



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #05-02-ELI

(This Policy Directive Replaces PD #04-05-ELI)

EMERGENCY ASSISTANCE TO NEEDY FAMILIES WITH CHILDREN (EAF)

Date: January 26, 2005	Subtopic(s): 200-Percent Federal Poverty Level Guidelines
AUDIENCE	The instructions in this policy directive are for FIA Workers in Job Centers and are informational for all other staff.
REVISION TO PRIOR PROCEDURE	<p>This policy directive has been revised to inform staff that:</p> <ul style="list-style-type: none">• Utility payments are not subject to the "sudden and unforeseen" Emergency Assistance to Needy Families (EAF) requirement.• The wording in the EAF Eligibility Determination Checklist has been changed from "Is there at least one child under the age of 18, or age 19" to "Is there at least one child under the age of 18 or age 18 and attending full-time secondary school, who is currently residing with an adult caretaker who is related by blood, marriage or adoption?" <p>In addition, revisions have been made to the following forms to reflect the recent policy changes:</p> <ul style="list-style-type: none">• Determination of Eligibility for Emergency Assistance to Needy Families (EAF) (W-145TT)• Repayment Worksheet (W-147G)• Repayment Agreement One-Time Shelter Arrears Payment (W-147H)• Repayment Agreement One-Time Utility Arrears Payment (EAF/E-SNA) (W-147X)

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to FIA Call Center

Distribution: X

POLICY

EAF is a federally funded program dedicated to meeting the emergency needs of families with children. The emergency situation must be a result of a sudden occurrence or set of circumstances requiring immediate attention and individuals claiming an emergency need must have a same-day interview.

Eligibility Criteria

**REVISED
INFORMATION**

To be eligible for EAF, the household must contain either an individual with a medically verified pregnancy or a child under the age of 18 or age 18 and attending full-time secondary school or the equivalent level of vocational or technical training. In addition, the following criteria must be met:

- The child must be currently living with an adult related by blood, marriage or adoption;
- The child, parents or other eligible relatives are without immediately accessible resources necessary for meeting their needs, and those needs cannot be met by an advance allowance;
- The child is facing destitution or requires emergency assistance to provide living arrangements for him/her in a home; and
- The emergency could not have been foreseen by the applicant and was not under his/her control.

Note: Utility payments are not subject to the "sudden and unforeseen" EAF requirement.

EAF cannot be granted in the following instances:

- When the emergency is the result of a refusal to accept employment or training for employment without good cause;
- When the emergency is the result of mismanagement of the public assistance grant; or
- When it replaces or duplicates assistance for which a person would otherwise be eligible were it not for an employment or other program sanction.

Please note: If the emergency assistance does not include the share of the person in sanction status and the amount of the assistance would be sufficient to overcome the household's emergency, EAF can be granted.

Financial Eligibility

Financial eligibility for EAF is not based on financial eligibility for public assistance, but rather on actual income and resources available to meet the emergency need.

In order to be financially eligible for EAF, all applicants must meet the following requirement:


- The gross available income of the applicant on the date of application must be at or below 200 percent of the Federal poverty level for that household size and the applicant must be without the resources (income, money on hand, bank accounts, etc.) to meet the emergency need.

The gross available income standards do not apply to households receiving child protective, child preventative or any other child welfare services paid for under EAF. Such households must, however, include one member in receipt of Public Assistance (PA) or Supplemental Security Income (SSI) at the time of the EAF determination.

EAF is generally provided as a nonrecoupable grant. However, shelter payments made in excess of the Agency maximum for that household size are recoupable. In addition, Non-Public Assistance households ("one-shot deals") are required to sign the Repayment Agreement One-Time Utility Arrears Payment (EAF/E-SNA) (**W-147X**) to be eligible for utility assistance granted under EAF.

REQUIRED ACTION

When assessing eligibility for payments under EAF, Workers must determine whether or not income and/or resources sufficient for meeting the needs of the household are available.

 Refer to EXP-76D

- If sufficient income and/or resources are available, determine if the available income or resources are at or below 200 percent of the Federal poverty level for the date of application for that household (refer to the 2004 Federal Poverty Level Guidelines [EXP-76D]).


The Worker must complete the **W-145TT** to determine if the applicant is eligible for an EAF grant.

If the applicant's available gross income on the date of application is above the 200-percent Federal poverty level guideline for that family size, assistance under EAF cannot be granted and alternative solutions must be sought. Workers should explore other types of assistance available such as Emergency Safety Net Assistance (ESNA).


Note: ESNA is available to meet emergency needs of households not eligible for EAF, ongoing public assistance, Emergency

Assistance for Adults (EAA) or Home Energy Assistance Program (HEAP). The Worker must complete the Repayment Worksheet (**W-147G**) to determine if the applicant is required to sign a repayment agreement for a one-time utility arrears payment under the Emergency Safety Net Assistance (ESNA) or EAF programs.

Please note that the Repayment Agreement (**W-147H**) is used for one-time shelter arrears payments under the ESNA program.

 Refer to PB #04-33-ELI

Workers are reminded that EAF applicants must be finger-imaged and referred to the Bureau of Eligibility Verification (BEV) (see PB #04-33-ELI).

 Refer to PB #04-40-ELI

The Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance (NYC) (**LDSS-4013A** and **LDSS-4013B NYC**) must be issued to inform the applicant about public assistance eligibility determination (refer to PB #04-40-ELI).

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

There are no POS implications.

Food Stamp Implications

Workers must ask all individuals applying for emergency assistance only (one-shot deal) who are not in receipt of food stamps and who have not indicated on the application that they have a food emergency or wish to apply for Food Stamp (FS) benefits, if they want to apply.

If the answer is "no," Workers must make a case entry clearly indicating that the individual was offered this option.

If the answer is "yes," an application for food stamps must be filed. The Worker must also ensure that the household has been screened for expedited processing of the FS application and that the FS benefits are made available within the required time frame.

If the application for emergency assistance is denied or the case is closed because the emergency need has been met, a separate FS determination must be made. Be sure to complete the **LDSS-4013B NYC** for EAF applicants that are also applying for food stamps.

Medicaid
Implications

There are no Medicaid implications.

**LIMITED ENGLISH
SPEAKING
ABILITY (LESA)
IMPLICATIONS**

For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE. Supervisors must also ensure the following actions are taken:

- At application/recertification, that the applicant/participant submits a completed Language Questionnaire (**W-680FF**) and that his/her language is correctly recorded in WMS.
- Selected forms have been translated and are available on the FIAweb in Arabic, Chinese, Haitian Creole, French, Korean, Russian, Vietnamese and Yiddish (in addition to Spanish). Workers must provide both the appropriate translated form and the English version of a form to applicants/participants whose primary reading language is one of the translated languages.
- For POS Centers, when a multilingual form is not available in POS, a manual form is completed. When imaging forms for the case record, make sure to include both the English and the translated version of the form. The **W-680FF** must be included in the imaged case record.

**FAIR HEARING
IMPLICATIONS**

Avoidance/
Resolution

Applicants/participants are entitled to request a Fair Hearing regarding the denial of benefits. Remember to give the participant an opportunity to resolve the issue. Check the budget to ensure accuracy and make every attempt to help the individual understand the action being taken.

Conferences

If an applicant receives a notice and comes to the Job Center to request a conference, the Receptionist must inform the Fair Hearing and Conference (FH&C) unit that the individual is to be seen by an FH&C Supervisor I/Associate Job Opportunity Specialist I (AJOS I). If the participant contacts the Worker/Job Opportunity Specialist (JOS) directly, the Worker/JOS must advise the individual to call the FH&C unit.

The FH&C AJOS/Supervisor I will listen to and evaluate the applicant/participant's complaint. After reviewing the case file and discussing the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor, s/he will determine if the action taken was correct. If the determination is that the action taken was

correct, the FH&C AJOS/Supervisor I will explain the reason for the determination to the applicant/participant. If the explanation is accepted, no further action is necessary. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the action taken was incorrect or correct but lacking the supporting documentation, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken. In addition, if the adverse case action still shows on the **Pending (08)** screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**) if the case has been granted aid continuing (ATC) to change the **02** to an **01**, or a PA Recoupment Data Entry Form (**LDSS-3573**) to delete a recoupment. The **M-186a** must also be prepared.

Evidence Packets

All evidence packets must include documentation regarding the request for emergency assistance such as pay stubs, an employer letter or other proof of income. The agency's decision on the request must also be included in the packet.

All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY **Case Notes** screens.

REFERENCES

GIS #04 TA/DC004
02 ADM 2
03 ADM 11
04-INF-03
04-INF-21
TASB Chapter 2, Section C, page 2
18 NYCRR 372
SSL § 350-j

RELATED ITEMS

PB #04-33-ELI
PB #04-40-ELI

ATTACHMENTS

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

W-145TT	Determination of Eligibility for Emergency Assistance to Needy Families (EAF) (Rev. 1/25/05)
W-147G	Repayment Worksheet (Rev. 1/25/05)
W-147H	Repayment Agreement One-Time Shelter Arrears Payment (Rev. 1/25/05)
W-147H(S)	Repayment Agreement One-Time Shelter Arrears Payment (Rev. 1/25/05) (Spanish)
W-147X	Repayment Agreement One-Time Utility Arrears Payment (EAF/E-SNA) (Rev. 1/25/05)
W-147X(S)	Repayment Agreement One-Time Utility Arrears Payment (EAF/E-SNA) (Rev. 1/25/05)



Determination of Eligibility for Emergency Assistance to Needy Families (EAF)

Case Name: Case Number/Suffix: Caseload: Center: Type of Emergency: Cause of Emergency: 	Case Composition:
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As set forth in 18 NYCRR § 372.1 and 97 ADM-20, EAF may be authorized more than once in any 12 consecutive months as long as the eligibility criteria are met.

I. This Crisis Situation is Due to the Following Circumstance(s):

<input type="checkbox"/> Fire or other disaster <input type="checkbox"/> Asked to leave shared apartment by relative or friend who is primary tenant <input type="checkbox"/> Emergency medical expenses required all available resources to be diverted from rent <input type="checkbox"/> Sudden loss of employment due to layoff or other reason not brought about by voluntary quit <input type="checkbox"/> Landlord refused late or partial rent payment	<input type="checkbox"/> Utility shutoff/termination <input type="checkbox"/> Eviction by landlord for reasons other than nonpayment of rent (specify): _____ <input type="checkbox"/> Eviction by landlord due to nonpayment of rent as part of a complex set of problems, which constitutes an emergency for the family <input type="checkbox"/> Victim of domestic violence (adult and/or child) <input type="checkbox"/> Other (specify): _____
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II. EAF Eligibility Determination Checklist:

In order to determine participant's eligibility for EAF, respond to each of the following items:

1. Is there at least one child under the age of 18, or age 18 and attending full-time secondary school, who is currently residing with an adult caretaker who is related by blood, marriage or adoption? * ☐ Yes ☐ No

* The term "caretaker who is related by blood, marriage or adoption" shall include the following:

- (1) the child's father, mother, brother, sister, grandfather, great-grandfather, great-great-grandfather, grandmother, great-grandmother, great-great-grandmother, uncle, great-uncle, great-great-uncle, aunt, great-aunt, great-great-aunt, of whole or half blood;
- (2) the child's first cousin, nephew and niece, of whole or half blood;
- (3) the child's stepfather, stepmother, stepbrother, stepsister, but no other steprelative;
- (4) in the case of a child who has been surrendered to an authorized agency or who has been adopted:
 - (i) any of the blood or steprelatives included in the preceding paragraphs of this subdivision; and
 - (ii) the child's adoptive parents and:
 - (a) the other children of the adoptive parents and the children of such children;
 - (b) the parents, grandparents and great-grandparents of the adoptive parents;
 - (c) the brothers and sisters of the adoptive parents and the children of such brothers and sisters; and
 - (d) the aunts, uncles, great-aunts and great-uncles of the adoptive parents;

- (5) the spouse of any person described in the preceding paragraphs, even though the marriage may have been terminated by death, divorce or annulment, and
- (6) in the case of a child born out of wedlock, any relative in the maternal line included in the preceding paragraphs of this subdivision and, if paternity has been adjudicated or acknowledged in writing, any relative in the maternal and paternal lines included in the preceding paragraphs.

2. Is there a woman of any age with a medically verified pregnancy? ☐ Yes ☐ No
If you checked "Yes" to either question 1 or 2 above, proceed. If not, the case is ineligible for EAF.

3. Does the family have resources to meet their needs or available income at or above 200% of the most recently published Federal poverty guidelines, as transmitted by the State Office of Temporary and Disability Assistance, on the date of application for that family size? ☐ Yes ☐ No

4. Did the emergency arise because an employable child or relative refused without good cause to accept employment or participate in work activities or community services? ☐ Yes ☐ No

5. Will the emergency grant being applied for duplicate or replace a public assistance grant already made under **18 NYCRR § 352.2(a)(b)(c)? ☐ Yes ☐ No
(Do not answer "Yes" if the duplication will replace lost or stolen public assistance.)

** Each social services district shall utilize the applicable schedules of monthly grants and allowances as found in subdivision (d) of section 352.2 to provide for all items of need, exclusive of:

- (i) shelter;
- (ii) fuel for heating;
- (iii) additional cost of meals for persons who are unable to prepare meals at home;
- (iv) purchase of necessary and essential furniture required for the establishment of a home;
- (v) replacement of necessary and essential furniture for persons in need of public assistance who have suffered the loss of such items as the result of fire, flood or other like catastrophe;
- (vi) essential repairs of heating equipment, cooking stoves and refrigerators;
- (vii) allowances for occupational training.

If you checked "No" to questions 3, 4 and 5, proceed.

If you checked "Yes" to any of questions 3, 4 or 5, applicant is ineligible for EAF.

6. Is payment needed to restore utility services or to prevent service interruption? ☐ Yes ☐ No

If you checked "Yes" to Number 6, Stop – EAF eligible.

If you checked "No" to Number 6, go to Number 7.

7. Is the emergency the result of a sudden occurrence or situation, unforeseen and beyond the individual's control? ☐ Yes ☐ No

If you checked "Yes" to Number 7, Stop – EAF eligible.

If you checked "No" to Number 7, ineligible for EAF.

III. Is This Case Eligible for EAF? ☐ Yes ☐ No

In accordance with 18 NYCRR § 372.4(d), services which can be determined as necessary to cope with the emergency situation include counseling, securing family shelter, if available, and any other services which meet needs attributable to the emergency situation.

JOS/Worker Signature

Date

Supervisor Signature

Date

IMPORTANT: If you have determined that this case is eligible for EAF, HAVE YOU:

- Completed all questions on this form?
- Signed and dated this form, and obtained your supervisor's signature?
- Entered an "F" in 270 of POS TAD?

All POS case entries must be descriptive and indicate the nature of the emergency. Please ensure that all related materials are scanned and available on the HRA viewer. Complete the POS TAD and annotate EAF indicator.

(file copy in case record)

(cut)

(cut)

(cut)

**For CIS/OCF Use Only
EAF Indicator Data Entry**

Case Name _____

Case Number

0	0								
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Suffix

--	--	--	--

Center

0		
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Item 270

F

OCF Control Clerk _____

Date _____

Control Clerk _____

Date _____

OCF CRT Operator _____

Date _____

Error _____

Resubmit Date _____

Control Clerk _____

Date _____

SAMPLE

Complete this side to determine if applicant is required to sign a repayment agreement for a one-time utility arrears payment under the Emergency Safety Net (E-SN) or Emergency Assistance to Families (EAF) programs.

Date _____



Repayment Agreement One-Time Shelter Arrears Payment

Applicant/Participant Name: _____ Job Center: _____

Address: _____

Case Type: _____ Case Number: _____

Social Security Number: _____ Telephone Number: _____

I understand that as a condition of eligibility for receiving \$ _____ shelter arrears assistance to prevent eviction or foreclosure:

I agree to repay this amount in twelve (12) monthly installments of \$ _____ each.

Each payment must be received on or before the first of each month. The first payment is due on or before the first day of the month after the grant is received. **Your first payment is due on the first day of _____, 20____.**

The check or money order must be made payable to the Human Resources Administration and must include your address and case number. Please mail the payments to:

Human Resources Administration
Division of Accounts Receivable and Billing
180 Water Street, 9th Floor
New York, New York 10038

If I am receiving shelter arrears assistance, I understand that I will not be eligible to receive another rent, mortgage or tax arrears payment to prevent eviction or foreclosure unless I have fully repaid any assistance received, or I am repaying such assistance in accordance with the terms of my repayment agreement(s). I also understand that if I fail to repay this assistance in accordance with this agreement, the Human Resources Administration will enforce this repayment agreement by any method available to a creditor. This includes, but is not limited to, referring the matter to a collection agency, obtaining a judgment from a court, obtaining a lien on real property or garnishing wages, when appropriate.

I understand that the Human Resources Administration also has the right to require that I sign a lien on my real property for receiving a rent, mortgage or tax arrears payment, or for receiving a shelter arrears payment authorized under the category of Emergency Safety Net Assistance. If a lien is taken, that portion which represents this arrears payment will be considered satisfied when the arrears payment has been repaid in full.

I understand that by signing this form, I agree to all of the above conditions.

Applicant/Participant Signature _____

Date _____

Applicant/Participant Signature _____

Date _____

Worker Signature _____

Date _____

Supervisor Signature _____

Date _____



Acuerdo a Reembolso Pago Único para Atrasos de Vivienda

Nombre del Solicitante/Participante: _____ Centro de Empleo: _____

Dirección: _____

Tipo de Caso: _____ Número del Caso: _____

Número de Seguro Social: _____ Número de Teléfono: _____

Entiendo que para mantener mi derecho a la cantidad \$ _____ recibida como ayuda a los pagos de atraso de vivienda con el fin de prevenir desahucio o pérdida de hipoteca:

Estoy de acuerdo en reembolsar esta cantidad en doce (12) plazos mensuales de \$ _____ cada uno.

Cada pago se tiene que recibir en o antes del primer día de cada mes. El primer pago se vence en o antes del primer día del mes siguiente a la fecha en que se recibe la concesión. **Su primer pago se vence el primer día del _____, 20_____.**

El cheque o giro postal tiene que ser pagadero a la Human Resources Administration y debe incluir su dirección y número del caso. Favor de enviar los pagos por correo al:

Human Resources Administration
Division of Accounts Receivable and Billing
180 Water Street, 9th Floor
New York, New York 10038

Si recibo ayuda en los atrasos de pagos de vivienda, entiendo que no seré elegible para recibir otros pagos de alquiler, hipoteca o impuestos atrasados para evitar desahucio o pérdida de hipoteca, a menos que yo haya reembolsado completamente cualquier asistencia recibida, o esté reembolsando dicha ayuda conforme a lo establecido en mi(s) acuerdo(s) de reembolso. Entiendo además que si no reembolso esta asistencia en conformidad con este acuerdo, la Administración de Recursos Humanos (Human Resources Administration) hará cumplir este acuerdo de reembolso por cualquier método disponible a un acreedor. Esto incluye, pero no está limitado a, remitir el asunto a una agencia de cobros de cuentas, obtener una decisión judicial, obtener un derecho de retención de bienes raíces o orden de retención de sueldos cuando sea apropiado.

Entiendo que la Administración de Recursos Humanos también tiene el derecho de requerir que yo firme un derecho de retención de mis bienes raíces por recibir pagos para alquiler, hipoteca o impuestos atrasados, o por recibir pagos autorizados en mis cuotas atrasadas de vivienda bajo la categoría de Asistencia de la Red de Seguridad (Emergency Safety Net Assistance). Si se ejerce un derecho de retención, la porción que representa este atraso será saldada cuando el pago para el atraso sea completamente reembolsado.

Entiendo que al firmar este formulario, accedo a todas las condiciones antedichas.

Firma del Solicitante/Participante

Fecha

Firma del Solicitante/Participante

Fecha

Firma del Trabajador

Fecha

Firma del Supervisor

Fecha



**Repayment Agreement
One-Time Utility Arrears Payment
(EAF/E-SNA)**

Applicant/Participant Name: _____ Job Center: _____

Address: _____

Case Number: _____ Social Security Number: _____

Telephone Number: _____

I understand that as a condition of eligibility for receiving \$ _____ utility arrears assistance to restore service or to prevent termination;

I agree to repay this amount in twelve (12) monthly installments of \$ _____ each.

Each payment must be received on or before the first of each month. The first payment is due on or before the first day of the month after the grant is received. **Your first payment is due on the first day of _____, 20____.**

The check or money order must be made payable to the Human Resources Administration and must include your address and case number. Please mail the payments to:

Human Resources Administration
Division of Accounts Receivable and Billing
180 Water Street, 9th Floor
New York, New York 10038

If I am receiving utility arrears assistance to restore service or to prevent termination of service, I understand that I will not be eligible for subsequent assistance unless I have fully repaid any prior utility arrears payments or am repaying such assistance in accordance with the terms of any repayment agreement(s). I also understand that if I fail to repay this assistance in accordance with this agreement, the Human Resources Administration will enforce this repayment agreement by any method available to a creditor. This includes, but is not limited to, referring the matter to a collection agency, obtaining a judgment from a court, obtaining a lien on real property or garnishing wages in appropriate cases.

I understand that the Human Resources Administration also has the right to require that I sign a lien on my real property for receiving a rent, mortgage, or tax arrears payment or for receiving a utility arrears payment authorized under the category of Emergency Safety Net Assistance. If a lien is taken, that portion which represents this arrears payment will be considered satisfied when the arrears payment has been repaid in full.

I understand that by signing this form, I agree to all of the above conditions.

Applicant/Participant Signature

Date

Applicant/Participant Signature

Date

Worker Signature

Date

Supervisor Signature

Date

SAMPLE

For Office Use Only		
Routing instructions: Original and duplicate to: ORI Claims and Collections 250 Church Street, 5th Floor New York, NY 10013	For Use by Miscellaneous Receipts Section Only Billing Information Refund Item Class Description: One-Time Utility MGMT Unit: 0707 Code: REU	Billing: Yes Number of Payments: 12 Mail Receipt: Yes

Copies: (1) file (1) participant



**Acuerdo de Reembolso
Pago Único para Atrasos de Servicios Públicos
(EAF/E-SNA)**

Nombre del Solicitante/Participante: _____ Centro de Trabajo: _____

Dirección: _____

Número del Caso: _____ Número de Seguro Social: _____

Número de Teléfono: _____

Entiendo que como condición de elegibilidad para recibir \$ _____ en asistencia de servicios públicos atrasados para restablecer servicio o para evitar terminación:

Accedo a reembolsar esta cantidad en doce (12) plazos mensuales de \$ _____ cada uno.

Cada pago tiene que ser recibido en o antes del primero de cada mes. El primer pago se vence en o antes del primero del mes después que la concesión sea recibida. Su primer pago se vence el primer día de _____, 20_____.

El cheque o giro postal tiene que ser pagadero a la Human Resources Administration y tiene que incluir su dirección y el número de caso. Favor de enviar los pagos por correo a:

Human Resources Administration
Division of Accounts Receivable and Billing
180 Water Street, 9th Floor
New York, New York 10038

Si estoy recibiendo asistencia de servicios públicos atrasados para restablecer servicio o para evitar la desconexión, entiendo que no seré elegible para asistencia subsiguiente a menos que yo haya reembolsado completamente cualquier pago anterior de servicios públicos atrasados o yo estoy reembolsando tal asistencia de acuerdo con las condiciones de cual(es)quier acuerdo(s) de reembolso. Además entiendo que si no reembolso esta asistencia en conformidad con este acuerdo, la Administración de Recursos Humanos (Human Resources Administration) ha de hacer cumplir este acuerdo de reembolso por cualquier método disponible al acreedor. Esto incluye, pero no está limitado a remitir el asunto a una agencia de colección, obtener una decisión judicial, obtener un derecho de retención de bienes raíces o retención de sueldos en casos donde corresponda.

Entiendo que la Administración de Recursos Humanos también tiene el derecho de requerir que yo firme un derecho de retención de mis bienes raíces por recibir un alquiler, hipoteca, o pagos de impuestos atrasados o por recibir un pago por servicios públicos atrasados autorizado bajo la categoría de Asistencia para Emergencias de la Red de Seguridad (Emergency Safety Net Assistance). Si se toma el derecho de retención, esa porción cual representa éste pago atrasado será considerada saldada cuando los pagos atrasados hayan sido reembolsados por completo.

Entiendo que al firmar este formulario, doy mi consentimiento respecto a las condiciones antemencionadas.

Firma del Solicitante/Participante

Fecha

Firma del Solicitante/Participante

Fecha

Firma del Trabajador

Fecha

Firma del Supervisor

Fecha

SAMPLE

For Office Use Only

Routing Instructions:
Original and duplicate to:

ORI Claims and Collections
250 Church Street, 5th Floor
New York, NY 10013

**For Use by Miscellaneous
Receipts Section Only**

Billing Information

Refund Item Class Description: **One-Time Utility**

MGMT Unit: **0707**

Code: **REU**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

Copies: (1) file (1) participant