



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #11-22-OPE

(This Policy Directive Replaces PD #08-14-OPE)

CHECK REPLACEMENT FOR RESTRICTED SHELTER PAYMENTS

<p>Date: July 5, 2011</p>	<p>Subtopic(s): Check Replacements</p>
<p>AUDIENCE</p>	<p>The instructions in this policy directive are for Job Center staff, Division of Check Reconciliation and Investigation (DCRI) staff, Office of Central Processing (OCP) staff and Landlord Ombudsman Services Unit (LOSU) staff. They are informational for all other staff.</p>
<p>REVISIONS TO PREVIOUS DIRECTIVE</p>	<p>The following information has been added or changed:</p> <ul style="list-style-type: none"> • Stale dated direct vendor checks must be replaced by the Job Center instead of by Bureau of Reconciliation and Control (BORAC). • The following forms have had the HRA logo updated: W-146A, W-146A (S), W-147FF, W-147Y, W-270 and W-400B. The following forms have had the HRA logo updated and have undergone minor changes such as added phone numbers and acronyms spelled out: M-160j, M-325t, M-325t (S), M-325t(S), 146A, W-146A(S), W-147, W-147(S), and W-147L.
<p>POLICY</p>	<p>Cash Assistance grants can be issued to replace restricted (two-party or direct vendor) payments that are lost, stolen or incorrectly issued (incorrect landlord name and/or address). If both the reported lost check and the replacement check have been cashed, the duplicated amount must be recouped.</p>

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

REQUIRED ACTION

Error Prevention

Issuing replacement checks raises the potential for duplication of benefits. Therefore, staff must promptly:

Take prompt action to process changes.

- process address changes.
- ensure that the landlord/management agent's name and address are correctly entered in the rent restriction field on the Welfare Management System (WMS) budget.
 - If a previous landlord/management agent is owed rent and the vendor check was returned to the Job Center with the correct name and address on the check, contact the landlord/management agent to come to the Job Center with proper identification to pick up the check. If he/she is unable to come to the Job Center, the JOS/Worker must contact the Deputy Director/Administrative Job Opportunity Specialist I (AdminJOS I) to authorize release of the check(s) to an Agency representative for delivery.
- adjust changes to the shelter allowance as required.
- prepare and send appropriate notices to participants informing them of changes in the budget, resulting in changes in address and shelter costs.

In addition, at Recertification the JOS/Worker must ensure:

Households with children may be entitled to a higher allowance.

- all nonexempt households are placed on direct vendor rent restriction;
- the participant's rent is up to date and no arrears exist; and
- the correct shelter allowance is being issued.

Replacing Direct Vendor and Two-Party Rent Checks

The following sections outline the required actions for replacing direct vendor and two-party rent checks:

- a change in the landlord/management agent is made:
 - Landlord/management agent informs the Agency
 - Participant informs the agency
- the Landlord does not receive a restricted shelter payment.
 - Check not issued
 - Check issued or cancelled
 - Check cashed
- The Landlord is unable to redeem a check.
 - Stale-dated checks.
 - Endorsement rejected.

- Direct vendor or two-party check replacements for one-shot deal cases.

Change in Landlord/Management Agent

Landlord/Management Agent Informs the Agency

When the landlord/management agent informs the Agency, either in person or by mail, that the participant is no longer residing at the address of record or that the building is under new management, the Job Center will proceed as follows:

Landlord/Management agent notifies D&C

- If the notification is made by the landlord/management agent to Disbursement & Collection (D&C) and checks have been returned, the D&C Supervisor must:
 - cancel the check in accordance with current procedure;
 - notify the designated Deputy Director or his/her designee that the Landlord/Management Agent has returned the checks; and
 - send all supporting information received from the landlord/management agent to the Deputy Director or his/her designee for follow-up and control.

The Deputy Director or designee must ensure:

- the JOS/Worker updated the landlord/management agent and rent restriction information on the budget;
- the check was properly cancelled in WMS;
- the JOS/Worker reissued the vendor check to the correct landlord/management agent as a Special Grant Issuance Code **08** (Replacement of Cancelled Check); and
- the release of the checks to an Agency representative for delivery is authorized when the landlord/management agent is unable to report to the Job Center to pick up the check.

Landlord/Management agent notifies the JOS/Worker

- If the notification is made by the landlord/management agent to the JOS/Worker, JOS/Worker must:
 - forward any returned checks to D&C for cancellation;
 - send the new landlord/management agent the Letter to Landlord – Request for Residence Verification (**W-147**) form and Two-Party Check Discrepancy (**W-147L**) form;

- Contact the participant to verify the address;
- Upon receipt of the **W-147** with updated landlord/management agent information or proof of ownership submitted by the participant, reissue the returned check to the correct landlord/management agent as a Special Grant Issuance Code **08** (Replacement of Cancelled Check);
- calculate and save a new budget in POS to update the rent and landlord/management agent restriction information. Authorization of the new budget will generate a Client Notice System (CNS) notice that is sent to the participant;
- advise the Deputy Director or designee of the actions taken on the case.

landlord/management agent notifies BORAC

- If the notification is made by the landlord/management agent directly to the Bureau of Reconciliation and Control (BORAC) Cancellation Unit, the BORAC Worker must:
 - cancel the returned check in accordance with current procedure
 - forward the supporting documents (proof of ownership of property by new landlord/management agent, and a copy of the returned shelter payment) via inter-office mail to the Landlord Ombudsman Services Unit (LOSU) located at 180 Water St., 2nd Floor, New York, NY 10038.

Upon receipt of the documents, the LOSU worker must:

Refer to [PD #11-21-OPE](#) for details on LOSU responsibilities

- log in receipt of forwarded documents in the LOSU database;
- scan the documents into the HRA OneViewer;
- perform the necessary corrective action to update the address and/or landlord/management agent information;
- forward to the appropriate Job Center Director the Routing Control Sheet form (**W-270**) with either the:
 - Transmittal: Notice of Corrective Measures Needed (**W-450Q**) specifying actions to be completed by Job Center staff, or
 - Transmittal: Notice of Corrective Measures Taken (**W-450R**) indicating the specific action taken.

Initiate a recoupment if duplicate rent payments are issued.

Refer to [PB #07-99-OPE](#) for additional details.

If the request to change an address or shelter cost is not made in a timely manner and duplicate rent payments (i.e., two separate rent payments covering the same period) are issued to both the prior and new landlord/management agents, the JOS/Worker must initiate a recoupment on the participant's case by completing the PA Recoupment window.

Note: A recoupment should not be initiated if the participant has a good cause reason for not reporting the change in a timely manner.

Refer to [PD #07-03-OPE](#) for additional details on fraud referrals to BFI.

Prior to initiating a recoupment, the JOS/Worker must discuss the issue with a Supervisor if fraudulent activity is suspected. If a fraud referral is required, the Supervisor will forward all available information to the Center Director's Administrative Assistant (AA) for referral to the Bureau of Fraud Investigation (BFI). The AA will follow the automated process to complete the Referral to Bureau of Fraud Investigation ([BFI-14](#)) and maintain a log of referrals on the BFI Fraud Referral Log ([W-400B](#)), then forward them to BFI.

- BFI will record the information and refer the case to the Division of Claims and Collections for recovery of the rent payment from the prior landlord/management agent.
- The Division of Claims and Collections will:
 - request copies of the cancelled checks from BORAC,
 - send a demand letter to the old landlord/management agent,
 - if the landlord/management agent does not respond within 10 business days, prepare the claim for referral for civil litigation and pursue recovery of the rent through the court system.
 - if the rent payment is recovered from the landlord/management agent, notify the appropriate Job Center by sending the Claims and Collections Response form ([W-147FF](#))
- When the JOS/Worker receives the completed [W-147FF](#) from the Division of Claims and Collections, he/she will prepare the PA Recoupment Data Entry Form – WMS ([LDSS-3573](#)) to delete the recoupment previously initiated and the PA Single Issuance Authorization Form ([LDSS-3575](#)) to supplement the recouped benefits.

Landlord/Management Agent Voluntarily Returns Shelter Payment

Prior landlord/management agent voluntarily returns shelter payments

When the prior landlord/management agent has received and cashed shelter payments that were not due to him/her, the landlord/management agent may voluntarily return the shelter payments to HRA in the form of a money order and send the money order to:

Ms. T. McKune
 Division of Accounts Receivable and Billing (DARB)
 180 Water Street, 9th Floor
 New York, NY 10038

Participant Informs the Agency of a Change in Landlord/Management Agent

When a participant informs the Agency that he/she has a new landlord, the JOS/Worker must:

- Verify proof of ownership. (Acceptable documentation includes water or tax bill, current mortgage payment receipts or deed.)
 - If the landlord has a designated management agent, ensure that the case record contains documented proof of the agent’s name, address, telephone number and entitlement to collect rent on behalf of the landlord.
- Verify the amount of rent charged and ensure that the correct shelter allowance is budgeted.
- Calculate and save a new budget in POS via the Change Case Data activity to update the **Shelter** window with the new shelter amount and landlord information. Ensure that the rent is on Direct Vendor restriction. Click **OK** to save the entries and continue through the activity.
- Enter the budget number on the POS TAD.
- Prepare and send the Notice to Participant Receiving Restricted Rent Checks (Timely) (**W-146A**) and the Direct Vendor Rent Program letter (**W-146Y**), if necessary.

If the household was on direct vendor restriction previously, do not send the W-146A and W-146Y.

The new information will not appear in WMS until the supervisor approves the activity in which the changes are made.

- notify the participant and landlord when there is a change in the rent amount, type of payment (e.g., from two-party to direct vendor or removal of restriction) or excess rent balance to be paid by the participant according to current procedure using the following notices:
 - Notice of Intent to Change Benefits: Part A – Public Assistance, Food Stamps Benefits, Medical Assistance Coverage and Services (Timely and Adequate) (NYC) ([LDSS-4015A NYC](#)).
 - Notice to Participant Receiving Restricted Rent Checks (Timely) ([W-146A](#)).
 - Notice to Landlord/Primary Tenant of Rent Restriction Payment Status ([W-145A](#)).

Participant Informs the Agency that she/he Moved

Change of address reported in writing or in person

When a participant informs the JOS/Worker of a change in address in writing or in person, the JOS/Worker must process the change of address immediately regardless of whether or not documentation to verify the change is submitted at that time. The JOS/Worker must:

- initiate a Change Case Data activity in POS;
- enter the new address when the **Address Information** window appears;
- calculate and save a new budget with the updated landlord/management agent information;
- inform the participant that verification of the new address and household composition must be submitted within ten (10) days, or the case will be closed using Closing code **V20** (Failure to Verify Residence);

Refer to [PB #04-93-ELI](#), Verification of New Address and/or Shelter Cost

If the request to change an address is made by telephone, the JOS/Worker must not take action until documentation to verify the change is submitted.

- When the required documentation is provided, the JOS/Worker must follow the same steps as outlined above for a request to change the address made in writing or in person.

Landlord/Management Agent Does Not Receive a Restricted Shelter Payment

When a participant or the landlord/management agent claims that he/she has not received a rent payment, the JOS/Worker must view the **Benefit Issuance** screen (**NQCS5A**) in WMS to determine the type of payment (direct vendor or two-party), whether the check was issued and the current payment status:

Reconciliation Codes

- Outstanding (Code **0**)
- Returned/cancelled (Code **2**)
- Cashed (Code **3**)
- Stale-dated (Code **S**)
- Redeemed and then Refunded CA Payment (Code **Z**)

Follow the steps below according to payment status:

Check Not Issued

If the **Benefit Issuance** screen indicates that the check was not issued (e.g., benefit not indicated in WMS), access the **Case Composition** screen (**NQCS3A**) to determine the case status.

- The JOS/Worker also reviews the **Household** window in an activity to determine household composition, case status and individual status. The **Household** window is the first window to appear in all activities involving a possible change to the case and the second window to appear in the **Review Case** activity.

Case is active

- If the case is active:
 - ensure that the household is entitled to the shelter allowance for the period in question;
 - verify the landlord/management agent's name and address; and
 - if the landlord/management agent information is incorrect in WMS, or the shelter allowance is not budgeted correctly, update the address and/or shelter cost information as described in the "Participant Moved" section on page 7, and calculate and save a new budget in accordance with current procedure;
 - on the **Special Grants** window, the JOS/Worker will answer the question: "Need to Issue a Generic PA Benefit?"
 - If the shelter costs are in arrears, on the **Shelter (Housing) Expenses** window, the JOS/Worker will answer the question: "Are there Rent Arrears?"
 - The JOS/Worker must also complete the **SI Grant Requests Task List** window.

Refer to [PD #10-22-SYS](#) for detailed instructions on completing the **SI Grant Requests Task List** window.

- issue skipped assistance as a vendor rent payment by completing the **Grants Data Entry** window to prepare a Public Assistance Single Issuance Authorization form (**LDSS-3575**). Use Special Grant Issuance Code **09** (Rent Only).

Note: Issue two-party rent checks to households that are exempt from direct vendor rent restriction.

- print the **LDSS-3575** in the Print Forms window.
- make a detailed case record entry of the changes made.

Case is closed

- If the case is closed:
 - do not issue a replacement check, even if it is determined that the participant is entitled to the rent allowance for the period in question;
 - determine if the case was closed in error and should be reopened;
 - reopen the case in accordance with current procedure and issue any skipped assistance if the case was closed in error.

Check Issued or Cancelled

If the **Benefit Issuance** window indicates that the check was issued but not cashed (Code **0**) or cancelled (Code **2**), proceed as follows based on the type of check originally issued:

Direct Vendor Check Replacement Process

If a landlord/management agent requests a replacement of a direct vendor check, the JOS/Worker will:

- ensure that the landlord/management agent information on file is correct;
- print the WMS screen (**NQCS5E**) that lists the check. On the screen printout:
 - print the JOS/Worker's name and phone number;
 - circle the check in question;
 - write the case name next to the check.

Print screen for check from WMS

Do not replace the vendor check(s) at the Job Center.

- provide the landlord/management agent with a Landlord Request for Replacement of Direct Vendor Payment (**W-146**) form and the **Benefits Issued** printout. Scan and index the **W-146** in the case record. Advise him/her to complete form **W-146** and mail or fax it along with the printout to:

Bureau of Reconciliation and Control (BORAC)
 Check Replacement Unit
 180 Water Street, 9th Floor
 New York, NY 10038
 Fax: (212) 331-3723/3724; Telephone: (212) 331-3772

Note: In addition to direct vendor checks (**SP** prefix), BORAC also processes replacement requests for emergency checks (**EA** or **EM** prefixes) cashed at a check cashing establishment, but BORAC will not reimburse any additional fees incurred by the check cashier.

Landlord unwilling to cooperate with the direct vendor check replacement process

If the landlord is unwilling to cooperate with the direct vendor check replacement process, regardless of whether or not a legal action is pending (72-hour eviction), do not request that the landlord contact BORAC for a check replacement. Instead, access the **Case Composition** screen (**NQCS3A**) to determine the case status.

Case is closed (direct vendor check replacement process)

If the case is closed (less than 30 days):

- Determine if the case was closed in error and should be reopened. If the case was closed in error, reopen the case in accordance with current procedure and issue any skipped assistance. If the case was not closed in error, the vendor checks cannot be replaced until the case is reopened.
- If the direct vendor check that was not previously issued is still outstanding, place a stop payment on the check using the electronic Stop Payment System.

Refer to the Stop Payments Module User Guide for specific instructions.

- The electronic system is an alternative to the paper process of faxing the Stop Payment Order form (**M-325c**) to the Division of Automated Check Inventory and Tracking (DACIT) and **MUST** be used instead of the paper process. Refer to the Stop Payments Module User Manual on the FIAweb for detailed instructions and information on this system.

Paper process for preparing a stop payment on a check

Note: When the electronic Stop Payment System is unavailable, place a stop payment on the check by preparing the **M-325c**, completing and signing the form, obtaining the Supervisor’s signature and include the WMS Benefit Issuance screen (**NQCS5A**) and fax the **M-325c** to (212) 331-6273. Additional fax numbers are provided on page 9 (see BORAC Check Replacement Unit).

Once the case is activated, follow the instructions below:

Case is active; landlord information is correct

If the case is active:

- The JOS/Worker will initiate the stop payment using the electronic Stop Payment System if the landlord/management agent’s information on file is correct and the vendor check is still outstanding, DACIT will check the electronic system and confirm that the stop payment is in effect. The Supervisor and JOS/Worker will both be notified electronically, regardless of the outcome.

- Upon confirmation that the stop payment is processed in the **Single Issue Benefit Data Entry** window in POS to replace the shelter allowance owed as a direct vendor check using Special Grant Issuance Code **07** (Replacement of Lost/Stolen/Undelivered Checks).
- Prepare the Replacement of Direct Vendor Payments form (**W-147A**) and fax it to BORAC/Check Replacement Unit (see page 9), noting the checks that have been replaced.

Note: DACIT cannot provide documentation on Electronic Benefit Transfer reflecting routing code **E220** (Housing Preservation and Development) or **E221** (New York City Housing Authority). These payments are electronically transmitted. However, the status of the payments is available on the **All Benefits Issued** (NQCS5A) screen in WMS using the case number and date range.

Case is active (DVP); landlord information is incorrect.

If the landlord/management agent information is incorrect, the JOS/Worker will:

- verify the landlord/management agent's name and mailing address for rent payments;
- update the incorrect information according to the instructions in the "Landlord/Management Agent Informs the Agency" section on page 3;
- calculate and save a new budget with the correct landlord/management agent information;
- authorize the budget in accordance with current procedure;
- process the stop payment in the **Single Issue Benefit Data Entry** window in POS to replace the shelter allowance owed as a direct vendor check using Special Grant Issuance Code **07** upon confirmation that the stop payment is in effect;
- follow the steps on page 12 that describe the paper process for completing a stop payment request when the electronic Stop Payment System is unavailable.

Two-Party Check Replacement Process

Case is closed

If the case is closed:

- do not issue a replacement check, even if it is determined that the participant is entitled to the rent allowance for the period in question;
- determine if the case was closed in error and should be reopened;
- reopen the case in accordance with current procedure and issue any skipped assistance if the case was closed in error.

Case is active; landlord information is correct

If the case is active and the landlord/management agent's information is correct:

- check WMS and D&C to determine the status of the check;
- if the check was returned to the Job Center and can be released, release the check to the participant;
- if the check was returned to the Job Center and has been or should be cancelled:

Refer to [PD #10-22-SYS](#) for detailed instructions on completing the **SI Grant Requests Task List** window.

- D&C stamps "Cancel" on the check, takes the appropriate action to cancel the check in WMS and sends the Information and Referral Notice ([W-113E](#)) with a copy of the cancelled check to the JOS/Worker indicating that the check is cancelled;

Use of Code **99** requires the Job Center Director's approval.

- Once the check has been cancelled, the JOS/Worker must replace it using Special Grant Issuance Code **08**.
- If the cancellation does not show in WMS the check can be replaced using Special Grant Issuance Code **99** (Other). Refer to PD # 08-10-ELI for instructions on processing code **99** requests.

Two-party check lost or stolen prior to endorsement

- If the check was lost or stolen prior to endorsement by the participant or landlord, not returned to the Job Center, or has not been cancelled and two or more days have elapsed since the expected delivery date of the check – the JOS/Worker must:
 - complete the Request for Emergency Assistance or Additional Allowance (For Participants Only) form (**W-137A**) in POS. The request for the replacement of the lost or stolen check is entered in Section II – "Other" – of the form;
 - initiate an electronic request for stop payment.

Stop payment in effect (two-party check); check not cashed

If the stop payment is in effect:

- prepare the Affidavit of Loss, Theft or Nonreceipt of Public Assistance Check (**M-325t**) in duplicate. Check the **M-325t** box on the left side at the top of the form. Be sure to include all check replacement information and have the form notarized. Scan and index one copy into the case record and forward the original to the Control Unit to be filed.
 - A BFI referral is not required since no fraud is involved;
- issue a check replacement using Special Grant Issuance Code **07**.

Case is active (two-party check); landlord information is incorrect

If the landlord information is incorrect,

- verify the landlord's name, address and rent amount;
- calculate and save a new budget to enter the correct landlord's information, as described in the "Participant Moved" section on page 7.

See page 18 for the replacement process for one shot deals.

Note: The case must be active (in SI or AC status) to issue a replacement check.

Check Cashed

If the **Benefit Issuance** screen indicates that the check was cashed (Code 3), the JOS/Worker must:

Do not put a stop payment on cashed checks.

- not put a stop payment on the check;
- ensure that the landlord information on file is correct;
- print the **NQCS5E** screen in WMS that lists the check (refer to the instructions on page 9 for printing the screen).

Landlord/agent states endorsement is invalid

- prepare the Request for Original or Copies of Checks form (**M-160j**) in duplicate and complete the following steps if the landlord states that the name and/or endorsement on the check is invalid,
 - Scan and index a copy of the **M-160j** in the case record.
 - Forward the original **M-160j** and the screen printout(s) to:

Revised

Division of Automated Check Inventory and Tracking (DACIT)
 180 Water Street, 7th Floor
 New York, NY 10038
 ATTN: Supervisor, Check Services Inventory Control Unit
 Fax: (212) 331-6273/5341/5342
 Telephone: (212) 331-3567

Note: Remember when a request for an original check is made, a messenger must pick it up from DACIT.

Direct Vendor Process for Suspected Fraud/Forgery

In addition to the above and upon receipt of the copy of the check from DACIT, the JOS/Worker must:

- not reissue the check;
- complete section 1 of the Affidavit of Improper Negotiation of Public Assistance Check (**W-147Y**), and make a copy of the W-147Y;
- give the landlord/management agent the original **W-147Y** and a copy of both sides of the vendor rent check;
- advise the landlord/management agent to complete section 2 of the **W-147Y** when the name on the check does not correspond to the endorsement. The landlord/management agent must get the form notarized;
- submit the form, and mail the original **W-147Y** and a copy of the check(s) to:

Bureau of Reconciliation and Control (BORAC)
 Fraud and Forgery Tracking Unit
 180 Water Street, 9th Floor
 New York, NY 10038

Fraud and Forgery
 Specialist

- Upon receipt of the notarized **W-147Y** and copy of the check(s) from the landlord/management agent, the BORAC Fraud and Forgery Specialist will:
 - examine the signatures on the check copies;
 - submit the documents to the bank and await a determination;
 - if the bank confirms that the money has been collected and credited back to the Family Independence Administration, process the **LDSS-3575** to reissue the check;
 - if the check should not be replaced, forward the denial letter from the bank notifying the landlord/management agent the bank denied the check replacement.

Refer to [PD #07-03-OPE](#)

- scan and index copies of the **W-147Y** and check into the case record;
- discuss the potential fraud with his/her Supervisor, who will forward all available information to the Center Director's Administrative Assistant (AA). The AA will complete the automated **BFI-14** or submit a paper copy if the automated system is unavailable for more than 24 hours.
- Send the **W-147Y** and a copy of the check to BFI under separate cover to:
 - Bureau of Fraud Investigation
 - 250 Church Street, 3rd Floor
 - New York, NY 10013
 - ATTN: Information Control Division

If there is a rent demand, a court case, or a legal proceeding is pending, the JOS/Worker must issue the shelter allowance owed until a decision is received from BFI as follows:

- Do not forward the Landlord Request for Replacement of Direct Vendor Payment (**W-146**) to BORAC.
- Reissue the check as a Special Grant Issuance Code **40** (Rent in Advance to Avoid Eviction).
- Initiate an automatic recoupment by entering the appropriate recoupment indicator on the **LDSS-3575**.
- If BFI has determined that the landlord/management agent redeemed the check, inform the landlord that the shelter allowance has already been paid to him.

Two-Party Check Process for Suspected Fraud/Forgery

Make referral to BFI in accordance with current procedures

Two-party check lost or stolen after participant's endorsement

RAU approval required to issue Code **40**

Stop payment attempted on lost/stolen check that was cashed

- In addition to requesting a copy of the check(s), prepare the automated **BFI-14** and attach the copy of the check. Forward packet to BFI for an investigation.
- If the participant or landlord claims that the two-party rent check was lost or stolen after the participant's endorsement, the check is considered lost cash and the participant must file a police report and furnish evidence of the police report (a stop payment order cannot be put on lost cash).
 - If the participant requires shelter arrears payments to prevent an eviction, a referral to the Rental Assistant Unit (RAU) is required prior to authorizing an emergency check (E-check). With RAU's approval an E-check can be issued as a Special Grant Issuance Code **40**.
- If the stop payment order was attempted because the check was originally reported as lost or stolen, but the check was cashed:
 - determine if the participant or landlord/management agent received the check;
 - contact RAU for approval to reissue the rent if the participant is pending eviction and the landlord did not cash the check;
 - reissue the rent as a Special Grant Issuance Code **40** if RAU approves the request;
 - initiate an automatic recoupment by entering the appropriate recoupment indicator on the **LDSS-3575**.

Direct Vendor or Two-Party Check(s) Cashed By Wrong Landlord/Management Agent

Landlord/agent states former landlord/agent cashed check(s)

If the landlord states that the former landlord/management agent cashed the check(s), upon receipt of the copy of the check from DACIT, the JOS/Worker must:

- verify with the current or new landlord/management agent that his/her name and address on file are correct;
- not refer the new landlord to BORAC. This is not a direct vendor payment check replacement situation;
- reissue the check(s) and make a detailed case note in the electronic case record indicating that the shelter allowance owed to the correct landlord/management agent was issued as an emergency allowance using Special Grant Issuance Code **99**;
- prepare form **W-113E** in duplicate and forward the original with a copy of the check(s) attached to:

Division of Claims and Collections
 250 Church Street, 5th Floor
 New York, NY 10013
 ATTN: Director

- The [W-113E](#) must include a notation that the wrong landlord/management agent cashed the original check(s); the participant’s name and address; case number and the previous landlord’s name and address. Also include the amount of the rent payment and the periods covered.

Stale-Dated Checks

Direct Vendor Checks Older than 180 Days

Check dated over 180 days prior to return date

If the direct vendor is returned to D&C after 180 days from the date of issuance and the Reconciliation Code is **S**:

- the D&C Supervisor must alert the JOS/Worker that the check has been returned;
- The JOS/Worker must check the WMS **Benefits Issuance** screen to determine if the check has already been replaced. If the benefit is no longer visible in WMS, request an archive retrieval to obtain a copy of the benefit issuance history.
 - For direct vendor checks, the JOS/Worker must contact the landlord/management agent and/or participant if the check was not returned by them, to inform them that the check has been returned, and the JOS/Worker will attempt to reissue a new check.

Two Party Checks

Two-party checks are valid when presented within 179 days of the check date.

- If a participant returns a two-party check that has not been cashed because the issuance date was more than 30 days (but less than 180 days) ago, advise the participant that the landlord can deposit the check and that the bank will issue payment. Do not replace the check.

Stale-dated two-party check

Participant Claims Nonreceipt of a Two-Party Check (issuance date over 180 days):

- Initiate an archive retrieval to obtain a copy of the benefit issuance history if the period is no longer visible in WMS;
- If the check was not cashed, reissue the check as Special Grant Issuance Code **99**;

Redeemed and Then Refunded CA Payment

If the Benefit Issuance screen indicates that a CA payment was cashed but refunded back to HRA indicated by reconciliation, Code **Z**, the check can be replaced as a nonrecoupable grant as follows. The JOS/Worker must:

- check the Benefit Issuance (**NQCS5A**) screen to verify that a CA payment made to a landlord was cashed was refunded to HRA as indicated by reconciliation code **Z**, then
- issue a the rent payment using Issuance code **99**.

Endorsement Rejected

“Third-party endorsement” refers to a signature of someone other than the primary tenant or landlord/management agent.

- If a landlord/management agent informs the JOS/Worker that a two-party check was rejected by the bank because of a third-party endorsement, the JOS/Worker must:
 - not refer the landlord/management agent to BFI. This is not a fraud situation since the two-party check was not cashed by the third-party;
 - forward the returned check to D&C for cancellation;
 - once the check has been cancelled, replace it using Special Grant Issuance Code **08**. If the cancellation does not show in WMS the check can be replaced using Special Grant Issuance Code **99**;
 - advise the Deputy Director or designee of the actions taken on the case.

D&C Staff

- Upon receipt of the returned check, D&C will:
 - stamp “Cancel” on the check;
 - take the appropriate action to cancel the check in WMS;
 - send the Information and Referral Notice form (**W-113E**) with a copy of the cancelled check to the JOS/Worker indicating that the check is cancelled.

Note: If the landlord/management agent returns the rejected check directly to D&C, the D&C Supervisor must take action as described in the “Landlord/Management Agent Informs the Agency” section.

Direct Vendor or Two-Party Check Replacements for One-Shot Deal Cases

Rent check(s) cannot be issued on closed cases.

If the case is closed, and to prevent an eviction, a former CA/FS participant requests replacement of a direct vendor or two-party rent check that was lost or cashed by the incorrect landlord, the JOS/Worker must:

- verify the new landlord/management agent information;
- open a one-shot deal case (CA in SI status and FS in AP or NA status) using CA opening code **Y39** (Case accepted only for emergency shelter and/or emergency utility arrears with no repayment agreement). A repayment agreement is not required for this emergency shelter arrears payment;
- reissue the rent check using CA Special Grant Issuance Code **D0** (One-Shot Deal Rent Replacement Check (Non-Recoupable)).

Note: Special Grant Issuance Codes **08** and **99** cannot be used to issue the replacement check for one shot deal cases opened using CA Opening Codes **Y38** (Case accepted only for emergency shelter arrears and/or emergency utility arrears which applicant agrees to repay), or **Y39**.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

JOS/Workers will print forms **W-146**, **W-147** and **LDSS-3575** from the **Print Forms** window and send the **W-146** and **W-147** to the landlord for completion. When the completed **W-146** and **W-147** is returned to the JOS/Worker, scan the forms and all other documentation required to comply with this directive into the electronic case record.

Print and/or scan required forms as necessary.

Note: The JOS/Worker must also scan all non-POS-generated forms and notices signed by the individual except domestic violence-related documents into the electronic case record.

WMS Inquiry

The JOS/Worker may view the inquiry screens **NQCS3A** and **NQCS5A** by highlighting the case in the Case Manager Queue and then clicking on the WMS button below the queue list, which will display the **Inquiry** browser. If the JOS/Worker has the case open in an activity, the **Inquiry** browser may also be brought up by clicking on the WMS Inquiry icon (magnifying glass) (shown on the next page) in the menu bar.



If the JOS/Worker does not have the case open in an activity or the case is not in the Worker’s queue, the JOS/Worker may use the **Review Case** activity to review all information needed to comply with this policy directive.

Enter a case comment for all actions performed on a case by clicking on the Case Comments icon (shown below). As an alternative, enter comments by pressing <ALT>M on the keyboard.



Enter and save the new budget number on the TAD.

At any time a new budget is saved, be sure to update the budget number in the POS TAD and run the TAD rules to save the budget information.

Model Center Implications

The processes described in this policy directive for JOS/Workers must be conducted by JOS/Workers during Recertification Interviews. Exceptions to this circumstance are outlined below.

Participant informs the Agency

When a participant reports to the Agency to provide information regarding a new landlord, the participant will receive a lavender numbered ticket from the Front Door Receptionist and be routed to the Customer Service Information Center (CSIC). The JOS/Worker in CSIC will gather the necessary information/documents and forward them to the Processing Unit. Staff in the Processing Unit must perform the steps described in the “Participant Informs the Agency” section on page 6.

Landlord/management agent informs the Agency

When a landlord/management agent reports to the Agency to provide information that a participant no longer resides at the address of record or that the building is under new management, the Front Door Receptionist must not perform a case search since the landlord/management agent will not have an active case in WMS. The Front Door Receptionist must provide the landlord/management agent with a lavender numbered ticket and route him/her to the CSIC. The JOS/Worker in CSIC will gather the necessary information/documents and forward them to the Processing Unit. Staff in the Processing Unit must perform the steps described in the “Landlord/Management Agent Informs the Agency” section beginning on page 3.

When a landlord/management agent or applicant/participant reports to the Agency to return a direct vendor or two-party check, the Front Door Receptionist must provide the individual with a lavender numbered ticket and route him/her to D&C.

All documents received via mail at the Model Center must be routed to the Processing Unit, not the JOS/Worker. Checks that are returned to the CSIC for cancellation must be sent to the Processing Unit with the [W-113E](#) indicating that the check must be cancelled.

Food Stamp Implications

There are no Food Stamp implications.

Medicaid Implications

There are no Medicaid implications.

LIMITED ENGLISH SPEAKING ABILITY (LESA) AND HEARING-IMPAIRED IMPLICATIONS

For Limited English Speaking Ability (LESA) participants and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #10-12-OPE](#) and [PD #08-20-OPE](#).

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

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

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If a participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

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

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

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

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

Evidence Packets All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY “Case Notes” screens.

RELATED ITEMS

- [PB #04-93-ELI](#)
- [PB #07-99-OPE](#)
- [PD #07-03-OPE](#)
- [PD #08-06-SYS](#)
- [PD #08-10-ELI](#)
- [PD #10-22-SYS](#)
- [PD #11-21-OPE](#)
- [Stop Payments Module User Manual](#)

REFERENCE

[Temporary Assistance Source Book](#), Chapter 21, sections A and B

ATTACHMENTS

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

M-160j	Request for Original or Copy of Checks (Rev. 7/5/11)
M-325c	Stop Payment Order (Rev. 7/5/11)
M-325t	Affidavit of Loss, Theft or Nonreceipt of Public Assistance Check (Rev. 7/5/11)
M-325t (S)	Affidavit of Loss, Theft or Nonreceipt of Public Assistance Check (Spanish) (Rev. 7/5/11)
W-113E	Information and Referral Notice (Rev. 8/16/10)
W-137A	Request for Emergency Assistance or Additional Allowance (For Participants Only) (Rev. 4/30/09)
W-137A (S)	Request for Emergency Assistance or Additional Allowance (For Participants Only) (Spanish) (Rev. 4/30/09)
W-145A	Notice to Landlord/Primary Tenant of Rent Restriction Payment Status (Rev. 10/8/08)
W-146	Landlord Request for Replacement of Direct Vendor Payment (Rev. 11/25/09)
W-146A	Notice to Participant Receiving Restricted Rent Checks (Timely) (Rev. 7/5/11)
W-146A (S)	Notice to Participant Receiving Restricted Rent Checks (Timely) (Spanish) (Rev. 7/5/11)
W-147	Letter to Landlord – Request for Residence Verification (Rev. 7/5/11)
W-147 (S)	Letter to Landlord – Request for Residence Verification (Spanish) (Rev. 7/5/11)
W-147A	Replacement of Direct Vendor Payments (Rev. 11/25/09)
W-147FF	Claims and Collections Response (Rev. 7/5/11)
W-147L	Two-Party Check Discrepancy (Rev. 7/5/11)
W-147Y	Affidavit of Improper Negotiation of Public Assistance Check (Rev. 7/5/11)
W-270	Center Director the Routing Control Sheet (Rev. 7/5/11)
W-400B	BRI Fraud Referral Log (Rev. 4/10/08)
W-450Q	Transmittal: Notice of Corrective Measures Needed (Rev. 1/31/11)
W-450R	Transmittal: Notice of Corrective Measures Taken (Rev. 1/31/11)

Case Number: _____

Case Name: _____

Request for Original or Copy of Checks

Division of Automated Check Inventory and Tracking/Bureau of Reconciliation and Control Finance Office
Transmittal

To: Division of Automated Check Inventory and Tracking (DACIT)
180 Water Street, 9th Floor
New York, NY 10038

From: _____
Center Name and Number

Please provide a copy of checks identified by check number on the attached printouts.

<p><u>To be completed by Requestor:</u></p> <p>Date of Request: _____</p> <p>Requestor's Name: _____</p> <p>Telephone Number: _____</p> <p>Fax Number: _____</p> <p>Date Response Required: _____</p>	<p><u>To be completed by Customer Service Information Center (CSIC):</u></p> <p>Date Received: _____</p> <p>Date Check Sent to Requestor: _____</p> <p>Work Completed by: _____</p>
---	---

SAMPLE

Case Number: _____

Case Name: _____

Request for Original or Copy of Checks

Division of Automated Check Inventory and Tracking/Bureau of Reconciliation and Control Finance Office
Transmittal

To: Division of Automated Check Inventory and Tracking (DACIT)
180 Water Street, 9th Floor
New York, NY 10038

From: _____
Center Name and Number

Please provide a copy of checks identified by check number on the attached printouts.

<p><u>To be completed by Requestor:</u></p> <p>Date of Request: _____</p> <p>Requestor's Name: _____</p> <p>Telephone Number: _____</p> <p>Fax Number: _____</p> <p>Date Response Required: _____</p>	<p><u>To be completed by Customer Service Information Center (CSIC):</u></p> <p>Date Received: _____</p> <p>Date Check Sent to Requestor: _____</p> <p>Work Completed by: _____</p>
---	---

**STOP
Payment Order
(DACIT)**

Date: _____
Center Name and Number: _____
Participant's Name: _____
Case Number: _____

To: Division of Automated Check
Inventory and Tracking (DACIT)
180 Water Street, 9th Floor
New York, NY 10038
Fax: (212) 331-6273

--	--	--	--	--	--	--	--	--	--

Check Number

--	--	--	--

Date

\$			
----	--	--	--

Dollar Amount

Reason for the Stop: _____

SAMPLE

Worker Signature

Date

Telephone Number

Supervisor Signature

Date

Telephone Number

**STOP
Payment Order
(DACIT)**

Date: _____
Center Name and Number: _____
Participant's Name: _____
Case Number: _____

To: Division of Automated Check
Inventory and Tracking (DACIT)
180 Water Street, 9th Floor
New York, NY 10038
Fax: (212) 331-6273

--	--	--	--	--	--	--	--	--	--

Check Number

--	--	--	--

Date

\$			
----	--	--	--

Dollar Amount

Reason for the Stop: _____

Worker Signature

Date

Telephone Number

Supervisor Signature

Date

Telephone Number

Affidavit of Loss, Theft or Nonreceipt of Cash Assistance Check

Type of Affidavit: M-325t Amended Status Code Reamended Status Code

Participant Name (as appears on roll): _____
First Name M.I. Last Name

Center: _____ Case Number: _____ Suffix: _____

Category: _____

CHECK INFORMATION

Original Check Number:	Date Check Issued:	Amount Check Issued For:												
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;">\$ _____</td> </tr> </table>	\$ _____
\$ _____														

STATE OF NEW YORK)
 COUNTY OF NEW YORK) ss:

SAMPLE

I, the undersigned, being duly sworn, depose and say: That I am the Cash Assistance participant identified above; that I have been informed by said Job Center that the above referenced check was issued by said Administration; that I have not received said check or the proceeds thereof directly or indirectly; that I did not place an endorsement thereon or authorize anyone to do so. If this check comes into my possession, I will return it immediately to this Center. I AGREE NOT TO ENDORSE AND NOT TO CASH THIS CHECK.

I have been advised and know that the Administration is relying on my statement to issue replacement monies and that if I make any false statement or misrepresentation, I will be subject to criminal penalties.

I am also aware that if any duplication of Cash Assistance results from any false statement or misrepresentation by me, the replacement check will be considered an advance of future monies due me, and the amount of duplication will be recouped by reduction of my next checks.

Roll Number

Check Number

Subscribed and sworn before me:

This _____ day of _____, 20____
Notary Public Participant Signature

Name of Form Preparer

Roll Number of Original Check

Name of Interpreter

Reconciliation Number

Interpreter's Address (If Employee, State Center Address)

Replacement for Initial Check Authorized

The aforementioned information has been verified and this check has not been canceled to date by the Control Unit or Fraud Control Unit (FCU).

Date: _____ Head Control Clerk: _____

REPLACEMENT CHECK INFORMATION

Replacement Check Number:										Date of Replacement Check:	Amount of Replacement Check:
											\$

FCU Use Only: Determination Regarding Original Check

FCU Supervisor Seal (and Comments)
--

- NO REPLACEMENT – Endorsed by participant and landlord.
- NO REPLACEMENT – Endorsed by landlord, not participant; if replaced already, get refund from landlord or credit for rent.
- NO REPLACEMENT – Endorsed by participant, not landlord. If replaced, RECOUP.
- REPLACEMENT AUTHORIZED (or VALIDATED if done already).
FORGERY – Both endorsements incorrect.
- REPLACEMENT AUTHORIZED – Photocopy NIF. Send this form back to FCU with replacement information.
- REPLACEMENT AUTHORIZED – Improper referral. Check does not appear on FCU tape. Send this form back to FCU with replacement information.

Signature	Date Signed	Location
-----------	-------------	----------

Print Name	Title
------------	-------

- A Landlord Affidavit, stating that the Landlord in the case has not received any of the proceeds of the check in question, has been obtained and is attached.
- A Landlord Affidavit could not be obtained.

Comments: _____

Initials	Location	Date
----------	----------	------

Affidavit of Loss, Theft or Nonreceipt of Cash Assistance Check

Type of Affidavit: M-325t Amended Status Code Reamended Status Code

Participant Name (as appears on roll): _____
First Name M.I. Last Name

Center: _____ Case Number: _____ Suffix: _____

Category: _____

CHECK INFORMATION

Original Check Number:	Date Check Issued:	Amount Check Issued For:													
<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td> </tr> </table>											<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:100%;"> </td> </tr> </table>		<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:10%;">\$</td> <td style="width:90%;"> </td> </tr> </table>	\$	
\$															

ESTADO DE NUEVA YORK)
 CONDADO DE NUEVA YORK) ss:

SAMPLE

Yo, el suscrito, habiendo prestado juramento, testifico y declaro: que soy el participante de Asistencia en Efectivo y que soy la persona identificada más arriba; que el Centro de Empleo me ha informado de que el antemencionado cheque fue emitido por dicha Administración, que yo no he recibido el cheque antemencionado; que no he recibido beneficio alguno directo o indirecto procedente de dicho cheque; que no lo he endosado ni autorizado a persona alguna para así hacerlo. Si este cheque llega a mi poder, lo devolveré inmediatamente a este Centro. ACCEDO A NO ENDOSAR NI HACER EFECTIVO ESTE CHEQUE.

Se me ha notificado y así lo he entendido, que el departamento se está basando en mis declaraciones para reemplazar el dinero y que si presto testimonio falso o tergiversado, estaré sujeto a pena criminal.

También tengo conciencia de que si a causa de testimonio falso o tergiversación se produce duplicación en la Asistencia en Efectivo, el cheque reemplazado será considerado un anticipo del dinero que se me deba, y la cantidad duplicada será deducida de mis próximos cheques.

Roll Number

Check Number

Subscribed and sworn before me

This _____ Day of _____, 20____
Notary Public Participant Signature

 Name of Form Preparer Roll Number of Original Check

 Name of Interpreter Reconciliation Number

Interpreter's Address (If Employee, State Center Address)



Information and Referral Notice

Job Center/Other _____ Address _____ Date _____

To	Group or Section/Job Center/Agency		Floor	Room No.	For: Information Only	<input type="checkbox"/>
From	Group/Section	Signature of Worker	Tel. Number		Reply	<input type="checkbox"/>
					Referral	<input type="checkbox"/>

Name of Applicant/Participant	Case Type/Number/Suffix
-------------------------------	-------------------------

Address

Message/Reply (if referral to another Job Center or agency, give reason)

SAMPLE



Information and Referral Notice

Job Center/Other _____ Address _____ Date _____

To	Group or Section/Job Center/Agency		Floor	Room No.	For: Information Only	<input type="checkbox"/>
From	Group/Section	Signature of Worker	Tel. Number		Reply	<input type="checkbox"/>
					Referral	<input type="checkbox"/>

Name of Applicant/Participant	Case Type/Number/Suffix
-------------------------------	-------------------------

Address

Message/Reply (if referral to another Job Center or agency, give reason)

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

Request for Emergency Assistance or Additional Allowance (For Participants Only)

Please fill out this form if you need emergency assistance or an additional allowance.

Remember:

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

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

SAMPLE

The reason I need emergency assistance is:

SECTION II: ADDITIONAL ALLOWANCES

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

- | | |
|--|--|
| <input type="checkbox"/> Back rent | <input type="checkbox"/> Additional allowance for fuel |
| <input type="checkbox"/> Repair of essential household items | <input type="checkbox"/> Additional allowance to maintain or restore utility service |
| <input type="checkbox"/> Back mortgage and/or taxes | <input type="checkbox"/> Property repairs |
| <input type="checkbox"/> Pregnancy allowance | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | <input type="checkbox"/> Other: |

- Burial allowance – you or your duly authorized representative must apply for this allowance at the Burial Claims Unit
25 Chapel Street, Room 606
Brooklyn, NY 11201
Telephone: (718) 473-8310

Expenses related to moving:

- Moving expenses
- Security deposit/agreement
- Broker's/finder's fee/voucher
- Furniture and other household items
- Storage of furniture and personal belongings

New Address: _____
(include apt. no.)

City _____ State _____ Zip Code _____

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

Landlord's name: _____

Primary tenant's name: _____

Address: _____
(include apt. no.)

City _____ State _____ Zip Code _____

SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

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

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

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

SECTION IV: ADD PERSON TO CASE

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

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

New Baby

Name: _____
First Name M.I. Last Name

Date of Birth: _____

Social Security Number (if known): _____

Adult living with me:

(This person must complete an application to receive assistance.)

Name: _____
First Name M.I. Last Name

Date Moved In: _____

Date of Birth: _____

Social Security Number (if known): _____

Relationship: _____

Child entered home

Name: _____
First Name M.I. Last Name

Date of Returned: _____

Date of Birth: _____

Social Security Number (if known): _____

Participant's Signature _____

Date of Request _____

Time of Request _____ AM PM

Worker's Signature _____

Date _____

Fecha: _____
Nombre del Caso: _____
Número del Caso: _____
Unidad de Casos: _____
Centro: _____
Núm. de Teléfono del Trabajador: _____
Núm. de Tel. del FH&C: _____

Petición para Asistencia de Emergencia o Asignación Adicional (Sólo para Participantes)

Favor de completar este formulario si necesita asistencia de emergencia o una asignación adicional.

Recuerde:

- (1) Puede que se le pida prueba de los datos que nos proporcione. Si tiene problemas en obtener pruebas, su Trabajador tiene que ayudarlo.
- (2) Puede que aún necesite reunirse con su Trabajador. En tal caso, se le programará una cita.

SECCIÓN I: ASISTENCIA DE EMERGENCIA

El tipo de asistencia de emergencia que estoy solicitando es:

SAMPLE

La razón por la cual necesito asistencia de emergencia es la siguiente:

SECCIÓN II: ASIGNACIONES ADICIONALES

Estoy solicitando la(s) siguiente(s) asignación(es) para necesidad(es) especial(es):

- | | |
|--|---|
| <input type="checkbox"/> Alquiler atrasado | <input type="checkbox"/> Asignación adicional para combustible |
| <input type="checkbox"/> Reparación de artículos del hogar de primera necesidad | <input type="checkbox"/> Asignación adicional para mantener o restaurar servicios de electricidad y gas |
| <input type="checkbox"/> Hipoteca y/o impuestos atrasados | <input type="checkbox"/> Reparaciones a la propiedad |
| <input type="checkbox"/> Asignación para embarazo | <input type="checkbox"/> Reemplazo de ropa perdida a raíz de desastres tal como desamparo o incendio |
| <input type="checkbox"/> Asignación para restaurante porque no puedo preparar comidas donde estoy viviendo | <input type="checkbox"/> Otras asignaciones: |
| <input type="checkbox"/> Asignación para entierros – usted o su representante debidamente autorizado debe solicitar esta asignación en la Unidad de Reclamos de Entierro
25 Chapel Street, Sala 606
Brooklyn, NY 11201
Teléfono: (718) 473-8310 | |

Gastos relacionados con la mudanza:

- Gastos de mudanza
- Depósito/acuerdo de garantía
- Pago de comisión/comprobante de agente
- Muebles y otros artículos del hogar
- Almacenamiento de muebles y artículos personales

Nueva Dirección: _____

(con núm. de apto.)

Ciudad Estado Código Postal

¿Cuándo se mudó? _____ Nuevo alquiler: \$ _____

Nombre del casero: _____

Nombre del inquilino principal: _____

Dirección: _____
(con núm. de apto.)

Ciudad Estado Código Postal

SECCIÓN III: SERVICIOS DE APOYO RELACIONADOS CON ACTIVIDADES DE TRABAJO

Estoy solicitando los siguientes servicios de apoyo:

- Asignación de cuidado infantil dentro de los límites aprobados, de ser necesario
- Ropa para participantes que realicen actividades relacionadas a la búsqueda de trabajo, que se encuentren en situaciones **fuera de lo común**, tales como desahucio o incendio reciente y no tener la vestimenta adecuada.
- Otros servicios de apoyo relativos a actividades de trabajo: _____
- Transporte público necesario
- Cuota de autorización, relacionada con actividad/participación, de uniformes o bienes duraderos dentro de los límites aprobados, a la hora de presentar la documentación que compruebe la necesidad de dichos artículos

Las agencias de WEP y/o los contratistas tienen la responsabilidad de proporcionar a sus participantes la ropa o el equipo de seguridad necesarios para el trabajo.

Se brindarán los servicios necesarios cuando usted empiece una actividad de trabajo. Si se produce algún cambio en sus necesidades, o si usted no está recibiendo un servicio necesario, debería solicitar una asignación adicional.

SECCIÓN IV: AÑADA A UNA PERSONA AL CASO

Si usted no tiene toda esta información, puede presentar este formulario a su Trabajador de todos modos.

Deseo añadir a la(s) siguientes personas a mi caso de asistencia en efectivo:

Recién nacido

Nombre: _____
Nombre Inicial Apellido

Fecha de Nacimiento: _____

Número de Seguro Social (si lo sabe): _____

Adulto que vive conmigo

(Esta persona tiene que llenar una solicitud para recibir asistencia).

Nombre: _____
Nombre Inicial Apellido

Fecha de ingreso: _____

Fecha de Nacimiento: _____

Número de Seguro Social (si lo sabe): _____

Relación: _____

Niño ingresó al hogar

Nombre: _____
Nombre Inicial Apellido

Fecha de Regreso: _____

Número de Seguro Social (si lo sabe): _____

Firma del Participante

Fecha de la Petición

Hora de la Petición

AM PM

Firma del Trabajador

Fecha

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

Notice to Landlord/Primary Tenant of Rent Restriction Payment Status

The Human Resources Administration now pays shelter allowances for Safety Net and Family Assistance participants, with a few exceptions, through mandatory direct vendor payments to the Landlord or primary tenant to ensure that rent is paid promptly.

We are writing to inform you of the restriction of rent for the above-named Cash Assistance participant residing at:

Address: _____
City: _____ State: _____ Zip: _____

SAMPLE

Initiation of Shelter Allowance Restriction

Beginning _____, the shelter allowance for the above-named Cash Assistance participant will
(date)

be paid semimonthly by a:

- check sent directly to you on the participant's behalf.
- two-party check in the participant's name and yours sent to the participant, but for deposit only to your account.

We will notify you prior to terminating this method of payment.

Termination of Shelter Allowance Restriction

Beginning _____, the shelter allowance for the above-named participant will no longer be paid by a:
(date)

be paid semimonthly by a:

- check sent directly to you on the participant's behalf.
- two-party check in the participant's name and yours.

As of the above date, the participant will be responsible for making full rent payments to you.

Ineligibility for Payment of Shelter Allowance

Beginning _____, the shelter allowance for the above-named participant will be withheld due
(date)

to immediate hazardous housing code violation(s) recorded for the building's public areas or for the apartment listed above. If you need assistance in removing the violation(s), or if you dispute that the violation(s) is/are still on record, we urge you to contact the Department of Housing Preservation and Development's Code Enforcement Unit borough office.

If you have any questions, please feel free to call _____.
(telephone number)

Worker Name (please print) Worker Signature Date

Supervisor Name (please print) Supervisor Signature Date

SAMPLE

Landlord Request for Replacement of Direct Vendor Payment

Instructions to Center Staff: Please provide the Landlord with this form (**W-146**) and a printout of the WMS Benefit Issuance Screen **NQCS5E** for DVP replacement checks(s).

Instructions to Landlord: Please fill out this form and return it to the Bureau of Reconciliation and Control (BORAC) at the address listed below along with the printout of the WMS benefit issuance screen that you received from the Agency.

Please keep a copy of this form for your records.

To: Bureau of Reconciliation and Control (BORAC)
Check Replacement Unit
180 Water Street, 9th Floor
New York, NY 10038
Phone: (212) 331-3772 Fax: (212) 331-3723/3724

Date: _____

I, the undersigned Landlord (or Managing Agent), hereby request replacement of the Direct Vendor Payment rent check on behalf of:

Participant's First Name _____ M.I. _____ Participant's Last Name _____
Case Number: _____ Category: _____ Suffix: _____
Participant's Address: _____
City _____ State _____ Zip Code _____

SAMPLE

Check the box that applies to your Direct Vendor check:
 Lost Stolen Mutilated (check[s] must accompany form) Nonreceipt Other: _____

Check Number	Check Date	Check Amount	Job Center

Landlord or Managing Agent Name (print) _____

Signature of Landlord or Managing Agent _____

Date _____

Telephone Number _____

Landlord's Mailing Address: _____

City _____ State _____ Zip Code _____

Notice Date: _____
Case Number: _____
Case Name: _____
Center: _____
Caseload: _____
FH&C Telephone Number: _____

Notice to Participant Receiving Restricted Rent Checks (Timely)

Our records indicate that your shelter allowance is restricted.

Beginning _____ you will no longer receive two-party rent checks; we will send
(Date)

the rent directly to your Landlord/Management Agent as indicated below:

- New York City Housing Authority (NYCHA)
- Housing Preservation and Development (HPD)
- Other (specify): _____

Until the change takes place, continue to give all two-party rent checks to your Landlord.

SAMPLE

JOS/Worker's Signature

Date

Supervisor's Signature

Date

The law(s) and/or regulation(s) which allow(s) us to do this is/are: 18 NYCRR § 381.1(b), § 381.2(a),(b) and § 381.3(c)(3).

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

Conference and Fair Hearing Information

CONFERENCE

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

STATE FAIR HEARING

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

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

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

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

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

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

FAIR HEARING REQUEST

Continuing Your Benefit(s): Your benefits will continue unchanged, until a Fair Hearing decision is issued, if you ask for a Fair Hearing before the effective date stated in this notice.

Please be reminded that if you ask for a conference only, and not a State Fair Hearing, within the time frame indicated in the Continuing Your Benefits section, your benefits will not stay the same.

If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision. If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below:

I do not want to keep my benefits the same until the Fair Hearing decision is issued.

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

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

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

SAMPLE

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

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha de Aviso: _____
Número del Caso: _____
Nombre del Caso: _____
Centro de Trabajo: _____
Unidad de Casos: _____
Núm. de Tel. de FH&C: _____

Aviso para los Participantes que Reciban Cheques para Alquiler Restringido (A tiempo)

Nuestros expedientes indican que su concesión para refugio ha sido restringida.

A partir del _____, usted ya no recibirá cheques de alquiler a nombre de dos partes pues
(Fecha)

le enviaremos el pago para el alquiler directamente a su Casero/Agente Administrador indicado a continuación:

- New York City Housing Authority (NYCHA) – Autoridad de Vivienda de la Ciudad de Nueva York
- Housing Preservation and Development (HPD) – Desarrollo Y Preservación de la Vivienda
- Otro (especifique): _____

Hasta que se lleve a cabo este cambio, continúe entregando todos los cheques a nombre de dos partes para alquiler a su Casero.

SAMPLE

Firma del Trabajador/JOS

Fecha

Firma del Supervisor

Fecha

La(s) Ley(es) y/or Disposición(es) reglamentaria(s) que nos permite(n) obrar de esta forma es/son: 18 NYCRR § 381.1(b), § 381.2 (a),(b) y § 381.3(c)(3).

**USTED TIENE EL DERECHO DE APELAR CONTRA ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR CONTRA ESTA DECISIÓN.**

Información sobre Conferencias y Audiencias Imparciales

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) que aparece en **la primera página** de este aviso, o escribanos a la dirección que también aparece en **la primera página** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial. Si sólo solicita una conferencia, sus beneficios no se mantendrán sin cambios durante su apelación. Para mantener sus beneficios sin cambios debe solicitar una Audiencia Imparcial Estatal. (Refiérase a la sección Mantenimiento de Su[s] Beneficio[s].)

AUDIENCIA IMPARCIAL ESTATAL

Como Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

- (1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)
- (2) POR ESCRITO:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a
The Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Favor de guardar una copia para usted.)
- (3) POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) EN PERSONA:** Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a: **14 Boerum Place, Brooklyn, NY 11201**.
- (5) POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a:
<http://www.otda.ny.gov/bah/forms.asp>

Qué Puede Esperar de la Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta para que el Funcionario de la Audiencia sepa que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

INFORMACIÓN: Si desea más información sobre su caso, cómo pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en **la primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s): Sus beneficios continuarán sin cambios, hasta que la Audiencia Imparcial emita la decisión, si solicita una Audiencia Imparcial antes de la fecha de vigencia indicada en este aviso. Sin embargo, si no recertifica su caso de beneficios de Cupones para Alimentos, de ninguna manera continuarán después de la última fecha del periodo de certificación de Cupones para Alimentos (refiérase a 18 NYCRR § 358-3.6).

Tenga en cuenta que si solamente pide una conferencia, en vez de una Audiencia Imparcial Estatal, dentro del plazo de tiempo que se indica en la sección de Mantenimiento de Sus Beneficios, sus beneficios no continuarán al mismo nivel.

Si usted pierde la Audiencia Imparcial, tendrá que reembolsar cualquier beneficio que haya recibido, sin tener derecho al mismo, mientras esperaba la decisión. Si usted no desea que sus beneficios se mantengan sin cambios hasta que se emita una decisión, debe informarle al Estado cuando llame para pedir una Audiencia Imparcial o, si envía este aviso de regreso, marque la casilla a continuación:

No deseo que mis beneficios continúen sin cambios hasta que la decisión de la Audiencia Imparcial sea emitida.

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo.

Si no logra comunicarse con la Oficina de Asistencia Temporal y de Asistencia para Incapacitados del Estado de Nueva York (New York State Office of Temporary and Disability Assistance) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

SAMPLE

Nombre en

Letras de

Molde: _____

Nombre

I.

Apellido

Núm. del Caso: _____

Dirección: _____

Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____

Fecha: _____

Date: _____

Case Number: _____

Case Name: _____

Letter to Landlord/Management Agent – Request for Residence Verification

(Prepare in Duplicate)

Section A: Request for Household/Residence Verification

We are presently reviewing the Cash Assistance application/case of: _____
(Applicant/Participant Name)

who resides at _____
(Address) (Apartment Number)

We would appreciate your providing the information requested below as soon as possible.
Thank you for your cooperation.

(Worker's Name) (Telephone Number)

Section B: Reply by Landlord

SAMPLE

Name on lease: _____

Date lease signed: _____

Amount of rent charged per month: \$ _____ Last date rent paid: _____

Number of persons in household: _____

Tenant's financial references: _____

Names of persons in household: _____

Does _____ reside at the above address? Yes No

Building Superintendent/Managing Agent: _____ Telephone Number: _____

Signature of Landlord _____ Date _____

For Office Use Only

Telephone contact made with _____
on _____ at telephone number _____

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Carta al Casero/Agente Administrador – Petición para Verificación de Residencia

(Preparar en Duplicado)

Sección A: Petición para Verificación de Casa/Residencia

Nosotros estamos actualmente revisando la solicitud de Asistencia en Efectivo/caso de: _____
(Nombre del Solicitante/Participante)

quien reside en _____
(Dirección) (Número de Apartamento)

Le agradecemos que usted nos provea la información solicitada abajo tan pronto como le sea posible.
Gracias por su cooperación.

(Nombre del Trabajador)

(Número de Teléfono)

Sección B: Respuesta del Casero

Nombre en el contrato de arrendamiento: _____

Fecha en que se firmó el contrato de arrendamiento: _____

Cantidad de alquiler mensual \$ _____ Última fecha que el alquiler fue pagado: _____ Número de personas en el hogar: _____

Referencias financieras del inquilino: _____

Nombres de personas en el hogar: _____

¿Reside _____ en la dirección antedicha? Sí No

Superintendente del Edificio/
Agente Administrador: _____ Número de Teléfono: _____

Firma del Casero

Fecha

For Office Use Only

Telephone contact made with _____
on _____ at telephone number _____

Replacement of Direct Vendor Payments (Complete form and FAX to BORAC)

Date: _____

To: Supervisor, Check Replacement Unit (BORAC)
Finance Office [FAX # (212) 331-3723/3724]

From: _____

We have replaced the following DVP check(s) for the case listed below on an emergency basis.

Case Name: _____

Case Number: _____

Original Check #:	_____	Date:	_____	Amount:	_____
Replacement Check #:	_____	Date:	_____	Amount:	_____
Landlord Name:	_____				
Sp. Grant Code of Replacement:*	_____				

Original Check #:	_____	Date:	_____	Amount:	_____
Replacement Check #:	_____	Date:	_____	Amount:	_____
Landlord Name:	_____				
Sp. Grant Code of Replacement:*	_____				

Original Check #:	_____	Date:	_____	Amount:	_____
Replacement Check #:	_____	Date:	_____	Amount:	_____
Landlord Name:	_____				
Sp. Grant Code of Replacement:*	_____				

Original Check #:	_____	Date:	_____	Amount:	_____
Replacement Check #:	_____	Date:	_____	Amount:	_____
Landlord Name:	_____				
Sp. Grant Code of Replacement:*	_____				

*Sp. Grant Code for Replacement must be 07 or 08.

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

Claims and Collection Response

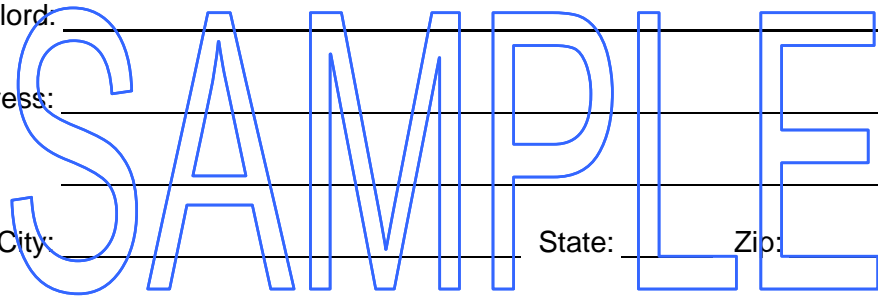
To: _____
(Job Center)

Regarding: _____
(Participant's Name)

Previous Landlord: _____

Previous Address: _____

City: _____ State: _____ Zip: _____



The Landlord listed above has cooperated with the Agency's recovery efforts.

Amount recovered from the previous Landlord: \$ _____.

This amount is sufficient to satisfy the recoupment initiated on the aforementioned participant. As a result, the duplicate rent recoupment dated on or about _____ should be deleted from the system.

Comments _____

Authorized Signature
Claims and Collection

Two-Party Check Discrepancy

Our records indicate that check number _____ issued for two-party rent for _____
(Start date)
through _____ for _____ who resides
(End date) (Participant's Name)
at _____ did not clear the bank because the Landlord/Managing
(Address)
Agent name on the check does not match the endorsement or the name of the account in which you deposited the check.
You must either provide us with information to correct our records or change the name on the account to match the
Information you have given us.

To be completed by the Landlord:

I, _____, certify that I am the Landlord or designated Managing Agent for
(Address)
I further certify that _____ resides at _____
(Participant's Name) (Address)
and pays \$ _____ monthly for rent. All rent checks should be made payable to:
(Amount)

Landlord/Managing Agent: _____
Address: _____

Phone: _____

Signature of Landlord/Managing Agent

Affidavit of Improper Negotiation of Cash Assistance Check

Instructions to the Landlord/Managing Agent: If the endorsement on the enclosed copy of the check(s) is not yours, complete Section 2 of this affidavit, have it notarized and send it with the copy of the check(s) to:

BORAC

Attn: Supervisor, Forged Check Unit
180 Water Street, 9th Floor
New York, NY 10038

Section 1

To be completed by Center staff

Center	Case Type (FA, SNA, etc.)	Case Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payee's Name (as it appears on check)			
<input type="text"/>			
Check Number			
<input type="text"/>			
Issue Date			
<input type="text"/>			
Amount			
<input type="text"/>			

SAMPLE

Section 2

To be completed by Landlord/Managing Agent

I, _____, the undersigned, being duly sworn, depose and say that I
(company name, if applicable)

am the Landlord/Managing Agent of _____.

My address/phone number is as follows:

The attached check was issued by the Center and required my endorsement to be valid. I have examined a copy of said check and the endorsements thereon, and state that none of the endorsements were made by me or with my authority and that I did not receive any of the proceeds of said check.

Signature of Landlord/Managing Agent

Subscribed and sworn to before me:

Notary Public this _____ day of _____, 20_____.

**Landlord Ombudsman Services Unit
Transmittal: Notice of Corrective Measures Needed**

Date: _____

To Center: _____

From: Landlord Ombudsman Services Unit (LOSU)
180 Water Street
19th Floor
New York, NY 10038
(212) 331-5927

The Landlord Ombudsman Services Unit (LOSU) reviewed the Returned Direct Vendor check for the case number listed below. It has been determined that corrective case action is needed.

Case Number: _____

Case Name: _____

SAMPLE

Corrective action to be taken by the Job Center/HASA:

Shelter allowance updated (removed, increased or decreased)

Call participant to update Landlord and address information

Other: _____

Ombudsman

Date

Transmittal: Notice of Corrective Measures Taken

Date: _____

To Center: _____

From: Landlord Ombudsman Services Unit (LOSU)
180 Water Street
19th Floor
New York, NY 10038
(212) 331-5927

The Landlord Ombudsman Services Unit (LOSU) has reviewed and taken corrective measures on the Returned Direct Vendor check for the case listed below.

Case Number: _____

Case Name: _____

Corrective action completed:

SAMPLE

Landlord's name and address corrected

Rent check(s) replaced

Other: _____

Ombudsman

Date