

Family Homelessness & Eviction Prevention Supplement A and B (FHEPS A and B) Application

1. Client Information

Head of Household's First Name _____ MI _____ Last Name _____

Mailing Address Street _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Cash Assistance (CA) Case Number _____

Are you in a special assessment situation? Yes No

2. Reason for Application

Check one:

FHEPS to stay in your apartment

New FHEPS application to move to new apartment (*enter new address at bottom of page 1*)

Are you moving from an HRA or DHS Shelter? Yes No

If No, reason for move:

Move from one FHEPS apartment to another FHEPS apartment (*enter new address at bottom of page 1*)

Reason for move: (*Must include good cause to justify move*)

New Apartment Address (if applicable)

Street _____

City _____ State _____ Zip Code _____

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2. Reason for Application (continued)

- FHEPS Modification:
 - Change in Income
 - Change in Rent
 - Change in Household Composition
- Application to Restore FHEPS; Prior Approval Date: _____

3. Proof of Eviction Proceeding or Rent Demand Letter (only required if you are facing eviction or have been evicted, or received a rent demand letter)

Select the document(s) that is being used as proof of a past/present eviction proceeding:

- Proof of an eviction proceeding, such as a Housing Court petition, judgment, order, or stipulation.
- Rent demand letter from landlord or management company.
- Foreclosure Proceeding. Notice of possession (or writ of assistance), judgment of foreclosure, or notice of petition and holdover.
- Proof of Court-Ordered or City Agency vacate order.
- Proof that the household has to leave the apartment for health and/or safety reasons as determined by a City agency.

Does someone in the CA household appear as a tenant of record on the documents used as proof?

- Yes (skip to section 4)
- No (proof of residency at the time of the eviction proceeding or rent demand must be provided.)

Indicate documentation submitted as proof of residency at the time of the eviction proceeding or rent demand:

- Lease or agreement
- DMV Records
- School Records
- Bank Statements
- Phone / Utility Bill
- Other (please indicate)

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4. People Who Will Live in the Apartment

List all people who will live in the apartment. Include any individuals who are not receiving Cash Assistance and any individuals who have not moved into the apartment yet (such as a roommate).

The person listed on line 1 should be the head of household.

No.	Last Name	First Name, MI	Date of Birth	Relationship to Head of Household
1				Self
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Do you or a person that lives with you have a medical or disability related need or medical equipment that may require additional space? Yes No

If you answered yes, please request a reasonable accommodation. To request a reasonable accommodation, you can complete the “Help For People With Disabilities” (HRA-102c) form, available on the HRA website at <https://www1.nyc.gov/site/hra/help/disability-access.page>.

You can also call the Office of Constituent Services at **212-331-4640** to make the request. You must provide documentation from a medical provider so that HRA can evaluate the request.

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5. Income of People Who Will Live in the Apartment

If any person who will live in the apartment has income, please indicate in "Monthly Income" column below. Indicate the source of each individual's income (e.g. CA, Supplemental Security Income (SSI), Job, Foster Care payments).

No.	Name	Monthly Income	Income Source(s)
1			
2			
3			
4			
5			
6			
7			
8			

6. Lease Information for Apartment to Receive FHEPS Supplement

Is there a current lease or agreement for this apartment? Yes No

If yes, what is the lease renewal date? _____

If yes, is this lease information for the current apartment or a new apartment? Current New

If there is no lease or if the lease or rental agreement expires in less than 1 year, you must explain or provide proof that you can stay in the apartment for at least 1 year after your application is approved. *(Enter explanation below)*

Is the applicant household named in the lease or agreement? Yes No

If no, please verify that each requirement below is met:

The tenant of record must have a lease or otherwise have residency rights for at least 12 months for the residence at the time of approval of the application; **and**, Yes No

The tenant of record must have an income below 200% of the Federal Poverty Level; **and**, Yes No

The applicant(s) must be named as co-tenant on the tenant of record's lease, in a court stipulation, or in a written agreement with the tenant of record or landlord that grants residency rights for at least 12 months from the time of application. Yes No

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7. Rental Information

Total Monthly Rent \$ _____ (If FHEPS To Stay, also see Worksheet on p. 7)

Is the apartment rent regulated, controlled or stabilized? Yes No

If yes, is the current rent a preferential rent? Yes No

If yes, what is the maximum legal rent? _____

If the household has a roommate, please provide proof of ability to pay rent and date residency will begin.

Residency Start Date: _____.

How many bedrooms are in the unit?: _____

List contribution(s) to Rent by individuals or organizations who are not part of the CA household. This includes roommates or other individuals who are not on CA, whether or not they live/will live in the apartment.

Name	Rent Contribution

8. Arrears (if arrears are not being requested, please skip to Section 9)

Total Rent Arrears Requested \$ _____ (see attached worksheets)

If total rent arrears requested are over \$20,000, please describe any special circumstances:

Is the applicant's name on the submitted eviction documentation/rent demand letter?

Yes No

If the applicant's name is not on the submitted eviction documentation/rent demand letter, the applicant must submit proof of the family's portion of the accrued rent arrears for any period of time when the FHEPS family resided in the apartment.

Indicate documentation submitted as proof of residency at time of the accrued rent arrears:

- Lease or agreement
- School Records
- Phone / Utility Bill
- Other (please indicate) _____
- DMV Records
- Bank Statements

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8. Arrears (continued)

Are there arrears for a time period when the applicant was not living in the apartment?

Yes No

If yes, list the time period(s):

9. Applicant/Participant Agreement

By submitting this application:

I agree that my monthly full rent is \$ _____ and that I owe my landlord the amount that my rent supplement and Cash Assistance (CA) grant does not cover.

I agree to inform the household member(s) who are not part of the CA case of their obligation to pay their share of the rent either directly to the landlord or to me as a contribution to household expenses.

I agree to have my rent supplement from HRA sent directly to my landlord and to report to HRA within 10 days if I learn that my landlord has changed or has a new mailing address.

I agree to report to HRA within 10 days and make an appointment with my preparer (if appropriate) within 10 days if anyone moves in or out of my home, if my income changes, if anyone is accepted for SSI, if the income of anyone else in my home changes (except for yearly cost of living increases) or if my rent changes. While this application is pending, I will report these changes to my preparer.

If I receive a rent supplement, I understand I cannot move without first obtaining written approval from NYC HRA for the move. I understand that I must complete a new application.

If I am requesting arrears, I acknowledge that the preparer explained and completed the necessary worksheets for me.

10. Preparer Information

Worker Name _____

Location _____

Telephone Number _____ Extension (if any) _____

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11. FHEPS To Stay Worksheet

Unit Size	Family Size*	Max CA Shelter Allowance**	Max CA Funded FHEPS Supplement	Max NYC Only Share	Max FHEPS Rent
Studio	1	\$277	\$1,483	\$140	\$1,900
1	1	\$277	\$1,524	\$144	\$1,945
1	2	\$283	\$1,518	\$144	\$1,945
2	3	\$400	\$1,653	\$164	\$2,217
2	4	\$450	\$1,603	\$164	\$2,217
3	5	\$501	\$2,097	\$207	\$2,805
3	6	\$524	\$2,074	\$207	\$2,805
4	7	\$546	\$2,238	\$222	\$3,006
4	8	\$546	\$2,238	\$222	\$3,006
5	9	\$546	\$2,656	\$255	\$3,457
5	10	\$546	\$2,656	\$255	\$3,457
6	11	\$546	\$3,073	\$289	\$3,908
6	12	\$546	\$3,073	\$289	\$3,908
7	13	\$546	\$3,491	\$322	\$4,359
7	14	\$546	\$3,491	\$322	\$4,359
8	15	\$546	\$3,908	\$356	\$4,810
8	16	\$546	\$3,908	\$356	\$4,810
9	17	\$546	\$4,326	\$389	\$5,261
9	18	\$546	\$4,326	\$389	\$5,261
10	19	\$546	\$4,744	\$421	\$5,711
10	20	\$546	\$4,744	\$421	\$5,711

* Number of Family members in receipt of CA

** Based on the standard shelter allowances as of February 16, 2022

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13. Sanction Worksheet

This worksheet is to be used for months prior to the application for FHEPS or FHEPS Reinstatement when there was a Cash Assistance sanction in effect.

Worksheet for Calculating FHEPS Sanction Arrears that Cannot be Paid by HRA

1	2	3	4	5	6	7	8	9	10	11
Sanction Month	Total Number in CA Household (including sanctioned individuals[s])	Number of Individuals Sanctioned	Standard CA Shelter Allowance for Household	Rent Charged for a Month	Rent Charged for a Month in Excess of Shelter Allowance (Column 5 - Column 4)	Maximum FHEPS Supplement Amount	Lesser of Column 6 and Column 7 Amounts	Supplement Sanction Arrears Not to be paid (Column 3 divided by Column 2) X Column 8*	Reduction (if any) in Shelter Allowance on Account of Sanction Not to be paid	Total FHEPS Sanction Arrears Not to be paid (Column 9 + Column 10)
Totals										

* For child support enforcement sanctions, multiply column 8 by 25%. In the case of both a child support and an employment sanction, (A) multiply column 8 by 25% to get the child support sanction amount, (B) multiply column 8 by 75% and multiply the result by column 3 divided by column 2, to get the employment sanction amount, and (C) add the results in A and B together to get the total sanction amount.

Total Sanction Arrears for a given month should be inserted in the worksheet in Section 12, Column "F" on Page 8 as sanction arrears that cannot be paid by HRA. If the sanction was in effect for only one cycle in the month, divide by two and note in columns 9 and 10 above.