



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #05-10-SYS

NEW SHELTER TYPE CODE FOR NEW YORK CITY HOUSING AUTHORITY (NYCHA) SECTION 8 HOUSING

<p>Date: March 23, 2005</p>	<p>Subtopic(s): Welfare Management System (WMS)</p>
<p>AUDIENCE</p>	<p>The instructions in this policy directive are for staff in the Job Centers and NPA Food Stamp Offices and are informational for all other staff.</p>
<p>POLICY</p>	<p>As a result of changes in the New York State Office of Temporary and Disability Assistance (OTDA) policy, a maximum shelter schedule has been established for public assistance (PA) and Food Stamp (FS) participants who also participate in the New York City Housing Authority (NYCHA) Section 8 Housing Choice Voucher (HCV) program. Under the new schedule, the household's PA shelter allowance cannot exceed 30 percent of the standard of need for the family size.</p>
<p>BACKGROUND</p> <p>Shelter type code 40</p> <p>NPA FS cases</p>	<p>In New York City, the NYC Department of Housing Preservation and Development (HPD), the New York State Division of Housing and Community Renewal (DHCR) and NYCHA all administer Section 8-HCV programs.</p> <p>Only NYCHA Section 8-HCV participants are affected by this change. To ensure proper budgeting for the Section 8-HCV cases, a new shelter type has been developed. Shelter type code 40 (Section 8 Voucher – 30% Limit) is used to identify and properly budget PA and FS cases where the household receives a Section 8 subsidy administered by NYCHA.</p> <p>A shelter type of 40 may result in changes to a participant's FS benefit due to a lower shelter expense being budgeted. A Mass Rebudgeting (MRB) will not be done for NPA FS cases. Instead, a correction of the actual shelter expense and shelter type must be done at recertification.</p>

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*

PA cases

Shelter type **40** may result in lower PA shelter allowance maximums that are based on 30 percent of the standard of need by family size, including the Basic, HEAI, HEAll and shelter allowance (with children) maximums. Households with shelter type code **40** are eligible for a shelter allowance for their out-of-pocket rent expense up to the shelter type code **40** maximums. (See **Attachment 1** for shelter type code **40** maximums.)

Many households currently pay less than the shelter type code **40** maximum but some households pay more than the new maximum allowance. This is often because there is a non-PA individual living in the household and the individual has income that NYCHA counts when determining the household's share of the rent. PA households that receive a Section 8 Voucher from NYCHA will be limited to the PA shelter allowances indicated on **Attachment 1**.

Mass Rebudget (MRB)

A MRB was done on affected PA cases to change the shelter type and shelter expense. The actions resulting from this MRB can be identified in WMS by authorization number **99997328**. The MRB is being implemented in two phases.

Note: NPA FS cases were not included in the MRB.

Phase I:

The first phase of the MRB ran on March 20, 2005. Those cases whose shelter amount was above the new maximums received a decrease in the PA grant (and may have received an increase in the FS benefit). Increases in shelter amount will not occur until Phase II (see below).

Based on the match with NYCHA, affected Section 8-HCV cases were identified and some may not have been properly coded. As a result, cases in the NYCHA Section 8 file with the following shelter type codes were affected:

Note: These shelter type codes will remain available to other participants that do not participate in the NYCHA Section 8-HCV program.

- **01** Unfurnished Apartment or Room;
- **02** NYCHA Apartment – Utilities Included;
- **20** Rental Supplement;
- **24** NYCHA Apartment – Utilities Not Included;
- **38** Subsidized Housing – Deep Subsidy – Voucher Program/ Project Based Section 8/Section 236;
- **39** Subsidized Housing – Shallow Subsidy – Section 236/Section 202.

Cases experiencing a decrease had their shelter amounts changed in Phase I.

NYCHA Section 8-HCV program households with the above shelter type codes had their shelter type changed to shelter type **40**. If the shelter allowance currently on the budget was more than the maximum for shelter type **40**, the shelter amount was reduced to the maximum shelter amount for shelter type **40**. As a result, some cases received a reduction in their PA grant and may have received an increase in the FS benefit. In addition to the notice sent by OTDA indicating the change in budget (**Attachments 5**), affected participants will also receive a letter from HRA reminding them that it is their responsibility to pay the landlord the difference between the actual rent amount and the new shelter amount.

See PB #05-50-OPE

For cases with Shelter Types **01**, **20** and **39** that have a food stamp shelter amount greater than zero and the **Food Stamp Standard Utility Allowance (FSUA)** field is blank, WMS entered an **X** in the **FSUA: IND** field to give the cases the full Standard Utility Allowance (SUA).

In addition, PA cases with an Expected Date of Confinement (EDC) of **0305** (March 2005) were changed to **0405** (April 2005) to facilitate the MRB.

Phase II

Increases in the shelter allowance will be phased in throughout the year according to NYCHA recertification schedules.

Phase II of the MRB will run every month until all PA participants receiving NYCHA Section 8-HCV have had their rent budgeted according to the recertified amounts. In Phase II, based on the information that NYCHA has gathered at its recertification and forwarded to HRA, the new PA and FS shelter amounts will be added to the budget.

Closing Report

If, as a result of the change in shelter allowance, the household becomes ineligible for PA, the case will appear on a closing report that will be sent to FIA Operations to ensure that the necessary action is taken.

Exception Report

Cases in the NYCHA Section 8 file with shelter types other than **01**, **02**, **20**, **24**, **38** and **39** will appear on the exception report and will be sent to the appropriate Job Center for processing. In addition, the following cases will also appear on the exception report:

- Cases with more than two Legally Responsible Relatives (LRR);
- Bottom Line Budget (BLB) cases;
- Cases where the **WATER: AMT** field is greater than zero.


Participant Reports Change to Agency	A Section 8-HCV participant may come into the Job Center or NPA FS Office to report a change in his/her monthly rent and/or housing status. If the participant is making a report in person, s/he must provide verification of the Section 8 subsidy. The JOS/Worker must review the verification submitted by the participant to determine which agency is providing the subsidy. If the NYCHA is the administering agency, rebudget the case in accordance with instructions in this policy directive.
Reminder	If someone is a roomer in the apartment of a Section 8-HCV tenant, the roomer must have the same shelter type as the primary tenant even if the primary tenant is not on PA.

REQUIRED ACTION

Job Centers

Closing Report	Upon receipt of the Closing Report, the designated JOS/Worker must close the case with PA closing code F34 (Excess Income, Section 8, Lower Standard of Need). A CNS Notice of Intent (NOI) will be generated and sent to the participant.
Exception Report	<p>Upon receipt of the Exception Report, for each case on the report, the JOS/Worker must change the shelter type and shelter allowance through the Paperless Office System (POS) as follows:</p> <ul style="list-style-type: none"> • In the POS Shelter window select Yes for the question, “Do You (or Anyone Who Lives with You) Have a Rent, Mortgage or Other Shelter Expenses?” • Select Section 8 subzd housing as the shelter type for these cases in the Response to Question box that appears. • In the drill down that appears select Section 8 Voucher – 30% Limit (Code 40) as the Subsidized Housing Type for NYCHA HCV Section 8 and enter the shelter amount in the Monthly PA Shelter Amount field. Enter the tenant’s share (out of pocket) of the shelter expense indicated on the Section 8 voucher letter (see Attachments 2–4 for sample letters) or the maximum shelter expense for shelter type 40 (see Attachment 1 for shelter maximums), <u>whichever is less</u>. • As shelter type 40 does not automatically give an SUA credit, if appropriate, answer Yes to the question “Do you or anyone who lives with you have an electricity and/or gas bill separate from your rent or mortgage?” • Scan the verification of the Section 8 subsidy into the electronic case record. • When Workers start a new budget calculation, the POS Budget Household window will display the new shelter type.

- If, as a result of the lower standard of need, the case becomes ineligible, close the case using closing code **F34** by selecting code **F34** on the POS TAD window and process the case per current procedure.

The Worker should make a case comment by clicking on the case comments icon  or pressing <ALT>M on the keyboard.

Participant reports change to agency

If the participant reports a change of rent (at recertification or any participant contact), the JOS/Worker must take the appropriate action as indicated above.

NPA Food Stamp Offices

At recertification or if the participant reports a change in shelter expense during certification periods, the Eligibility Specialist must correct the actual shelter expense by:

- Reviewing the Section 8 subsidy letter (see **Attachments 2–4** for sample letters). If the participant receives an NYCHA HCV Section 8 subsidy, proceed as follows:
- Calculating and saving a new budget. On the **NSBL02** screen:
 - Enter **40** in the **SHELT: TYP** field;
 - Enter the actual out-of-pocket rent amount in the **SHELT: AMT** field. The amount entered must be the amount indicated on the verification document (refer to **Attachment 1** for shelter maximums to be used with shelter type **40**) or the maximum amount based on household size, whichever is less;
 - As shelter type **40** does not automatically give an SUA credit, enter an **X** in the **FSUA: IND** field if appropriate.
- Authorizing the new budget per current procedure; and
- If the case is ineligible as a result of a decrease in actual shelter costs, close the case with closing code **E30** (Excess Income).

This is true for both PA and NPA FS cases

If the participant receives a Section 8-HCV subsidy through an agency other than NYCHA, the shelter type should remain **38**. (If the shelter type is not currently **38**, it should be changed to **38**.)

**PROGRAM
IMPLICATIONS**

Paperless Office System (POS) Implications

Shelter type **40** has been added to the **Shelter (Housing) Expenses** window in POS.

Food Stamp Implications

The participant’s food stamp benefits may be affected as a result of the change in the shelter amount. In addition, shelter type **40** does not automatically give an SUA credit; staff will have to make an entry in the **FSUA** field if appropriate.

Medicaid Implications

If a PA case is closed due to excess income, the participant’s Medicaid (MA) case will remain unchanged for the remaining 12 months after the case was last determined eligible for MA.

LIMITED ENGLISH SPEAKING ABILITY (LESA) IMPLICATIONS

For Limited English Speaking Ability (LESA) participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE.

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

To avoid inappropriate adverse actions, review the case record documentation and WMS to ensure that all information corresponds prior to closing a case for excess income.

These cases are entitled to a timely notice, a Fair Hearing and aid to continue (ATC), as with any closing for excess income.

Conferences at Job Centers

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

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.

Conference at NPA
FS Offices

If a participant comes to the Food Stamp Office and requests a conference, the Receptionist must alert the Site Manager's designee that the participant is to be seen. If the participant contacts the Eligibility Specialist directly, advise the participant to call the Site Manager's designee.

The Site Manager's designee will listen to and evaluate the participant's complaint regarding the case closing. The participant must provide current verification of address to resolve the issue. After reviewing the documentation, case record and discussing the issue with the Group Supervisor/Eligibility Specialist, the Site Manager's designee will make a decision. The Site Manager's designee will decide to resolve or defend the case based on all factors and on whether the case was closed correctly.

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing already requested, the FH&C AJOS/Supervisor I/Site Manager's Designee is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.


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

Evidence packets must also include the returned envelope, address verification, notices sent and any other pertinent information to support the Agency's action.

REFERENCE

05-ADM-02 Section 8 Voucher: Change to the Temporary Assistance (TA) Budgeting for Some Section 8 Voucher Cases

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment 1** Shelter Maximums for Shelter Type 40
- Attachment 2** Sample – NYCHA Section 8 Subsidy
- Attachment 2 (S)** Sample – NYCHA Section 8 Subsidy (Spanish)
- Attachment 3** Sample – HPD Section 8 Subsidy
- Attachment 4** Sample – DHCR Section 8 Subsidy
- Attachment 5** Section 8 Notice of Intent
- Attachment 5 (S)** Section 8 Notice of Intent (Spanish)

Attachment 1

SHELTER MAXIMUMS FOR SHELTER TYPE 40

HH Size	Shelter w/ Child	Shelter w/o Child
1	124.00	124.00
2	150.00	150.00
3	207.00	207.00
4	248.00	248.00
5	289.00	289.00
6	318.00	318.00
7	346.00	346.00
8	368.00	368.00
9	390.00	390.00
10	412.00	412.00
11	434.00	421.00
12	456.00	421.00
13	478.00	421.00
14	500.00	421.00
15	522.00	421.00
16	544.00	421.00
17 *	546.00	421.00

Note: These are the maximum allowable shelter allowances for shelter type **40**. Staff must continue to enter the portion of the rent paid by the applicant/participant or the shelter maximum, whichever is less.

* The maximum allowable shelter allowance for shelter type 40 can never exceed \$421 for a family without children and \$546 for a family with children.

ATTACHMENT 2

**NEW YORK CITY HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT
90 Church Street • New York, NY 10007**

Voucher - CN



Bronx Office
1 Fordham Plaza, 3rd fl.
Bronx, NY 10458
(718) 329-7701



Brooklyn Office
350 Livingston Street, 3rd fl.
Brooklyn, NY 11217
(718) 250-9778



Manhattan Office
55 West 125th Street, 8th fl.
New York, NY 10027
(917) 492-8900



Queens Office
59-17 Junction Blvd., 2nd fl.
Corona, NY 11368
(718) 393-7400



Staten Island Office
120 Stuyvesant Place, 2nd fl.
Staten Island, NY 10301
(718) 556-2682

SAMPLE

Date: _____

Re: Authority Housing Voucher
Payment Change Notification

Housing Voucher # _____

Dear Sir or Madam:

We have reviewed the family income submitted by you in accordance with the United States Department of Housing and Urban Development (HUD) regulations and in accordance with these regulations, have determined that the **voucher subsidy paid by the New York City Housing Authority towards your rent will be \$ _____ and the tenant portion (to be paid by the tenant)**

(NYCHA PORTION)

will be \$ _____ effective _____. (Please be advised that the tenant's portion of the rent is subject to change and does not include any additional service charges that may be included in the lease agreement between the tenant and landlord/managing agent).

If the voucher subsidy payment has been decreased, please remember that we must decrease the subsidy if your income has increased since your last income review. You are required to pay as your share of the rent the difference between the full rent for the apartment and the Housing Assistance Payment subsidy paid on your behalf by the New York City Housing Authority, **plus any additional service charges not paid by the Authority.**

If you wish a further explanation of this matter, please telephone me at _____. If you do not agree with the above determination, you may request an impartial hearing by writing to the Borough Director, at the appropriate address listed above within fifteen (15) days of the date of this notice. If you request an impartial hearing as indicated above, you will be given an opportunity to discuss this voucher payment change together with any new information that you wish to submit with a member of the Leased Housing Department staff, prior to the effective date of the new voucher payment and prior to the impartial hearing. However, regardless of whether an impartial hearing is required or not, you are required to pay your new share of the rent on the effective date indicated above. Failure to pay your new share of the rent may result in termination of your tenancy.

Please be further advised that a copy of this notice of change in Housing Assistance Payment subsidy has been mailed to your landlord.

Very truly yours,

Housing Assistant

Notice to Owner: Owners are to collect from the tenant the difference between the Housing Assistance Payment subsidy indicated above and the total rent charged on the effective date shown. This notice constitutes a change in the voucher subsidy payment pursuant to the provisions the Housing Assistance Payment Contract.

cc: Landlord

AUTORIDAD DE LA VIVIENDA DE LA CIUDAD DE NUEVA YORK
DEPARTAMENTO DE LA VIVIENDA ARRENDADA
90 Church Street • New York, NY 10007

Comprobante – CN



Bronx Office
1 Fordham Plaza, 3rd fl.
Bronx, NY 10458
(718) 329-7701



Brooklyn Office
350 Livingston Street, 3rd fl.
Brooklyn, NY 11217
(718) 250-9778



Manhattan Office
55 West 125th Street, 8th fl.
New York, NY 10027
(917) 492-8900



Queens Office
59-17 Junction Blvd., 2nd fl.
Corona, NY 11368
(718) 393-7400



Staten Island Office
120 Stuyvesant Place, 2nd fl.
Staten Island, NY 10301
(718) 556-2682

SAMPLE

Fecha: _____

Re: Asistencia de Vivienda
Notificación - Cambios de Pagos

Comprobante de Vivienda # _____

Apreciado señor / señora:

Hemos revisado su ingreso de familia que presentó de acuerdo con las regulaciones del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (sus siglas en inglés HUD) y de acuerdo a estas regulaciones hemos determinado **que el comprobante de subsidio que pagará la Autoridad de la Vivienda hacia su alquiler será de \$ _____ y la porción que pagará el inquilino es de \$ _____** siendo efectivo el _____. *(Por favor tenga en cuenta que la porción del alquiler que debe pagar el inquilino esta sujeta a cambios lo cual no incluye cargos adicionales por servicios que puedan que sean incluidos como un acuerdo en el Contrato de Arrendamiento entre el inquilino y el casero / administrador o agente).*

Si el comprobante del subsidio enseña una cantidad reducida, por favor recuerde que el valor del subsidio será menos, si es que su ingreso hubiera aumentado desde su última revisión. Se requiere que usted pague su porción del alquiler el cual es la diferencia entre el valor total del alquiler y el subsidio que paga la Autoridad de la Vivienda, **más cualquier cargo adicional por servicios que no paga la Autoridad.**

Si desea una mayor explicación sobre este asunto, por favor llámeme al _____. Si no está de acuerdo con la determinación de arriba usted puede requerir una Audiencia Imparcial requiriéndolo por escrito al Director del Condado a la dirección apropiada y especificada arriba no mas tarde de los quince (15) días a partir de la fecha de esta carta. Si requiere una Audiencia Imparcial como indicado arriba, tendrá la oportunidad de discutir el cambio de este comprobante de pago junto con cualquier otra nueva información que usted desee presentar con un miembro del personal del Departamento de la Vivienda Arrendada, antes de la fecha efectiva del pago del comprobante nuevo y antes de la fecha de la Audiencia Imparcial. Sin embargo, ya sea que la Audiencia Imparcial sea requerida o no, se requiere que usted pague su nueva porción de alquiler en la fecha efectiva indicada arriba. El no pagar su nueva porción de alquiler puede resultar en la terminación de su inquilinato.

Por favor tenga también en cuenta que una copia de esta notificación de cambio en el pago de Asistencia por parte de la Autoridad se le ha enviado a su casero.

Muy sinceramente,

Su Asistente de Vivienda

Notificación al dueño: Los dueños deben coleccionar del inquilino la diferencia entre el pago del subsidio indicado arriba y el total del pago del alquiler en la fecha en efecto indicada. Esta notificación constituye un cambio en el comprobante del Subsidio de acuerdo a las provisiones en el Contrato de Pagos de Asistencia por la Autoridad.

cc: Casero

SAMPLE

Housing Voucher Program
LANDLORD - TENANT LEASE AGREEMENT

TERM, DESCRIPTION
OF PREMISES, AND
RENT

THIS AGREEMENT, made the 5th day of AUGUST, 2002
between _____ as Landlord, and _____
_____ as Tenant; WITNESSETH, that Landlord hereby
leases to Tenant _____ Apartment No. _____ on the
_____ floor of the premises known as No. _____ Borough of _____,
City and State of New York, for the term of 1 YEAR unless sooner terminated as hereinafter
provided, to commence on the _____ day of _____, _____ and to terminate on the _____ day of _____
_____ to be used and occupied as a strictly private dwelling apartment by Tenant and
such persons approved by the Department of Housing Preservation and Development in
connection with this lease, at the annual rental of \$ _____ in equal monthly payments of
\$ _____ each, in advance, on the first day of each and every month during said term. Of the
total monthly rent \$ _____ shall be payable by the _____ shall be payable by the
Department of _____ "HPD") and Housing
Assistance Pa _____ g Assistance Payments
Contract. (See

SAMPLE - HPD
SECTION 8 SUBSIDY

METHOD
OF
PAYMENT

son of changes in the
exceptional medical or
other unusual expenses in accordance with HUD (U.S. Department of Housing
and Urban Development) established schedules and criteria or by reason of any
adjustment by HPD of any applicable allowance for utilities and other services. Any such
change in rent shall be effective as of the date stated in a notification from HPD to the Tenant
and will be made up by either a corresponding increase or decrease in HPD's share of rent so
that the amount due for the apartment shall always be equal to the total monthly rent indicated
in this lease. Tenant shall pay the said rent plus any and all other charges under the terms of
this lease, all of which are deemed to be additional rent hereunder at the time and in the
manner above provided without demand therefor.

TERMINATION
OF HOUSING
VOUCHER
PRIOR TO
EXPIRATION
OF LEASE

In the event that the Housing Voucher shall terminate as a result of the
Tenant's failure to fulfill any of the "Obligations of the Family" listed in
Section 4 of the Housing Voucher, or if the Family otherwise becomes
ineligible for this Program prior to the expiration of this lease, then this
lease shall terminate and the Tenant shall be entitled to enter into a
separate agreement with the Landlord for the remaining term of this lease
at the total monthly rent provided herein and under the same terms and
conditions as the Landlord provides for the other tenants in the building. If the Tenant fails to
execute such lease within 30 days after tender thereof by the Landlord, then the Landlord may
take possession of said premises by instituting summary proceedings.

NOTICE

Any notice, which under the terms of this lease is provided to be given,
may be given personally or by first class mail, enclosing the same in a
postpaid envelope directed as follows:

To the Tenant or an adult member of the Tenant's household residing in the premises; and To
the Landlord at such address as the Landlord may from time to time designate or, if such
designation be not given, to the Landlord at the Premises; and To the Department of Housing
Preservation and Development, 100 Gold Street, New York, New York 10038, Attn.: Rent
Subsidy Unit.

ATTACHMENT 4

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size	
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)	
3. Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy)	
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy)	
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)

7. Name of Public Housing Agency (PHA)

DHCR

8. Name and Title of PHA Official

Date Signed (mm/dd/yyyy)

1. Housing Choice Voucher

- A. The public housing the above named family in the housing choice program, the family unit to live in. If the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.

**SAMPLE - DHCR
SECTION 8 SUBSIDY**

not give the family any right to the housing choice voucher program as a participant in the PHA's program when the HAP contract the owner takes effect.

any extended term of this voucher, the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

3. PHA Approval or Disapproval of Unit or Lease

- A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**
- B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.
- C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

ATTACHMENT 4

- D. After receiving the request for tenancy approval and a copy of the lease, the PHA will inspect the unit. The PHA may not give approval for the family to lease the unit or execute the HAP contract until the PHA has determined that all the following program requirements are met: the unit is eligible; the unit has been inspected by the PHA and passes the housing quality standards (HQS); the rent is reasonable; and the landlord and tenant have executed the lease including the HUD-prescribed tenancy addendum.
- E. If the PHA approves the unit, the PHA will notify the family and the owner, and will furnish two copies of the HAP contract to the owner.
 - 1. The owner and the family must execute the lease.
 - 2. The owner must sign both copies of the HAP contract and must furnish to the PHA a copy of the executed lease and both copies of the executed HAP contract.
 - 3. The PHA will execute the HAP contract and return an executed copy to the owner.
- F. If the PHA determines that the unit or lease cannot be approved for any reason, the PHA will notify the owner and the family that:
 - 1. The proposed unit or lease is disapproved for specified reasons, and
 - 2. If the conditions requiring disapproval are remedied to the satisfaction of the PHA on or before the date specified by the PHA, the unit or lease will be approved.

4. Obligations of the Family

- A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.
- B. The family must:
 - 1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
 - 2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
 - 3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
 - 4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
 - 5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
 - 6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
 - 7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
 - 8. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.
 - 9. Request PHA written approval to add any other family member as an occupant of the unit.

- 10. Promptly notify the PHA in writing if any family member no longer lives in the unit.
- 11. Give the PHA a copy of any owner eviction notice.
- 12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- C. Any information the family supplies must be true and complete.
- D. The family (including each family member) must not:
 - 1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
 - 2. Commit any serious or repeated violation of the lease.
 - 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 - 4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
 - 5. Sublease or let the unit or assign the lease or transfer the unit.
 - 6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
 - 7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
 - 8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
 - 9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

5. Illegal Discrimination

If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex, disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD Field Office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

6. Expiration and Extension of Voucher

The voucher will expire on the date stated in item 3 on the top of page one of this voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.

Attachment 5

Notice of Intent to Change Benefits:
Public Assistance and Food Stamps

Date: _____

Case Number:
Loc. Off./Unit/Worker:

General Telephone No. for
Questions or Help:

PUBLIC ASSISTANCE:

See the English Version of this notice for the Public Assistance benefit amount and the effective date of the change.

The reason for this action is that your case shows that you have a Section 8 Voucher rent subsidy from the New York City Housing Authority (NYCHA).

Public assistance recipients can get a shelter allowance for rent as paid up to a maximum amount. The maximum amount is less for some families who participate in the Section 8 Voucher program.

You receive a rent subsidy under the Section 8 voucher program. Social Services can allow an amount for shelter that is the amount you pay, but no more than the maximum allowed amount. The maximum allowed amount is 30% of the maximum standard of need by family size (not considering fuel for heating or special allowances). For example, if the social services district's maximum standard of need for a family of three is \$691 per month, the maximum shelter allowance is \$207 if that family has a Section 8 voucher rent subsidy.

If your out-of-pocket cost for rent (the amount you must pay to your landlord) is more than the amount that we allow, it could be for one of the following reasons:

- There is income in your household that does not count for public assistance but does count for Section 8. For example:
 - Social services may count less earned income when determining your public assistance benefit than the Section 8 agency counts for your housing subsidy.
 - There are individuals living with you who have income other than public assistance, or
- The Section 8 agency did not calculate your tenant share of the rent correctly, or
- The Section 8 agency does not know that your income (including the amount of your PA) has changed, or
- DSS made a mistake and the 30% limit should not apply to you. This could happen because not every Section 8 agency is affected by the DSS rule that provides for a 30% limit on the public assistance rent allowance.

Even if you are not the primary tenant, you are subject to the 30% shelter maximum if the primary tenant has a Section 8 voucher rent subsidy from a Section 8 agency that is affected by the DSS rule.

This decision is based on 18 NYCRR 352.3(d) (2).

FOOD STAMPS:

See the English version of this notice for the Food Stamps Benefit amount and the effective date of the change.

This change is happening because we count public assistance income when we figure your food stamp benefits. When the amount of your public assistance income changes, the amount of income that we count for food stamp benefits changes.

MEDICAL ASSISTANCE:

Your Medical Assistance benefits will continue unchanged.

The Department Regulation that allows us to do this is 18 NYCRR 360-3.3

Attachment 5

CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (Informal meeting with us) - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See “Keeping Your Benefits The Same” below.)

2. **STATE FAIR HEARING** – You have **60 days** from the date of this notice to ask for a fair hearing:

KEEPING YOUR BENEFITS THE SAME: We will restore your Public Assistance benefits to the same level they were before this notice, if you ask for a fair hearing before the effective date stated in this notice. If you lose the fair hearing, you will have to pay back any Public Assistance benefits you got but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box or boxes below:

I do not want my Public Assistance benefits kept the same until the Fair Hearing decision is issued:

If at the hearing, the hearing officer determines that you are not complaining about an incorrect computation of your benefits or that there has been a misapplication or misinterpretation of Federal Law or regulations, the hearing officer may determine that you were not entitled to have your Public Assistance benefits continue unchanged until the fair hearing decision is issued, and order that the reduction take effect immediately.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

Mail: Send a copy of the entire notice to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. I do not agree with the agency’s action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Signature of Client: _____ Date: _____

Income Support Center Number: _____

Name: _____ Case Number: _____

Attachment 5

Your Address: _____ Telephone Number: _____

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn or 330 West 34th Street, NYC.

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

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

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. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your 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 file. If you call, write or fax to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your file that 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 them ahead of time. Usually, they will be sent to you within three (3) working days of when you ask for them. If you make your request less than five (5) working days before your hearing, your case file documents may be given to you at your hearing.

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 us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

Attachment 5 (S)

Preaviso de cambios en los beneficios:
Asistencia Publica y Cupones para Alimentos

Fecha: _____

Numero de caso:
Oficina local/Unidad/Empleado:

Numero general de telefono para
preguntas o ayuda:

ASISTENCIA PUBLICA:

Vea la version en ingles de este preaviso para conocer el monto de sus beneficios de Asistencia Publica y la fecha en que el cambio entra en vigencia.

Esta determinacion ha sido tomada porque su caso muestra que recibe el subsidio de alquiler conocido como Vales de Seccion 8, emitido por la Autoridad de Viviendas de la Ciudad de Nueva York (*NYCHA – New York City Housing Authority*).

Los beneficiarios de asistencia publica pueden obtener un subsidio de alojamiento de alquiler hasta un monto maximo determinado. El monto maximo es menor para algunas familias que participan en el programa de Vales de la Seccion 8.

Usted recibe un subsidio de alquiler del programa de Vales de la Seccion 8. Servicios Sociales puede permitir un monto para alojamiento equivalente al monto que usted pague, pero no mayor que el monto maximo permitido. El maximo permitido es el 30% del nivel maximo estandar de necesidad, teniendo en cuenta el tamaño de la familia (sin considerar el combustible para la calefaccion ni subsidios especiales). Por ejemplo, si el nivel maximo estandar de necesidad establecido por el distrito de servicios sociales para una familia de tres es de \$691 por mes, el subsidio maximo de alojamiento sera de \$207, si la familia recibe un subsidio de alquiler en forma de Vales de la Seccion 8.

Si el alquiler que usted paga de su bolsillo (el monto que debe pagar a quien le alquila la vivienda) es mayor que el monto permitido, puede ser debido a una de las siguientes razones:

- Su grupo familiar tiene ingresos que no cuentan para asistencia publica pero cuentan para la Seccion 8. Por ejemplo:
 - Al determinar sus beneficios de asistencia publica, el departamento de servicios sociales puede tener en cuenta un monto menor de ingresos laborales que el que la agencia a cargo de la Seccion 8 tiene en cuenta para su subsidio de vivienda.
 - Hay personas que viven con usted y que tienen otros ingresos, ademas de asistencia publica, o
 - La agencia de la Seccion 8 no calculo correctamente la parte del alquiler que le corresponde a usted como inquilino, o
 - La agencia de la Seccion 8 no sabe que sus ingresos (inclusive el monto que recibe de Asistencia Publica) han cambiado, o
 - DSS cometio un error y el limite del 30% no es pertinente en su caso. Esto puede pasar porque no todas las agencias de la Seccion 8 estan afectadas por la regla de DSS que estipula un limite del 30% en el subsidio de asistencia publica para alojamiento.

Aun cuando usted no sea el inquilino principal, esta sujeto a un maximo del 30% para alojamiento si el inquilino principal tiene un subsidio de alquiler Seccion 8 de una agencia encargada en otorgar dicho subsidio y la cual no se vea afectada por el reglamento DSS.

Esta decision se basa en 18 NYCRR 352.3(d) (2).

CUPONES PARA ALIMENTOS:

Vea la version en ingles de este preaviso para conocer el monto de sus Cupones para Alimentos y la fecha en que el cambio entra en vigencia.

Realizamos este cambio porque consideramos sus ingresos de asistencia publica al calcular sus cupones para alimentos. Al cambiar el monto de sus ingresos de asistencia publica, cambia el monto de los ingresos que consideramos en el calculo de sus cupones para alimentos.

ASISTENCIA MEDICA:

Sus beneficios de Asistencia Medica continuaran sin modificaciones.

Esta determinacion se basa en la Reglamentacion Departamental 18 NYCRR 360-3.3.

Attachment 5 (S)

SECCION DE CONFERENCIA Y AUDIENCIA IMPARCIAL - ¿CREE QUE NOS HEMOS EQUIVOCADO?

Si cree que nuestra determinacion es incorrecta, puede solicitar una revision de la misma. Nosotros corregiremos nuestros errores. Usted puede tomar ambas medidas, 1 y 2.

1. Solicitar una reunion (conferencia) con uno de nuestros supervisores; 2. Solicitarle al Estado una audiencia imparcial con un funcionario estatal para audiencias.

1. **CONFERENCIA** (reunion informal con nosotros) - Si usted cree que nuestra determinacion fue incorrecta o si no entiende lo que hemos resuelto, sirvase llamar para concertar una reunion. Para hacerlo, llame al numero telefonico para conferencia que aparece en el **anverso** de esta notificacion o escribanos a la direccion que aparece tambien en el **anverso** de la misma. A veces esta es la forma mas rapida de resolver cualquier problema. Le aconsejamos que tome esta medida aun en el caso de que haya solicitado una audiencia imparcial.

Si solamente solicita una reunion con nosotros, no mantendremos sus beneficios sin cambios mientras dure la apelacion. Sus beneficios solo se mantendran sin cambios si usted solicita una audiencia imparcial Estatal. (Vea abajo «Como mantener sus beneficios sin cambios»).

2. **AUDIENCIA ESTATAL IMPARCIAL** – Usted tiene **60 dias** a partir de la fecha de esta notificacion para solicitar una audiencia imparcial.

COMO MANTENER SUS BENEFICIOS SIN CAMBIOS: Si usted solicita una audiencia imparcial antes de la fecha de entrada en vigencia indicada en esta notificacion, restableceremos sus beneficios de Asistencia Publica al mismo nivel en el que estaban antes de dicha notificacion. Sin embargo, si usted pierde en la audiencia imparcial, tendra que devolver todos los beneficios de Asistencia Publica obtenidos, pero que no deberia haber recibido, mientras esperaba la decision.

Si no quiere que sus beneficios continuen sin cambios hasta que se de a conocer la decision, debera informarlo al Estado cuando solicite la audiencia imparcial o, si usted envia esta notificacion de vuelta, debera marcar el casillero a continuacion:

No deseo que mis beneficios de Asistencia Publica continuen sin cambios hasta que se haya emitido la decision de la Audiencia Imparcial.

Si en la audiencia el funcionario a cargo determina que usted no se queja del calculo incorrecto de sus beneficios o que se ha mal-aplicado o malinterpretado la Ley o Reglamentacion Federal, dicho funcionario puede determinar que usted no tiene derecho a que sus beneficios de Asistencia Publica continuen sin cambios hasta que se haya dado a conocer la decision de la audiencia imparcial, y ordenar que se lleve a cabo la reduccion inmediatamente.

COMO SOLICITAR UNA AUDIENCIA IMPARCIAL: Usted puede solicitar una audiencia imparcial por **correo**, por **telefono**, por **fax**, **en persona** o por **internet**.

Por correo: *Rellene* y envíe todas las partes de esta notificacion a: *Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201*. Conserve una copia para sus archivos personales.

Deseo una audiencia imparcial. No estoy de acuerdo con la decision de la agencia. (Puede explicar a continuacion por que esta en desacuerdo, pero no tiene que incluir una explicacion por separado).

Firma del Cliente: _____ Fecha: _____

Numero del Centro de Asesoramiento en Asuntos de Ingresos: _____

Nombre: _____ Numero de Caso: _____

Su Domicilio: _____ Numero de Telefono: _____

Attachment 5 (S)

Por telefono: 800-342-3334 (TENGA A MANO ESTA NOTIFICACION CUANDO LLAME.)

Por Fax: Envie por fax una copia del anverso y el reverso de esta notificacion a: (518) 473-6735 o

En persona: Traiga una copia de toda esta notificacion a: New York State Office of Temporary and Disability Assistance, 14 Boerum Place, Brooklyn, o 330 West 34th Stree, NYC.

Por internet: Rellene un formulario electronico de solicitud en: <https://www.otda.state.ny.us/oah/forms.asp>.

Si no puede contactarse con la Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York por telefono, por fax, en persona o por internet, escriba para pedir una audiencia imparcial antes del vencimiento del plazo.

LO QUE SUCEDE EN LA AUDIENCIA IMPARCIAL: El Estado le notificara por escrito cuando y donde se realizara la audiencia imparcial.

En la audiencia, usted tendra oportunidad de explicar por que cree que nuestra determinacion es incorrecta. Lo puede acompañar un abogado, pariente, amigo u otra persona que pueda ayudarle. Si no puede presentarse, puede mandar a otra persona para que lo represente. Si usted envia a un representante que no es abogado, debera entregarle una carta para que presente ante el funcionario a cargo de la audiencia en la que usted declara que desea a dicha persona como su representante en la audiencia.

En la audiencia, usted y su abogado u otro representante tendran oportunidad de explicar por que estamos equivocados y de presentar ante el funcionario evidencia escrita que demuestre nuestra equivocacion.

Para ayudarle a explicar en la audiencia por que usted cree que estamos equivocados, se le sugiere presentar testigos que puedan avalar su caso. Tambien, se le sugiere traer todo documento que tenga, como: comprobantes de pagos salariales, alquileres, recibos, cuentas, comprobantes medicos.

En la audiencia, usted y su abogado o representante podran interrogar a nuestros testigos o a los que presenta usted para ayudar en su caso.

ASISTENCIA LEGAL: Si usted cree que necesita los servicios de un abogado para solucionar este problema, puede obtenerlos sin costo alguno, poniendose en contacto con la Sociedad de Ayuda Legal u otra asociacion de representacion legal local. Puede encontrar nombres de otros abogados en las Paginas Amarillas, bajo «Lawyers» (abogados).

ACCESO A SU EXPEDIENTE Y COPIAS DE DOCUMENTOS: En preparacion para la audiencia, usted tiene derecho a revisar el expediente de su caso. Si nos llama, nos escribe o nos manda un fax, le proporcionaremos sin cargo copias de los documentos contenidos en su expediente, que tambien entregaremos al funcionario a cargo de la Audiencia Imparcial al momento de dicha audiencia. Ademias, si nos llama, nos escribe o nos manda un fax, le enviaremos, sin cargo, copias de otros documentos especificos contenidos en su expediente y que usted considere necesarios en preparacion para su Audiencia Imparcial. Para pedir documentos o averiguar como tener acceso a su expediente, llame al (718) 722-5012, o mande un fax al (718) 722-5018, o escriba a ***HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201.***

Si desea obtener copias de documentos contenidos en el expediente de su caso, se le sugiere solicitarlas con anticipacion. Se le proporcionaran en un lapso de tres (3) dias habiles a partir de la fecha en que las solicito. Si no hace su solicitud al menos cinco (5) dias habiles antes de su audiencia, es posible que los documentos contenidos en su expediente se le entreguen al momento de la audiencia.

INFORMACION: Si desea mas informacion sobre su caso, como solicitar una audiencia imparcial, como consultar su expediente o como obtener copias adicionales de documentos, sirvase llamarnos a los numeros de telefono que figuran en el **anverso** de esta notificacion o escribirnos a la direccion que figura tambien en el **anverso** de esta notificacion.