



New York City Children's Services

Division of Family Permanency Services

Housing Academy Collaborative

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

David A Hansell
Commissioner

Julie Farber
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: Kathleen Nomikos

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