



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #12-24-ELI

*(This Policy Directive Replaces PD #05-10-SYS)*

### SHELTER TYPE CODE 40 FOR NEW YORK CITY HOUSING AUTHORITY (NYCHA) SECTION 8 HOUSING

<p><b>Date:</b> August 23, 2012</p>	<p><b>Subtopic(s):</b> Welfare Management System (WMS)</p>
<p><b>AUDIENCE</b></p>	<p>The instructions in this policy directive are for staff in Job Centers, the Special Projects Center (SPC) and Non Cash Assistance Food Stamp (NCA FS) Centers and are informational for all other staff.</p>
<p><b>POLICY</b></p> <p><i>Note: Beginning August 29, 2012, any reference to the Food Stamp Program shall mean the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamp benefits or FS shall mean SNAP benefits.</i></p>	<p>In 2005, the New York State Office of Temporary and Disability Assistance (OTDA) established a maximum shelter schedule for Cash Assistance (CA) and Food Stamp (FS) participants who also participate in the New York City Housing Authority (NYCHA) Section 8 Housing Choice Voucher (HCV) program. Under this schedule, the household's CA shelter allowance cannot exceed 30 percent of the 2005 level standard of need for the family size.</p>
<p><b>BACKGROUND</b></p> <p>Revised information on Shelter type code 40</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>All NYCHA Section 8-HCV participants were affected by this change. To ensure proper budgeting for the Section 8-HCV cases, shelter type code <b>40</b> (Section 8 Voucher – 30% Limit) is used to identify and properly budget CA and FS cases where the household receives a Section 8 subsidy administered by NYCHA.</p>

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

As a means of ensuring that households are receiving the correct shelter expense, a Mass-Rebudget (MRB) will be conducted quarterly for cases identified by NYCHA as NYCHA Section 8 residents whose cases are currently coded as shelter type code **01, 11, 25, 26** or **39**. The unique WMS authorization number **20110514** will identify that an action has been taken as part of this MRB.

SPC will be responsible for processing cases on the exception report

Certain cases will not be eligible for the MRB. The following case types will be placed on an exception report and must be reviewed and, if necessary, manually processed by the Special Project Center (SPC):

- Bottom Line Budget Cases;
- Cases with transactions in clock-down status;
- EAA/EAF cases;
- Cases with additional needs type codes **42, 43, 44, 47, 48**;
- Cases with shelter proration indicator **O**;
- Cases with more than 2 Legally Responsible Relatives (LRR);
- Cases where the **WATER:AMT** field is greater than zero;
- CA Cases with a NYCHA project number and account number;
- Multi-suffix cases;
- Any case that will result in a CA increase upon rebudgeting.

Shelter type code **40** may result in lower CA shelter allowance maximums that are based on 30 percent of the standard of need by CA household size, including the Basic, HEAI, HEAI 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 based on CA household size.)

**Note:** The standard of need used to determine the shelter type code **40** maximums is based on the standard of need at the time this shelter type was created in 2005.

Many households 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-CA individual living in the household and the individual has income that NYCHA counts when determining the household's share of the rent. CA households that receive a Section 8 Voucher from NYCHA are limited to the CA shelter allowances indicated on **Attachment 1**.

**Note:** The amounts listed on Attachment 1 are based on the CA household size. If a non-CA individual resides in the household, they should not be included in the household size count when selecting the correct shelter amount.


Participant Reports Change to Agency	A Section 8-HCV participant may come into the Job Center or NCA FS Center 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 CA.

## REQUIRED ACTION

### Special Projects Center (SPC)

Closing Report	Upon receipt of the Closing Report, staff at the SPC must close the case with CA closing code <b>F34</b> (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"> <li>• In the POS Shelter window select <b>Yes</b> for the question, “Do You (or Anyone Who Lives with You) Have a Rent, Mortgage or Other Shelter Expenses?”</li> <li>• Select <b>Section 8 subzd housing</b> as the shelter type for these cases in the <b>Response to Question</b> box that appears.</li> <li>• In the drill down that appears select <b>Shelter Type 40</b> Section 8 Voucher – 30% Limit (<b>NYCHA Section 8</b>) as the Subsidized Housing Type for NYCHA HCV Section 8 and enter the shelter amount in the <b>Monthly CA Shelter Amount</b> field. Enter the tenant’s share (out of pocket) of the shelter expense indicated on the Section 8 voucher letter (see <b>Attachments 2–4</b> for sample letters) or the maximum shelter expense for shelter type code <b>40</b> (see <b>Attachment 1</b> for shelter maximums), <u>whichever is less</u>.</li> <li>• Scan the verification of the Section 8 subsidy into the electronic case record.</li> <li>• When Workers start a new budget calculation, the POS <b>Budget Household</b> window will display the new shelter type.</li> </ul>

- If, because of a lower standard of need, the case becomes ineligible, close the case by selecting closing 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 at Job Center

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

- 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 **Shelter Type 40** Section 8 Voucher – 30% Limit (**NYCHA Section 8**) as the Subsidized Housing Type for NYCHA HCV Section 8 and enter the shelter amount in the **Monthly CA 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 code **40** (see **Attachment 1** for shelter maximums), whichever is less.
- 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, because of a lower standard of need, the case becomes ineligible, close the case by selecting closing code **F34** on the POS TAD window and process the case per current procedure.


#### Participant reports change at NCA FS Center

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:

- 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 **Shelter Type 40** Section 8 Voucher – 30% Limit (**NYCHA Section 8**) as the Subsidized Housing Type for NYCHA HCV Section 8 and enter the shelter amount in the **Shelter Amount** field. Enter the tenant’s share of the shelter expense indicated on the Section 8 voucher letter.

Revised information

**Note:** This amount should be the actual out-of-pocket expense, calculated as the difference between the actual total rent expense incurred and the amount of the subsidy.

- 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.
- Authorize the budget per current procedure.
- If the case is ineligible as a result of a decrease in actual shelter costs, close the case with closing code **E30** (Excess Income).
- The Worker should make a case comment by clicking on the case comments icon  or pressing <ALT>M on the keyboard.

This is true for both CA and NCA 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)

For Job Centers, to prevent improper budgeting, POS restricts the worker from removing the Shelter Type Code **40** on cases in SI or AC status. If POS does not find a Shelter approval activity coinciding with the case after the worker attempts to remove the Shelter Type Code **40** the worker will receive the following message:

Refer to [PB #12-43-SYS](#) for information on the shelter type code 40 restrictions in POS

“Approval by an AJOS II or above is required to change the shelter type **40**. The AJOS II must enter a detailed case comment approving the shelter type change in POS and must then submit the case to the POS help desk to have MIS update the record with the approval.”

When a new budget has been processed POS determines if the Shelter Type Code **40** is being removed from the case correctly, if not, POS will check for a **Shelter Approval** activity and if it does not find any activity the following message will be displayed:

Refer to [PB #12-67-SYS](#) for information on the new Shelter Approval activity in POS

“Approval by an AJOS II or above is required to change the shelter type **40**. The AJOS II must enter a detailed case comment approving the shelter type change in POS and must then submit the case to the POS help desk to have MIS update the record with the approval.”

Food Stamp Implications

The participant’s food stamp benefits may be affected as a result of the change in the shelter amount. Staff must ensure that the shelter amount entered on the budget is the actual out-of-pocket expense incurred.

Medicaid Implications

If a CA 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 PROFICIENT (LEP) AND HEARING IMPAIRED IMPLICATIONS**

For Limited English Proficient (LEP) and hearing impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #11-33-OPE](#) and [PD #08-20-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.

Conferences at Job Centers

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS I/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. In Model Offices, the receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit Staff.

The FH&C AJOS I/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file, and discuss the issue(s) with the JOS/Worker responsible for the case and/or JOS/Worker's Supervisor. The AJOS I/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS I/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 I/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form ([LDSS-3722](#)), change the 02 to 01 if the case has been granted Aid to Continue (ATC), or prepare and submit a PA Recoupment Data Entry Form ([LDSS-3573](#)) to delete a Recoupment. The AJOS I/Supervisor I must complete a Conference Report ([M-186a](#)).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency's action(s) should stand, the AJOS/Supervisor I will explain to the applicant/participant why he/she cannot SIC. The AJOS/Supervisor I must complete Form **M-186a**.

#### Conference at NCA FS Centers

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

The Center Director'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 Center Director's designee will make a decision. The Center Director'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/Center Director'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.

Telephone Conferences for the Homebound

Individuals who submit satisfactory documentation demonstrating their homebound status may request that a Fair Hearing be conducted over the telephone. In this instance, the process is the same as a conference held at a Job Center or NCA FS Center, but documents are faxed to the FH&C Unit/MPU unit or brought to the Center by someone representing the individual.

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

**RELATED ITEMS**

[PB #12-43-SYS](#)  
[PB #12-67-SYS](#)

**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 1

### SHELTER MAXIMUMS FOR SHELTER TYPE 40

CA 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.  
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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 <b>entire</b> document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number
1. Insert <b>unit size</b> 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. <b>Date Voucher Issued (mm/dd/yyyy)</b> Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)	
3. <b>Date Voucher Expires (mm/dd/yyyy)</b> Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy)	
4. <b>Date Extension Expires (if applicable)(mm/dd/yyyy)</b> (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.

**SAMPLE - DHCR  
SECTION 8 SUBSIDY**

not give the family any right to the housing choice voucher program becomes 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.