

**City of New York
Administration for Children's Services**

Procedure #2011/05

SUBJECT: Housing Services for APPLA Youth

APPROVED: John B. Mattingly, Commissioner

DATE: August 31, 2011 (FINAL)

Page 1 of 18 (with 11 attachments)

**IMPLEMENTATION RESPONSIBILITY:
Children's Services Staff: Division of Family
Permanency, Division of Family Court Legal Services,
Foster Care Provider Agency Staff**

PURPOSE

This Procedure sets forth the specific responsibilities of the staff of the Administration for Children's Services (ACS or Children's Services) and the foster care provider agencies with which ACS contracts (the Foster Care Provider Agencies or the Provider Agencies) with respect to assisting APPLA ("another planned permanent living arrangement with a permanency resource")¹ youth to secure appropriate housing. The Procedure is consistent with the core *Preparing Youth for Adulthood* practice outcomes, which require that youth transitioning from foster care have permanent connections to an adult resource and stable housing upon discharge.

SCOPE

This Procedure applies to all staff in Children's Services Division of Family Permanency Services (FPS), Division of Family Court Legal Services (FCLS), and Foster Care Provider Agency staff. This procedure applies to all APPLA youth under the age of 21 placed in the custody of the Commissioner of the Administration for Children's Services. The Procedure must be utilized when assisting such youth in securing appropriate housing in preparation for discharge from foster care.

This Procedure is effective immediately.

¹ APPLA is a permanency planning goal to assist foster care youth in their transition to self-sufficiency by connecting the youth to an adult permanency resource, equipping the youth with life skills and, upon discharge, connecting the youth with any needed community and/or specialized services. See 18 NYCRR § 430.12(f).

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POLICY

I. Legal requirements:

A youth under the age of 21 may not be discharged with a goal of APPLA unless he or she has a residence **other than** a shelter for adults, shelter for families, single-room occupancy hotel or any other congregate living arrangement which houses more than ten unrelated persons.² In order for the housing discharge to be acceptable, there must be a reasonable expectation that the residence will remain available to the youth for at least the first 12 months after discharge.³ This requirement does not apply to a youth who is a member of the military or job corps, a youth who is full time student who is residing at a post-secondary institution, or where the youth has voluntarily departed from foster care placement without consent and has been absent for 60 days.⁴

II. General requirements:

To ensure that the above legal requirements are met, ACS and all Foster Care Provider Agencies must ensure that the following steps are taken:

A. Housing Preparation:

i. Life Skills

Preparation to build the competencies that would support a youth living independently in housing must begin as early as age 14. Foster Care Provider Agencies must create awareness of the skills and requirements necessary to secure and maintain a household, help develop these skills, and create opportunities for supported practice. These activities should not preclude work to achieve permanency, but should be done concurrently to support the youth's development. Children's Services directs that the following practice guidelines be adhered to:

- Youth must begin their life-skills training by the youth's 14th birthday or the date on which the permanency goal of APPLA is selected, whichever is later;
- Youth must be actively engaged in workforce and educational activities in order to develop skills and resources that establish self-sufficiency;
- All Foster Care Provider Agencies together with the youth shall develop a personalized housing plan for each youth in their care who has a goal or concurrent goal of APPLA;
- Youth will be assisted in securing housing in areas they define as their community and other available areas;
- Youth will be assisted in applying for housing opportunities available to them through ACS or through external housing entities;

² 18 NYCRR § 430.12(f)(3)(i)(c).

³ Id.

⁴ Id.

- Foster Care Provider Agencies must assist youth in securing necessary documents, such as Social Security cards, birth certificates, NYS Non-Drivers Identification Cards, and appropriate documentation of immigration status.

ii. Transition Plan:

Whenever a youth will remain in foster care on or after the youth's 18th birthday, the Foster Care Provider Agencies must begin developing a **transition plan** with the youth 180 days prior to the youth's 18th birthday, or 180 days prior to the youth's scheduled discharge date where the youth is consenting to remain in foster care after the youth's 18th birthday. The Foster Care Provider Agencies must complete the transition plan 90 days prior to the scheduled discharge. The transition plan must be personalized at the direction of the youth. Such plan must include specific options concerning housing, health insurance, education, local opportunities for mentors, continuing support services, and work force supports and employment services. The transition plan must be as detailed as the youth may elect.⁵

B. ACS and Foster Care Provider Agency Responsibilities During the Housing Process:

- All appropriate housing options and resources including, if available, the ACS Housing Subsidy, NYCHA Public Housing, NYCHA Section 8, New York/New York III, and other supportive and supported housing must be explored with the youth and a timeline must be developed for completing applications. The timeline must be developed by the Foster Care Provider Agencies together with the youth, and should be consistent with the youth's plans, independent living skills, and goals (such as education and employment). This timeline must be updated as often as necessary, but no less than quarterly, and recorded in Connections. It is recommended that youth likely to remain in foster care until age 21 should apply for NYCHA Public Housing at age 19.5, in accordance with their specific plan. The minimal age to apply for NYCHA housing programs is age 18. The Provider Agency Case Manager should concurrently explore stable housing options that include the youth's birth family, any extended family member(s) or relative(s), or if available, the current foster boarding home placement in addition to NYCHA public housing, NY/NY III or other available supportive housing options.
- ACS and the Foster Care Provider Agencies must assist the youth in applying for any and all appropriate housing resources. In determining the appropriateness of housing resources, ACS and the Foster Care Provider Agencies will use their discretion regarding appropriate housing for youth with mental health conditions that only can be met in supportive housing but will otherwise not prevent youth with mental health conditions from applying for public housing, Section 8 voucher assistance or any other post-discharge housing option. Youth may not be prevented from applying for public housing, Section 8 voucher assistance or any other post-discharge housing option because of criminal history, failure to cooperate with Foster Care Provider Agencies' programs, age (if at least 18 years old), or employment status.

⁵ 18 NYCRR § 430.12(j).

- ACS and the Foster Care Provider Agencies must assist the youth in completing the housing applications, together with providing any necessary documentation. Foster Care Provider Agencies must assist the youth in filing all applications with the Children's Services Housing Support and Services (HSS) unit, or with the NYC Human Resources Administration (HRA) as appropriate. To expedite communication with NYCHA, and minimize any potential delays between NYCHA and the APPLA Youth, the primary mailing address on the application is HSS' office at: 150 William Street – Room 8-L5, NY, NY 10038. The mailing address for the NYCHA application should remain unchanged by both the applicant youth and the provider agency. The redirection of correspondence from ACS HSS will impede ACS' ability to monitor the processing of the NYCHA application. This redirection of NYCHA correspondence will be detrimental to comprehensive communication, through the use of Connections, and ACS' ability to provide current status updates on a NYCHA application for a young adult who may experience transitions prior to attaining independence. Correspondences received from NYCHA are electronically scanned and maintained, and notation of receipt of letter(s) is entered into Connections. Provider agency staff is contacted via telephone to inform that original letters can be picked up and upon request letters will be provided to case manager via email. The Foster Care Provider Agencies will immediately inform the youth about all correspondence they received from NYCHA, HRA, or other housing programs to which the youth is applying.
- Foster Care Provider Agency must document all follow-up housing-related matters in Connections for comprehensive record of services provided.
- Copies of the application and all documentation must be maintained by the Foster Care Provider Agencies and provided to the youth.
- Foster Care Provider Agencies must follow up with the youth regarding all applications, including providing assistance in gathering necessary follow-up documentation and ensuring that youth are aware of and attending interviews.
- It is the responsibility of the Foster Care Provider Agency to ensure that documentation requested by NYCHA has been submitted to move the youth's application forward. Provider agency staff needs to review CONNECTIONS on a continuous basis to identify any cases that do not have follow-up information entered. ACS also will monitor status of application submissions so that follow-up is occurring when necessary. Agency staff can contact or have the young adult contact the NYCHA Customer Contact Center directly at 718-707-7771 to confirm the youth's application status. CONNECTIONS needs to be updated to reflect information obtained.

C. Letter of Presumptive Eligibility:

For youth who have not secured employment and are approaching their 21st birthday, ACS and the Foster Care Provider Agencies must assess whether the youth is eligible for a Public Assistance letter of presumptive eligibility (also referred to as a presumptive budget letter) from the Human Resources Administration (HRA). This letter will estimate projected income, if eligible for public assistance, and can be used to secure NYCHA-operated or Section 8 housing and NY/NY III housing. NYCHA and NY/ NY III require verifiable income before offering an applicant housing. To be eligible for the presumptive budget letter, a youth must fall into one of the following criteria: (1) parenting youth with a child under the age of five (5) who will be discharged with the parent, (2) youth with severe physical/mental health diagnosis, ineligible for NYS Office for People with Developmental Disabilities ("OPWDD") placement, or (3) unemployed youth who have been searching for employment for at least 90 days prior to discharge or who became unemployed within 90 days prior to discharge. ACS and the Foster Care Provider Agency must outline the barriers for securing employment and/or other sources of income and a plan for connecting this youth to employment or public assistance prior to his or her discharge date. **Requests for a Public Assistance letter of presumptive eligibility should be submitted, as required by HRA, 90 days prior to the youth's 21st birthday.** All requests for Public Assistance letters of presumptive eligibility must include information regarding the youth's date of birth, Social Security number and household composition, and must be submitted directly to the Office of the Deputy Commissioner of Family Permanency Services, 150 William Street, 18th floor, New York, NY 10038, from the Foster Care Provider Agency executive director or a designee from the executive director's office.⁶ The youth will be required to apply for Public Assistance and adhere to Public Assistance requirements if they receive a presumptive budget letter and have not found employment.

D. Responsibility of ACS Housing Specialist in the Housing Application Process:

It is the responsibility of the ACS Housing Specialist to conduct a thorough evaluation and assessment of documentation on a case by case basis. The Housing Specialist is responsible for, among other things:

- Answering questions with respect to available housing programs accessible by ACS;
- Assisting the youth in the completion of NYCHA Section 8 and NYCHA Public Housing applications if such housing applications are being accepted;
- Assisting the youth in securing appropriate signatures for NYCHA applications;
- Ensuring that if there are additional documents that impact the youth application, such as court orders or court summaries, they accompany Foster Care Provider Agency submissions to HSS for NYCHA applications;
- Providing prospective applicants with the Client Letter of Eligibility;
- Maintaining a log of each housing referral made; and
- Determining the foster care status of applicants - For those youth still in foster care also applying for NY/NY III, the foster care agency is responsible for submitting the electronic 2010e application. If an eligible applicant is over 21 years of age, and not attached to a foster care agency, the 2010e application will be submitted by HSS.

⁶ To the extent HRA changes its standards or criteria, ACS will conform its policy to HRA's process.

E. Housing Support and Services Unit and Foster Care Provider Agency Responsibilities after Housing Application is Submitted:

- After the Foster Care Provider Agencies working with the youth have completed the applications and secured the necessary documentation, the HSS unit must ensure that the applications are properly completed and have the necessary documentation. Applications may not be rejected by ACS because a youth indicates that he or she has a prior criminal record, because a Foster Care Provider Agency indicates that the youth did not complete agency program requirements, or based on the youth's age (if at least 18 years old) or employment status. For NYCHA public housing, the HSS unit will mail the applications to the following address: NYCHA Applications and Tenancy Administration Department (ATAD), PO Box 19203, 46-02 21st Street, Long Island City NY 11101, for processing. **NYCHA applications must be forwarded to the prescribed location specifically by the HSS unit in order to receive the priority assignment.** For all other housing programs, HSS will ensure that those applications are processed and will maintain a copy of all applications and documentation received. The Foster Care Provider Agency must provide the youth with a copy of any documents or applications they mail to the HSS unit. Youth are given a copy of any application they fill out in person at the HSS unit. Provider agencies that mail in applications must keep a copy for their records.
- Follow-up by HSS unit: NYCHA sends a letter to ACS stating when the applicant youth is scheduled for an interview and/or when he or she is asked to submit additional documentation. The HSS unit must contact the Foster Care Provider Agency worker upon receipt of NYCHA's letter to verify that the worker has received the letter and has followed up with the youth. If the Foster Care Provider Agency does not have the information, the Provider Agency can secure this letter from HSS. The Foster Care Provider Agency must reach out to the applicant youth to ensure that he or she knows about the interview date or documentation requested. The HSS staff must update the information in CONNECTIONS so that staff can look into the case if an inquiry is made.
- Troubleshooting with NYCHA: The HSS unit must reach out to NYCHA if there is an issue concerning receipt or processing of applications. In addition, if an application is rejected by NYCHA, NYCHA should notify the Foster Care Provider Agency and HSS of the rejection and inform them of the applicant's right to challenge an ineligibility finding via an administrative hearing. The Foster Care Provider Agency worker must inform the youth of NYCHA's decision and provide a copy of the letter. The Foster Care Provider Agency worker also must inform the HSS unit of NYCHA's decision. This information must be entered into Connections. The HSS unit will attempt to assist the Foster Care Provider Agency and the youth applicant in resolving the issues that led to a rejected application. If it is determined that NYCHA has denied housing to the youth due to a failure to submit a complete application, the ACS HSS unit must notify the Foster Care Provider Agency worker and the youth applicant, and work with the youth and NYCHA on resubmitting the application and ensuring that it is complete. The Foster Care Provider Agency must stress to the youth that he or she must follow up on NYCHA requests and timeframes.

If NYCHA appointments or requests are not acted upon, NYCHA has a practice of "deeming the application dead" and NYCHA will not allow the youth to apply again for another 12 months or longer. ACS and the Foster Care Provider Agency must assist the youth in meeting NYCHA's timeframes, so as to avoid an application being "deemed dead."

F. Foster Care Agency Responsibility Once Housing Application is Approved:

Once an application is approved, Foster Care Provider Agencies must assist the youth in securing an apartment, including the following activities, as appropriate:

- Locating and assessing an apartment;
- Coaching and supporting the youth through the interview process with potential landlords;
- Reviewing and negotiating leases;
- Securing deposits/fees/first and/or last month's rent and furniture grant through the ACS housing subsidy process, and completing the leasing process;
- Securing a Public Assistance letter of presumptive eligibility when HRA's criteria are met (see page 6); and
- Complying with requirements for accessing and/or maintaining any subsidized program.

III. Housing Support and Services

The Foster Care Provider Agencies and ACS must assist young people with APPLA (03) goals to apply for housing, which currently include the options identified below.

A. Housing Subsidy

The goals of the Children's Services Housing Subsidy Program are to assist in reunifying families from foster care when the primary barrier to reunification is the lack of adequate housing, to assist families receiving mandated preventive services where it has been determined that in addition to the services they are receiving, there is also imminent risk of placement because of housing related issues, and to assist youth with the goal of APPLA in securing stable and affordable housing within New York City. The Housing Subsidy Program consists of two parts: recurring monthly payments and a one-shot deal.

1) Recurring monthly subsidy rental assistance of up to a maximum of \$300 is only for youth and families in **non-subsidized** apartments. Subsidy rental assistance may be paid for 36 months or \$10,800, whichever comes first. If the applicant is eligible for both parts of the housing subsidy, any amount used for the one shots is deducted from the overall monthly subsidy cap of \$10,800, thus shortening the length of time the applicant is eligible to receive the ongoing subsidy. This component of Housing Subsidy is paid directly to the landlord. Youth with an APPLA permanency goal are eligible to receive monthly rental assistance subsidy until age 21, but they must remain on trial discharge status from their foster care agency placement, the lease must be in the APPLA youth's name, and must be for an unsubsidized, market-rate apartment within the five boroughs of New York City. The applicant is responsible for the balance of the monthly rent and must demonstrate the capacity to pay same moving forward. Applicants may not use this supplement to pay their rent in NYCHA Public Housing or NYCHA Section 8. Note that

the Foster Care Provider Agency must make the first recurring monthly payments of \$300 (or the calculated subsidy if less than \$300) and submit for reimbursement from ACS.

2) A special grant (one shot) of up to \$1,800 for costs associated with securing either a subsidized or non-subsidized apartment, exterminator fees, and, for foster care cases only, to purchase basic furniture needs, and a special grant (one shot) of up to \$1,800 to pay rent arrears or mortgage arrears only.⁷ All payments are made directly to the vendor by the Foster Care Provider Agency. The Foster Care Provider will submit appropriate documentation to ACS fiscal for reimbursement of monies. In addition, youth in receipt of supportive housing, described in Section III.D of this Procedure, are not eligible to use the one shot grants for furniture, unless it can be documented in writing that the supportive housing does not provide essential furniture for the youth, as the supportive housing comes fully furnished.

B. Eligibility for Housing Subsidy:

Eligibility is determined in two ways: programmatic and financial. Programmatic eligibility⁸ is determined by the Foster Care Provider Agency in accordance with current State law and regulations. The Memorandum of Attestation documents the provider's determination that the youth is programmatically eligible for the requested subsidy. Financial Eligibility is determined based on need and criteria outlined in this policy, which will be reviewed by Children's Services Housing Support & Services ("HSS") Unit.

Applicants must demonstrate that the actual cost of housing exceeds the family's or APPLA goaled youth's ability to pay without the Housing Subsidy. While there is no maximum income specified and applicants are eligible regardless of their source of income (e.g. Public Assistance, SSI, or employment), the monthly rent or mortgage payment may not exceed reasonable area market rates. Please note that it is important to demonstrate that the apartment rent is within the financial means of the youth or family.

All Initial Applications for housing subsidy must be filled out accurately by the Foster Care Provider Agency staff working with the youth, have the correct accompanying documentation and contain the Memorandum of Attestation signed by the Program Director. Foster Care Agency Providers continue to maintain responsibility for recertifying continued eligibility, every six months, for as long as the youth receives the recurring Housing Subsidy. Recurring Housing subsidy approved for a youth between the ages of 18 and 21, while the youth remains on trial discharge status, stops when the youth reaches his or her 21st birthday, regardless of whether the amount received (in total) is less than the maximum of \$10,800 allowed. One-shot Housing Subsidy can continue until the youth reaches age 21.5 years of age or 6 months past final discharge. The HSS unit is

⁷ 18 NYCRR § 423.4(b)(1).

⁸ Programmatic eligibility means that the Foster Care Provider Agency has determined that housing assistance is essential to prevent placement of a child into foster care, to reunify a family, or to ensure a youth with an APPLA goal secures stable housing.

responsible for determining financial eligibility and submitting the completed application to Children's Services Payment Services to issue payments.

C. Housing Subsidy Application Process for APPLA Youth:

i. One Shots/Special Grants Process

Up to \$1,800 can be used for securing apartment costs, exterminator fees, and to purchase essential furniture. The one-shot grant can be used in a NY/NY III supportive housing program for 1st month's rent and security only, as these apartments are already furnished. Additionally, up to \$1,800 can be used to pay rent arrears or mortgage arrears.

- The Foster Care Provider Agencies are to submit complete packages, as described in the recurring monthly housing subsidy payments section below, or applicants must apply in person to the HSS unit located at 150 William Street, 8th Floor. It is strongly encouraged that Foster Care Provider Agency case planners accompany their clients when making the initial application for service. No appointments are necessary.
- The case planner who is accompanying the youth must bring the Housing Subsidy Eligibility Memorandum of Attestation signed by the Program Director to initiate service. This attestation confirms the client's need for service.
- If the case planner does not accompany the youth, the Foster Care Provider Agency must ensure that the youth has the signed Memorandum of Attestation and any needed supporting documentation to bring to HSS.
- Applicants must be at least 18 years old.
- The Program Director must sign and print his/her name on the Memorandum of Attestation.
- Applicants are required to present a valid photo ID [e.g.: NYS Non/Drivers ID, Employee ID, school ID]. A copy of the identification will be maintained on file with the application for service(s). **If the applicant does not have a valid photo ID, the applicant must be accompanied by his/her case planner.** The case planner's employment photo ID will be copied and maintained on file with the application for service(s).
- HSS will conduct case reviews against NYC Children's Services systems of record (CNNX and WMS/CCRS) and will provide applicant and Provider Agency case planner with the *Client Letter of Eligibility*. If HSS determines the application to be incomplete or the applicant to be ineligible, HSS shall provide the applicant and Provider Agency case planner with written documentation of the reason why the application is incomplete or why the applicant is ineligible.
- The Foster Care Provider Agency will make the payments directly to the vendor.

NOTE: On February 1, 2008 this process was revised to provide improved support for youth transitioning out of foster care. This change requires that Foster Care Provider Agencies be responsible for making initial "one-shot" payments to vendors. For more detailed information please refer to the Revised Foster Care and Preventive Housing Subsidy application and approval Process November 18, 2008 from Commissioner Mattingly, which can be found in Docushare in the Housing Support and Services>> Housing Policy Documents folder.

- In cases where a youth is potentially eligible for NYCHA Section 8, NYCHA Public Housing or New York/New York III (each of which are described below) to be used in combination with the Special Grants/one shot funds from Housing Subsidy, the Housing Support Specialist will determine eligibility for the service.

HSS will provide the youth with a Client Letter of Eligibility that is viable for up to 6 months from the date it was issued. The original letter must accompany any reimbursement requests submitted by the provider agency. The Client Letter of Eligibility can be used by the APPLA goaled youth until 21.5 years of age, or 6 months past final discharge.

ii. Recurring Monthly Housing Subsidy Payments

- The Foster Care Provider Agencies are to submit complete packages, as described in this section, or applicants must apply in person to the HSS unit located at 150 William Street, 8th Floor. No appointments are necessary.
- The case planner accompanying the youth must bring the Memorandum of Attestation to initiate service. This attestation confirms the client's need for service.
- APPLA youth applicants must be at least 18 years old.
- The Program Director must sign and print his/her name on the Memorandum of Attestation.
- Applicants are required to present valid photo ID. A copy of the identification will be maintained with the application for service(s). **If the applicant does not have a valid photo ID, the client must be accompanied by his/her case planner and the case planner's agency photo ID will be copied and maintained on file with the application for service(s).**
- With the assistance of the Foster Care Provider Agency staff, all applicants complete the following forms:
 - CM 621 Housing Subsidy Checklist
 - CM 621.2 Home Evaluation Checklist
 - CM 621 A Initial Application
 - CM 621 B Client Income
 - CM 621 J Landlord's Request For Payment
 - W9/Substitute W9 Substitute Request for Taxpayer number and Certification (For Vendor/Landlord)
 - Vendor Validation Landlord must register with the Mayor's Office of Contracted Services to establish any subsidy payments made on the behalf of any recipient of the subsidy
<http://home2.nyc.gov/html/mocs/html/business/bi-dderform.shtml>

▪ **In addition, the following supporting documentation is needed to complete the application:**

- Lease (the applicant's name must be on the lease, and the lease should be current and valid).
- Deed (copies of deeds are only required for private homes with fewer than six apartments).
- Award letters for any benefits or entitlements received by the applicant and others in the household composition (as identified in WMS), i.e. SSI.
- Any documentation that can prove income, i.e. Child Support, Alimony.
- Proof of other income for every individual who is part of the household composition (as identified in WMS) who is 18 years of age or older:
 - The last two current pay stubs,
or
 - A notarized letter from the employer verifying wages, on company letterhead, if individual cannot provide the last 2 pay stubs.

NOTE: The application for recurring service must be completed concurrently with the initial payment that the foster care provider issues to the vendor. This ensures that recurring payments are in place for the clients by the third month.

- HSS will conduct case reviews against NYC Children's Services systems of record (CNNX and WMS/CCRS) and will provide applicant and Provider Agency case planner with the Client Letter of Eligibility.
- Upon receipt and verification of submitted documentation, Housing Support and Services will submit the application package to Children's Services Office of Payment Services for final review and issuance of payment.
- Payment Services will notify the Case Planner of financial approval and date recurring payments will commence.
- For clients who will be receiving the recurring rent subsidy, the Foster Care Provider Agency must make the first recurring monthly payments of \$300 (or the calculated subsidy if less than \$300) and may make the second recurring monthly payment.
- If the client has been given any portion of the one-shots, that amount will be deducted from the maximum total \$10, 800 subsidy eligibility amount that the client can receive.

D. NYCHA Public Housing:

New York City Housing Authority's ("NYCHA") Public Housing is a federally funded program. Recipients are required to pay 30% of the gross household income towards rent. (Public Assistance shelter allowance and SSI are considered valid sources of income). Youth who are aging out of foster care who have no post-discharge living arrangements, are eligible to apply for NYCHA Public Housing. NYCHA applicants must be at least age 18.

NOTE: NYCHA applications **must** be submitted **prior** to trial discharge. If a **trial discharge or final discharge** of the youth is already in place, the youth becomes **ineligible** to apply for the priority ACS code for NYCHA Section 8 or NYCHA Public Housing. Although the Children's Services' Commissioner still has legal responsibility for youth on trial discharge, NYCHA will **not** process applications for youth on trial discharge status as a priority because the youth is considered housed in the community. If an application was begun before trial discharge, NYCHA will continue to process it while an APPLA youth is on trial discharge but may not find the youth eligible for the priority as the youth may be considered housed in the community. NYCHA makes such determination on a case by case basis. This also applies to families who have reunified in the community yet applied for NYCHA housing prior to the trial or final discharge.

NYCHA applicants are required to undergo the following:

- A criminal background check: as with Section 8, convictions for felonies and misdemeanors related to sexual offenses, violent crimes and drugs might disqualify an applicant. However, applicants have 90 days to appeal to NYCHA if they are found to be **ineligible**. If applications are categorized as **pending ineligibility**, applicants are given 30 days to appeal.
- If NYCHA has reasonable cause to believe that the applicant has used illegal drugs within the last three years, he or she may need to provide proof of drug treatment upon NYCHA's request.

NYCHA will address their policies on the above issues with the applicant during the briefing/interview process.

However, as noted above in Section II of this Procedure, youth may not be prevented from applying for public housing, Section 8 voucher assistance or any other post-discharge housing option because of criminal history, failure to cooperate with Foster Care Provider Agencies' programs, age (if at least 18 years old), or employment status.

It is recommended that youth likely to remain in foster care until age 21 should apply for NYCHA Public Housing at age 19.5. Applicants found eligible are given a choice of borough in which to live. However, they must reside in a complex within the borough that is specifically designated for Public Housing. Applicants are generally interviewed by NYCHA within 4-6 weeks after the applicant has been found eligible for the priority status. An applicant's previous landlord may be contacted to obtain rent payment history, as well as information regarding conduct if applicable. Youth must be interviewed prior to discharge from foster care. Additionally, all prospective household members are screened, and the applicant is then placed on a list for final approval. Notices of approval are sent out by mail once an apartment becomes available.

- HSS staff must ensure an applicant's eligibility by reviewing the FASP and progress notes in CONNECTIONS to confirm that housing is a barrier to discharge from foster care, in addition to checking PA, WMS/CCRS status.

- HSS staff must ensure an applicant's eligibility by reviewing the FASP and progress notes in CONNECTIONS to confirm that the youth has an APPLA goal.
- The Foster Care Provider Agency is responsible for the APPLA memorandum for youths aging out of care; that memo must be signed by director of the Foster Care Provider Agency.
- The Foster Care Provider Agency is responsible for the APPLA letter of referral.
- The Foster Care Provider Agency will provide the youth with all requests for information from NYCHA and all determination letters they receive.

E. NYCHA Section 8 (when accepting applications)⁹:

New York City Housing Authority Section 8 is a federally funded affordable housing program. Participants in the Section 8 Leased Housing Voucher program are required to pay 30% of their adjusted gross household income towards rent. (Public Assistance Shelter allowance or Social Security can be used as a source of income.) As part of its long term commitment to ensure that children and young adults do not remain in foster care when housing becomes the primary barrier to reunification, Children's Services partnered with NYCHA to establish priority access for parents reunifying with their children in foster care, as well as youth leaving foster care, who have no post discharge living arrangements. NYCHA Section 8 applicants must be at least 18 years of age. The Children's Services' priority access significantly reduces the timeframe for obtaining a NYCHA Section 8 voucher with which a recipient can rent an apartment. In order to secure priority access to a Section 8 apartment, applicants will undergo eligibility screenings by NYCHA that include:

- A criminal background check:
Convictions for certain felonies and misdemeanors, including sex offenses, drug and violent crimes might disqualify an applicant. However, applicants have 30 days to respond to NYCHA if their application is characterized as **pending ineligibility**. Applicants who are found to be **ineligible** have a period of 90 days to appeal that determination.

However, as noted above in Section II of this Procedure, youth may not be prevented from applying for public housing, Section 8 voucher assistance or any other post-discharge housing option because of criminal history, failure to cooperate with Foster Care Provider Agencies' programs, age (if at least 18 years old), or employment status.

NOTE: NYCHA applications **must** be submitted **prior** to trial discharge. If a **trial discharge or final discharge** of the youth is already in place, the youth becomes **ineligible** to apply for the priority ACS code for NYCHA Section 8 or NYCHA Public Housing. Although the Children's Services' Commissioner still has legal responsibility for youth on trial discharge, NYCHA will **not** process applications for youth on trial discharge status as a priority because the youth is considered housed in the community. If an application was begun before trial discharge, NYCHA will continue to process it

⁹ As of the date of the issuance of this procedure, NYCHA is not accepting any new Section 8 voucher applications or processing pending Section 8 applications. When NYCHA resumes accepting Section 8 voucher applications, the process described in this Procedure shall apply.

while an APPLA youth is on trial discharge but may not find the youth eligible for the priority as the youth may be considered housed in the community. NYCHA makes such determination on a case by case basis. This also applies to families who have reunified in the community yet applied for NYCHA housing prior to the trial or final discharge.

An applicant approved for Section 8 housing is given a *voucher* which is valid for a period of 180 days. That voucher can be used to secure an apartment within the five boroughs of New York City. Applicants are free to select a landlord of their choosing, as long as that landlord agrees to participate by registering in the Section 8 program. It is illegal for a landlord to refuse to rent to an applicant solely because he or she has a Section 8 Voucher. Rent subsidy checks are distributed directly to landlords. Applicants are typically interviewed 4 to 6 weeks after NYCHA receives their application. However, youth must be residing in foster care at the time they are interviewed. All prospective household members are required to undergo a screening, and youth usually receive a briefing approximately 4 weeks after receiving their certification from NYCHA. The briefing is a group informational session with NYCHA, specific to Section 8. An Assistant Manager discusses the reason why the tenants/clients are there. The tenants/clients are provided with a package that must be returned to NYCHA once an apartment is identified. Each document is explained. There are documents that the prospective landlord must complete and documents that the tenant must complete. Following the briefing, the vouchers are issued.

F. New York/New York III:

This subsidized program requires residents to pay 30% of their income towards rent. SSI and Public Assistance shelter allowance are acceptable forms of income. New York/New York III is primarily aimed at individuals with substance abuse disorders, HIV/AIDS and mental illness. However, chronically homeless families and those at risk at becoming homeless, as well as young adults leaving foster care and residential treatment are also included. There are a total of nine categories outlined in New York/New York III. Of the nine, two are specifically set aside for Children's Services—specifically, youth who are in the process of being discharged from foster care and those less than the age of 25 who were discharged from foster care. Letters A-I are used to identify the specific categories, "C" and "I", were established and placed under ACS' auspices.

The two categories specifically set aside for Children's Services are:

- (C) Young adults aged 18-25 who have serious mental illness and are being treated in NYS licensed residential facilities, State psychiatric facilities, or are leaving or have recently left foster care who could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing.
- (I) Young adults aged 18-25 leaving or having recently left foster care or who had been in foster care for more than a year after their 16th birthday and who are at risk of street homelessness or sheltered homelessness.¹⁰

¹⁰ New York/New York III housing under housing categories C and I are for single occupancy units only. Parenting youth are NOT eligible for categories C and I, but MAY be eligible for family units under categories D and G if other eligibility requirements can be met.

The Foster Care Provider Agencies are responsible for identifying foster care youth who are eligible for New York/New York III housing, and submitting the applications to HRA. Such responsibilities of the Foster Care Provider Agencies include:

- Providing the youth with detailed information about the program.
- Completing a comprehensive psychosocial evaluation by a mental health professional, social worker, case manager or housing specialist within six months of applying for the NY/NY III program.
- Providing a psychiatric evaluation for clients who have been diagnosed with, or are suspected of having, a mental illness; the comprehensive psychiatric evaluation must be signed and dated by a psychiatrist or nurse practitioner and is valid for one year.
- Ensure youth has a TB test done. TB test results must be provided and are valid for a six month period.

ACS is responsible for applying for NY/ NYIII housing for a discharged youth who spent at least a year in foster care after his or her 16th birthday, and there is no planning agency involved. Such responsibilities include:

- Providing the youth with detailed information about the program.
- Referring the youth to a provider who can complete a psychosocial evaluation and a psychiatric evaluation for the youth.
- ACS will refer the youth to a provider who will administer a required TB test.

HRA is responsible for assessing and approving/disapproving applicant's eligibility for New York/New York III.

Once a youth has been assessed and New York/New York III has been approved by HRA as a housing program that is appropriate for that youth, the HSS New York/New York III liaison is responsible for the following:

- Checking HRA database for status of an electronic application submitted to HRA.
- Checking WMS/CCRS to verify foster care status for relevant cases.
- Submit application to HRA for youth based on availability and category of HRA approval
- Maintaining a file containing signed HIPAA authorization forms and PPD (TB test) results, for youth that HSS filed an electronic 2010e application.

New York/New York III housing providers are responsible for the following:

- Scheduling screening interviews with the applicant.
- Providing applicants with notification for screening interviews.
- Verifying income at screening interview.
- Accepting at least one applicant for every three eligible submissions.
- Entering electronic confirmation in the NY/NY III system when an applicant has moved into a NY/NY III apartment.
- Notify applicant that an apartment is available and set up for applicant to view.

IV. Monitoring

Children's Services Divisions of Family Permanency and Quality Assurance will work in collaboration to manage a system for monitoring Foster Care Provider Agencies' practices and compliance with the requirements described in this Procedure. Key components of the system include ongoing tracking and follow up by the HSS unit regarding housing issues, facilitation and support of Family Team Conferences per the conference protocol (i.e., permanency planning conferences at least every 6 months and critical events such as placement preservation, goal change and discharge conferences when indicated) and integration into the provider assessment and enhanced monitoring functions. Children's Services will hold Foster Care Provider Agencies accountable for their performance in accordance with Agency Program Assistance Roles and Responsibilities.

Please contact FPS Assistant Commissioner Iris Kaplan at (212) 676-7472 if you have any questions about this procedure.

ATTACHMENTS

- 1) NYCHA application
- 2) Housing Subsidy Checklist, CM 621
- 3) Home Evaluation Checklist, CM 621.2
- 4) Initial Application, CM 621A
- 5) Client Income, CM 621B
- 6) Landlord's Request for Payment, CM 621J
- 7) Substitute Request for Taxpayer number and Certification (For Vendor/Landlord), W9/Substitute W9
- 8) Memorandum of Attestation (blank)
- 9) Children's Services' Housing Subsidy desk aid
- 10) NYCHA: Public Housing desk aid
- 11) New York/New York III desk aid

NEW YORK CITY HOUSING AUTHORITY — APPLICATION FOR PUBLIC HOUSING

A. INDICATE INFORMATION FOR ALL MEMBERS OF YOUR FAMILY WHO WILL LIVE IN YOUR PUBLIC HOUSING APARTMENT

Print all information in blue or black ink. An incomplete application could delay the processing of your case.

B. Head of Household Information

If you have a Social Security Number, print your full name exactly as it is shown on your Social Security card.

1. Last Name	2. First Name	3. MI	4. Suffix (<i>Jr., Sr.</i>)
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[illegible]

5. Date of Birth (mm/dd/yyyy) 6. Sex 7. Social Security Number (SSN) 8. If no SSN

[illegible]

9. Use of either of the following: ☐ a. Wheelchair/Scooter ☐ b. Cane/Walker/Crutches

10. The race and ethnicity information on this form is required **for statistical purposes only** by the U.S. Department of Housing and Urban Development (HUD) to insure non-discrimination in the program.

A. Race (more than one box may be selected)

☐ 1. White ☐ 2. American Indian/Alaskan Native ☐ 3. Asian
☐ 4. Black/African American ☐ 5. Native Hawaiian/Other Pacific Islander

B. Ethnicity (select one) ☐ 1. Hispanic or Latino ☐ 2. Not Hispanic or Latino

11. Income

List all wage and non-wage sources of income. Refer to page 8 for a list of Source Codes and instructions on when to use each code.

a. Source Code	b. Amount	c. Frequency
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> 1. Weekly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> 2. Bi-Weekly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> 3. Monthly
		<input type="checkbox"/> 4. Annually
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> Weekly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> Bi-Weekly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Annually

C. Spouse/Co-Head of Household (Partner) Information

☐ Check box if no Spouse/Co-Head of Household. proceed to the "Other Household Member Information" section.

If Spouse/Co-Head of Household has a Social Security Number, print the full name exactly as it is shown on his/her Social Security card.

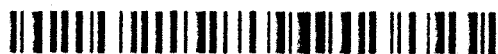
1. Last Name	2. First Name	3. MI	4. Suffix (Jr., Sr.)
--------------	---------------	-------	----------------------

[illegible]

5. Date of Birth (mm/dd/yyyy) 6. Sex 7. Social Security Number (SSN) 8. If no SSN

[illegible]

9. Use of either of the following: ☐ a. Wheelchair/Scooter ☐ b. Cane/Walker/Crutches



1. Last Name (HOUSEHOLD MEMBER 2)			2. First Name			3. MI		4. Suffix (Jr., Sr.)	
5. Date of Birth (mm/dd/yyyy)			6. Sex		7. Social Security Number (SSN)			8. If no SSN check box.	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/> a. Male <input type="checkbox"/> b. Female		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	
9. Use of either of the following: <input type="checkbox"/> a. Wheelchair/Scooter <input type="checkbox"/> b. Cane/Walker/Crutches									
10. Relationship (select one)									
<input type="checkbox"/> a. Child			<input type="checkbox"/> b. Sibling			<input type="checkbox"/> c. Other Adult			
<input type="checkbox"/> d. Other Minor			<input type="checkbox"/> e. Foster Child/Adult						
11. Income									
List all wage and non-wage sources of income.									
a. Source Code		b. Amount		c. Frequency					
<input type="text"/> <input type="text"/>		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00		<input type="checkbox"/> 1. Weekly <input type="checkbox"/> 2. Bi-Weekly <input type="checkbox"/> 3. Monthly <input type="checkbox"/> 4. Annually					

1. Last Name (HOUSEHOLD MEMBER 3)			2. First Name			3. MI		4. Suffix (Jr., Sr.)	
5. Date of Birth (mm/dd/yyyy)			6. Sex		7. Social Security Number (SSN)			8. If no SSN check box.	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/> a. Male <input type="checkbox"/> b. Female		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	
9. Use of either of the following: <input type="checkbox"/> a. Wheelchair/Scooter <input type="checkbox"/> b. Cane/Walker/Crutches									
10. Relationship (select one)									
<input type="checkbox"/> a. Child			<input type="checkbox"/> b. Sibling			<input type="checkbox"/> c. Other Adult			
<input type="checkbox"/> d. Other Minor			<input type="checkbox"/> e. Foster Child/Adult						
11. Income									
List all wage and non-wage sources of income.									
a. Source Code		b. Amount		c. Frequency					
<input type="text"/> <input type="text"/>		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00		<input type="checkbox"/> 1. Weekly <input type="checkbox"/> 2. Bi-Weekly <input type="checkbox"/> 3. Monthly <input type="checkbox"/> 4. Annually					

1. Last Name (HOUSEHOLD MEMBER 4)			2. First Name			3. MI		4. Suffix (Jr., Sr.)	
5. Date of Birth (mm/dd/yyyy)			6. Sex		7. Social Security Number (SSN)			8. If no SSN check box.	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/> a. Male <input type="checkbox"/> b. Female		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/>	
9. Use of either of the following: <input type="checkbox"/> a. Wheelchair/Scooter <input type="checkbox"/> b. Cane/Walker/Crutches									



10. Relationship (select one) <input type="checkbox"/> a. Child <input type="checkbox"/> b. Sibling <input type="checkbox"/> c. Other Adult <input type="checkbox"/> d. Other Minor <input type="checkbox"/> e. Foster Child/Adult											
11. Income <i>List all wage and non-wage sources of income.</i> <table style="width: 100%;"> <tr> <td style="width: 25%;">a. Source Code</td> <td style="width: 25%;">b. Amount</td> <td style="width: 25%;">c. Frequency</td> <td style="width: 25%;"></td> </tr> <tr> <td><input type="text"/></td> <td>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</td> <td><input type="checkbox"/> 1. Weekly <input type="checkbox"/> 2. Bi-Weekly <input type="checkbox"/> 3. Monthly <input type="checkbox"/> 4. Annually</td> <td></td> </tr> </table>				a. Source Code	b. Amount	c. Frequency		<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> 1. Weekly <input type="checkbox"/> 2. Bi-Weekly <input type="checkbox"/> 3. Monthly <input type="checkbox"/> 4. Annually	
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1. Last Name (HOUSEHOLD MEMBER 5)	2. First Name	3. MI	4. Suffix (Jr., Sr.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Date of Birth (mm/dd/yyyy)	6. Sex	7. Social Security Number (SSN)	8. If no SSN check box.
<input type="text"/>	<input type="checkbox"/> a. Male <input type="checkbox"/> b. Female	<input type="text"/>	<input type="checkbox"/>
9. Use of either of the following: <input type="checkbox"/> a. Wheelchair/Scooter <input type="checkbox"/> b. Cane/Walker/Crutches			

10. Relationship (select one) <input type="checkbox"/> a. Child <input type="checkbox"/> b. Sibling <input type="checkbox"/> c. Other Adult <input type="checkbox"/> d. Other Minor <input type="checkbox"/> e. Foster Child/Adult											
11. Income <i>List all wage and non-wage sources of income.</i> <table style="width: 100%;"> <tr> <td style="width: 25%;">a. Source Code</td> <td style="width: 25%;">b. Amount</td> <td style="width: 25%;">c. Frequency</td> <td style="width: 25%;"></td> </tr> <tr> <td><input type="text"/></td> <td>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</td> <td><input type="checkbox"/> 1. Weekly <input type="checkbox"/> 2. Bi-Weekly <input type="checkbox"/> 3. Monthly <input type="checkbox"/> 4. Annually</td> <td></td> </tr> </table>				a. Source Code	b. Amount	c. Frequency		<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> 1. Weekly <input type="checkbox"/> 2. Bi-Weekly <input type="checkbox"/> 3. Monthly <input type="checkbox"/> 4. Annually	
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1. Last Name (HOUSEHOLD MEMBER 6)	2. First Name	3. MI	4. Suffix (Jr., Sr.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Date of Birth (mm/dd/yyyy)	6. Sex	7. Social Security Number (SSN)	8. If no SSN check box.
<input type="text"/>	<input type="checkbox"/> a. Male <input type="checkbox"/> b. Female	<input type="text"/>	<input type="checkbox"/>
9. Use of either of the following: <input type="checkbox"/> a. Wheelchair/Scooter <input type="checkbox"/> b. Cane/Walker/Crutches			

10. Relationship (select one) <input type="checkbox"/> a. Child <input type="checkbox"/> b. Sibling <input type="checkbox"/> c. Other Adult <input type="checkbox"/> d. Other Minor <input type="checkbox"/> e. Foster Child/Adult											
11. Income <i>List all wage and non-wage sources of income.</i> <table style="width: 100%;"> <tr> <td style="width: 25%;">a. Source Code</td> <td style="width: 25%;">b. Amount</td> <td style="width: 25%;">c. Frequency</td> <td style="width: 25%;"></td> </tr> <tr> <td><input type="text"/></td> <td>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00</td> <td><input type="checkbox"/> 1. Weekly <input type="checkbox"/> 2. Bi-Weekly <input type="checkbox"/> 3. Monthly <input type="checkbox"/> 4. Annually</td> <td></td> </tr> </table>				a. Source Code	b. Amount	c. Frequency		<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/> 1. Weekly <input type="checkbox"/> 2. Bi-Weekly <input type="checkbox"/> 3. Monthly <input type="checkbox"/> 4. Annually	
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E. Family Size

Indicate total number of persons who will live in your NYCHA Apartment.

1. ☐ Family Size

2. If there are more than 8 persons in your household, NYCHA will obtain their information at the time of interview.

F. Home Address

1. Street Address (include P.O.Box)	2. Apartment or Room #
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2. Apartment or Room #

[illegible][illegible][illegible]

G. Mailing Address

☐ Check box if your mailing address and home address are the same. If they are the same, leave this section blank and proceed to the "Telephone Numbers" section.

1. Mail in care of

2. Street Address (include P.O. Box) _____ 3. Apartment or Room # _____

3. Apartment or Room # _____

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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H. Telephone Numbers

1. Home:	2. Work:	3. Cell:
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2. Work: _____ 3. Cell: _____

3. Cell: _____

I. Email Address

[illegible]

J. Language	
-------------	--

1. Speaking Ability: Can you speak and understand English? ☐ a. Yes ☐ b. No

☐ a. Yes ☐ b. No

2. If you answered NO, what language do you speak and understand? (Check only one)

☐ a. Spanish ☐ b. Chinese ☐ c. Russian ☐ d. Haitian-Creole ☐ e. Italian ☐ f. Korean

g. Other

3. Reading Ability: Can you read and understand letters or documents written in English? ☐ a. Yes ☐ b. No

4. If you answered NO, what language do you read and understand? (Check only one)

☐ a. Spanish ☐ b. Chinese ☐ c. Russian ☐ d. Haitian-Creole ☐ e. Italian ☐ f. Korean

g. Other



K. Former NYCHA/Section 8 Tenancy Information

1. Have you previously lived in a NYCHA Development or Section 8 administered by NYCHA? ☐ a. Yes ☐ b. No

2. If you previously lived in a NYCHA Development, print development name:

- [illegible]

L. Reason for Applying for Housing Assistance

Check any boxes that apply to you and/or your current housing condition.

1. ☐ Victim of Domestic Violence

If you checked the box above, you must provide verification with your application in order for us to assign you that priority. Refer to “Applying for Public Housing” or visit our website at www.nyc.gov/nycha for additional information.

2. ☐ Homeless Shelter

3. ☐ Street Homeless

4. ☐ Residing in a Health Facility and required to leave within 6 months

5. ☐ Transitional Housing and required to leave within 6 months

6. ☐ Nursing Home and required to leave within 6 months

7. ☐ About to be displaced due to Government or Landlord Action-No Fault Court Order of Eviction

8. ☐ Doubled Up and Overcrowded in Someone Else's NYCHA Apartment with Management Office Consent

9. ☐ Residing in Substandard Housing - Relates to the physical condition of your apartment

10. ☐ Mobility Impaired and residing in an Inaccessible Apartment

11. ☐ Extremely Overcrowded Housing (more than two people per bedroom and living room)
(Example: 5 people living in 1 bedroom apartment)

12. ☐ Have Own Apartment with Rent Hardship More than 50% of Family Income

13. ☐ Victim of Hate or Bias Crime

14. ☐ None of the above

M. Current Housing

- 1.** Is this your own apartment ☐ **a.** Yes ☐ **b.** No **2.** Monthly rent you pay \$. .00

3. Number of bedrooms in apartment 4. Do you pay for gas? ☐ a. Yes ☐ b. No

5. Number of persons living in the apartment
6. Do you pay for electricity? ☐ a. Yes ☐ b. No

7. Are you currently living in a NYCHA Development or Section 8 administered by NYCHA? ☐ a. Yes ☐ b. No

8. Do you pay for heat? ☐ a. Yes ☐ b. No



N. Additional Household Information

1. Is the Head of Household and/or Spouse/Co-Head of Household currently working in New York City or promised a job in New York City? ☐ a. Yes ☐ b. No
2. Is any household member pregnant? ☐ a. Yes ☐ b. No
3. If the Head of Household, Spouse/Co-Head of Household is 62 years or older, do you want to request an elderly development? ☐ a. Yes ☐ b. No ☐ c. NA (I/we are not 62 years or older)
4. Do you want an apartment specifically equipped for a person with mobility impairment. ☐ a. Yes ☐ b. No ☐ c. NA (I/we are not mobility impaired)
5. Place "X" in the box next to the first borough choice where you want to live.
- ☐ a. Bronx ☐ b. Brooklyn ☐ c. Manhattan ☐ d. Queens ☐ e. Staten Island
6. Place "X" in the box next to the second borough choice where you want to live.
- ☐ a. Bronx ☐ b. Brooklyn ☐ c. Manhattan ☐ d. Queens ☐ e. Staten Island

O. Declaration

1. I declare that the statements contained in this application are true and correct and that I have not knowingly or willingly made a false statement, given false information or omitted information in connection with this application. Warning: Willful false statements are a basis for rejection of your application and are criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.
2. After you have answered all the questions both Head of Household and Spouse/Co-Head of Household sign and date here.

3. Head of Household signature

4. Date (mm/dd/yyyy)

5. Spouse/Co-Head of Household signature

6. Date (mm/dd/yyyy)

7. Mail Completed Application to: New York City Housing Authority
Post Office Box 19205
Long Island City, NY 11101-9998



**NEW YORK CITY HOUSING AUTHORITY
APPLICATIONS AND TENANCY ADMINISTRATION DEPARTMENT
INSTRUCTIONS FOR COMPLETING THE NYCHA APPLICATION**

Print your information within the provided boxes in blue or black ink

Section B - Complete Head of Household information. List all income received by applicant, including benefits received on behalf of others in the family, such as Public Assistance. Use the numbers provided below for the **Income Source Codes**.

Income Source Codes

01	Employment	09	Pension
02	Public Assistance	10	Veteran's Benefits
03	Supplemental Social Security	11	Military Pay
04	Social Security Disability	12	Child Support
05	Social Security Survivor's Benefits	13	Alimony
06	Other Disability Benefits	14	Contributions
07	Unemployment Benefits	15	Other
08	Worker's Compensation		

Section C- Spouse/Co-Head of Household (Partner) Information - Complete the information for your co-head/spouse/partner. This section is not meant for children or other adults who do not qualify as described. Include income for Co-Head/Spouse/Partner using the Income Source Codes above.

Section D- Complete information for other family members as described above, include relationship of each family member to the head of household. Include income for family members using the Income Source Codes above.

Section E- If your total family size is more than 8 persons, indicate the total number of household members.

Sections F-G- Complete your home address. (Complete your mailing address ONLY if it is different from your home address.)

Section H- Complete your telephone numbers

Section I- Complete your email address

Section J- Language – Indicate if you can speak, read and understand English or another language if you answered no.

Section K- Indicate prior residency in NYCHA Public Housing or Section 8

Section L- Indicate the reasons why you are applying for housing assistance

Section M- Indicate your current housing conditions

Section N- Additional Information-For Public Housing, indicate if you are requesting an elderly or an accessible apartment and which are your First and Second choices of boroughs in which you would like to reside. These options are not available on the Section 8 application.

Section O- Declaration- The applicant and co-head/spouse/partner should sign and date

NOTE: If you are applying as a Victim of Domestic Violence you need to submit the required documentation so that you can obtain this priority.

If you have any questions you may call or visit any of our Customer Contact Centers.





HOUSING SUPPORT AND SERVICES

HOUSING SUBSIDY CHECKLIST

(Check One) ☐ Foster Care ☐ APPLA ☐ Preventive

ACS Case Name _____

ACS Case Number _____

Date _____

Agency _____

Wkr LName _____

Wkr FName _____

Street _____

City _____

State _____

CASE PLANNER SUBMISSION**I. HOUSING SUBSIDY FORMS (to be provided with e package)**Submitted Not Included ****Other**
(explain below)

A. Form CM-621A Housing Subsidy Application

☐ ☐ ☐

B. Form CM-621B Client Income Information

☐ ☐ ☐

C. Form CM-621.2 Home Evaluation Checklist

☐ ☐ ☐**II. FINANCIAL ELIGIBILITY REQUIREMENTS**

Submitted Not Included N/A

A. CLIENTS NOT RECEIVING PA INCOME SUPPORT

1. Last 2 weekly pay stubs or last biweekly pay stubs or Employer's letter listing salary and deductions for the last 8 weeks

☐ ☐ ☐

2. If receiving Social Security, Unemployment, Insurance Benefits, Pension, etc. - submit award letter

☐ ☐ ☐

3. Documentation of cost of child care provider/day care center

☐ ☐ ☐**B. CLIENTS RECEIVING PA INCOME SUPPORT**

Budget printout required from Income Support Center

III. LANDLORD'S INFORMATION (for arrears and/or recurring subsidy)

A. Request for Payment CM-621J must have original signature

☐ ☐ ☐

B. Current, valid signed lease agreement

☐ ☐ ☐

C. Proof of ownership of dwelling: Deed for buildings with 6 apartments or fewer.

☐ ☐ ☐

D. If there are rent arrears, give a documented monthly breakdown on the CM 621 J

☐ ☐ ☐

E. Original Landlord's W-9 Form

☐ ☐ ☐**IV. BROKER'S INFORMATION**

A. Request for Payment Form CM-621H must have original signature

☐ ☐ ☐

B. Copy of Broker's license

☐ ☐ ☐

C. Original Broker's W-9 form

☐ ☐ ☐**V. PREVENTIVE CASES ONLY (OTHER SERVICES)**

A. Vendor's W-9 form

☐ ☐ ☐

B. Original receipt/Invoice

☐ ☐ ☐

Other: _____

COMPLETE THE CHECKLIST, ATTACH TO YOUR COMPLETED DOCUMENTATION, AND DELIVER TO:

HOUSING SUPPORT AND SERVICES
150 WILLIAM STREET, 8TH FLOOR
NEW YORK, NEW YORK 10038

HOUSING SUPPORT AND SERVICES HOME EVALUATION CHECKLIST



ACS Case Name: _____ Date of Inspection: _____

ACS Case Number: _____

Address of Inspection: _____

PLEASE CHECK ALL LINES

	N/A	Needs Repair*
1. ELECTRICAL CONDITIONS IN APARTMENT		
a. Broken, non-insulated or frayed wiring	<input type="checkbox"/>	<input type="checkbox"/>
b. Exposed wiring in reach of children including cover plates for light switches and current	<input type="checkbox"/>	<input type="checkbox"/>
c. Light fixture hanging from electric wiring	<input type="checkbox"/>	<input type="checkbox"/>
d. Exposed fuse box connections	<input type="checkbox"/>	<input type="checkbox"/>
2. WINDOW CONDITIONS		
a. Missing panes of glass	<input type="checkbox"/>	<input type="checkbox"/>
b. Loose/cracked panes of glass	<input type="checkbox"/>	<input type="checkbox"/>
c. Non-functional windows - near fire escape	<input type="checkbox"/>	<input type="checkbox"/>
d. Windows guards in apartment (where there are children under the age of 10)	<input type="checkbox"/>	<input type="checkbox"/>
e. Missing window(s) or window(s) stuck in open position	<input type="checkbox"/>	<input type="checkbox"/>
3. CEILING AND WALL CONDITIONS		
a. Large cracks or holes	<input type="checkbox"/>	<input type="checkbox"/>
b. Bulging or buckling of ceiling or wall	<input type="checkbox"/>	<input type="checkbox"/>
c. Loose surface materials, including paint or plaster, falling or in danger of falling	<input type="checkbox"/>	<input type="checkbox"/>
4. FLOOR CONDITIONS		
a. Cracks or holes extending through subflooring	<input type="checkbox"/>	<input type="checkbox"/>
b. Splintering or exposed/protruding nails	<input type="checkbox"/>	<input type="checkbox"/>
5. OTHER CONDITIONS		
a. Gas leak	<input type="checkbox"/>	<input type="checkbox"/>
b. Toilet missing or does not flush	<input type="checkbox"/>	<input type="checkbox"/>
c. No running water (clear)	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-functional entrance door	<input type="checkbox"/>	<input type="checkbox"/>
e. Non-functional heat for winter months	<input type="checkbox"/>	<input type="checkbox"/>
f. Missing or non-functional smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>
g. Non-functional sink and bath	<input type="checkbox"/>	<input type="checkbox"/>
h. Non-functional plumbing (stoppage/leakage)	<input type="checkbox"/>	<input type="checkbox"/>
i. Non-functional stove and refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
j. Rodent/roach infestation	<input type="checkbox"/>	<input type="checkbox"/>
k. Missing or non-functional carbon monoxide detector	<input type="checkbox"/>	<input type="checkbox"/>
6. OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>

ACS/Agency Planner Name (Print) _____ (Area Code) Phone _____ Signature _____ Date _____

ACS/Agency Supervisor Name (Print) _____ (Area Code) Phone _____ Signature _____ Date _____

* SIGNATURES CONFIRM THAT ALL CONDITIONS NEEDING REPAIR HAVE BEEN REMEDIED PRIOR TO MOVE-IN DATE

CM621A

Check if family is in receipt of other rental subsidy (Section 8, HSP or NYCHA Public Housing)

Rev. 6/10



HOUSING SUPPORT & SERVICES Initial Application

ACS CASE NAME: _____		ACS CASE NUMBER: _____	
<input type="checkbox"/> ACS <input type="checkbox"/> Agency		Agency Name: _____	
Caretaker or Discharge Resource Name (if different from case name): _____			
Subsidy Rental Address: _____			
City: _____		State: _____	Zip: _____
Please Check One: <input type="checkbox"/> Foster Care <input type="checkbox"/> APPLA <input type="checkbox"/> Mandated Preventive			
Children to reside in subsidized home:			
Name (LAST, FIRST)		DOB (mm/dd/yyyy)	
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
Foster Care (Check all that apply) <input type="checkbox"/> Is youngest child to be discharged as a result of eligibility for housing services under 18 years of age? <input type="checkbox"/> Is approximate trial discharge date within two months of the first subsidy payment? If so, specify Date: _____ <input type="checkbox"/> Has child been in foster care at least 30 days? <input type="checkbox"/> Since placement (any length of time), has the family moved to an inadequate residence? <input type="checkbox"/> Is lack of adequate housing the primary reason child is still in foster care?			
Independent Living (Check all that apply) <input type="checkbox"/> Is the PPG discharge to Independent Living? <input type="checkbox"/> Is child under age 21 prepared for independent living but cannot obtain adequate housing without subsidy?			
Preventive (Check if applies) <input type="checkbox"/> Is goal to prevent child from entering foster care due to inadequate housing? <input type="checkbox"/> Is youngest child in this applicant household under 18 years of age?			

Case Planner Name (Print)	Phone	Signature	Date
---------------------------	-------	-----------	------

HSS Specialist Name (Print)	Phone	Signature	Date
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HOUSING SUPPORT & SERVICES CLIENT INCOME INFORMATION

Print Form



This form and documentation are required to request a recurring subsidy

ACS Case Name: _____

ACS Case Number: _____

OTHER HOUSEHOLD MEMBERS WITH INCOME:

1.		\$
NAME	SOURCE	AMOUNT
2.		\$
NAME	SOURCE	AMOUNT
3.		\$
NAME	SOURCE	AMOUNT
4.		\$
NAME	SOURCE	AMOUNT

FOR PA INCOME SUPPORT CLIENTS ONLY

PA Case Number: _____

PA/Job Center: _____

PA Specialist: _____

Telephone Number: () _____

Landlord's Monthly Rent Request \$: _____

Number of bedrooms: _____

Attached: ☐ Landlord's W9 ☐ Private Deed ☐ Lease

Planning Worker: After assessing client's needs, check the appropriate box(es) in Column A and enter the documented costs in Column B. Attach documentation verifying cost(s) Include names and addresses of the vendors. Do not request items that can be Covered by the Discharge Grant, if eligible. If IS or non-IS contribute toward the special grant, enter amount in Column C - otherwise, Enter 0.00. For each item requested, subtract the amount in Column C from Column B and enter in Column D.

	A Special Need	B Amount	C IS Grant/Other**	D Subsidy
1.	<input type="checkbox"/> Rent Mortgage Arrears (see CM621J) From: _____ To: _____	\$ _____	\$ _____	\$ _____ 0
2.	<input type="checkbox"/> Rent to Secure Apartment From: _____ To: _____	\$ _____	\$ _____	\$ _____ 0
3.	<input type="checkbox"/> Dispossess Fee	\$ _____	\$ _____	\$ _____ 0
4.	<input type="checkbox"/> Broker's Fee	\$ _____	\$ _____	\$ _____ 0
5.	<input type="checkbox"/> Security Deposit	\$ _____	\$ _____	\$ _____ 0
6.	<input type="checkbox"/> Moving Expenses	\$ _____	\$ _____	\$ _____ 0
7.	<input type="checkbox"/> Essential Repairs*	\$ _____	\$ _____	\$ _____ 0
8.	<input type="checkbox"/> Extermination Fees	\$ _____	\$ _____	\$ _____ 0
9.	<input type="checkbox"/> Other: _____	\$ _____	\$ _____	\$ _____ 0
TOTAL SUM (ADD 2-9)				\$ _____ 0

Note: There are 2 lump sum payments permitted: Rent/Mortgage arrears may equal up to \$1,800 and the sum total of numbers 2-9 may equal up to \$1,800.

Total Subsidy including special grants may not exceed \$10,800. Maximum payment is for 36 months (\$300.00/month).

* For rental property repairs, landlord must agree to a minimum 1-year lease beginning on the date the subsidy starts.

List and provide proof of other payment sources to offset the above arrears owed including the amounts:

1.		\$
NAME	SOURCE	AMOUNT
2.		\$
NAME	SOURCE	AMOUNT

ACS/Agency Planner Name _____

()

Area Code Phone

Supervisor Signature _____

Date _____

HSS Specialist Name _____

()

Area Code Phone

Supervisor Signature _____

Date _____

CM621J
Rev. 4/09

Housing Support and Services

LANDLORD'S REQUEST FOR PAYMENT



Date: _____

I, _____ landlord for _____
Landlord name Tenant Name
 who has accepted the apartment at _____
Street Address

Apt.# Borough City State Zip

Require the following fees to be paid to secure the apartment:

Rent/Fees	Amount
Security Deposit	
1st Month's Rent	
Total	

List below the month and year for any arrears due.

PLEASE NOTE: DO NOT INCLUDE AMOUNTS BEING COVERED BY OTHER GROUPS SUCH AS FEPS OR PUBLIC ASSISTANCE.

Month and Year	Amount	Month and Year	Amount	Month and Year	Amount
Total					

FOR ACS USE ONLY

Landlord Signature_____
Business Address_____
City, State, Zip(_____) _____
Business Telephone

Arrears Total: _____

Approved by:_____
Date

*Landlord's W-9 form must be attached

DO NOT SUBMIT FORM TO IRS - SUBMIT
FORM TO REQUESTING AGENCY

9/07 Revision

CITY OF NEW YORK
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name: (As it appears on IRS EIN records, CP575, 147C - or -
Social Security Admin records, Social Security Card, certified Form SSA7028)

2. If you use DBA, please list below:

3. Entity Type (Check one only):

☐

Church or Church-Controlled Organization

☐

Personal Service Corporation

☐

Non-Profit
Corporation

☐

Corporation/
LLC

☐

Government

☐

City of New York
Employee

☐

Individual / Sole
Proprietor

☐

Trust

☐

Joint Venture

☐

Partnership/
LLC

☐

Single Member LLC
(Individual)

☐

Resident/Non-
Resident Alien

☐

Non-United States
Business Entity

☐

Estate

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES)

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

2. Taxpayer Identification Type (check appropriate box):

☐

Employer ID No.
(EIN)

☐

Social Security No.
(SSN)

☐

Individual Taxpayer
ID No. (ITIN)

☐

N/A (Non-United United
States Business Entity)

Part III: Primary 1099 Vendor & Remittance Address

1. Primary 1099 Vendor Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

Part IV: Exemption from Backup Withholding

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

☐

Exempt from Backup Withholding

Part V: Certification

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign
Here

Signature

Phone Number

Date

Print Preparer's Name

Phone Number

Contact's E-Mail Address:

FOR SUBMITTING AGENCY USE ONLY

Submitting
Agency Code:

Contact
Person:

Contact's E-
Mail Address:

Telephone
Number:

Payee/Vendor Code:

DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST FAX COMPLETED W-9 FORMS TO THE VALIDATION UNIT.

The City of New York Substitute Form W-9 Instructions

The City of New York, like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The City uses Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding as mandated by the IRS.* We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States (Rev. Proc. 84-66 §11.01). You are required to give us the information.

Any vendor or other payee who wishes to do business with the City of New York must complete the Substitute Form W-9.

Part I: Vendor Information

- 1. Legal Business Name:** An organization should enter the name in IRS records, IRS Letter CP575 or IRS Letter 147C. For individuals, enter the name of the person who will do business with the City of New York as it appears on the Social Security card, certified Form SSA-1028 or other required Federal tax documents. Do not abbreviate names.
- 2. DBA (Doing Business As):** Enter your DBA in designated line, if applicable.
- 3. Entity Type:** Mark the Entity Type of the individual or organization that will do business with the City of New York.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

- 1. Taxpayer Identification Number:** Enter your nine-digit TIN. See the table and Special Note below for instructions on the type of taxpayer number you should report.
- 2. Taxpayer Identification Type:** Mark the appropriate option.
The following table gives the Taxpayer Identification Type that is appropriate for each Entity Type:

Entity Type	Taxpayer Identification Type
<ul style="list-style-type: none"> Church or Church-Controlled Organization Personal Service Corporation Non-Profit Corporation Corporation / LLC Government Individual/Sole Proprietor who has employees other than him or herself Trust Joint Venture Partnership / LLC Single Member LLC who has employees other than him or herself Estate 	Employer Identification Number
<ul style="list-style-type: none"> City of New York Employee Individual/Sole Proprietor who does not have employees other than him or herself Single Member LLC who does not have employees other than him or herself 	Social Security Number
Resident Alien/Non-Resident**	Individual Tax Identification Number
Non-United States Business Entity**	N/A
Custodian account of a minor	The minor's Social Security Number

**See Special Note below.

Part III: Primary 1099 Vendor and Remittance Address

- 1. Primary 1099 Vendor Address:** List the location where your 1099 tax information should be delivered or your headquarters address.
- 2. Remittance Address:** List the location where payments should be delivered.

Part IV: Backup Withholding Exemption

Generally, reportable payments made by the City of New York are subject to Backup Withholding. For this reason, exemption from Backup Withholding applies to government.

Part V: Certification

Please sign and date form in appropriate space. Provide preparer's name, telephone number, and e-mail address. Preparer should be employed by organization.

** Special Note for Resident and Non-Resident Aliens and Non-United States Business Entities.

Resident and Non-Resident Aliens: An ITIN is a nine-digit number issued by the United States Internal Revenue Service to individuals who are required to file a Federal Tax return. An ITIN is for tax purposes only and does not entitle you to Social Security benefits. To obtain an ITIN, submit Form W-7 to the IRS. The IRS will notify you within 4 to 6 weeks in writing about your ITIN status. In order to do business with the City of New York, you must also submit the appropriate IRS Form W-8 (W-8BEN, W-8ECI, W-8EXP, or W-8IMY) along with FMS Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status.

Foreign Corporations or Partnerships: In order to do business with the City of New York, you must submit IRS Form W-8BEN, W-8ECI, W-8EXP, or W-8IMY along with FMS Substitute Form W-9. IRS Forms W-8 certify your foreign status and may exempt you from United States information return reporting and backup withholding rules.

To obtain IRS Forms W-7, W-8BEN, W-8ECI, W-8EXP, or W-8IMY, call 800-829-1049 or visit the IRS website at www.irs.gov.

* Backup Withholding: According to IRS Regulations, the City must withhold 24% of all payments if a payee/vendor fails to provide the City of New York with their TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

**New York City Children's Services**

Division of Family Permanency Services

Housing Support and Services

150 William Street, 8th Floor

New York, NY 10038

(212) 676-6831

John B. Mattingly
Commissioner DeputyLorraine Stephens
Deputy Commissioner**Housing Subsidy Eligibility Memorandum of Attestation**

Date: _____

Referring Agency: _____

It has been determined that

Case #: _____

(Applicant's First & Last Name)

meets the programmatic eligibility for ACS' Housing Subsidy program. An application for assistance with the Housing Support Services unit is essential to prevent placement of the child(ren) in to foster care, to reunify a family from foster care, or to ensure a youth with an APPLA goal secures permanent housing.

Family Composition: Please include names, dates of birth, CIN # and relationship to applicant for all household members

Name	Date of Birth (mm/dd/yy)	Cin #	Relationship to Applicant

This family is currently in receipt of: (Check Appropriate Box)

☐ Mandated Preventive Services ☐ Foster Care Services

Please provide a detailed description of the current services family/APPLA Youth is receiving from your agency and how/why the services are expected to either prevent foster care placement, or help speed reunification and/or APPLA goal:

Applicant's First & Last Name: _____

Case #: _____

The client is requesting assistance with: (Check appropriate box)

- ☐ Rent/Mortgage arrears ☐ Recurring Subsidy ☐ Broker's Fee
☐ 1st Month's Rent ☐ Moving Expenses ☐ Security Deposit
☐ Furniture [Applicable to Foster Care cases only] ☐ Other

If the service request is for furniture expenses, to support this application a home inspection was conducted on

_____ by _____. Please document the need for the essential home furnishing requested on the attached Furniture Request Checklist.

Original applications including furniture invoices, must be submitted to the Housing Support and Services Unit at 150 William Street, 8th floor, NYC 10038. In order to facilitate the processing of the application, you must ensure that the case is active in CCRS, Connections and WMS.

Please check box below to verify that you have reviewed all systems.

☐ POS line is authorized and active.

A staff member of the provider agency has searched the publicly accessible databases found on the websites of the NYC Department of Buildings (DOB), Housing Preservation and Development (HPD) and the Fire Department (FDNY) for **active vacate orders, pending litigation, and unresolved complaints**. By signing below, you are attesting that: 1) the building has no active vacate order listed by DOB, HPD, or FDNY on their respective websites; 2) the building is not one against which HPD has pending litigation or which is enrolled in HPD's Alternative Enforcement Program as identified on the HPD website; and 3) the building has no complaint registered with DOB within the last year that meets the criteria described in ACS' Living Safely: Strengthening ACS Housing Subsidy Guidelines.

A photo ID is necessary to gain entrance to the building. A copy of the ID will be maintained with each housing subsidy application. If the applicant does not have valid photo, the client must be accompanied by his/her case planner and the case planner's agency photo ID will be copied and maintained with the application for services

By signing below, you are attesting that the applicant is programmatically eligible for the services requested and the information supplied and the supporting documents are accurate.

Agency Director's signature

Agency Director's Name (printed)

Telephone #

Date



Children's Services' Housing Subsidy *

What it is:

- Subsidy consists of 2 parts: two one-shot payments of up to \$1,800 each and a monthly rental assistance of up to \$300 (note exception below for youth leaving care). The subsidy may last for up to 3 years or \$10,800 (including the 2 one-shots), whichever comes first.
- One Special Grant (One Shot) of up to \$1,800 is allocated to **pay rent arrears or mortgage arrears only**.
- One Special Grant (One Shot) of up to \$1,800 for **costs associated with securing an apartment, exterminator fees and for foster care cases only to purchase needed essential furniture**.
- Applicants may not use this to supplement or pay their rent in NYCHA Public Housing or with Section 8, but they may be eligible to use it to secure the apartment, or to pay arrears **one time only**.
- Youth entering supportive housing settings may be eligible for a one shot payment of \$645 for cost associated with acquiring that housing

Revised Process for Families Reuniting with child(ren) leaving Foster Care, and for APPLA Youth (Alternative Planned Permanency Living Arrangement) :

- Foster Care provider agencies will be responsible for making initial "one-shot" payments to vendors.
- For clients who will be receiving the recurring payment rent subsidy, foster care providers will pay the second month's rent subsidy of \$300 (or the calculated subsidy, if available).
- Providers will submit expenses on a PYA/Housing Subsidy CAPS report
- ACS Payment will reimburse providers within fifteen business days after submission of PYA/Housing Subsidy CAPS Report

Who is eligible:

- Eligible applicants are required to come to HSS offices to obtain "Client Letter of Eligibility"
- Families reuniting with children who are leaving foster care, where the lack of housing is the sole factor preventing discharge
- Families with mandated preventive cases to prevent the child(ren) from entering care and
- Youth with an APPLA goal leaving foster care to their own responsibility
- All projected household members must show all income sources, for the projected household's income when they secure apartments to determine the amount of ongoing subsidy.

When to apply:

- Families with children in care: at least six to eight weeks before reunification
- Youth leaving care seeking recurring monthly subsidy: upon securing a market rate apartment; must remain on trial discharge until age 21.

What is needed:

- **CM 621:** Housing Subsidy Checklist
- **CM 621.2:** Home Evaluation Checklist
- **CM-621A:** Initial Application (Subsidy only)
- **CM 621B:** Client Income Information
- **CM 621H:** Broker's Request for Payment, as warranted and must be an original **INCLUDING** copy of Broker's License.
- **CM 621J:** Landlord's Request for Payment, as warranted and must be an original
- **Substitute Form W-9:** Request for Taxpayer Identification & Certification (vendor identification)
- A copy of a current, valid lease
- A copy of the deed (note: copy of deeds are only required for private homes with six apartments or less)
- Proof of income for all household members
- All payment invoices/requests must be original documents including furniture invoices

Special rules for youth leaving care:

- Youth may be eligible for monthly rental assistance until the youth turns 21, at which point it will stop, regardless of the total amount received.
- Recurring monthly subsidy can not be used to supplement or pay the rent in NY/NY III units.
- The two one-shot payments are available up until the youth turns 21.5; however, the youth must secure "Client Letter of Eligibility" before his/her 21st birthday.

Other information:

- **Foster Care Cases only:** Initial payment including special grants (one shots) are paid to the vendor by the provider agency.
- All housing subsidy payments are made payable to the vendor
- Checks cannot be cut unless the vendor is validated (W9/Substitute W9) by ACS' Fiscal Subsidy Unit
- Children's Services' case **must be open and current in WMS** in order for payment to be processed. Addresses reflected on lease have to be clearly represent in WMS (2970 form)

Children's Services Housing Subsidy

<u>Type</u>	<u>Amount</u>	<u>Usage</u>
"One Shot"	\$1,800 (maximum)	May be applied to: <ul style="list-style-type: none"> - first/last month's rent, - broker fees, - security deposit, - essential repairs, - extermination fees, - furniture (<i><u>foster care cases only, not preventive cases</u></i>)
"One Shot"	\$1,800 (maximum)	Rent/mortgage arrears only
Recurring payments	Up to \$300 per month	On-going Rental Assistance moving forward.
Total	\$10,800 in total, or 3 years	Whichever comes first. One shot payments are deducted from the maximum amount of \$10,800.

For further information or assistance,
please contact Children's Services' Housing Support and Services Helpline: 212-442-4723.



Final as of: 4/29/11

NYCHA: Public Housing

What it is:

- Applicants receive a priority code from NYCHA through Children's Services of N-0 (N-Zero),
- Participants are responsible to pay a rent of 30% of the family's adjusted gross income.
- Applicants will identify their 1st and 2nd preferences for borough choices: the timeliness of obtaining the housing can depend on the demand for a particular borough.
- NYCHA requires that all applicants either live within NYC, are employed within NYC or have promise of employment within NYC

Who is eligible:

- Families where housing is the sole barrier to reunification
 - Families must have a verifiable source of income to apply
 - Family court identified
- APPLA goal youth, who are transitioning from foster care and who will be living independently in his/her own apartment
 - Youth does not have to identify an income source at time of application, but must have a verifiable income source by the first NYCHA interview. Verifiable income sources may include: employment or SSI prior to the NYCHA Eligibility interview.

When to apply:

- Youths: the minimum age requirement to apply with NYCHA is age 18. HSS recommends applying at 19.5. NYCHA applications can not be processed once the youth is within six (6) weeks of attaining age 21 and/or being discharged from foster care.
- Families: Upon completion of all service mandates and prior to trial discharge

What is needed:

- The Provider Agency Foster Care Director, or designee, signs the Family Reunification Memo or the Youth Independent Living Memo and The Memorandum of Attestation.
- CM 622: ACS Housing Assistance Application for Initial Eligibility Determination.
- Referral letter signed by Administration for Children's Services

NYCHA Approval Process:

- Client interviewed. Generally within 8 weeks of application receipt at NYCHA.
- Screens applicants and household members. Previous NYCHA history reviewed. Landlord contact made to determine rent history and behavior.
- Placed on borough waiting list when approved.
- Client contacted by mail when apartment(s) are available.

Transfer Policy (for Families who already have a NYCHA apartment and need a larger apartment to reunify):

- Complete a request for transfer form at the NYCHA Management Office in their housing complex
- Obtain signed letter from Provider Agency case planner stating that the children are in foster care and the primary barrier to reunification is that the apartment is not the appropriate size
- If approved, NYCHA will give these clients a "T-2" transfer priority.
- Then the client must wait for apartment availability.

* Subject to change. Some exceptions may apply.

Other:

- Applications **must** go through Children's Services in order to receive the priority code.
- Applicants may be processed for both Section 8 (when available) and Public Housing Programs simultaneously until the time of rental in either program. At that time, the application for the other program becomes inactive.
- Applicants may not be prevented from applying for NYCHA Public Housing because of criminal history or drug use.
- If NYCHA has reasonable cause to believe that the applicant has used drugs within the last three years, he or she may need to provide proof of drug treatment.
- Applicants must be able to pass the NYCHA Criminal Background check. Not all criminal offenses are automatic disqualifiers.
- If client is found "pending ineligible" for a criminal offense or substance abuse, they have 30 days to respond to NYCHA.
- If found "ineligible," client has 90 days to appeal as described in the determination letter.
- Youths must be in care at time of interview with NYCHA. AWOL status and trial discharge status may adversely affect the priority code assignment.



Final as of: 4/29/11

NEW YORK/NEW YORK III

What Is It?

- NY/NY III is an affordable, supportive housing program with a social services component, for nine distinct populations. This housing will be either (1) 'congregate' or single site buildings where there will be a number of NY/NY III units mixed in with other single or family units for low-income tenants from the community, (2) 'scattered-site', in which individual apartments are rented from existing market housing throughout the City.

Who is Eligible?

Youth:

- Young adults aged 18-25 leaving or having recently left foster care or who had been in foster care for more than a year after their 16th birthdays and who are at risk of street homelessness or sheltered homelessness.
- Young adults aged 18-25 who have a serious mental illness being treated in NYS licensed residential facilities, State psychiatric facilities, or leaving or having recently left foster care who could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing.

Adults:

- Chronically homeless single adults who suffer from a serious and persistent mental illness (SPMI) or who are diagnosed as mentally ill and chemically addicted (MICA);
- Single adults who are presently living in NYS-operated psychiatric centers or State-operated transitional residences and who could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing.
- Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition (i.e. a medical or mental health (non-SPMI) condition that further impairs their ability to live independently).
- Homeless single adults who have completed a course of treatment for a substance abuse disorder and are at risk of street homelessness or sheltered homelessness and who need transitional supportive housing (that may include half-way houses) to sustain sobriety and achieve independently living.
- Chronically homeless single adults who are persons living with HIV/AIDS (who are clients of HASA or who are clients with symptomatic HIV who are receiving cash assistance from the City) and who suffer from a co-occurring serious and persistent mental illness, a substance abuse disorder, or a MICA disorder

Families:

- Chronically homeless families, or families at risk of becoming chronically homeless, in which the head of household suffers from SPMI or a MICA disorder
- Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a substance abuse disorder, a disabling medical condition, or HIV/AIDS.

Note: NY/NY III for families or for APPLA goaled youth who are parenting may access NY/NY III for families through the Department of Homeless Services (DHS). Please reach out to Cindy Teta at cteta@dhs.nyc.gov, or by telephone at 212-361-6397.

How To Apply:

Provider agencies submit applications to HRA electronically via the HRA 2010e. To submit the HRA 2010e application, an agency must be trained by HRA's Placement Assessment & Client Tracking (PACT) Unit and receive a username and password. To set up training, call HRA directly at (212) 495-2900, and select option 4 from their automated menu or e-mail HRA at pactweb@hra.nyc.gov.

What Documents Are Needed?

A completed HRA application package that includes:

- HRA housing application (2010e)
- A comprehensive psychosocial completed by a mental health professional, Social Worker, Case Manager or Housing Specialist within 6 months
- Tuberculosis (PPD) test results, completed within 6 months.
- If the applicant is mentally ill, a comprehensive psychiatric evaluation, signed and dated by a psychiatrist or nurse practitioner, and completed within 1 year.

Note: HRA 2010e applications are only valid for a period of six (6) months after which time a new application must be submitted.

NY/NY III Approval Process

- HRA determines eligibility for all NY/NY III applicants and at which appropriate housing level,
- NYC Children's Services is responsible for placements in the youth categories ("I" or "C/I"),
- Responsibility for the placement of all remaining adult single, and family categories belong to:
 - NYC Department of Homeless Services (DHS),
 - NYS Office of Mental Health (OMH) and
 - HIV/AIDS Services Administration (HASA).