Administration for Children's Services

New York City Children's Services
Division of Family Permanency Services
Housing Academy Collaborative
150 William Street, 8th Floor
New York, NY 10038

DAVID HANSELL
Commissioner

Julie Farber
Deputy Commissioner

ACS APPLA CERTIFICATION LETTER

Date:

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

ATTENTION: Kathleen Nomikos

Client Name: _____

Date of Birth: _____ (MM / DD / YYYY) Social Security Number: _____ (### - ## - ####)

Attached is an application for a *(select one)*: ☐ **NYCHA Section 8 voucher** ☐ **NYCHA Public Housing unit** for the above named client who is currently in foster care, or was formerly in foster care and left with a goal of Independent Living. The Administration for Children's Services (ACS) hereby certifies that the individual will be discharged from the care and custody of the ACS Commissioner (from foster care) to APPLA on or about (or has already been discharged on or about) _____ (DATE). Therefore, adequate housing is needed for this client. Accordingly, ACS is submitting the attached application with the NYCHA priority code allotted to this group.

ACS further certifies that the information (public assistance status /SSI status and social security number) contained in the *(select one):* ☐ **NYCHA Section 8 voucher** ☐ **NYCHA Public Housing unit** application is accurate and has been verified through the Welfare Management System (WMS).

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

_____ (CASE MANAGER / CASE PLANNER NAME) at _____ (PREFERRED CONTACT METHOD).

_____ (CASE PLANNER SIGNATURE) _____ (TITLE) _____ (DATE)