Referral, Portal Registration and Online Applications Process Guide for Emergency Housing Vouchers (EHV)

Emergency Housing Voucher Program

May 2022





New York City Housing Authority



#### **Table of Contents**

1.	Online EHV Referral Process: Step-by-Step Process	. 3
2.	Portal Registration Process for EHV Referral	26
3.	Completing the Online EHV Application	32
	Application Process	33
	Uploading Documents	59
	Removing a Family Member	65

Before starting the referral process on NYCHA's online <u>Self-</u> <u>Service Portal</u>, review the EHV process at <u>nyc.gov/ehv</u> (specifically the EHV 101 training video).

#### **Provider Resources**

#### **EHV Process for Providers**

Please review the EHV Process for Providers detailed below, which outlines the steps for each milestone of the EHV process.

You can also download and print the EHV Process for Providers (.pdf) (updated on 02/24/2022) or view the EHV Process Diagram (.pdf).

Additional resources can be found in the Resources List section below.

	Expand All	Collapse All
Roles and Systems		÷
1. Preliminary Screening		÷
2. CAPS Screening		÷
3. EHV Case Tracker		÷
4. Referral and Registration		÷
5. EHV Application and Case Tracker Questionnaire	₽S	÷
6a. Application Review: NYCHA		÷
6b. Application Review: HPD		÷
7. Housing Search		÷
8a. Rental Package and Lease Up: NYCHA		÷
8b. Rental Package and Lease Up: HPD		<b>+</b>

- As detailed on the <u>nyc.gov/ehv</u> website and the <u>EHV 101 training video</u>, there are steps to complete in the process before beginning the EHV online application to include:
  - Preliminary screening,
  - **<u>CAPS</u>** screening, and
  - Gaining access to the EHV Case Tracker.
- If a Client is prioritized and approved for referral by a Referring City Agency, Caseworkers receive an email from the Referring City Agency with login information for the NYCHA Self-Service Portal.
- The Caseworker and Client must then complete the <u>EHV Referral Form and Consent to</u> <u>Release Information (version 3)</u> and upload the completed and signed form in the NYCHA Self-Service Portal (see next slide).



**Complete** the *EHV* Referral Form and Consent to Release Information (v3) form (<u>earlier</u> <u>versions are not accepted</u>)

- Form is provided by the referring agency
- After applicant has been prioritized, **confirm** the household is eligible for EHV by:
  - Confirming the client is within an eligible category and checking the applicable box
  - Ensuring the client has a CAPS EHV eligible result
- Make sure to complete all fields:
  - Referral Provider or Agency Name
  - · Applicant Name, Date of Birth and Social Security number
  - Applicant eligibility category (<u>check only one box</u>)
- Complete Certification box
- Have the client complete the consent portion of the form on page 2



Upload pages 1 & 2 of this form during the online referral process in the NYCHA Self-Service Portal – <u>Applications will not be accepted without this</u> <u>Referral and Consent form</u>





#### **Emergency Housing Voucher Program**

#### Referral Form and Consent for the Release of Information

The Emergency Housing Voucher (EHV) program, established under the federal Housing Act, provides time limited (10 years) rental assistance to eligible households. The U.S. Department of Housing and Urban Development (HUD), which administers this program, requires that applicants must be certified as eligible for EHV assistance. Applicants must also provide written consent so that agencies helping them to receive assistance under the program can share information.

Section 1. Eligibility Certification (to be completed by referring Provider or Agency)

This section is to be completed by the	ne non-for-profit or other legal business entity provider (the "Referring Provider") or New
York City mayoral agency (the "Agen	ncy") referring an applicant to NYC Department of Housing Preservation & Development
(HPD) or the New York City Housi assistance.	ng Authority (NYCHA) for EHV assistance to certify the applicant is eligible for EHV

Applicant Name:

Applicant SSN:

Applicant eligibility category (please check one):

Homeless
11011101033

At risk of homelessness

Referring Provider or Agency nam

Eleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking

Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability

#### Certification

I certify that the above-named applicant meets the eligibility criteria for EHV assistance as indicated above and as defined in HUD Notice PIH 2021-15 (HA): Emergency Housing Vouchers – Operating Requirements, dated May 5, 2021, and Appendix A to this form.

Referring Provider or Agency Authorized Signature



Applicant DOB:

(if available

To begin the online referral process, the referring case worker will log on to the NYCHA Self-Service Portal:

#### https://selfserve.nycha.info

- Enter the username and password that were provided to you by your agency for EHV referrals
- Click on "Login"



#### NYCHA Self-Service Program & Initiatives



This is the main landing page. Caseworkers should click on "My Referrals"



AUTHORIT

The referring caseworker should select the appropriate PHA that they are making the EHV referral to: NYCHA or HPD

NYCHA Self Service Portal			HOME	<b>B</b> HELP	<b>ŻA</b> TRANSLATE	MENU
Aome	Please select Referring Agency★	REFERRING AGENCY HPD NYCHA				
					CONTINUE	

The referring caseworker must complete this online referral form for their client

An official website of New York City Housing Authority		
NYCHA Self Service Portal		
Home     LWelcome to NYCH	A Section 8 Application	
General Instructions: Please fi	l in all of the data fieldo below and then olick on Save and Continue to proceed.	
<	Information Fielda:	Selected Instructions:
	Social Security Number	Social Security: Please enter Applicant SSN here.
Important note: If your		No SSN: Please check this box if Applicant don't have a SSN.
client has a Social	No SSN	
	First Name*	Name: Fill out Applicant First name and Last name exactly so they appear on Social Security Card.
Security card, you must		
enter your client's name	Middle Initial	
exactly as it appears on		
the size Operated Operation	Leot Name*	Date of birth: Flesse make sure Applicant's Date of Birth is in the MM/DD/YYYY format.
their Social Security Card	Date Of Birth+	
or there will be a delay in	_/_/	
processing the EHV	Gender*	Email Address: in Applicant dont have an email address, please create a mee email by using gmail.com, ymail.com or notmail.com. Like here:
	·	
application.	Email Address	
	Evently, New	
If your client does not	remity use	
have a Social Security	CAP's Survey ID 🖢	
nave a Social Security		
card, please enter their	Confirm CAP's Survey ID *	
name as it appears on		
their government issued	Referral#	
photo ID.	LAVE AND CONTINUE	
	FEEDBACK ACCESS NYC QUICK LINKS NEWS LETTER	
	2016 - New York City Housing Authority. Disolaimer: NYCHA is not reaponsible for any data may populate a provide of the Internet browser or personal environment used to access the port.	tranomiosion erroro that
	may obtail as a reading of the internet or personal stabilities and to added the porta	

HOUSING

- All fields with an "\*" must be completed.
- Enter your client's:
  - Social Security Number
  - First Name
  - Last Name
  - Date of Birth
  - Gender Identity
- Do not refer a client if the client is the only person in the household AND does not have an eligible immigration status.

ity				
ity.				
Welcome to N	IYCHA Section 8 Application			
General Instructions: P	Please fill in all of the data fields below and then click on Save and	Continue to pr	roceed.	
	Information Fields:			
	Social Security Number			
	No SSN	Check	"No SSN". if	the client
		do	es not have a	SSN
	First Name <b>★</b>			
	Middle Initial			
	Last Name <del>x</del>			
	Date Of Birth★			
	_/_/			
	Gender*			
		~		



All fields with an "\*" must be completed.

Enter the CAPS Surve

- It must be associat ٠ with a CAPS surve where your client received a potentia EHV eligible result
- This number is criti ۲ providing status up for your client; plea confirm it is the cor number before you enter it

		Email Address		
S Survey ID				
associated S survey		Family Size		
potentially e result		CAP's Survey ID★		
er is critical to tatus updates		Confirm CAP's Survey ID★		
s the correct fore you		Referral <del>*</del>		٩
Click the magnifying icon to select the F Type. A pop-up box will appear. See s	Referral lide 13.	SAVE #	AND CONTINUE	
	FEEDBACK	ACCESS NYC QUICK	LINKS NEWS LETTER	



#### Where to Find the CAPS Survey ID

		Coc	ordinated	l Assessme	ent Survey	ř.	Welcome, C	(Last Login: Sep 23, 2021 )	634 L
UBMITTED SURV	EYS (96)		Descise Street C						
Show     10     entries     Pressing "Start Supportive Housing Application" begins an application that copies survey data.     Search:       Name (LN, FN)     Survey #     Survey Date     Entered By     Agency/Site     Client Documents     HRA Supportive Housing Application     Housing Programs									
	129824	09/24/2021	H S	1	đ	3	Supportive Housing Programs CITY/State Housing Programs Federally- funded Housing Programs	SMI/ High Service Needs , NY/NY I and II, NY/NY III - Population P. Substance Use Treated, NYC 15/15 - Adult Enhanced One Shot Deal (EOSD), Special One-Time Assistance (SOTA) Emergency Housing Vouchers	ĺ
5	129672	09/23/2021	HS	1	<sup>1</sup> Cl	Start Supportive Housing Application	Supportive Housing Programs Federally- funded Housing	SMI/ High Service Needs , NY/NY I and II, NY/NY III - Population A: SMI Community, NYC 15/15 - Adult Emergency Housing Vouchers	



Some agencies will have multiple referral types.

- You must accurately select the referral type from the drop-down menu
- 2. Click "Ok"
- 3. Click on "Save and Continue"

General Instructions: Ple	ase fill in all of the data fields below and then click on Save and Continue to proce	ed.
	Information Fields:	
	Social Security Number	
	No SSN	
	Eirst Name+	
	Middle Initial	
Referral		
QUERY	Referral Name	● 1-2 of 2
Referral Name		
FUU NYCHA Hamalara I		
EHV-NYCHA-At Risk -HH		
	2	CANCEL
	CAP's Survey ID★	
	Referral	
		٩
3	SAVE AND CONTINUE	

Address Information : Johny87 Smith87 **NOTE:** Please Note: Note: If the current home or mailing address is not listed, please click on Add Address button below. make sure the address provided 1. If the client's information is already in NYCHA's is an address database, the system will populate the client's where your client address as it appears in NYCHA's database can receive 2. If the address is blank or incorrect, click "Add correspondence Applicant Addresses No Records from the PHA Address" without causing a ADD ADDRESS safety concern City In Care Of Street Address State ZipCode AND that can be Address Type 2 used throughout T the application process. Clients may use any reliable address. 3 3. If address is correct, click "Continue" CONTINUE



To update or correct a client's address, please make sure:

- All fields with an "\*" are completed
- 2. There are no safety concerns for the client if NYCHA or HPD sends correspondence to the address
- 3. The address is correct

Please enter your applicant's Home Address, all fields marked *are required.		
Mail in care of (Name)		
Street Address*		
Apartment #		
City★		
State★		
	~	
ZIP Code*		
Check this box if home and mailing addresses are same.		
EACK		CONTINUE

Review the screen to make sure the address is correct, then click "Continue" to proceed to the next step.

🏫 Add	Address Information :								
Note: In	Note: In case you don't find your Address in the list, please click on Add Address button below to add a new Address.								
My Addr	esses								1 - 1 of 1
Street Address	City	State	ZipCode	Address Type	In Care Of				ADD ADDRESS
			310	Home	M 44 H4	н			
							Click Continue		CONTINUE



Contact Information:		
Note: Enter telephone numbers without special characters (i.e., -, ( or )).	1	Enter your client's
Appliant's personal contact information : You must enter one valid phone number to continue	1.	
Home Phone#		phone number without
Work Phone #		any special characters
Cell Phone #	2	Enter your client's
Email Address		
		emergency contact
		information
Emergency Contact Information		
Emergency Contact.	3.	Click "Continue" to
Emergenov Contast Relationship *		proceed
		proceed
Emergency Contact Number*		
Emergenoy Contast Emsil		
BACK		CONTINUE

- The next set of questions will be used by HPD to assign a housing navigator to your client or to assist a housing navigator in meeting your client's needs.
- Prior to completing the online referral, please make sure you meet with your client and review the questions so you can answer them accurately.
- Please enter:
  - Your client's preferred language
  - Whether your client needs any accommodations in their housing search
  - Your client's preference for borough and whether they are interested in living in an Exception Payment Standard (EPS) area
  - For more info on EHV payment standards, see <u>EHV-payment-</u> <u>standards\_English.pdf (nyc.gov)</u>

#### 🖹 Housing Navigator Preliminary Intake Questions:

Please review these questions with your client and provide answers based on your client's language, disability, and housing preferences. If any of the questions do not apply to your client, then please enter "No" in the field provided. The answers to these questions will be submitted to the EHV Case Tracker and will assist in the assignment of a new housing navigator for your client or will help the person providing housing navigation services to your client.

We can connect you with services in your preferred language. What language do you prefer to speak?★

What is language do you prefer to read when we contact you or give you documents?★

Client is low literacy

Do you need special assistance in your housing search (a reasonable accommodation) or modification when meeting or

communicating with EHV staff?★

BACK

Are you interested in living in one of the blue areas on the map?

EHV-payment-standards\_English.pdf(nyc.gov)

What borough would you like to live in? This can change, but it is helpful to get some information now. ★

NE® YORK SITE

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 $\sim$ 

- If you indicate that your client needs special assistance in their housing search, you must provide an answer to each of the four additional questions
- If your client does not need the modification stated, then enter "No" or "Not Applicable" in the field

ommunicating with EHV staff?★	
Yes	~
re you deaf or have difficulty hearing? If so, what modification is required?	
are you blind or have difficulty seeing? If so, what modification is required?	
o you have difficulty walking or climbing stairs? If so, what modification is required?	
Vhat other modification do you need?	
Vhat other modification do you need?	



Review the summary page to make sure all the information is correct, then scroll down

Summary
Head of Household:
Full Name
Home Address
Apt 2b, brooklyn, NY 11221
Mailing Address
Apt 2b, brooklyn, NY 11221
Home Phone
Work Phone
Cell Phone
563
Email
1@gmail.com
Scroll Down



- 1. Check the box indicating you have read the statement at the top of the screen
- 2. Enter the referring caseworker's name, work phone number and email address
- 3. Then click on "YES, SUBMIT" to submit the referral
- 4. If you do not want to submit the referral, click "NO, END SESSION"

<ol> <li>The applicant you have referred to NYCHA for an eligibility interview has been selected based on HUD regulations outlined in 24 CFR 982 &amp; 983. The information provided concerning the applicant is true and accurate to my knowledge</li> <li>The applicant must not move into the unit prior to NYCHA approval, where applicable.</li> </ol>						
✓ I have read and agree to the abo	ve Declaration(Click in the box) *					
Email Confirmation						
Once you click the submit button below, you will I	receive a Case # for your records.Please either write this number down or provide an ema	n email address below where you wish this number to be sent. You will only receive the confirmation number at this email address.				
First Name	Johnny					
Last Name	Smith					
Work Phone #						
Email Address						
	3	3 YES, SUBMIT NO, END SESSION 4				







nited States 👻 🧃 City State Section 8 - Adm 🦉 ing Authority		Upload	Document
rtal			
Case Number	Vendor/Case#:	12560893	
(i) Instructions	Service Request#:	1-53403128724	
<ol> <li>Click on the <b>Upload</b> button of the correspc</li> <li>A separate box will open. This box will allo</li> </ol>	HOH Name:	Jane51 Smith51	<ol> <li>Click on the drop-down menu in "Document Name" field and select</li> </ol>
on the Upload button within the box. 3. Please note that the document you upload	<b>Requested For:</b>	Jane51 Smith51	"EHV-Referral and Consent to
<ol> <li>corresponding document.</li> <li>4. If you would like to provide NYCHA with ac</li> <li>5. Please click <b>Refresh</b> to update the status (</li> </ol>	Document Category:	Proof Of Referral	one option
	Document SubCategory:	Consent to Release Inform	ation
Pending Documents	Document Name:	EHV-Referral and Consent to Re	elease Information
	Contact Remarks:		
lick "Browse" in File to	File to upload:	C:\Users	odf Browse
lder to upload		Upload Document	
Document Status Requeste		Close	







	THIS FORM
HOUSING	Department of Housing Preservatic & Development
Emergency Hous	ing Voucher Program
<b>Referral Form and Consen</b>	t for the Release of Information
The Emergency Housing Voucher (EHV) program, estable rears) rental assistance to eligible households. The U.S. administers this program, requires that applicants must be provide written consent so that agencies helping them to r	lished under the federal Housing Act, provides time limited ( Department of Housing and Urban Development (HUD), whi e certified as eligible for EHV assistance. Applicants must al eceive assistance under the program can share information.
Section 1. Eligibility Certification (to be completed by	referring Provider or Agency)
This section is to be completed by the non-for-profit or othe (ork City mayoral agency (the "Agency") referring an applic HPD) or the New York City Housing Authority (NYCHA) assistance.	r legal business entity provider (the "Referring Provider") or N- ant to NYC Department of Housing Preservation & Developme for EHV assistance to certify the applicant is eligible for EH
Referring Provider or Agency name:	
Applicant Name:	Applicant DOB:
Applicant SSN:	(if available)
· · · · · · · · · · · · · · · · · · ·	
Homeless	
At risk of homelessness	
Fleeing, or attempting to flee, domestic violence, d	ating violence. sexual assault. stalking. or human trafficking
Recently homeless and for whom providing rental a high risk of housing instability	ssistance will prevent the family's homelessness or having
Certification	
I certify that the above-named applicant meets the elig defined in HUD Notice PIH 2021-15 (HA): Emergency 2021, and Appendix A to this form.	jibility criteria for EHV assistance as indicated above and as Housing Vouchers – Operating Requirements, dated May 5,
Name of Referring Provider or Agency:	
Referring Provider or Agency Representative:	
Name:	Title:
	Phone:
Email Address:	

#### Do NOT upload this form

🔒 CAS-700 and 701 (E	) Complete.pdf - Adobe Acrobat Reader	r DC (32-bit)	_ 0 X
File Edit View Sig	n Window Help		
Home Tools	Client Docs in CAP	CAS-700 and 701 ( ×	
🗎 🕁 🖶	$\boxtimes  $	(*) (*) 1 / 5 (*) 2 (*)	
с	AS-700 (E) 06/24/2021 NYC Human R A	esources Administration HIPAA Compliant Consent for the Coordinated ssessment Survey and/or Supportive Housing Application	 ₽ ₩
•	Client Name Date of Birth Organization Assi	SS#	
V	Ve need your SS# aw (42 U.S.C. § 14	to assess your eligibility for supportive and/or affordable housing under federal 137, 42 U.S.C. § 2000d, 42 U.S.C. § 3601-19, and 42 U.S.C. § 3543).	
E y ir c	ly signing this consour confidential had a significant of the second sec	sent, you agree to let the Human Resources Administration (HRA) use and share nealth information to help you obtain appropriate housing placement. You shared between HRA, the Organization listed above that is helping you, and I in <b>Attachment A.</b>	e Ir d
l v	our confidential h	alth information includes:	~ <b>+</b>



# **Online EHV Referral: Submission Confirmation**

At the Confirmation Page:

- Write down the NYCHA EHV Case Number
- Click "Register" to proceed with registering your client on NYCHA's Self-Service Portal





# **Online EHV Referral: Submission Confirmation**

Once a referral is submitted, the referring caseworker will also receive a confirmation email. The confirmation email will provide:

- 1. The client's name as provided during the online referral process
- 2. The client's NYCHA EHV case number
- 3. Whether the referral was made to HPD or NYCHA

Tue 1/25/2022 9:47 AM doUATnotreply@nycha.nyc.gov NYCHA-EHV Program Referral Confirmation	>
Hello,	
You have successfully submitted an Emergency Housing Voucher (EHV) Program referral to NYCHA, for the applicant listed below. The applicant must now complete an application for the EHV Program via the e-service portal ( <u>https://selfserve.nycha.info</u> ). To access the application, the applicant must create a username and password on the e-service portal. Please ask that the applicant complete the online application as soon as possible so that their eligibility for the EHV program can be determined. Listed below is the applicant's name and case number for your reference.	
<ul> <li>Applicant Name : JohnTest SmithTest</li> <li>Case # : EHV</li> </ul>	
Thank you, EHV Program Applications Unit Leased Housing Department	





- Click on this link:
   <u>https://selfserve.nycha.info</u>
- If your client does not have a username and password for NYCHA's Self- Service
   Portal, click on
   "REGISTER" to start the portal registration process





Select "Applicant\Tenant\Member" then click "Next"

1 Contact Type	2 Account Setup	3 Review & Submit	
Step 1: Select User Ty	pe		
Please select a user type that suits	you best.		
<ul> <li>User Type</li> <li>Applicant\Tenant\Member</li> <li>REES Employer</li> <li>REES Provider</li> <li>Agency</li> <li>Public Housing Authority</li> <li>Landlord</li> </ul>	54		
Cancel			Next



Enter the following info:

- Enter applicant first and last name
- Enter the SSN (with dashes)
- Check "No SSN" if the applicant does not have a SSN
- Enter the birth date in MM/DD/YYYY format
- Enter applicant email address and reenter it in "Confirm Email Address"

#### (If your client does not have an email address, use the <u>tab key</u> on your keyboard to move over to Username field. <u>DO NOT USE THE</u> <u>MOUSE</u>.)

- o Create a username
- Create a password and re-enter the same password in "Verify Password"
- Write down the username and password you created so you can provide it to your client
- o Click "Submit"

y									ном	ЛЕ	<b>e</b> Help	<b>XA</b> TRANSLATE	M
		1 Contact Type	2 Accoun	nt Setup	3	Review & Submit							
Ste	p 2: Contact Details												
			Please enter	your informat	tion and then	click on the "Submit"	button below	I.					
	First Name*					Last Name <del>*</del>							
	Social Security # (SSN) (XXX	(-XX-XXXX) (Please Include dashes	*			No SSN							
	Email Address (abad@avam	into com).				//							
	Email Address (abcd@exam	pre.com)*											
	lisername liser Name canno	t he your email address				You can create an email address	s using free service s	such as					
						赵 Aol, 🍢 🛛							
	Password:					Passwords must contain at least through z), AND numbers (0-9),	t 8 characters. To st AND non-alphanum	trengthen your pas neric characters (@	sword please Inclu ^ &! \$ # * + %).	de a comb	bination of	lowercase lette	rs (a
	Verify Password:												
+ u	lsage Terms												
	CANCEL										s	UBMIT	



- 1. Read the Terms and Conditions
- 2. Check "I Accept"
- 3. Click "SUBMIT" to complete the registration process for your client

#### Terms and Conditions

You are responsible for maintaining the confidentiality of the password and account and are fully responsible for all activities that occur under your account

is a condition of your use of the Customer Contact Center Online website, you agree to provide true, accurate, current and complete information about yourself as required by the New York City Housing Authority, and maintain and promptly update your registration data	to
eep it true, accurate, current and complete.	

The New York City Housing Authority has the right to suspend or terminate your account and refuse any and all current or future use of the Customer Contact Center Onlinewebsite. You may not obtain or attempt to obtain any materials or information through any means not intentionally made available or provided for through the Customer Contact Center Online website.

website (or any portion thereof).

These Terms and Conditions are not exhaustive and the New York City Housing Authority reserves the right to add, delete or amend these Terms and Conditions at any time and notify users in the form and manner determined by the New York City Housing Authority.

The New York City Housing Authority makes every effort to ensure the content of the Customer Contact Center Online website is accurate and up-to-date but it does not offer any warranties (whether expressly implied or otherwise) as to the reliability, accuracy or completeness of the information appearing on the Customer Contact Center Online website. The service is provided on an "as is" and "as available" basis.

As a condition of your use of the Customer Contact Center Online website, you warrant to NYCHA that you will not use the Customer Contact Center Online website for any purpose that is unlawful or prohibited by these terms, conditions, and notices. You may not use the Customer Contact Center Online website or interfere with any other party's use of the Customer Contact Center Online **The New York City Housing Authority expressly disclaims the following**:

- 1. The New York City Housing Authority does not endorse specific properties or landlords and does not guarantee the availability of any listing. The New York City Housing Authority does not endorse specific properties or landlords and does not guarantee the availability of any listing. The New York City Housing Authority has conducted an online browse of official NYC government agency records to verify that the listed properties have valid Certificates of Occupancy and do not contain any significant number of outstanding hazardous conditions.
- 2. Section 8 voucher holders are responsible for inspecting a rental address and negotiating the lease terms with any landlord. A final determination of the suitability for occupancy of any listed apartment will be made after a review of a completed rental package and completion of a Housing Quality Standards inspection by New York City Housing Authority staff.

I Accept

CANCEL	SUBMIT

- Click on the "Finish" button
- Your client (the applicant) will receive email confirmation

•	♠ FAQ Contact Us	Quality Of Life MyNYCHA AP	PLY NYCHA Log Out	Î
	1 Contact Type	2 Account Setup	3 Review & Submit	
Registration Complete!         Your registration is complete. You will receive a confirmation email to the email address used during registration.				
0			0	FINISH



# **Completing the Online EHV Application**

Reminder: The EHV application should be completed with the assistance of a caseworker



## **1. Application Process**



# **Application Process: Logging in to the Application**

- After the registration process, the below screen will appear
- Enter the applicant's username and password and click on "LOGIN"



NYCHA Self-Service Program & Initiatives




Click on the "Manage Your Account" hyperlink under My Section 8 Cases(s) for the case shown that matches the EHV Case # received after completing the Referral

Hi John21 Doe21	I, welc		<b>ck.</b>
	, I	, , ,	, , , , , , , , , , , , , , , , , , ,
	Your Section	8 Application	
	Your Case Number	12560842	
	Your Case Status App	olication Received	
	Head of Household	John21 Doe21	
	Manage Y	our Account	



• Click on the "Start reviewing this Program" hyperlink

Based on the information in our system.	vou need to com	plete the following	Mandatory process.	Please find more detail	s about the program below
	J		,		

Case #	12560842
Program Name Effective End Date	S8 EHV Eligibility Interview 8/16/2021
Start reviewing this Program.	



# **Application Process: Required Documents**

- Please gather all required supporting documents before beginning the online application
- Please see <u>Completing the Online EHV Application: Required</u> <u>Documents</u> for more information on accepted forms of required documents
- You will need to upload required supporting documents for all household members who will be residing in the EHV household to complete the EHV Application
- These documents include vital documents (proof of date of birth, citizenship, Social Security number, and photo ID) and income and asset and/or expenses information for all household members



## **Application Process: Required Documents**

- If income documentation is not available at the time of application submission, the applicant may self-certify income, assets, and expenses. For more information, please see <u>EHV Self Cert Income, Assets, and Expenses.pdf (nyc.gov)</u>
- Please upload all vital documents (proof of date of birth, citizenship, Social Security number, and photo ID) as **one PDF**, and all income documents as a **second PDF**
- Make sure to upload all supporting documents at the time of online application submission



# **Application Process: Required Documents**

- See the <u>Homeless & Housing Resource Center Toolkit</u>, which provides guidance on helping individuals who are experiencing homelessness obtain vital documents
- Some documents may be available in CAPS, including birth certificate, Social Security card, photo ID, and income documents
- See the <u>CAS Access Client Documents guide</u> for more information
- Third-party documentation should be on letterhead and include the date. Letters should also be dated and signed. Letterhead is a document that has the organization's name, address, and contact information at the top (and include the organization's logo if one exists).
- A list of accepted forms of documentation can be found in the <u>Completing the Online</u> <u>EHV Application: Required Documents guide</u>
- Please note: If a household member does not have valid photo identification, they must submit a written statement explaining why they cannot provide it or why it is out of date. The household member must sign and date the statement.



## The application process involves five steps.

### Complete your Eligibility interview in just five easy steps!

#### Step 1: Family Composition:

Verify your family composition. Please review the names and details of all authorized members in your household. You may also use this page to indicate if you would like to remove a household member or request permission to add a new household member. This system will allow you to electronically 'sign' the documents.

#### Step 2: Member Detail Information:

This page allows you to update information pertaining to active family members and individuals you would like to add to your household. It indicates which members have Income, Assets, and/or Expenses, and enter the details related to the amount, source, frequency, and other information for these individuals. If you or your family members do not have Income, Assets, and/or Expenses, please indicate in this section. Please read and sign all acknowledgements on this page.

#### Step 3: Application Summary

Review all information you provided for the head of household, each family member, and for any new family member(s) you have requested to add to the household. Please review the terms and conditions and check the 'Acknowledgement' box. This agreement is legally binding between you and NYCHA.

#### Step 4: Document Summary:

Based on the information you provided, you may be required to provide supplemental documents such as pay stubs, bank statements, employment letters, etc. to verify reported Income, Assets and/or Expenses. This page will provide you with a summary of the documents needed to process your annual review.

#### Step 5: Upload Documents

You may upload all supplemental documents required to process your annual recertification on this page.

#### NOTE:

The EHV program is being administered by two separate agencies, NYCHA and HPD. Your completed application, along with any supporting documentation you submit, will be routed to either NYCHA or HPD for processing. Please consult with your caseworker to confirm the agency that is assigned to process your EHV application. The administering agency will also contact you once your application is received.

If you would like to request reasonable accommodation to meet the needs of persons with disabilities, please contact the Customer Contact Center at 718-707-7771.



Click on the "**Yes**" button if the applicant wants to continue with the application process

If you click "No", it will withdraw and close the EHV application

	Are you	still intereset	ed in Section 8	8 Program?		
				NO	YES	
FEEDB 2016 may oc	CK ACCESS NYC New York City Housing Author cur as a result of the Internet br	QUICK LINKS rity. Disclaimer: NYCH rowser or personal eq	NEWS LETTER	any data transmission errors that the portal. 🗆		fi 🖸 🖸



To access their eligibility application, applicants must:

Check "Homeless Referrals from NYC Agencies" (this applies to ALL EHV applicants and includes EHV applicants who are at-risk of homelessness)

Click on "Save & Continue"

Case Number:	12560842	Head of Household:	John21 Doe21	SR Number:	1-53403076735
Special Ho	using Conditions				
Check any boxe	s that apply to you and/or your current ho	using condition.	elect		
	Homeless referrals from NYC agen	cies	50700t.		
	Victim of Domestic Violence				
	OR				
	Intimidated Witness - Referred by F	Prosecutorial or Law			
	OR				
	Enforcement Agency to NYCHA's Fe	amily Services Department			
	NYCHA residents required to move	because unit is not habitable, they a	are at risk of displacement, or	r they are extremely under occupi	ed in their current apartment.
	Mobility Impaired and Residing in l	naccessible Housing			
	Elderly persons and persons with c	lisabilities			
BAC	к				SAVE & CONTINUE →



## **Application Process: Family Composition**

- Select "Yes" or "No" as appropriate under "Pregnancy Information" (if yes, indicate the "Pregnancy Due Date")
- Enter ALL members of the EHV household
- You must select "Add" to enter additional household members
- If there are no additional household members, scroll down

You are at <u>Step</u>	1: Family Composition	on of the application p	process. Please review y	our information pro	ovided below.				
Based on the c	Based on the current information in our system, Active Members listed below are already part of your household. The Income, Asset, and Expense information must be completed for all Active Members in order to process your Application.								
To request an a	addition of a new Mem	nber, please click on t	he <b>Add</b> button. To remo	ve an Active Memb	er from your household, please click on th	e Remove button.			
Case I	nformatio	n							
		🗎 Pregi	nancy Information			+		0	
		ls a pre	any Family member in gnant? Yes No	the household is	Pregnancy due date	1			
🌡 Member	Information								1 - 1 of 1
Update	First Name	Last Name	Relationship	Status	Information Complete				L+ADD L*REMOVE
	Shane14	Smith14	Head	Active			×		
•					<b>X</b>	A V X			Þ
_									

## **Application Process: Basic Details**

- If the address listed needs to be changed, select "Update My Address Info"
- Add all income and expenses information for all "Pending Members" before selecting "Save & Continue"

Based on the cur processing indivi	ased on the current information in our system, Pending Members are individuals you have requested to either add or remove from your household. NYCHA has not completed rocessing individuals listed in this section.								
🍇 Pending I	Member Infor	mation							No Records
First Name	Last Name	Relation	nship	Status					
					и «и н» на				
🕇 🏫 My Ad	iresses Informati	on							<b>@</b> 1 - 1 of 1
									Update My Address Info
Address Type	Street Address	Address Line 2	City	State				Zipcode	
Home	1638 VANBURE		Bronx	NY				10460	
				1	н н н				
Back									Save & Continue



## **Application Process: Basic Details**

- Enter all the information in the "Head of Household information" section (all fields marked as "\*" must be completed)
- Then select the "Earnings/Asset Related Information" hyperlink

irst Name		Last Name		Middle Name	
John51		Doe51			
ate Of Birth		Sex		Relationship	
/25/1956	2	М	~	Head	
itizenship Status		Social Security Number (SS	N)	No SSN	
	~	xxxxx8777			
Disability		Do you want to update Race	?	Do you want to update Ethnic	sity?
ome Phone		*Race		Ethnicity	
ork Phone		Mobile Phone		Email Address	

## **Proof of Eligible Immigration Status**

At least one person in the household must have an eligible immigration status

Upload proof of immigration status for each household member who declares themselves a legal resident, such as:

- Copy of valid permanent resident card (photocopy the front and back)
- Copy of valid alien registration card (photocopy the front and back)
  - <u>Note</u>: when entering the alien registration number, please enter A and then the number on the Alien Registration card
- USCIS/BCIS receipt that shows the individual entitlement has been verified (not that it is pending)
- Copy of one of the following INS forms: I-551 (Alien Registration Receipt Card), I-94 (Arrival -Departure Record), I-688 (Temporary Resident Card), I-688B (Employment Authorization Card)
- For VAWA self-petitioners, copy of one of the following INS forms: I-360 (Petition for Amerasian, Widow(er), or Special Immigrant), I-130 (Petition for Alien Relative), I-797 (Notice of Action)



## **Application Process: Earnings/Asset Related Information**

- Answer all questions marked with an "\*" along with any follow up questions
- Then select the "Additional Information" hyperlink

Lead of Household Information:	
+ Basic Details	
Earnings/Asset Related Information	
<pre>*Are you currently employed?  Y *Were you employed during the last 12 months? N </pre>	★Do you have any Assets?          N       ▼         ★Are the net family assets in excess of \$5,000?       ▼
+ Additional Information	

Please see <u>Completing the Online EHV Application: Required Documents</u> for more information on

types of assets and income



## **Examples of Assets**

### **Checking/Savings Accounts**

- Bank Statement(s) (photo or copy of most recent bank statement; include all pages)
  - \*If you are receiving Social Security and do not have a bank account, you must submit the debit card statement from the Social Security debit card
- 1099 Interest Statement(s)

### Retirement

• Retirement Earnings Statement(s) (KEOGH, 401K, 457B, IRA, etc; include all pages)

### Stocks/Bonds

- Stock Broker Summary/Statement(s)
- Bonds and Mutual Funds
- Stock Certificate(s)
- 1099 Interest Statement(s)

### Money Market Funds/Mutual Funds

- Bank Statement(s)
- Stock Broker Summary/Statement(s)
- Stock Certificate(s)
- 1099 Interest Statement(s)

### Life Insurance Policy

 Life Insurance Policy Statement(s) (must include Cash Value or Surrender Value)

### **Trust/Trust Funds**

 Proof of Trust/Trust Funds including Trust Agreement(s) and Bank Statement(s)

### **Real Estate**

- Letter from Closing Attorney and Unrecorded Deed
- Proof of Property Value
- Current Loan/Mortgage Amount
- Letter or Agreement from the Condominium/Co-op
- Testamentary Letters from the Estate
- Proprietary Co-op Letter
- Co-op Shareholder Certificate
- Recoded Deed
- Federal Tax Return (including Schedule E)



## **Example of Expenses and Other information Needed**

**Childcare Expenses** (for households with a child under 12 only)

• Childcare affidavit (alimony documents, statement from child support provider, court order, or court stipulations)

**Medical or Disability Expenses** (for any household with a head of household who is 62 and older or has a disability)

 Any unreimbursed medical or disability expenses such as receipts for prescription or nonprescription medicines; receipts for medical supplies or equipment; medical insurance premiums; receipts for services of doctors, health care professionals, or health care facilities, etc. **Education Status** (for any household member 18 and older who is a full-time student)

- High school students may submit their most recent report card or a letter from a school official confirming enrollment
- Students in adult training programs may submit enrollment documents or a letter from a program official
- College students may submit their most recent transcripts or a letter from an official at their institution confirming fulltime student enrollment



## **Application Process: Additional Information**

• Answer all the questions under the "Additional Information" hyperlink

+ Additional Information			
★Do you currently attend school (College, University, or Vocational Training)?		~	]
Start Date		2	
If this member is enrolled as a student at an institution of higher education (college or university), are you also 24 years of age or older, or married, or have dependent children, or are a veteran or have disabilities?		~	
Did you or any member in your family sell or give away any assets in the past 2 years in excess of \$1,000?			$\mathbf{F}$
Do you have children who are 12 years old or younger?			
What language do you speak and understand?	English	~	
What language do you read and understand?	English	~	J



## **Application Process: Additional Information**

Scroll down and enter the remaining information •

manda EHV e crim informa deter

• The adm prog hous ever drug activ or pro meth the p feder hous The •

> admi prog of the subje regis unde offen progr

Then select the "Emergency Contact Information" hyperlink

Note: There are two		
andatory prohibitions for	Heve you been required to register as a lifetime say offender in any state?	
HV eligibility (no other	Thave you been required to register as a metime sex oriender in any state:	N
criminal background	State Demuising Demistration	
ormation will be used to	State Requiring Registration	~
letermine eligibility for		
EHV):	★Have you or any member of your household been convicted of any crime? (Misdemeanor or	N 🗸
The PHA must prohibit	Felony)	
admission to the		
program if any	Convicted City	
household member has		
ever been convicted of	Convicted State	
arug-related criminal		· · · · · · · · · · · · · · · · · · ·
activity for manufacture	Have you or any member of your household ever been evicted from a Federal or Public	
methamphetamine on		N
the premises of	Subsidized Housing program?	
federally assisted	Indianta Deta of Eviation	
housing	Indicate Date of Eviction	2
The PHA must prohibit		
admission to the	List State where the eviction occurred	~
program if any member		
of the household is	★If anyone in your household has previously lived in a NYCHA development, enter	
subject to a lifetime	development name.	Ľ
registration requirement		
under a State sex	Enter "No" in the above field, if the	e applicant has
offender registration	+ Emergency Contact Information	
program	NOT previously lived in a NYCHA	ADevelopment

AUTHORIT

## **Application Process: Emergency Contact**

- Enter the emergency contact's information
- Then select the "Third Party Verification: Consent to Release Information" hyperlink

+/	+ Additional Information						
+1	Emergency Contact Information			_			
	Emergency Contact		Emergency Contact Relationship				
	Emergency Contact Number	]	Emergency Contact Email				
+	Third Party Verification: Consent to Release Information			•			



# **Application Process: Third Party Verification**

- Click on the hyperlink "To View the Third Party Verification Terms & Conditions"
- Put a check mark under "I Confirm" field and **enter the name exactly as it is spelled above** under "Signed By." The date will automatically populate.
- Then click on "Declaration of Citizenship" hyperlink

Third Party Verification: Consent to F	Release Information		
Please ensure that you have read the years of age and older must sign a co	Third Party Verification: Consent to Release Information on sent form. Failure to sign this consent form may result	n Terms and Conditions. Please note that all a in denial of eligibility and/or termination of s	uthorized family members 18 Jbsidy.
To view the Third Party Terms & Con	ditions, please Click Here 🛽		
★I Confirm	*Signed By	Signed Date	
			2
Declaration of Citizenship			
+ Debts Owed to PHA			

# **Application Process: Declaration of Citizenship**

- Click on the "To View the US Citizenship Declaration Terms & Conditions" hyperlink
- Device the set of the
- □ Then click on "Debts Owed to PHA" hyperlink

+ Declaration of Citizenship     Please ensure that you have read the Third Party Verification: Consent to Release Information Terms and Conditions. Please note that all authorized family members Tayears of age and older must sign a consent form.Failure to sign this consent form may result in denial of eligibility and/or termination of subsidy.     To view the US Citizenship Declaration Terms & Conditions, please Click Here       Signed By     ✓     Plebts Owed to PHA
Please ensure that you have read the Third Party Verification: Consent to Release Information Terms and Conditions. Please note that all authorized family members 18 years of age and older must sign a consent form. Failure to sign this consent form may result in denial of eligibility and/or termination of subsidy. To view the US Citizenship Declaration Terms & Conditions, please Click Here  Signed By
+ Debts Owed to PHA



## **Application Process: Debts Owed to PHA**

- Click on the "To View the Debts Owed to PHA Terms & Conditions" hyperlink
  - Note: If an applicant owes money to a public housing agency, it does not make them ineligible for EHV assistance
- Put a check mark under "Signed By" and enter the name exactly as it is spelled in the Third Party Verification section; the date will be automatically populated by the system
- Then click on the "Save & Continue" button

ease ensure that you have read the Third Party Verification: Consent to Release Information T ars of age and older must sign a consent form.Failure to sign this consent form may result in (	erms and Conditions. Please note that all authorized family members 18 denial of eligibility and/or termination of subsidy.
o view the Debts owed to PHA Terms & Conditions, please Click Here 🛽	
Signed By	Signed Date 9/22/2016
Back	Save & Continue

- Applicant must click the "Add Income," "Add Asset(s)/Report Sale(s)," and "Add Expenses" if they have any and must complete those sections
- After entering all the information, click "Save & Continue"

Contact Information for	-	John51 DOE51					
\$ My Income Information	1						No Records
Income Source	Total Income	Frequency	Start Date	Effective End Date	Edit Income		REMOVE + ADD INCOME(S)
				▼ ⊻			
🏛 My Asset Information	]						No Records
Asset Type	Current Balance/Value	Interest Rate	Account Number	Edit Asset			REMOVE + ADD ASSET(S) / REPORT SALE(S)
			. 🗶 🔺	▼ ⊻			
My Expense Information	n						No Records
Expense Type	Total Expenses	Frequency for Expenses	Total Reimbursement	Frequency for Reimburse	ment Edit Exp	enses	REMOVE + ADD EXPENSE(S)
				▼ ⊻			
ВАСК						SKIP & CONTINUE	SAVE & CONTINUE →

## **Application Process: Income Details**

- Add all income in the EHV household, including income of minor children
- Then click "SAVE & CONTINUE"

Instructions You are at Step 2 : Member Detail Information of your Application. Please enter the Income information for a household member below. You	u may add multiple sources of income on this page; however, the Information must pertain to the household membe	er specified below.
Contact Information for - Shane14 SMITH14		
\$ Income Details		
Note: An address is mandatory if the Income Source is: Employment, Self-Employment, Contributions, Pension/Annuity, Worker's Compensate Income Details Note: Please enter your income details in this section. Some examples of valid income sources are: Wages, Commission, Tips etc. Income Source* Employment Total Income* \$250.00	tion, Adoption/Foster Care or Child Support/AlimonyIncome Detail InformationSource Name and Address Information Note: Please enter your Income Source and address information in this section. Where you are getting your income, the address of your work location - stuff like that. Source Name ABC Realty Source Phone # (212) 333-9999	Address is only required for employment income. Not applicable for non- employment income such as alimony, foster care, pension,
Start Date*	Source Address	worker's comp income
1/1/2022 2 Frequency	Zou Broadway	
BACK		SAVE & CONTINUE

HOUSING

## This is the final screen before the submission of the EHV application

Update		First Name	Last Name	Relationship	Status	Information Complete
Up	date	Shane14	Smith14	Head	Active	✓
Up	date	Child14	SMITH14	Child	Pending Addition	✓
•						
\$ My I	ncome	Information				1 - 1 of 1
First Na	me	Last Name	Income Source	Total Income	Frequen	ency Start Date
Shane14	L	Smith14	Employment		\$250.00 Weekly	/ 1/1/2022 12:00:00 AM
						X X X
<b>፹</b> My	Asset Ir	nformation				No Records
First Na	me	Last Name	Asset Type	Current Balance/Value	Interest Rate	Account Number
						X X X
🕒 My	Expens	e Information				No Records
First Na	me	Last Name	Expense Type	Total Expenses	Frequency for Expens	1965
						X X X
Ackno	wiedge	ment				
(Clic	k only or	nce)				



## **Application Process: Acknowledgment Section**

- VERY Important: Before entering the check mark under "Acknowledgement," read the entirety of the Acknowledgment section to your client and follow the steps on the next slides to review the information submitted for household members
- Note: after you have submitted the online application, you CANNOT update any information on the application

Advant
Acknowledgement
(Click only once)
By completing this application I agree to allow HPD and NYCHA to share relevant information about my participation in the EHV program with the Referring Provider and/or any Agency in New York City assisting in the administration and coordinationof the EHV Program.
I certify the Information given to the New York City Housing Authority on household composition, income, net family assets, and allowance and deductions is accurate and complete to the best of my knowledge and belief. I further certify all Employment Certification or statements from employers that I have submitted as part of the Affidavit of income have been completed and signed by the employer or an authorized representative of the employer. I understand that providing false statements or information is punishable under federal and local laws. I also understand that false statements or information are grounds for termination of housing assistance. Further, I have read or someone has read to me the above statement.
As an applicant for the Emergency Housing Voucher (EHV) program, I certify under penalty of perjury that:
I understand that any self-declarations of income will be verified utilizing government, benefit or other appropriate records.
I will immediately provide the required proof of Income, assets and expenses upon request of NYCHA or HPD as part of the verification process.
If I do not cooperate with the verification process as requested, my participation in the program will be impacted. This includes repayment of rental assistance received and termination from the EHV program.
Upon completion of the verification process, my share of the rent may be adjusted for any misreported income, assets and/or expenses. I may also be required to repay any overpayments in rental assistance provided because of misreporting.
I permit HPD or NYCHA to contact my referring agency caseworker for assistance in completing the verification process.
BACK

HOUSING

## **Application Process: Acknowledgment Section**

 The online EHV application has been updated to add language to the acknowledgement section at the end of the application that would permit your client, if necessary, to self-certify their income, assets and expenses (for more information see, EHV Self Cert Income, Assets, and Expenses.pdf (nyc.gov))

 Please read the entirety of the language to your client Acknowledgement

(Click only once)

By completing this application I agree to allow HPD and NYCHA to share relevant information about my participation in the EHV program with the Referring Provider and/or any Agency in New York City assisting in the administration and coordination the EHV Program.

I certify the information given to the New York City Housing Authority on household composition, income, net family assets, and allowance and deductions is accurate and complete to the best of my knowledge and belief. I further certify all Employment Certification or statements from employers that I have submitted as part of the Affidavit of Income have been completed and signed by the employer or an authorized representative of the employer. I understand that providing false statements or information is punishable under federal and local laws. I also understand that false statements or information are grounds for termination of housing assistance. Further, I have read or someone has read to me the above statement.

As an applicant for the Emergency Housing Voucher (EHV) program, I certify under penalty of perjury that:

I understand that any self-declarations of income will be verified utilizing government, benefit or other appropriate records.

I will immediately provide the required proof of income, assets and expenses upon request of NYCHA or HPD as part of the verification process.

If I do not cooperate with the verification process as requested, my participation in the program will be impacted. This includes repayment of rental assistance received and termination from the EHV program.

Upon completion of the verification process, my share of the rent may be adjusted for any misreported income, assets and/or expenses. I may also be required to repay any overpayments in rental assistance provided because of misreporting.

I permit HPD or NYCHA to contact my referring agency caseworker for assistance in completing the verification process.



• To ensure you have added all the family members, please click the "Members" tab on the left side of the screen



Note: These steps and updates to the application occur before application submission

- Enter the check mark in the box under "Acknowledgement"
- Click "Submit" to complete the online application
- Note: after you have submitted the online application, you
   CANNOT update any information on the application

Acknowledgement	
(Click only once)	
By completing this application I agree to allow HPD and NYCHA to share relevant information about my participation in the EHV program with the Referring Provider and/or any Agency in New York City assisting in the administration and coordination of the EHV Program.	
I certify the information given to the New York City Housing Authority on household composition, income, net family assets, and allowance and deductions is accurate and complete to the best of my knowledge and belief. I further certify all Employment Certification or statements from employers that I have submitted as part of the Affidavit of income have been completed and signed by the employer or an authorized representative of the employer. I understand that providing false statements or information is punishable under federal and local laws. I also understand that flow complexes that i have read or someone has read to me the above statement.	
As an applicant for the Emergency Housing Voucher (EHV) program, I certify under penalty of perjury that:	
I understand that any self-declarations of income will be verified utilizing government, benefit or other appropriate records.	
I will immediately provide the required proof of income, assets and expenses upon request of NYCHA or HPD as part of the verification process.	
If I do not cooperate with the verification process as requested, my participation in the program will be impacted. This includes repayment of rental assistance received and termination from the EHV program.	
Upon completion of the verification process, my share of the rent may be adjusted for any misreported income, assets and/or expenses. I may also be required to repay any overpayments in rental assistance provided because of misreporting.	
I permit HPD or NYCHA to contact my referring agency caseworker for assistance in completing the verification process.	
BACK	



<u>HPD</u>

After submitting the EHV application in the NYCHA Self-Service Portal, you can continue to log in and submit missing documents for up to 14 days. After that 14-day window, the Self-Service Portal will close to HPD applicants, and any missing documents will need to be submitted through the DTR Portal.

#### NYCHA

After submitting the EHV application in the NYCHA Self-Service Portal, you can continue to log in and submit missing documents. If an email is received from a NYCHA staff person requesting missing documents, the missing documents can be emailed back to the NYCHA staff person requesting the additional information.

SUBMIT

- Now all supporting documents must be uploaded.
- To upload the documents, click "Continue to Document Upload(s)" hyperlink



## 2. Uploading Documents

Note: Uploading documents occurs after the application is submitted



# **Online EHV Application: Documents Required**

Your Client will need to have the following information and documents available to complete the online EHV application:

- ✓ EHV Referral and Consent to Release Information form
- Proof of date of birth for every household member
- Proof of Social Security number for every household member (if applicable)
- Copy of government-issued photo ID for adult household members only
- ✓ Income information for every household member with any type of income
- ✓ Asset information for every household member (includes checking and savings accounts)
- ✓ Proof of childcare, medical and disability-related expenses (if applicable)
- Proof of full-time student status (if applicable)
- ✓ Proof of eligible immigration status (if applicable)

See the <u>Completing the EHV Application: Supporting Document Checklist</u> for more details



#### Instructions

To upload a required supporting document, click on the Upload button corresponding to the document name.

This will open a dialogue box which allows you to browse and select the required document from your desktop.

Once you have selected the correct document, click on the Submit button.

To view if your document has been correctly attached, click on the View/Print document link corresponding to the document name.

if you wish to provide NYCHA with additional documents that are not listed here, please click on the Add Additional Documents button and follow steps 1-3 as mentioned above.

If you do not see the View/Print link below to download and print your document, a paper copy of this form will be mailed to you. Please fill out the paper copy and return it to NVCHA in a timely manner.

Pending do	cuments													1-	2 of 2
												REFRESH	ADD ADD	TIONAL DOCUN	MENTS
Document Name	Status	Requested For	Expected Date	View/Print Document	Upload Document										
EHV-Referral and	Requested	John51 Doe51						CLICK	HERE TO UPL	OAD DOCUMEI	NT				
Proof Of Income	Requested	John51 Doe51						CLIC	HERE TO UPL	OAD DOCUMEI	NT				
	_	-	-	-		▼ 2	¥								



	Upload Documen
Vendor/Case#:	12560840
Service Request#:	1-53403076554
HOH Name:	Jane23 Doe23
Requested For:	Jane23 Doe23
Document Category:	Proof Of Income
Document SubCategory:	Employment
Document Name:	Pay stubs
Contact Remarks:	
File to upload:	Browse
	Upload Document
	Close

- Scan your documents that need to be uploaded
  - Combine all vital documents into <u>one</u> PDF and all income, asset, and expense documents as a <u>second</u> PDF
- Click on the drop-down arrow to select the document the applicant will be uploading
- Click on the "Browse" button to select the file from your computer

See this link for guidance on how to scan multiple documents at once: <u>https://helpx.adob</u> <u>e.com/acrobat/using/s</u>





Documents Received by NYCHA			1 - 5 of 5+	
Document Name         Status         Requested For           Application For         Pending Review         DUMMY15 DUM	Expected Date	View/Print Document	The uploaded documents will be listed upder the	Note: mis
Application for Pending Review DUMMY15 DUM	IM IM 11/17/2016	View Document View Document	"Documents Received by	incomplet document
Debts Owed to Pending Review DUMMY15 DUM Application for Pending Review TEST DUMMY	IM	View Document View Document	NYCHA" section	(other tha income/as
Back		N 44 99 M	Continue	delay the applicatio

	🌲 Thank You		/	
	You have successfully submitted your Application online.			
)	You can check the status of your Application and the information you provided at any time by logging in to the Tenant Self-Service Portal and clicking on the Eligibility Interview link.			
	You will be notified via mail and online when your Application process is complete.			
	ок			
١				

A "Thank You" message will appear; if you are finished uploading documents, click on the "OK" button



submission

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nd

## 3. Removing a Family Member


# **Application Process: Removing a Family Member**

• If the applicant wants to remove a family member from their household, they will have to click on the "Remove" button

Case In	formation						
Pregnancy	y Information+						
Is any Far	nily member in the ho Yes No	usehold is pregnant?	Pregnancy due 12/31/2016	date	2		
🏖 Member	Information					🛃 Add	1 - 5 of 5+ ♣ Remove
Update	First Name	Last Name	Relationship	Status	Information Complete		
Update	TEST	DUMMY	Sibling	Pending Addition	n	×	
Update	DUMMY15	DUMMY15	Head	Pending Addition	n	×	
Update	EFNAME	ELNAME	Child	Pending Addition	n	×	
Update	TEST	PROD	Other Minor	Pending Addition	n	1	



## **Application Process: Removing a Family Member**

- Highlight the family member who needs to removed.
- Click under the "I Confirm" field (the check mark changes to "Y" after the initials are entered under "Initialed By")
- Click on the "Remove Selected" button

& Membe	rs Available	for Removal					1 - 4 of 4
						Remove Selected	Sancel
First Name	Last Name	Date Of Birth	NYCHA Social St Relationship	I Confirm	Initialed By		
TEST	DUMMY	10/5/1999	Sibling	Ν			
EFNAME	ELNAME	10/6/1974	Child		DD		
SFNAME	SLNAME	10/6/1980	Co-Head	Ν			
TEST	PROD	10/7/2000	Other Minor	Ν			
			H 44	₩ Н			=



# **Application Process: Removing Family Member**

• The removed family member will be displayed under the "Pending Member Information" marked as "Pending Deletion"

🙎 Member	Information				1 - 4 of 4		
					🛃 Add 🛛 🍰 Remove		
Update	First Name	Last Name	Relationship	Status	Information Complete		
Update	TEST	DUMMY	Sibling	Pending Additio	on 🗸		
Update	TEST	PROD	Other Minor	Pending Additio	on 🗸		
Update	SFNAME	SLNAME	Co-Head	Pending Additio	on 🗸		
Update	DUMMY15	DUMMY15	Head	Pending Additio	on 🗸		
				н « » н			
Based on the current information in our system, Pending Members are individuals you have requested to either add or remove from your household. NYCHA has not completed processing individuals listed in this section.							
First Name	Last Name	Relationship	Status				
EFNAME	ELNAME	Child	Pending Delet	tion			
				н н н			



## **EHV Online Application Registration Assistance**

#### For technical assistance with the EHV Referral and Online EHV Application:

- If you need technical assistance or encounter any issues in completing an online referral and/or application through the NYCHA online Self-Service Portal, please email <u>ehv.app@nycha.nyc.gov</u>
- Do not email this email address requesting status updates

