



New York City Children's Services

Division of Family Permanency Services
Housing Academy Collaborative

150 William Street, 8th floor
New York, NY 10038

JESS DANNHAUSER
Commissioner

Ina Mendez
Acting Deputy Commissioner

ACS APPLA EMPLOYMENT REFERRAL LETTER

Date: _____

New York City Housing Authority
Department of Housing Applications
90 Church Street
Manhattan, New York, 10007

ATTENTION: [Carolyn Acevedo](#)

Client Name: _____

DOB: _____

Social Security # _____

This client currently has no income. However, he/she has received, is currently receiving, or will receive job training and development and referrals to potential employers. We expect that this client will have a source of income prior to his/her certification.

If you have any questions please contact the client's case manager or case planner,
_____ at _____.

Case Planner Signature

Title

Date