

# Simplified Interim Recertification for Rent Hardship

## **Reference Guide**

## HOW TO COMPLETE THE SIMPLIFIED INTERIM RECERTIFICATION ONLINE

### Log in to the Self-Service Portal:

The Self-Service Portal link can be accessed from the NYCHA website (<u>www.nyc.gov/nycha</u>) or by visiting <u>https://selfserve.nycha.info/</u>. The main page of the Self-Service Portal looks like this:



Enter Your Credentials: You must be the head of household and have a valid username and password to use the Self-Service Portal.

Enter your username and password. For example:

- **OUSERNAME: JOHNDOE123**
- **PASSWORD:** \*\*\*\*\*\*\*

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*	FAQ	Contact Us	Quality Of Life	MyNYCHA	Apply NYCHA	Housing Map	Submit a Concern
COVID-19							
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You will be taken to the portal's **Home** page, which displays your basic information. Click on the **View Details** button.

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	COVID-19							
â	Home	🖹 Case	Information					
1	Annual Review							
<b>P=</b> -	1	Ca	se Number	Hea	d of Household First Name	н	ead of Household Last N	ame
	Interim Recertificat	ion 17	00101	Jane		C	loe	
¢	Transfer	Bo	rough	Dev	elopment Name	A	ccount	
		Qu	eens	Inge	rsoll Senior Residence			
U	Opportunity Conner	t Pro	gram Type	Stag	e	S	tatus	
	Pay Rent/Auto Enro	II Pu	blic Housing	Ten	ancy	A	Active	~
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~		4		8/1/	2019	1		
(1)	Completed Service	Request Tra	nsfer Request Sub Status	Trar	sfer Request status Descri	iption T	ransfer Status Date	
Û	Report Quality Of L	fe Viola				6	/4/2019	

This will take you to a page that displays more detailed information. Click the **Interim Recertification Tab** on the left pane (see above). You will now see the option to submit an Interim Recertification request for a loss or reduction of income due to COVID-19. Click on the "Click Here" button to begin the Recertification process.

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	COVID-19							
<b>^</b>	Home	If you are e	xperiencing loss or reduc	tion in income due to CO	VID19 and would like to s	submit your interim recer	tification request for rer	nt reduction.
	Annual Review				CLICK HERE			
	Interim Recertificat	ion • Remove	d like to initiate an interim a Head or Co-Head	recertication require				
Ð	Transfer	Add a me	ember					
í	Opportunity Connec	Remove     Report cl	a member nange in Assets, Expenses	or Increase in Income				
	Pay Rent/Auto Enro	Report of	her circumstances like Citiz	enship, Full time student, F	Recently disabled or Turne	d 62 years old	_	
Đ	Smoke Free-Adden	dum			CLICK HERE TO CONTINU	JE WITH REGULAR INTERIM		
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The members of your household will be displayed. Select all the household members who have experienced a loss or reduction of income and click "Continue."

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ñ	FAQ	Contact Us	Quality Of Life	MyNYCHA	Apply NYCHA	Housing Map	Submit a Concer
COVID-19							
			John Doe Head	Jane Doe Co-Head			
							_
						CONTIN	UE

Answer the additional questions that appear about each household member selected.

	John Doe Head	Jane Doe Co-Head	
	John Do	e	
I am Reporting a Total Loss in Income	No T	I am Reporting a Decrease in Income	No 🔻
I am reporting an additional total loss in Income	Nov	I am a student	No v

CONTINUE

#### When you answer "Yes," additional questions will appear. Answer these questions and click "Continue."

l am Reporting a Total Loss in Income	Yes <b>v</b> I am Reporting a Decrease in Inc	come Yes
What type of income was lost?*	What type of income decreased?*	
Alimony	Contributions	~
When did you lose your income?★	When did your income decrease occ	cur?*
2/1/2020	3/1/2020	2
What was your income before the loss occurred?	What was your annual income befor	re the decrease occurred?
\$13,000.00	\$1,000.00	
How often did you receive that income?	What is your new income after the d	lecrease occurred?*
Annually	\$500.00	
Are you receiving unemployment insurance benefit	How often do you now receive this i	ncome?
N	Annually	~
RE I am reporting an additional total loss in Inco	ove save	REMOVE SAVE
Real I am reporting an additional total loss in Inco	ove save	REMOVE SAVE Yes
I am reporting an additional total loss in Inco	ove Save	REMOVE SAV
I am reporting an additional total loss in Inco Income type lost:* Employment	OVE SAVE	REMOVE SAVE Yes
I am reporting an additional total loss in Inco         Income type lost:*         Employment         I lost my income on:*         5/1/2020	OVE SAVE	REMOVE SAVE
I am reporting an additional total loss in Inco         Income type lost:*         Employment         I lost my income on:*         5/1/2020         The total income lost (enter amount):	OVE SAVE I am a student I am ennrolled in college, university Part Time Start Date: 6/1/2019 School Name:	REMOVE SAVE
I am reporting an additional total loss in Inco         Income type lost:*         Employment         I lost my income on:*         5/1/2020         The total income lost (enter amount):         \$1,000.00	ove SAVE	REMOVE SAVE
I am reporting an additional total loss in Inco Income type lost:* Employment I lost my income on:* 5/1/2020 The total income lost (enter amount): \$1,000.00 How often did you receive the income:	ove SAVE ne Yes T I am a student I am ennrolled in college, university Part Time Start Date: 6/1/2019 School Name: XYZ School School Address:	REMOVE SAVE
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I am reporting an additional total loss in Inco         Income type lost:*         Employment         I lost my income on:*         5/1/2020         The total income lost (enter amount):         \$1,000.00         How often did you receive the income:         Monthly	OVE       SAVE         I am a student         I am ennrolled in college, university         Part Time         Start Date:         6/1/2019         School Name:         XYZ School         School Address:         XYZ School Address	REMOVE     SAVE       Yes       or vocational program:       \vee       1
I am reporting an additional total loss in Inco Income type lost:* Employment Ilost my income on:* 5/1/2020 The total income lost (enter amount): \$1,000.00 How often did you receive the income: Monthly	OVE       SAVE         I am a student         I am ennrolled in college, university         Part Time         Start Date:         6/1/2019         School Name:         XYZ School         School Address:         XYZ School Address	REMOVE SAV



5/15/2020

On the following page, you can enter additional details and/or upload any supporting documents, if you have them.

	John Doe	
Do you h	ave documents to share with us that demonstr	ate the change in income
	Would you like to tell us any additional informa	tion about this matter?
Declaration of Accuracy: authorize the New York City Housing Housing and Urban Development (H	l certify that the information listed on this form is accur Authority to independently verify the accuracy of all infi UD) Enterprise Income Verification system. I agree to pro	ate and complete to the best of my knowledge and belief. I ormation submitted, including by using the US Department of vide proof of the statements I have made if requested by the New
York City Housing Authority at a late understand that providing false state situation, it is my responsibility to no	er date. I understand that providing faise statements or in ements or information is grounds for termination of tenai otify the New York City Housing Authority within 30 days	normation is punishable under Federal and local laws. I also ncy. I understand that if there is any change in my employment all changes in income and household composition within 30 days
York City Housing Authority at a late understand that providing false statu situation, it is my responsibility to n of the date of such change. Further,	r date. I understand that providing taise statements or in ements or information is grounds for termination of tena otify the New York City Housing Authority within 30 days I have read or have had read to me the above statement.	Tormation is punishable under Federal and local laws. Laiso ncy. I understand that if there is any change in my employment all changes in income and household composition within 30 days

If you have any supporting documents, select "yes" to the question "Do you have documents to share with us that demonstrate the change in income?". The page will then expand to show an "Attachments" tab. Click "New File" to upload any supporting documents.

	John Doe	
	Do you have documents to share with us that demonstrate the change in income?: Yes $ullet$	
Attachments		
P New File DELETE SAVE		
Document Name	Document Type	
emoji	Contributor Statement Verif	
	Would you like to tell us any additional information about this matter? Additional Information relating to Income loss/reduction	

Then sign the Declaration of Accuracy by entering your name and the date. Click "Continue." You will be asked if you provided updated income information for every member of the household you selected. Click "OK" for each of these prompts.

	Additione		OK Cancel	
Declaration of Ac authorize the New York C Housing and Urban Devel	CUFACY: I certify tha ity Housing Authority to lopment (HUD) Enterpris	t the information listed on this form is a independently verify the accuracy of a se Income Verification system. I agree t	ccurate and complete to the best Il information submitted, including p provide proof of the statements	of my knowledge and belief, I g by using the US Department of I have made if <u>requested by the New</u>
York City Housing Author understand that providing situation, it is my respon- of the date of such chang	rity at a later date. I unde g false statements or inf sibility to notify the New ge. Further, I have read o	erstand that providing false statements formation is grounds for termination of r York City Housing Authority within 30 or have had read to me the above statem	or information is punishable unde tenancy. I understand that if there days all changes in income and ho nent.	er Federal and Id Navigation:Continue is any change in my employment ousehold composition within 30 days
York City Housing Author understand that providing situation, it is my respons of the date of such chang	rity at a later date. I unde g false statements or inf sibility to notify the New je. Further, I have read o	erstand that providing false statements formation is grounds for termination of York City Housing Authority within 30 or n have had read to me the above staten Signature:	or information is punishable unde tenancy. I understand that if there tays all changes in income and ho ent. Date:	er Federal and Id Navigation:Continue is any change in my employment ousehold composition within 30 days
York City Housing Author understand that providing situation, it is my respons of the date of such chang	rity at a later date. I unde g false statements or inf sibility to notify the New je. Further, I have read o	erstand that providing false statements formation is grounds for termination of York City Housing Authority within 30 or or have had read to me the above staten Signature: John Doe	or information is punishable unde tenancy. I understand that if there lays all changes in income and ho event. Date: 5/13/2020	Prederal and le Navigation:Continue is any change in my employment ousehold composition within 30 days

You have submitted your Interim Recertification request. The final page will display a reference number and information on how to send any supporting documentation that may become available in the future.

	NYC NYC HO	using Authority		311	Search all NYC.gov website	5	My Profile Traducir G Select Language V	C+Log Out
*	FAQ	Contact Us	Quality Of Life	MyNYCHA	Apply NYCHA	Housing Map	Submit a Concern	
	Which per	on in your househo	Corread	S MARIANA MATO S Head	e click on the membe	ers to select.		
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