1,315	1,861	1,455	331	3,101	3,647	4
9	546	1,367	1,913	1,900	381	3,648	4,194	5
10	546	1,423	1,969	1,844	381	3,648	4,194	5
11	546	1,475	2,021	2,289	431	4,195	4,741	6
12	546	1,530	2,076	2,234	431	4,195	4,741	6
13	546	1,584	2,130	2,678	480	4,742	5,288	7
14	546	1,638	2,184	2,624	480	4,742	5,288	7
15	546	1,691	2,237	3,068	530	5,289	5,835	8
16	546	1,746	2,292	3,013	530	5,289	5,835	8
17	546	1,800	2,346	3,457	579	5,836	6,382	9
18	546	1,855	2,401	3,402	579	5,836	6,382	9
19	546	1,908	2,454	3,846	629	6,383	6,929	10
20	546	1,963	2,509	3,791	629	6,383	6,929	10

**Note:** Please refer to the Family Homelessness and Eviction Prevention Supplement (FHEPS) Payment Standards (**HRA-146z**) which is updated annually when the payment standards and utility allowance amounts increase.

Effective with the June 2023 Welfare Management System (WMS) release, the budget will be able to accurately capture and issue FHEPS at the current levels. CRPU will no longer have to track and issue monthly supplements for households with rents above prior FHEPS levels.

WMS Changes

NCA individuals in the residence.

If there is a non-Cash Assistance (NCA) person in the residence with income, the maximum rent can be increased up to the level that would be permitted if the NCA person were part of the CA household as long as the increase in the rent is not greater than the NCA person’s required contribution.

NCA’s living in the residence must contribute a pro rata share of the shelter costs or 30% of their income, whichever is less, unless such person is ineligible for CA solely on the basis of their immigration status. If the NCA in the household claims to have no income, the person must apply for CA before the supplement can be authorized unless the person is ineligible for CA solely on the basis of immigration status.

Determining the Payment Standard

The 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 the appropriate code(s) from which to issue benefits.

Due to changes in State law which altered the funding sources for FHEPS A, two new Single Issuance codes have been created:

WMS Change

- QK - Supplement FHEPS A Rent Supplement Program
- QL - FHEPS A Supplement Multi Suffix RSP

Utility Allowance

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. All FHEPS packets submitted for approval must include leases that already account for any utility allowance that needs to be subtracted from the rent.

The following is the DSS Utility Allowance Schedule as of January 1, 2023:

COOKING GAS AND ELECTRIC (NO ELECTRIC STOVE)						
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

OIL HEAT AND HOT WATER						
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

GAS HEAT AND HOT WATER						
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

ELECTRIC HEAT AND HOT WATER						
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

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

**Note:** Please refer to the Family Homelessness and Eviction Prevention Supplement (FHEPS) Payment Standards (**HRA-146z**) which is updated annually when the payment standards and utility allowance amounts increase.

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

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

Examples of Cash Assistance (CA) and Rent Calculations

The examples in this section are based on the following:

- The payment standards and utility allowance amounts that took effect on January 1, 2023.
- The income standards that took effect on June 1, 2023 when the Earned Income Disregard (EID) percentage increased.

Please refer to the **HRA-146z** which is updated annually when the payment standards and utility allowance amounts increase. Additionally, please refer to the Guide to Cash Assistance Budgeting (**W-203K**) which is updated annually with the EID amount.

**Example 1:** CA household of 3 (all utilities included in the rent)

- 2 Bedrooms
- \$2,000 monthly gross income
- \$2,696 monthly rent (i.e., payment standard)

**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>\$ 610.00</u>
Total CA Grant	\$ 179.50

CA grant	\$ 179.00
Amount Paid by Family	\$ 421.00
<i>(CA family contribution of \$600.00 [30% of \$2,000 = \$600 which is greater than \$400 max shelter allowance] minus CA Grant of \$179.00)</i>	
CA-Funded supplement	\$ 706.00
Rent Supplement Plan (RSP) Funded City Portion	<u>\$ 245.00</u>
Total Rent	\$ 2,696.00

**Example 2:** Household of 4 (CA household of 3 and One NCA member) (all utilities included in the rent)

- 2 Bedrooms
- \$2,000 monthly gross income
- \$2,696 monthly rent (i.e., payment standard)
- NCA household member with \$800 per month in 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>\$ 610.00</u>
Total CA Grant	\$ 179.00

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

NCA's must contribute a pro rata share of the shelter costs or 30% of their income, whichever is less, unless such person is ineligible for CA solely on the basis of their immigration status

CA grant	\$ 179.00
Amount Paid by Family on CA <i>(CA family contribution of \$600.00 [30% of \$2,000 = \$600 which is greater than \$400 max shelter allowance])</i>	\$ 421.00
CA-Funded supplement	\$ 466.00
NCA Family Member Contribution <i>(30 percent of \$800.00)</i>	\$ 240.00
Rent Supplement Plan (RSP) Funded	\$ 1,145.00
City Funded Portion	<u>\$ 245.00</u>
Total Rent	\$ 2,696.00



**Example 3:** CA household of 3 (all utilities not included in the rent)

- 2 Bedrooms
- \$2,000 monthly gross income
- \$2,696 monthly rent (i.e., payment standard)
- Utilities paid by tenant - \$31 (Cooking Gas)

**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>\$ 610.00</u>
Total CA Grant	\$ 179.00

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

CA grant	\$ 179.00
Amount Paid by Family	\$ 421.00
<i>(CA family contribution of \$600.00 [30% of \$2,000 = \$600 which is greater than \$400 max shelter allowance])</i>	
CA-Funded supplement	\$ 706.00
Rent Supplement Plan (RSP) Funded	\$ 1,145.00
City Portion	<u>\$ 245.00</u>
 Total Rent	 \$ 2,696.00
 Less utilities paid by tenant	 \$ 31.00
Total Rent Paid to Landlord	\$ 2,665.00

Maximum Rent Calculations for Rent-Regulated Apartments

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:

The examples in this section are based on the payment standards and utility allowance amounts that took effect on January 1, 2023.

Please refer to the **HRA-146z** which is updated annually when the payment standards and utility allowance amounts increase. Additionally, please refer to the Guide to Cash Assistance Budgeting (**W-203K**) which is updated annually with the Earned Income Disregard (EID) amount.

**Example 1:** Household of 1 living in a Studio Apartment

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

**Maximum Allowable Rent Calculation:**

Payment Standard:	\$2,335.00
Utility Allowance:	- \$ 78.00

Maximum Allowable Rent:	\$2,257.00
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The final FHEPS rent must be the lesser of \$2,257.00 (maximum allowable rent) and \$2,200.00 (legal rent). In this situation, the apartment's actual rent is the lesser amount.

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

**Example 2:** Household of 5 living in a 3-bedroom apartment

- Payment Standard: \$3,385
- Utility Allowance: \$169
- Legal Rent: \$3,290

**Maximum Allowable Rent Calculation:**

Payment Standard:	\$3,385.00
Utility Allowance:	- \$ 169.00

Maximum Allowable Rent:	\$3,216.00
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The final rent must be the lesser of \$3,216.00 (maximum allowable rent) and \$3,290.00 (legal rent). In this situation, the maximum allowable rent is the lesser amount.

**Final Rent: \$3,216.00**

### Guidelines for FHEPS Payments

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.

### **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 in the [Maximum Payment Standards](#) section.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 CMU 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.

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.

#### 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 enter this information in the POS case comments.

#### Applicants with Rent Above the FHEPS Payment Standard

If a potential applicant's rent exceeds the FHEPS payment standard, the HDU worker must attempt to call the applicant's landlord/management company to lower the rent to the Maximum level. If HDU is unable to get in contact with the landlord/management company, or if the landlord/management company refuses to lower the rent, the FHEPS application will not be submitted to FCDU and HDU will refer the participant to a Homebase provider using **HRA-146o**.

The HDU worker must enter a Case Comment in POS documenting the call attempt to the landlord/management company and indicate that the participant was referred to a Homebase provider due to their rent exceeding the FHEPS Maximum Rent level.

If the applicant, despite being informed that they are not likely eligible for FHEPS, still requests to have a FHEPS application submitted, HDU will submit the FHEPS application to FCDU and a FHEPS Denial Notice (**HRA-146d** for FHEPS A) or **HRA-146e** for FHEPS B) will be issued.

### Emergency Situations for Rent Above the Payment Standard

If a family potentially eligible for FHEPS has monthly rent exceeding the FHEPS Maximum Rent level and indicates that they have an urgent rent emergency, HDU will submit the FHEPS application to FCDU for review and a determination as long as all other eligibility requirements are met.

For these purposes, a rent emergency shall be defined as:

1. Post-eviction; or
2. Marshal's notice has been served, or
3. Order to Show Cause (OSC) has been denied.

While many case issues will ordinarily be resolved by the BAC (e.g., sanction removal, adding household members, opening a CA case), if there are any issues with the family's FHEPS application that cannot be resolved at the BAC level, HDU will also refer the family to a Homebase provider using the **HRA-146o**. However, as previously stated, due to the urgency of the situation, the FHEPS application will still be sent to FCDU. HDU will include a copy of the **HRA-146o** in the FHEPS application packet that is sent to FCDU.

Although applicants will not be eligible for FHEPS if their rent remains above the maximum rent level, submitting these emergency FHEPS applications will allow FCDU to evaluate other potential options to assist the family on a case-by-case basis. For example, if FCDU determines that the applicant is potentially eligible for a One-Shot Deal (OSD) or other emergency rent arrears grant to cover the rent arrears portion, FCDU can proceed with submitting the rent arrears request to RAU while continuing to evaluate options to address the monthly rent. Due to the urgency of the situation, submitting these FHEPS applications to FCDU enables other areas of the agency to evaluate these cases to keep the family in their residence and prevent them from potentially entering shelter.

**Note:** These situations are handled on a case-by-case basis and there is no predeterminate outcome. If no other alternatives are found, a FHEPS denial notice will be issued. If arrears are met through another mechanism, an approval notice for that method will be issued.

## Rent Arrears Amounts for FHEPS A To Stay

### Rent Arrears with the Temporary Increase in Effect

Current rent arrears amount with the temporary increase in effect.

As mentioned in [PB #23-15-ELI](#), through December 31, 2023, the general authorization to pay arrears without additional documentation of extenuating circumstances has been temporarily increased to \$20,000.

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 at or below \$20,000. If the arrears amount is over \$20,000, the participant must document extenuating circumstances that FCDU can use to determine eligibility.

Since many of these rent arrears requests will cover a significant number of months, HDU staff are 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 essential to determine FHEPS eligibility on a case-by-case basis, as per current process.

### Rent Arrears When the Temporary Increase is no Longer in Effect

Rent arrears amounts once the temporary increase ends.

This section explains the rent arrears limits once the increased maximum amount of \$20,000 outlined in [PB #23-15-ELI](#) is no longer in effect.

When the temporary increase in the maximum rent arrears amount is no longer in effect, a FHEPS rent arrears payment of up to \$9,000 may be issued on behalf of an eligible family to pay portion of accrued rent arrears for any period that the family resided in the apartment, regardless of whether they were the tenants of record when the arrears accrued.

**Note:** Arrears for this purpose exclude skipped shelter allowance payments, underpayments of shelter allowances, or stale/cancelled shelter checks.

Once the temporary increase in rent arrears is no longer in effect, applicants with rent arrears between \$9,000 and \$13,000 must provide documentation of extenuating circumstances.

### **Rent Arrears Between \$9,000 and \$13,000**

Rent arrears requests from \$9,000, up to \$13,000, may be referred for a FHEPS eligibility determination upon the individual providing documented extenuating circumstances. In these cases, if the individual provides extenuating circumstances, the request will be sent to FCDU for a determination as long as all other requirements have been met.

The following are some examples of extenuating circumstances:

- Households in which there are disabled individuals and/or elderly individuals in frail or medically vulnerable condition that would make a FHEPS move particularly difficult or create a substantial hardship.
- Medical issues in the household, including the nearby presence of treatment providers, that would make a FHEPS move particularly difficult or create a substantial hardship.
- Long-standing ties to the community that would make a FHEPS move particularly difficult or create a substantial hardship.
- Contributions to the arrears from the applicant/participant or from charities in the community (excluding Homebase).
- Unforeseen circumstances beyond the family's control (e.g., the loss of income due to the COVID-19 pandemic or other medical emergency). In these situations, applicants must provide documentation verifying that the pandemic impacted their income, such as:
  - Letter from employer reflecting termination or reduced work hours.
  - Pay stubs reflecting loss or income.
  - Documentation from healthcare provider or hospital.
- Fair hearings that delayed getting a CA case in good standing for a FHEPS application.
- Delays in FHEPS submission that are not the fault of the applicant. For example, the primary tenant leaving the household with arrears and lawsuits regarding legal succession, or Division of Housing and Community Renewal (DHCR) authorized rent issues.



- Other extenuating circumstances to be evaluated on a case-by-case basis.

**Note:** When a potential FHEPS applicant provides extenuating circumstances, the HDU worker must enter a Case Comment in POS that provides all information pertaining to the extenuating circumstances and include supporting documentation in the FHEPS application submission.

### **Rent Arrears at or Above \$13,000**

If a FHEPS applicant has rent arrears at or above \$13,000, HDU will refer the participant to a Homebase provider by completing the **HRA-146o** in POS. The Homebase provider will work to lower the arrears amount to below \$13,000 and, if necessary, attempt to resolve any other issues that would prevent the family from being eligible for FHEPS.

Rent arrears at or above \$13,000 may be justified through documented extenuating circumstances; however, such cases, unless determined to be an emergency situation, will not be forwarded to FCDU without a Homebase or legal services provider documenting such extenuating circumstances and explicitly directing that the case be referred to FCDU. In all instances, FCDU will evaluate the sufficiency of the documented extenuating circumstances.

### **Emergency Situations for Rent Arrears at or Above \$13,000**

If a family potentially eligible for FHEPS has rent arrears at or above \$13,000 and indicates that they have an urgent rent emergency, HDU will submit the FHEPS application to FCDU for review and a determination. For these purposes, an emergency situation shall be defined as (1) post-eviction; or (2) marshal's notice has been served; or (3) Order to Show Cause (OSC) has been denied.

While many case issues will ordinarily be resolved by the BAC (e.g., sanction removal, adding household members, opening a CA case), if there are any issues with the family's FHEPS application that cannot be resolved at the BAC level, HDU will also refer the family to a Homebase provider using the **HRA-146o**.

However, as stated previously, due to the urgency of the situation, the FHEPS application will still be sent to FCDU. HDU will include a copy of the **HRA-146o** in the FHEPS application packet that is sent to FCDU.

Please refer to the section "Emergency Situations for Rent Arrears Above \$13,000."

### Calling a Landlord or Management Company

There may be situations in which an HDU worker will call a potential FHEPS applicant's landlord/management company in order to help them meet the FHEPS eligibility requirements. Generally, these attempts will be made when an individual's monthly rent and/or rent arrears exceed the maximum amounts, or when a family's current lease is less than one year for an unregulated apartment. This is consistent with HDU's current responsibilities in making collateral contact with landlords/management companies in an effort to preserve the tenancy.

If HDU is able to reach the landlord/management company and they agree to lower the monthly rent and/or rent arrears, or extend the family's lease to one year, the HDU worker will ask the landlord/management company to fax the appropriate documentation to confirm the agreement. If all other FHEPS eligibility criteria are met, HDU will submit the FHEPS application to FCDU for a determination and include all documentation and information received.

If the issue(s) pertains to a family's rent exceeding the maximum rent levels and/or rent arrears being between \$9,000 and \$13,000, and the landlord/management company does not answer the phone, the HDU worker will leave a detailed message explaining the reason for the call and will ask the landlord/management company to call HDU as soon as possible. A detailed case comment must be entered in POS to document the call attempt.

If there is time before the applicant's case would otherwise be finalized and submitted to FCDU, the HDU worker will make a second attempt to call the landlord/management company. If the HDU worker is still unable to reach the landlord/management company, HDU will leave another message; however, in this message, HDU will ask the landlord/management company to call FCDU at **929-252-5454** (Monday through Friday 8:30am to 5:00pm) to discuss the situation. Another detailed case comment must be entered in POS to document the second attempt, if applicable.

If a household is potentially eligible for FHEPS, but there is an issue(s) that HDU cannot resolve to support a FHEPS referral to FCDU, HDU will refer the household to Homebase. Homebase will try to assist the household with the issue(s) to support FHEPS eligibility as previously indicated.

The FHEPS application will then be submitted to FCDU for a determination. If the landlord/management company calls FCDU to discuss the situation, FCDU will have the necessary information to review the case as they will have already received the FHEPS application package. If there is insufficient time for HDU to make the second call attempt to the landlord, when the first call attempt is made, HDU will ask them to call FCDU at 929-252-5454 to discuss the situation. HDU will then submit the FHEPS application to FCDU for a determination, provided that all other FHEPS eligibility criteria are met.

As mentioned previously, for circumstances that meet the definition of an emergency situation as defined in this policy document, HDU will submit FHEPS applications to FCDU for a determination when a family's rent exceeds the Maximum Rent Levels, or their rent arrears are at or above \$13,000, provided that all other eligibility criteria are met.

For cases that do not meet the definition of an emergency situation, if HDU is unable to resolve the issue(s) with the landlord/management company, they will refer the family to the appropriate Homebase provider using the **HRA-146o**. The Homebase provider will try to will work with the household and landlord to address the identified eligibility issue(s).

**Note:** The HDU worker must enter a detailed Case Comment in POS documenting all attempts made to contact the applicant's landlord/management company. If the worker is successful at reaching the landlord/management company, the Case Comment must explain the landlord/management company's response along with any other details of the conversation. Creating a case record of all attempts made to keep the applicant in their current apartment is an important component in strengthening their FHEPS application.

The following are sample POS Case Comments that can be used when calling a landlord/management company to lower an applicant's rent to the Maximum Rent level:

- If the landlord/management company does not answer the phone:

“On (enter date) at (enter time), a phone call was made to applicant's landlord/management company in an effort to lower their monthly rent to the FHEPS Maximum Rent level. The applicant's monthly rent is (enter amount), and the FHEPS Maximum Rent for the household is (enter amount). A detailed message was left for the landlord/management company as they did not answer the phone. The message indicated that the landlord/management company should call (enter either HDU or FCDU) to discuss.”

- If the landlord/management company answers the phone:

“On (enter date) at (enter time), a phone call was made to applicant's landlord/management company in an effort to lower their monthly rent to the FHEPS Maximum Rent level. The applicant's monthly rent is (enter amount), and the FHEPS Maximum Rent for the household is (enter amount). The landlord/management company answered the phone and stated (enter details of the conversation).”

## **FHEPS Application Process for FHEPS A To Stay**

This summary provides a general overview of the FHEPS A To Stay process that began on September 16, 2019, and became effective citywide as of October 28, 2019, from the initial point of contact with the potential FHEPS applicant through the FHEPS application submission. It also includes information about FHEPS applicants determined eligible for the subsidy, and the subsequent processing and issuance of rent arrears benefits.

### Initial Routing Process

If a family with an active Cash Assistance (CA) case presents at a BAC and indicates that they have a housing emergency or rent arrears issue, they will be routed directly to HDU from either the Front Door Reception or the Self-Service Kiosk.

If a family with an active CA case does not identify as having a housing emergency or rent arrears issue, but it is discovered either at Customer Service Information Center (CSIC) or the Case Management Unit (CMU), these areas will route the applicant to HDU, per current in-center routing options and processes, when rent arrears emergencies are identified. This will allow HDU to assess for potential FHEPS eligibility and completion of the FHEPS application and submission to FCDU. For information on the current HDU routing process, please refer to [PB #23-40-OPE](#).

If a family is applying for CA and a rent emergency is identified during the interview, they will also be routed to HDU as per current procedure. The case will be assigned to a staff member and the worker will engage in a dialogue with the family and review case information (e.g., rent arrears amount, monthly rent, household composition, current case status, housing court status, options for decreasing arrears, etc.) as per current processes. Through this conversation and review, the HDU worker will determine whether the family is potentially eligible for FHEPS.

**Note:** Families referred to HDU for review should have any case issues resolved or addressed prior to the referral, to the extent possible (e.g., CA case issues, appropriate referrals for sanction removals based on demonstrated compliance, addition/removal of HH members, etc.). Part of the process at HDU will include the intake of relevant information and collection of all required documentation in support of the housing emergency or rent arrears request as per existing procedure.

#### Domestic Violence Process for HDU

If, during the HDU interview for FHEPS A To Stay, a family indicates that they are currently involved in a domestic violence situation, the HDU worker will open the Domestic Violence Action Form (**HRA-146p**). The main purpose of the form is to ensure that service referral information has been provided to the domestic violence survivor applying for FHEPS and that they are aware of the available services. The **HRA-146p** also documents that if the domestic violence survivor chooses to remain in their current residence, the decision is based on an informed choice.

When a case involves domestic violence, the signed **HRA-146p** must be included in the FHEPS A application package. Additionally, the HDU worker must scan and index the completed **HRA-146p** into the HRA OneViewer (the form will be assigned a restricted document number in POS).

### HDU Review and Determination to Refer to FCDU

As previously stated, HDU is responsible for assessing potential FHEPS eligibility and determining whether to submit a FHEPS application to FCDU on behalf of the household. Through the interview process, HDU will collect information and documents to determine whether a referral must be made to FCDU who will make the final eligibility determination.

**Note:** If HDU determines that a household is not potentially eligible for FHEPS, they must proceed with a rent arrears submission to the Rental Assistance Unit (RAU) as per current procedure.

### **POS Workflow for FHEPS Applications**

HDU staff will handle the housing related emergency or rent arrears request per current procedure. However, once HDU identifies that an applicant may be appropriate for a FHEPS eligibility determination, they will be required to complete the FHEPS application in the **HDU Intake** activity in POS by answering “Yes” to the question “Has Additional Expenses (including Family Homelessness and Eviction Prevention Supplement (FHEPS)? Specify” located on the HDU Information screen.

For detailed instructions, refer to POS Workflow Instructions for FHEPS To Stay Applications (**Attachment A**).

It is important to note that CMU staff will have the ability to initiate and submit the FHEPS application as well, if needed.

**Note:** During the interview and discussion with the applicant family regarding FHEPS eligibility, HDU staff must inform the applicant that if their FHEPS application is approved, they will be notified in writing explaining the next steps.

For detailed FHEPS To Stay POS workflow instructions with accompanying screenshots, please refer to POS Workflow Instructions for FHEPS To Stay Applications (**Attachment A**).

### FHEPS Application Package

The FHEPS application package must contain all required documents including the signatures of all responsible parties (i.e., copy of the lease or other document confirming tenancy period and monthly rent, participant signature on the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137A**), copy of the housing court documents or rent demand letter, FHEPS worksheet, FHEPS checklist) and, if applicable, any documentation provided by Homebase. Additionally, HDU will complete the FHEPS A Demographic Sheet (**HRA-146m**) as part of the application package. The entire FHEPS application package, which includes the **HRA-146m**, will get scanned and indexed into the HRA OneViewer.

### Completed FHEPS Applications

To submit FHEPS applications, HDU must use the FHEPS Centralized Determination Unit (FCDU) Packet in POS.

Once HDU or CMU completes a FHEPS application in POS, and the applicant has provided all documentation required for the application packet, HDU will submit the packet to FCDU from the Approve HDU Intake activity. When submitting FHEPS applications to FCDU, the HDU worker must use the FHEPS Centralized Determination Unit (FCDU) Packet.

Once the submission has been completed, the FHEPS packet will be transmitted from POS to RAD to be reviewed by FCDU. Upon receipt, FCDU will handle the administrative function of approving or denying the FHEPS application, as well as issuance of the appropriate FHEPS determination notice(s).

**Note:** There are two types of packets that HDU can submit from POS to RAD: RAU Packet; and FHEPS Centralized Determination Unit (FCDU) Packet. For a FHEPS application, HDU staff must use the FHEPS Centralized Determination Unit (FCDU) Packet.

### **FHEPS Application Deferrals**

If an HDU worker cannot complete a FHEPS application due to the applicant not providing the required documentation, or there is other information that HDU needs in order to determine whether a FHEPS application or Homebase referral is appropriate, the worker will defer the case in POS and issue the family a Document Request for Housing Related Special Grants (**FIA-1211a**). The notice will specify the documents that the applicant needs to provide to resolve the matter and will provide a return appointment date for the applicant.

**Note:** The HDU worker must enter a POS Case Comment indicating the reason for the deferral.

If the issue relates to a sanction that needs to be resolved, budgeting of income, or an update to the case composition, HDU staff must refer the applicant to CMU to resolve the case issue or refer the case to CMU using current in-center routing options to make the necessary case update or change. If the sanction was the result of an error or there was underlying good cause, CMU can lift the sanction and restore the participant's benefits. HDU will monitor the case for resolution, and when the case issue(s) are resolved, HDU will submit the FHEPS application to FCDU, provided that all other eligibility criteria are met.

If the applicant fails to meet the necessary deferral requirements, HDU must either deny the arrears request in POS and issue the applicant an 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**) based on failure to meet the requirements on the **FIA-1211a**, or refer the case to RAU for a regular rent arrears determination per current process, if sufficient non-FHEPS related documents or information has been provided.

Based on the information and documentation received resulting from a deferral, the HDU worker must also refer the applicant to a Homebase provider by issuing an **HRA-146o**, if appropriate.

**Note:** If a referral is made to a Homebase provider, the Case Comment must also include all information pertaining to the referral, and the **HRA-146o** and any other related documents must be scanned and indexed into the HRA OneViewer.

If the applicant returns to HDU by the return appointment date and provides the required documentation, or if the case action(s) needed were completed, the HDU worker will resume the FHEPS application process.

### Sanctions

The amount of arrears that can be paid through FHEPS may be reduced if the applicant was receiving CA during the arrears period and was sanctioned. These are commonly referred to as "sanctioned arrears".



If there are sanctioned arrears, the applicant must be able to account for all sanctioned arrears and demonstrate how those arrears will be paid. If the applicant cannot do so, the case should not be sent to FCDU. In these instances, HDU will refer the family to a Homebase provider using the **HRA-146o** and will provide Homebase with all relevant information pertaining to the sanctioned arrears.

If the applicant is able to account for all sanctioned arrears and show how the sanctioned arrears will be paid, the case can be sent to FCDU, if the applicant is eligible for FHEPS. HDU will identify the arrears period and the amount of the sanctions prior to sending a FHEPS application to FCDU. Upon receipt, FCDU will adjust the arrears amount to exclude the sanctioned arrears period, if the applicant is eligible for FHEPS.

**Note:** Refer to the FHEPS Sanction Worksheet (**HRA-146x**).

### **Applicants Not Eligible for FHEPS**

If case details indicate that the applicant is ineligible for FHEPS, HDU will process the case, per current procedure, as a rent arrears request. HDU will work with the participant to obtain the documents required for the rent arrears request. Once all documentation has been provided, the HDU worker will put together the RAU Packet and send the request to RAU for a decision. For information on the current process for rent arrears requests, please refer to [PB #23-40-OPE](#).

If HDU believes that the applicant could be eligible for FHEPS if certain circumstances changed, the worker must refer the applicant to a Homebase provider using the Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral (**HRA-146o**).

### Families with a Rent Emergency without an Active CA Case

If a family without an active CA case presents at a BAC with a rental emergency, CMU will handle the CA eligibility process and then route the family to HDU to address the rental issue, as per current procedure.

**Note:** If a family is applying for only a One-Shot Deal (OSD) for rent arrears, and CMU determines that the family is potentially eligible for ongoing CA, the worker will inform the family, and, with their permission, convert the application to ongoing CA.

If the family is potentially eligible for ongoing CA, the HDU worker will assess whether the family would be potentially eligible for FHEPS if they had an active CA case. HDU will request all necessary documents and information to support the FHEPS application and refer the case to CMU to address the CA eligibility.

HDU will advise the applicant that they must complete the eligibility requirements to open the CA case as they are potentially eligible for a FHEPS subsidy. HDU will then monitor the pending CA case to see when the eligibility determination is made. If it is determined that the applicant is eligible, and all other documents and/or information has been received, HDU will submit the FHEPS application to FCDU.

In the event that a household has an urgent, time-sensitive housing issue, such as an active court action or eviction notice, that cannot await the approval of their CA and FHEPS applications, HDU must also refer the applicant to a Homebase provider for support to obtain legal assistance and/or delay the action, using the **HRA-146o**. The HDU worker must provide as much information as possible on the **HRA-146o** to explain the family’s situation and the reason(s) that they are being referred to Homebase.

If the ongoing CA application is denied, the applicant will not be FHEPS eligible and, therefore, no referral to FCDU will be made. If the family is not eligible for ongoing CA or does not want to proceed with an ongoing CA application, the HDU worker will follow the current process for rent arrears requests.

**Monitoring FHEPS During Cash Assistance Recertifications**

Staff must ensure that FHEPS is not removed from a participant’s budget during the CA recertification process. After recalculating the budget during CA recertifications, staff must review the case to ensure that if a participant has FHEPS, it was not removed.

Please refer to the instructions and screenshots starting on the following page regarding how to ensure that FHEPS is not removed during CA recertification and what next steps to take when a household change occurs on a case in receipt of a FHEPS subsidy.

**Note:** If at recertification it is determined that no one in the household is pregnant, under 18, or under 19 and in secondary school, then staff must remove FHEPS from the budget.

During CA recertifications, staff must ensure that FHEPS is not removed.

Instructions for Monitoring FHEPS During CA Recertification

Instructions and screenshots to ensure that FHEPS is not removed during CA recertification.

- If a participant has FHEPS, before staff start the CA recertification budget in POS, they must make sure that the Additional Needs type “FHEPS A” (Code 66) or “FHEPS B” (Code 67) is present on the household screen.

**Note:** An amount does not need to be listed in the “Amount” field as WMS will automatically calculate it.

Household Screen

Center Worker Name	Case No.	Suffix	Client Name	Effective Dates	Budget
017 WM236		1		01A22-	PA & F

Unfurnished Apartment or Room	Shelter Type	WMS Budget	POS Budget
5		5	06 12/22/2021 12:05

Amount	Period	Water Amount	Period	FR No.LRR	Proration	Child Heap	RMP
\$1,254.81	Monthly					S	

Utilities Allowances	Indicator	Type
FSUA	Greater of the Combined FS SUA for Heat (AC) Util./Phone or Actual	
FSUT		

Food Stamp Program	Suffix	Status	No. in FS Hh	FS Routing	Catg. Eligibility
	1	ACTIVE	1		Y

Public Assistance	Suffix	Type	Status	No. in PA	Fuel (absent Shelter Resources)	Total Resources	Additional Needs Suffix	Type	Amount	Period
	1	FA	ACTIVE	1	\$277	\$0.00	1	FHEPS A	\$0.00	

Restrictions: Suffix	Type	What	Sent to:
1	Direct Involuntary (PA L)	Shelter	

- After staff complete the budget, they must ensure that there are amounts listed in the following fields at the bottom of the screen:
  - FHEPS City
  - FHEPS State
  - FHEPS Total

Budget Results Screen

Effective Dates  
01A22

Center ID: 017 Worker: WM236 Type: PA & FS Case No: [REDACTED] Suffix No: 1 Bdgt No: 6 Client Name: [REDACTED] Total # of People in PA Household: 1 FR: 5 WMS Budget No: 5

**Monthly Food Stamp Budget Results**

Suffix	No in HH	Catg. Eligibility	Adjusted Income	Shelter Amount	Net FS Income	Coupon Amount	Recoup	Adjusted Coupon	FS Rtg
1	1	Y	\$283.00	\$1,129.00	\$0.00	\$250.00			

**Semi-Monthly Public Assistance Budget Results**

Suffix	No in HH	Allowances: Basic	Shelter	Energy	Fuel	Other	Net PA Income	PA Grant	Recoup	Adjusted Grant
1	1	\$79.00	\$627.41	\$7.05	\$0.00	\$5.50	\$0.00	(\$718.91)		

FHEPS City	FHEPS State	FHEPS Total
305.81	\$672.00	\$977.81

Existing Budgets

- If there are no amounts listed in those fields, staff must not use this budget. Staff must go back to the “Other Expenses” screen and make sure that the radio button for “Has Additional Expenses” is set to **Yes**. If it is set to **Yes**, staff must select **Yes** again to open the drill down window to ensure that the FHEPS information is recorded.

Other Expenses Screen

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING/RECERTIFYING		Yes	No
Are You Able to Prepare Meals At Home ?		<input type="radio"/>	<input type="radio"/>
Has Additional Expenses (including Family Homelessness and Eviction Prevention Supplement (FHEPS)? Specify.		<input checked="" type="radio"/>	<input type="radio"/>
Pays Tuition and/or Fees?		<input type="radio"/>	<input type="radio"/>

Drill Down Window

Who	Specify Additional Expense	Amount	Frequency	Verified
[Dropdown]	FHEPS A (Code 66)	\$0	M	<input checked="" type="radio"/> Yes <input type="radio"/> No

Housing Program Indicator	FHEPS City	FHEPS State	FHEPS Total
L- FHEPS A To Stay	1.00	537.60	538.60

Reason for FHEPS Application: [Dropdown] [View/Edit Details, Eviction, Rental and Lease Information...](#)

Document... [Text Box] Scan  Comment... [Text Box]

OK Cancel

If a participant has FHEPS, staff must not authorize a budget without FHEPS on it during CA recertification.

- If all the FHEPS information is in the drill down window, staff must go back and start a new budget and look for the same fields. If the budget presents and results again with no FHEPS information, staff must create a self-service ticket to the POS Help Desk. Staff must not authorize a budget without FHEPS on it unless the household is deemed ineligible for FHEPS, as noted in the following “FHEPS Modifications” section.

- If there is no FHEPS information in the drill down window, staff must select **FHEPS A (Code 66)** or **FHEPS B (Code 67)** from the *Specify Additional Expense* drop-down and select **OK**. Staff must then go back to the budget and start a new budget.
- If the answer for “Has Additional Expenses” is set to **No**, staff must change it to **Yes**. Then, in the drill down window, staff must select **FHEPS A (Code 66)** or **FHEPS B (Code 67)** from the *Specify Additional Expense* drop-down and start a new budget.
- After changing the answer to **No** and/or selecting the **FHEPS A (Code 66)** or **FHEPS B (Code 67)** and running a budget, if the results still do not include FHEPS, staff must create a self-service ticket to the POS Help Desk. Staff must not authorize a budget without FHEPS on it unless the household is deemed ineligible for FHEPS, as noted in the following “FHEPS Modifications” section.

### FHEPS Modifications

A FHEPS modification is a change in a participant’s FHEPS supplement due to a change in household composition, income or rent.

If there is a case change that does not impact a participant’s FHEPS eligibility, the BAC will budget the case change element which will re-budget the FHEPS supplement accordingly. The following situations may be handled by the BAC without requiring submission of a FHEPS modification to the FCDO:

- Addition to the CA household with no income and there is no NCA individual in the household or there is an NCA individual without income, and the household is not requesting to move.
- Rent change within the FHEPS maximum rent levels when there is no NCA individual in the household or there is an NCA individual without income, and the household is not requesting a move.

Staff must be aware that any change in the participant share will impact the SNAP budget.

- Removal of FHEPS when a household no longer contains a pregnant individual, child under 18, or under 19 and in secondary school.
- Addition of a sanction on a FHEPS recipient's case, where the household does not have a current request for rental arrears pending.
- Changes resulting from a Mass Re-budget (MRB) authorization (e.g., Cost of Living Adjustments, Earned Income Disregard changes, etc.)

However, some case actions may result in updates to the case where the BAC worker will receive a warning message in POS instructing them to refer the matter to their supervisor. In such instances, the worker must proceed with the case action, including removal of the line, update to the budget, etc., and inform their supervisor who will need to refer the case to the HDU Supervisor, via the current in-center routing options.

The HDU Supervisor will assign the case to HDU staff to complete a FHEPS modification application to submit to FCDU. FCDU will review the matter and determine whether the participant remains eligible for FHEPS.

**Note:** The budgeting of the case should continue with any resulting change in the FHEPS supplement, and the FHEPS subsidy should not be removed.

There may be situations in which the worker will not be able to continue processing the case with the FHEPS supplement (e.g., no longer have a child in the household). In these instances, the case will not be processed and FHEPS subsidy will be removed. The participant will receive notification of the change via notice of intent as per current procedure. POS will trigger the creation of a notice via the Client Notice System (CNS).

**Note:** To prevent incorrectly sending a case to RAU when it should be processed as a FHEPS Modification or Restoration, HDU must identify during the interview whether the household currently receives, or was recently in receipt of, a FHEPS subsidy. HDU must review the budget information in WMS to determine if Shelter Type Code 66, 67, or 68 is or was on the budget, and the benefit issuance screens to see if rent was paid at the supplement levels.

### Rent Arrears Requests for Current FHEPS Participants

If a current FHEPS participant presents at a BAC indicating that their only issue pertains to rent arrears for their share of the rent, the arrears request will not be processed as a modification through FHEPS. These situations will be handled as standard recoupable rent arrears requests (e.g., One-Shot Deal) in line with FHEPS arrears procedures as outlined on pages 8 and pages 22-23 of this directive, and such requests will be submitted to RAU as appropriate.

### **FHEPS Restorations**

A FHEPS Restoration is a FHEPS application that is made within 12 months after FHEPS was removed from a participant's case. As part of the interview process with the family, HDU will identify the reason(s) that FHEPS was removed from the participant's case.

#### Restorations Within 30 Days

If a participant's case closed, including cases closed in error, which resulted in discontinuance of their FHEPS subsidy, and they are reapplying or having their case reopened within 30 days of the closing, FHEPS must be restored without requiring FCDU approval, as long as the participant's FHEPS eligibility remains unchanged.

#### Restorations Beyond 30 Days

If a participant's FHEPS case was removed for more than 30 days, and the household meets the FHEPS eligibility requirements (including now being active for CA), a new FHEPS application for restoration will need to be completed and sent to FCDU for review as a Restoration. The rules for initial FHEPS applications generally apply with the following exception:

- The case should be sent to FCDU even if there is no new Housing Court action or rent demand since the time FHEPS was removed from the case.

**Note:** The arrears being requested must be for the same apartment as the previously closed FHEPS case.



In POS, a message will appear in the Address Information window if FHEPS is not on the budget, but the applicant/participant received FHEPS within the past 12 months.

### Restorations for Cases Closed in Error

If a participant lost their FHEPS supplement due to their case being closed in error, FHEPS must be restored once the case is reopened. These situations do not require a restoration application or submission to FCDU.

**Note:** If FHEPS is not on the budget but the participant has 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.”

The funds due from the retroactive period will be issued to the landlord on behalf of the participant; however, their current case information must be reevaluated for future payments.

### Restorations When Applicant is No Longer Eligible for FHEPS

During a request for restoration, if HDU finds that a household no longer meets the FHEPS eligibility requirements, the participant will have already received a CNS notice stating that their rent subsidy has changed. HDU will explain the situation to the participant and proceed with the rent arrears process as per current procedure. If the participant, despite being informed that they are no longer eligible for FHEPS, still requests to have their FHEPS supplement restored, HDU will submit their FHEPS Restoration application to FCDU for a determination.

In these situations, HDU must also refer the family to a Homebase provider using the **HRA-146o**. The Homebase provider will be able to work with the family to explore other options.

## **FHEPS A To Stay Application Approvals and Denials**

### Approved FHEPS Applications

If FCDU approves a FHEPS A To Stay application, FCDU will send the participant the Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Approval Notice (**HRA-146b**), which provides a breakdown of the CA shelter allowance, the FHEPS supplement, and any required household contribution.

FCDU will notify CRPU of the approval so that CRPU can issue the checks to the participant per current process. The approval e-mail from FCDU to CRPU should state the total amount of arrears to be paid. If the arrears include the payment of stale checks or missed CA shelter payments, these amounts should be specifically identified.

Additionally, CRPU will issue approved FHEPS applicants an 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**).

### Denied FHEPS Applications

If FCDU denies a FHEPS A To Stay application, FCDU will send the family the Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Denial Notice (**HRA-146d**), which must provide the FHEPS applicant with an explanation for the FHEPS denial. Additionally, FCDU will issue the **W-137B** in instances where the rent arrears cannot be approved.

If the FHEPS application included a request for rent arrears, FCDU will try to approve the arrears request separately, as long as the applicant is eligible. If eligible for an arrears grant, FCDU and CRPU will follow current process for rent arrears determination and issuances and issue the **W-137B** as described above.

## **FHEPS A To Move**

### “In-Community” Cases and Good Cause Transfers

If a family has already lost their apartment, or is unable to remain in their current apartment, HDU will refer the family to a Homebase provider using the Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral (**HRA-146o**).

Homebase will handle the issuing of a shopping letter and the FHEPS application processing for these cases, as well as submit completed applications to FCDU for a determination.

Homebase also submits Good Cause Transfer applications to FCDU for individuals living in the community.

### Shopping Letter

In FHEPS A To Move cases, where the family needs to search for an apartment, the Homebase provider will issue the family a Potential Eligibility for Family Homelessness and Eviction Prevention

For detailed information on FHEPS A To Move, please consult [PD #17-26-ELI](#)

Supplement (**HRA-146k**) for non-shelter FHEPS applicants. This form or “shopping letter” states that the applicant is potentially eligible for the FHEPS program, subject to her/him locating an apartment and final approval of their FHEPS application. The **HRA-146k** also specifies the maximum rent for the apartment sought and provides a brief description of the FHEPS program. Additionally, the letter lists the documents that landlord/management companies and brokers must submit concerning an apartment rental and the rental incentives.

## **FHEPS B**

### FHEPS B Maximum Rent Levels

As previously mentioned, the FHEPS A and FHEPS B allowances and maximum rent levels became equivalent to the NYCHA Section 8 payment standards in February 2022 and are 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 but in 2023 has increased to 110% of the FMR. Separate guidance will be provided whenever these amounts change.

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 payment 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 will be adjusted annually when HUD publishes its FMR levels.

**Note:** The tables below are based on the 2023 FMR.

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)	\$ 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

**FHEPS B 2023 Rent Table**

Family Size	Max TA Shelter Allowance	Max NYC Only Share	Max FHEPS Rent (All Utilities Included)	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	\$ 3,649.00	\$ 4,195.00	5
10	\$ 546.00	\$ 3,649.00	\$ 4,195.00	5
11	\$ 546.00	\$ 4,196.00	\$ 4,742.00	6
12	\$ 546.00	\$ 4,196.00	\$ 4,742.00	6
13	\$ 546.00	\$ 4,743.00	\$ 5,289.00	7
14	\$ 546.00	\$ 4,743.00	\$ 5,289.00	7
15	\$ 546.00	\$ 5,290.00	\$ 5,836.00	8
16	\$ 546.00	\$ 5,290.00	\$ 5,836.00	8
17	\$ 546.00	\$ 5,837.00	\$ 6,383.00	9
18	\$ 546.00	\$ 5,837.00	\$ 6,383.00	9
19	\$ 546.00	\$ 6,384.00	\$ 6,930.00	10
20	\$ 546.00	\$ 6,384.00	\$ 6,930.00	10

**Note:** Please refer to the Family Homelessness and Eviction Prevention Supplement (FHEPS) Payment Standards (**HRA-146z**) which is updated annually when the payment standards and utility allowance amounts increase.

FHEPS B To Stay

FHEPS B To Stay cases do not require a family to be facing eviction

For FHEPS B cases in which a family is not coming from a shelter, also referred to as “in community,” the potential applicant must provide HDU with a Family Homelessness and Evictions Prevention Supplement (FHEPS) B Referral and Consent Form from the Family Justice Center (FJC).

For detailed information on families exiting a DHS or HRA shelter, and the FHEPS B program, please consult [PD #17-26-ELI](#)

The form will indicate that the family has already been assessed and determined eligible by FJC for FHEPS B To Stay and will confirm that all housing options have been explored with the family. The HDU worker must include the referral letter from FJC in the FHEPS B application packet that gets sent to FCDU for a determination.

**Note:** Some FHEPS B To Stay cases are handled by FJCs and follow the same process as FHEPS A To Stay cases.

For additional information on the FHEPS B program, including eligibility requirements, consult [PD #17-26-ELI](#)

### FHEPS B To Move in the Community

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**.

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

### **Families Exiting a DHS or HRA Shelter**

At this time, HDU will not handle FHEPS applications from families exiting a DHS or HRA shelter. Families that are exiting a DHS shelter must be referred to their Case Manager, and families exiting an HRA shelter must be referred to the appropriate HRA office to ensure that they receive the necessary assistance with completing the FHEPS application. For detailed information on FHEPS A To Move as it relates to families exiting a DHS or HRA shelter, consult [PD #17-26-ELI](#).

## Payment Standard and Utility Allowance Forms

- Landlord Utility Calculator (**Attachment B**) 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.

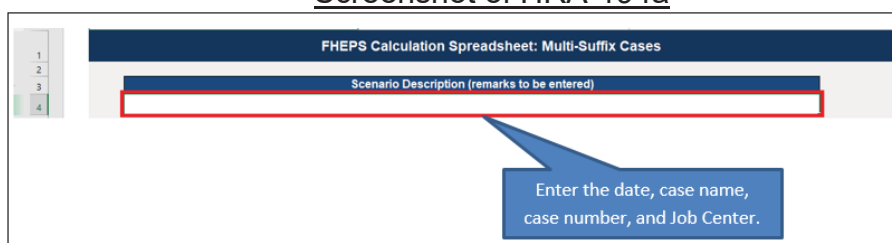
**Note:** As mentioned previously, utility information from the applicant's case record can be used in lieu of the **DSS-8q**.

- 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.
- 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.

Staff must enter the following information in the *Scenario Description (remarks to be entered)* box in row 4:

- Date
- Case Name
- Case Number
- BAC Name

Screenshot of HRA-194a



- 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.

*Effective Immediately*

**Related Items:**

- [PD #16-27-OPE](#)
- [PD #17-26-ELI](#)
- [PB #23-15-ELI](#)
- [PB #23-40-OPE](#)

**Attachments:**

- |                      |  |
|----------------------|--|
| <b>Attachment A</b>  | POS Workflow Instructions for FHEPS To Stay Applications   |
| <b>Attachment B</b>  | Landlord Utility Calculator (12/05/22)   |
| <b>BRC-681A (E)</b>  | Do You Have a Disability? (Rev. 01/16)   |
| <b>FIA-1211a (E)</b> | Document Request for Housing Related Special Grants (Rev. 09/14/18)  |
| <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-146d (E)</b>  | Family Homelessness and Eviction Prevention Supplement A (FHEPS A) Denial Notice (Rev. 02/10/2022)         |

<b>HRA-146e (E)</b>	Family Homelessness and Eviction Prevention Supplement B (FHEPS B) Denial Notice (Rev. 09/13/2017)
<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-146o (E)</b>	Family Homelessness and Eviction Prevention Supplement (FHEPS) Referral to Community Based Organizations (Rev. 02/10/22)
<b>HRA-146p (E)</b>	Domestic Violence Action Form (Rev. 02/13/19)
<b>HRA-146x (E)</b>	FHEPS Sanction Worksheet (Rev. 10/30/19)
<b>HRA-146z (E)</b>	Family Homelessness and Eviction Prevention Supplement (FHEPS) Payment Standards (Rev. 02/09/23)
<b>HRA-194a (E)</b>	FHEPS Single-Suffix and Multi-Suffix Budgeting Spreadsheet (Rev. 04/05/23)
<b>HRA-194b (E)</b>	FHEPS Rent Increase for Current Tenants - Landlord FAQ (02/09/23)
<b>W-137A (E)</b>	Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 03/16/20)
<b>W-137B (E)</b>	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 03/01/23)
<b>W-203K (E)</b>	Guide to Cash Assistance Budgeting (Rev. 04/03/23)



## POS Workflow Instructions for FHEPS To Stay Applications

The HDU worker will begin in the Activities Management screen with either the Non-Food Emerg/Special Grant or the HDU Intake activity. This workflow outlines the process for workers beginning in the Non-Food/Special Grant activity.

The worker will have a discussion with the applicant family which will help determine whether they might be potentially eligible for FHEPS.

### Activities Management Screen

The screenshot shows the 'Activities Management' screen. At the top, the title bar reads 'Version 23.3 - Paperless Office System - [Activities Management]' with a timestamp of '10:25:34 AM Friday, November 01, 2019'. Below the title bar is a menu bar with 'File', 'Edit', 'Tools', 'Window', and 'Help'. A toolbar contains several icons for navigation and actions. The main interface area is divided into several sections:

- Unit Filter:** Includes radio buttons for 'Worker', 'CMU', and 'Uncovered', and a dropdown menu labeled 'MTRG'.
- Activity Type Filter:** A grid of checkboxes for 'Application Interview', 'IN & ESNAP', 'Change Case Data', 'Reop', 'Schedule Recert', 'Recert Interview', 'Error Corrections', and 'Other'.
- Activity Approve Filter:** A grid of checkboxes for 'Approve Appl Inter', 'Approve Recert', 'Approve IN & ESNAP', 'Approve Error Corr', 'Approve Change', 'Approve Other', and 'Approve Reop'.
- Activity Status Filter:** Checkboxes for 'Suspended', 'Not Scheduled', 'Not Started', 'Removed', and 'Completed'.
- Activity Alert Filter:** Checkboxes for 'Coming Due' and 'Overdue'.
- Supervisor:** A dropdown menu with 'Disapprove' and buttons for 'Filter' and 'Clear'.

Below the filters is a table with the following data:

Activity	Due Date	Alert	Case Name	Case No	Suf	Center
Non-Food Emerg/Special Grant		NA	Client's Name	00000000000	1	054
HDU Intake			Client's Name	00000000000	1	054

At the bottom left, it says 'Total: 2 Cases'. At the bottom of the screen, there is a row of buttons: 'Start', 'Assign', 'Remove', 'Schedule', 'Reopening', 'Update Disposition', 'WMS', 'View Your Schedule', and 'Comment'.

Attachment A

Choose A Case Screen

Version 23.3 - Paperless Office System - [Choose A Case] 12:22:27 PM Monday, December 30, 2019

File Edit Tools Window Help

Non-Food Emerg/Special Grant

Specify Case:  
Enter One or More of these Items

Case Number: 00000000000

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

First & Last Name: \_\_\_\_\_

SSN: - -

CIN: \_\_\_\_\_

Access HRA Confirmation Number: \_\_\_\_\_

Search

Case Number	Suf	Case Name	Casehead Name	CIN	SSN	File Date
00000000000	1	Client's Name	Client's Name	XXXXXXXX	111111111	8/24/2019

Perform Specified Action Previous Add Action to Queue

- In the Choose A Case screen, enter the Case Number and click **Search**
- Select the appropriate case, then click the **Perform Specified Action** button.

Attachment A

Client Service Screen

Client Service Screen

Case Number: 0000000000 Case Name: Client's Name Case Status: AC  
Language Speak: English Language Read: English

Individuals currently in the Household

Preferred Title	First Name	Mid Name	Last Name	Preferred Name	Preferred Pronoun	En
Client			Name			
Client			Name			

Reasonable Accommodations

RA Name	RA Effective Date	RA Message
---------	-------------------	------------

**Note:** Please contact your supervisor in regards to any questions about Reasonable Accommodation implementation.

Ok

- The Client Service Screen will indicate any of the client's Reasonable Accommodation requests. Once the information has been reviewed, click **OK**.

Attachment A

Household Screen

Version 23.3 - Paperless Office System - [Household Screen] 12:33:56 PM Monday, December 30, 2019

File Edit Tools Window Help

No messages from WMS via OLTP

**Control Information**

District : 66 Center : Jamaica Job Center Worker : 99999 Case Number : 00000000000

**Present Address**

Street Number: 000 Direction: [None] Name: ATLANTIC AVE Type: Apt #: City: BROOKLYN  
 State: NY Zip Code: 112010000

**Suffix Information**  Active  Applying  No FS IPV or Sanction Found

SNAP Suffix: 1 SNAP Status: AC SNAP# AC: 2

Suff	Case Name	Cat	Stat	# AC	Stat	# AC	Monthly Rent	Actual Rent (Less Any Contributions)	PA H/H RENT	PA Level Rent
1	Client Name	FA	AC	2	AC	2	1250	0		0

Next CA Recert date: Last CA Recert date: Last MA Recert date:

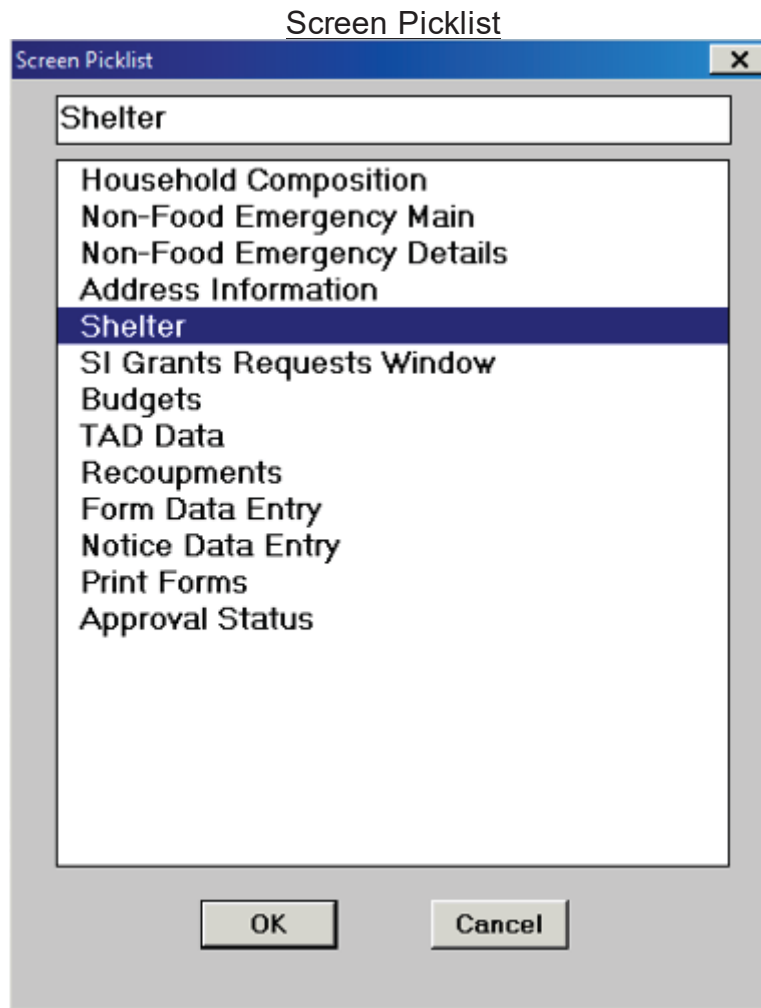
**Case Member Information**

Suff	Ln	CIN	Name	Relation	DOB	SSN	Val	Sex	Ctzn/Nil	HB	CA	MA	SNAP	AFIS/S
1	1	XXXXXXXX	Client's Name	Casehead	02/06/1977	111-11-1111	1	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC	AC	AC	
1	2	XXXXXXXX	Client's Name	Natural Son	01/25/2009	111-11-1111	1	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC	AC	AC	

Next Previous

- On the Household Screen, the worker will need to access the Screen Picklist by using one of the following methods:
- Click on the Screen Picklist icon;
- Press F12; or
- Click **Window** on the top toolbar and then select **Screens**

Attachment A



- Once the Screen Picklist has been opened, select **Shelter**
- Click **Ok** to proceed to the Shelter Housing Expenses window

Attachment A

### Shelter (Housing) Expenses Screen

Version 23.3 - Paperless Office System - [SHELTER (HOUSING) EXPENSES] 12:36:09 PM Monday, December 30, 2019

File Edit Tools Window Help

	Yes	No
Did the household receive HEAP payments totaling greater than \$20 in the current month or in the immediately preceding 12 months?	<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have An Electricity And/Or Gas Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input checked="" type="radio"/>
Does Any Person, Group Or Organization Outside The Household Pay Any Of The Household Expenses?	<input type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Have A Heat Bill Separate From Your Rent Or Shelter Expense?	<input type="radio"/>	<input checked="" type="radio"/>
Does Any Person Living In The Household Who Is Not Applying, Pay Any Of Your Household Expenses?	<input type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Pay For Air Conditioning In Your Electric Bill Separate From Your Rent Or Is There An Additional Charge In Your Rent For The Use Of Your Air Conditioner?	<input type="radio"/>	<input checked="" type="radio"/>
<b>Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?</b>	<input checked="" type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have Utility/Telephone Installation Fees Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input checked="" type="radio"/>
Are There Rent Mortgage or Tax Arrears?	<input type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Have Other Utilities (Water, ETC.) Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input checked="" type="radio"/>

Spanish      Next      Previous

- Click the **Yes** option button to the question **“Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?”**
- Once the HDU worker clicks **Yes**, the following landlord information window appears:

Attachment A

<b>Shelter Information</b>		Actual amount charged for Rent/Mortgage		Frequency	Verified
Shelter Type Apt pvt house...	Shelter Code 01	Change Shelter type? <input type="radio"/> Yes <input checked="" type="radio"/> No	\$1,250.00	M	<input checked="" type="radio"/> Yes <input type="radio"/> No
Lives with friends or relatives <input type="checkbox"/>		Housing Advantage Indicator(HAI)	Rent Charged To Secondary Tenant	Frequency	
Click to View/Update Details of the Current Shelter Type			.00		
<b>Landlord Information</b>			<b>Restriction Information</b>		
Landlord Type Landlord	SSN/Tax Number from CAB	Has The Household Requested A Rent Restriction Exemption? <input type="radio"/> Yes <input type="radio"/> No			
Name ABC REALTY	Phone 000-000-0000	Rent Restriction Type Direct Involuntary ( PA level)			
House/PO Box Number 000	Apt/Suite Number	PA Shelter Amount 283.00			
Street Dir ATLANTIC	Street Name AVE.	Is the restriction information the Same As The Landlord Information? <input checked="" type="radio"/> Yes <input type="radio"/> No			
City BROOKLYN	State New York	Name ABC REALTY			
Zip 11205		House Number or PO Box 000 Apt/Suite			
Street Dir ATLANTIC		Street Name AVE.		Street Type AVE.	
City BROOKLYN		State New York		Zip 112050000	
<b>Excess Rent</b> Monthly Excess Rent \$967.00 Excess Rent Management			Routing Number		
Document... Scan <input type="checkbox"/>			Comment...		
OK			Cancel		

- The worker should review the landlord's information to ensure that it matches what the client has provided and enter any comments, if necessary. Click **OK**

Attachment A

### Shelter (Housing) Expenses Screen

Version 23.3 - Paperless Office System - [SHELTER (HOUSING) EXPENSES] 12:39:04 PM Monday, December 30, 2013

File Edit Tools Window Help

	Yes	No
Did the household receive HEAP payments totaling greater than \$20 in the current month or in the immediately preceding 12 months?	<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have An Electricity And/Or Gas Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input checked="" type="radio"/>
Does Any Person, Group Or Organization Outside The Household Pay Any Of The Household Expenses?	<input type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Have A Heat Bill Separate From Your Rent Or Shelter Expense?	<input type="radio"/>	<input checked="" type="radio"/>
Does Any Person Living In The Household Who Is Not Applying, Pay Any Of Your Household Expenses?	<input type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Pay For Air Conditioning In Your Electric Bill Separate From Your Rent Or Is There An Additional Charge In Your Rent For The Use Of Your Air Conditioner?	<input type="radio"/>	<input checked="" type="radio"/>
Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?	<input checked="" type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have Utility/Telephone Installation Fees Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input checked="" type="radio"/>
<b>Are There Rent Mortgage or Tax Arrears?</b>	<input checked="" type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have Other Utilities (Water, ETC.) Bill Separate From Your Rent Or Mortgage?	<input type="radio"/>	<input checked="" type="radio"/>

Spanish      Next      Previous

- Click the **Yes** option button to the question **“Are there Mortgage or Tax Arrears?”**



Attachment A

Version 23.3 - Paperless Office System - [SHELTER (HOUSING) EXPENSES] 12:40:03 PM Monday, December 30, 2013

File Edit Tools Window Help

		Yes	No
Did the household receive HEAP payments totaling greater than \$20 in the current month or in the immediately preceding 12 months?		<input checked="" type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have An Electricity And/Or Gas Bill Separate From Your Rent Or Mortgage?		<input type="radio"/>	<input checked="" type="radio"/>

<input checked="" type="radio"/> Rent Arrears	Arrears Amount	Period From	Period To	Months of Arrears	FHEPS <input checked="" type="radio"/> Yes <input type="radio"/> No
	\$ .00	00/00/0000	00/00/0000		
Hold Over <input type="checkbox"/> Post Eviction <input type="checkbox"/> Marshal's Notice <input type="checkbox"/>					
<input type="radio"/> Mortgage Arrears	Arrears Amount	Period From	Period To	Months of Arrears	
	\$ .00	00/00/0000	00/00/0000		
	Foreclosure <input type="checkbox"/>	Reverse Mortgage <input type="checkbox"/>			
	Property Tax Arrears Amount	Property Tax Period From	Property Tax Period To	Property Tax Months of Arrears	
\$ .00		00/00/0000	00/00/0000		
Property Tax Arrears <input type="checkbox"/> Tax Liens <input type="checkbox"/>					

<input type="checkbox"/> Amortization of mortgage on applicant/recipient-owned property	Amount	\$ .00
<input type="checkbox"/> Carrying charges on applicant/recipient-owned property	Amount	\$ .00
Document...	Comment...	

OK Cancel

- Select the **Rent Arrears** option button
- Enter the appropriate information for **Arrears Amount, Period From, Period To,** and **Months of Arrears**
- Click on the **Yes** option button under **FHEPS**

Attachment A

HDU Shelter Arrears Detail

HDU Shelter Arrears Detail

Case Information

Case Number: Case Name: Contact Person:

Street Address City State Zip Code Phone # AlternativePhone #

Shelter Type: Apt pvt house Shelter Code: 01 Rent Restriction Type:

Actual Rent: \$891.75 Frequency: M PA Shelter Amount: \$450.00 Excess Rent: \$441.75

Landlord/Lender Information

Landlord/Lender Name: Landlord/Lender Email:

Landlord/Lender Address:

Landlord/Lender Phone#: Landlord Cell#: - - Landlord/Lender Fax#: - -

Arrears Information

Breakdown Submitted?  Yes  No Legal Fees: \$0.00  Formerly on Advantage Program

Mortgage/Rent Arrears: \$4,676.75 Period From: 09/01/2017 Period To: 08/31/2019 Month of Arrears: 24

Property Tax Arrears: \$0.00 Period From: 00/00/0000 Period To: 00/00/0000 Month Of Arrears:

Principal reason for non-payment Non Payment Detail: Loss of Income

Is Client Faced with ?

Non Pay Petition  Eviction  Dispossess  Holdover

Post Eviction  No Court Action  Client Foreclosure  Landlord Foreclosure

Is there a Court Stipulation?  Yes  No Is there a order to Show Cause?  Yes  No

Court Date: 08/12/2019 Follow Up Date: 09/30/2019 Date: 00/00/0000 Eviction Date: 00/00/0000

Has the Client Applied for Housing Through?

Section 8 Housing Date: 00/00/0000  NYCHRA Date: 00/00/0000  FEPS Date: 00/00/0000 Status:

Instructions Excess Rent Income Sanction Arrears

OK Cancel

- The **HDU Shelter Arrears Detail** screen appears whenever it is indicated that a client has rent arrears.

Attachment A

Rent Arrears Breakdown Drill Down Window

Rent Arrears Breakdown Drill Down Window

Arrears Total: \$4676.75    Period From: 03/01/2017    Period To: 08/31/2019

Categories of Rent Still Due

Month	Rent Charged	Rent Paid	Rent Still Due	A. Stale Checks	B. Failure to Receive Full Shelter	C. Amount in Excess of Shelter Allowance	D. Amount Subject to Advance Recoupment	E. Amount Payable as Applicant	F. Other
1	.00	.00	.00	.00	.00	.00	.00	.00	.00
2	.00	.00	.00	.00	.00	.00	.00	.00	.00
3	.00	.00	.00	.00	.00	.00	.00	.00	.00
4	.00	.00	.00	.00	.00	.00	.00	.00	.00
5	.00	.00	.00	.00	.00	.00	.00	.00	.00
6	.00	.00	.00	.00	.00	.00	.00	.00	.00
7	.00	.00	.00	.00	.00	.00	.00	.00	.00
8	.00	.00	.00	.00	.00	.00	.00	.00	.00
9	.00	.00	.00	.00	.00	.00	.00	.00	.00
10	.00	.00	.00	.00	.00	.00	.00	.00	.00
11	.00	.00	.00	.00	.00	.00	.00	.00	.00
12	.00	.00	.00	.00	.00	.00	.00	.00	.00

OK    Cancel

- The **Rent Arrears Breakdown Drill Down Window** appears when the Worker clicks **Yes** for **Breakdown Submitted** on the **HDU Shelter Arrears Detail** screen. This window was updated to add details about the rent that is still due.

## Attachment A

- When the HDU worker clicks the **Yes** option button for FHEPS, a Drill Down Window will appear.

### Drill Down Window

The screenshot shows a dialog box titled "Drill Down Window" with a blue header bar. The main area is light gray and contains three questions, each with radio button options for "Yes" and "No".

1. "Is the applicant's name on the submitted eviction documentation?" with  Yes and  No.

2. "Are there arrears for a time period when the applicant was not living in the apartment?" with  Yes and  No.

3. "Good cause or extenuating circumstances?" with  Yes and  No.

Below the questions is a large empty text box. Underneath that is a section labeled "INSTRUCTIONS" followed by another empty text box. At the bottom of the main area is a table with two columns: "Document..." and "Scan".

Document...	Scan
Court-ordered Stipulation with LT or Index Number (rent arrears)	<input checked="" type="checkbox"/>

At the bottom of the dialog box are two buttons: "OK" and "Cancel".

## Attachment A

- If the worker selects **Yes** to the question “Good cause or extenuating circumstances?”, the following drill down window will appear that allows the worker to select the reason(s).

### Good Cause or Extenuating Circumstances Drill Down Window

Good Cause or Extenuating Circumstances Drill Down Window

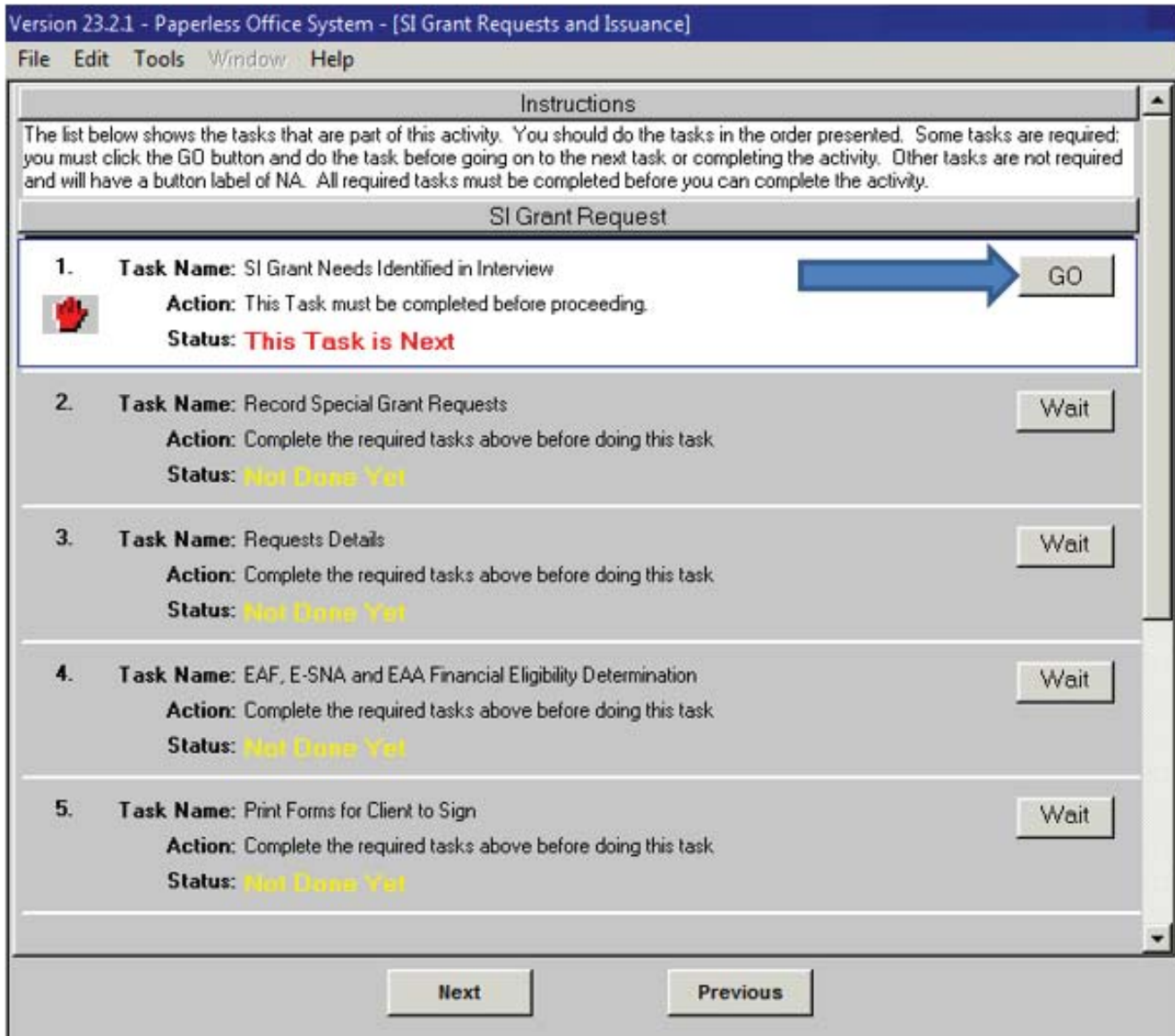
- Disabled or elderly (60 years of age and older) individuals in the household that would make a FHEPS move particularly difficult or create a substantial hardship
- Extensive ties to the community that favor preservation of the residence
- Failure of the landlord to respond to efforts to negotiate a decreased monthly rent
- Refusal of the landlord to decrease the monthly rent to bring it below the FHEPS maximum rent level
- Very large household where preservation of the residence prevents hardship to the household
- Unforeseen delays in the FHEPS application process or CA eligibility process that result in accruals of additional rent arrears
- Other

\_\_\_\_\_

OK Cancel

- Once the Good Cause/Extenuating Circumstances information has been entered, click **OK**.
- If all questions have been answered in the previous Drill Down Window, click **OK** when finished.
- The worker will then be returned to the previous rent arrears screen. If all the information is correct, click **OK**.
- After clicking **OK** on the rent arrears screen, the worker will be returned to the “Shelter (Housing) Expenses” screen. Click **OK** to proceed to the “SI Grant Requests and Issuance” screen.

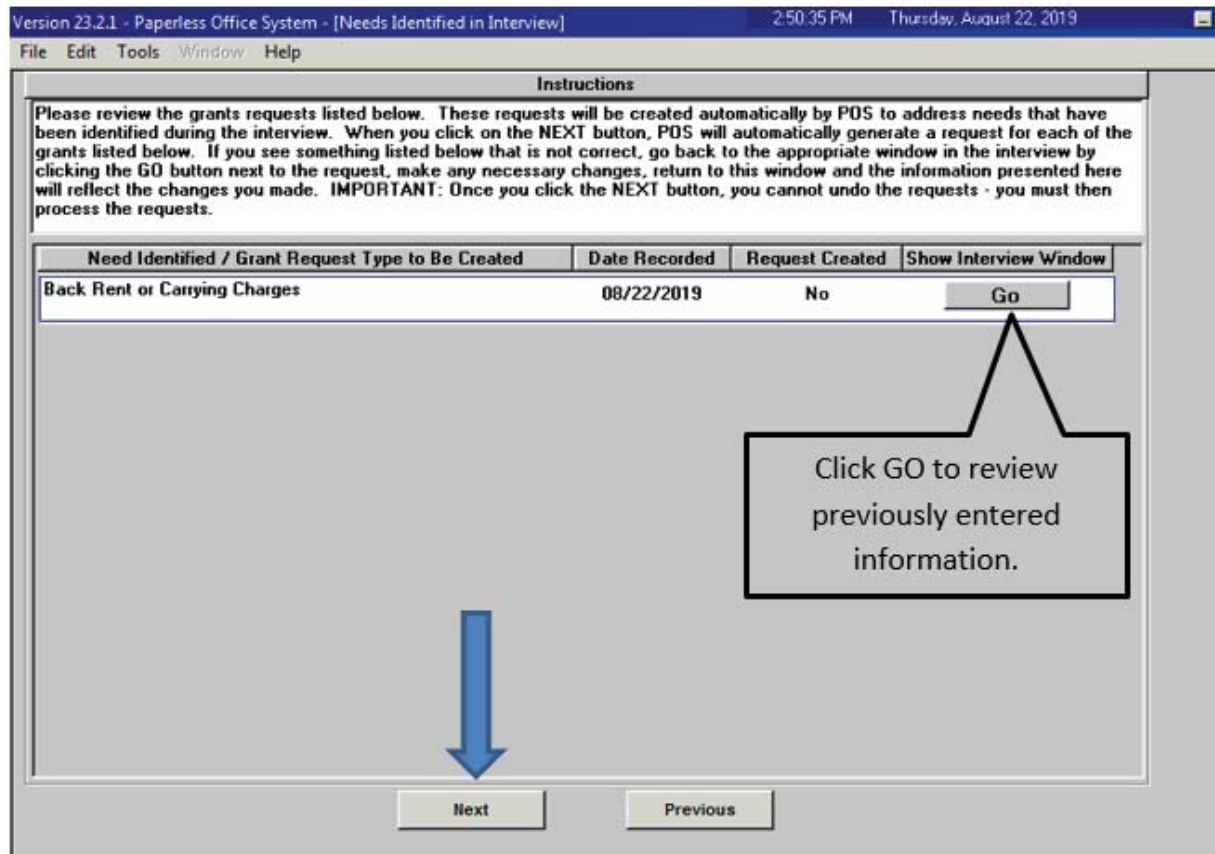
### SI Grant Requests and Issuance Screen



On the SI Grant Requests and Issuance screen:

- For Task 1, click **GO**, which will open the Needs Identified in Interview window

### Needs Identified in Interview Screen



On the Needs Identified in Interview screen:

- Click **GO** under Show Interview Window to review previously entered rent arrears data
- Click **Next** to complete Task 1

The worker will then receive an Information message stating “POS will make a permanent record of these requests. After this point, the worker must grant or deny the requests as they will not be able to remove them. Click **OK** to proceed or **Cancel** to go back to the window and make changes.” Click **OK** to be returned to the SI Grant Requests and Issuance screen.

On the SI Grant Requests and Issuance screen:

- For Task 2, click **GO**, which will open the Special Grants screen

On the Special Grants screen:

- Select the **Yes** or **No** option button for each question
- Click **Next** to complete Task 2 and be returned to the SI Grant Requests and Issuance screen

For Task 3, click **GO**, which will open the Request Details Window

## Attachment A

### Request Details Window

Version 23.2.1 - Paperless Office System - [Request Details Window] 3:23:06 PM Thursday, August 22, 2019

File Edit Tools Window Help

**Instructions**  
This window shows a batch of grant requests made on a particular date. Requests made on other dates will appear in separate windows. In addition, grant requests which are related to shelter arrears will appear separately from those which are not related to shelter arrears.

Date the requests were recorded in the system: 08/22/2019

Do the requests need to be back-dated?  Yes  No Enter the actual date of the request: \_\_\_\_\_

Enter the reason for the request: \_\_\_\_\_

Does this applicant/client state that this is an emergency?  Yes  No

Describe the emergency: \_\_\_\_\_

Is this grant batch related to shelter arrears?  Yes  No Does the client need to bring back documents?  Yes  No

Additional Allowances Requested	Emergency	HDU Request	Request Source	Fair Hearing Number	Due Date for Documents
Back Rent or Carrying Charges	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/>	Client Request-In Person		00/00/0000

Next Previous Page 1 of 1

- If the request should have been entered on a previous date, select **Yes** to the question, **Do the requests need to be back-dated?** Otherwise, select **No**
- The worker will need to provide information pertaining to the reason for the request in the field **Enter the reason for the request**
- Select the **Yes** option button for the question, **Does this applicant/client state that this is an emergency?**
- Enter information for **Describe the emergency**
- Select **Client Request-In Person** from the dropdown menu under **Request Source**
- Click **Next**

Once **Next** is selected, the worker will receive an Information stating, "POS will make a permanent record of all the requests shown in this window. Click **OK** to proceed." Click **OK** to the Information message to complete Task 3 and be returned to the SI Grant Requests and Issuance screen.

For Task 4, click **GO**. Once **GO** is selected, it will skip Task 4 and proceed to Task 5. The status for Task 4 will reflect "No Action Required." Task 4 will only open for One Shot Deal cases (EAA, EAF, E-SNA) as indicated.



## Attachment A

The screenshot shows a software window titled "Version 23.2.1 - Paperless Office System - [SI Grant Requests and Issuance]". The window has a menu bar with "File", "Edit", "Tools", "Window", and "Help". Below the menu bar is a section titled "Instructions" with the following text: "The list below shows the tasks that are part of this activity. You should do the tasks in the order presented. Some tasks are required; you must click the GO button and do the task before going on to the next task or completing the activity. Other tasks are not required and will have a button label of NA. All required tasks must be completed before you can complete the activity." Below the instructions is a section titled "SI Grant Request" containing a list of five tasks. Each task has a checkbox, a "Task Name", an "Action", a "Status", and a button. Task 1: "SI Grant Needs Identified in Interview" (checked, GO, Completed). Task 2: "Record Special Grant Requests" (checked, GO, Completed). Task 3: "Requests Details" (checked, GO, Completed). Task 4: "EAF, E-SNA and EAA Financial Eligibility Determination" (unchecked, NA, No Action Required). Task 5: "Print Forms for Client to Sign" (unchecked, GO, This Task is Next). At the bottom of the window are "Next" and "Previous" buttons.

Task Number	Task Name	Action	Status	Button
1.	SI Grant Needs Identified in Interview	This Task must be completed before proceeding.	Completed	GO
2.	Record Special Grant Requests	This Task must be completed before proceeding.	Completed	GO
3.	Requests Details	This Task must be completed before proceeding.	Completed	GO
4.	EAF, E-SNA and EAA Financial Eligibility Determination	This Task must be completed before proceeding.	No Action Required	NA
5.	Print Forms for Client to Sign	This Task must be completed before proceeding.	This Task is Next	GO

For Task 5, click **GO**, which will open the Print Forms for Client to Sign screen

The HDU worker will click on **Print the E-forms** to print the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137a**).

The eForm Signature Window will open

- The worker will click on **<<Sign**
- The participant will need to sign the signature pad
- Once the participant has signed, the worker will click **Accept**

**Note:** If the client cannot sign the signature pad, the worker must print the form, obtain the client's signature, scan/index the form and give the client the original signed document.

Attachment A

The worker will then be returned to the Print Forms for Client to Sign screen.

- Click on **Re-Print All E-Forms** and proceed to pick up the signed copy of the **W-137a** from the printer.
- Click **Next** to complete Task 5 and be returned to the SI Grant Requests and Issuance screen
- For Task 6, click **GO**. Once **GO** is selected, the worker will receive an Info message stating, "POS will now suspend the Activity and start the HDU Intake activity for this case." Click **OK** and the Client Service Screen and Communication Preferences screen will open.

Communication Preferences Screen

Communication Preferences

Applicant/Participant is: In the Office

Preferred Language for speaking: English

Preferred Language for Written Notices: English

Do you prefer to go by a name other than your legal name?  Yes  No

Do you have a preferred title?  Yes  No

What pronoun would you like us to use for you? She/her

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format ?  Yes  No

If Yes, Select the type of format you would like

Does the applicant/participant want to use HRA's Free Interpreter Services?:  Yes  No

If YES, Which of HRA's Interpreter Services is being Used?

If No, provide reason stated by applicant/participant: Client refused interpretative services

Continue

- Click **Continue** on the Communication Preferences screen

Attachment A

Client Service Screen

Preferred Title	First Name	Mid Name	Last Name	Preferred Name	Preferred Pronoun	Email
Client	Client		Name			
	Client		Name			

RA Name	RA Effective Date	RA Message

**Note:** Please contact your supervisor in regards to any questions about Reasonable Accommodation implementation.

Ok

- Click **OK** on the Client Service Screen and a Universal Receipt message will appear.

Does the applicant/ participant need a receipt indicating that they were in or contacted HRA Center?

Yes No

- Click **Yes** to the Universal Receipt message and the Response to Question message will appear.

Attachment A

Response to Question

Response to Question

Case Information

Name	Case Number	Date of Visit or Contact
Client's Name	0000000000	12/30/2019

Receipt Information

Reason for Visit or Contact

complete non-food emergency or special grant

Cancel Ok

- Click **OK** and the worker will receive another Universal Receipt message stating, “Form FIA-1173 Universal Receipt is being printed.” Click **OK** to the message to proceed to the Household Screen.

Attachment A

Household Screen

Version 23.3 - Paperless Office System - [Household Screen] 12:33:56 PM Monday, December 30, 2019

File Edit Tools Window Help

No messages from WMS via OLTP

**Control Information**

District : 66 Center : Jamaica Job Center Worker : 99999 Case Number : 00000000000

**Present Address**

Street Number Direction Name Type Apt # City  
 000 [None] ATLANTIC AVE [ ] [ ] BROOKLYN  
 State: NY Zip Code: 112010000

**Suffix Information**  Active  Applying  No FS IPV or Sanction Found

SNAP Suffix 1 SNAP Status AC SNAP# AC 2

Suff	Case Name	Cat	Stat	# AC	Stat	# AC	Monthly Rent	Actual Rent (Less Any Contributions)	PA H/H RENT	PA Level Rent
1	Client Name	FA	AC	2	AC	2	1250	0		0

Next CA Recert date Last CA Recert date Last MA Recert date

**Case Member Information**

Suff	Ln	CIN	Name	Relation	DOB	SSN	Val	Sex	Ctzn/Nil	HB	CA	MA	SNAP	AFIS/S
1	1	XXXXXXXX	Client's Name	Casehead	02/06/1977	111-11-1111	1	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC	AC	AC	
1	2	XXXXXXXX	Client's Name	Natural Son	01/25/2009	111-11-1111	1	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC	AC	AC	

Next Previous

- If all the information is accurate, click **Next** and the Address Information screen opens.

Attachment A

Address Information Screen

Version 23.3 - Paperless Office System - [Address Information] 10:27:48 AM Friday, November 01, 2019

File Edit Tools Window Help

**Present Address**

St No/Dir/Name: 000 [None] ATLANTIC AVE Type Apt # City  
BROOKLYN  
State: NY Zip Code: 112010000  
Primary Phone: 111-111-1111 Ext: Cell Alternate Phone: - - Ext:  
Number for Text Messaging: - -

Would the client like to receive TEXT MESSAGES, at the number for text messaging provided above? Text message and data rates may apply.  Yes  No

**Mailing Address**

Care of Name: Type Apt # City  
Instructions St No/Dir/Name: [None] State: Zip Code:

Delete Mailing Address  Yes  No

**E-mail Address**

E-mail: Verified:  Yes  No  
Resend Verification:

Delete Email Address  Yes  No  
This email address will be used to send you important information about your case.

Next Previous

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

- Once all information has been entered, click **Next** and the Individual Detail screen opens.

Attachment A

Individual Detail Screen

Version 23.3 - Paperless Office System - [Individual Detail] 12:58:01 PM Monday, December 30, 2013

File Edit Tools Window Help

Demographics									
Case Number	Suf	Ln	CIN	First Name	Middle	Last Name	Sex	DOB	Relationship
00000000000	1	1	XXXXXXXX	Client		Name	F	02/06/1977	Casehead
SSN	Valid	Date SSN Card Applied For	Marital Status	Country of Birth	State	County Of Birth	Birth Cert No (NYC Only)		
111-11-1111	1	00/00/0000	Single/Never Ma	United States	NY	Bronx	156-77-		
Ethnic/Race Affiliation									
Hispanic/Latino <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unkn			Asian <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unkn			Native Hawaiian/ <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unkn			
Native American/Alaska Native <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unkn			Black or African American <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unkn			White <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unkn			
Parents Information									
Residing in the household? <input type="radio"/> Yes <input checked="" type="radio"/> No					Mother's Name				
Residing in the household? <input type="radio"/> Yes <input checked="" type="radio"/> No					Father's Name				
Citizen/Non-Citizen Information									
US Citizen / National <input checked="" type="radio"/> Yes <input type="radio"/> No		Non-Citizen Type		Non-Citizen No.		Date of Status		Qualified Non-Citizen Type and Description	
Education									
Highest Degree Obtained			Education Level			Student ID			Individual Status
Associates Degree			Twelfth Grade						PA MA FS
									AC AC AC
									<input checked="" type="checkbox"/> Food Meals
									Agreed to be Imaged
									WMS AFIS Indicator A Other Names
Identity		Residency			Citizenship				
Birth Certificate Bureau of Vital Statistics <input type="checkbox"/> Scan <input checked="" type="checkbox"/> Verified		Landlord Letter Statement from Non-Relative Landlord <input type="checkbox"/> Scan <input checked="" type="checkbox"/> Verified			Birth Certificate Bureau of Vital Statistics <input type="checkbox"/> Scan <input checked="" type="checkbox"/> Verified				
Relationship		Household Composition			Age				
		Landlord Letter Statement from Non-Relative Landlord <input type="checkbox"/> Scan <input checked="" type="checkbox"/> Verified			Birth Certificate Bureau of Vital Statistics <input type="checkbox"/> Scan <input checked="" type="checkbox"/> Verified				
Social Security No.		What is your Primary Language Spoken? English							
Social Security Card <input type="checkbox"/> Scan <input checked="" type="checkbox"/> Verified									

Next Previous

- After the Individual Detail screen is completed, the “Referred to HDU from” screen opens.

## Attachment A

### Referred to HDU from Screen

Version 23.3 - Paperless Office System - [Referred to HDU from] 10:37:06 AM Friday, November 01, 2019

File Edit Tools Window Help

**Case Information**  
Case Number: 0000000000 Case Name: Client's Name

**Referred to HDU From:**  
Homeless Referral Type: Case Management Unit At-Risk Population: Other  
Other Details:

**Risk Factors**  
Risk Factors: Other  
Risk Factors Details:

Requesting RAU Reconsideration/Addition Reason for Reconsideration/Addition

Other Details:  
Narrative

Next Previous

Use dropdown to select any extenuating circumstances.

Provide detailed information in the Narrative box.

- If there are any extenuating circumstances concerning the monthly rent or rent arrears amount, the HDU worker must indicate those reasons in the Risk Factors section.
- The worker must also click into the Narrative box and enter a detailed comment providing all available information on the extenuating circumstances.
- Once all information has been entered, click **Next** to go to the HDU Information screen.



### HDU Information Screen

Version 23.3 - Paperless Office System - [HDU Information] 5:36:27 PM Friday, January 24, 2020

File Edit Tools Window Help

Instructions: Use the window below to record grant requests. To record a request, click "Yes" for the appropriate row in the window. A Response to Question window will appear to allow you to record the details of the request. Once all requests are recorded, click the Next button to continue.

	Yes	No
Is Employed?	<input checked="" type="radio"/>	<input type="radio"/>
Is Self-Employed?	<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?	<input type="radio"/>	<input type="radio"/>
Has Additional Expenses (including Family Homelessness and Eviction Prevention Supplement (FHEPS)? Specify.	<input type="radio"/>	<input type="radio"/>
Are There Rent Or Mortgage/Tax Arrears?	<input type="radio"/>	<input type="radio"/>
Mortgage/Property Tax Arrears?	<input type="radio"/>	<input type="radio"/>
HDU Shelter Arrears Detail	<input type="radio"/>	<input type="radio"/>
Household Resources, Expenses and Other Potential Savings	<input type="radio"/>	<input type="radio"/>
HDU Decision/Plan of Action	<input type="radio"/>	<input type="radio"/>
Document Request Deferral	<input type="radio"/>	<input type="radio"/>
Referral to Community Based Organization (HRA-146o)	<input type="radio"/>	<input type="radio"/>

Spanish Next Previous

- If a referral to Homebase or a legal services provider is needed, select **Yes** to “Referral to Community Based Organization (HRA-160o). A list of Homebase providers appears in the **Provider** drop-down menu. The worker’s selection in the menu will prefill the values for the provider address, city, state, zip code and telephone number. Otherwise, the worker must enter the details for the provider in the window.

Attachment A

FHEPS Referral to CBOs Screen

Version 23.3 - Paperless Office System FHEPS Referral to CBOs 5:48:46 PM Friday, January 24, 2020

File Edit Tools Window Help

Yes No

Referral to: [dropdown] Other Referral Details:

Provider [dropdown]

Name: [text]  
Address: [text] City [text] State [text] Zip Code [text]  
Telephone Number: [text]

Participant needs help with the following to determine eligibility:

- Support or legal assistance needed for urgent housing issue
- Rent is above FHEPS maximum allowed level
- Rent arrears exceed the FHEPS maximum
- Current lease does not meet FHEPS requirements
  - Does not have a lease alternative
- No current Housing Court case or no case within the last 12 months
- FHEPS tenant of record requirement not met
- Household member requirement not met
- Needs financial support with sanction arrears amount
- Assistance needed with getting documents for FHEPS application
- Needs to be evaluated for FHEPS To Move
- Other: Detail: [text]

Comments [text]

OK Cancel

- The worker must select the item(s) with which the participant needs help from the options available in the window and must enter a comment.
- The Worker can print the form using the Print Forms window once the data entry window is completed.
- If no referral to Homebase or a legal services provider is needed, click the **Yes** option button on the HDU Information screen to the question “Has Additional Expenses (including Family Homelessness and Eviction Prevention Supplement (FHEPS)? Specify”
- Once **Yes** is selected, following screen will appear:

## Attachment A

The screenshot shows a software interface with the following elements:

- Who:** Client's Name (dropdown)
- Specify Additional Expense:** FHEPS A (Code 66) (dropdown)
- Amount:** (text input)
- Frequency:** M (dropdown)
- Verified:** Yes (selected) / No (radio buttons)
- Housing Program Indicator:** L- FHEPS A To Stay (dropdown)
- Reason for FHEPS Application:** FHEPS to stay in your apartment (dropdown)
- Document...:** Eviction Notice (text input)
- Scan:** (button with a document icon)
- Comment...:** (text input)
- Buttons:** OK, Cancel
- Callout Box:** Click here to indicate any documents submitted by the client or documents that need to be provided.

The worker will need to:

- Select the appropriate person under **Who**
- Select **FHEPS A (Code 66)** under **Specify Additional Expense**
- Select **M** under **Frequency**
- Select the **Yes** option button under **Verified**
- Select **L-FHEPS A To Stay** under **Housing Program Indicator**
- Select **FHEPS to stay in your apartment** under **Reason for FHEPS Application**

**Note:** By clicking on the button in the Document section, the worker can indicate any documents that the client has already submitted or documents that need to be provided.

- Once the above selections have been made, click **View/Edit Details, Eviction, Rental and Lease Information**.

Attachment A

View/Edit Details, Eviction, Rental and Lease Information Screen

View/Edit Details, Eviction, Rental and Lease Information

Reason for FHEPS Application

Are you facing eviction or have you been evicted?  Yes  No

Does someone in the CA household appear as a tenant of record on the documents used as proof?  Yes  No

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

Lease renewal date

Is this lease information for the current apartment or a new apartment?  Current  New

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

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

Is the current rent a preferential rent?  Yes  No

What is the maximum legal rent?

Good cause or extenuating circumstances?  Yes  No

**INSTRUCTIONS**

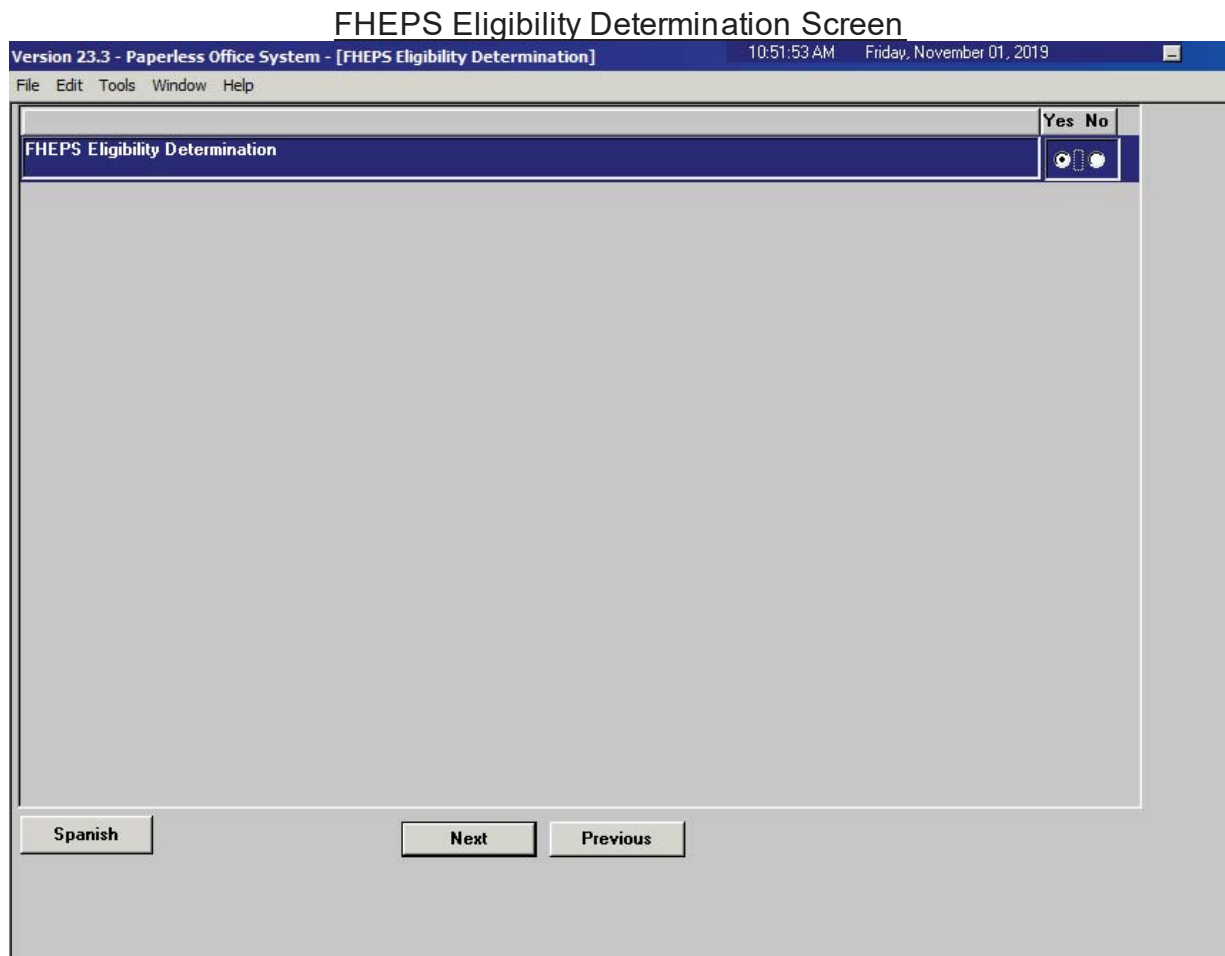
Document(s) must be provided as proof of a past/present eviction proceeding: Proof of an eviction proceeding, such as a Housing Court...

OK Cancel

On the View/Edit Details, Eviction, Rental and Lease Information screen:

- Select **FHEPS to stay in your apartment** from the dropdown list for Reason for FHEPS Application
- If there are any good cause/extenuating circumstances concerning the monthly rent or rent arrears amount, the HDU worker must select **Yes** to the “Good cause or extenuating circumstances?” question. Additionally, the worker must enter a detailed comment in the narrative box that includes all available information on the good cause/extenuating circumstances.
- Provide all other requested information, then click **OK**. The FHEPS Eligibility Determination screen will open,

## Attachment A



- Clicking on the “Yes” option button will allow the worker to see the FHEPS decision status as either Pending, Approved or Denied.

Attachment A

FHEPS Eligibility Determination Screen

FHEPS Eligibility Determination		Yes No
FHEPS Type: FHEPS A (Code 66)		FHEPS Application Date: 9/16/2019
Address for FHEPS apartment: 5 BLUE SLIP 2-N BROOKLYN NY 112220000		
Apartment rent: 891.75	Maximum FHEPS Rent: 1,580.00	
Rent Arrears?: Yes	Total Arrears amount: 4676.75	
Individuals Receiving CA: 4	Total Monthly Income for Individuals Receiving CA:	
Individuals Not Receiving CA: 10	Total Monthly Income for Individuals not Receiving CA:	
Family includes child under 18 years of age, or under 19 who is a full-time student, or a pregnant woman? Yes		
Decision: <input checked="" type="radio"/> Pending <input type="radio"/> Approved <input type="radio"/> Denied		
<b>FHEPS Checklist</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> HRA-146a FHEPS Application</li> <li><input type="checkbox"/> HRA-146j or HRA-146k Potential Eligibility for FHEPS (aka "Shopping Letter") - if applicable</li> <li><input type="checkbox"/> W-137a Request for Emergency Assistance</li> <li><input type="checkbox"/> W-147n Security Voucher (if requested)</li> <li><input type="checkbox"/> Proof of residency in the apartment at the time of eviction (if applicable)</li> <li><input type="checkbox"/> Proof of eviction: HPOP Print Out, Court Documentation, etc.</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"/> Lease or Agreement for 12 months</li> <li><input type="checkbox"/> To stay only – If arrears, Landlord breakdown of arrears</li> </ul>		
Comment: FHEPS A to stay, the household is of 1 adult and 3 minor children and is		
OK		Cancel

- During the initial application stage, the Decision status will always display “Pending.” The status will only change after FCDU has made a determination on the FHEPS application. The FHEPS Checklist section will be shown when the Decision field has a value of “Pending.”
- Click **OK** then select **Next** on the original FHEPS Eligibility Determination screen.

Once the information has been entered in the screens and the worker proceeds, the data entered in these screens along with information from other question sets in POS, is transferred to the Family Homelessness & Eviction Prevention Supplement A and B (FHEPS A and B) Application (**HRA-146a**).

To print the **HRA-146a**, the worker will need to access the Screen Picklist.

Attachment A

Screen Picklist




- On the Screen Picklist, select **Print Forms** and click **OK**.

Attachment A

Print Forms Screen

Version 23.2.1 - Paperless Office System - [Print Forms] 12:25:05 PM Thursday, September 12, 2019

File Edit Tools Window Help



Form No	Form Description	Copies	Preview
DSS4776	Safety Net Assistance (SNCA) Application (LDSS-4776)		<a href="#">Preview</a>
EXP_76R	Documentation Receipt		<a href="#">Preview</a>
EXP83H	Declaration of Application for a Social Security Number		<a href="#">Preview</a>
FHA1	Fair Hearing Resolution Notice		<a href="#">Preview</a>
FIA1021	Notice of Able-Bodied Adult Without Dependents (ABAWD) Status		<a href="#">Preview</a>
FIA1021A	Notice of Need to Reestablish Able-Bodied Adult Without Dependents (ABAWD) Eligibility		<a href="#">Preview</a>
FIA1021B	Declaration of Job Search Activities		<a href="#">Preview</a>
FIA1100	Work Schedule For Child Care		<a href="#">Preview</a>
FIA1102	FIA-1102 Scanning and Indexing Internal Paper Authorization Documents		<a href="#">Preview</a>
FIA1125E	FIA-1125E Request for Documentation of Expenses		<a href="#">Preview</a>
FIA1148	An HRA Representative is Coming to Your Home to Recertify You		<a href="#">Preview</a>
FIA1148A	Notice of Missed Cash Assistance Recertification Home Visit Appointment		<a href="#">Preview</a>
FIA1167	FIA-1167 Cash Assistance Recertification Form Now Available Online		<a href="#">Preview</a>
FIA1211	Documentation Guide for Housing Related Special Grant Requests		<a href="#">Preview</a>
FIA1211A	Document Request for Housing Related Special Grants		<a href="#">Preview</a>
HRA146A	Family Homelessness and Eviction Prevention Supplement A and B (FHEPS A and B) Applicati		<a href="#">Preview</a>
M15	Inquiry Regarding Veterans' Benefits and Servicemen's Allotments		<a href="#">Preview</a>
M15F	Agreement to Repay Cash Assistance		<a href="#">Preview</a>

Print

- On the Print Forms screen, select **HRA146A** and click on Preview to ensure Print.



HRA-146a

**NYC** Human Resources Administration Department of Social Services HRA-146a (E) 08/14/2018 (page 1 of 9) LLF

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

**1. Client Information**

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

Current Mailing Address Street 101 ATLANTIC  
City BROOKLYN State NY Zip Code 11111

Phone Number (718)111-1111 Alternate Phone Number \_\_\_\_\_

Cash Assistance (CA) Case Number 0000000000

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)**

The HDU worker will review completed **HRA146A** to ensure that all necessary information has been accurately captured (i.e., household composition, income information, etc.). If all the information is accurate, the worker will scan and index the form.

The worker will then send the HDU Intake activity to their supervisor for review. The HDU Supervisor will review the case in the Approve HDU Intake activity, and if approved, will transmit the activity to FCDU via the **Refer to RAU** button in the Approval Elements window. The case will appear in the FIA HDU queue in the Rental Assistance Database (RAD) for FCDU to review.

Attachment A

Approval Elements Screen

Version 23.2.1 - Paperless Office System - [Approval Elements] 7:04:03 PM Tuesday, September 10, 2019

File Edit Tools Window Help

Disapproved Element  
**Address Information** Approval  Edit  
Add Comment

Disapproval Reasons Review Comment Log

Disapproved Element  
**Identity,Citizenship,Relationship,Residence,SSN,Age&Household Composition** Approval  Edit  
Add Comment


Disapproval Reasons Review Comment Log

Disapproved Element  
**Identity,Citizenship,Relationship,Residence,SSN,Age&Household Composition** Approval  Edit  
Add Comment

Disapproval Reasons Review Comment Log

Next Refer to RAU Previous  
Refer Back to Worker

Activity Includes Ready SI Grants:   
Highest PA Issuance Code Total:   
Grants Needing Center Director (Admin JOS II) Approval:   
Next Level:



Attachment B

Landlord Utility Calculator

version: 12/5/2022

Number of Bedrooms:

2

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 a model used for illustrative purposes only.



**If it is difficult to meet HRAs 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.**

# S.A.M.P.

## 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

**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 HRAs 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  
 constituentaffairs@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.**

## ANTI-DISCRIMINATION POLICY

# Do you have a disability?

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



### 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.**

### 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

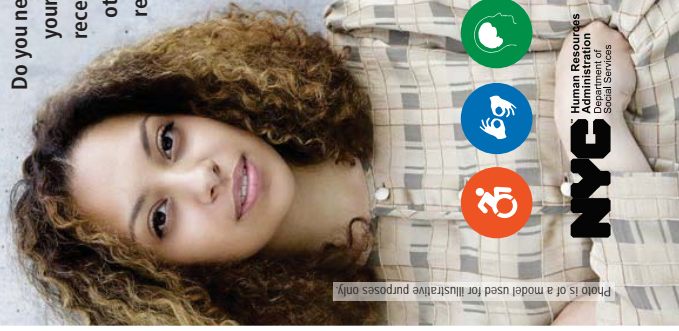


Photo is of a model used for illustrative purposes only.





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

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

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

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

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

### Document Request for Housing Related Special Grants

You asked for the housing related special grant(s) checked off below:

- Mortgage Payments/Arrears
- Property Tax Payments/Arrears
- Rent Supplement/Arrears
- Other Request: \_\_\_\_\_


You did not give us all of the proof that we need to make a decision. Please submit documents for the checked items on **pages 2 and 3** by:

**Due Date:** \_\_\_\_\_


SAMPLE

You can submit your documents using any option checked below:

 **IN PERSON:** \_\_\_\_\_  
 \_\_\_\_\_

 **ACCESS HRA mobile app:** Download **NYC ACCESS HRA** on iOS or Android devices.

 **FAX:** \_\_\_\_\_  
 \_\_\_\_\_

 **MAIL:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you are unable to submit the requested documents, you must call the Worker at the number above before \_\_\_\_\_. If you do not submit the documents, we may deny your request for a special grant.

(Turn page)

The "Documentation Guide for Housing Related Special Grant Requests" (**FIA-1211**) form gives more examples of the documents that you can use to prove the checked items.

Documentation for:	Suggested Documents
<input type="checkbox"/> Amount Owed	<ul style="list-style-type: none"> <li>● Rental History Breakdown from Landlord</li> <li>● Court documents indicating arrears amount</li> <li>● NYCHA Rent Statement or Letter from Housing Manager</li> <li>● Mortgage Statement</li> </ul>
<input type="checkbox"/> Your Housing Cost	<ul style="list-style-type: none"> <li>● Current Lease</li> <li>● Current Rent Receipt</li> <li>● Letter from Landlord</li> <li>● Statement from Non-Relative Landlord</li> </ul>
<input type="checkbox"/> Risk of Eviction or Foreclosure	<ul style="list-style-type: none"> <li>● Landlord breakdown showing rent arrears</li> <li>● Landlord Notice or Rent Demand</li> <li>● Letter from Landlord threatening eviction</li> <li>● Court-ordered Stipulation with LT or Index Number (rent arrears)</li> </ul>
<input type="checkbox"/> Legal Occupancy in the Future	<ul style="list-style-type: none"> <li>● W-147Q Statement from Primary Tenant &amp; Proof of Legal Tenancy</li> <li>● Court documents showing right to legal occupancy in the future</li> <li>● Other documents to prove right to legal occupancy</li> <li>● W-146W Section 8 Verification</li> </ul>
<input type="checkbox"/> Future Ability to Pay	<ul style="list-style-type: none"> <li>● Pay stubs and Statement of Tips from the last 30 days</li> <li>● W-146E Excess Rent &amp; Third Party Proof of Income</li> <li>● Third Party Proof of Income/Pay Stubs for the last 30 days</li> <li>● Subsidy verification (Section 8/NYCHA)</li> </ul>

SAMPLE

**(Turn page)**

The "Documentation Guide for Housing Related Special Grant Requests" (**FIA-1211**) form gives more examples of the documents that you can use to prove the checked items.

Documentation for:	Suggested Documents
<input type="checkbox"/> Unforeseen or Special Circumstances	<ul style="list-style-type: none"> <li>● Statement or document explaining a loss of income for the household</li> <li>● Loss of Third Party Assistance</li> <li>● Statement from Funeral Director/Funeral Bill</li> <li>● Medical Bills</li> </ul>
<input type="checkbox"/> Contributions to Help Pay Arrears	<ul style="list-style-type: none"> <li>● Copy of money order for contribution toward rent arrears</li> <li>● Nonprofit Organization official letterhead stating contribution toward arrears</li> <li>● Proof of contributions toward arrears</li> <li>● Letter Seeking contribution for Arrears</li> </ul>



Applicant/Participant Signature

SAMPLE

Date

Applicant/Participant Telephone Number

**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.



## 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"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other: _____	<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
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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.

### 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. Stale Checks	B. Failure to Receive Full Shelter	C. Amount in Excess of Shelter Allowance	D. Amount Subject to Advance Recoupment	E. Amount Payable as Applicant	F. Other	
<b>Totals</b>										

SAMPLE

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

- 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.
- 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 n 3 divided by Column 2) X Column 8*	Reduction (if <u>any</u> ) in Shelter Allowance on Account of Sanction <u>Not to be paid</u>	Total FHEPS Sanction Arrears Not to be paid (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 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:**

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

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### 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.)

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

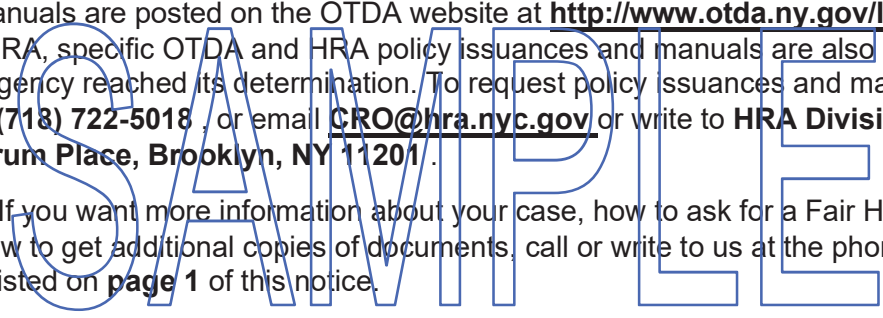
(Turn page)

**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.

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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.



**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.

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?**

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Proof of Apartment/Room Preclearance      | <input type="checkbox"/> Shelter Residence Letter |
| <input type="checkbox"/> <b>DSS-10a</b> Apartment Review Checklist |   |

### **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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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: _____ Arrears Amount: _____ Sanction Arrears Amount (if applicable): _____	Amount Budgeted: _____ Arrears Period: _____ to _____ 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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**Domestic Violence Action Form – Provider Information**

**\*\*DO NOT SCAN INTO CLIENT RECORD\*\***

Date:		Service Provider:	
Client Last Name:		Location:	
Client First Name:		Case ID #:	
Case Mgr. Name:		Contact Info:	

For all FHEPS B/ LINC 3/ CityFEPS/ CityFHEPS DV survivors requesting a **transfer**:  
 List the names of all household members who will be moving into the new apartment:

\_\_\_\_\_

\_\_\_\_\_

Does your household now include the person identified as the abuser when you first received the rental assistance?  Yes  No

**For any case, including CityFHEPS or FHEPS, indicating a domestic violence experience:**

Are you currently experiencing a domestic violence situation?  Yes  No

Above noted Provider has offered the following information after domestic violence was disclosed or identified during the assistance process with \_\_\_\_\_:

➤ Please place a ✓ next to services offered to the client.

- \_\_\_\_\_ 1) Offered assistance contacting the New York City Domestic Violence Hotline (800-621-4673) to obtain immediate safety planning and referral information.
- \_\_\_\_\_ 2) Offered a referral to HRA’s Non-Residential Domestic Violence Prevention Services.
- \_\_\_\_\_ 3) Offered information regarding how to access services at the NYC Family Justice Centers in all five New York City boroughs.
- \_\_\_\_\_ 4) Received written confirmation of active engagement in domestic violence services with \_\_\_\_\_ provider in the community.

**Client Statement:**

If applicable, please provide information explaining why you feel safe remaining in your apartment or, for transfer requests, moving to a new apartment:

**(Turn Page)**

I, \_\_\_\_\_, certify that the Provider:

- Provided me with the options listed on the previous page regarding domestic violence information and services.
- For clients staying in their current apartment, the Provider offered me a move option and I am choosing to remain in my current apartment.

Client's Signature	Date
--------------------	------

Provider Staff Signature	Date
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**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

**Updated Review:**

Date reviewed with client	Client's Signature
---------------------------	--------------------

Provider Staff Signature
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**TO BE COMPLETED BY HRA OFFICE OF DOMESTIC VIOLENCE ONLY FOR FHEPS B/ LINC3/ CityFEPS /CityFHEPS DV SURVIVORS TRANSFER CASES ONLY**

Reviewed the HRA system for the above household composition and found:

\_\_\_\_\_ none of the members listed include the person who made you eligible for HRA Shelter.

\_\_\_\_\_ the person who made you eligible for HRA Shelter is listed above.

\_\_\_\_\_ no information available.

### FHEPS 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)
					\$0.00					\$0.00
					\$0.00					\$0.00
					\$0.00					\$0.00
					\$0.00					\$0.00
					\$0.00					\$0.00
					\$0.00					\$0.00
					\$0.00					\$0.00
					\$0.00					\$0.00
					\$0.00					\$0.00
<b>Totals:</b>					<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

\* 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 2, to get the employment sanction amount, and (C) add the results in A and B together to get the total sanction amount.

## 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

	Scenario Description (remarks to be entered)		
	FHEPS Type	66	
A	Household Size (No. of PA active lines) (01-152)	3	(to be entered, 1-20)
A-1	LRR Lines	0	(to be entered, 0-2)
B	No. of NPA lines	0	(to be entered, 0-5)
C	Actual Shelter Expenses (11-225)	\$2,696	(to be entered)
D	Income for all PA/FS active lines (44-048)	\$0	(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	
3	N	\$0	NA	NA	NA	
4	N	\$0	NA	NA	NA	
5	N	\$0	NA	NA	NA	
Total					\$0	

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

F	PA Shelter Lookup (incl. LRR no.)	\$400
G	Portion funded by PA Cat. of Assistance (Max)	\$906
G-1	Rent Supplement (Max)	\$1,145
G-2	City portion (Max) for FHEPS 66	\$245
H	Max. Rent Level (w/LRR)	\$2,696
H-1	Total max FHEPS amt w/o LRR	\$2,296
J	Cap - Actual Shelter Expenses	\$2,696
J-1	Actual FHEPS	\$2,296
K	Amt Beyond Cap - Client's responsibility	\$0
L	FHEPS by PA Cat. of Assistance	\$906
	J1 - L	\$1,390
L-1	FHEPS by Rent Supplement	\$1,145
M	FHEPS by City	\$245
N	FHEPS total before income	\$2,296
P	30% of Income (PA/FS)	\$0
Q	30% of Income (PA/FS) minus PA Lookup	\$0
R	The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines	\$0
S	R minus Amt Beyond Cap	\$0

T	FHEPS (Overall) (11-090)	\$2,296.00
U	FHEPS (funded by PA Cat. of Assistance) ***	\$906.00
U-1	T-U (if >0)	\$1,390.00
U-2	FHEPS (funded by Rent Supplement) ***, or Up To 100% SI Payment State (22-259) ***	\$1,145.00
V	FHEPS (City) (22-239) for FHEPS 66	\$245.00
	State Responsibility *** ****	39%
	Subsidy Up To 100% Max *** ****	50%
W	City Responsibility % *** ****	11%
X	Countable FS Shelter (11-225-FR) *****	\$400.00

\*\*\* For FHEPS Code 66 only  
 \*\*\*\* Accuracy up to +/- 0.5%  
 \*\*\*\*\* May need to be adjusted for LRR/aliens

QD Single Issue Monthly Amount	\$906.00
QB Single Issue Monthly Amount	\$245.00
QK Single Issue Monthly Amount	\$1,145.00

Scenario Description (remarks to be entered)	
FHEPS Type	68

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

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

	Suffix w/FHEPS	Another Suffix	Combined for comparison	
F PA Shelter Lookup	\$400	\$283	\$683	
G Portion funded by PA Cat. of Assistance (Max)	\$906		\$1,044	
G-1 Rent Supplement (Max)	\$1,145		\$1,533	
G-2 City portion (Max) for FHEPS 68	\$245		\$307	
H Max. Rent Level	\$2,696		\$3,385	
J Cap - Actual Shelter Expenses	\$2,696		\$3,385	
K Amt Beyond Cap - Client's responsibility	\$1,804		\$1,115	
L FHEPS by PA Cat. of Assistance	\$906		\$1,044	
J-F(total)-L	\$1,107		\$1,658	
L-1 FHEPS by Rent Supplement	\$1,107		\$1,533	
M FHEPS by City	\$0		\$125	
N FHEPS Total (Max) allowed in this case	\$2,013		\$2,702	
P 30% of Income (PA/FS)	\$0	\$0	\$0	
Q 30% of Income (PA/FS) minus PA Lookup	\$0	\$0	\$0	
R The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines		\$0	\$0	
S R minus Amt Beyond Cap		\$0	\$0	

T FHEPS (Overall) (11-090) to be entered by worker	\$2,013	\$2,702
U FHEPS (funded by PA Cat. of Assistance)	\$906	\$1,044
U-1 T - U (if + ve)	\$1,107	\$1,658
U-2 FHEPS (funded by Rent Supplement) or Up To 100% SI Payment State (22-259)	\$1,107	\$1,533
V FHEPS (City) (22-239)	\$0	\$125
State Responsibility ***	45%	39%
Subsidy Up To 100% Max ***	55%	57%
W City Responsibility ***	0%	5%
X FS Shelter (11-225) to be entered by worker	\$2,487	\$1,798

\*\*\* Accuracy up to +/- 0.5%

Monthly Single Issue QI Amount	\$1,169
Monthly Single Issue QL Amount	\$1,533
Monthly Single Issue QB Amount	\$0



	Scenario Description (remarks to be entered)		
	FHEPS Type	67	
A	Household Size (No. of PA active lines) (01-152)	3	(to be entered, 1-20)
A-1	LRR Lines	0	(to be entered, 0-2)
B	No. of NPA lines	0	(to be entered, 0-5)
C	Actual Shelter Expenses (11-225)	\$2,696	(to be entered)
D	Income for all PA/FS active lines (44-048)	\$0	(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	* Income(s) entered on lines that beyond the number of lines in (B) will be disregarded.
2	N	\$0	NA	NA	NA	
3	N	\$0	NA	NA	NA	
4	N	\$0	NA	NA	NA	
5	N	\$0	NA	NA	NA	
Total					\$0	

F	PA Shelter Lookup (incl. LRR no.)	\$400	
G	City portion (Max) for FHEPS 67	\$2,296	
H	Max. Rent Level (w/LRR)	\$2,696	
H-1	Total max FHEPS amt w/o LRR	\$2,296	
J	Cap - Actual Shelter Expenses	\$2,696	
J-1	Actual FHEPS	\$2,296	
K	Amt Beyond Cap - Client's responsibility	\$0	
M	FHEPS by City for FHEPS 67	\$2,296	
N	FHEPS total before income	\$2,296	
P	30% of Income (PA/FS)	\$0	
Q	30% of Income (PA/FS) minus PA Lookup	\$0	
R	The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines	\$0	
S	R minus Amt Beyond Cap	\$0	
T	FHEPS (Overall) (11-090)	\$2,296.00	
V	FHEPS (City) (22-239) for FHEPS 67	\$2,296.00	
X	Countable FS Shelter (11-225-FR) *****	\$400.00	

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

**QE Single Issue Monthly Amount** \$2,296.00

Scenario Description (remarks to be entered)	
FHEPS Type	67

	Suffix w/FHEPS	Another Suffix	Combined for comparison	
A Household Size (No. of PA active lines) (01-152)	3	2	5	(1-20)
B No. of NPA lines	0		0	(0-5)
C Actual Shelter Expenses (11-225) Combined	\$3,385		\$3,385	
D Income for all PA/FS active lines (44-048)	\$0	\$0	\$0	

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	* Only up to 5 lines.
3	N	\$0	NA	NA	NA	Income(s) entered on lines that beyond the number of lines in (B) will be disregarded.
4	N	\$0	NA	NA	NA	
5	N	\$0	NA	NA	NA	
E Total					\$0	

	Suffix w/FHEPS	Another Suffix	Combined for comparison
F PA Shelter Lookup	\$400	\$283	\$683
G City portion (Max) for FHEPS 67	\$2,296		\$2,884
H Max. Rent Level	\$2,696		\$3,385
J Cap - Actual Shelter Expenses	\$2,696		\$3,385
K Amt Beyond Cap - Client's responsibility	\$689		\$0
M FHEPS by City	\$2,013		\$2,702
N FHEPS Total (Max) allowed in this case	\$2,013		\$2,702
P 30% of Income (PA/FS)	\$0	\$0	\$0
Q 30% of Income (PA/FS) minus PA Lookup	\$0	\$0	\$0
R The lesser of 30% of Income (NPA) and prorata share of rent of all NPA lines	\$0		\$0
S R minus Amt Beyond Cap	\$0		\$0

T FHEPS (Overall) (11-090) to be entered by worker	\$2,013	\$2,702
X FS Shelter (11-225) to be entered by worker	\$1,372	\$683

QE Single Issue Monthly Amount

\$2,702

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

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

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

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

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

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

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

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.

**Remember:**

(1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.

(2) You may still need to see your Worker. If you do, you will be given an appointment.

---

**SECTION I: EMERGENCY ASSISTANCE**

**The type of emergency assistance I am requesting is:**

**The reason I need emergency assistance is:**

---

**(Turn page)**

*(Worker: Scan and Index this completed form and give the signed original back to the participant.)*

**SECTION II: ADDITIONAL ALLOWANCES**

**I am requesting the following allowance(s) for special need(s):**

- |   |  |
|---|--|
| <input type="checkbox"/> Back rent  | <input type="checkbox"/> Additional allowance for fuel   |
| <input type="checkbox"/> Repair of essential household items  | <input type="checkbox"/> Property repairs  |
| <input type="checkbox"/> Back mortgage and/or taxes   | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Pregnancy allowance  | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living  |  |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at the:<br>Office of Burial Services<br>33-28 Northern Boulevard, 3rd Floor<br>Long Island City, NY 11101<br>Telephone: 718-473-8310 |  |

- Expenses related to moving:**
- |  |   |
|--|---|
| <input type="checkbox"/> Moving expenses               | <input type="checkbox"/> Furniture and other household items          |
| <input type="checkbox"/> Security deposit/agreement    | <input type="checkbox"/> Storage of furniture and personal belongings |
| <input type="checkbox"/> Broker's/finder's fee/voucher |   |

New Address: \_\_\_\_\_  
(include apartment number)

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

When did you move? \_\_\_\_\_ New rent: \$ \_\_\_\_\_

Landlord's name: \_\_\_\_\_

Primary tenant's name: \_\_\_\_\_

Address: \_\_\_\_\_  
(include apartment number)

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

**(Turn page)**

**SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES**

I am requesting the following supportive services:

- Clothing for participants in job search activities who have **exceptional** circumstances, such as homelessness or a recent fire and lack of appropriate clothing
- Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items
- Child care allowance within approved limits, if needed
- Necessary public transportation
- Other work activity-related supportive services:

Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

**SECTION IV: ADD PERSON TO CASE**

If you do not have all this information, you can still submit this form to your Worker. I want to add the following person(s) to my cash assistance case:

- New Baby**
- Child entered home**
- Child under 18 years of age** (whose immigrant status has changed since my last application/recertification)
- Spouse/Adult living with me** who has not previously applied (this person must complete an application to receive assistance)
- Spouse** who previously applied and was denied because of immigration status and his/her status has changed now
- Myself/Adult payee to the case**
- Other** \_\_\_\_\_
- Other** \_\_\_\_\_

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

Date moved in/returned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

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

Date moved in/returned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number (if known): \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Time of Request

AM  PM

\_\_\_\_\_  
Worker's Name

\_\_\_\_\_  
Date



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

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

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

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

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

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

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

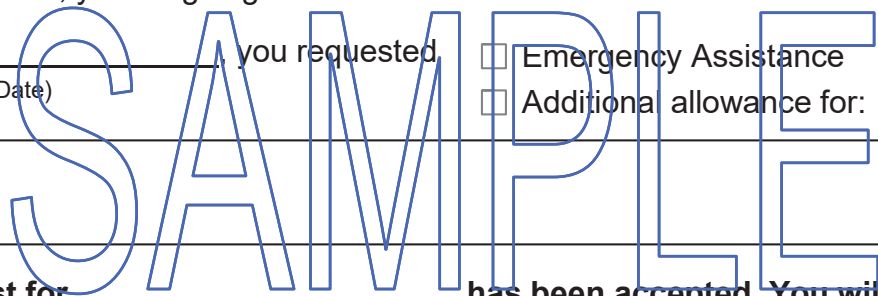
### Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

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 Benefits Access 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.

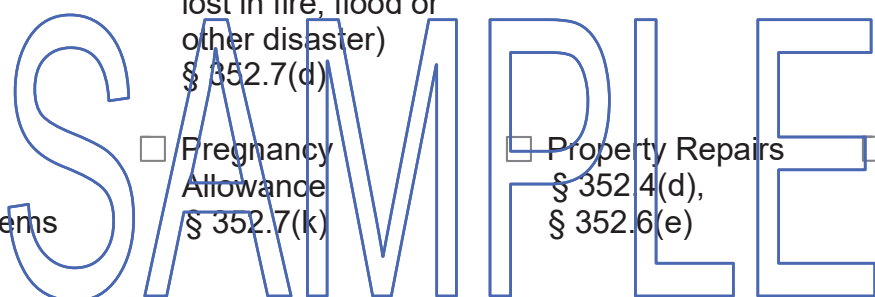
(Turn page)

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

(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.

**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.ny.gov/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

# Guide to Cash Assistance Budgeting

(Effective June 1, 2023)



### Schedule of Semimonthly (S/M) Pre-added Allowance (10/1/12)

CA Family Size	1	2	3	4	5	6	Each Additional Person
<b>Amount</b>	\$79.00	\$126.00	\$168.00	\$216.50	\$267.00	\$308.50	\$42.50

### Special Situations

- Single persons residing in public shelters can receive a Cash Assistance personal needs allowance of \$22.50 semimonthly.
- Homeless persons who refuse placement in a shelter can receive the pre-added, energy and restaurant allowance.
- For family members joining the household for limited periods (e.g., weekends) authorize \$4.00 per day, per person.
- All participants who are billed for rent are entitled to a shelter allowance equal to the rent or the maximum shelter allowance for family size, whichever is less.
- Persons with HIV/AIDS may be limited to a shelter allowance of up to \$480 per month and up to \$330 per month for each additional person on the case.

### Schedule 1

#### Maximum S/M Shelter Allowance with Children† (effective 11/1/03)

CA Family Size	1	2	3	4	5	6	7	8 or More
<b>S/M Amount</b>	\$138.50	\$141.50	\$200.00	\$225.00	\$250.50	\$267.00	\$273.00	\$273.00

### Schedule 2

#### Maximum S/M Shelter Allowance without Children

CA Family Size	1	2	3	4	5	6	7	8 or More
<b>S/M Amount</b>	\$107.50	\$125.00	\$143.00	\$156.00	\$168.50	\$174.50	\$201.50	\$210.50

### S/M Energy Grants

CA Family Size	1	2	3	4	5	6	Each Additional Person
<b>S/M Amount</b>	\$12.55	\$19.75	\$26.50	\$34.35	\$42.35	\$48.60	\$6.25

### S/M Fuel for Heating: Other than Natural Gas Fuel Type (Oil, Kerosene, Propane) (Code 2)\*\*

CA Family Size	1	2	3	4	5	6	7	8 or More
<b>S/M Amount</b>	\$35.00	\$35.00	\$35.00	\$36.50	\$38.50	\$41.00	\$44.00	\$46.50

### S/M Fuel for Heating: Natural Gas Fuel Type (Code 1), Coal (Code 4), Other Code (Code 9)\*\*

CA Family Size	1	2	3	4	5	6	7	8 or More
<b>S/M Amount</b>	\$28.00	\$28.00	\$28.00	\$29.00	\$30.50	\$32.50	\$34.50	\$37.00

### S/M Fuel for Heating: Other than Natural Gas Fuel Type (Electric) (Code 3)\*\*

CA Family Size	1	2	3	4	5	6	7	8 or More
<b>S/M Amount</b>	\$45.00	\$45.00	\$45.00	\$47.00	\$49.50	\$53.00	\$56.50	\$60.00

### Expenses Incidental to Employment

Item of Expense	Allowance
<b>Earned Income Disregard</b>	62% of Gross earned income
<b>Standard Semimonthly Work Expense Disregard</b>	\$75.00

### Expenses Incidental to Approved Training

<b>Carfare</b>	Public transportation expense
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### Schedule of Semimonthly Restaurant Allowance (Includes Sales Tax)

Amount per Person	Dinner	Lunch and Dinner	All Meals
<b>Pregnant Women, Persons under 18 Years of Age and Full-Time Students Who Will Graduate before 19th Birthday</b>	\$14.50	\$23.50	\$32.00
	\$32.50	\$41.50	\$50.00

### Schedule of Emergency Assistance Grants for All Cases

CA Family Size	Daily Rate		*Pre-added, Energy and Restaurant Allowance
	Pre-added and Energy Allowance	Restaurant Allowance	
1	\$6.10	\$8.25	\$8.25
2	\$9.70	\$14.00	\$14.00
3	\$12.95	\$19.35	\$19.35
4	\$16.70	\$25.25	\$25.25
5	\$20.60	\$31.30	\$31.30
6	\$23.80	\$36.60	\$36.60
7	\$27.05	\$42.00	\$42.00
8	\$30.30	\$47.35	\$47.35
9	\$33.55	\$52.75	\$52.75
10	\$36.80	\$58.15	\$58.15
<b>Each Additional Person</b>	\$3.25	\$5.40	\$5.40

† Includes pregnant women

\* Add \$1.20 per individual, if entitled, to the \$50.00 semimonthly restaurant allowances.

\*\* Enter the appropriate code in the fuel type field on the household screen (NSBL02) of the budget in WMS.