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POLICY DIRECTIVE #05-43-ELI

HOUSING STABILITY PLUS PROGRAM

<p>Date: December 13, 2005</p>	<p>Subtopic(s): Rent Supplements</p>
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AUDIENCE

The instructions in this policy directive are for Housing Stability Plus (HSP) staff located at the Riverview Job Center, Office of Central Processing (OCP) staff, Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) staff handling HSP cases, Anti-Domestic Violence Eligibility Needs Team (ADVENT) staff, and Landlord Ombudsman Service Unit (LOSU) staff. This directive serves as information for all other staff.

POLICY

The HSP program is a housing supplement program that will provide eligible public assistance (PA) participants residing in shelter facilities (e.g., shelters administered by the Department of Homeless Services [DHS], Human Resources Administration Domestic Violence [HRA DV] and Housing Preservation and Development [HPD]) and families being reunited with child(ren) in foster care the opportunity to find suitable permanent housing and receive financial assistance to help pay the rent in the form of a rent supplement (see **Attachment 1**). To encourage self-sufficiency, the rent supplement will last for a period of five years and will be reduced automatically each year by 20 percent after the first 12 months in the program. Further, continued receipt of the rent supplement requires compliance with all public assistance requirements, including employment requirements.

With the implementation of HSP, other rental supplement programs such as Employment Incentive Housing Program (EIHP), Long-Term Stayers Program (LTSP) and Emergency Assistance Rehousing Program (EARP) ceased accepting new applications; however, participants already participating in these programs will maintain their eligibility as long as the requirements for the specific program continue to be met.

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

PROGRAM DESCRIPTION

The HSP program is a collaborative effort by HRA, DHS, HPD and the Administration for Children’s Services (ACS) to assist eligible homeless families, including families being reunified by ACS lacking suitable housing, in securing permanent housing.

Demonstration project for single individuals and childless couples

In addition, eligible singles and childless couples will be able to participate in a demonstration project for the chronically homeless on a limited basis. The demonstration project is limited to 1,000 eligible households per year and will be reevaluated for continuation at the end of two years. Eligible adults must be referred by a Housing Specialist or Case Manager from their shelter. There is no limit to the number of family cases that can participate in HSP.

Eligibility Criteria

Households eligible for HSP must meet **all** of the following criteria:

Length of stay (LOS) requirements for families

- Families with minor children (i.e., child under age 18 or under age 19 and enrolled full-time in an educational program) must have resided in a:
 - DHS shelter for at least 90 days (no minimum LOS requirement if household size equals or exceeds six); or
 - HPD shelter for 30 consecutive days; or
 - HRA DV shelter for at least 42 days.

Note: Households with a child(ren) in foster care must be eligible for reunification based on ACS’ criteria where housing is the only barrier to reunification in order to be eligible for HSP.

LOS requirements for singles and childless couples

- Single adults and childless couples in the demonstration project must have resided in a:
 - DHS shelter for nine out of the last 12 months; or
 - HRA DV or HPD shelter for at least 42 days.

Note: Families and individuals who submit an HSP application in a DV shelter and are moved to a DHS shelter will not have to submit a new application.

Public assistance requirement

- Have at least one family member with an active PA case, where no member of the case is in sanction status;

Other requirements

- Sign an HSP application and Statement of Understanding;
- Comply with applicable Client Responsibility standards;
- Secure permanent housing within the five boroughs; and
- Agree to review/walk-through of the apartment by DHS and/or HRA.

HSP Process

Department of Homeless Services

For families and individuals residing in DHS and HPD shelters, DHS shelter site staff will:

DHS will process applications for DHS and HPD shelter residents.

- Interview potentially eligible participants and determine whether or not they meet the HSP eligibility criteria.
- Assist eligible participants in completing the HSP application form and Statement of Understanding for submission to the DHS Office of Rehousing (OOR).

In addition, a shelter Housing Specialist or Case Manager must submit an Adult HSP Referral Form to the DHS HSP Coordinator for all eligible adult singles and childless couples.

DHS will also assist eligible participants in locating suitable apartments and walk through the apartments to ensure that no violations exist and/or existing violations will be corrected. Where violations exist, the landlords must complete and submit a Verification of Repairs Agreement Form indicating that the necessary repairs have been made.

Both the landlord and tenant must be present at the lease signing.

DHS will schedule an appointment for a lease signing. As an incentive for landlords, DHS will issue one month of prorated rent (if applicable) and three months' advance rent in addition to the broker's fee, security deposit and establishment of a home grant (when applicable).

Note: If the HSP participant is a cotenant and leaseholder, three months' advance rent and shelter allowance, including HSP supplement will be issued directly to the landlord. However, if an HSP participant finds housing as a secondary tenant in a shared living situation, the primary tenant must not be a PA recipient. The prorated rent and shelter allowance, including HSP supplement, will be issued directly to the non-PA primary tenant, but three months' advance rent will not be issued.

Advance rent will not be issued to a primary tenant.

After all parties have signed the lease and the benefits have been issued, DHS will prepare and send a packet to HRA's Office of Central Processing (OCP) for further processing. The packet will include the following:

- HSP Client Notice of Eligibility (**Attachment 2**);
- HSP Application (**Attachment 3**);
- HSP Statement of Understanding (**Attachment 4**);
- Copy of completed and signed apartment lease;

The participant will receive a copy of the Lease and Rider to Lease.

- HSP Rider to Lease (**Attachment 5**);
- Completed Verification of Repairs Agreement/HSP Inspection Result Form (**Attachment 6**);
- Monthly Household Income Contribution Worksheet (if applicable [**Attachment 7**]);
- DHS History Sheet with Check Issuance Code
- DHS confirmation of program eligibility, which includes:
 - Statement of total rent (with supplement) to be paid by HRA;
 - Amount of rent supplement;
 - In the case of single adults where an exception has been made by a case manager or shelter staff allowing rent in excess of \$480, documentation justifying the exception based on need.

Administration for Children's Services

The HSP supplement is available to active PA families with children as well as households with income that will be eligible for PA when the child(ren) return from foster care (reunification) and the only barrier to reunification is housing (known as "But-for" cases). If a child is removed from the home but there is a documented plan of reunification by ACS, the family remains eligible for rental assistance, according to current procedure.

ACS staff will:

- Determine which cases are eligible for the HSP supplement;
- Assist eligible families with completing the HSP Application (**Attachment 8**) and Certification Letter (**Attachment 9**);
- Forward HSP packet with completed HSP applications and certification letters to the ACS Housing Unit. The HSP packet will also include:
 - Signed two-year lease agreement
 - HSP Rider to Lease (**Attachment 10**)
 - Broker's license
 - Landlord's **W-9** form
 - Landlord Statement/Declaration (**Attachment 11**)
 - Landlord's Certification of Housing Conditions (must be signed by landlord/representative, caseworker/planner/manager and client [**Attachment 12**])
 - Agreement to Repair Form, if applicable
 - Apartment Referral Form, if applicable
- Send the Certification Letter to the participant and case planner/manager verifying HSP participation.

If the PA case status changes from active to sanctioned or if the requested rent exceeds the amount for the family size, ACS housing staff will inform the ACS caseworker/planner/manager and also contact HRA to facilitate resolution.

For families with an active public assistance case, when a suitable apartment is found that passes review by ACS and all documents are completed, ACS will contact DHS and forward an attestation indicating:

- All HSP criteria have been met;
- What documents in the ACS HSP packet are completed;
- The number of active PA members;
- The number of children to be added to the household; and
- The rent amount and HSP supplement amount.

ACS staff will also forward a completed Public Assistance Single Issuance Authorization Form (**LDSS-3575**) to DHS.

Issuance of checks

DHS will issue emergency checks (e-checks) to secure the apartment based on the documentation received from ACS. ACS will pick up the e-checks from DHS and schedule a lease signing. At the lease signing, one month of prorated rent (if applicable), three months' rent in advance, broker's fee, security deposit and establishment of a home grant (when applicable from HRA) will be issued. If the establishment of a home grant is insufficient for the entire need of the household, ACS may provide a one-time ACS housing subsidy grant.

ACS Case Management staff will reschedule moves, but the participant may self-move.

ACS Housing and Case Management staff will:

- Issue the Tenant Reminder of Important Payments (**Attachment 13**) and give a copy of the completed form to the participant.
- Schedule a move date and discharge conference with the participant.
- Hand deliver the HSP packet to OCP for further processing after the lease has been signed and the appropriate fees issued.

Supplemental Security Income (SSI) recipients

ACS staff will also assist individuals in receipt of SSI who have children in foster care in applying for the HSP program. For those SSI recipients that are HSP eligible, ACS staff will:

- Issue the ACS rent subsidy to secure an apartment (the subsidy will not exceed \$3,600);
- Issue the ACS Housing Subsidy Program Certification Letter for HRA-HSP (**Attachment 14**) or "good faith" letter to the SSI recipient to be delivered to HRA specifying the:

ACS staff will also advise the participant to report to Riverview HSP with the Reunification Verification Memo (**Attachment 15**) to have the child(ren) activated/added to the case.

The applicant must meet eligibility criteria for the one-shot deal.

Domestic Violence Process

- Name of the SSI recipient
 - Amount of the SSI benefit received
 - Amount of ACS subsidy and names of applicable individuals
 - Balance due of funds to secure the apartment
 - Household composition
 - Discharge date for the children in foster care
- Provide case management for the SSI individual to ensure continued eligibility for HSP;
 - Inform the SSI individual to take the good faith letter to Riverview Job Center (37) and assist him/her in applying for a one-shot deal to obtain the balance of funds needed to secure an apartment;
 - Assist the SSI individual in applying for ongoing PA at Riverview HSP when the children have been reunified with the family; and
 - Send the complete HSP packet to Riverview HSP for further processing when the SSI individual is active for PA.

All domestic violence shelters will have Office of Domestic Violence and Emergency Intervention Services (ODVEIS) HSP applications available for their residents. The shelter staff is responsible for:

- Assisting families in completing the application;
- Reviewing the application for accuracy and completeness; and
- Forwarding the requested documentation listed below to the ODVEIS Housing Unit located at 180 Water Street, 24th floor, New York, New York 10038:
 - HRA Housing Stability Plus Application (**Attachment 16**)
 - HSP Participant Statement of Commitment (**Attachment 17**)

The ODVEIS Housing Caseworker will review the documentation and determine eligibility for the HSP rent supplement and the amount of the rent supplement. Families found ineligible for HSP will be notified in writing (**W-236A**). Families found eligible for HSP will receive an HSP Acceptance Letter (**Attachment 18**) from the ODVEIS Housing Caseworker indicating:

- The benefit amount;
- The family must begin the housing search; and
- Documentation required for the housing review and lease signing.

The ODVEIS Housing Caseworker will forward the Letter of Acceptance (or **W-236A** if the household is ineligible for HSP) to the family's shelter.

When an apartment is found, the shelter worker will forward the following documents to the ODVEIS Housing Caseworker:

- HSP Rider to Lease (**Attachment 19**)
- Unsigned lease, if available
- Copy of the broker's license, if applicable
- Landlord's Statement (**Attachment 20**)

Upon receipt of the additional housing documentation, the ODVEIS Housing Caseworker will prepare the HSP Apartment Inspection Referral Form (**Attachment 21**) and contact the housing review unit at the Riverview Job Center to schedule a walk through of the apartment.

Apartment review

Once the walk through is complete the Review Unit will advise the ODVEIS Housing Caseworker of its findings. If the apartment is found acceptable the applicant will complete and sign Section A of the HSP Apartment Acceptance Form (**Attachment 22**) and submit it to the shelter housing worker who will forward the form to the ODVEIS Housing Caseworker.

A Domestic Violence Liaison will be stationed in LOSU to process these cases.

The ODVEIS Housing Caseworker will prepare and forward the application package to LOSU. The LOSU Worker/DV Liaison will:

- Complete the ODVEIS/HSP Application Checkpoint List – DV/HSP Transmittal (**Attachment 23**) and
- Prepare the **LDSS-3575** to issue checks in the amounts specified on the DV HSP packet; the checks will include a prorated months' rent (if necessary), three months' advance rent, broker's fee, one month's security and furniture allowance, if required.

The LOSU Worker/DV Liaison will schedule lease signings and the delivery of checks at the Seaport Job Center (80). If the Seaport Job Center presents an unsafe environment for the DV victim, an alternative ADVENT site will be selected. Prior to lease signing the applicant will be notified by the LOSU Worker/DV Liaison to complete and sign Section B of the HSP Apartment Acceptance Form (**Attachment 22**) and bring it to the lease signing.

When the lease signing is complete and the checks have been issued, the LOSU Worker/DV Liaison will:

- Remove DV shelter rent and other shelter-related benefits (e.g., apartment search carfare, restaurant allowance, etc.) from the budget;
- Enter Action Code **163S** (HSP Enrollment Special Assessment: Need Rebudgeting); and

- Transfer the case for ongoing case management to the Riverview Job Center HSP Unit or to an alternative ADVENT site if the Riverview Job Center is not a safe environment for the DV victim.

SSI or Other Income in Household

A family member not in receipt of PA (including those in receipt of SSI) is not included when determining the rent supplement amount. However, non-PA family members are required to contribute 30 percent of their total income or a pro rata share of the actual rent, whichever is less, toward the shelter expense (see the Income Contribution Worksheet). This provision does not apply to ineligible noncitizens.

The maximum rent that may be permitted for an HSP family equals the amount of the shelter allowance and rent supplement plus the amount of a non-PA member's SSI contribution. In no event will the maximum rent permitted exceed the shelter allowance for the case if the entire household was on PA. Families with SSI members are encouraged not to rent apartments that cost more than the amount of the shelter allowance and rent supplement level for that PA family size.

For example:

There are five people active on a PA case and another individual receiving SSI of \$500 per month. The family is certified for HSP and the HSP-allowable rent (shelter allowance plus supplement) for a family of five on PA is \$1,176.

Maximum HSP rent amount:

$$\begin{array}{r}
 \$ 501 \text{ (Shelter allowance for family of five)} \\
 + \quad 675 \text{ (HSP rent supplement)} \\
 \hline
 = \$1,176
 \end{array}$$

The SSI contribution is the lesser of 30 percent of his/her total monthly income ($\$500 \times .30 = \150) or the pro rata share of the actual rent ($\$1,176 \times 1/6 = \196).

The maximum rent for a PA household of six is also \$1,176 and the SSI contribution does not permit a higher rent.

The maximum rent for an HSP apartment is \$1,176. The SSI individual must contribute his/her \$150 toward the rent, and the supplement amount will be reduced by \$150 (see **Attachment 7**). The shelter allowance budgeted for the PA case does not include the amount of the contribution from the SSI individual.

Maximum rent budgeted for PA case:

$$\begin{array}{r}
 \$1,176 \text{ (Maximum HSP rent for family of five)} \\
 - \quad 150 \text{ (SSI contribution)} \\
 \hline
 = \$1,026
 \end{array}$$

The maximum rent budgeted for PA case includes the PA shelter allowance for the household of five of \$501 plus the rent supplement of \$525 (\$1,026 - \$501).

Household must pass the 185-percent gross income test and remain eligible for PA in order to receive the HSP supplement.

Note: Income earned or received by members of the PA household does not reduce the HSP rent supplement but may reduce the shelter allowance under normal PA budgeting. This would result in the need for the family to make an out-of-pocket contribution toward the rent.

Reductions in Rent Supplement over Five Years

For the first year, the family will receive the maximum rent amount (shelter allowance plus rent supplement) based on the PA case size and income in the household. For the second and subsequent years through year five, the rent supplement will decrease by a set amount, which is equal to 20 percent of the supplement in the first year.

HSP participants will receive a budget reduction notice when the reduction occurs. The supplement reduction will occur once each year until the fifth year in the program when the remaining supplement amount will be removed.

Loss of Family Status
Child turns 18

During the five-year period, if a family loses its family status (e.g., the youngest child turns 18) the family will no longer be eligible for the rent supplement. However, eligibility may continue if the 18-year-old individual is enrolled full time in an educational program that satisfies PA eligibility requirements.

Families with children who leave or age out may continue receiving the HSP supplement up to the fifth year as a single adult or adult couple at the appropriate supplement level (with the required reductions). These cases must be transferred to the demonstration project. After the first two years of the demonstration project, continued conversions will need to be reviewed by with New York State.

Change in Household Composition or Income

If the participant's household size increases or decreases, the rent supplement must be adjusted to reflect the amount for that household size. Additionally, if the participant's income increases or decreases, the PA grant (shelter allowance plus supplement) must be adjusted. The adjustment may require the household to increase its out-of-pocket expense.

Return to Housing Stability Plus

The household is ineligible for the rent supplement when any adult on the PA case is sanctioned or the case is closed for any reason. If the PA case is subsequently reopened or the sanctioned individual is activated within six months, the participant may return to the HSP program. To be eligible for return to the program, the family must have an active PA case. The JOS/Worker must check NYCWAY for the identifying HSP action code. If a prior code exists, the case may be eligible for HSP again as long as separation from HSP does not exceed six months.

Arrears may not be paid for any period the family was in sanction status.

Participant Moves to Another Apartment

DHS/HPD cases

If the participant desires to move to another apartment, s/he must contact DHS Quality Assurance by calling 1-212-361-6617/8 where good cause for the move will be determined. If good cause is granted, DHS must register and inspect the new apartment. If the participant notifies HRA of the move, HRA will notify DHS of the participant's intent to move and obtain approval of the move in writing from DHS.

DHS will pay the broker's fee, security deposit and first month's rent on a case-by-case basis. The shelter allowance and rent supplement will be paid by HRA. The family must notify HRA of any address change, change in income or family composition, and the rent will be adjusted accordingly. Three months rent in advance is not paid in this instance.

ACS cases

When an ACS family in the HSP program wishes to move to another apartment within six months of becoming eligible for HSP, s/he must contact the ACS liaison who will determine whether good cause will be granted. If the participant desires to move after being eligible for HSP for six months or more, HRA HSP staff will determine whether good cause will be granted to authorize the move.

If the client contacts DHS regarding his/her intent to move, DHS must signify approval in writing or contact Riverview HSP.

REQUIRED ACTION

OCP Staff

Upon receipt of the packet from DHS, ACS or ODVEIS, OCP will review the packet for completeness and take the following case actions:

Day 1 actions

- If the packet is incomplete, the OCP Project Manager or unit supervisor must contact DHS, ACS or ODVEIS by e-mail or fax for the documents needed to complete the packet;
 - Review the packet and WMS to ensure that the case status is active and the household composition is the same;
 - If the case is closed or sanctioned, enter Action Code **163T** (HSP Terminated – Inactive Case) in NYCWAY.
 - Change the address of the household on the Turn-Around Document (TAD) and transfer the case in WMS to Riverview HSP or the appropriate WeCARE Hub as follows:
 - Enter the participant's new address in elements **041, 042, 043, 045, 046** and **047** of the TAD.
 - If applicable, delete the previous mailing address from elements **051, 052, 055, 056** and **057**.
 - Review WMS to determine the date of the next scheduled recertification interview.
 - Enter the new Center number (037) in element **020** and the new caseload (0200) in element **021** of the TAD to transfer the case to Riverview HSP Unit.
- Note:** If the recertification interview is scheduled for the prior, current or following month the case must not be transferred until the recertification interview is complete.

NYCWAY action codes

- Enter the appropriate action code in NYCWAY with a future action date (FAD) not to exceed 120 days.
 - **163O** – HSP Enrollment OCP: Need Rebudgeting
 - **163S** – HSP Enrollment Special Assessment: Need Rebudgeting
- Cases will automatically be placed on the appropriate worklist.
 - Cases with Action Code **163O** will appear on the HSP Need Budget (**HSPNB**) worklist
 - Cases with Action Code **163S** will appear on the HSP Need Budget – SP ASSESS (**HSPDV**) worklist

Day 2 actions

- Calculate and save a new budget for eligible cases in AC status as follows:
 - Change shelter type to **01** (unfurnished apartment).
 - Enter the actual monthly rent amount in the **FS Shelter Amount** field based on the number of household members active for PA.
 - Remove all shelter-related benefits (i.e., restaurant allowance, apartment search carfare, etc.) and transmit to the Display Results screen (**NSBL80**).
 - Enter FS-only income source code **99** (Other Unearned Income) on the **NSBL06** screen for the casehead and enter the **FS Shelter Amount** in the **Amount** field.

Ineligible budgets

- If the household is determined financially ineligible as a result of the above actions, recalculate and take the following actions:
 - Place the PA portion of the case in single issue (SI) status to ensure that FS continues at the correct level.
 - Enter the actual monthly rent minus the HSP monthly supplement for the **FS Shelter Amount**.
 - Enter FS-only income source code **99** (Other Unearned Income) on the **NSBL06** screen for the casehead and enter the monthly amount of the shelter maximum (FS shelter amount) in the **Amount** field.

Day 3 actions

- Ensure all required OCP actions are complete and send the case for imaging.

After the FAD expires:

(Up to three months after Day 2 actions)

- Review the HSP Need Budget (**HSPNB**) worklist to determine cases that require rebudgeting;
- Calculate and save a budget by taking the following actions:
 - Enter on the household screen (**NSBL02**) the actual shelter amount (excluding the supplement amount) in the **Shelter** field.
 - Enter code **42** (or code **48** if the case is a single adult or childless couple) in the **Additional Needs** field and the amount of the supplement in the **Additional Needs Amount** field along with the other required information.
 - Enter the landlord information in the restriction field (Restriction Indicator **1** for Additional Needs Code **42** and Restriction Indicator **3** for Additional Needs Code **48**) and transmit to go to the Individual Screen (**NSBL06**).

Additional Needs Code
42/48 – Shelter
Allowance Supplement

- Remove income source code **99** from the **NSBL06** screen of the casehead, if applicable.
- Transmit and save the data to the budget in accordance with current procedure.
- Enter Action Code **163R** (HSP Rebudgeting Completed).
 - Case will automatically be placed on the HSP Rebudgeting Completed (**HSPBC**) worklist.

Cases Ineligible for HSP and No HSP Packet

For cases ineligible for HSP (e.g., case is in sanction status, financially ineligible or closed) and the HSP packet was not received by OCP, OCP staff will:

Day 1 action
Day 2 action
Day 3 actions

- Change status of ineligible case to single issue (SI).
- Hold the SI case for review.
- Review the SI case for eligibility. If the case is eligible, proceed as described on pages 10–12. If ineligible:
 - Do not place the supplement on the budget.
 - Enter Action Code **163T** (HSP Terminated: Inactive Case) in NYCWAY.
 - Attach a memo to the ineligible case indicating that the case was not processed and send to the director of the Riverview HSP Unit.

LOSU/DV Liaison

Upon receipt of the DV HSP packet, the LOSU/DV Liaison stationed in LOSU will review the packet for completeness, scan all documents into the HRA Image Viewer and take the following actions:

Day 1 actions

- Change the address of the household on the TAD and transfer the case to Riverview HSP, the appropriate WeCARE Hub (if the participant is coded WeCARE) or ADVENT location.
 - Enter the participant's new address in elements **041, 042, 043, 045, 046** and **047** of the TAD.
 - Enter the new Center Number (037) and caseload (2020) in elements **020** and **021** of the TAD.

Day 2 actions

- Calculate and save a new budget as follows:
 - Enter \$0 for the monthly shelter amount.
 - Remove all shelter-related benefits (i.e., restaurant allowance, apartment search carfare, etc.) and transmit to the Display Results screen (**NSBL80**).

- Ineligible Budgets
- If the household is determined financially ineligible as a result of the above actions, recalculate and take the following actions:
 - Enter the actual monthly rent minus the HSP monthly supplement for the FS shelter amount.
 - Enter FS-only income source code **99** (Other Unearned Income) on the **NSBL06** screen for the casehead and enter the monthly amount of the shelter maximum in the **Amount** field.
 - Enter Action Code **163S** (HSP Enrollment Special Assessment: Need Rebudgeting) in NYCWAY with a FAD not to exceed 120 days. The case will appear on the HSP Need Budget – SP ASSESS (**HSPDV**) worklist.

Day 3 actions Forward the case to the Riverview Job Center HSP Unit or to an alternative ADVENT site if Riverview Job Center is not an unsafe environment for the DV victim for ongoing processing.

Notices The CNS notice informing the participant of the changes in his/her grants will be generated automatically.

Riverview HSP Unit,
WeCARE and
ADVENT Staff
ODVEIS cases

After the FAD expires:

- Review the HSP Need Budget (**HSPNB**) worklist to determine cases that require rebudgeting;
- Calculate and save a budget by taking the following actions:
 - Enter on the household screen (**NSBL02**) the actual shelter amount (excluding the supplement amount) in the **Shelter** field.
 - Enter code **42** (or code **48** if the case is a single adult or childless couple) in the **Additional Needs** field and the amount of the supplement in the **Additional Needs Amount** field along with the other required information.
 - Enter the landlord information in the restriction field (Restriction Indicator **1** for Additional Needs Code **42** and Restriction Indicator **3** for Additional Needs Code **48**) and transmit to go to the Individual Screen (**NSBL06**).
 - Remove income source code **99** from the **NSBL06** screen of the casehead, if applicable.
 - Transmit and save the data to the budget in accordance with current procedure.

- Enter Action Code **163R** (HSP Rebudgeting Completed).
 - The case will automatically be placed on the HSP Rebudgeting Completed (**HSPBC**) worklist.
- Monitor and follow up on the case for ongoing processing.

Multisuffix Cases

For participants eligible for HSP and part of a multisuffix case, OCP and/or the LOSU/DV Liaison must change the address as described in the Required Actions for OCP staff on page 11 and use bottom-line budgeting to process the budgets for the case.

Job Center Staff

In instances where the HSP participant reports having found a new apartment after receiving HSP advance benefits, the JOS/Worker at the Job Center must:

Refer to PB #05-24-ELI before taking any action.

- Take appropriate action to change the address and landlord information.
 - Perform a **Change Case Data** activity using the Paperless Office System (POS).
 - Go to the **Address Information** window and enter the new address in the **Present Address** field.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

JOS/Workers at POS Centers must:

- Enter/Update the address in the **Address Information** window.
- Update shelter costs and landlord information in the **Shelter (Housing) Expenses** window.
- Initiate all required TAD actions for the POS TAD by updating the window that affects that element.
- Use the **Other Income** window to enter FS-only code **99**.
- Access WMS to calculate and save a budget using the WMS icon.
- Scan all non-POS-generated forms and notices, especially those that are signed by the participant, except domestic violence-related documents, into the electronic case record.

Model Center Implications

Participants reporting to a Model Center to report finding a new apartment after receiving HSP advance benefits will receive a lavender numbered ticket from the Front Door Receptionist and be routed to the Customer Service Information Center (CSIC) to provide information and documentation regarding the new address and shelter amount.

The JOS/Worker in CSIC will gather the necessary information/documents and forward them to the Processing Unit. Staff in the Processing Unit must take appropriate action to:

- Perform a **Change Case Data** activity using POS.
- Go to the **Address Information** window and enter the new address in the **Present Address** field.
- Update shelter costs and landlord information in the **Shelter (Housing) Expenses** window.
- Initiate all required TAD actions for the POS TAD by updating the window that affects that element.
- Access WMS to calculate and save a budget by using the WMS icon.
- Scan all non-POS-generated forms and notices, especially those that are signed by the participant, except domestic violence-related documents, into the electronic case record.

Food Stamp Implications

The rent supplement (in contrast to the shelter allowance) is exempt for Food Stamp purposes and will not impact the amount of food stamps the household receives.

Medicaid Implications

Receipt of this rent supplement has no impact on Medicaid eligibility.

LIMITED ENGLISH SPEAKING ABILITY (LESA) IMPLICATIONS

For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #05-37-OPE.

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

Supplement eligibility, reduction and termination decisions are issues for requesting a Fair Hearing. 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.

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

The FH&C AJOS/Supervisor I will listen to and evaluate the applicant/participant's complaint. After reviewing the case file and discussing the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor, s/he will determine if the action taken was correct. If the determination is that the action taken was correct, the FH&C AJOS/Supervisor I will explain the reason for the determination to the applicant/participant. If the explanation is accepted, no further action is necessary. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

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

Evidence Packets Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing which has already been 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.

All Evidence Packets must contain a detailed history, HSP-related forms/documents from DHS, ACS and/or ODVEIS, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY **Case Notes** screens.

REFERENCES 03-ADM-07

RELATED ITEM PD #03-07-ELI

ATTACHMENTS

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

DHS forms

- Attachment 1** Housing Stability Plus (HSP) Maximum Rent Amounts
- Attachment 2** Department of Homeless Services Client Notice of Eligibility
- Attachment 3** Department of Homeless Services Housing Stability Plus Application
- Attachment 4** DHS Housing Stability Plus Rent Supplement Program (PLUS Program) Participant Statement of Understanding
- Attachment 5** Housing Stability Plus Program Rider to Apartment Lease
- Attachment 6** DHS Housing Stability Plus Verification of Repair Agreement/HSP Inspection Result Form
- Attachment 7** NYC Department of Homeless Services Housing Stability Plus Monthly Household Income Contribution Worksheet

ACS forms

- Attachment 8** Administration for Children Services Housing Stability Plus Application
- Attachment 9** ACS Housing Stability Plus Certification Letter
- Attachment 10** ACS Housing Stability Plus Rider to Apartment Lease
- Attachment 11** ACS Housing Stability Plus Landlord's Statement/Declaration
- Attachment 12** ACS Landlord Certification of Housing Conditions
- Attachment 13** ACS Housing Stability Plus Tenant Reminder of Important Payments
- Attachment 14** ACS Housing Subsidy Program Certification Letter for HRA-HSP
- Attachment 15** ACS Housing Stability Plus Reunification Verification

ODVEIS forms

- Attachment 16** Human Resources Administration Housing Stability Plus Application
- Attachment 17** Human Resources Administration Housing Stability Plus Participant Statement of Commitment
- Attachment 18** Housing Stability Plus Acceptance Letter
- Attachment 19** Housing Stability Plus (HSP) Rider to Lease
- Attachment 20** Landlord's Statement
- Attachment 21** HSP Apartment Inspection Referral Form
- Attachment 22** Housing Stability Plus (HSP) Apartment Acceptance Form
- Attachment 23** ODVEIS/HSP Application Checkpoint List – DV/HSP Transmittal

Housing Stability Plus (HSP) Maximum Rent Amounts

PA Case Size	Shelter Allowance	Rent Supplement	Maximum Rent Amount
1	\$277	\$488	\$765
2	\$283	\$537	\$820
3	\$400	\$525	\$925
4	\$450	\$475	\$925
5	\$501	\$675	\$1176
6	\$524	\$652	\$1176
7	\$546	\$851	\$1397
8	\$546	\$851	\$1397
9	\$546	\$1130	\$1676
10	\$546	\$1130	\$1676
11	\$546	\$1466	\$2012
12	\$546	\$1466	\$2012
13	\$546	\$1466	\$2012
14	\$546	\$1466	\$2012
15	\$546	\$1466	\$2012

Note: The shelter allowance provided is the maximum shelter allowance for pregnant women and households with children. The maximum shelter allowance may be higher if there is an SSI individual in receipt of in the household.



NYC Department of Homeless Services

Attachment 2

Linda Gibbs
Commissioner

Fran Winter
First Deputy Commissioner

Roger Newman
Deputy Commissioner
Family Services

Rick D. Chandler, P.E.
Assistant Commissioner
Housing Policy and Placement
Family Services

HOUSING STABILITY PLUS NOTICE OF ELIGIBILITY

To:

Certification Date:

PA-Case #:

Revises Letter Dated:

Congratulations!

You have been found eligible for the City of New York's **Housing Stability Plus (HSP) Program**. The maximum monthly rent amount that your family is eligible for under the HSP program is xx based on xx family members with **active** public assistance. If you believe this number is incorrect, or if you are receiving SSI benefits and require clarification on your contribution amount, please call our Application Unit at 212-361-7364/7365/7366. The maximum rent amount is based on your family's public assistance shelter allowance plus a rent supplement and is subject to rules of participation in the Housing Stability Plus program. Any family members receiving SSI are required to contribute 30% of the total SSI amount directly to the landlord each month.

You will be receiving a list of apartments in New York City that were registered with DHS and are ready to be rented, or you can search on your own for a suitable apartment. Please show this letter to landlords and brokers during your search. When you find an apartment and the landlord agrees to rent to you, the landlord should contact the Office of Rehousing at 212-361-6611/6612/6613/6614 to register the apartment.

If the apartment has already been registered and inspected, please have the landlord call the Office of Rehousing at 212-361-6995/6996/6997/7367 to schedule a lease signing date. The landlord should refer to www.dhs.nyc.gov for a list of all documents required to initiate the lease signing process.

At lease signing, DHS will pay a pro-rated share of the first month's rent, the entire next three months' rent, one-month security deposit, and a 15% broker's fee, if applicable. Future payments will be paid directly to the landlord. Further information on this program can be found on the DHS website, www.nyc.gov/dhs, "Housing Stability Plus Information" section.

We wish you success in your apartment search.

Sincerely,

Office of Rehousing





RENTAL ASSISTANCE HOUSING APPLICATION

Attachment 3

FAX TO: (212) 361-7488

BUILDING INFORMATION

BOROUGH, Block, Lot, Units, Registration #, Unit (Apt.), Floor, Rooms, Bedroom, Street, Zip Code, AKA (LIST IF BUILDING HAS TWO REGISTERED ADDRESSES), * OOR ID # *

BROKER INFORMATION

License No., License Name, First Name, M.I., Last Name, Business, Street, Unit, Town, State, Zip Code, Primary, Secondary, PHONE, Fax, INCLUDE MOBILE / PAGER NUMBER

LANDLORD INFORMATION

TIN, Legal Name, First Name, M.I., Last Name, Line 1 (Additional Information ie. "c/o...", "Empire Building", etc.), Official Correspondence Address (If P.O. Box - Alternate Address Must Be Filled In), Unit, Town, State, Zip Code, Alternate Address, Courier Deliveries, Unit, Town, State, Zip Code, PHONE, Primary, Secondary, INCLUDE MOBILE / PAGER NUMBER



NYC Department of Homeless Services

HOUSING STABILITY PLUS RENT SUPPLEMENT PROGRAM

PARTICIPANT STATEMENT OF UNDERSTANDING

Case Name: _____ PA Case Number: _____
SSN: _____

Under the Plus Program, the City will issue a monthly rent supplement (over and above my family's monthly public assistance shelter allowance) to eligible clients enrolled in the program. I agree to actively seek and to accept appropriate housing for the program in accordance with DHS Client Responsibility Standards.

As a condition of my participation in the Plus Program, I (and all other adults in my household who are public assistance participants) make the following commitments:

Required by Head of Household and All Adult Household Members in Receipt of Public Assistance.

- I understand that my rent supplement is based on the number of active members on my public assistance case. Each household member not in receipt of public assistance and who has income (for example, SSI) must contribute 30% of his or her income to the rent, or a pro-rata share of the rent, whichever is less by direct payment to the landlord starting from the first full month of residency. I understand that the amount of this contribution will be taken into consideration in calculating the amount of the monthly rent supplement. This provision does not apply to ineligible non-citizens.
- I understand that I will receive keys to my unit from my landlord at lease signing and that if asked by my landlord for additional moneys above the scheduled rental amount for my household composition, I am under no obligation to pay these additional moneys.
- I further understand that when the period of eligibility for the rent supplement ends or when the monthly rent supplement is reduced or terminated for any of the reasons described in this Statement of Understanding, I will remain responsible for paying the full rent under my lease with the landlord or my lease with the primary tenant.
- I understand that the monthly rent supplement will be reduced by one fifth every year for a period of five years and will terminate at the end of five years. I will be responsible for making up any difference in the monthly rental amount by direct payment to the landlord.
- I understand that the monthly rent supplement will terminate under any the following circumstances:
 - If I (or any other public assistance participant in my household) fail, without good cause, to comply with any of the commitments in this Statement of Understanding.
 - If I (or any other public assistance participant in my household) am sanctioned because of a failure to comply with public assistance rules or regulations.
 - If my public assistance case is closed for any reason (i.e. failure to re-certify, excess income, non-compliance).
 - If I no longer have a child in my household who is under age 18 or under age 19 and regularly attending full-time high school or the equivalent vocational training.

ORG. DATE 12/13/05

HSP Form3a

- If I vacate my approved Plus Program apartment, unless the administering agency finds that I am moving with good cause* into another acceptable Plus Program apartment.
- I understand that if, as a result of income, my basic public assistance shelter allowance payment to the landlord is reduced, I will be responsible for making up the difference by direct payment to the landlord.
- I understand that I must notify HRA of any address change, change in income, or family composition and that my monthly rent supplement may be adjusted accordingly.
- I understand that aftercare services may be offered to me by the administering agency or an authorized community based organization. Aftercare services include, but are not limited to: entitlement advocacy, landlord-tenant mediation, anti-eviction services, employment and education services, health, mental health, and substance abuse services and child care.
- I understand that the head of household is responsible for paying the landlord (or the primary tenant in a shared living arrangement) the portion of rent that the Plus Program has determined the household is required to contribute, based on the program requirements, and that repeated failure to make such payments will be a violation of this Statement of Understanding. I further understand that failure to pay my portion of the rent may subject my family to eviction.
- I understand that I have a right to a fair hearing with HRA, with respect to my public assistance case, in the event of notification by HRA of its intention to impose a sanction or close my public assistance case, or with respect to the denial, termination or reduction of my monthly rent supplement.
- I agree that as long as I remain eligible for the Plus Program monthly rent supplement, HRA will pay both my public assistance shelter allowance and the Plus Program monthly supplement directly to my landlord or the primary tenant in a shared living arrangement. Each SSI recipient in my household will pay 30% of their SSI income (or a pro-rated share of the rent, whichever is less) directly to the landlord every month. If my public assistance case is adjusted for any reason, I am obligated to pay the landlord directly any difference in the rent amount due.
- I agree that, if applicable, HRA and/or DHS may inform my landlord or the primary tenant that it is discontinuing all or part of the Plus Program monthly rent supplement.
- I understand that the Housing Stability Plus monthly rent supplement may be subject to recoupment in accordance with regulations that permit recoupment of public assistance grants that are overpaid or paid in error or as a result of inaccurate, misleading or incomplete information submitted by a public assistance applicant or recipient. This includes the recoupment of rent supplement amounts that may be paid in advance for periods during which my public assistance case is or becomes sanctioned or closed. I also understand that if, after signing a Housing Stability Plus lease, I fail without good cause* to move into the leased unit, rent paid by the City of New York including the Housing Stability Plus rent supplement to the landlord for that apartment (generally more than three months rent) may be subject to recoupment.
- I will cooperate fully with DHS and HRA in its administration of the Plus Program.

Required Signatures

I have read and understand my obligations under this Statement of Commitment.

Date: _____	_____	_____
	Head of Household Signature	SS#
Date: _____	_____	_____
	Adult Household Member Signature	SS#
Date: _____	_____	_____
	Adult Household Member Signature	SS#
Date: _____	_____	_____
	Adult Household Member Signature	SS#
Date: _____	_____	_____
	Adult Household Member Signature	SS#
Date: _____	_____	_____
	Adult Household Member Signature	SS#
Date: _____	_____	_____
	Adult Household Member Signature	SS#
Date: _____	_____	_____
	Adult Household Member Signature	SS#

I confirm that all present household adult members have verbalized their understanding to the agreements outlined in this document, and that all adult household members have signed and received a copy of this agreement.

Date: _____
_____ Facility Case Manager or Housing Specialist

* Good cause will be considered if the following documented proofs are presented:

- i. Documented apartment repairs, health and safety or other compelling issues that render the apartment unfit as determined by DHS;
- ii. Material violations of obligations set forth under the lease and/or rider to the lease, including any failure of the landlord to have completed the repairs referred to in the HSP Verification of Repair Agreement executed by the landlord within 30 days;
- iii. Family's demonstrated inability to pay the non-PA portion of the rent;
- iv. Authorized city agency or court-ordered vacate notices

HOUSING STABILITY PLUS PROGRAM RIDER TO APARTMENT LEASE - DRAFT

Rider to Lease between _____ and _____
(Landlord) (The Plus Program Tenant)

Landlord, the Plus Program Tenant, and the City of New York, through its Department of Homeless Services, agree that (1) in the event of any conflict between the provisions of this Rider and the Lease, the provisions of this Rider shall prevail; and (2) in the event of any conflict between the provisions of this Rider, the Lease, and collateral agreements, the provisions of this Rider shall prevail, unless such collateral agreement is in writing and signed by the Landlord and the Plus Program Tenant and the City of New York, through its Department of Homeless Services.

The Plus Program Tenant agrees that as long as he/she is a participant in the Plus Program and in receipt of Public Assistance, and as credit against the rent obligation under the Lease, the Plus Program Tenant will authorize payment of the Plus Program Tenant's ongoing monthly public assistance shelter allowance and Monthly Rent Supplement provided by the Plus Program directly to Landlord. The Landlord acknowledges that the amount and duration of the Plus Program Tenant's public assistance shelter allowance is subject to all applicable public assistance laws and regulations and the amount and duration of the Plus Program Monthly Rent Supplement is subject to all applicable rules and requirements of the Plus Program. The Landlord and Plus Program Tenant understand that after the first year of this two-year lease the Plus Program rent supplement will decrease by 20%. The Plus Program Tenant will be responsible for paying the amount by which the rent supplement/decreases and shall make payment of said amount directly to the Landlord.

If the Landlord materially violates its obligations under this Lease or Rider, this shall be grounds for terminating the lease per the Landlord Statement of Understanding, and the City of New York has the right (but not the obligation) to bar the Landlord from further participation in the Plus Program. Material violations of this Lease or Rider shall include, but are not limited to: any failure of the Landlord to have completed the repairs referred to in the Housing Stability Plus Verification of Repair Agreement executed by the Landlord within 30 days. Furthermore, for all material violations that result in the termination of the lease by the Plus Program Tenant, the City of New York reserves the right to recoup any security deposits and/or pre-paid rent payments.

The Landlord agrees that, for a period of twenty-four (24) months during the Plus Program tenancy, including successor Plus Program tenancy, the rent of the Plus Program Tenant or of any other Successor Plus Program Tenant, shall not exceed the rent provided for in this Lease.

The rent payment for each month must be paid monthly at Landlord's address. Landlord need not give notice to pay the rent. Rent must be paid in full without deduction. The first full three month's rent, security deposit and pro-rated share of first month's rent is to be paid when Tenant signs this Lease.

Landlord represents that the subject apartment ("the Plus Program Unit") (Check one)
o is subject to rent stabilization.
o is not subject to rent stabilization. _____ (initial here)

The Landlord represents that the subject apartment's State Division of Housing and Community Renewal's ("DHCR") building registration identification number is _____ (initial here)

The Landlord warrants and represents that the Plus Program Unit, Apartment # _____, at _____, was leased to the Plus Program Tenant at a rental of \$_____ per month by WRITTEN Lease (Plus Program Lease) on _____, 20_____ directly prior to occupancy by this the Plus Program Tenant, and further states that the Plus Program Unit is or is not subject to the rent stabilization law as indicated above.

The Landlord must provide the Plus Program Tenant with a minimum of ninety (90) days written notice if the Landlord does not intend to renew the lease. If the Plus Program Tenant does not receive such notice, the Plus Program Tenant has the right to renew the lease for one year, upon written notice by the tenant to the Landlord.

If the Plus Program unit is subject to Rent Stabilization, the Landlord warrants and represents that the rental provided in this Lease is at or below the lawful stabilized rent and that DHCR registration number for these premises is accurately stated above.

If the Plus Program Unit is subject to Rent Stabilization, the Landlord shall, unless it has already done so, promptly register the rent and services of the Plus Program Unit with DHCR, Attn: Rent Registration Unit. If this Plus Program Unit was rented after it had been initially registered, the Landlord shall register the rent and services with DHCR at the time of filing the annual registration.

If this Plus Program Unit is subject to the Rent Stabilization Law the "Rent Stabilization Rider for Apartment House Tenants in New York City" is incorporated herein by reference and is made part of the lease apartment.

The Landlord must notify DHS within fifteen calendar days if the Plus Program Tenant vacates the apartment and/or of the commencement of any legal proceeding affecting the Plus Program tenancy or this Rider, the obligation of the Landlord under this Rider, the Plus Program lease, or any Plus Program documents, by serving the Commissioner of DHS at:

Department Of Homeless Services - Office of Rehousing
33 Beaver Street, 14th Floor
New York, NY 10004

Landlord

Date

Plus Program Tenant

Date

DHS Representative

Date



Department of Homeless Services

Verification of Repairs Agreement

I, _____, the landlord/managing agent of the building listed below have agreed to complete all the repairs outlined by the Department of Homeless Services' Quality Control Housing Inspector on the Inspection Result Form. I agree to complete these repairs before a lease is signed for the apartment listed below. I understand that DHS shall rely on my certification that these repairs were made, and I further agree to be in full compliance with New York City's Local Law 1 of 2004.

Table with 6 columns: OOR ID, Building Street Address, APT #, Boro, Contact Name, Contact Phone

Dated: _____ Landlord's Signature _____

LANDLORD'S ACKNOWLEDGEMENT

STATE OF NY, CO. OF _____ SS: O _____ Day of _____ personally appeared, executed and acknowledged the foregoing

Agreement freely and as a voluntary act for the uses and purposes therein mentioned.

Notary Public

Inspector's Initial: _____ Inspection Date: _____

This Original Verification of Repair Agreement form must be present at time of Lease Signing

Housing Stability Plus Inspection Result Form

Inspector: _____ Inspection Date: _____ Check One Pass [] No Repairs Needed []

Bedrooms _____

Living Room _____

Kitchen _____

Bathrooms _____

Hallways _____

Other Areas _____

Maximum rents and HSP benefits for families with SSI beneficiaries

PA Active	1	2	3	4	5	6	7	8	9	10	11	12
0	765.00	820.00	925.00	925.00	1,176.00	1,176.00	1,397.00	1,397.00	1,676.00	1,676.00	1,676.00	2,012.00
	765.00	820.00	925.00	925.00	1,176.00	1,176.00	1,397.00	1,397.00	1,676.00	1,676.00	1,676.00	2,012.00
1	820.00	925.00	925.00	1,176.00	1,176.00	1,397.00	1,397.00	1,676.00	1,676.00	2,012.00	2,012.00	2,012.00
	820.00	925.00	925.00	1,105.60	1,176.00	1,356.60	1,397.00	1,577.60	1,676.00	1,856.60	2,012.00	2,012.00
	765.00	820.00	925.00	925.00	1,176.00	1,176.00	1,397.00	1,397.00	1,676.00	1,676.00	2,012.00	2,012.00
	639.40	744.40	744.40	925.00	995.40	1,176.00	1,216.40	1,397.00	1,495.40	1,676.00	1,831.40	1,831.40
	180.60	180.60	180.60	180.60	180.60	180.60	180.60	180.60	180.60	180.60	180.60	180.60
2	925.00	925.00	76.00	1,397.00	1,397.00	1,397.00	1,397.00	1,397.00	2,012.00	2,012.00	2,012.00	2,012.00
	820.00	820.00	25.00	1,176.00	1,176.00	1,176.00	1,176.00	1,176.00	1,676.00	1,676.00	2,012.00	2,012.00
	765.00	820.00	25.00	925.00	925.00	925.00	925.00	925.00	1,676.00	1,676.00	2,012.00	2,012.00
	765.00	820.00	25.00	925.00	925.00	925.00	925.00	925.00	1,676.00	1,676.00	2,012.00	2,012.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	925.00	925.00	925.00	1,397.00	1,397.00	1,397.00	1,397.00	1,397.00	2,012.00	2,012.00	2,012.00	2,012.00
	820.00	820.00	925.00	925.00	925.00	925.00	925.00	925.00	1,676.00	1,676.00	2,012.00	2,012.00
	765.00	820.00	925.00	925.00	925.00	925.00	925.00	925.00	1,676.00	1,676.00	2,012.00	2,012.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	1,176.00	1,176.00	1,397.00	1,397.00	1,676.00	1,676.00	2,012.00	2,012.00	2,012.00	2,012.00	2,012.00	2,012.00
	765.00	820.00	925.00	925.00	1,176.00	1,176.00	1,397.00	1,397.00	1,676.00	1,676.00	2,012.00	2,012.00
	765.00	820.00	925.00	925.00	1,176.00	1,176.00	1,397.00	1,397.00	1,676.00	1,676.00	2,012.00	2,012.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Directions

Enter the monthly SSI benefit into the shaded box for each SSI beneficiary.
The SSI recipient's monthly rent obligation will be calculated in the cell below the shaded box.

Rent Cap The maximum rent allowed for the household before SSI contributions are calculated.

Max Rent The maximum rent allowed for the household.

Plus Cap The maximum HSP benefit before the SSI contribution is calculated.

Max Plus The maximum Plus benefit (HSP & shelter allowance) after the SSI contribution (cannot be larger than Plus*).

SSI Share The monthly total SSI payment to the landlord from all beneficiaries

RENTAL ASSISTANCE HOUSING APPLICATION

Attachment 8

BOROUGH _____ Block _____ Lot _____

Units _____ Registration # _____ Unit (Apt.) _____ Floor _____ Rooms _____ Bedroom _____

Street _____ Zip Code _____

AKA (LIST IF BUILDING HAS TWO REGISTERED ADDRESSES) _____ OOR ID # _____

SAMPLE

License No. _____

First Name _____

Business _____

Street _____ Unit _____

Town _____ State _____ Zip Code _____

Primary _____ Secondary _____

Fax _____

INCLUDE MOBILE / PAGER NUMBER

TIN _____ Legal Name _____

First Name _____ M.I. _____ Last Name _____

Line 1 (Additional Information ie. "c/o...", "Empire Building", etc.) _____

Official Correspondence Address _____ (If P.O. Box - Alternate Address Must Be Filled in) _____ Unit _____

Town _____ State _____ Zip Code _____

Primary _____ Secondary _____

Fax _____

INCLUDE MOBILE / PAGER NUMBER

Revision Date: 12/13/2005



NYC Administration for
Children's Services

JOHN B. MATTINGLY
Commissioner

ANNE WILLIAMS-ISOM
Special Counsel/ Associate Commissioner, Community Affairs

HOUSING STABILITY PLUS

CERTIFICATION LETTER

December 13, 2005

To: «Client First» «Client Last»
«Current Client Address» # «Current FIAPT»
«Current CityBoro», «Current State» «Current Zip Code»

PA-Case #: «PA Case»
ACS Case # «ACS Case»
HSP # «HPAD»

CC. «Case Planner First» «Case Planner Last»
«Case Planning Agency Name»
«Case Planning Agency Address» «Floor»
«Agency CityBoro», «Agency State» «Agency Zip Code»

Congratulations!

You have been found eligible for the City of New York's Housing Stability Plus Program. The maximum amount of the rent supplement for your family is «Subsidy Amt» based on «Subsidy Info Family Size» members of the family with active public assistance. The maximum rent amount is based on your family's public assistance shelter allowance plus a rent supplement and is subject to rules of participation in the Housing Stability Plus program. Persons who will be residing in your household who receive income, such as SSI, and are not on Public Assistance must contribute to the rent 30% of their total SSI (or other) income directly to the landlord each month.

Please show this letter to landlords and brokers during your search. When you find an apartment that you want to rent, and the landlord agrees to rent the apartment to you, the landlord or the representative should complete the package that is attached to this letter.

In addition, ACS needs the following document: a **Standardized 2 year lease, ACS Lease Rider, a Housing Condition/Inspection form, a Landlord statement, Intent to rent, proof of ownership (Deed), substitute W9 from landlord and broker** and a copy of the **broker's license**. This information can be hand delivered or mailed to ACS at:

ACS Office of Housing Policy & Development
150 William Street, 8th floor
NY, NY 10038
Fax: 212-227-1267

At lease signing, ACS will provide checks for the payment of the pro-rated share of the current month's rent; three (3) months advance rent, one-month security deposit, and a broker's fee, if applicable. Future payments will be paid directly to the landlord from the Human Resources Administration. Further information on this program; call our info line at 212-442-HPAD (4723)

We wish you success in your apartment search.

Sincerely,

Coordinator, ACS Office of Housing Policy & Development

HOUSING STABILITY PLUS PROGRAM RIDER TO APARTMENT LEASE

Rider to Lease between _____ and _____
 (Landlord) (The Plus Program Tenant)

Landlord and the Plus Program Tenant agree that in the event of any conflict between the provisions of this Rider and the Lease, the provisions of this Rider shall prevail.

The Plus Program Tenant agrees that as long as he/she is a participant in the Plus Program and in receipt of Public Assistance, and as credit against the rent obligation under the Lease, the Plus Program Tenant will authorize payment of the Plus Program Tenant's ongoing monthly public assistance shelter allowance and Monthly Rent Supplement provided by the Plus Program directly to Landlord. The Landlord acknowledges that the amount of the Plus Program Tenant's public assistance shelter allowance is subject to all applicable public assistance laws and regulations and the amount and duration of the Plus Program Monthly Rent Supplement is subject to all applicable rules and requirements of the Plus Program. Landlord and Plus Program Tenant understand that after the first year of this two-year lease, the Plus Program rent supplement will decrease by 20%. The Plus Program tenant will be responsible for making up the difference in the Housing Stability Plus rent payment by making direct payment to the landlord.

If the Landlord materially violates its obligations under this Lease or Rider, the Plus Program Tenant has the right (but not the obligation) to terminate the Lease, and New York City has the right (but not the obligation) to bar the Landlord from further participation in the Plus Program.

The Landlord agrees that, for a period of twenty-four (24) months during the Plus Program tenancy, including any successor Plus Program tenancy, the rent of the Plus Program Tenant or of any Successor Plus Program Tenant shall not exceed the rent provided for in this Lease.

The rent payment for each month must be paid monthly at Landlord's address. Landlord need not give notice to pay the rent. Rent must be paid in full without deduction. The first month's rent is to be paid when Tenant signs this Lease.

Landlord represents that the subject apartment ("the Plus Program Unit") (Check one)

- is subject to rent stabilization. ¹
- is not subject to rent stabilization. _____ (initial here)

The Landlord represents that the subject apartment's State Division of Housing and Community Renewal's ("DHCR") building registration identification number is _____ (initial here)

The Landlord warrants and represents that the Plus Program Unit, Apartment # _____, at _____, was leased to the Plus Program Tenant at a rental of \$ _____ per month by WRITTEN Lease (Plus Program Lease) on _____, 20____ directly prior to occupancy by this the Plus Program Tenant, and further states that the Plus Program Unit is or is not subject to the rent stabilization law as indicated above.

The Landlord must provide the Plus Program Tenant with a minimum of ninety (90) days written notice if the Landlord does not intend to renew the lease. If the Plus Program Tenant does not receive such notice, the Plus Program Tenant has the right to renew the lease for one year, upon written notice by the tenant to the Landlord.

In the event that the Plus Program Tenant is reunified with his/her children who were residing in foster care, the Landlord may apply to DHS for a written lease modification.

If the Plus Program Unit is subject to Rent Stabilization, the Landlord warrants and represents that the rental provided in this Lease is at or below the lawful stabilized rent and that DHCR registration number for these premises is accurately stated above.

If the Plus Program Unit is subject to Rent Stabilization, the Landlord shall, unless it has already done so, promptly register the rent and services of the Plus Program Unit with DHCR, Attn: Rent Registration Unit. If this Plus Program Unit was rented after it had been initially registered, the Landlord shall register the rent and services with DHCR at the time of filing the annual registration.

If this Plus Program Unit is subject to the Rent Stabilization Law the "Rent Stabilization Rider for Apartment House Tenants in New York City" is incorporated herein by reference and is made part of the lease agreement.

The landlord must notify ACS if the Plus Program Tenant vacates the apartment and/or of the commencement of any legal proceeding affecting the Plus Program or this Rider, the obligation of the Landlord under this Rider, the Plus Program lease, or any Plus Program documents, by serving the Commissioner of ACS:

The Administration for Children's Services
 Office of Housing Policy & Development
 150 William Street, 8th Fl.
 New York, NY 10038

 Landlord Date

 PLUS PROGRAM Tenant Date

 ACS Representative Date



NYC Administration for Children's Services

JOHN B. MATTINGLY
Commissioner

ANNE WILLIAMS-ISOM
Special Counsel/ Associate Commissioner, Community Affairs

Housing Stability Plus
Landlord Statement/Declaration

Owner Information:

Exact legal name of owner: _____
Business phone: _____
Social Security or Taxpayer ID#: _____

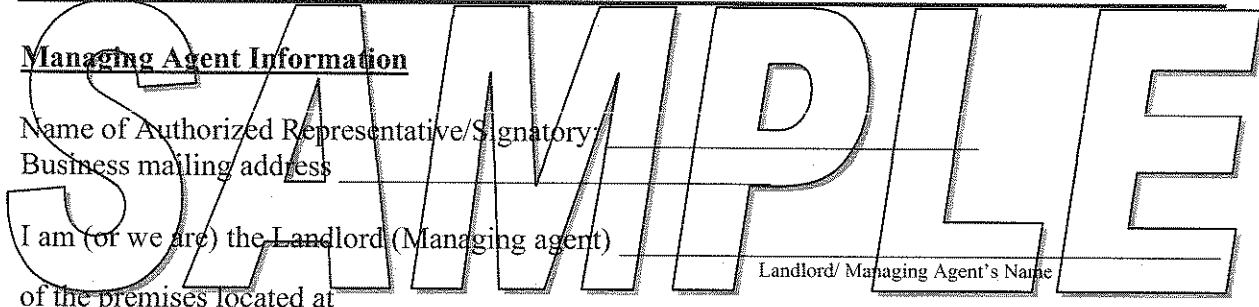
Rental information

Building Address: _____ Apartment Number: _____
Current Monthly Rent: _____
Are utilities included in the rent: Yes No
Date that the apartment was previously vacated: _____
Previous rent collected for the apartment: _____

Managing Agent Information

Name of Authorized Representative/Signatory: _____
Business mailing address: _____

I am (or we are) the Landlord (Managing agent) _____
of the premises located at _____



Landlord/ Managing Agent's Name

Rental Street Address

Apartment #

Borough

Zip Code

I am (or we are) not the broker or in any way associated with the management of the agency charging a broker's fee for the procurement of the above premises

I declare that all the information supplied on this statement/declaration form is true and complete to the best of my knowledge.
Failures to provide true and accurate statements are punishable as a Class A Misdemeanor pursuant to Penal Law 175.30 (offering false instrument for filing to a public office or a public servant)

Landlord/Managing Agent Signature

Date



NYC Administration for
Children's Services

JOHN B. MATTINGLY
Commissioner

ANNE WILLIAMS-ISOM
Special Counsel/ Associate Commissioner, Community Affairs

Landlord Certification of Housing Conditions

Dear Owner/Managing Agent,

In order for you to receive the Housing Stability Plus subsidy, your apartment must meet a Housing Condition inspection. The purpose of the inspection is to ensure that the apartment to be subsidized is a clean and safe place for a family to live. Also that it will meet basic housing quality standards. It is therefore necessary that the apartment be inspected before it can be made available to an ACS Housing Stability Plus tenant.

In order to facilitate this process, we require the following information:

(New Apartment)
Street Address: _____

Apartment No: _____
Cross Streets: _____

Borough: **SAMPLE** _____

Zip Code: _____

Possible date and time to inspect: _____

Contact Person to gain access to apt: _____

Contact person Tel: _____

Certification of current housing conditions

I certify that conditions in the above mentioned apartment meets basic housing quality standards set by the City of New York

Owner Signature

Date

ACS CASE NAME: _____ ADDRESS OF INSPECTION: _____
DATE OF 1ST INSPECTIONS: ____/____/____ REPAIRS NEEDED? Yes No
DATE OF SCHEDULED RE- INSPECTIONS: ____/____/____ REPAIRS CORRECTED? Yes No



IF A CONDITION DOES NOT EXIST PLEASE CHECK THE "N/A" COLUMN
 *SIGNATURES CONFIRM THAT ALL REPAIRS HAVE BEEN MADE PRIOR TO MOVE-IN DATE

	N/A	NEED REPAIR*
1. ELECTRICAL CONDITIONS IN APARTMENT a. Broken, non-insulated or frayed wiring b. Exposed wiring in reach of children including cover plates for light switches and sockets c. Light fixture hanging from electric wiring d. Exposed fuse box connections	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. WINDOW CONDITIONS a. Missing Panes of glass b. Loose/cracked panes of glass c. Non-functional window – near fire escape d. Window guards in apartment (where there are Children under the age of 10) e. Missing window guards in _____ rooms. f. Missing window(s) or window(s) stuck in open/closed position	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. CEILING AND WALL CONDITIONS a. Large peelings, cracks or holes b. Bulging or buckling of ceiling or wall. (Poss. water damage) c. Loose surface material, including paint or plaster, falling or in danger of falling.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. FLOOR CONDITIONS a. Cracks or holes extending through sub flooring (under tiles/carpet) b. Splintering or exposed/protruding nails.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. OTHER CONDITIONS a. Gas Leak b. Toilet missing/damaged or does not flush c. No running/clear water d. Non-Functional entrance door/locks e. Non-functional heat for winter months f. No or non-functional smoke/carbon dioxide detectors. g. No or non-functional sink and bath h. No or non-functional plumbing (stoppage/leakage) i. No or non-functional stove and refrigerator j. No or non-functional kitchen cabinets k. No or non-functional closets & closet doors l. Rodent/roach infestation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SAMPLE

 LANDLORD/ LANDLORD
 REPRESENTATIVE NAME (PRINT)

 ACS CLIENT NAME (PRINT)

 ACS/AGENCY
 PLANNER NAME (PRINT)

 ACS Case Manager (Print)
 Date

 LANDLORD/ LANDLORD
 REPRESENTATIVE NAME (SIGN)

 ACS CLIENT NAME (SIGN)

 ACS/AGENCY PLANNER (SIGN)

 ACS Case Manager (Sign)

 CONTACT/WORK PHONE

 CONTACT/WORK PHONE

 CONTACT/WORK PHONE

 Contact/Work Phone

JOHN B. MATTINGLY
Commissioner

ANNE WILLIAMS-ISOM
Special Counsel/ Associate Commissioner, Community Affairs

HOUSING STABILITY PLUS

TENANT REMINDER OF IMPORTANT PAYMENTS

I, _____, the Housing Stability Plus tenant understand that

(Print full name)

after the first year of this two-year lease, my Housing Stability Plus rent supplement (not my shelter allowance) will decrease by 20%. At that time, I will be responsible for making up the difference in the Housing Stability Plus rent payment by making direct payment to the landlord.

Head of Household Signature

SAMPLE

SSI or Mixed Income Households Only

A member of your family is not on Public Assistance and receives income. Based on the rules and regulations of the Housing Stability Plus Program, that family member must contribute

\$ _____ to the rent each month.

Head of Household Signature





ADMINISTRATION FOR CHILDREN'S SERVICES
OFFICE OF FISCAL OPERATIONS
150 WILLIAM STREET - 9th FLOOR
NEW YORK, NY 10038

JOHN B. MATTINGLY
Commissioner

Date: _____

ACS Housing Subsidy Program Certification Letter For HRA-HSP

ACS Case Number: _____ Applicant's Name: _____
ACS Case Name: _____ New Residence: _____
Child(ren)'s Name(s): _____

To Whom It May Concern:

This letter certifies that the Administration for Children's Services has deemed this family conditionally eligible for Housing Stability Plus, subject to their opening a Public Assistance case for cash assistance. Through the Housing Subsidy Program, ACS has issued a total of \$ _____ on behalf of the child(ren) and case named above. Payments were allocated as follows to the vendor(s) listed below:

<u>Vendor Name</u>	<u>Amount</u>	<u>Service Period</u>	<u>Reason</u>
	\$ _____		
	\$ _____		
	\$ _____		

These payments were issued to reunite this family in their new residence as indicated above, on or about ____/____/____. The total amount needed to secure the residence was \$ _____. The balance needed is \$ _____. Please issue a One-Shot Deal on behalf of the applicant, to the vendors listed below for the reason(s) and amounts specified:

<u>Vendor Name</u>	<u>Amount</u>	<u>Service Period</u>	<u>Reason</u>
	\$ _____		
	\$ _____		

The child(ren) will be released/were released from foster care on or about ____/____/____.

Household Composition:

<u>Name</u>	<u>Social Security #</u>	<u>DOB</u>	<u>Relationship to Applicant</u>
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Household Income:

<u>Name</u>	<u>Gross Monthly Income</u>	<u>Source of Income</u>
_____	\$ _____	_____
_____	\$ _____	_____

If you require any additional information please contact



NYC Administration for Children's Services

JOHN B. MATTINGLY
Commissioner

ANNE WILLIAMS-ISOM
Special Counsel/ Associate Commissioner, Community Affairs

Housing Stability Plus Reunification Verification

Date: «Current Date»

ATTENTION: Human Resources Administration
Riverview Center
1951 Park Avenue, New York City

Please be advised that «Client First» «Client Last», PA case # «PA Case» has been certified as Housing Stability Plus eligible* through ACS. The client formerly had children in foster care and lack of adequate housing was the only barrier to reunification. The children have been discharged from foster care to the care and custody of the above-mentioned client on / / 2005 and the family is now residing at «New Address» #«New Apt» «New CityState» «New Zip».

Based on reunifying PA family composition of «Subsidy Info Family Size», client is eligible for a total of «Subsidy Amt» HSP Subsidy. There is \$ 0 amount of SSI income in the household. \$ 0 is 30% of the SSI income, will be contributed directly to landlord.

Family Composition: All individuals listed below are apart of the household and residing at the above address

	Name	Relationship	D.O.B	Social Security No.
1	«CLIENT FIRST» «CLIENT LAST»	HEAD OF HOUSEHOLD	«DOB»	«SS»
2				
3				
4				
5				

*There is a possibility that the children listed above are not currently or have never been on the Public Assistance Budget from this client.

Sincerely,

_____ (_____) _____ Date: ____/____/_____
(Circle one) Case Planner/Case Manager Signature Tel

Case Planner/Case Manager Contact Information (Please print clearly)

(Circle one) Case Planner/Manager Name:

_____ Mailing Address: _____
Contract Agency or ACS Division Name Street No. Address City/State Zip

Human Resources Administration
 180 Water Street 24th Floor NY NY 10038 ATTN: HOUSING UNIT
HOUSING STABILITY PLUS APPLICATION

Attachment 16

(FOR EARNED INCOME PROVIDE W-2 OR THE MOST RECENT TWO PAY STUBS)

SECTION A: Client Information

Check here if client receives: EMPLOYMENT SSI SSA PA Other

First Name _____ M.I. _____ Last Name _____

Adult / Children Client Primary _____ Client Secondary _____

Case Number _____ Social Security Number _____

Street (SHELTER) _____ Unit _____

City _____ State _____

Shelter Contact _____
 Primary _____ Secondary _____

MN BK BX QN SI
 Borough(s) of Exclusion

Shelter Name _____

Section B: Family Information

1. First Name _____ Last Name _____ Relationship to Client _____
 Date of Birth (MM/DD/YYYY) _____ Sex _____ Social Security Number _____ PA Status _____

2. First Name _____ Last Name _____ Relationship to Client _____
 Date of Birth (MM/DD/YYYY) _____ Sex _____ Social Security Number _____ PA Status _____

3. First Name _____ Last Name _____ Relationship to Client _____
 Date of Birth (MM/DD/YYYY) _____ Sex _____ Social Security Number _____ PA Status _____

4. First Name _____ Last Name _____ Relationship to Client _____
 Date of Birth (MM/DD/YYYY) _____ Sex _____ Social Security Number _____ PA Status _____

5. First Name _____ Last Name _____ Relationship to Client _____
 Date of Birth (MM/DD/YYYY) _____ Sex _____ Social Security Number _____ PA Status _____

Section C: Applicant's Declaration

I declare that the statements contained in this application are true and correct and that I have not knowingly or willfully made a false statement, given false information or omitted information in connection with this application.

Applicant's Signature _____ Date _____

Housing Specialist _____ Tel: _____ Date _____

Leasing Information

Sign Date: _____ Total Month Rent: \$ _____

**e
a
s
e**

State Date:	Month	Day	Year (4 Digit)
End Date:	Month	Day	Year (4 Digit)

Public Assistance:	\$
Security Deposit:	\$ Attachment 16
Broker's Fee:	\$



HUMAN RESOURCES ADMINISTRATION
HOUSING STABILITY PLUS

**HOUSING STABILITY PLUS PARTICIPANT
STATEMENT OF COMMITMENT**

Case Name: _____ PA Case Number: _____ SSN: _____

I understand that these are the rules for participation in The City of New York's Housing Stability Plus Program (HSP). Under the HSP Program, the City will issue a monthly rent supplement (over and above my family's monthly public assistance shelter allowance) to eligible clients enrolled in the program. As a condition of my participation in the HSP Program, I (and all other adults in my household who are public assistance participants) make the following commitments:

PART A.

Required by All Adult Household Members in Receipt of Public Assistance.

- I agree to actively seek and to accept appropriate housing for the program.
- I understand that the Housing Stability Plus monthly rent supplement will continue for a maximum of five years.
- I understand that the monthly rent supplement will decrease in 20% increments at the end of each of the first four years.
- I understand that the monthly rent supplement will end earlier under any of the following circumstances:
 - If I (or any other public assistance participant in my household) fail, without good cause, to comply with any of the commitments in this Statement of Commitment.
 - If I (or any other public assistance participant in my household) am sanctioned because of a failure to comply with public assistance rules or regulations.
 - If my public assistance case is closed for any reason (i.e. failure to re-certify, excess income, non-compliance).
 - If I vacate my approved HSP apartment, unless HRA finds that I am moving with good cause to another acceptable HSP apartment.
- I understand that if, as a result of income, my basic public assistance shelter allowance payment to the landlord is reduced, I will be responsible for making up the difference by direct payment to the landlord.
- I understand that aftercare services will be offered by an authorized domestic violence service provider.
- I understand that I must notify HRA of any address change, change in income, or family composition and that my monthly rent will be adjusted accordingly.
- I understand that my rent supplement is based on the number of active members on my public assistance case. Each household member not in receipt of public assistance and who has income (for example, SSI) must contribute 30% of his or her income to the rent, or a pro-rata share of the rent, whichever is less. I understand that the amount of this contribution will be taken into consideration in calculating the amount of the monthly rent supplement. This provision does not apply to ineligible non-citizens.
- I understand that the head of household is responsible for paying the landlord (or the primary tenant in a shared living arrangement) the portion of rent that the HSP Program has determined the household is required to contribute, based on the program requirements, and that repeated failure to make such payments will be a violation of this Statement of Commitment.
- I also understand that failure to pay my portion of the rent due may subject my family to eviction.
- I understand that I have a right to a fair hearing with HRA, with respect to my public assistance case, in the event of notification by HRA of its intention to impose a sanction or close my public assistance case or with respect to the denial, termination, or reduction of my monthly rent supplement.

PART B.

Required by the Head of the Household

- I understand that the total amount of the public assistance shelter allowance and the HSP Program monthly rent supplement cannot, under any circumstances, exceed the monthly rent due under my lease or the lease of the primary tenant.
- I further understand that when the period of eligibility for the rent supplement ends or when the monthly rent supplement is reduced or terminated for any of the reasons described in this Statement of Commitment, I will remain responsible for the full rent due under my lease with the landlord or my lease with the primary tenant.
- I agree that as long as I remain eligible for the HSP Program monthly rent supplement, HRA will pay both my public assistance shelter allowance and the HSP Program monthly supplement directly to my landlord or the primary tenant in a shared living arrangement.
- I agree that, if applicable, HRA may inform my landlord or the primary tenant that it is discontinuing all or part of the HSP Program monthly rent supplement.
- I will cooperate fully with HRA in its administration of the HSP Program.

PART C.

Required Signatures

I have read and understand my obligations under Parts A and B of this Statement of Commitment.

Date: _____

 Head of Household Signature SS# _____

Date: _____

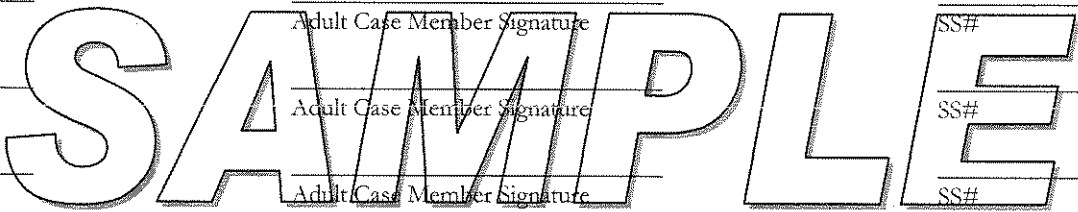
 Adult Case Member Signature SS# _____

Date: _____

 Adult Case Member Signature SS# _____

Date: _____

 Adult Case Member Signature SS# _____



I confirm that all present household adult members have verbalized their understanding to the agreements outlined in this document, and that all adult household members have signed and received a copy of this agreement.

Date: _____

 Facility Case Manager or Housing Specialist



HUMAN RESOURCES ADMINISTRATION
HOUSING STABILITY PLUS

HOUSING STABILITY PLUS ACCEPTANCE LETTER

Jane S. Doe
PA-Case # 1234567-1

Dear Shelter Resident:

You have been found eligible for the City of New York's Housing Stability Plus Program. The maximum amount of the rent supplement for your family is \$XXX.00 based on X members of the family with active public assistance. The maximum rent amount is based on your family's public assistance shelter allowance plus a rent supplement and is subject to rules of participation in the Housing Stability Plus (HSP) program.

If you, or a member of your family is receiving SSI, 30% of your total SSI income or the pro rata share of the rent, whichever is less, will be contributed toward rent. You are responsible for paying your SSI (or other income) rent contribution directly to the landlord.

From your shelter provider, you will be receiving a list of apartments in New York City. In addition, you can search on your own for a suitable apartment. Please show this letter to landlords and brokers during your search. When you find an apartment that you want to rent and the landlord agrees to rent the apartment to you, notify your shelter housing worker who will notify the Human Resources Administration.

To schedule an inspection and subsequent lease signing, HRA's Office of Domestic Violence (ODV) needs the following: a standardized two-year lease, a Landlord Statement if there is a broker, a copy of the broker's license, the Rider to Lease, and an Apartment Acceptance form. These documents can be given to SHELTER NAME, WORKER'S NAME.

At lease signing, HRA will pay the landlord a pro-rated share of the first months rent, the entire second and third months rent one-month security deposit, and a broker's fee if applicable. Future payments will be paid directly to the landlord. We wish you success in your apartment search.

Sincerely,



HUMAN RESOURCES ADMINISTRATION
HOUSING STABILITY PLUS

HOUSING STABILITY PLUS PROGRAM (HSP) RIDER TO LEASE

RIDER to Lease between _____ (Landlord)

and _____ (HSP Tenant) dated _____.

Landlord and the HSP Tenant agree that in the event of any conflict between the provisions of this Rider and the Lease, the provisions of this Rider shall prevail.

The HSP Tenant agrees that so long as she/he is a participant in HSP and in receipt of public assistance, and as a credit against the rent obligation under the Lease, she/he will authorize payment directly to Landlord of the HSP Tenant's ongoing monthly public assistance shelter allowance and the HSP monthly rent supplement provided the HSP Tenant under HSP. Landlord acknowledges that the amount and duration of the HSP Tenant's public assistance shelter allowance is subject to all applicable public assistance laws and regulations and that the amount and duration of the HSP's Tenant's HSP monthly rent supplement is subject to all applicable rules and requirements of HSP.

The Landlord agrees that, for a period of twenty-four (24) months during an HSP tenancy, the rent of the HSP Tenant or of any successor HSP Tenant, shall not exceed the rent provided for in this Lease.

Landlord represents that the subject apartment (HSP Unit) is / is not subject to rent stabilization. (Circle one) and _____ (initial here).

Landlord represents that the subject apartment's DHCR building registration identification number is _____ (initial here)

The Landlord warrants and represents that the HSP Unit, Apartment # _____,

at _____, was leased at a rental of

\$ _____ per month by WRITTEN Lease on

_____, _____ directly prior to occupancy

(Date) (Year)

by this HSP Tenant, and further states that the HSP Unit is or is not subject to the rent stabilization law as indicated above. If the HSP Unit is subject to rent stabilization, the Landlord warrants and represents that the rental provided in this Lease is at or below the lawful stabilized rent and that the State Division of Housing and Community Renewal's (DHCR) registration number for these premises is accurately stated above.

~~If the HSP Unit is subject to rent stabilization, the Landlord shall, unless it has already done so, promptly register the rent and services of the HSP Unit with DHCR, Attention: Rent Registration Unit. If this HSP Unit was rented after it had been initially registered, the Landlord shall register the rent and services with DHCR at the time of filing the annual registration.~~

If this HSP Unit is subject to the rent stabilization law the "Rent Stabilization Rider for Apartment House Tenants in New York City" is incorporated herein by reference and is made part of this lease agreement.

The Landlord agrees to notify the New York City Human Resources Administration (HRA) if the HSP Tenant vacates the HSP Unit and/or of the commencement of any legal proceeding affecting the HSP Tenant under the Lease by serving the Commissioner of HRA at:

Human Resources Administration
Office of Legal Affairs
180 Water Street
17th Floor
New York, NY 1003

DATED: _____

Landlord

HSP Tenant



HUMAN RESOURCES ADMINISTRATION
HOUSING STABILITY PLUS

LANDLORD'S STATEMENT

I am (or we are) the Landlord (managing agent) _____
Landlord/ Managing Agent's Name

of the premises located at _____
Address

SAMPLE
Borough Apartment Number
Rent Amount

I am (or we are) not the broker or in any way associated with the management of the agency charging a broker's fee for the procurement of the above premises.

Name of Broker/ Realtor License Number

Business Address of Broker Area Code and Telephone Number

Failures to provide true and accurate statements are punishable as a Class A Misdemeanor pursuant to penal Law 175.30 (offering false instrument for filing to a public office or a public servant)

Signature of Landlord Date Landlord Telephone Number



HUMAN RESOURCES ADMINISTRATION
OFFICE OF DOMESTIC VIOLENCE AND EMERGENCY INTERVENTION SERVICES

HSP APARTMENT REVIEW REFERRAL FORM

DATE:

HSP CLIENT INFORMATION		
NAME		
PA CASE #		
SS#		
FAMILY COMPOSITION	ADULTS:	CHILDREN:
FACILITY		
BORO OF EXCLUSION: BROOKLYN _____ BRONX _____ MANHATTAN _____ QUEENS _____ S.I. _____		

APARTMENT TO BE REVIEWED			
ADDRESS	City:	State:	Zip Code:
SAMPLE			
LANDLORD INFORMATION			
NAME			HOME PHONE:
ADDRESS	City:	State:	WORK PHONE:
	Zip Code:	CELL PHONE:	

BROKER'S INFORMATION (IF APPLICABLE)		
NAME		BUSINESS PHONE:
LICENSE #		
REALTY		

APT REVIEW STATUS	
DATE OF REVIEW	
REVIEWER'S NAME	
RESULTS: 1 st : PASSED _____ FAILED _____ IF RESCHEDULED DATE: _____ UNSUCCESSFUL VISIT: YES _____ NO _____ RESCHEDULED : YES _____ NO _____ 2 nd : PASSED _____ FAILED _____	
SIGN-OFF	
WORKER:	DATE:
SUPERVISOR:	DATE:

HSP APARTMENT CHECKLIST MUST BE FORWARDED WITH THIS FORM



HUMAN RESOURCES ADMINISTRATION
HOUSING STABILITY PLUS

Housing Stability Plus (HSP)
Apartment Acceptance Form

Section A:

On _____, I _____ inspected the apartment
located at:
(Date) *(HSP client)*

(Enter Address below):

SAMPLE

I found the apartment to be in good condition. I am authorizing HSP to proceed with the necessary formalities so I can move into that apartment, as a tenant, as soon as possible.

Signature: _____

Date: _____

Section B

Reconfirmation/Declination Statement

(to be signed the day of the lease signing)

I reconfirm that I find the apartment located at the above address to be in good condition and therefore suitable for occupancy as is.

I decline to move into the aforementioned apartment for the following reasons:

Signature: _____

Date: _____

**ODVEIS / HSP APPLICATION CHECKPOINT LIST
DV/HSP TRANSMITTAL**

APPLICANT'S INFORMATION		
LAST NAME	FIRST NAME	FACILITY

CHECKLIST TO BE COMPLETED IN PENCIL ONLY
MANDATORY HSP FORM

1. _____ Application
2. _____ Letter of Commitment
3. _____ Landlord Rider Form
4. _____ Landlord Statement Form
5. _____ Inspection Report
6. _____ HSP Apartment Acceptance Form
7. _____ Landlord Proof of Ownership
 - _____ Copy of Current Tax Form
 - _____ Copy of Water Bill
 - _____ Copy of Current Mortgage Statement
 - _____ Copy of Deed

SAMPLE

PROOF OF HOUSEHOLD COMPOSITION

8. _____ HRA Viewer Verification
8. _____ Birth Certificate(s) and/or Resident Alien Card(s)
9. _____ Social Security Card(s)

PROOF OF INCOME (IF APPLICABLE)

10. _____ Current W2 or 2 Current Check Stubs

PROOF OF UNEARNED INCOME

11. _____ Unemployment Insurance Benefit Statement or Payment Stub(s)
12. _____ Social Security Benefits Award Letter(s)
13. _____ Supplemental Security Income Award Letter(s)
14. _____ Child Support / Alimony Court Papers and Payment Stubs(s)
15. _____ Other / Describe: _____

OTHER DOCUMENTATION

16. _____ Unsigned Lease
17. _____ Broker's License
18. _____ HSP Client Acceptance Letter
19. _____ Documentation of Children in Foster Care or Residing with other Relatives date rejoining household
20. _____ Primary Tenant's Lease
21. _____ Letter From Primary Tenant's

AUTHORIZATION OF PAYMENT

22. _____ Form W270/ Authorization of Payment

SIGN-OFF

The attached complete HSP application has been reviewed with regard to the above checked items and provides copies of all the supporting documentation.

ODVEIS/ HOUSING SPECIALIST _____ **DATE** _____

ODVEIS/ SUPERVISOR _____ **DATE** _____