



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

DAVID HANSELL
 Commissioner

Julie Farber
 Deputy Commissioner

Iris Kaplan
 Associate Commissioner

Housing Subsidy Eligibility Memorandum of Attestation

Date: _____

Referring Agency: _____

It has been determined that _____ Case #: _____
APPLICANT'S FIRST & LAST NAME

meets the programmatic eligibility for ACS' Housing Subsidy program. An application for assistance with the HAC unit is essential to prevent placement of the child(ren) in to foster care, to reunify a family from foster care, or to ensure a youth with an APPLA goal secures permanent housing.

Family Composition:

Please include names, dates of birth, CIN # and relationship to applicant for all household members.

NAME	DATE OF BIRTH (MM/DD/YY)	CIN #	RELATIONSHIP TO APPLICANT

This family is currently in receipt of (*check appropriate box*):

- Mandated Preventive Services** **Foster Care Services**

Please provide a detailed description of the current services family/APPLA Youth is receiving from your agency and how/why the services are expected to either prevent foster care placement, or help speed reunification and/or APPLA goal:

THE CLIENT IS REQUESTING ASSISTANCE WITH:

(CHECK APPROPRIATE BOX)

- | | | |
|--|---|---|
| <input type="checkbox"/> Rent/Mortgage arrears | <input type="checkbox"/> 1st Month's Rent | <input type="checkbox"/> Furniture [Applicable to Foster Care cases only] |
| <input type="checkbox"/> Recurring Subsidy | <input type="checkbox"/> Moving Expenses | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Broker's Fee | <input type="checkbox"/> Security Deposit | _____ |

If the service request is for Furniture Expenses, to support this application a home inspection was conducted on:

_____ by _____
DATE OF HOME INSPECTION NAME OF INSPECTOR

Please document the need for the essential home furnishing requested on the attached Furniture Request Checklist.

Original applications, including furniture invoices, must be submitted to the Housing Support and Services Unit at 150 William Street, 8th floor, NYC 10038. In order to facilitate the processing of the application, you must ensure that the case is active in CCRS, Connections and WMS.

Please check box below to verify that you have reviewed all systems.

- POS line is authorized and active.

A staff member of the provider agency has searched the publicly accessible databases found on the websites of the NYC Department of Buildings (DOB), Housing Preservation and Development (HPD) and the Fire Department (FDNY) for **active vacate orders, pending litigation, and unresolved complaints.**

By signing below, you are attesting that: 1) the building has no active vacate order listed by DOB, HPD, or FDNY on their respective websites; 2) the building is not one against which HPD has pending litigation or which is enrolled in HPD's Alternative Enforcement Program as identified on the HPD website; and 3) the building has no complaint registered with DOB within the last year that meets the criteria described in ACS' Living Safely: Strengthening ACS Housing Subsidy Guidelines.

A photo ID is necessary to gain entrance to the building. A copy of the ID will be maintained with each housing subsidy application. If the applicant does not have valid photo, the client must be accompanied by his/her case planner and the case planner's agency photo ID will be copied and maintained with the application for services.

By signing below, you are attesting that the applicant is programmatically eligible for the services requested and the information supplied and the supporting documents are accurate.

AGENCY DIRECTOR'S SIGNATURE

DATE

AGENCY DIRECTOR'S NAME

PHONE NUMBER