



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #14-06-ELI (This Policy Directive Replaces PD #13-13-ELI)

REVISION TO SHELTER ARREARS POLICY AND REPAYMENT AGREEMENTS

Date: March 12, 2014	Subtopic(s): Shelter Arrears Repayment
AUDIENCE	The instructions in this policy directive are for Job Center and Homelessness Diversion Unit (HDU) staff and are informational for all other staff.
REVISIONS TO PRIOR PROCEDURE	<p>This policy directive has been revised to include the following information:</p> <ul style="list-style-type: none"> • Case Management Unit (CMU) staff must refer requests for assistance to pay shelter arrears over the Agency maximum or arrears accrued for more than a four month period (even if within the Agency limit) to HDU. Other shelter arrears requests must remain with CMU for processing. • Reception staff must not send application cases directly to HDU. CMU must handle the application first. There are <u>no</u> exceptions. • Revised instructions regarding the referral of shelter arrears requests to HDU. • Supervisory instructions regarding assignment of the HDU Intake Activity to HDU/designated CMU JOS/Workers. • Instructions regarding applicants/participants who fail to appear for an HDU interview or provide requested documentation. • Instructions for HDU staff when the shelter arrears request does not come directly from the CMU/Customer Service In-Center (CSIC) unit. • Instructions regarding the assignment and viewing of Rental Assistance Unit (RAU) determinations.

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

POLICY

Applicants/participants who need emergency assistance with shelter arrears may be eligible for a payment to prevent eviction or foreclosure.

Payments may be made for a period of time prior to the month in which a Family Assistance (FA) or Safety Net Assistance (SNA) case is opened.

Payments may also be made to applicants seeking emergency assistance under Emergency Assistance to Families (EAF), Emergency Safety Net Assistance (ESNA), or Emergency Assistance for Adults (EAA).

For EAF and ESNA, the following rules apply:

These requirements do not apply to payments made under EAA.

- The amount of the shelter arrears payment is limited to a total period of six months, once every five years. However, RAU may determine, on a case-by-case basis, whether an exception to policy should be made for additional shelter arrears payment if necessary.
- The payment of shelter arrears above the Agency maximum monthly shelter allowance is subject to recovery.

BACKGROUND

Applicants for One Shot Deals

Emergency Assistance to Needy Families with Children (EAF)

See [PD #08-43-ELI](#) Emergency Assistance to Needy Families with Children (EAF).

If a household applies for a one-shot deal for payment of shelter arrears under EAF, the payment can be issued as long as the household meets the criteria for EAF (see **PD #08-43-ELI**) and the arrears are not used to duplicate or replace recurring shelter payments already issued. If the household is deemed eligible based on **PD #08-43-ELI**, the shelter arrears should be paid under the EAF category.

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

In addition, the following criteria must be met:

- the child must be currently living with an adult related by blood, marriage or adoption;

- the child, parents or other eligible relatives must be without immediately accessible resources necessary for meeting their needs;
- the child must be facing destitution or requiring emergency assistance to provide living arrangements for him/her in a home; and
- the emergency could not have been foreseen by the applicant and was not under his/her control.

If the applicant receives a one-time-only shelter arrears payment under EAF, any amount above the Agency monthly shelter allowance is an overpayment and is subject to recovery.

Applicants applying for an EAF grant that exceeds the Agency monthly shelter allowance must complete and sign the Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (**W-147KK**) form. Form **W-147KK** informs the applicant that he/she will receive a monthly bill from the Division of Accounts Receivable and Billing (DARB) until the full amount of the excess portion of the EAF grant is paid in full.

Form **W-147KK** must only be signed once the approval amount is present.

Emergency Safety Net Assistance (ESNA)

See the [Temporary Assistance Source](#) Book(TASWB), Chap.10, Sec. F9 & I.

For shelter arrears paid under the ESNA category, the entire shelter arrears payment is recoverable. The Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (**W-147H**) form must be signed as a condition of eligibility.

Form **W-147H** must only be signed once the approval amount is present.

By signing form **W-147H**, the applicant agrees to repay all shelter arrears assistance within 12 months. If an applicant has a legal spouse living in the household, both the applicant and his/her legal spouse are required to sign form **W-147H**.

In addition, all of the following conditions must be met:

- the payment is deemed essential to stop the eviction or foreclosure and no other shelter arrangements are available to stop the eviction or foreclosure; or
- the health and safety of the applicant is severely threatened by failure to make such a payment; and
- the authorization of the payment receives special written approval from the Agency; and
- the applicant demonstrates ability to pay future shelter expenses. However, if the Agency determines that the individual or family has sufficient income or resources to pay for other permanent housing, shelter arrears need not be paid.

Income and resources must be evaluated to determine eligibility.

Suspended Repayment Agreements

If an individual receives an emergency shelter arrears payment under ESNA and later becomes eligible for recurring CA through a separate application, the repayment agreement must be suspended through a system generated action from IREA’s Division of Claims and Collections.

See TASB, Chap.10, Sec. I, part 13(p).

An outstanding balance below the Agency maximum monthly shelter allowance is not recoverable during CA eligibility. An arrears amount over the Agency maximum monthly shelter allowance is recoverable from the future recurring grant (recoupment).

See TASB, Chap.12.

Emergency Assistance to Adults (EAA)

To prevent eviction or foreclosure for persons receiving SSI, the dollar amount paid under EAA is not limited to the Agency maximum monthly shelter allowance for shelter or by the five-year CA limit for FA Cases. In addition, there is no limit on the number of months that can be paid for shelter arrears under EAA.

A signed repayment agreement is not required for a one-shot deal emergency payment granted under EAA, or for any payments made to a participant with recurring benefits.

Applicants for Ongoing CA with an Emergency Need

Pre-CA Shelter Arrears

Applicants for ongoing CA who have an emergency need for payment of shelter arrears must be evaluated to determine eligibility for an emergency grant under the EAF, ESNA, or EAA categories.

See [TASB](#), Chap. 21, Sec. E.

Applicants for ongoing assistance may receive an allowance for rent, mortgage, or tax arrears for a period before the case is opened, if the following conditions are met:

- the payment is essential to stop an eviction or foreclosure and no other shelter arrangements are available to stop the eviction or foreclosure; or
- the health and safety of the applicant is threatened by failure to make such a payment; and
- authorization of the payment receives special written approval from the Agency; and
- the applicant demonstrates an ability to pay future shelter expenses. However, if the Agency determines that the individual or family has sufficient income or resources to pay for other permanent housing, shelter arrears need not be paid.

Income and resources must be evaluated to determine eligibility.

Refer to the Authorization of Grants manual for recoupment information.

Such payment may exceed the Agency maximum monthly shelter allowance. However, any amount which exceeds the maximum monthly shelter allowance is an overpayment and is subject to recoupment.

Additional Allowances for Participants

Shelter Arrears While on CA

An additional allowance for shelter expenses may be issued to an FA or SNA participant who is threatened with eviction or foreclosure for nonpayment of shelter expenses. If the arrears payment duplicates shelter payments already issued or exceeds the Agency maximum monthly shelter allowance, a recoupment must be initiated.

A shelter arrears payment that exceeds the Agency maximum monthly shelter allowance for the household size may be provided if all of the following criteria are met.

Income and resources must be evaluated to determine eligibility.

The participant must:

- agree to use all available liquid resources (e.g., cash, checking or savings accounts) for the payment of the shelter expenses to prevent the eviction or foreclosure;
- demonstrate his/her ability to pay future shelter expenses beyond the amount of the Agency monthly maximum shelter standard;
- understand that all rent or mortgage payments are restricted; and
- have not previously received an allowance for more than the Agency maximum monthly shelter allowance over a six-month period within the last five years (Shelter arrears payments *may* be granted as an *exception to policy* to participants who request shelter arrears within the five year period).

Assistance from a third party donor is an acceptable means of paying future shelter expenses.

Note: If an individual receives an emergency shelter arrears payment under ESNA and later becomes eligible for recurring CA through a separate application, the repayment agreement must be suspended and the amount of arrears over the Agency maximum monthly shelter allowance is recouped.

Note: If the shelter expense is equal to or lower than the Agency monthly maximum shelter allowance for the household size, the conditions listed above are not required in order to issue the arrears payment.

The household must use its available resources first.

For all case types, individuals must use all available resources to alleviate the emergency need before receiving emergency assistance funds. This includes 401(k), 403(b), Individual Retirement Accounts (IRAs) and pension funds.

REQUIRED ACTION

CMU JOS/Workers must evaluate and determine eligibility for all applicants/participants requesting emergency assistance to pay shelter arrears.

Revised

Note: For Centers that do not have an HDU, the designated CMU staff person will complete the HDU Intake Activity and refer to RAU.

See [PB #13-79-SYS](#) and [Fax Flash 13/48](#).

CMU must refer requests for shelter arrears over the Agency maximum or which cover a period greater than four months (even if within the Agency limit) to HDU. Other shelter arrears requests must remain with CMU for processing (Refer to **PB #13-79-SYS** Shelter Related Requests Referral Process).

Note: Reception must not send application cases directly to HDU. CMU must handle the application first. There are no exceptions.

HDU will process the request through the new **HDU Intake Activity** in POS, then refer the case to RAU. RAU will determine if the household is eligible for the emergency grant and relay the determination back to HDU/CMU staff in POS via the Rental Assistance Database (RAD), which replaced the Rental Assistance Decision Management System (RADMS).

Referral of Shelter Requests to HDU

See [PB #12-102-SYS](#) CA POS Release Notes Version 16.3 for information on updated POS screens related to Shelter (Housing) Expenses.

To initiate and refer the shelter request to HDU, the JOS/Worker must first explore potential income and resources with the applicant/participant, and:

- enter the request in the **Shelter (Housing) Expenses** window in the appropriate POS activity;
- initiate the **Single Issue (SI) Grant Requests Task List** in POS;

See [PD #10-22-SYS](#) Single Issuance Grant Requests in POS.

Note: Criteria in **Task 4** of the **HDU Intake Activity** are used to reach a preliminary eligibility determination for EAF and/or a Repayment Agreement. The final determination is made based on the actual approved amount from RAU. When **Task 4** is completed, POS will pre-fill and automatically save the Determination of Eligibility for Emergency Assistance to Needy Families (EAF) (**W-145TT**) and Shelter Arrears Repayment Agreement Worksheet (**W-147F**) forms into the HRA OneViewer.

New

- At **Task 6 (Outstanding Requests)** the system will prompt the JOS/Worker to make an In-Center referral to HDU (for centers that do not have a HDU, the applicant will be referred to the designated CMU staff person). In the **In-Center Referral** window:
 - ensure that **Assign HDU Intake** is selected in the **Select Activity** menu;
 - select the appropriate HDU Supervisor in the **Refer Case To** section;
 - enter a comment describing why the activity is being referred to the HDU Supervisor.

In Model Office centers, the applicant/participant must receive an HDU General ticket from the Model Office Numbering Identification Queue (MONIQ) and be routed to HDU.

In Non-Model Office centers, the applicant/participant must be given the Routing Control Sheet (**W-270**) and be routed to HDU.

Note: JOS/Workers *must* complete the entire interview with the applicant/participant before routing them to HDU. POS will display the following messages when a shelter arrears grant request is recorded and must be reviewed by HDU.

POS Messages reminding staff to complete the interview before routing individuals to HDU

Message in CA Application Interview for Non-HDU Workers

“There are grant requests requiring review by HDU. The In-Center Referral window will send the Assign HDU Intake to the HDU Supervisor’s queue. Complete the interview with the applicant (including ESNAP and immediate needs, if applicable) before routing them to HDU.”

Message in CA Recertification Interview for Non-HDU Workers

“There are grant requests requiring review by HDU. The In-Center Referral window will send the Assign HDU Intake to the HDU Supervisor’s queue. Complete the interview with the participant before routing them to HDU.”

Message in CA Application Interview for HDU Workers/Non-HDU Workers authorized to review HDU shelter requests

“There are grant requests requiring review by HDU. Please complete the interview (including ESNAP and immediate needs, if applicable) before starting the HDU Intake.”

Message in CA Recertification Interview for HDU Workers/Non-HDU Workers authorized to review HDU shelter requests

“There are grant requests requiring review by HDU. Please complete the interview with the participant before starting the HDU Intake.”

New

Cases referred to HDU will appear in the HDU Supervisor’s queue for assignment to a HDU/CMU JOS/Worker via the **Assign HDU Intake Activity**. In the HDU Supervisor’s queue, the HDU Supervisor must:

- select the case with the **Assign HDU Intake Activity**;
- select **“Start”**;
- once the case opens, select **“Next”**.

A list of HDU/CMU JOS/Workers will appear for the HDU Supervisor to assign the **HDU Intake Activity**.

New

Applicant/Participant fails to appear for the HDU interview appointment

If the applicant/participant does not appear for the HDU interview and the case appears in the HDU Supervisor’s queue, the HDU Supervisor must assign the case to the HDU/CMU JOS/Worker with the case comment, “The applicant/participant failed to appear for the interview, please enter Outcome and Date”.

Upon receipt of the case, the HDU/CMU JOS/Worker must proceed to the **Plan of Action** screen and enter the **Outcome** and **Date**.

New

Applicant/Participant fails to return to HDU with the requested documentation

If the applicant/participant does not return with the requested documentation, the HDU/CMU JOS/Worker must proceed to the **Plan of Action** screen and enter the **Outcome** and **Date**.

Note: To enter an Outcome for the scenarios noted above in the **Outcome** drop-down list, select **“Other”** and type in the appropriate comment in the **“Other Details”** field (e.g., Failed to appear on mm/dd/yy or Did not return with requested documentation on mm/dd/yy). Type the date entering the outcome in the **“Outcome Date”** field.

Referral to RAU

See **Attachment A** for HDU Intake Activity Instructions.

Upon receipt of the case, the HDU/CMU JOS/Worker must:

- determine whether or not the applicant/participant has income or resources available to meet the emergency need;
 - If the case *does not* come directly from CMU/CSIC, HDU staff must create a new activity by starting the **Non-Food Emergency** or **Change Case Data Interview** activity. Once the rent emergency is addressed in the **SI Grant Requests Task List (Tasks 1-5)**, at **Task 6**, a message will appear stating the case will suspend and the **HDU Intake Activity** is ready to begin.
- complete the **HDU Intake Activity** in POS (See **Attachment A**);
- scan and index the RAU Packet (See **PB #13-56-OPE**). POS will not proceed unless the RAU packet has been scanned and indexed first;

New

HDU instruction if case does not come directly from CMU/CSIC

See [PB #13-56-OPE](#) Revision to RAU Referral Process

Forms **W-153P** and **W-153R** are obsolete as per **PB #13-56-OPE**.

Note: Due to the HDU Project implementation in POS, Forms **W-153P** and **W-153R** are obsolete and are no longer part of the RAU packet.

- forward the **HDU Intake Activity** to the HDU Supervisor for approval.

The HDU Supervisor will open the **HDU Intake Activity** and approve/disapprove the completed screens.

FIA RAU Mailbox and FIA RAU Post Eviction Mailbox have been eliminated.

If the **HDU Intake Activity** is approved, the HDU Supervisor will send the RAU packet to RAU via POS. Due to the creation of the **HDU Intake Activity**, the **FIA RAU Mailbox** and **FIA RAU Post Eviction Mailbox** have been eliminated from the referral process. The information entered and approved in POS will be transferred to RAD.

If the **HDU Intake Activity** is disapproved, the HDU Supervisor will return the activity to the HDU/CMU JOS/Worker for correction. Once the required corrections are made, the HDU/CMU JOS/Worker must forward the case back to the HDU Supervisor for approval.

RAU Determinations

RAU will determine if the household is eligible for the emergency grant and, if so, the amount of arrears the applicant is eligible to receive.

New

Once a determination has been made in RAD, the case will appear in the **RAU Recommendation to HDU (RAU Recommendation to CMU** for cases referred to RAU by CMU) queue in POS where the HDU/CMU Supervisor must assign the RAU Determination to the HDU/CMU JOS/Worker. To assign the RAU Determination, the HDU/CMU Supervisor must:

- access the **RAU Recommendation to HDU** queue (**RAU Recommendation to CMU** for CMU Supervisors). Cases with RAU determinations should appear as **Assign Non-Food Emergency** or **Assign Change Case Data**.
- highlight the case and select **“Start”**.
- once the case opens, select **“Next”**. The list of HDU/CMU JOS Workers will appear.
- select the HDU/CMU JOS Worker for assignment.

Note: HDU/CMU Supervisors must monitor their queue at all times for RAU decisions.

The HDU/CMU JOS/Worker will be able to view the RAU Determination and Reason by accessing the **Grants** and **Referrals and Outcomes** tabs of the **Request Action** window in **Task 6** of the **Single Issue Grant Request List**.

To view prior **RAU** decisions, access **Task 6** by selecting **Review Case**, entering the Case Number and selecting **Recommendation Received from RAU** from the **Activity Type** column of the **Activities List**.

Applicants for One-Shot Deals

See [PB #11-118-OPE](#)
Voluntary Payroll
Deductions for NYC
Employees with Repayment
Agreements for One-Time
Emergency Payments for
handling one-shot
emergency grants for NYC
employees. Additional
forms are required for
voluntary payroll deduction.

When a household applying for a One-Shot deal requests emergency assistance for shelter arrears, the JOS/Worker must register the case in the appropriate category. He/She should then initiate and refer the shelter request to HDU as described in the **Referral of Shelter Requests to HDU** section beginning on page 6.

Note: If POS is down, the JOS/Worker must ensure that forms **W-145TT** and **W-147F** are completed, scanned and indexed as part of an EAF eligibility determination.

The HDU/CMU Supervisor must then refer the shelter request to RAU as described in the **Referral to RAU** section on page 9.

One-Shot Deals for EAF

Upon receipt of the RAU approval, if the case is eligible under the EAF category, the HDU/CMU JOS/Worker must:

POS will pre-fill Form **W-147KK** to include the repayment agreement amount upon RAU approval.

- have the applicant sign the POS pre-filled **W-147KK** form and provide a signed copy to him/her. Under no circumstance should an applicant be required to sign a blank form **W-147KK** in advance.

Note: If POS is unable to capture the signature, the HDU/CMU JOS/Worker must scan and index the signed **W-147KK** into the HRA OneViewer.

Note: No changes may be made to the **W-147KK**. Do not use “White-Out” on the **W-147KK**. If a change is necessary, a new form must be completed and signed by the applicant.

New

Return to Sign Repayment Agreement Instructions

- Return to Sign Repayment Agreement - If the approval is not received from the RAU on the same day as the request, the applicant will be required to return to sign form **W-147KK** prior to payment of the grant. The HDU/CMU JOS/Worker must access the **Documentation and Verification** tab in the **Request Action** window in **Task 6 (Outstanding Requests)** and select the **Return to Sign the Repayment Agreement** checkbox.

The screenshot shows a software window with three tabs: 'Grants', 'Referrals and Outcomes', and 'Documentation and Verification'. The 'Documentation and Verification' tab is active. The form contains the following elements:

- A question: "Does the client need to bring back documents?" with a dropdown menu showing "No".
- A checkbox labeled "Return to Sign Repayment Agreement" which is checked.
- A "Comments:" label followed by a text input field.
- At the bottom, there are three buttons: "Close", "Next Request", and "Previous Request".

- The **Notice to Report to Center** window will open, allowing the HDU/CMU JOS/Worker to enter the date and time of the return appointment.

- The JOS/Worker must then print the Notice to Report to Center (**M-3g**) form on the **Print Forms for Client to Sign** window that appears when the HDU/CMU JOS/Worker exits the **Request Action** window. Form **M-3g** must be provided to the applicant.

Request Date	Forms to be Printed
M3G	Notice to Report to Center

- give the applicant the Information About Repaying the Department of Social Services for Rental Arrears (**W-147PP**) form which contains information about the repayment billing process.
- provide the applicant the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance [For Applicants Only] (**W-145HH**) form to inform him/her of the Agency’s decision on the request for shelter arrears.
- change the case status to Single Issue (**SI**) on the **Eligibility Determination** window in POS for the suffix and each household member.
- enter Opening Code **Y38** (Case accepted only emergency shelter arrears and/or emergency utility arrears which the applicant agrees to repay) on the POS Turn-Around Document (TAD).
- complete the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:

See [PD #10-22-SYS](#).

Rent in excess of the Agency maximum must be issued using Special Grant Code **30**.

- Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below Agency maximum monthly shelter allowance for the household size.
- If the rent/mortgage exceeds the Agency maximum for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.

See [PD #13-14-ELI](#)
Revised Level of Approval for CA.

- forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval if necessary.

One-Shot Deals for ESNA

If the applicant is not eligible under the EAF category, eligibility must be determined under the ESNA category. Upon receiving the RAU approval, the HDU/CMU JOS/Worker must:

POS will pre-fill form **W-147H** to include the repayment agreement amount upon RAU approval.

Revised

Follow the Return to Sign Repayment Agreement instructions (pgs. 11-12) when the RAU approval is not received on the day of the request.

- have the applicant sign the POS pre-filled Form **W-147H** and provide the applicant with a signed copy. If the approval is not received on the same day as the request, the applicant will be required to return to the Job Center to sign Form **W-147H** prior to payment of the grant (*See the Return to Sign Repayment Agreement instructions on pages 11-12*). Under no circumstance should an applicant be required to sign a blank **W-147H** form in advance.

Note: If POS is unable to capture the signature, the HDU/CMU JOS/Worker must scan and index the signed **W-147H** into the HRA OneViewer.

Note: No changes may be made to the **W-147H**. Do not use “White-Out” on the **W-147H**. If a change is necessary, a new form must be completed and signed by the applicant.

- give the applicant Form **W-147PP**.
- change the case status to **SI** on the **Eligibility Determination** window in POS for the suffix and each household member.
- enter Opening Code **Y38** on the POS Turn-Around Document (TAD).
- complete the PA Single Issuance Authorization Form (**LDSS-3575**) on the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:
 - Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below Agency maximum monthly shelter allowance for the household size.
 - If the rent/mortgage exceeds the Agency maximum monthly shelter allowance for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.

See **PD #10-22-SYS**.

Rent in excess of the Agency maximum must be issued using Special Grant Code **30** (Rent Payments in Excess of Maximum).

See **PD #13-14-ELI** Revised Level of Approval for CA.

- forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval if necessary.
- provide the applicant Form **W-145HH** to inform him/her of the Agency’s decision on the request for shelter arrears.

One-Shot Deals for EAA

Upon receipt of the RAU approval, if the case is eligible under the EAA category, the HDU/CMU JOS/Worker must:

- provide the applicant with Form **W-145HH** to inform him/her of the Agency’s decision on the request for shelter arrears.
- change the case status to **SI** on the **Eligibility Determination** window in POS for the suffix and each household member.
- enter Opening Code **Y39** (Case accepted only emergency shelter arrears and or emergency utility arrears with no repayment agreement) on the POS Turn-Around Document (TAD).
- complete the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:
 - Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below Agency maximum monthly shelter allowance for the household size.

Note: A signed repayment agreement is not required for EAA.

Rent in excess of the Agency maximum must be issued using Special Grant Code **30** (Rent Payments in Excess of Maximum).

See [PD #13-14-ELI](#) Revised Level of Approval for CA.

- If the rent/mortgage exceeds the Agency maximum monthly shelter allowance for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.
- forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval if necessary.

Applicant Ineligible for EAF/ESNA/EAA One-Shot Deal

If an applicant is ineligible for a One-Shot Deal emergency grant under the EAF, ESNA and EAA categories, the JOS/Worker must reject the application with code **Y95** (Application for Emergency Assistance Only).

Subsequent Shelter Arrears Assistance for ESNA Applicants

If an applicant for a One-Shot deal is not current on payments in accordance with his/her current repayment agreement, he/she will not be eligible for any additional shelter arrears assistance under ESNA. However, compliance with the repayment agreement is not a condition of eligibility for EAF or recurring CA.

Note: If an applicant is not current on utility arrears payments, he/she may still be eligible for shelter arrears assistance.

Applicants for Ongoing CA with an Emergency Need

EAF Applicants for Ongoing CA

When an applicant who applies for ongoing CA has an emergency need for shelter arrears, the case must be referred to HDU, then RAU, as described in the **Referral of Shelter Requests to HDU** (page 6) and **Referral to RAU** (page 9) sections.

Note: If POS is down, the JOS/Worker must ensure that Forms **W-145TT** and **W-147F** are completed to determine EAF eligibility. Forms **W-145TT** and **W-147F** must also be scanned and indexed.

Form **W-145TT** is only valid for households that include children or pregnant women.

POS will pre-fill form **W-147KK** to include the repayment agreement amount upon RAU approval.

If the amount requested for EAF exceeds the Agency monthly shelter allowance, the applicant must sign Form **W-147KK**. All fields must be completed prior to obtaining the applicant's signature.

Revised

Upon receipt of the RAU approval, the HDU/CMU JOS/Worker must:

Follow the Return to Sign Repayment Agreement instructions (pgs. 11-12) when the RAU approval is not received on the day of the request.

- have the applicant sign the POS prefilled form **W-147KK** and provide him/her with a signed copy. If the approval is not received from the RAU on the same day as the request, the applicant will be required to return to sign Form **W-147KK** prior to payment of the grant (*See the Return to Sign Repayment Agreement instructions on pages 11-12*). An applicant should never be required to sign a blank **W-147KK** form.

Note: If POS is unable to capture the signature, the HDU/CMU JOS/Worker must scan and index the signed **W-147KK** into the HRA OneViewer.

- provide the applicant with Form **W-147PP**.

If the applicant is deemed eligible for EAF and payment is granted:

- Single-Issue (SI) the case using Opening Code **Y41** (Case accepted for immediate needs) on the POS Turn-Around Document (TAD).
- complete the PA Single Issuance Authorization Form (**LDSS-3575**) on the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:
 - Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below the Agency maximum monthly shelter allowance for the household size.
 - If the rent/mortgage exceeds the Agency maximum monthly shelter allowance for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.
- forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval, if necessary.
- provide the applicant Form **W-145HH** to inform him/her of the Agency's decision concerning the request for assistance to pay shelter arrears.

Rent in excess of the Agency maximum must be issued using Special Grant Code **30**.

See [PD #13-14-ELI](#) Revised Level of Approval for CA.

If the applicant is accepted for ongoing CA, the JOS/Worker must enter a case comment to indicate that Form **W-147KK** is not required (Form **W-147KK** cannot be discarded because the form has been electronically saved into the HRA OneViewer).

If applicable, a recoupment for the excess rent must be initiated by completing the PA Recoupment Data Entry Form – WMS (**LDSS-3573-NYC**).

If the applicant is denied for ongoing CA, POS will forward the repayment agreement form electronically to IREA.

IREA's Division of Claims and Collections will be responsible for initiating the billing. If the applicant becomes eligible for ongoing CA at a later date, Claims and Collections will suspend the repayment order until the CA case closes.

ESNA Applicants for Ongoing CA

Applicants who are single adults or childless couples must sign form **W-147H** if an emergency grant is issued.

If an applicant is deemed ineligible for emergency assistance through EAF (for example, a single adult with no children), his/her emergency need may be met with an ESNA grant. If determined eligible for an ESNA grant, a repayment agreement will be required.

In this instance, the case must be referred to HDU, then RAU as described in the **Referral of Shelter Requests to HDU** (page 6) and **Referral to RAU** (page 9) sections.

Upon receipt of the RAU approval, the HDU/CMU JOS/Worker must:

- have the applicant sign the POS pre-filled Form **W-147H** and provide the signed copy to the applicant. If the approval is not received on the same day as the request, the applicant will be required to return to the Job Center to sign Form **W-147H** prior to payment of the grant (*See the Return to Sign Repayment Agreement instructions on pages 11-12*). Under no circumstance should an applicant be required to sign a blank **W-147H** form in advance.

Note: If POS is unable to capture the signature, the HDU/CMU JOS/Worker must scan and index the signed **W-147H** into the HRA OneViewer.

Note: No changes may be made to the **W-147H**. Do not use "White-Out" on the **W-147H**. If a change is necessary, a new form must be completed and signed by the applicant.

- provide the applicant with Form **W-147PP**. This notice explains the repayment billing process.

POS will pre-fill form **W-147H** to include the repayment agreement amount upon RAU approval.

Revised

Follow the Return to Sign Repayment Agreement instructions (pp. 11-12) when the RAU approval is not received on the day of the request.

If the applicant is deemed eligible for ESNA and payment is granted:

- change the case status to **SI** on the Eligibility Determination window in POS for the suffix and each household member.
- enter Opening Code **Y41** (Case accepted for immediate needs) on the POS Turn-Around Document (TAD).
- complete the PA Single Issuance Authorization Form (**LDSS-3575**) on the **Single Issue Data Entry** window and enter the appropriate issuance code, as follows:
 - Special Grant Code **31** (Pre PA Rent Arrears) to issue the arrears payment equal to or below the Agency maximum monthly shelter allowance for the household size.
 - If the rent/mortgage exceeds the Agency maximum for the household size, Special Grant Code **30** (Rent Payments in Excess of Maximum) must be used to cover the excess portion of the rent.
- forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval if necessary.
- provide Form **W-145HH** to the applicant to inform the applicant of the Agency's decision on the request for shelter arrears.

Rent in excess of the Agency maximum must be issued using Special Grant code **30** (Rent Payments in Excess of Maximum).

If the applicant is accepted for ongoing CA, the JOS/Worker must enter a case comment to indicate Form **W-147H** is not required because of acceptance of ongoing CA (Form **W-147H** cannot be discarded because the form has been electronically saved into the HRA OneViewer).

If applicable, a recoupment for the excess rent must be initiated by completing the PA Recoupment Data Entry Form – WMS (**LDSS-3573 NYC**).

If the ESNA case is accepted for recurring CA, a recoupment must be initiated for rent arrears paid above the Agency maximum.

Note: A recoupment must be initiated for any shelter arrears amount paid above the Agency maximum for the household size (Special Grant Code **30**).

If the applicant is denied for ongoing CA, POS will electronically forward the repayment agreement form to IREA.

Additional Allowances for Participants

Participants requesting an additional allowance for emergency shelter assistance must complete the Request for Emergency Assistance, Additional Allowances or Adding a Person to the Case (For Participants Only), or Adding a Person to an Active Cash Assistance Case (**W-137A**) form.

The JOS/Worker must initiate and refer the shelter request to HDU as described in the **Referral of Shelter Requests to HDU** section beginning on page 6.

The HDU/CMU Supervisor must then refer the shelter request to RAU as described in the **Referral to RAU** section on page 9.

Upon receipt of RAU approval, the HDU/CMU JOS/Worker must:

See [PD #10-22-SYS](#).

- complete the **Single Issue Data Entry** window and enter Special Grant Code **40** (Rent in Advance to Avoid Eviction) to issue the arrears payment. Code **40** will automatically generate a recoupment. Do not enter Code **05** (No Recoupment or Restriction) in the Shelter/Recoupment field of Form **LDSS-3575**.
- forward the case to the HDU/CMU Supervisor who will review and approve the case action and forward the case for a higher level of approval if necessary.
- complete the Action Taken on Your Request for Emergency Assistance, Additional Allowances, or Adding a Person to the Case (For Participants Only) (**W-137B**) form advising the participant of the Agency's decision.

Recoupment of Rent in Excess of the Agency Maximum Shelter Allowance

A recoupment must be initiated for the amount that exceeds the Agency maximum monthly shelter allowance when a household receives an emergency shelter arrears payment and later becomes eligible for recurring CA.

The JOS/Worker must contact the Division of Accounts Receivable and Billing (DARB) at (929) 221-6054 to identify the amount of shelter arrears issued and the current balance that was paid back to the Agency.

The JOS/Worker must:

- multiply the household’s shelter allowance by the number of months (durational period) for which assistance to pay shelter arrears was granted. This is the total shelter allowance for the period in arrears. For example:
 - $\$215 \times 10$ (months in arrears) = \$2,150
- subtract the total shelter allowance for the period in arrears *from* the total shelter arrears issued by the Agency. This is the amount over the Agency maximum that was issued:

For example, a household previously received \$5000 from the Agency for ten months shelter arrears.

- $\$5,000$ (total arrears issued) - $\$2,150$ = $\$2,850$ (amt. above max)
- if the household pays back less than the amount above the Agency maximum, subtract the balance *from* the amount above the Agency maximum. This is the recoupment amount.
 - $\$1,150$ (paid back to Agency) < $\$2,850$ (amt. above max)
 - $\$2,850$ (amt. above max)- $\$1,150$ = $\$1,700$ (recoup. amount)
- if the household pays back more than the amount above the agency maximum, the household has already paid the amount above the agency maximum. No recoupment must take place.
 - $\$3,000$ (paid back to Agency) > $\$2,850$ (amt above max)

Note: If no payments have been made, the unpaid balance would remain the shelter arrears payment issued.

Refer to the Authorization of Grants Manual for more information on the completion of the **LDSS-3573 NYC**.

On the **LDSS-3573 NYC**, the JOS/Worker must:

- place a checkmark in the **New Claim (1)** box;
- enter **S** in the **Offense Type** field in the **Offense Data** section;
- enter the recoupment amount in the **Offense Amount** section;
- answer the **Is M-3E Signed?** question. If **Y** is checked, WMS will not generate a Notice of Intent to Reduce Public Assistance; and
- sign the form and ensure that it is forwarded to the Supervisor for signature.

PROGRAM IMPLICATIONS

Model Center Implications

Use FRED/MONIQ to route the applicant/participant to the appropriate area that will address his/her housing emergency.

Paperless Office System (POS) Implications

Forms **W-145TT**, **W-147F**, **W-147H**, **W-147KK**, and **W-147PP** are available in POS.

See [PB #12-102-SYS](#) CA POS Release Notes.

The windows used to input requests for **Rent arrears**, **Mortgage arrears**, **Property tax arrears**, **Amortization** and **Carrying charges** have been integrated into a single window in the **Shelter (Housing) Expenses** window.

SNAP Implications

There are no SNAP implications.

Medicaid Implications

There are no Medicaid implications.

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

A participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If a 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 Centers, the Receptionist at Main Reception will issue an FH&C ticket to the 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/Supervisor I will listen to and evaluate any material presented by the participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain the reason for the Agency's action(s) to the participant.

If the determination is that the participant has presented good cause for the infraction or that the outstanding Notice of Intent (NOI) needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will Settle in Conference (SIC), post Action Code **820** (Good Cause Granted), refer the participant back to the JOS/Worker by posting Action Code **11FH** (Referral from FH&C for Eligibility Assessment), and enter detailed case notes in New York City Work, Accountability and You (NYCWAY). The AJOS/Supervisor I will forward all verifying documentation submitted by the 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**), change the **02** to **01** if the case has been granted Aid to Continue (ATC), or prepare and submit a CA Recoupment Data Entry Form – WMS (**LDSS-3573**) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the participant fails to show good cause for the infraction or if it is determined that the Agency's action(s) should stand, the AJOS/Supervisor I will explain to the participant why he/she cannot SIC. The AJOS/Supervisor I must complete an **M-186a** form.

Should the participant elect to continue his/her appeal by requesting a Fair Hearing or proceeding to a hearing already requested, the FH&C AJOS/Supervisor I 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 (e.g., copies of POS "Case Comments" and/or NYCWAY "Case Notes"), copies of relevant WMS screen printouts, notices, and other documentation relevant to the action taken.

REFERENCES


SSL. Sec. 131-n
 18 NYCRR § 352.7(g)(3) and (4);370.3;372;397.5(l)(3)
[06-INF-25](#)

[Authorization of Grants](#), p.262
[Temporary Assistance Source Book](#), Ch.10 Sec. I, Ch. 12, Ch. 21
 Sec. E, Ch. 22, Ch. 31 Sec. H.

RELATED ITEMS

Fax Flash 13/48 PB #11-118-OPE	CMU Shelter Related Requests Referrals to HDU Voluntary Payroll Deductions for New York City Employees with Repayment Agreements for One- Time Emergency Payments
PB #12-102-SYS	CA POS Release Notes Version 16.3
PB #13-56-OPE	Revision to the Rental Assistance Unit (RAU) Referral Process
PB #13-79-SYS	Shelter Related Requests Referral Process
PD #08-43-ELI	Emergency Assistance to Needy Families with Children (EAF)
PD #10-22-SYS	Single Issuance Grant Requests in POS
PD #13-14-OPE	Revised Level of Approval for Cash Assistance

ATTACHMENTS

 Please use Print on
Demand to obtain copies
of forms.

Attachment A	POS HDU Instructions
LDSS-3573 NYC	PA Recoupment Data Entry Form – WMS (Rev. 6/02)
W-137A	Request for Emergency Assistance, Additional Allowances or Adding a Person to the Case (For Participants Only), or Adding a Person to an Active Cash Assistance Case (Rev. 8/28/12)
W-137B	Action Taken on Your Request for Emergency Assistance or Additional Allowance (For Participants Only) (Rev. 8/28/12)
W-145HH	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance [For Applicants Only] (Rev. 8/21/12)
W-145TT	Determination of Eligibility for Emergency Assistance to Needy Families (EAF) (Rev. 3/12/14)
W-147F	Shelter Arrears Repayment Agreement Worksheet (Rev. 4/4/13)
W-147H	Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (Rev. 8/3/12)
W-147H (S)	Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (Spanish) (Rev. 8/3/12)

- W-147KK** Emergency Assistance to Needy Families (EAF)
Agreement to Repay Excess Shelter Arrears
(Rev. 8/3/12)
- W-147KK (S)** Emergency Assistance to Needy Families (EAF)
Agreement to Repay Excess Shelter Arrears
(Spanish) (Rev. 8/3/12)
- W-147PP** Information about Repaying The Department of
Social Services for Rental Arrears (12/8/09)
- W-147PP (S)** Information about Repaying The Department of
Social Services for Rental Arrears (Spanish)
(12/8/09)

POS HDU INSTRUCTIONS

HDU Intake Activity

After completing the Household Screen, Address Information, and Individual Detail sections in the **HDU Intake Activity**, the HDU worker must complete the following sections:

- Referred to HDU From (see below)
- HDU Information (see pages 3-16)
- SI Grant Requests (see page 17)
- Print Forms (see page 18)
- Approval Elements (see page 19)

Referred to HDU From Window

Version 16.3 - Paperless Office System - [Referred to HDU from] 1:06:29 PM Wednesday, November 07, 2012

File Edit Tools Window Help

Case Information
Case Number: 00007013606E Case Name: SARANDUN SUSAN

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

Risk Factors
Risk Factors: Scheduled Eviction/Post Eviction []
Risk Factors Details: []

Requesting RAU Reconsideration/Addition	Reason for Reconsideration/Addition
YES	Additional Documentation

Other Details: []
Narrative
[]

Next Previous

HDU Information Screen

Version 16.2 - Paperless Office System - [HDU Information] 11:49:45 AM Friday, August 24, 2012

File Edit Tools Window Help

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

	Yes	No
Is Employed?	<input checked="" type="radio"/>	<input type="radio"/>
Is Self-Employed?	<input type="radio"/>	<input type="radio"/>
Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?	<input type="radio"/>	<input type="radio"/>
Are There Rent Or Mortgage/Tax Arrears?	<input type="radio"/>	<input type="radio"/>
Mortgage/Property Tax Arrears?	<input type="radio"/>	<input type="radio"/>
HDU Shelter Arrears Detail	<input type="radio"/>	<input type="radio"/>
Household Resources, Expenses and Other Potential Savings	<input type="radio"/>	<input type="radio"/>
HDU Decision/Plan of Action	<input type="radio"/>	<input type="radio"/>
Document Deferral	<input type="radio"/>	<input type="radio"/>

Spanish Next Previous

The HDU worker must complete the **HDU Information** section which contain the following screens (shown in pages 3 through 16):

- Is Employed? (read only window, see page 4)
- Is Self-Employed? (read only window, see page 4)
- Do you (or anyone who lives with) have a rent, mortgage or other shelter expenses? (see page 5)
- Are there rent or mortgage arrears? (see page 5)
- Mortgage/Property Tax arrears? (see page 6)
- HDU Shelter Arrears Details (see pages 7-10)
- Household Resources, Expenses and Other Potential Savings (see page 11)
- HDU Decision/Plan of Action (see pages 12-15)
- Document Deferral (see page 16)

Is Employed? Response to Question Window (Read Only)

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING: Yes No

Is Employed?

Response to Question

Info from WRS Employee <input type="text"/> Employer <input type="text"/> Street <input type="text"/> City <input type="text"/> Zip <input type="text"/> Wage Year Quarter <input type="text"/> <input type="text"/> <input type="text"/>	Who Perkins Sam Type of Work.. Beauty Culture Employer 111 Main Street 111 Main St City Queens State NM Zip - Contact Title Phone - - Document...	Start Date 00/00/0000 Expected End Date.. 00/00/0000 Gross income \$.00 \$.00 \$.00 \$.00 Frequency Hours/Freq... BW Taxes Withheld <input type="radio"/> Yes <input type="radio"/> No Day Paid
	Is Health Insurance Available through Your Employer (even If you are not participating)? <input type="radio"/> Yes.. <input type="radio"/> No Do you have child or dependent care expenses due to employment (including job search)? <input type="radio"/> Yes <input type="radio"/> No Do you have other employment-related expenses (including job search)? <input type="radio"/> Yes <input type="radio"/> No	Scan <input type="checkbox"/> Comment

OK Cancel

Is Self-Employed? Response to Question Window (Read Only)

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU THAT IS APPLYING: Yes No

Is Employed?

Is Self-Employed?

Response to Question

Info from WRS Employee <input type="text"/> Employer <input type="text"/> Street <input type="text"/> City <input type="text"/> Zip <input type="text"/> Wage Year Quarter <input type="text"/> <input type="text"/> <input type="text"/>	Who <input type="text"/> Company Name <input type="radio"/> Yes <input type="radio"/> No Name <input type="text"/> Business Address Different from Residence <input type="radio"/> Yes... <input type="radio"/> No Business Type Business Tel # - - Is Health Insurance Available to You (even If you are not participating)? <input type="radio"/> Yes.. <input type="radio"/> No Do you have child or dependent care expenses due to employment (including job search)? <input type="radio"/> Yes <input type="radio"/> No Do you have other employment-related expenses (including job search)? <input type="radio"/> Yes <input type="radio"/> No	Start Date 00/00/0000 Expected End Date.. 00/00/0000 Gross Income \$0 Frequency <input type="radio"/> Yes <input type="radio"/> No Hours Per Frequency \$0 Expenses <input type="radio"/> Yes.. <input type="radio"/> No Monthly Net Income Amount \$.00
	Document... Scan <input type="checkbox"/> Comment...	

OK Cancel

Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses? Response to Question Window

Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses? Yes No

Response to Question

Shelter Information

Shelter Type: Apt pvt house... Shelter Code: 01 Change Shelter type? Yes No Actual amount charged for Rent/Mortgage: \$400.00 Frequency: M Verified: Yes No

Click to View/Update Details of the Current Shelter Type Housing Advantage Indicator(HAI): Rent Charged To Secondary Tenant: .00 Frequency:

Landlord Information

Landlord Type: Landlord SSN/Tax Number: 11123455

Name: Landlord Name Phone:

House/PO Box Number: 22 Apt/Suite Number: 22

Street Dir: West Street Name: 121st Street Type: Str City: New York State: New York Zip: 10026

Restriction Information

Has The Household Requested A Rent Restriction Exemption? Yes No

Rent Restriction Type: Direct Involuntary (PA level) PA Shelter Amount: 400.00

Is the restriction information the Same As The Landlord Information? Yes No

Name: Client Name for Landlord Nam

House Number or PO Box: 22 Apt/Suite: 22

Street Dir: West Street Name: 121st Street Type: Str City: New York State: New York Zip: 10026

Excess Rent Monthly Excess Rent: \$0.00

Document... Scan Comment...

OK Cancel

Are There Rent Or Mortgage/Tax Arrears? Response to Question Window

Are There Rent Or Mortgage/Tax Arrears? Yes No

Response to Question

Rent Arrears Arrears Amount: \$1,569.00 Period From: 01/01/2012 Period To: 07/31/2012 Months of Arrears: 08

Mortgage Arrears Arrears Amount: \$0.00 Period From: 00/00/0000 Period To: 00/00/0000 Months of Arrears:

Property Tax Arrears Amount: \$0.00 Property Tax Period From: 00/00/0000 Property Tax Period To: 00/00/0000 Property Tax Months of Arrears:

Amortization of mortgage on applicant/recipient-owned property Amount: \$1,568.00

Carrying charges on applicant/recipient-owned property Amount: \$1,596.00

Document... Comment...

OK Cancel

Mortgage/Property Tax Arrears? Response to Question Window

Mortgage/Property Tax Arrears?							
Response to Question							
<p>This window allows you to record the property details for homeowners requesting assistance with Mortgage/Tax Arrears or information for those requesting assistance with a Co-op purchase. For Co-op purchase, the purchase price must be entered and all details about the purchase must be entered in the "How was Home Afforded/Details of Co-op Purchase?" question.</p>							
Type of Request <input type="radio"/> Purchase Co-op Apt <input type="radio"/> Help with Mortgage/Tax Arrears <input type="radio"/> Property Tax Arrears Only		Property Purchase Date 00/00/0000	Purchase Price (Incl tax, fees & closing costs) \$00	Name of Mortgage Holder _____	Terms of Mortgage Years <input type="text"/> Interest <input type="text"/>		
Did you or will you make Down Payment a Down Payment? <input type="radio"/> Yes <input type="radio"/> No	Down Payment Amount \$00	Is Property Producing Income? <input type="radio"/> Yes <input type="radio"/> No	Monthly Amount Received \$00	Number of Mortgages <input type="text"/>	Date Last Mortgage was taken 00/00/0000	Last Mortgage Amount \$00	
Equity in Home? <input type="radio"/> Yes <input type="radio"/> No	Equity Amount \$00	Foreclosure Action? <input type="radio"/> Yes <input type="radio"/> No	Foreclosure Details _____		How Afforded Home/Details of Co-op Purchase? _____		
Document... <input type="text"/>		Scan <input type="checkbox"/>	Comment... <input type="text"/>				
<input type="button" value="OK"/>				<input type="button" value="Cancel"/>			

Note: The **Mortgage/Property Tax Arrears? Response to Question Window** is used to record *property specific information* for homeowners requesting Mortgage/Tax Arrears or Co-op purchase assistance.

HDU Shelter Arrears Detail

Response to Question

Case Information
 Case Number: _____ Case Name: _____ Contact Person: _____
 Street Address _____ City _____ State _____ Zip Code _____ Phone # _____ AlternativePhone # _____
 Shelter Type: _____ Shelter Code: _____ Rent Restriction Type: _____
 Actual Rent: _____ Frequency: _____ PA Shelter Amount: _____ Excess Rent: _____

Landlord/Lender Information
 Landlord/Lender Name: _____ Landlord/Lender Email: _____
 Landlord/Lender Address : _____
 Landlord/Lender Phone#: _____ Landlord Cell#: _____ Landlord/Lender Fax#: _____

Arrears Information
 Breakdown Submitted? Yes No Legal Fees: .00 Formerly on Advantage Program
 Mortgage/Rent Arrears: .00 Period From: 00/00/00 Period To: 00/00/0000 Month of Arrears: _____
 Property Tax Arrears: .00 Period From: 00/00/00 Period To: 00/00/0000 Month Of Arrears: _____
 Principle reason For Non Payment: _____ Non Payment Detail: _____
 Is Client Faced with ?
 Non Pay Petition Eviction Dispossess Holdover
 Post Eviction No Court Action Client Foreclosure Landlord Foreclosure
 Is there a Court Stipulation? Yes No Is there a order to Show Cause? Yes No
 Court Date: 00/00/0000 Follow Up Date: 00/00/0000 Date: 00/00/0000 Eviction Date: 00/00/0000
 Has the Client Applied for Housing Through?

Has the Client Applied for Housing Through?
 Section 8 Housing Date: 00/00/0000 NYCHRA Date: 00/00/0000 FEPS Date: 00/00/00 Status: _____

Instructions Excess Rent Income

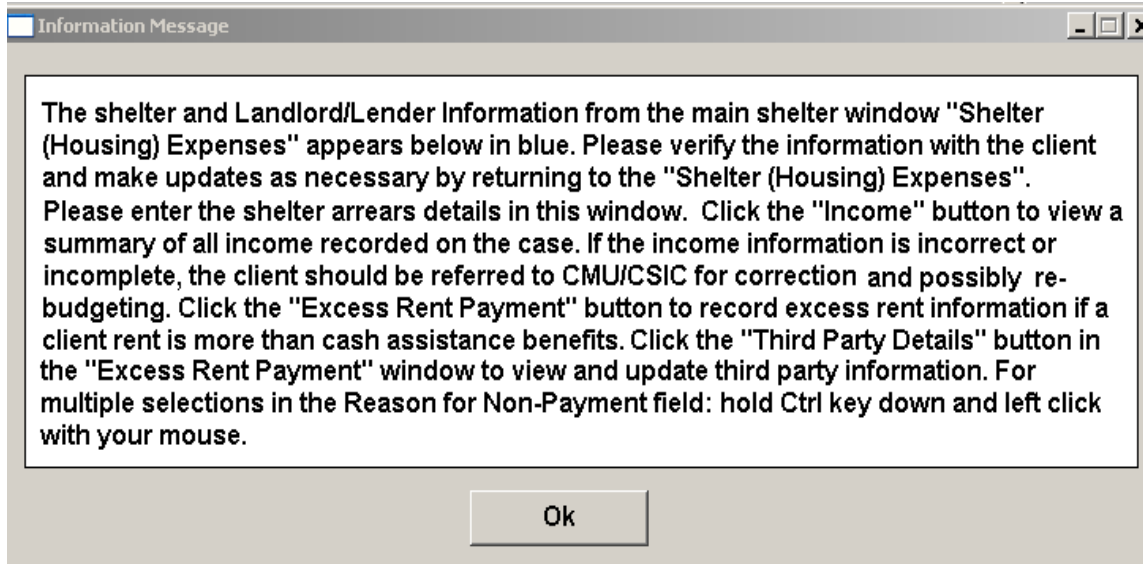
OK Cancel

Instructions, Excess Rent, and Income options. See pages 8 through 10 for examples.

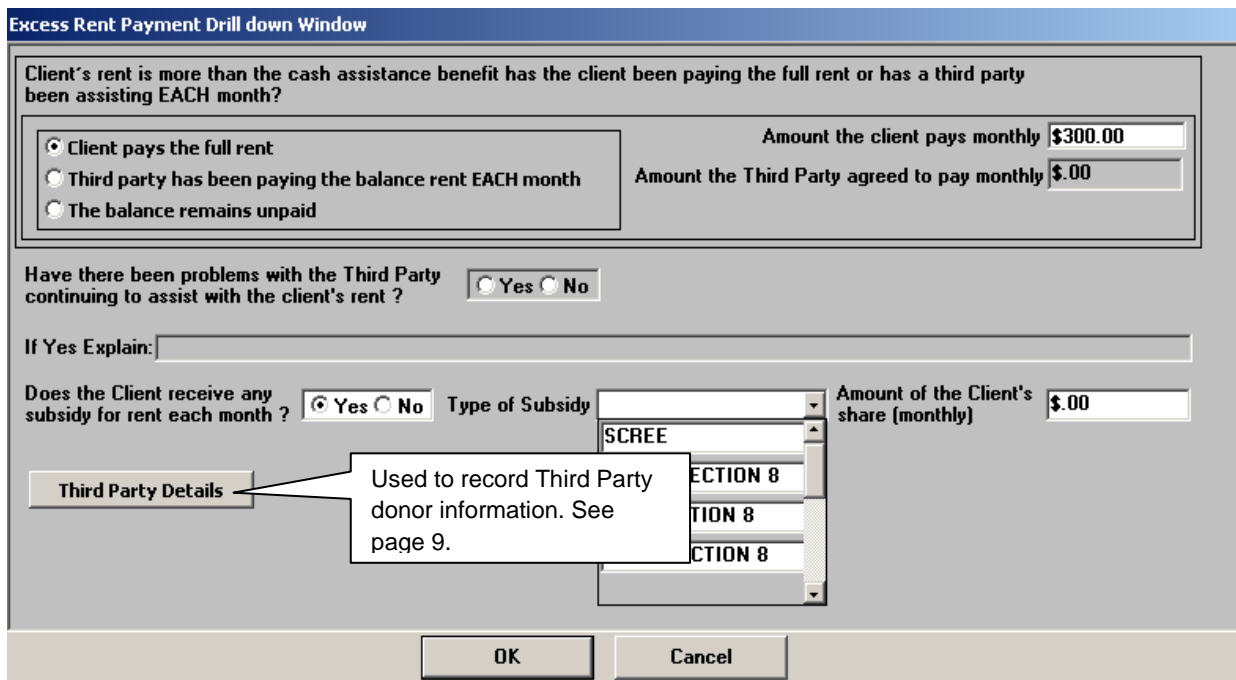
The **Instructions**, **Excess Rent**, and **Income** options may be selected toward the bottom of the **HDU Shelter Arrears Detail** screen.

The **Instructions** option gives directions on how to complete the **Excess Rent**, **Third Party Details** (within the **Excess Rent** window) and **Income** windows.

Instructions Window from HDU Shelter Arrears Detail



Excess Rent Payment from HDU Shelter Arrears Detail



The above **Excess Rent Payment** screen is accessed by clicking on **Excess Rent** on the **HDU Shelter Arrears Detail** screen.

Click on **Third Party Details** to access the **Third Party Drill Down** window.

Third Party Drill Down Window option from Excess Rent Payment Window

Third Party HDUA Drill Down Window

Instructions: A Legally responsible relative is a relative who, by law is responsible for the support and care of another person such as a spouse, parent or step-parent. Parents (including adoptive parents) and step-parents are responsible for the support of their children and/or step-children only under the age of 21. A loan is defined as money that is borrow and must be returned. Court ordered payments are defined as support payments required to be made directly to a recipient pursuant to an order of the family court/payments that are directed by the court.

Donor 1 Information

Donor's Name	House No	Dir	Street Name	Type	City	State	Zip
Donor's relationship to client	Donor's SSN	Donor's Phone No.	Shelter Exp	Freq	Gross Salary	Freq	
<input type="radio"/> Legally Responsible Relative	- -	- -	.00		.00		
<input type="radio"/> Non-Legally Responsible Relative	Net Salary	Freq	Other income	Amount	Freq		
	.00			.00			

Contribution Information

Monthly Contribution Amount: .00 Is this considered a Loan? Yes No Is this court ordered payment? Yes No

Contribution Start Date: 00/00/0000 Is Donor still assisting? Yes No Contribution End Date: 00/00/0000

Contribution given to whom? To Client Directly to Landlord

Donor 2 Information

Donor's Name	House No	Dir	Street Name	Type	City	State	Zip
Donor's relationship to client	Donor's SSN	Donor's Phone No.	Shelter Exp	Freq	Gross Salary	Freq	
<input type="radio"/> Legally Responsible Relative	- -	- -	.00		.00		
<input type="radio"/> Non-Legally Responsible Relative	Net Salary	Freq	Other income	Amount	Freq		
	.00			.00			

Contribution Information

Monthly Contribution Amount: .00 Is this considered a Loan? Yes No Is this court ordered payment? Yes No

Contribution Start Date: 00/00/0000 Is Donor still assisting? Yes No Contribution End Date: 00/00/0000

Contribution given to whom? To Client Directly to Landlord

Donor 3 Information

Donor's Name	House No	Dir	Street Name	Type	City	State	Zip

OK Cancel

Income Recorded During Interview Window from HDU Shelter Arrears Detail

Income Recorded During Interview

Instructions:
Unlike the SNA 125% income test, the EAF test is only applicable to income that is actually available to the EAF household on the date of application, not the household's anticipated or past income. Income guidelines are updated annually.
For example, an applying household may have received income exceeding 200% but on the day of EAF application has less than 200% of that income available, therefore passing the income test and any available income is applied to the emergency need.

Name	Income Type	Monthly Amount (Gross)	Monthly Amount (Net)

Total Total

OK

This window is accessed by clicking on **Income** from the **HDU Shelter Arrears Detail** window.

The Income window is used to view a summary of the income recorded on the case. If the income information is incorrect or incomplete the applicant/participant must be referred to CMU/CSIC for correction and possibly re-budgeting.

Household Resources, Expenses and Other Potential Savings

Instructions

The household resources and expenses in this window are the most current available and are displayed in blue. If after interviewing the client you determine that updated amounts are needed, make entries in the 'HDU Household Resources' and 'HDU Monthly Expenses' areas. After reviewing the household budget with the client you may discover some savings that would assist the family in reducing the need for future public assistance. Please make these entries in the 'Other Potential Savings' area. Information added to fields annotated with an asterisk (*) require an explanation in the narrative field.

HOUSEHOLD RESOURCES		HOUSEHOLD MONTHLY EXPENSES		OTHER POTENTIAL MONTHLY SAVINGS	
Household Resources	Amount	Household Monthly Expenses	Amount	Other Potential Savings	Amount
Cash	\$0.00	Rent/Mortgage	\$0.00	Will Obtain Employment	\$0.00
Savings/Checking Accounts	\$0.00	Tax	\$0.00	Will Receive Food Stamps	\$0.00
Stocks/Bonds/CDs	\$0.00	Utilities	\$0.00	Expecting SSA or VA Benefits, Other Benefits	\$0.00
Retirement Accounts	\$0.00			Have Second Jo/Higher Paying Job	\$0.00
Personal Assets (Condo, Etc)	\$0.00			Remove children from private school	\$0.00
Life Insurance	\$0.00	HDU H/H Monthly Expenses	Amount	Credit Counseling	\$0.00
Alimony	\$0.00	Food	\$0.00	Will Sell Car	\$0.00
Disability	\$0.00	Transportation	\$0.00	Have Arranged Affordable Child Care	\$0.00
Tax Refund	\$0.00	Credit Cards	\$0.00	Have Arranged Affordable Adult Care	\$0.00
Lawsuits	\$0.00	Garnishees*	\$0.00	Bankruptcy	\$0.00
Loan From Others	\$0.00	Car Insurance*	\$0.00	Will Receive Additional/Change Health Insurance	\$0.00
PA/FS	\$0.00	Life Insurance*	\$0.00	Third Party Financial Assistance	\$0.00
		Loans*	\$0.00	Other	\$0.00
		Cable TV	\$0.00		
		Personal (clothing, laundry, etc)	\$0.00	Total Potential Savings	\$0.00
		Entertainment	\$0.00		
HDU Household Resources	Amount	Home/Cell Phone	\$0.00		
Earned Income (HDU)	\$0.00	Child Support*	\$0.00		
Unearned Income (HDU)	\$0.00	Child Care *	\$0.00		
Credit Cards	\$0.00	Medical Fees*	\$0.00		
Inheritance	\$0.00	Tuition*	\$0.00		
Other	\$0.00	Other	\$0.00		
Total Household Resources	\$0.00	Total Household Expenses	\$0.00		

The Amounts in blue are pre-populated from prior POS entry. Any updated amounts must be entered in the “grey” areas (See instructions toward the top of the window).

HDU Decision/Plan of Action

HDU DECISION/PLAN OF ACTION

To be eligible for a rent arrears grant, a plan is needed for future rent/mortgage payments when the cash assistance allowance does not cover the entire shelter amount for participants/applicants. The applicant's/participant's available resources must not exceed the Resource Limits. All resources (if any) must be evaluated to determine whether they are countable towards the resource limit or exempt. Also cases applying for a one-time-cash grant must use all available resources and to apply for, as well as pursue, potentially available resources. A resource must be easily converted to available cash, even if it results in a penalty for liquidating the resource, such as in the case of stocks, bonds, etc. Click the 'Landlord Contact' button to record details of discussion with landlord and to indicate that no contact was made.

Case Information
Case Number: **00007421939F** Case Name: **PERKINS SAM**

Future Rent Payment Plan

Payment Plan w/Landlord:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status:	
Pension Loan:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status:	
Bank/Credit Union Loan:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status:	
Salary Advance:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status:	
Retirement/IRA/401K Loan:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status:	
Cashing Savings Bond:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status:	
Borrow From Family/Friend:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status:	
Cash Value of Life Insurance:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status:	
Other Potential Resource:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status:	
Charity/Church/Synagogue:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Status:	

Unforeseen Circumstances that Caused Arrears

Are there unforeseen circumstances that caused the arrears? (select all that apply) Yes No

- Robbery or Loss of Property
- Medical
- Unexpected Death in a Family
- Loss of Income
- Natural Disaster/Fire
- Loss of affordable childcare

Participant provide documentation to verify circumstances? Yes No Deferred

HDU Plan of Action

Initial Plan of Action Outcome: Client Refused Services Outcome Date: 09/05/2012

Other Details:

Did the Participant Provide all necessary Documentation? Yes No Deferred RAU Packet Complete: Yes No

Landlord Contact Reason for extension beyond 30 days

OK Cancel

Initial Plan of Action
example on pages 13 and 14.

Landlord Contact
example on page 15.

The **Initial Plan of Action** and **Landlord Contact** options may be selected from the **HDU Decision/Plan of Action** window.

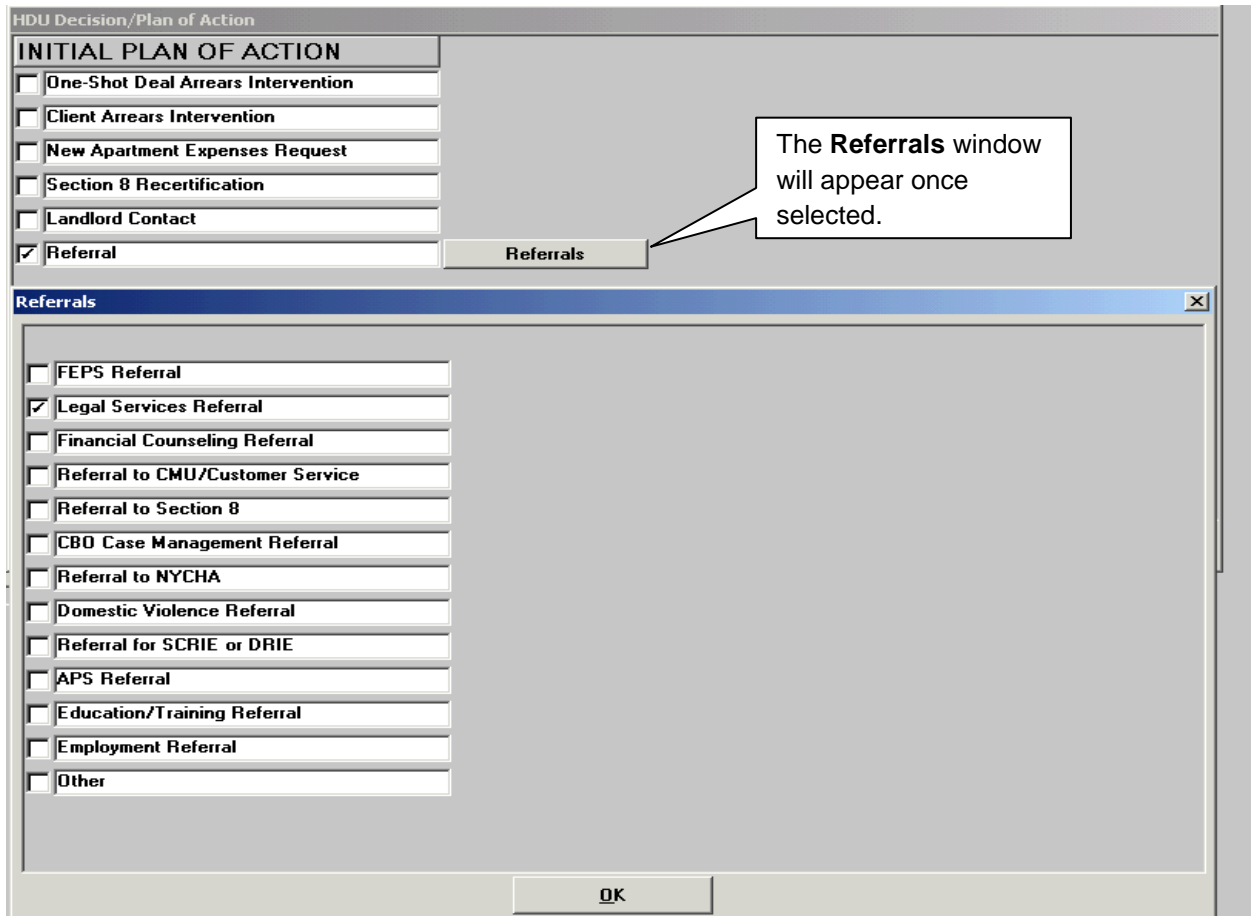
Initial Plan of Action from the HDU Decision/Plan of Action window

The screenshot displays a software window titled "HDU DECISION/PLAN OF ACTION". At the top, a text box contains the instruction: "To be eligible for a rent arrears grant, a plan is needed for future rent/mortgage payments when the cash assistance allowance does not cover the entire shelter amount for participants/applicants. The applicant's/participant's available resources must not exceed the". Below this, a blue header bar reads "HDU Decision/Plan of Action". The main area features a list of options, each with a checkbox and a corresponding button:

- One-Shot Deal Arrears Intervention
- Client Arrears Intervention
- New Apartment Expenses Request
- Section 8 Recertification
- Landlord Contact
- Referral

The "Referrals" button next to the checked "Referral" option is highlighted with a dotted border. A callout box points to this button with the text: "Once Referral is checked, select the adjacent Referrals button to enter a specific referral type." At the bottom of the window, there are two sets of "OK" and "Cancel" buttons.

Referrals window from the Initial Plan of Action window



Landlord Contact window from the HDU Decision/Plan of Action window

HDU DECISION/PLAN OF ACTION

To be eligible for a rent arrears grant, a plan is needed for future rent/mortgage payments when the cash assistance allowance does not cover the entire shelter amount for participants/applicants. The applicant's/participant's available resources must not exceed the

Landlord Contact

Case Information

Case Number: 00007421939F Case Name: PERKINS SAM

Landlord Contact Made? Yes No Discussion Date: 00/00/0000

Results of Discussion With Landlord

Move to New Apartment Rent Reduction Arrears Reduction Awaiting FEPS Pending Outcome Negative Outcome

Lease Duration: New Monthly Rent: \$00 New Arrears:

Comment...

OK Cancel

OK Cancel

HDU Document Deferral Window

HDU DOCUMENT DEFERRAL WINDOW

Instructions: This HDU Documentation Deferral window lists the names of **all active adult household members over 18 years of age**. If there is someone residing in your household over 18 that does not appear on this list, select "Other Person Not Listed", then enter the name in the "Other Name" field. Once you have selected from the "who" list box, you should select all of the documents needed for the name you selected only. For instances when you have more than one selection for a request type, you can make multiple selections per each request type group, Hold the 'Ctrl' button down on your keyboard and left click with your mouse). If you need to make additional request for the next household member, use the "scroll bar to view the next available row so that you can fill their request information separately.

Deferral Due Date: Return Documents To: Homeless Diversion Unit (HDU) Must See Your Worker

Who: Other Name:

Request Type	Select Documentation List	Supporting Information
<input checked="" type="checkbox"/> Brokers Fees/Voucher	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Mortgage Payments/ Arrears	<input type="text" value="Income tax return for year"/>	<input type="text" value="2011"/>
<input type="checkbox"/> Moving expenses	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Property Tax Payments/ Arrears	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Rent Arrears	<input type="text" value="Income tax return for year"/>	<input type="text" value="2003"/>
<input type="checkbox"/> Security Deposit/ Voucher	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other HDU Request:	Specify: <input type="text"/>	<input type="text"/>

Comments:

Select the person(s) selected for the deferral in the **Who** drop-down box. If there is another individual, over 18 years of age, that is not listed in the drop-down box, select "**Other Person Not Listed**", then enter the name in the **Other Name** field.

Select the **Request Type** and complete the **Select Documentation List** fields.

SI Grant Requests and Issuance

Version 16.2.1 - Paperless Office System - [SI Grant Requests and Issuance] 5:35:09 PM Wednesday, Aug

File Edit Tools Window Help

Instructions

The list below shows the tasks that are part of this activity. You should do the tasks in the order presented. Some tasks are required; you must click the GO button and do the task before going on to the next task or completing the activity. Other tasks are not required and will have a button label of NA. All required tasks must be completed before you can complete the activity.

SI Grant Request

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

Next Previous

Print Forms

Version 16.2.1 - Paperless Office System - [Print Forms] 5:36:02 PM Wednesday, August 22, 2012

File Edit Tools Window Help

Form No	Form Description	Copies	Forms
DSS2474	SSI Referral and Certification of Contact		e-form
DSS3151	Food Stamp Change Report Form		e-form
DSS3573	PA-Recoupment		e-form
DSS3938	Food Stamp Application Expedited Processing Summary Sheet		e-form
DSS4198	Third Party Data Sheet		e-form
DSS4279	Notice of Responsibilities and Rights for Support		e-form
DSS4529	Agreement to Repay Any Safety Net Assistance Overpayments Still Owed After Case Is Closed		e-form
DSS4530	Assignment of Wages, Salary, Commissions or other Compensation for Services		e-form
DSS4571	Alcohol/Substance Abuse Screening Instrument		e-form
DSS4733	DFR Legal Residence Statement		e-form
DSS4753	Food Stamps - Request for Contact/Missed Interview		e-form
DSS4776	Safety Net Assistance (SNCA) Application (LDSS-4776)		e-form
EXP_76R	Documentation Receipt		e-form
EXP83H	Declaration of Application for a Social Security Number		e-form
M15	Inquiry Regarding Veterans' Benefits and Servicemen's Allotments		e-form
M15F	Agreement to Repay Public Assistance		e-form
M186RR	Mandatory Dispute Resolution Action Taken Form		e-form
M186TT	Mandatory Dispute Resolution No Action Taken Form		e-form

Preview W-145HH Notice Next Print Previous

Approval Elements

Version 16.3 - Paperless Office System - [Approval Elements] 1:46:28 PM Monday, January 14, 2013

File Edit Tools Window Help

Disapproved Element
Address Information Approval Edit
 Add Comment

Disapproval Reasons Review Comment Log

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

Disapproval Reasons Review Comment Log

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

Disapproval Reasons Review Comment Log

Next Refer to RAU Previous
 Refer Back to Worker

Activity Includes Ready SI Grants: No
 Highest PA Issuance Code Total: 0
 Grants Needing Center Director (Admin JOS II) Approval:
 Next Level: ADMIN JOS

The HDU Supervisor will use the **Approve HDU Intake** activity to approve information completed by the HDU worker via the **HDU Intake** activity. The **Approve HDU Intake** activity will contain the following sections *with Supervisory Review* areas attached toward the bottom of those sections.

- Household Screen
- Address Information
- Individual Detail
- HDU Referred From
- HDU Information
- SI Grant Requests
- Print Forms
- Notice Selection (SCR Centers)
- Approval Elements

Supervisory Approval – HDU Information Example

Version 16.2.1 - Paperless Office System - [Supervisory Approval-Shelter] 5:38:21 PM Wednesday, August 22, 2012

File Edit Tools Window Help

Do You (Or Anyone Who Lives With You) Have A Rent, Mortgage Or Other Shelter Expenses?

Shelter Type	Actual Amount Charged For Rent/Mortgage	Frequency	Rent Charged to Secondary Tenant	Frequency	Verified
23	\$0	M		00	Yes

Housing Advantage Indicator (HAI) _____

No One Pays Rent, Mortgage or Other Shelter Expense Shelter Type _____ Number of bedrooms _____

Monthly PA Shelter Amount _____

Landlord Information:

Landlord Type _____
Name _____
Address _____
NY
Phone - -
SSN _____ Tax Number _____

Rent Restriction Info

Restriction Type _____
PA Shelter Amount: _____
Name _____
Address _____
NY
Routing _____

Supervisory Review

Documents: _____ Documents Reviewed: _____

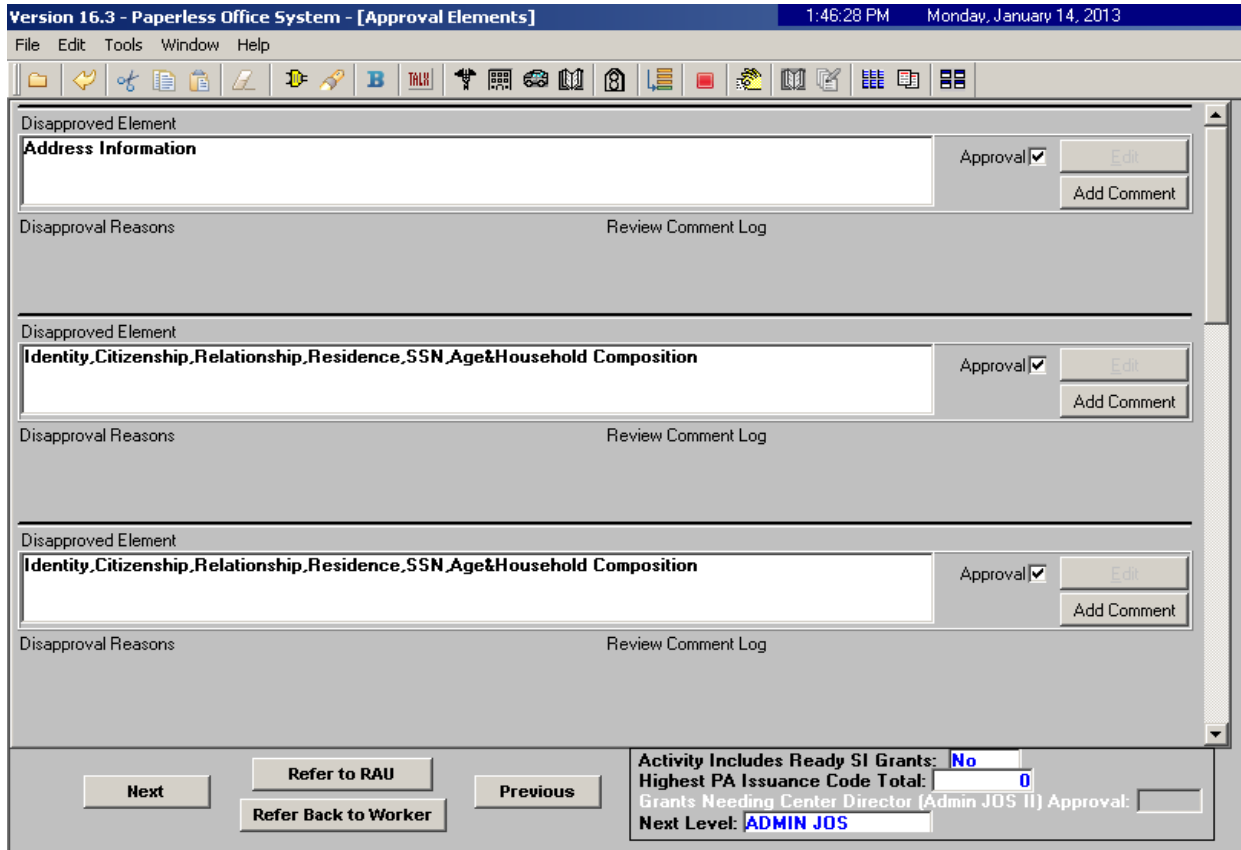
Approve
 Disapprove

Disapproval Reasons _____

Preview Comment Log _____

Supervisory Review Area

Approval Elements Screen



The HDU Supervisor sends the case to RAU by selecting the **Refer to RAU** button toward the bottom of the **Approval Elements** screen.

Decisions Received From RAU

When RAU processes a decision on the case, an **Assign Change Case Data** (for active cases) or **Assign Non-Food Emergency** (for applying cases) will be placed in the **RAU Recommendation to HDU** queue.

The **Request Action** window is updated with the RAU decision allowing HDU to process the decision. There are three tabs on the **Request Action** window. The **Grants** tab appears below. Screenshots of the **Referrals and Outcomes** and **Documentation and Verification** tabs appear in the following pages.

Request Action Window: Grants Tab

Version 17.1.1 - Paperless Office System - [Request Action] 8:14:13 AM Wednesday, May 15, 2013

File Edit Tools Window Help

Request Type: Financially Eligible for: EAF? Yes E-SNA? EAA?

Grant Info: Referrals and Outcomes: Documentation and Verification:

Grants Referrals and Outcomes Documentation and Verification

SI Grant Details

SI Grant Needed? Yes No

Decision Due Date: Overdue?

Comments:

SI Grant Decision

RAU Referral Required? Yes Ready for Referral to RAU? Yes No Was Decision Received? Yes No

Decision: Issue Grant Issue Grant Conditionally Deny Grant

Submit Addition to RAU? Yes No Reason:

Not ready for decision

Accept Approved Amount: Approved Period From: To:

Other Action

Deny Denied Amount:

The **SI Grant Details** and the **SI Grant Decision** sections of the **Grants** tab will be systematically pre-filled with the decision details.

If the case is a reconsideration (previously denied by RAU and resubmitted by the Job Center with new information), on the **Grants** tab, Select **Yes** to in response to the **Submit Addition to RAU?** Question. Select an appropriate reason from the **Reason** drop-down list. The complete list of reasons are the following:

- Legal fees
- Change of time period requested (change of dates)
- Additional documentation
- Client/Third Party Contribution
- New income
- Other

Version 17.1.1 - Paperless Office System - [Request Action] 8:16:48 AM Wednesday, May 15, 2013

File Edit Tools Window Help

Request Type: Financially Eligible for: EAF? Yes E-SNA? EAA?

Grant Info: Complete Referrals and Outcomes: Complete Documentation and Verification: Complete

Grants Referrals and Outcomes Documentation and Verification

SI Grant Details

SI Grant Needed? Yes No

Decision Due Date: Overdue?

Comments: [View Benefit Issuance History](#)

SI Grant Decision

RAU Referral Required? Yes Ready for Referral to RAU? Yes No Was Decision Received? Yes No

Decision: Issue Grant Issue Grant Conditionally Deny Grant

Conditions

Submit Addition to RAU? Yes No Reason:

Not ready for decision

Accept Approved Amount: /00/0000 To:

Deny Denied Amount:

Select **Yes** button to **Submit Addition to RAU?** Question.

Select reasons for **Submit Addition to RAU** here.

Request Action Window: Referrals and Outcomes tab

Version 17.1.1 - Paperless Office System - [Request Action] 8:13:48 AM Wednesday, May 15, 2013

File Edit Tools Window Help

Request Type: Financially Eligible for: EAF? E-SNA? EAA?

Grant Info: Referrals and Outcomes: Documentation and Verification:

Grants | **Referrals and Outcomes** | Documentation and Verification

Referrals

Referral to HDU: Yes No Details:

Referral to RAU: Yes No Details:

Referral to Housing Court: Yes No Details:

Referral to Center Management: Yes No Details:

Landlord Contact: Yes No Details:

Comments:

Request Action Window: Documentation and Verification Tab

No Documents Needed Example:

The screenshot shows the 'Paperless Office System - [Request Action]' window. The title bar includes 'File Edit Tools Window Help'. The 'Request Type' is 'Back Rent or Carrying Charges'. Financially Eligible for: EAF? Yes, E-SNA? NA, EAA? . Status bars show 'Grant Info: Complete', 'Referrals and Outcomes: Complete', and 'Documentation and Verification: Complete'. The 'Documentation and Verification' tab is active. The question 'Does the client need to bring back documents?' has 'No' selected. A 'Comments' text box is empty. Buttons at the bottom are 'Close', 'Next Request', and 'Previous Request'.

Documents Needed Example:

The screenshot shows the 'Paperless Office System - [Request Action]' window. The title bar includes 'File Edit Tools Window Help' and 'Version 17.1 - Paperless Office System - [Request Action] 8:48:47 AM Monday, January 28, 2013'. The 'Request Type' is 'Back Rent or Carrying Charges'. Financially Eligible for: EAF? Yes, E-SNA? NA, EAA? . Status bars show 'Grant Info: Complete', 'Referrals and Outcomes: Complete', and 'Documentation and Verification: Complete'. The 'Documentation and Verification' tab is active. The question 'Does the client need to bring back documents?' has 'Yes' selected. Below it, 'Due date for client to return with documents:' is '02/07/2013'. 'Collateral Contact Made?' has 'No' selected. 'Action Taken:' is a dropdown menu. A 'Comments' text box is empty. Buttons at the bottom are 'Close', 'Next Request', and 'Previous Request'.

Single Issue Grant Summary Window

Version 16.2.1 - Paperless Office System - [Single Issue Grant Summary] 5:49:46 PM Wednesday, August 22, 2012

File Edit Tools Window Help

Case Number: 00007421939F Case Name: PERKINS SAM Suffix: 1

Re-Use Case Number: 00008428474E Center: Melrose Job Center Category: SNCA

Filters

Show PA Grants Show FS Grants [View Grant Issuance History](#)

Code	Description	From / To	Created	Amount	Next Month Amount	Special	Status
30	30 - Rent Payments in Excess of Maximum	08/01/2012-08/31/2012	08/22/2012	\$800.00		E-Check	Awaiting Action

Select **Grant Details** to access the **Single Issue Data Entry** window.

[Grant Details](#) [Next](#) [Previous](#)

The **Single Issue Grant Summary** window will be updated with the approved grant. HDU or designated staff must process the grant in the **Single Issue Data Entry** window (accessed by selecting **Grant Details**). See **PD #10-22-SYS Single Issuance Grant Requests in POS** for more information.

PA RECOUPMENT DATA ENTRY FORM – WMS

(ROUTING: Original to Control Unit, Duplicate Filed in IM Record)

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME		Surname	First Name								
ACTION CODE <i>(Place "X" in applicable box; only one)</i>	NEW	CHANGE									
	<input type="checkbox"/> NEW CLAIM <input type="checkbox"/> LIFT – FAIR HEARING – AID TO CONTINUE	<input type="checkbox"/> CHANGE IN DATA <input type="checkbox"/> TRANSFER RECOUPMENT TO NEW CASE	<input type="checkbox"/> SUSPEND CLAIM <input type="checkbox"/> REINITIALIZE CLAIM	<input type="checkbox"/> DELETE CLAIM <input type="checkbox"/> FAIR HEARING – AID TO CONTINUE							
RECOUPMENT ID NUMBER											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">AUTHORIZATION NUMBER</td> <td style="width: 10%;">IM CENTER</td> <td style="width: 10%;">ORIG. ID</td> <td style="width: 55%;">HARDSHIP AUTHORIZATION COMMENTS AND SIGNATURE</td> </tr> <tr> <td style="text-align: center;">CASE NUMBER</td> <td style="text-align: center;">SUFFIX</td> <td style="text-align: center;">RECOUP %</td> <td style="text-align: center;">FORM PREP. DATE</td> </tr> </table>				AUTHORIZATION NUMBER	IM CENTER	ORIG. ID	HARDSHIP AUTHORIZATION COMMENTS AND SIGNATURE	CASE NUMBER	SUFFIX	RECOUP %	FORM PREP. DATE
AUTHORIZATION NUMBER	IM CENTER	ORIG. ID	HARDSHIP AUTHORIZATION COMMENTS AND SIGNATURE								
CASE NUMBER	SUFFIX	RECOUP %	FORM PREP. DATE								
FOR ACTION CODE 7 FOR ACTION CODE 3	NEW CASE NUMBER SUSPENSION DATE	SAMPLE									
OFFENSE DATA	OFFENSE DATE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Type</td> <td style="width: 10%;">Sub</td> <td style="width: 10%;">Type</td> </tr> </table>	Type	Sub	Type	OFFENSE AMOUNT Dollars Cents	DATE OVERPAYMENT BEGAN DATE OVERPAYMENT ENDED					
	Type	Sub	Type								
Is M-3E Signed? (Y) <input type="checkbox"/> Yes (N) <input type="checkbox"/> No	M3ca Date (MANUAL)		DESCRIPTION OF OFFENSE								
DUPLICATE CHECK FRAUD	REPLACE CHECK NUMBER ORIGINAL CHECK NUMBER	REPLACE CHECK AMOUNT Dollars Cents									
RENT ADVANCE DUPLICATION OFFENSES ONLY	BYPASS RESTRICTION (Y) <input type="checkbox"/> Yes (N) <input type="checkbox"/> No	LANDLORD'S NAME LANDLORD'S ADDRESS CITY TWO-PARTY DESIGNATION	STATE ZIP CODE								
	Restriction/Direct Two-Party Indicator (1) <input type="checkbox"/> (2) <input type="checkbox"/>										
	ELIGIBILITY SPECIALIST		DATE	SUPERVISOR'S SIGNATURE							
	CONTROL CLERK		DATE	CRT OPERATOR							

Date: _____
Case Name: _____
Case Number: _____
Caseload: _____
Center: _____
Worker Telephone No.: _____
FH&C Telephone No.: _____

Request for Emergency Assistance, Additional Allowances, or Adding a Person to the Case (For Participants Only), or Adding a Person to an Active Cash Assistance Case

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

Remember:

- (1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.
- (2) You may still need to see your Worker. If you do, you will be given an appointment.

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

SAMPLE

The reason I need emergency assistance is:

SECTION II: ADDITIONAL ALLOWANCES

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

- | | |
|---|--|
| <input type="checkbox"/> Back rent | <input type="checkbox"/> Additional allowance for fuel |
| <input type="checkbox"/> Repair of essential household items | <input type="checkbox"/> Additional allowance to maintain or restore utility service |
| <input type="checkbox"/> Back mortgage and/or taxes | <input type="checkbox"/> Property repairs |
| <input type="checkbox"/> Pregnancy allowance | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at the Burial Claims Unit
25 Chapel Street, Room 606
Brooklyn, NY 11201
Telephone: (718) 473-8310 | |

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

SECTION II: ADDITIONAL ALLOWANCES (Continued)

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

<p>Expenses related to moving:</p> <p><input type="checkbox"/> Moving expenses</p> <p><input type="checkbox"/> Security deposit/agreement</p> <p><input type="checkbox"/> Broker's/finder's fee/voucher</p> <p><input type="checkbox"/> Furniture and other household items</p> <p><input type="checkbox"/> Storage of furniture and personal belongings</p>	<p>New Address: _____ (include apt. no.)</p> <p>_____ City _____ State _____ Zip Code _____</p> <p>When did you move? _____ New rent: \$ _____</p> <p>Landlord's name: _____</p> <p>Primary tenant's name: _____</p> <p>Address: _____ (include apt. no.)</p> <p>_____ City _____ State _____ Zip Code _____</p>
---	--

SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

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

WEP agencies and/or contractors are responsible for providing necessary safety equipment or job-related clothing for their participants.

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

SECTION IV: ADD PERSON TO CASE

If you do not have all this information, you can still submit this form to your Worker.

I want to add the following person(s) to my cash assistance case:

<p><input type="checkbox"/> New Baby</p> <p><input type="checkbox"/> Child entered home</p> <p><input type="checkbox"/> Child under 18 years of age (whose immigrant status has changed since my last application/recertification)</p> <p><input type="checkbox"/> Spouse/Adult living with me who has not previously applied (this person must complete an application to receive assistance)</p> <p><input type="checkbox"/> Spouse who previously applied and was denied because immigration status and his/hers status have changed now (this person does not need to complete another application/recertification)</p> <p><input type="checkbox"/> Myself/Adult payee to the case</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p> <hr/> <p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p> <hr/> <p>Name: _____</p> <p>Date moved in/returned: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number (if known): _____</p>
---	---

Participant's Signature

Date of Request

Time of Request AM PM

Worker's Signature

Date

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Caseload: _____
Worker Telephone No.: _____
FH&C Telephone No.: _____

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

The Agency's decision(s) regarding your benefit program(s) is/are explained below, next to the checked box(es) .

This Notice applies only to your request for an additional allowance to meet a special need, a change in grant, or an application for emergency assistance. If your request for additional assistance is denied, your ongoing Cash Assistance case will not be affected.

On _____, you requested Emergency Assistance Additional Allowance for:
(Date)

SAMPLE

Your request for _____ has been accepted. You will receive:

One payment in the amount of \$ _____ . Period covered, if applicable: _____

Method of payment:

- Broker's or finder's fee/voucher
- Check to be picked up by you at your Job Center
- Check mailed to your home
- As an addition to your regular public grant, which can be obtained through the EBT system
- Security deposit agreement
- Direct vendor check
- Other action: _____

You will receive a second notice informing you as to how your ongoing benefits will be affected.

NOTE: As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

On _____, you were referred to the Burial Claims Unit at 25 Chapel Street, Room 606, Brooklyn, NY 11201, (718) 473-8310, to apply for a burial allowance.

Your request for _____ has been denied because:

The law(s) and/or regulation(s) that allow(s) us to do this is/are 18 NYCRR (please see the section numbers below):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Addition to Household § 352.30 | <input type="checkbox"/> Additional Allowance for Fuel § 352.5 | <input type="checkbox"/> Back Mortgage and/or Taxes § 352.7(g) | <input type="checkbox"/> Back Rent § 352.7(g) |
| <input type="checkbox"/> Broker's or Finder's Fee/Voucher § 352.6(a) | <input type="checkbox"/> Catastrophic Loss (replacement of clothing and furniture lost in fire, flood or other disaster) § 352.7(d) | <input type="checkbox"/> Furniture and Other Household Items § 352.7(a) | <input type="checkbox"/> Moving Expenses § 352.6(a) |
| <input type="checkbox"/> Payment to Maintain or Restore Utility Services § 352.5 | <input type="checkbox"/> Pregnancy Allowance § 352.7(k) | <input type="checkbox"/> Property Repairs § 352.4(d), § 352.6(e) | <input type="checkbox"/> Rent Security Deposit/ Letter of Guarantee § 352.6(a) |
| <input type="checkbox"/> Repair of Essential Household Items § 352.7(b) | <input type="checkbox"/> Restaurant Allowance § 352.7(c) | <input type="checkbox"/> Semimonthly Fuel for Heating Allowance § 352.5(b) | <input type="checkbox"/> Storage of Furniture and Personal Belongings § 352.6(f) |
| <input type="checkbox"/> Work Activity Related Supportive Services § 385.4 | | | |
- Other (specify): _____

JOS/Worker's Signature

Date

Supervisor's Signature

Date

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page one (1)** of this notice or write to us at the address on **page one (1)** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, writing, fax, in person or online.

- (1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735.
- (4) **IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn, NY 11201**
- (5) **ONLINE:** Complete an online request form at: <http://www.ctda.ny.gov/eah/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

If you have disability you cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page one (1)** of this notice.

FAIR HEARING REQUEST

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, medical assistance or social services issues and ninety (90) days for Supplemental Nutrition Assistance Program (SNAP) issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline. **Note:** If your situation is extremely serious please explain your situation; the State will attempt to process your request for a Fair Hearing as quickly as possible. If you call to request a Fair Hearing, please be prepared to explain your situation to the person who answers the phone.

I want a Fair Hearing. The Agency's decision is wrong because:

SAMPLE

Print Name: _____
Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Date: _____
Case Number: _____
Case Name: _____
Caseload: _____
Worker Name: _____
Worker
Telephone Number: _____
FH&C
Telephone Number: _____

Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only)

NOTE: As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

The Agency's decision(s) regarding your application(s) is/are explained below next to the marked box(es) .

Immediate Needs

This notice applies only to your request for assistance to meet an immediate need. If you have also applied for ongoing cash assistance, this notice does not affect your application for ongoing Cash Assistance. You will also receive a notice advising you of this Agency's decision on your application for ongoing Cash Assistance when your eligibility has been determined.

If your application for ongoing Cash Assistance is denied for failure to comply with eligibility requirements, a second request for an immediate needs/emergency grant for "no food" or items relating to personal care, filed within three months of the original application denial, may also be denied unless you can document good cause for your original failure to comply.

On _____, you requested assistance to meet an immediate need of:

We are giving you this notice to tell you that your request for an immediate needs grant was evaluated and the following decision was made:

- An emergency preinvestigation grant in the amount of \$ _____ will be available to you on _____.
(Date)
- An emergency grant (one-shot deal) has been provided in the amount of \$ _____ for _____.
- A personal care kit has been provided on _____.
(Date)
- A Goodwill Voucher has been provided in the amount of \$ _____ for _____ on _____.
(Date)
- If this box is checked, you are responsible for repaying \$ _____ as shown:
 - This amount must be repaid to us in accordance with the agreement to repay that you signed on _____.
(Date)
 - You must repay the amount shown above because it is more than the Human Resources Administration (HRA) shelter maximum of \$ _____ for your family size of _____ for each month of arrears that HRA agreed to pay.

Immediate Needs (Continued)

- Assistance to meet a food-related immediate need is denied because you:
 - failed to establish/document identity
 - have excess resources
 - are an undocumented alien
 - received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements
 - were issued same day SNAP
 - other reason for denial (please specify):

- Assistance to meet a nonfood-related immediate need is denied because you:
 - failed to establish/document identity
 - have excess resources
 - are an undocumented alien
 - received an immediate needs grant in the past 90 days and failed to subsequently comply with eligibility requirements
 - applied for Cash Assistance on _____ (within the last three months) and were issued one of the following: _____ (Date)
 - immediate need(s) grant(s)
 - personal care kit(s)
 - Goodwill Voucher(s)
 - other grants (please specify):

and subsequently, failed to comply with the eligibility requirements without good cause. The regulations that allow us to do this are 18 NYCRR § 351.1, § 351.8, and § 352.7.

- Other action taken on your application:

Medical Assistance

- If you need help with your medical bills, you must apply separately for Medical Assistance. If you want more information about eligibility for Medical Assistance, call the Worker's telephone number listed on **page 1**.
- Your Medical Assistance stays the same.
- Your application for Medical Assistance is being reviewed. We will send you our decision within 30 days.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Section

If you think our decision was 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

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) Unit telephone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

2) STATE FAIR HEARING

You have the following number of days from the date of this notice to ask for a Fair Hearing:

Benefit Area	Time Limit
Cash Assistance, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

If this notice is telling you that you must repay cash assistance because you signed a repayment agreement, or because the shelter arrears that HRA agreed to pay is more than the HRA shelter maximum, and if you do not agree that you must repay or you do not agree with the amount HRA says you must repay, you must call for a Fair Hearing. If you do not call for a Fair Hearing, you cannot claim in the future that the Agency's decision that you owe the debt was wrong. The time limit for calling for a Fair Hearing on the issue of the repayment is the same as the limit for any cash assistance action this notice is telling you about, 60 days.

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

- 1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Please keep a copy for yourself.)
- (3) FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735.
- (4) IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at:
14 Boerum Place, Brooklyn, NY 11201.
- (5) ONLINE:** Complete an online request form at: <http://www.otda.ny.gov/oa/forms.asp>

If you cannot reach the New York State Office of Temporary and Disability Assistance by telephone, by fax 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.

If you have a disability, and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

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, or 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.

IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE TELEPHONE. IF YOU WRITE, FAX OR CONTACT US ONLINE INSTEAD, PLEASE BE SURE TO EXPLAIN YOUR SITUATION.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the telephone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

I want a Fair Hearing. The Agency's decision is wrong because:

Print Name: _____ Case Number: _____

Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Signature: _____ Date: _____

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

Case Name:	Case Composition:
Case Number/Suffix:	
Caseload:	
Center:	
Type of Emergency:	
Cause of Emergency:	

As set forth in 18 NYCRR § 372.1 and 97 ADM-20, EAF may be authorized more than once in any 12 consecutive months as long as the eligibility criteria are met.

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

SAMPLE

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

II. EAF Eligibility Determination Checklist:

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

1. Does the caretaker relative or non-parent caretaker receive SSI? If "Yes," determine eligibility for Emergency Assistance of Adults (EAA) first, if "No" or not EAA eligible, proceed to question 2. Yes No

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

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

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

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

- 3. Is there a woman of any age with a medically verified pregnancy?
If you checked "Yes" to either question 2 or 3 above, proceed. If not, the case is ineligible for EAF. Yes No
- 4. Does the family have resources to meet their needs or available income at or above 200% of the most recently published Federal poverty guidelines, as transmitted by the State Office of Temporary and Disability Assistance, on the date of application for the family size? (See **EXP-76D**) Yes No
- 5. Did the emergency arise because an employable child or relative refused without good cause to accept employment or participate in work activities or community services? Yes No
- 6. Will the emergency grant being applied for duplicate or replace a Cash Assistance grant already made under **18 NYCRR § 352.2(a)(b)(c)? (See **W-203K**)
(Do not answer "Yes" if the duplication will replace lost or stolen Cash Assistance.) Yes No

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

- (1) shelter;
- (2) fuel for heating;
- (3) additional cost of meals for persons who are unable to prepare meals at home;
- (4) purchase of necessary and essential furniture required for the establishment of a home;
- (5) replacement of necessary and essential furniture for persons in need of Cash Assistance who have suffered the loss of such items as the result of fire, flood or other like catastrophe;
- (6) essential repairs of heating equipment, cooking stoves and refrigerators;
- (7) allowances for occupational training.

If you checked "No" to questions 4, 5, and 6, proceed.
If you checked "Yes" to any of questions 4, 5, and 6, the applicant is ineligible for EAF.

- 7. Is the necessary payment a diversion payment or a utility emergency payment?
If you checked "Yes" to Number 7, **Stop** – EAF eligible.
If you checked "No" to Number 7, go to Number 8. Yes No
- 8. Is the emergency the result of a sudden occurrence or situation, unforeseen and beyond the individual's control?
If you checked "Yes" to Number 8, **Stop** – EAF eligible.
If you checked "No" to Number 8, ineligible for EAF. Yes No

III. Is This Case Eligible for EAF? Yes No

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

JOS/Worker Signature	Date
Supervisor Signature	Date

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

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

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

(File copy in case record)

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

Case Name _____

Case Number

0	0								
---	---	--	--	--	--	--	--	--	--

Suffix

--	--	--	--

Center

0		
---	--	--

Item 270

F

OCP Control Clerk

Date

Control Clerk

Date

OCP CRT Operator

Date

Error

Resubmit Date

Control Clerk

Date

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____

Shelter Arrears Repayment Agreement Worksheet (Use for EAF and SNA Applicants Only)

APPLICANT INFORMATION (To be completed by the JOS/Worker.)

A. Print Name: _____
Last Name First Name M.I.

Address: _____

City: _____ State: _____ Zip Code: _____

B. 1. Is the household eligible for EAF? (Refer to Determination of Eligibility for Emergency Assistance to Needy Families, form **W-145TT**). Yes No

If Yes, a repayment agreement is not required (see exception in the Note below). If No, go to Question 2.

2. Is the household applying for recurring SNA? Yes No
If Yes, see the asterisk (*) below and proceed to Section C.
If No, proceed to question 3.

3. Is the household applying for ESNA assistance? Yes No
If Yes, proceed to Section C.
If No, reevaluate category of assistance. Return to question 1.

Note: If shelter arrears are paid under Emergency Assistance to Needy Families (EAF), any amount that exceeds the maximum monthly shelter allowance is to be recovered. Complete the Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (**W-147KK**).

For applicants found eligible under recurring Family Assistance (FA) or Safety Net Assistance (SNA), any amount that exceeds the maximum monthly shelter allowance is to be recouped. Complete the PA Recoupment Data Entry Form – WMS (**LDSS-3573**) and enter the recoupment in the Welfare Management System (WMS).

*If the applicant is applying for recurring SNA but eligibility has not yet been established for recurring assistance, the Repayment Agreement should be signed in the event that the recurring case is not opened. If the recurring case is opened, the Repayment Agreement is null and void and the arrears should be claimed under the recurring SNA. In this situation, any arrears that exceed the maximum shelter standards for the month of application and/or for any prior months must be recouped from future SNA grants.

Shelter Arrears Repayment Agreement Worksheet (continued)

C. Household size: _____ (Include all persons residing in the applicant's house or apartment.)

D. The household's gross monthly income at the time of application: \$ _____
(Include all earned and unearned income [including SSI] for all persons residing in the applicant's household.)

125% of the 2013 Federal Poverty Level Guidelines

Size of Household	1	2	3	4	5	6	7	8	9	10	For Each Additional Household Member:
Monthly Amount (Rounded)	\$1,197	\$1,616	\$2,034	\$2,453	\$2,872	\$3,291	\$3,709	\$4,128	\$4,547	\$4,966	\$419

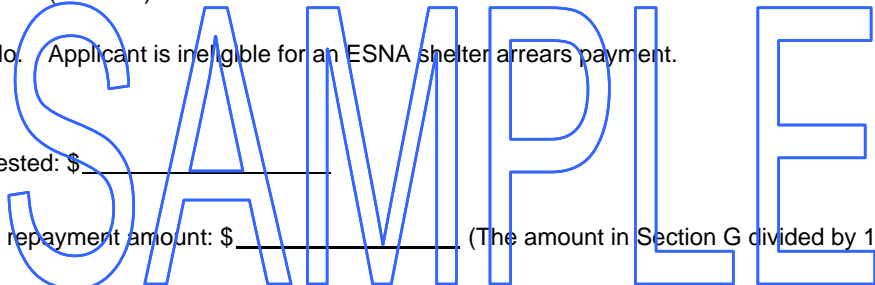
E. 125% of the Federal poverty level for the household size in Section C: \$ _____

F. Does the amount in Section E exceed the amount in Section D?

- Yes. Applicant is eligible for ESNA shelter arrears payment. Complete the Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (**W-147H**) form.
- No. Applicant is ineligible for an ESNA shelter arrears payment.

G. Total arrears requested: \$ _____

H. Estimated monthly repayment amount: \$ _____ (The amount in Section G divided by 12.)



Date: _____

Case Number: _____

Case Name: _____

Center Number: _____

Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement

REPAYMENT AGREEMENT

Case Address (applicant's address at time of arrears): _____

As a condition of eligibility for receiving this assistance to prevent eviction or foreclosure, I agree to repay the Human Resources Administration \$ _____.

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

I understand that each payment is due on the date indicated on the monthly bill I will receive from the Human Resources Administration.

I understand that the Human Resources Administration's Division of Accounts Receivable and Billing will send me a monthly bill. My check or money order must be made payable to the Human Resources Administration and must include my address and case number. I understand that payments must be mailed in the provided addressed postage-free return envelope to:

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

SAMPLE

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

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

Later, if I become eligible for recurring cash assistance, any unpaid balance of this arrears payment will be suspended until I am no longer receiving recurring cash assistance. At that time, the unpaid balance again will become due to the Human Resources Administration under the terms of this agreement.

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

Applicant's Signature Date

Authorized by Date

Note: This form is not valid unless the Applicant's signature and the authorized Human Resources Administration staff signature are present.

DO NOT SEND IF PROCESSED IN POS

For Office Use Only

**For Use by Division of Accounts Receivable
and Billing (DARB) Only**

Billing Information

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

MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Número del Centro: _____

Asistencia de Emergencia de Red de Seguridad (ESNA) Acuerdo de Reembolso de Atrasos de Alquiler

ACUERDO DE REEMBOLSO

Dirección del caso (dirección del solicitante en el momento del atraso): _____

Como condición de elegibilidad para recibir esta asistencia para prevenir desahucio, acepto reembolsar a la Administración de Recursos Humanos (Human Resources Administration – HRA) \$ _____.

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

Entiendo que cada pago se tiene que recibir en la fecha indicada en la factura mensual que voy a recibir de la Administración de Recursos Humanos.

Entiendo que el Departamento de Cuentas por Cobrar y Facturación de la Administración de Recursos Humanos me enviará una factura mensual. Mi cheque o giro postal tiene que ser pagadero a la Administración de Recursos Humanos y debe incluir mi dirección y número del caso. Entiendo que los pagos deben ser enviados por correo en el sobre de dirección del remitente a:

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

Si recibo actualmente ayuda en los pagos atrasados de vivienda, entiendo que no seré elegible para recibir otros pagos de alquiler, hipoteca o impuestos atrasados para evitar desahucio o pérdida de hipoteca, a menos que yo haya reembolsado completamente cualquier asistencia recibida, o esté reembolsando dicha ayuda conforme a lo establecido en mi(s) acuerdo(s) de reembolso. Entiendo además que si no reembolso esta asistencia en conformidad con este(os) acuerdo(s), la Administración de Recursos Humanos hará cumplir este acuerdo de reembolso por cualquier método disponible a un acreedor. Esto incluye, pero no está limitado a, remitir el asunto a una agencia de cobros de cuentas, obtener una decisión judicial, obtener un derecho de retención de bienes raíces u orden de retención de sueldo cuando sea apropiado. Adicionalmente, entiendo que independientemente del acuerdo de pago, no puedo recibir más de un pago de atraso de alquiler de refugio en un período de cinco años, a menos que la Administración de Recursos Humanos tenga una política de excepción y haga tal excepción.

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

Si posteriormente resulto elegible para asistencia en efectivo recurrente, cualquier saldo no pagado de esta deuda atrasada se suspenderá, hasta que yo ya no reciba asistencia en efectivo recurrente. En ese momento, el saldo no pagado será debido a la Administración de Recursos Humanos bajo las condiciones de este acuerdo.

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

Firma del Solicitante

Fecha

Autorizado por

Fecha

Nota: Este formulario no es válido a menos que esté firmado por el solicitante y un miembro autorizado del personal de la Administración de Recursos Humanos.

DO NOT SEND IF PROCESSED IN POS

For Office Use Only

**For Use by Division of Accounts Receivable
and Billing (DARB) Only**

Billing Information

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

MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

Date: _____
Case Number: _____
Case Name: _____
Center Name: _____

Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears

I, _____, understand that I have applied for Emergency Assistance help with paying my current shelter expense arrears. My current actual monthly shelter expense (rent/mortgage) is \$ _____. I am currently _____ months behind in paying my rent/mortgage. These arrears total \$ _____.

I understand that the Human Resources Administration (HRA) allows \$ _____ per month as the maximum monthly shelter allowance for my household size of _____. I understand that HRA will pay the maximum monthly allowance for _____ months which totals \$ _____.

I understand that I am required to repay HRA any amount paid that is greater than the maximum monthly shelter allowance for my household size. HRA has approved payment of \$ _____. Of this amount, I understand that I am required to repay to HRA the amount of \$ _____ (see breakdown below). I further understand that this amount is to be applied to the arrears owed for the period of _____ months.

SAMPLE

Repayment Breakdown

Total shelter expense arrears for _____ months	\$ _____
Minus total maximum shelter allowance for household size of _____ for _____ months.....	- \$ _____
Total amount to be repaid to HRA	\$ _____

I understand that I will receive a bill each month from the HRA/Division of Accounts Receivable and Billing (DARB), and that I will be billed each month until the total amount is paid in full. I have the option at any time of repaying the total balance due in one lump-sum payment.

I further understand that, if I am found eligible under recurring Family Assistance (FA) or Safety Net Assistance (SNA), the amount that exceeds the maximum monthly shelter allowance for my household size will be recouped from my future cash assistance grant.

Applicant's Signature _____ Date _____
Authorized by _____ Date _____

Note: This form is not valid unless the Applicant's signature and the authorized Human Resources Administration staff signature are present.

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Billing Information

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MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

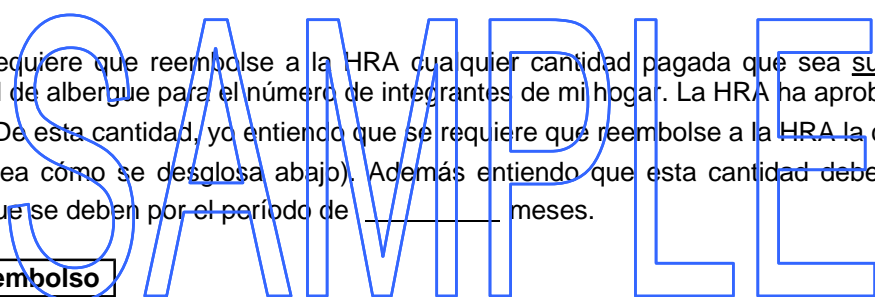
Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Nombre del Centro: _____

**Asistencia de Emergencia a las Familias Necesitadas (EAF)
Acuerdo de Reembolso del Balance de Atrasos de Albergue**

Yo, _____, entiendo que he solicitado una concesión de Asistencia de Emergencia para pagar mis gastos actuales de pagos atrasados de albergue. Mi gasto mensual actual por albergue (alquiler/ hipoteca) es de \$ _____. Actualmente estoy _____ meses atrasado con el pago de mi alquiler/hipoteca. Estos pagos atrasados son de un total de \$ _____.

Entiendo que la Administración de Recursos Humanos (Human Resources Administration – HRA) permite \$ _____ por mes como la máxima concesión mensual de albergue para el tamaño de mi hogar de _____ integrantes. Entiendo que el HRA pagará la máxima concesión mensual por _____ meses que es un total de \$ _____.

Entiendo que se requiere que reembolse a la HRA cualquier cantidad pagada que sea superior a la máxima concesión mensual de albergue para el número de integrantes de mi hogar. La HRA ha aprobado un pago de \$ _____. De esta cantidad, yo entiendo que se requiere que reembolse a la HRA la cantidad de \$ _____ (vea cómo se desglosa abajo). Además entiendo que esta cantidad debe ser aplicada a los pagos atrasados que se deben por el período de _____ meses.



Desglose del Reembolso

Gasto total de pagos atrasados del albergue por _____ meses \$ _____

Menos el total de la máxima concesión de albergue para el número _____ de integrantes del hogar por _____ meses..... - \$ _____

Cantidad total que se reembolsa a la HRA \$ _____

Entiendo que voy a recibir una factura cada mes de la HRA/Division of Accounts Receivable and Billing (DARB), y continuaré recibiendo una factura cada mes hasta que la cantidad que debo sea completamente reembolsada. Tengo la opción en cualquier momento de pagar la cantidad total en una sola cuota.

Entiendo además que, si se me determina elegible conforme a Asistencia Familiar (Family Assistance – FA) o Asistencia de Red de Seguridad (Safety Net Assistance – SNA) recurrentes, la cantidad excedente de la máxima concesión mensual de albergue para el número de integrantes de mi hogar será recuperada de mi futura concesión de asistencia en efectivo.

Firma del Solicitante _____ Fecha _____

Autorizado por _____ Fecha _____

Nota: Este formulario no es válido hasta que la firma del Solicitante y del personal de la Administración de Recursos Humanos se encuentre presente.

DO NOT SEND IF PROCESSED IN POS

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and Billing (DARB) Only**

Billing Information

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

MGMT Unit: **0707**

Code: **RES**

Billing: **Yes**

Number of Payments: **12**

Mail Receipt: **Yes**

SAMPLE

Copies: (1) file (1) applicant

Information About Repaying the Department of Social Services For Rental Arrears

You have just signed an agreement to repay the Department of Social Services (DSS) the money you received for assistance for your rental arrears. The Human Resources Administration (HRA) has arranged with its Division of Accounts Receivable and Billing to enroll you in its automated billing process.

How does the automated billing process work?

Once your signed repayment agreement is received and the HRA check to the landlord is cashed, HRA will enter the full amount into the HRA billing system as a billable account. The amount will be divided into the 12 monthly installments required by New York State Social Services law. Each month you will receive a bill from the HRA Division of Accounts Receivable and Billing and a postage pre-paid business reply envelope. Each bill will show payments received since the prior bill and the remaining balance.

How can I change the amount of the bill due each month?

If you want to change the monthly amount due, you can contact the HRA Division of Claims and Collections. The Division will work with you to create a different payment plan based on changes to your finances or other circumstances. You can ask to reduce or increase the monthly bill amount at any time during the 12-month repayment period. You can also repay the outstanding amount in full at any time during the billing process.

When will the monthly billing begin?

The monthly billing begins after your repayment agreement is given to HRA and the check HRA issued to pay your rental arrears is cashed. If the check is not cashed, you will not be enrolled in the monthly billing process and no money will be due to the DSS.

When will the billing end?

The billing will end when the amount is paid in full. If you become an active Cash Assistance recipient before the amount has been paid in full, billing will be stopped until your case closes. If you are sanctioned on your case, we will start billing you again until the total amount is repaid.

Who do I contact with my questions or concerns?

You can contact the HRA Division of Claims and Collections at (212) 274 - 4943. Tell the representative you want to discuss your repayment agreement. You will be given an appointment to talk about your repayment agreement with Division staff.

Where is the Division of Claims and Collections located?

The address is 250 Church St. New York, N.Y. 10013.

What happens if I stop paying the bills sent to me?

You are responsible for repaying your rental assistance on the assigned schedule unless you ask for a different payment plan and HRA agrees. If you do not contact the HRA Division of Claims and Collections to change your payment schedule or ask for a suspension, you might have a civil action taken against you. This means you could have your credit score negatively affected, your paycheck garnished, and legal fees plus interest added to the original amount owed.

Información sobre el Reembolso al Departamento de Servicios Sociales Por Pagos Atrasados de Alquiler

Usted ha firmado un acuerdo para reembolsar al Departamento de Servicio Social (Department of Social Services -DSS) el dinero que recibió de asistencia para sus pagos atrasados de alquiler. La Administración de Recursos Humanos (The Human Resources Administration - HRA) ha acordado con la División de Cuentas y Pagos (Division of Accounts Receivable and Billing) inscribirle en el proceso automático de pago.

¿Cómo trabaja el proceso automático del pago?

Una vez se reciba su acuerdo de reembolso firmado y el cheque que la HRA envíe al casero se haya cobrado, la HRA ingresará la cantidad total en el sistema de pago como una cuenta por cobrar. La cantidad será dividida entre los 12 plazos mensuales que requiere la Ley Estatal de Servicios Sociales de Nueva York. Cada mes usted recibirá una factura de la División de Cuentas y Pagos del HRA y un sobre de retorno con estampilla. Cada factura indicará los pagos recibidos desde la factura anterior y el balance restante.

¿Cómo puedo cambiar la cantidad de la factura que se debe cada mes?

Si desea cambiar la cantidad de la factura que se debe cada mes, puede comunicarse con la División de Quejas y Cobros de la HRA. Esa unidad coordinará con usted para crear un plan diferente basado en los cambios en sus finanzas u otras circunstancias. Usted puede solicitar que se disminuya o aumente la factura mensual en cualquier momento durante el período de reembolso de 12 meses. Usted además puede reembolsar la cantidad total debida en cualquier momento durante el proceso de pago.

¿Cuándo se iniciará el pago mensual?

El pago mensual se iniciará después de que su acuerdo de reembolso haya sido entregado a la HRA y el cheque que la HRA envió para cancelar los pagos atrasados de alquiler sea cobrado. Si el cheque no se cobra, usted no estará inscrito(a) en el proceso mensual de pago y no se deberá dinero al DSS.

¿Cuándo finalizará el pago?

El pago finalizará cuando la cantidad sea totalmente pagada. Si usted posteriormente se hace beneficiario(a) activo de la Asistencia en Efectivo, antes de que se reembolse la cantidad por completo, no recibirá facturas de pago hasta que se cierre su caso. Si es sancionado(a) en su caso, empezaremos a enviarle las facturas nuevamente hasta que se reembolse la cantidad total.

¿Con quién me comunico si tengo preguntas y dudas?

Puede comunicarse con la División de Reclamos y Cobros de la HRA llamando al (212) 274 - 4943. Dígame al representante que quiere hablar con alguien sobre su acuerdo de reembolso. Se programará una cita para que hable con un empleado de la División sobre el acuerdo de reembolso.

¿Dónde está ubicada la División de Reclamos y Cobros?

La dirección es 250 Church St. New York, N.Y. 10013.

¿Qué pasa si dejo de pagar las facturas que me envían?

Usted es responsable de reembolsar su asistencia para alquiler en las fechas indicadas, a menos que solicite un plan de reembolso diferente y la HRA esté de acuerdo. Si no se comunica con la División de Reclamos y Cobros de la HRA para cambiar las fechas de pago de su reembolso o solicitar que se suspendan los pagos, podría entablarse un proceso civil en contra suya. Esto significa que su estado de crédito podría verse afectado, y su salario ser embargado, y se podrían agregar tarifas legales más intereses a la cantidad que se debe.