



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY DIRECTIVE #23-03-OPE

(This Policy Directive Replaces PD #19-14-OPE)

PAYMENTS TO APPLICANTS/PARTICIPANTS FOR STORAGE OF FURNITURE AND PERSONAL BELONGINGS (STORAGE FEES)

Date: March 2, 2023	Subtopic(s): Payment of Storage Fees
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FIA STAFF: HAVE QUESTIONS ABOUT THIS PROCEDURE?
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send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

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Audience

This policy directive is for all Benefits Access Center and HIV/AIDS Services Administration (HASA) Center staff and is informational for all other staff.

Revisions to the Prior Policy Directive

This Policy Directive is being issued to provide the updated maximum rates for storage.

The revisions to this policy directive are as follows:

- The maximum rates for storage based on the unit size have been revised.
- The One-Time Approval of Storage Fees Grant for Storage Space Exceeding (**FIA-1127e**) form has been revised.
- The Notice to Applicants/Participants of the Revised Storage Fee Process and Allowance Requirements (**FIA-1127d**) form has been revised.
- The NOTICE: If you still need storage assistance, you need to move your possessions to a different storage company (**FIA-1127j**) has been revised.
- The Cash Assistance (CA) Resource Test amounts were updated.
- Applicants/Participants can apply for assistance with storage fees and upload a current receipt/statement on ACCESS HRA (AHRA).
- Remind staff of the companies that HRA is currently not honoring, accepting, or making payments to.
- For storage of furniture and personal belongings, the Request Type and Issuance Code should not be "Other" in the Paperless Office System (POS).
- Action Taken on Your Request For Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137B**) form has been revised.
- Notice of Decisions on Assistance to Meet an Immediate Need or Emergency Grant (For Applicants Only) (**W-145HH**) form has been revised.
- Participant Request Control Card (**W-111F**) form has been revised.

POLICY

Current need for storage would no longer exist once permanent housing is secured

This Policy Directive applies to all storage requests made after April 2018. Applicants/Participants who received a storage allowance/grant prior to April 2018 must have their storage allowance/grant continued for currently stored belongings under the Payments to Applicants/Participants For Storage of Furniture and Personal Belongings ([PB #14-23-OPE](#)) policy until the current need for storage no longer exists. Any requests for additional storage must be processed under this new policy.

An allowance/grant for storage of furniture and personal belongings must be made when it is necessary for circumstances such as relocation, eviction, or temporary shelter, as long as eligibility for Cash Assistance (**CA**) or Emergency Assistance (**EA**) continues and the circumstances for a storage allowance/grant continue to exist, and no other storage options are available.

Temporary shelter, for purposes of storage fees eligibility, includes homeless shelters and hotels/motels, and may include shared housing (i.e., double-ups) depending on the length of stay and circumstances of the housing arrangement.

A storage allowance/grant may be made in accordance with the needs and size of the applying/requesting household. Generally, households with more members would require more storage space than a household with fewer people. All households are entitled to receive, if otherwise eligible, sufficient storage space to store their allowable furniture and personal belongings. However, **the household's total furniture must not exceed the amount needed for the household size and is limited to the items allowed by regulation and personal belongings to be stored, must not exceed the amount needed for the household size, and must be reasonable in number and total volume.**

Provisions will be made for the payment of storage of furniture and personal belongings of children not residing in the household, for whom an adult member of the applicant/participant household is legally responsible (such as a child who visits the household pursuant to a custody agreement or a child placed in foster care with a goal of family reunification).

BACKGROUND

Prior to amendments, regulations surrounding storage did not place restrictions on the types and amounts of furniture and personal belongings applicants/participants could place in storage. They did not prohibit applicants/participants from accumulating additional furniture and personal belongings while in temporary housing.

The amendments to 18 NYCRR §§ 352.6(f) and 397.5(k) provide consistency and clarity and alignment with the policy for establishing a home and the replacement of furniture as found in 18 NYCRR § 352.7.

General Restrictions on Furniture For Storage Fees Grant

Furniture to be stored cannot exceed the **amount needed for the household size and is limited to the following** items: one (1) living room; one (1) kitchen, including a cooking range and a refrigerator; one (1) bathroom; up to one (1) bedroom for each household member (depending on living situation prior to the circumstances necessitating the storage need); one (1) linen cabinet; and one (1) stove/heater. These are the rooms and items permitted under the New York State Office of Temporary and Disability Assistance [OTDA] Schedule SA-4a. The furniture to be stored cannot exceed the amount needed for the household size and is limited to the allowable items.

General Restrictions on Personal Belongings For Storage Fees Grant

Personal belongings to be stored cannot exceed the amount needed for the household size and should be reasonable in number and total volume. Personal belongings to be stored include:

- Legal and identification documents
- Kitchen items, such as tables and chairs, cookware, appliances, dishware, glassware and utensils
- Bedding and towels
- Clothing of the household members
- Washing machine and dryer
- Assistive medical devices
- Items needed for employment, excluding business inventory
- Household electronic devices
- Items needed for educational purposes, and
- Personal keepsakes, including children's toys, high chairs, and changing tables

Inventory List

To help ensure only appropriate items are being stored, applicants/participants must provide an itemized inventory. To do so, applicants/participants may either provide an inventory on letterhead from the storage facility or they must complete the newly created Storage Inventory Sheet (**FIA-1127g**). Failing to submit an inventory list may lead to the denial of the request for assistance with storage fees or storage arrears.

Maximum Storage Space to be Covered by Storage Fees Grant

The Human Resources Administration (HRA) has set limits on the amount that can be paid for storage fees and OTDA has imposed restrictions on the types of furniture and personal belongings that require storage. Based on these restrictions, HRA will limit the amount of storage space that will be paid for based on household size. The maximum storage space that would be subsidized is 400 cubic feet for a single-person household and up to 1200 cubic feet for households of 6 and larger.

Additionally, HRA will now set maximum rates for storage based on the unit size. These rates are consistent with average market rates. The chart below lists the maximum storage space and the maximum rate that would be eligible for a storage fees allowance/grant based on household size:

HRA FIA Storage Limit Schedule 2022:

Household Size	Size	2022 Max Rate
1+	5x5x4 (locker) 100 Cubic Ft	\$60.00
1+	5x5x8 - 200 Cubic Ft	\$150.00
1+	5x10x8 - 400 Cubic Ft	\$216.00
2+,3+	5x15x8 - 600 Cubic Ft	\$279.00
4+,5+	10x10x8 - 800 Cubic Ft	\$368.00
6+	10x15x8 - 1200 Cubic Ft	\$547.00

Does not exceed maximum storage space.

Revised

The total amount of furniture and personal possessions must not exceed the total storage space allotted, based on the above schedule.

If a household is applying for/requesting a storage fees allowance/grant to pay for a storage unit that does not exceed the maximum storage space permitted by the “HRA FIA Storage Limit Schedule” above and the cost does not exceed the monthly maximum, then the applicant/participant is not required to complete and sign the One-Time Approval of Storage Fees Grant for Storage Space Exceeding Limit (**FIA-1127e**).

Exceeds maximum storage space.

However, if a household applies for a storage fees allowance/grant for a storage unit that is larger than the maximum storage space allowed, the household must be informed of the OTDA restrictions on storage of furniture and personal belongings as well as HRA's size and rate requirements. Staff must provide the individual with the **FIA-1127e** which details the requirements and discuss with the individual any questions they may have.

The completed **FIA-1127e** will inform the applicant/participant of the correct size and cost requirements, alert the individual to the fact that HRA will make a one-time payment to prevent an auction, and that a future request for payment of the storage bill may be denied if it continues to exceed the above schedule. In these instances, the applicant/participant must be provided with the list of storage facilities (**FIA-1127h**) that may have units within the guidelines established in the HRA FIA Storage Limit schedule. The worker must instruct the applicant/participant that they must move their items into one of those facilities, or any other facility, as long as it meets the size and market rate cost.

Note: As storage providers may change their rates, staff should advise applicants/participants to call the providers before moving their items.

Individuals lacking the ability to consolidate because of a hardship, including, but not limited to, certain reasonable accommodations (RAs), may be allowed to exceed the HRA storage limits beyond the one-month. These cases will be handled on a case by case basis and will still be required to meet State limits placed on the number and type of items in storage.

For example, an individual with a home visit needed/homebound RA may not be required to leave the storage facility they are using if it is in close proximity to their residence and the number and type of items in storage meet State requirements.

Note: As a necessary cost of storage, any additional reasonable expenses incurred in the move from one facility to another, in order to meet the referenced guidelines in the schedule, will be included with the next storage fee payment, if otherwise eligible.

Payment of Storage Unit Insurance and Other Additional Fees

Insurance for the possessions in storage **will** be paid by HRA, along with any other additional fees **if** they are a mandatory cost, and the storage unit could not be rented without the fees included as part of the monthly storage fee.

No Other Storage Option Exists

To be eligible for a storage fees allowance/grant, the applicant/participant must have no other resources (including resources in the community) available to store their furniture and/or personal belongings. If any other storage option exists, the applicant/participant **will not** be eligible for a storage fees allowance/grant.

Only Storage for Furniture and/or Personal Belongings at Time of Initial Eligibility for Storage Fees Allowance/Grant

In addition, furniture and personal belongings to be stored must have been in the household’s possession at the time the circumstances necessitating the storage occurred and the need for storage is related to a current emergency of needing to relocate, an eviction, or residing in temporary housing. This means that an individual applying for/requesting a storage fees allowance/grant cannot seek to increase their storage fees allowance/grant in subsequent months based on additional possessions acquired or placed in storage after the time the circumstances necessitating the storage occurred (such as residing in a Department of Homeless Services [DHS] Shelter).

Once the applicant/participant receives a storage fees allowance/grant, they cannot seek a higher monthly storage fees allowance/grant amount in subsequent months, unless the storage facility has legally increased the charge for the current unit by a reasonable amount.

Restrictions on Use of Storage Fees

Assistance to pay storage fees is not a benefit meant to continue for an indefinite period of time. If an applicant/participant is residing in permanent housing and resided in such housing when they incurred storage expenses, they are not entitled to payment of storage fees.

Residing in permanent housing

If an applicant/participant refuses temporary housing, the applicant/participant must still receive a storage allowance if there is a need, and no other storage option is available. Applicants/Participants who refuse permanent housing without good cause are not eligible for a storage allowance.

Moved from temporary to permanent housing

The payment of storage fees to an applicant/participant under the policy outlined in [PB #14-23-OPE](#) must continue until the current need for storage no longer exists. If a new request for storage fees is made and it is determined that there was a break in the need for storage, this current policy must be applied.

Storage Outside of New York

Although most applicants/participants will store their belongings within New York, on occasion, payments may be requested for storage of items in areas surrounding New York State (NYS). This may occur for several reasons:

- When the storage costs are reasonable and do not exceed the cost of storage within New York.
- When the storage facility is more easily accessible to households residing just inside of NYS limits (i.e. may easily get to Connecticut or New Jersey).
- When a storage facility is based in NY and offers a more appropriate space in one of their facilities located in another state (i.e. only two small spaces are available in NY, but one larger space is available in New Jersey which is cheaper than the total cost of the two smaller spaces combined).

Eligibility for storage fees for facilities in any of the states surrounding NYS must be evaluated on an individual basis by the Supervisor/Associate Job Opportunity Specialist (AJOS). If further evaluation is required based on unusual circumstances, consult the Center's Deputy Director or Director. Under no circumstances are storage fees to be paid for storage facilities outside of the surrounding states.

Additionally, HRA will not pay applicant's/participant's travel expenses to or from a storage facility.

Examples

Example 1:

Mary Jones, a Cash Assistance participant, lived in the Bronx when she was forced to relocate out of her permanent housing and into temporary housing. Ms. Jones found a storage facility in Connecticut where the cost of storing her belongings in this facility was less than what it would cost for a similar storage unit in the Bronx. Therefore, Ms. Jones would be eligible for storage payments outside of New York because the cost of storing her belongings in the Connecticut storage facility is less than the cost of storing the items in New York City. However, Ms. Jones is responsible for her travel expenses to or from the storage facility.

Example 2:

John Smith recently moved from Florida to New York and applied for Cash Assistance in New York. Prior to moving to New York, he stored his belongings in a storage facility in Florida. Mr. Smith asked HRA to pay for his Florida storage facility bill. Mr. Smith is not eligible for any storage payments outside of NY because he voluntarily relocated to NYS and the storage facility was not within New York, or any one of the surrounding states.

Important Reminder

New Information

Refer to [CD #21-16](#)

Until further notice, HRA is not honoring, accepting, or making payments to the following companies:

1. AVI Moving & Trucking INC. or AVI Moving & Storage
2. BAYA INC or BAYA INC. Moving AND Storage
3. PRIME Moving & Storage INC.
4. PRIME Moving & Trucking

Any applicant/participant requesting assistance with storage fees for items newly placed in facilities owned by any of the four companies identified above, or not currently receiving automatic storage payments directly to these companies, must be informed that the agency is no longer making payments to the above four companies, until further notice.

However, to avert an auction, the agency will pay only once, and the applicant/participant must move their belongings to another facility not owned by any of the companies listed above within 30 days to receive a grant in the future. Applicants/participants must be provided the Notice Regarding New Storage and Moving Fee Payments (**FIA-1127i**) along with the revised **FIA-1127d** and **FIA-1127e**.

Required Action Process for Determining Eligibility Based on Initial Application / Request for Storage Fees

Individuals who submit their requests monthly and for whom the emergency that necessitated the need for storage has existed prior to April 2018, should be handled under the old policy. Refer to [PB #14-23-OPE](#)

All applicants/participants applying for/requesting a storage fees allowance/grant must be given the revised Notice to Applicants/Participants of the Revised Storage Fee Process and Allowance Requirements (**FIA-1127d**), informing them of the new storage fees policy.

When an applicant/participant submits their initial application/request for storage fees (where HRA has not paid the storage company for storing the individual’s possessions under the previous policy), the Job Opportunity Specialist (JOS)/Worker must evaluate whether the applicant/participant already has their furniture and personal belongings in storage, or whether they are applying for/requesting a storage fees allowance/grant before putting those items in storage. The instructions below are broken down by this distinction.

No furniture or personal belongings yet in storage

Refer to 17-ADM-02 for OTDA’s storage policy

If the applicant does not yet have their furniture or personal belongings in storage but is applying for a new storage grant (seeking a storage fees allowance/grant before having items in storage), then process the application with the storage limit guidelines set forth in the HRA FIA Storage Limit Schedule (see page 6) and under OTDA’s storage policy.

Furniture or personal belongings already in storage (placed by NYC Marshal’s Office, landlord, or household)

HRA may pay storage fees for belongings already in storage at the time of the request for a storage fees allowance/grant, if the need for storage is due to the current emergency need to relocate, eviction, or temporary housing and payment is needed to retain/regain access to and/or prevent an auction sale of those belongings. The applicant participant must also be otherwise eligible for CA and/or EAA/EAF and the household’s furniture stored must only be items that are allowed and cannot exceed the amount needed for the household size, and personal belongings stored must not exceed the amount needed for the household size and must be reasonable in number and total volume.

Abating an Emergency The application/request for a storage fees allowance/grant may be processed without imposing the HRA FIA Storage Limit Guidelines for possessions put into storage before the application/request was submitted, for any prior and/or current months only, if the need for storage is due to the current emergency need to relocate, eviction or temporary housing and payment is necessary to access, relocate, or prevent an auction sale of the belongings and the furniture and personal belongings meet regulatory limits. However, the household must be notified that HRA will impose the maximum storage space limits going forward. This provides the household an opportunity to move items to a storage space not exceeding the guidelines established in this policy directive. This also allows the household an opportunity to be eligible for the grant going forward, if otherwise eligible.

Reminder

Applicants/participants must use the most cost-effective storage option available to meet their storage need.

Storage of Furniture and Personal Items Due to Eviction

City Marshal must protect tenant's furniture and belongings for 30 days. When a tenant is evicted by a City Marshal, the Marshal is required to protect the tenant's furniture and belongings for one month. The Marshal may lock up the apartment for one month or may hire a bonded moving company which is licensed by the New York State Department of Transportation. The Marshal must then direct the moving company to deliver the items removed from the premises to a storage company licensed by the Department of Consumer Affairs.

Unclaimed property will be sold at public auction In a full eviction, the Marshal must pay the moving and storage companies for moving the belongings and storing them for one month. Property that is not removed from storage may be sold at auction.

Emergency Assistance / One-Shot Deal Applicants

The cost of storage of furniture and personal belongings during relocation, eviction, or residence in temporary housing must be met for eligible Emergency Assistance applicants. If an applicant is eligible for EAA (Emergency Assistance for Adults), EAF (Emergency Assistance for Families), or Emergency Safety Net Assistance (ESNA), they must apply on a monthly basis for an Emergency Assistance grant to pay for monthly storage fees while the circumstances necessitating the storage continue to exist (unless automated monthly storage fees have been authorized for a DHS or HRA shelter resident, as discussed below).

Note: If an applicant is ineligible for EAA or EAF, staff must explore eligibility for storage benefits under ESNA (Emergency Safety Net Assistance) before denying the application.

Ineligible for Storage Fees Based on Storage Inventory Attestation

If an individual or household attests on the Storage Inventory Sheet (**FIA-1127g**) of the following, staff must deny the request for storage:

- Items listed were in storage prior to loss of permanent housing; or
- Are storing items for someone other than themselves or other household members; or
- Are storing items that are business related; or
- Applicant households storing items valued at over \$2,500 (\$3,750 if anyone in the household is elderly [60 years or older] or disabled) that could be considered for the purposes of the CA Resource Test.
- Participant households storing items valued at over \$10,000 that could be considered for the purposes of the CA Resource Test.

Revised

See [PD #22-08-ELI](#) for the CA Resource Policy

See the instructions below on [Denied Requests](#).

Authorization Process

See [PB #14-100-OPE](#) and [PB #21-37-OPE](#)

Storage fees for applicants/participants must be applied for on a month-to-month basis, unless automated monthly payments have been authorized for DHS or HRA shelter residents.

CA participants may apply by telephone, fax, mail, or on ACCESS HRA (AHRA). Otherwise, applications must be made in person. If the applicant indicates they have an emergency or immediate need for storage, the interview must be conducted and the application processed the same day.

Revised

Applicants/Participants that choose to apply for storage on AHRA may upload a current invoice to their application. Participants with a storage estimate must provide a current invoice the next time that they seek assistance with storage fees. A current invoice is also required when there is a change in storage cost or after a payment is made to prevent an auction.

The JOS/Worker must enter all requests for Storage fees in the Paperless Office System (POS) **Single Issuance Record Special Grant Requests** window.

See [PD #14-14-OPE](#)
(Participants)

For CA participants, POS will log in the request for storage fees on the POS automated Participant Request Control Card (**W-111F**) to track the request and the participant must receive the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (**W-137A**) indicating receipt of the request.

For participants, a determination must be made within seven (7) business days of receipt of all relevant documentation supporting an applicant's/participant's request for storage fees or earlier if necessary to abate an emergency (such as preventing an auction sale or allowing access to urgently needed items in storage).

See [PD #17-01-ELI](#)
(Applicants)

For applicants, a same day determination must be made on how HRA will address the emergency. The applicant must also receive the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**) on the same day, notifying the applicant of the decision.

Refer to [PD #10-22-SYS](#)

The **Special Grants Requests** window below prompts the JOS/Worker to record the applicable grant requests from the list of possibilities provided.

Special Grants window

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
Housing Related Benefits (rent in advance, moving allowance, security deposit, storage fees, broker's fee, furniture allowance)	<input checked="" type="radio"/>	<input type="radio"/>
Replacement of Lost or Stolen Cash	<input type="radio"/>	<input type="radio"/>
EAA - Replace SSI Check/Stolen Cash/Mismanaged or Lost Cash	<input type="radio"/>	<input type="radio"/>
Property Equipment And Household Item Repair or Replacement.	<input type="radio"/>	<input type="radio"/>
Need to Issue a Generic PA Benefit?	<input type="radio"/>	<input type="radio"/>
Need to Issue a Generic FS Benefit?	<input type="radio"/>	<input type="radio"/>
Are There Mortgage/Property Tax Arrears?	<input type="radio"/>	<input type="radio"/>
Rent Supplementation?	<input type="radio"/>	<input type="radio"/>
Work-Activity Related Benefits?	<input type="radio"/>	<input type="radio"/>
Storage of Furniture and Personal Belongings	<input type="radio"/>	<input type="radio"/>

Spanish Next Previous

Yes to Storage fees.

- Select **Yes** to “Storage of Furniture and Personal Belongings,” and click **Next**, and the **Response to Question** window appears.

Response to Question window

- Enter the **Invoice Amount**, **Invoice Number**, **From** and **To** dates, **Vendor name** and **Address** information. Click **OK** and the **Special Grants** window above appears.
- Click **Next** to continue. The status of **Task 2** will change to **Completed** and POS will display the updated **SI Grant Requests and Issuance Task List** screen.

SI Task List window for Task 3

- Click **Go** for the **Request Details** section and the **Request Details** window appears.

Request Details window

- Once the **Request Details** window is completed, click **Next** to continue. If additional documentation is required, the due date for the documents must be entered in the **Due Date for Documents** field.

Due date for document

- Click **Next** to continue once all request details are recorded,

The following message will appear.

“POS will make a permanent record of all the requests shown in this window. Click **OK** to proceed.”

- The status of **Task 3** will change to **Completed** and POS will display the updated **SI Grant Requests and Issuance Task List** screen.
- Click **Go** for **Task 4 (EAF/E-SNA Eligibility Determination)**.

SI Task List window for Task 4

Version 15.2.1 - Paperless Office System - [SI Grant Requests and Issuance] 12:11:40 PM Thursday, August 18, 2011

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

- Task Name:** SI Grant Needs Identified in Interview NA

Action: This Task must be completed before proceeding.

Status: No Action Required
- Task Name:** Record Special Grant Requests GO

Action: This Task must be completed before proceeding.

Status: Completed
- Task Name:** Requests Details GO

Action: This Task must be completed before proceeding.

Status: Completed
- Task Name:** EAF, E-SNA and EAA Financial Eligibility Determination GO

Action: This Task must be completed before proceeding.

Status: This Task is Next
- Task Name:** Print Forms for Client to Sign Wait

Action: Complete the required tasks above before doing this task.

Status: Not Done Yet

EAF/E-SNA (Eligibility Determination) window

Version 15.2.1 - Paperless Office System - [EAF/E-SNA Eligibility Determination] 12:16:32 PM Thursday, August 18, 2011

File Edit Tools Window Help

Instructions

This window shows a batch of grant requests made on a particular date for which the client may be eligible to receive under EAF or E-SNA. 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.

Request Date: 08/18/2011

Crisis is Due to:

Other Crisis Details:

Emergency Type:

Cause:

Qualifying child or pregnant individual in household? Yes

Does the household have income available on the day of application? Yes No Available monthly gross income amount:

Resources available to meet needs? Yes No Total PA resources (from interview): \$ 0.00

Emergency is result of refusal without good cause of employment or work activities/community service by employable relative or child? Yes No

Emergency is result of sudden occurrence/situation, unforeseen and beyond the individual's control? Yes No

Utility Arrears Only

Is the applicant/participant the client of record? Yes No

Is the client of record receiving CA or SSI (or additional State payments) on the date of application or request? Yes No

Grant Request	Does this Grant Represent PA Duplication?	Financially Eligible For EAF?	Financially Eligible For E-SNA?	Repayment Agreement Required?
Storage of Furniture and Personal Belongings	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

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- Complete the **EAF/E-SNA (Eligibility Determination)** window and advance to Task 5 - **Print Forms for Client to Sign**.

SI Task List window for Task 5

Version 15.2.1 - Paperless Office System - [SI Grant Requests and Issuance] 12:17:23 PM Thursday, August 18, 2011

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

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

Next Previous

Print Forms for Client to Sign window

Version 15.2.1 - Paperless Office System - [Print Forms for Client to Sign] 12:17:43 PM Thursday, August 18, 2011

File Edit Tools Window Help

Instructions

Listed below are a set of forms and notices that must be printed before you may proceed. Click the Print Forms button then pick up the forms from the printer when POS informs you that it has finished printing. If some of the forms require a signature from the client, you will be prompted to collect that signature after you click the Next button.

If, for any reason, one or more of the forms fails to print correctly (paper jam, toner low etc.), you can either reprint one form by clicking on the form in the list below and then click on the Reprint Selected Form button or you can reprint all the forms by clicking on the Reprint All Forms button.

If there is a request for grants under the EAF category, the EAF Eligibility Determination Worksheet will be saved in the case record.

If there is a request for rent arrears, the Repayment Worksheet for Rent Arrears will be saved in the case record.

If there is a request for utility arrears, the Repayment Worksheet for Utility Arrears will be saved in the case record.

Request Date	Forms to be Printed
08/18/2011	W-145TT-Determination of Eligibility for Emergency Assistance to Families (EAF) Storage of Furniture and Personal Belongings

Print the E-Forms Re-Print Selected E-Form(s) Re-Print All E-Forms

Next Previous

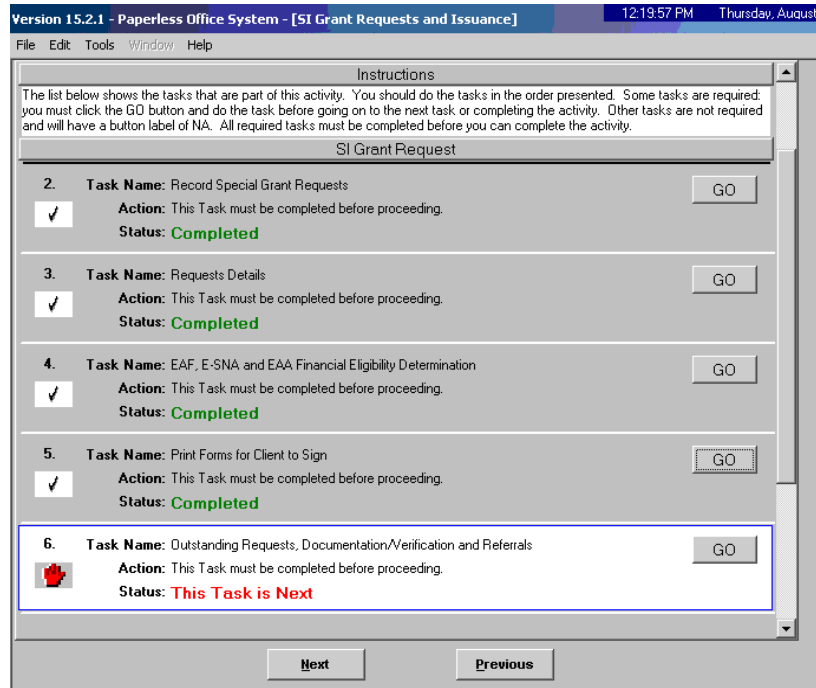
Note: For active CA cases, POS will prefill the Request for Emergency Assistance or Additional Allowance (For Participants Only) (W-137A) when a participant requests a payment of storage fees. In the **Print Forms for Client to Sign** window, JOS/Workers will print the W-137A form for participants and capture the participant's signature.

- Once all signatures are saved, click **Next** to continue. The status of **Task 5** will change to **Completed** and POS will display the updated **SI Grant Requests and Issuance Task List** screen.
- Advance to Task 6 – **Outstanding Requests**.

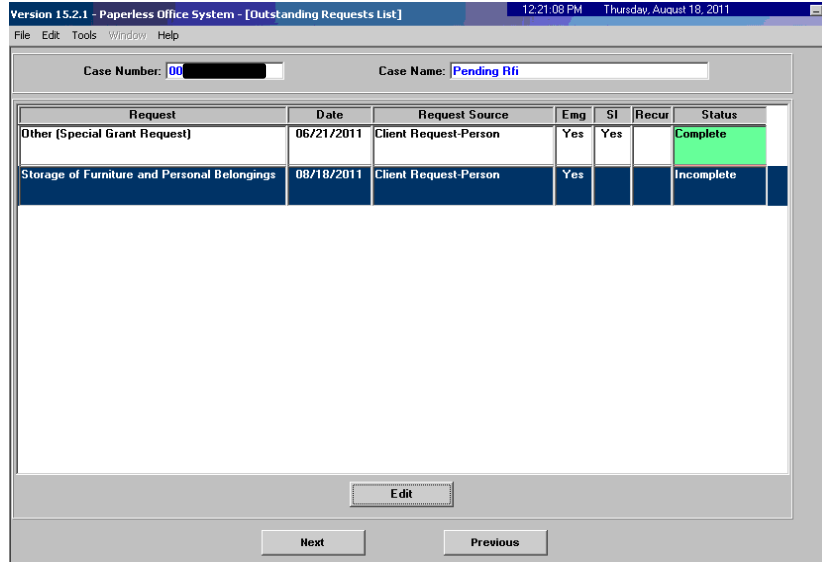
All documents related to the request must be scanned and indexed

Note: Staff are reminded that all documents related to the request, either submitted by the applicant/participant or forms manually completed by the applicant/participant at the time of the request or at a return appointment must be scanned and indexed.

SI Task List window for Task 6



Outstanding Request List window

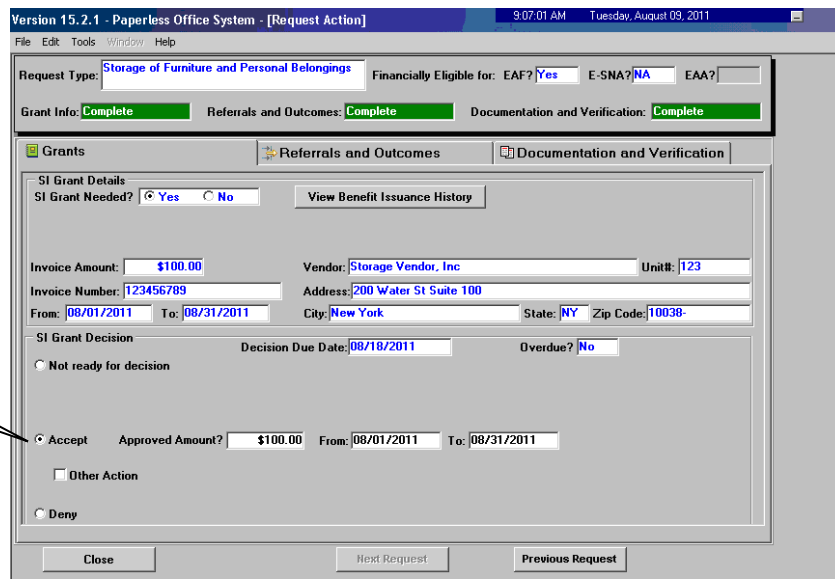


- Select the Storage Fee request and click **Edit** and the **Request Action** window appears. The JOS/Worker must enter the decision for the request in this window.

Request Action window

Refer to [PB #11-85-SYS](#)

Request approved



Approved Requests

- If the agency will pay the storage fee, select **Accept**, to accept the request, enter the **Approved Amount**, **From** and **To** dates and click **Close** and the **Outstanding Requests** window appears.

- Click **Next** on the **Outstanding Requests** window to continue and click on the Grant Data Entry section, and the **Single Issue Grant Summary** window appears. POS prefills the Special Grant code **21** (Storage Fees) in the **Grant Summary** window.
- Click **Grant Details** to access the **Single Issue Benefit Data Entry** window to prepare the Single Issue Grant and a Public Assistance Single Issue Authorization (**LDSS-3575**) Form.

New Information

Note: The **Request Type** and **Issuance Code** should not be “Other”, as the case will not get to the monthly storage file. In the following screenshot, the **Request Type** lists storage fees and the **Issuance Code** is Code 21.

Single Issue Benefit Data Entry window

Refer to [PB #11-85-SYS](#)

- The JOS/Worker must enter the required information on this window and click **Done**.

Note: Storage fee payments of **\$999.99** or less require the approval of the AJOSI. Payments that exceed **\$999.99**, require the approval of the AJOSII.

- The JOS/Worker sends the case to their Supervisor for approval.
- The Supervisor must approve the grant request and the grant data entry windows and will print either the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**) to notify an applicant of the approval or denial of the request, or the Action Taken on Your Request for Emergency Assistance or the Additional Allowance Form (For Participants Only) (**W-137B**) to notify a participant.

Refer to [PB #09-132-OPE](#) for details on use of the **W-145HH**.

Denied Requests

If the storage fee request will be denied, the JOS/Worker must:

- Access Task 6 (Outstanding Requests), select the Storage Fee request and click the **Edit** button to access the **Request Action** window.
- Select **Deny** in the **SI Grant Decision** section to deny the request, enter the denial reason and click **Close** to return to the **Outstanding Requests** window appears.

Version 15.2.1 - Paperless Office System - [Request Action] 12:30:46 PM Thursday, August 18, 2011

File Edit Tools Window Help

Request Type: Storage of Furniture and Personal Belongings Financially Eligible for: EAF? Yes E-SNA? NA 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 View Benefit Issuance History

Invoice Amount: \$100.00 Vendor: Storage Vendor Unit#: 111

Invoice Number: Invoice Address: 123 Main Street

From: 07/01/2011 To: 07/31/2011 City: New York State: NY Zip Code: 12345

SI Grant Decision Decision Due Date: 08/22/2011 Overdue? No

Not ready for decision

Accept Approved Amount? From: 00/00/0000 To: 00/00/0000

Deny Enter Denial Details

Close Next Request Previous Request

Request denied

- The JOS/Worker sends the case to their Supervisor for approval.
- The Supervisor must approve the denial and will print either the Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (**W-145HH**) to notify an applicant of the denial of the request, or the Action Taken on Your Request for Emergency Assistance or the Additional Allowance Form (For Participants Only) (**W-137B**) to notify a participant.

**PROGRAM
IMPLICATIONS**

Paperless Office
System (POS)
Implications

POS implications are included in the directive.

Supplemental
Nutrition Assistance
program (SNAP)
Implications

There are no SNAP implications.

Medicaid
implications

There are no Medicaid implications.

**LIMITED ENGLISH
PROFICIENT (LEP)
AND DEAF/HARD-
OF HEARING
IMPLICATIONS**

Staff must obtain appropriate interpretation services for individuals who are Limited English Proficient (LEP) or deaf/hard-of-hearing. Please refer to [PD #18-10-OPE](#) , [PD #17-19-OPE](#) , and [DSS-PB #2021-007](#) for detailed instructions.

**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

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to a Benefits Access Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route them 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 applicant/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 applicant/participant.

Should the applicant/participant elect to continue their 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 be 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 New York City Work, Accountability and You (NYCWAY) "Case Notes" screens, copies of relevant WMS screen printouts, notices sent, and other documentation relevant to the action taken.

RELATED ITEMS

[CD #21-16](#)
[PB #21-37-OPE](#)
[PB #14-100-OPE](#)
[PB #14-23-OPE](#)
[PB #11-85-SYS](#)
[PB #09-132-OPE](#)
[PD #22-08-ELI](#)
[PD #17-01-ELI](#)
[PD #14-14-OPE](#)
[PD #10-22-SYS](#)

REFERENCES

18 NYCRR § 352.6(f)
 18 NYCRR § 397.5(k)
 NY Social Services Law, § 303(1)(k)
 02-ADM-02
 17-ADM-02
 OTDA Schedule SA-4a at 18 NYCRR 352.7(a)(2)
[Temporary Assistance Source Book](#), Chapter 12, Section D. 12.
[Temporary Assistance Source Book](#), Chapter 16, Sections A, F.
[Temporary Assistance Source Book](#), Chapter 27, Section A at pg. 27-5.

ATTACHMENTS	FIA-1127d	Notice to Applicants/Participants of the Revised Storage Fee Process and Allowance Requirements (Rev. 3/1/23)
	FIA-1127e	One-Time Approval of Storage Fees Grant for Storage Space Exceeding Limit (Rev. 2/27/23)
	FIA-1127g	Storage Inventory Sheet (12/11/19)
	FIA-1127h	List of Storage Facilities (12/16/19)
	FIA-1127i	Notice Regarding New Storage and Moving Fee Payments (11/26/2021)
	FIA-1127j	NOTICE: If you still need storage assistance, you need to move your possessions to a different storage company (11/14/22)
	W-111F	Participant Request Control Card (Rev. 2/28/23)
	W-137A	Request for Emergency Assistance, Additional Allowances, or to Add A Person to the Cash Assistance Case (For Participants Only) (Rev. 3/16/20)
	W-137B	Action Taken on Your Request for Emergency Assistance, Additional Allowances, or to Add A Person to the Cash Assistance Case (For Participants Only) (Rev. 3/1/23)
	W-145HH	Notice of Decision on Assistance to Meet an Immediate Need or Special Allowance (For Applicants Only) (Rev. 2/28/23)



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

Notice to Applicants/Participants of the Revised Storage Fee Process and Allowance Requirements

Our policy and process for the payment of storage fees has changed.

Here is what you need to know:

- The amount paid for a storage unit will be based on household size and market rates (see **page 2**).
- Applicants and participants may be approved for a one-time payment outside of HRA's requirements if your furniture and personal belongings are currently in storage, and you are otherwise eligible. Your belongings must be in storage because of your emergency shelter need due to relocation, eviction, or temporary housing.
- HRA will provide applicants and participants a listing of storage facilities that we know are within the new limits but using one of them is not mandatory.
- Please note that HRA will not make any payments to the following companies until further notice:
 - 1. Avi Moving & Trucking Inc. or Avi Moving & Storage**
 - 2. Baya Inc. or Baya Inc., Moving & Storage**
 - 3. Prime Moving & Storage Inc.**
 - 4. Prime Moving & Trucking LLC**

For applicants and participants that are currently storing their belongings with any of these companies, you may be approved for a one-time payment. If you want HRA to continue making payments, you will have 30 days to move your belongings to a different company for storage.

(Turn page)

Applicants/Participants Requesting a Storage Fees Allowance/Grant For The First Time

Applicants/Participants applying for payment of storage fees for the first time must comply with the rules listed above at the time of request.

You must apply every month that you need a storage fee allowance/grant, unless you are a DHS/HRA shelter resident and are receiving an automated storage payment.

Important Information about Storage Fees

Storage fees are only available for furniture and personal belongings that you have and use at the time you were evicted, relocated, or entered shelter or other temporary housing.

The types of items that can be stored with this grant are limited to allowable furniture and the following items:

- Legal and identification documents
- Kitchen items like: tables, chairs, cookware, appliances, dishware, glassware, and utensils
- Bedding and towels
- Clothing of household members
- Assistive medical devices
- Washing machine and dryer
- Items needed for employment (not business inventory)
- Household electronic devices
- Items needed for educational purposes
- Personal keepsakes

The amount of furniture that can be stored must not exceed the amount needed for the household size and is limited to certain items. The amount of personal belongings to be stored must not exceed the amount needed for the household size and must be reasonable in number and total volume.

HRA FIA Storage Limit Schedule

Household Size	Size	Max Rate
1+	5x5x4 (locker) 100 Cubic Ft	\$60.00
1+	5x5x8 - 200 Cubic Ft	\$150.00
1+	5x10x8 - 400 Cubic Ft	\$216.00
2+,3+	5x15X8 - 600 Cubic Ft	\$279.00
4+,5+	10X10x8 - 800 Cubic Ft	\$368.00
6+	10x15x8 - 1200 Cubic Ft	\$547.00

(Turn page)

HRA may deny your request for a storage fee grant if:

- You currently have or were offered permanent housing
- You are moving from permanent housing and to permanent housing
- You did not give us a storage bill
- You applied or gave us a storage bill late
- The amount of items you are storing or want to store does not meet the requirements
- You have income or resources to meet the storage need or have other storage options
- You are not eligible for emergency or Cash Assistance
- You increased the number of storage units
- After receiving a one-time grant for a storage space or cost exceeding the limits described above, or using a company that HRA will not pay, you did not reduce and move your belongings into an allowable storage space for your household size, or a company that HRA will pay, by the next month.

Applicant's/Participant's Signature: _____

Date: _____

Worker's Name: _____

Date: _____

Worker's Signature: _____

Date: _____

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



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

One-Time Approval of Storage Fees Grant for Storage Space Exceeding Limit

I asked for help with storage fees.

I understand that my belongings and/or the number of storage units I have either exceed the Human Resources Administration (HRA) storage limit or are with a company that the City of New York is not currently paying.

I understand that HRA may approve a one-time storage fee grant, if otherwise eligible. To prevent an auction, HRA may approve up to the total amount currently due.

In the following month, I am expected to reduce the number of units or the size and/or cost of the unit to meet the HRA storage limit requirement and to use a company that HRA will pay.

I understand that if I ask for help again, my request may not be approved if the storage exceeds the limits based on the HRA Family Independence Administration (FIA) Storage Limit Schedule below:

HRA FIA Storage Limit Schedule

Household Size	Size	Max Rate
1+	5x5x4 (locker) 100 Cubic Ft	\$60.00
1+	5x5x8 - 200 Cubic Ft	\$150.00
1+	5x10x8 - 400 Cubic Ft	\$216.00
2+,3+	5x15x8 - 600 Cubic Ft	\$279.00
4+,5+	10x10x8 - 800 Cubic Ft	\$368.00
6+	10x15x8 - 1200 Cubic Ft	\$547.00

(Turn page)

Applicant's/Participant's Signature: _____ Date: _____

Worker's Name: _____ Date: _____

Worker's Signature: _____ Date: _____

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE



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

Storage Inventory Sheet

I plan to move the following items into storage **OR** I have the following items currently in storage:

Furniture:

Items	Number of Items
<input type="checkbox"/> Bed(s)	SAMPLE
<input type="checkbox"/> Chair(s)	
<input type="checkbox"/> Couch/Loveseat/Arm Chair	
<input type="checkbox"/> Dresser/Chest/Armoire/Wardrobe	
<input type="checkbox"/> Media cabinet/TV console	
<input type="checkbox"/> Piano/Organ	
<input type="checkbox"/> Table(s)	
<input type="checkbox"/> Other, describe:	

Electronics:

Items	Number of Items
<input type="checkbox"/> Computer	
<input type="checkbox"/> Media Player (e.g., VCR, DVD)	
<input type="checkbox"/> Radio, Stereo, Music Player	
<input type="checkbox"/> Television	
<input type="checkbox"/> Other, describe:	

(Turn page)

I plan to move the following items into storage **OR** I have the following items currently in storage:

Appliances:

Items	Number of Items
<input type="checkbox"/> Dryer	
<input type="checkbox"/> Freezer	
<input type="checkbox"/> Microwave	
<input type="checkbox"/> Refrigerator	
<input type="checkbox"/> Stove/oven/range	
<input type="checkbox"/> Washer	
<input type="checkbox"/> Other, describe:	

Kitchenware:

Items	Number of Items
<input type="checkbox"/> Cookware and Bakeware	
<input type="checkbox"/> Dinnerware (sets of plates, bowls)	Number of sets: <input type="text"/>
<input type="checkbox"/> Food container	Number of boxes: <input type="text"/>
<input type="checkbox"/> Glassware (glasses, cups)	
<input type="checkbox"/> Utensils	Number of sets: <input type="text"/>
<input type="checkbox"/> Other, describe:	

Linens:

Items	Number of Items
<input type="checkbox"/> Blankets/comforters	
<input type="checkbox"/> Sheets/pillow cases	Number of sets: <input type="text"/>
<input type="checkbox"/> Towels	
<input type="checkbox"/> Other, describe:	

Clothing:

Items	Number of Items
<input type="checkbox"/> Clothes	Number of boxes: <input type="text"/>
<input type="checkbox"/> Shoes	Number of boxes: <input type="text"/>
<input type="checkbox"/> Other, describe:	Number of boxes: <input type="text"/>

(Turn page)

I plan to move the following items into storage **OR** I have the following items currently in storage:

Keepsakes/Personal Belongings:

Items	Number of Items
<input type="checkbox"/> Books	Number of boxes:
<input type="checkbox"/> Children’s toys/board games	Number of boxes:
<input type="checkbox"/> Medical equipment (e.g.: wheelchair, crutches, nebulizer)	Number of boxes:
<input type="checkbox"/> Medicine/medications	Number of boxes:
<input type="checkbox"/> Photo Albums, loose photos, slides, other media, mementos	Number of boxes:
<input type="checkbox"/> Sports equipment	Number of boxes:
<input type="checkbox"/> Other, describe:	Number of boxes:

Attestation:

SAMPLE

By signing below, I attest that the information provided herein is true and complete to the best of my knowledge:

1. Items listed were in storage prior to loss of permanent housing: Yes No
2. Items listed are for someone other than me/my household and our use: Yes No
3. Items listed are business-related (e.g., merchandise, equipment, etc.): Yes No
4. Any stored item has a value over \$2,000.00: Yes No

Print Name: _____

Signature: _____ Date: _____



STORAGE PROVIDER LIST

BRONX

CubeSmart Self Storage:	Extra Space Storage:
255 Exterior Street, Bronx, NY 10451	4301 Bronx Boulevard Bronx, NY 10466
200 East 135th Street, Bronx, NY 10451	601 East 137th Street, Bronx NY 10454
1376 Cromwell Avenue, Bronx, NY 10452	950 University Avenue, Bronx NY 10452
395 Brook Avenue, Bronx, NY 10454	359 Wales Avenue, Bronx NY 10454
4268 3rd Avenue, Bronx, NY 10457	330 Bruckner Boulevard, Bronx, NY 10454
1810 Southern Boulevard, Bronx, NY 10460	3362 Park Avenue, Bronx, NY 10456
1235 East Tremont Avenue, Bronx, NY 10460	1045 Webster Avenue, Bronx, NY 10456
1725 West Farms Road, Bronx, NY 10460	1725 West Farms Road, Bronx, NY 10460
1816 Boston Road, Bronx, NY 10460	4268 3rd Avenue, Bronx, NY 10457
1260 Waters Place, Bronx, NY 10461	2165 Jerome Avenue, Bronx, NY 10453
1980 White Plains Road, Bronx, NY 10462	245 West Fordham Road, Bronx, NY 10468
1037 Zerega Avenue, Bronx, NY 10462	1037 Zerega Avenue, Bronx, NY 10462
2880 Exterior Street, Bronx, NY 10463	945 Zerega Avenue, Bronx, NY 10473
5740 Broadway, Bronx, NY 10463	3240 Bronx Boulevard, Bronx, NY 10467
1880 Bartow Avenue, Bronx, NY 10469	2875 Edson Avenue, Bronx, NY 10469
1425 Bruckner Boulevard, Bronx, NY 10472	3450 Baychester Avenue, Bronx, NY 10475
955 Bronx River Avenue, Bronx, NY 10473	
2301 Tillotson Avenue, Bronx, NY 10475	
586 River Avenue Bronx NY 10451	
	Storage Post:
	112 Bruckner Boulevard, Bronx, NY 10454
	301 West Fordham Road, Bronx, NY 10468
	4077 Park Avenue, Bronx, NY 10457
	979 Brook Avenue, Bronx, NY 10451
Public Storage:	
385 Gerard Avenue, Bronx, NY 10451	
367 Southern Boulevard, Bronx, NY 10454	
875 Brush Avenue, Bronx, NY 10465	
	Treasure Island:
	2325 Hollers Avenue, Bronx, NY 10475
	586 River Avenue, Bronx, NY 10451
Safeguard Self Storage:	
1253 Jerome Avenue Bronx, NY 10452	
1112 East Tremont Avenue Bronx, NY 10460	
	Stop & Stor:
	2385 Hollers Avenue, Bronx, NY 10475

* Rates are subject to change. Contact the storage provider to make sure the rates are still within the FIA limit.

BROOKLYN

CubeSmart Self Storage:	Safeguard Self Storage:
12015 Flatlands Avenue, Brooklyn, NY 11207	2941 Atlantic Avenue Brooklyn, NY 11207
356 Belmont Avenue, Brooklyn, NY 11207	1206 East New York Avenue Brooklyn, NY 11212
2887 Atlantic Avenue, Brooklyn, NY 11207	1648 East New York Avenue Brooklyn, NY 11212
486 Stanley Avenue, Brooklyn, NY 11207	930 Grand Street Brooklyn, NY 11211
2049 Pitkin Avenue, Brooklyn, NY 11207	115 Empire Boulevard Brooklyn, NY 11225
1151 East New York Avenue, Brooklyn, NY 11212	629 Utica Avenue Brooklyn, NY 11203
2990 Cropsy Avenue, Brooklyn, NY 11214	1635 Albany Avenue Brooklyn, NY 11210
338 3rd Avenue, Brooklyn, NY 11215	
163 6th Street, Brooklyn, NY 11215	Extra Space Storage:
1220 Broadway, Brooklyn, NY 11221	160 John Street, Brooklyn, NY 11201
3068 Cropsy Avenue, Brooklyn, NY 11224	1540 Atlantic Avenue, Brooklyn, NY 11213
2964 Shell Road, Brooklyn, NY 11224	312 3rd Avenue, Brooklyn, NY 11215
2207 Albemarle Road, Brooklyn, NY 11226	155 Empire Boulevard, Brooklyn, NY 11225
1050 Atlantic Avenue, Brooklyn, NY 11238	252 Newport Street, Brooklyn, NY 11212
945 Atlantic Avenue, Brooklyn, NY 11238	950 Georgia Avenue, Brooklyn, NY 11207
900 Atlantic Avenue, Brooklyn, NY 11238	12015 Flatlands Avenue, Brooklyn, NY 11207
	5002 2nd Avenue, Brooklyn, NY 11232
Public Storage:	3617 13th Avenue, Brooklyn, NY 11218
269 Gold Street, Brooklyn, NY 11201	201 64th Street, Brooklyn, NY 11220
72 Emerson Place, Brooklyn, NY 11205	
1062 Saint John's Pl, Brooklyn, NY 11213	Affordable Self Storage:
2696 Fulton Street, Brooklyn, NY 11207	1680 Atlantic Avenue, Brooklyn, NY 11213
1534 Utica Avenue, Brooklyn, NY 11234	2553 Atlantic Avenue, Brooklyn, NY 11207
1250 Rockaway Avenue, Brooklyn, NY 11236	
2461 Knapp Street, Brooklyn, NY 11235	Storage Post:
	32 Grand Avenue, Brooklyn, NY 11205
	3325 Atlantic Avenue, Brooklyn, NY 11208

* Rates are subject to change. Contact the storage provider to make sure the rates are still within the FIA limit.

BROOKLYN (continued)

Stop & Stor:	Treasure Island:
4710 Glenwood Road, Brooklyn, NY 11234	183 Lorraine Street, Brooklyn, NY 11231
1414 Ralph Avenue, Brooklyn, NY 11236	202 Tillary Street, Brooklyn, NY 11201
200 Empire Boulevard, Brooklyn, NY 11225	45 Clinton Avenue, Brooklyn, NY 11205
28 Erasmus Street, Brooklyn, NY 11226	225 Pennsylvania Avenue, Brooklyn, NY 11207
1700 Shore Parkway, Brooklyn, NY 11214	25 Remsen Avenue, Brooklyn, NY 11212
12501 Flatlands Avenue, Brooklyn, NY 11208	
534 63rd Street, Brooklyn, NY 11220	

SAMPLE

* Rates are subject to change. Contact the storage provider to make sure the rates are still within the FIA limit.

MANHATTAN

CubeSmart Self Storage:	Manhattan Mini Storage:
262 Mott Street, New York, NY 10012	290 Dyckman Street, New York, NY 10034
444 West 55th Street, New York, NY 10019	5030 Broadway, New York, NY 10034
465 West 150th Street, New York, NY 10031	420 East 62nd Street, New York, NY 10065
	161 Varick Street, New York, NY 10013
Big Apple Mini Storage:	108-110 West 107th Street, New York, NY 10025
119 East 124th Street, New York, NY 10035	645 West 44th Street, New York, NY 10036
234 East 121st Street, New York, NY 10035	543 West 43rd Street, New York, NY 10036
229 East 120th Street, New York, NY 10035	28 Second Avenue, New York, NY 10003
157 West 124th Street, New York, NY 10027	524 West 23rd Street, New York, NY 10011
	401 East 110th Street, New York, NY 10029
Extra Space Storage:	570-571 Riverside Drive, New York, NY 10031
58 West 143rd Street, New York NY 10037	541 West 29th Street, New York, NY 10001
485 West 129th Street, New York NY 10027	531-539 West 21st Street, New York, NY 10011
3330 Broadway, New York, NY 10031	520 West 17th Street, New York, NY 10011
	260 Spring Street, New York, NY 10013
Gotham Mini Storage:	510-520 West 21st Street, New York, NY 10011
501 10th Avenue, New York, NY 10018	220 South Street, New York, NY 10002
Storage Post:	
224 12th Avenue, New York, NY 10001	

SAMIDE

* Rates are subject to change. Contact the storage provider to make sure the rates are still within the FIA limit.

QUEENS

CubeSmart Self Storage:	Public Storage:
30-25 Northern Boulevard, Long Island City, NY 11101	4920 Van Dam Street, Long Island City, NY 11101
33-24 Woodside Avenue, Long Island City, NY 11101	3204 Northern Boulevard, Long Island City, NY 11101
39-25 21st Street, Long Island City, NY 11101	4102 Northern Boulevard, Long Island City, NY 11101
38-01 47th Avenue, Long Island City, NY 11101	2401 Brooklyn Queens Expressway, Woodside, NY 11377
31-40 Whitestone Expressway, College Point, NY 11354	
124-16 31st Avenue, Flushing, NY 11354	Safeguard Self Storage:
41-06 Delong Street, Flushing, NY 11355	41-15 Astoria Boulevard Astoria, NY 11105
1125 Wyckoff Avenue, Ridgewood, NY 11385	204-02 Jamaica Avenue Hollis, NY 11423
1060 Wyckoff Avenue, Ridgewood, NY 11385	156-01 Liberty Avenue Jamaica, NY 11433
87-40 121st Street, Richmond Hill, NY 11418	101-09 103rd Avenue Ozone Park, NY 11417
98-34 Jamaica Avenue, Woodhaven, NY 11418	119-24 Jamaica Avenue Richmond Hill, NY 11418
186-02 Jamaica Avenue, Jamaica, NY 11423	1726 Hancock Street Ridgewood, NY 11385
251-63 Jericho Turnpike, Bellerose, NY 11426	
179-36 Jamaica Avenue, Jamaica, NY 11432	Stop & Stor:
122-20 Merrick Boulevard, Jamaica, NY 11434	76-02 Woodhaven Boulevard, Queens, NY 11385
138-54 94th Avenue, Jamaica, NY 11435	63-35 Fresh Pond Road, Queens, NY 11385
	169-01 Baisley Boulevard, Queens, NY 11434
Storage Post:	218-28 97th Avenue, Queens, NY 11429
3028 Starr Avenue, Long Island City, NY 11101	74-04 Grand Avenue, Queens, NY 11373
103-39 98th Street, Ozone Park, NY 11417	75-02 88th Street, Queens, NY 11385
48-21 Metropolitan Avenue, Ridgewood, NY 11385	
	Extra Space Storage:
American Self Storage:	976 Cypress Avenue, Ridgewood, NY 11385
4730 29th Street, Long Island City NY 11101	1060 Wyckoff Avenue, Ridgewood, NY 11385

* Rates are subject to change. Contact the storage provider to make sure the rates are still within the FIA limit.

STATEN ISLAND

CubeSmart Self Storage:	American Self Storage:
3131 Richmond Terrace, Staten Island, NY 10303	330 Tompkins Avenue, Staten Island NY
Extra Space Storage:	Public Storage:
7 Arden Avenue, Staten Island, NY 10312	1107 Goethals Road North, Staten Island, NY 10303
	275 Veterans Road West, Staten Island, NY 10309
Stop & Stor:	
4275 Old Amboy Road. Staten Island, NY 10308	
780 Gulf Avenue, Staten Island, NY 10314	
97 Quintard Street, Staten Island, NY 10305	
131 Lynhurst Avenue, Staten Island, NY 10305	

SAMPLE

* Rates are subject to change. Contact the storage provider to make sure the rates are still within the FIA limit.



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Notice Regarding New Storage and Moving Fee Payments

Effective immediately and until further notice, the City of New York will NOT honor, accept, or make payments on moving fee requests if any of the four (4) companies named below are used:

- 1. AVI Moving & Trucking INC. or AVI Moving & Storage**
- 2. BAYA INC or BAYA INC. Moving AND Storage**
- 3. PRIME Moving & Storage INC.**
- 4. PRIME Moving & Trucking**

Additionally, the City of New York will NOT honor, accept, or make payments on any storage fees to these companies. If your furniture and personal belongings are currently in storage with one of these companies, and you are otherwise eligible for a storage grant, you may be approved for a one-time storage fee to prevent an auction and/or ensure access to your items so that you can move them to another storage location. After that one-time storage payment, if you want HRA to assist with any payments on future storage and moving fees, please use other companies.



Date: _____

NOTICE:
If you still need storage assistance, you need to move your possessions to a different storage company

HRA has been making monthly payments to one of the four companies listed below to store your possessions.

1. AVI Moving & Trucking INC. or AVI Moving & Storage
2. BAYA INC. or BAYA INC. Moving AND Storage
3. PRIME Moving & Storage INC.
4. PRIME Moving & Trucking

Effective immediately, the City of New York will no longer make payments to these companies. This change was not due to anything you did or any mistake you made – it is an unrelated matter between the City and these companies.

If you still need storage assistance, **you need to find a new company to store your items.** To continue receiving storage assistance, please take the following steps:

- Identify a new storage company. You can do an internet search on “self storage near me” or use the list of approved storage companies on the attached Form FIA-1127h. Please note that the new storage unit must fall within the agency size and price guidelines, listed below:

Household Size	Maximum Size	Maximum Monthly Rate
1+	5x5x4 (locker) 100 Cubic Ft	\$60.00
1+	5x5x8 - 200 Cubic Ft	\$150.00
1+	5x10x8 - 400 Cubic Ft	\$216.00
2+, 3+	5x15X8 - 600 Cubic Ft	\$279.00
4+, 5+	10X10x8 - 800 Cubic Ft	\$368.00
6+	10x15x8 - 1200 Cubic Ft	\$547.00

(Turn page)

- If you do not need help moving your possessions into the new storage facility, or if the new facility will help with the moving, update HRA about your need for ongoing storage grant by providing HRA the new storage facility's information and most recent bill (with any moving costs) via the ACCESS HRA mobile app document upload (www.nyc.gov/hradocs) or at a Benefits Access Center.
- HRA can also help pay for your moving expenses if the new facility does not help with moving. You can apply for moving assistance via ACCESS HRA or at a Benefits Access Center. (For more information about ACCESS HRA, visit: <http://www.nyc.gov/accesshra>).

If you have further questions, please visit a Benefits Access Center and/or speak to your shelter Case Manager as soon as possible.

HRA will resume making storage payments once you submit documentation (either a storage bill or invoice from your new storage company) showing that your items have been moved into a qualified storage facility.

SAMPLE



Date: _____

Case Name: _____

Case Number: _____

Caseload: _____

Center: _____

Worker Telephone No.: _____

FH&C Telephone No.: _____

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

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

Remember:

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

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

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

(Turn page)

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

SECTION II: ADDITIONAL ALLOWANCES

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

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

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

New Address: _____
(include apartment number)

City _____ State _____ Zip Code _____

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

Landlord's name: _____

Primary tenant's name: _____

Address: _____

(include apartment number)

City _____ State _____ Zip Code _____

(Turn page)

SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

- | | |
|---|---|
| <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 | <input type="checkbox"/> Child care allowance within approved limits, if needed |
| <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 | <input type="checkbox"/> Necessary public transportation |
| | <input type="checkbox"/> Other work activity-related supportive services: |
| | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |

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:

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

Name: _____

Name: _____

Date moved in/returned: _____

Date moved in/returned: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number (if known): _____

Social Security Number (if known): _____

Participant's Signature

Date of Request

Time of Request AM PM

Worker's Name

Date



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

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

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

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

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

SAMPLE

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

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

How we will pay:

- | | | |
|--|---|---|
| <input type="checkbox"/> Broker's or finder's fee/voucher paid to broker/finder | <input type="checkbox"/> You must pick up check at your Benefits Access Center | <input type="checkbox"/> Check mailed to your home |
| <input type="checkbox"/> We will add it to your regular Cash Assistance grant which you can get through the EBT system | <input type="checkbox"/> Security deposit/agreement/voucher paid/provided to landlord | <input type="checkbox"/> Check sent directly to landlord/vendor |

Other action: _____

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

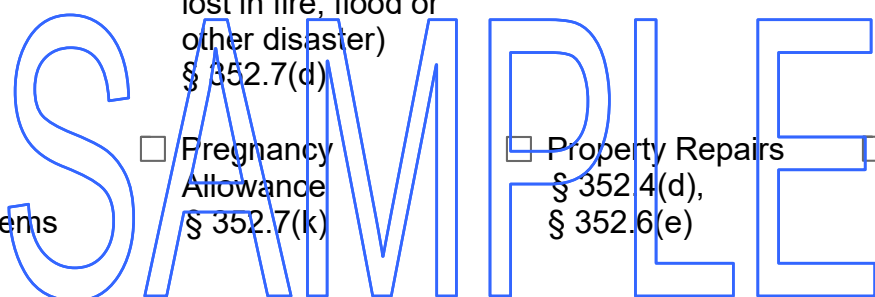
(Turn page)

On _____, you were referred to the Office of Burial Services at 33-28 Northern Boulevard, 3rd Floor, Long Island City, NY 11101, (718) 473-8310, to apply for a burial allowance.

Your request for _____ has been denied because:

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

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



Other (specify):

JOS/Worker's Name

Date

Supervisor's Name

Date

(Turn page)

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

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

SAMPLE

(Turn page)

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

(1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)

(2) **WRITE:** Send a copy (and keep a copy for yourself) of this entire notice, with the "Fair Hearing Request" section completed, to:

**Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201**

(3) **FAX:** Fax a copy of this entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.

(4) **IN PERSON:** Bring a copy of this entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn NY 11201**

(5) **ONLINE:** Complete an online request form at:
<http://www.otda.state.ny.us/oah/forms.asp>

(Turn page)

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

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

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

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

AVAILABILITY OF POLICY MATERIALS: The Office of Temporary and Disability Assistance (OTDA) policy issuances and HRA policy issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. OTDA policy issuances and manuals are posted on the OTDA website at <http://www.otda.ny.gov/legal>. In addition, upon request to HRA, specific OTDA and HRA policy issuances and manuals are also available to explain how the agency reached its determination. To request policy issuances and manuals, call **(718) 722-5012**, or fax **(718) 722-5018**, or email CRO@hra.nyc.gov or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**.

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

(Turn page)

FAIR HEARING REQUEST

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

Print Name: _____ Case Number: _____
Name M.I. Last Name

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

Signature: _____ Date: _____

SAMPLE



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 Emergency Grant (For Applicants Only)

You asked for help to meet an immediate need. This notice is about that request. If you also applied for ongoing Cash Assistance, this notice is not about that application. You will get a separate notice about your application for ongoing Cash Assistance.

Note about recent Cash Assistance denials: If you fail to comply with eligibility requirements, your application for ongoing Cash Assistance may be denied. If it is denied for failing to comply, and you reapply for an immediate needs/emergency grant for food or items relating to personal care within 90 days of the denial, we may deny your request. If you can prove that you had a good reason why you did not comply, we may approve a second request, even if it is within 90 days of the denial.

SAMPLE

What You Asked For

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

This is a follow up to our notice dated . _____

(Turn Page)

Decision On Your Request

Approval

- You can pick up an emergency grant in the amount of \$ _____ on _____.
(Date)
- This grant is being issued before a review of your case is made.
- An emergency grant (one-shot deal) has been provided in the amount of \$ _____ for
.

You Must Pay Us Back

- You are responsible for repaying \$ _____ as shown below:
 - This amount must be repaid to us based on 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. However, please note that if you own real property and HRA has filed a lien, you will still be responsible to repay the full amount of your emergency grant. In addition, recovery of the full amount paid by HRA may occur under other provisions of law (e.g., lawsuit settlements, lottery intercept, etc.).

SAMPLE

(Turn Page)

Decision On Your Request

Denial

Food-related Immediate Need

- You failed to establish/document identity.
- You have excess resources.
- You do not have an eligible non-citizen status.
- You got an immediate needs grant in the past 90 days and then failed to comply with eligibility requirements.
- You were given same-day Supplemental Nutrition Assistance Program (SNAP) benefits
- Other reason for denial (please specify):

Nonfood-related Immediate Need

- You failed to establish/document identity.
- You have excess resources.
- You do not have an eligible non-citizen status.
- You got an immediate needs grant in the past 90 days and then failed to comply with eligibility requirements.
- You applied for Cash Assistance on _____ (within the last three months).
(Date)

You were given the benefit checked below, and you failed to comply with the eligibility requirements. You did not prove that you had a good reason for failing to comply.

- Immediate need(s) grant(s)
- Other grants (please specify):

The regulations that allow us to do this are 18 NYCRR § 351.1, § 351.8, and § 352.7.

- Other:

(Turn Page)

Other Action

Other action taken on your application:

Your request is not an immediate need.

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.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

(Turn Page)

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STATE FAIR HEARING

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

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

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(Turn page)

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

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

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

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(Turn page)

FAIR HEARING REQUEST

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

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

SAMPLE

(Turn page)

New York State Emergency Rental Assistance Program (ERAP)

To find out if HRA can help with your rental assistance needs, the State requires that you apply for ERAP and have a decision on your ERAP application.

Any arrears paid by ERAP do not have to be paid back!

To apply for ERAP visit www.otda.ny.gov/erap. You can also apply over the phone by calling **1-844-NY1-RENT (1-844-691-7368)**. If you need assistance with submitting an ERAP application, visit <http://nyc.gov/erap> for a list of Community Based Organizations that can help. Once a decision is made on your ERAP application, if you still need help, you can always come back to HRA for assistance. Visit www.nyc.gov/accesshra to resubmit a Special Grant Request.

Funding is currently available through ERAP for New York City households who are behind on their rent. Eligible low and moderate-income households can get up to 12 months of their back rent paid, along with 3 months of future rent and other assistance.

Residents of New York City are eligible if they:

- Fell behind in rent since the COVID-19 pandemic began in March 2020 **AND**
- Qualified for unemployment benefits or have lost income and/or have an increase in expenses due to the COVID-19 pandemic; **AND**
- Have a monthly gross (before tax) household income at or under 80% of the Area Median Income (AMI)

Gross Annual Income Limits	
Household Size	At or Under 80% AMI
1	\$66,850
2	\$76,400
3	\$85,950
4	\$95,450
5	\$103,100
6	\$110,750
7	\$118,400
8	\$126,000