



George E. Pataki  
Governor

NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

Robert Doar  
Commissioner

December 2, 2004

Mr. Kevin Mahon, Commissioner  
Westchester County Department  
of Social Services  
112 East Post Road  
White Plains, New York 10801

Dear Commissioner Mahon:

I am pleased to inform you that the amended changes to your shelter supplement plan have been approved and you may begin implementing these changes immediately. These changes expand the eligible families to include families who have recent work history and families in which an adult family member is disabled or receiving disability or retirement benefits.

If you have any questions regarding this letter or the supplement program in general, please contact Jeffrey Gaskell at (518) 486-7694.

Sincerely,  
*Rus Sykes*

Russell Sykes  
Deputy Commissioner  
Division of Temporary Assistance

Cc: Jeffrey Gaskell  
Katherine Walushka

## District Application for Shelter Allowance Supplement

Local District Westchester County

Contact Persons: Diane Stern, Associate Commissioner and  
Katherine Waluschka, Manager II

Telephone: D. Stern (995-4814), K. Waluschka (995-5401)

Implementation Date: November 1, 2004 (for amended plan)

### Amount of Supplement (for example: Household Size, Shelter Maximum Supplement Amount):

Families deemed eligible for shelter supplement may receive an allowance equal to the difference between the standard shelter allowance and the actual rental obligation; however, the total rent should not exceed twice the shelter standard as follows:

#### By TA Family Size

1	2	3	4	5	6	7	8+
590	627	852	958	1066	1104	1162	1162

### Types of Cases Covered by Supplement/Target Population (List eligibility criteria and how determined and documented including the following:)

Types of cases covered:

The Westchester County Department of Social Services has received approval to provide a supplement to two different populations:

- a) Employed TA families with children who are homeless or facing homelessness
- b) Families that are ready to enter transitional housing from family shelters

Currently, the Department is seeking to **amend population A** to include families that have had a recent attachment to the workforce and to **add Population C** defined as:

TA families with children in which an adult family member is disabled and/or receiving disability or retirement benefits and the family is facing homelessness.

## **Types of Cases Covered by Supplement/Target Population Effective November 1, 2004**

**(List eligibility criteria and how determined and documented including the following:)**

Types of cases covered:

The Westchester County Department of Social Services has opted to provide a supplement to three different populations:

- a) TA families with an attachment to the workforce as defined below under population A with children who are homeless or facing homelessness;
- b) TA families with children that are ready to enter transitional housing from family shelters;
- c) TA families with children with a disabled adult member as defined under population C below

### **Population A**

The eligibility criteria for employed applicants/recipients who are homeless or facing homelessness are:

- 1) The family must have resided in the apartment or shelter for one year prior to the application for the shelter supplement. In special circumstances the County may exercise discretion in the required length of stay including unforeseen and uncontrollable circumstances the family may have encountered such as fire, flood or building condemnation.
- 2) The family must be eligible or receiving temporary assistance based on the standard of need without regard to the supplement.
- 3) The employed individual in the household must ***have worked for at least six months in the last two years prior to receipt of the shelter supplement and is reasonably expected to maintain his/her employment.***
- 4) There must be a court proceeding concerning the non-payment of rent, maintenance or mortgage where the applicant resides.
- 5) The non-payment of rent must not be due to the family's mismanagement of their income or willful withholding of rent.
- 6) The applicant/recipient must be the tenant of record and have a lease/tenancy agreement. The apartment/tenancy must meet all local housing code standards before any arrears or supplement would be paid
- 7) The receipt of supplement allows the applicant/recipient to remain in his or housing or the homeless family to move into permanent housing.
- 8) Arrears should be no more that four (4) months of rental obligation unless extenuating circumstances can be documented. Under no circumstances would arrears of more that six months be considered.
- 9) The co-tenant will be responsible for his/her portion of the arrears.
- 10) No one in the mandatory filing unit can be in sanction status.
- 11) The household must contain a child under 18 or under 19 and a full-time student

- 12) The household cannot have willfully lost Section 8 assistance within the last two (2) years.
- 13) The household must apply for Section 8 and take the benefit, if offered.
- 14) The household must verify household composition and all non-temporary assistance household members must agree to contribute either their pro rata share of the rent or 30% of their gross income, whichever is less.

**Exception:**

If a co-tenant of record is not on TA and is residing in the household, he/she will be deemed responsible for half of the rental obligation.

- 15) The income of all household members and third party contributors must be verified to ensure the family will be able to maintain their tenancy in the future
- 16) The relationship of non-TA household members and third party contributors must be verified to ensure compliancy with TA regulations concerning legal responsibility
- 17) All household members who have no income must apply for public assistance
- 18) Household members who are not eligible for TA due to immigration status, but without income, will not be expected to contribute.

**Restriction of Rent**

As a condition of receiving the shelter supplement, the entire rent must be paid directly to the landlord. If the TA deficit does not cover the entire rent, the customer must verify on a monthly basis that the balance of rent due has been paid.

**Rebudgeting**

- 1) If a case becomes ineligible for TA, the shelter supplement must be discontinued. If the closing is due to excess income, eligibility for the RAP program should be explored.
- 2) The shelter supplement should be discontinued if the family moves out of County/State
- 3) If a household member moves out, the standard shelter allowance and supplement allowance must be adjusted based on TA family size.
- 4) If the family moves to a new apartment, the eligibility for the supplement must be reevaluated based on the original criteria under which the supplement was originally approved.
- 5) Third party contributions must be limited to \$100.per month to assure that the TA family could make up the difference if the contribution was to cease.

**Justification:**

With a vacancy made of less than 3% and the average rent in 2002 over the Fair Market Value, it is extremely difficult for TA customers to find affordable housing without some form of subsidy or supplementation in Westchester County. Therefore, Westchester County is opting to provide a supplement to working TA families with children who are homeless or facing homelessness.

The objective of the supplementation is two fold:

- a. To keep families together in the community and avert homelessness
- b. To support national and state goals of encouraging work by providing a supplement tied to a work incentive

**Cost**

Ninety Homeless families have earned income budgeted. Approximately half of these would fit the supplement parameter.

Taking an average household size of three, the annual cost would be as follows:

	<b>GROSS</b>	<b>FEDERAL</b>	<b>STATE</b>	<b>LOCAL</b>
45 Families 100% FA	\$460,080	\$230,040	\$115,020	\$115,020
45 Families 90% FS 10% SN	\$414,072 \$46,008	\$207,036	\$103,518 \$23,004	\$103,518 \$23,004
Max 100% SN	\$460,080	-	\$230,040	\$230,040

Of the 78 families joined to Hedgepeth in the 1<sup>st</sup> seven months of 2003, 13 or 16.7% have earned income and would fit the parameters of the proposed supplement. If we can annualize the numbers approximately 22 families would meet the supplement parameters. **The expanded criteria for population A would potentially make 2 additional families per month eligible for the supplement, or an additional 24 families per year.** The average applied income is \$310/case, leaving a cash grant of \$515.

	<b>GROSS</b>	<b>FEDERAL</b>	<b>STATE</b>	<b>LOCAL</b>
22 100% FA	\$134,640	\$67,320	\$33,660	\$33,660
<b>46 100% FA</b>	<b>\$281,520</b>	<b>\$140,760</b>	<b>\$70,380</b>	<b>\$70,380</b>
90% FA	\$121,176	\$60,588	\$30,294	\$30,294
	<b>\$253,368</b>	<b>\$126,684</b>	<b>\$63,342</b>	<b>\$63,342</b>
10% SN	\$ 13,464		\$ 6,732	\$ 6,732
	<b>\$ 28,153</b>		<b>\$14,076</b>	<b>\$14,076</b>
100% SN	\$134,640		\$67,320	\$67,320
	<b>\$281,520</b>		<b>\$140,760</b>	<b>\$140,760</b>

## **Population B**

Families that are ready to enter transitional housing from family shelter.

The eligibility criteria for these customers would be:

- 1) The family must be long term residents of the shelter system prior to the application for the shelter supplement. In special circumstances the County may exercise discretion in the required length of stay as described in Population A, 1.
- 2) The family must be eligible or receiving temporary assistance based on the standard of need without regard to the supplement
- 3) **The family must be compliant with their ILP for the last 4 months including compliance with Shelter Rules and Regulations**
- 4) No one in the mandatory filing unit can be in sanction status.
- 5) The household must contain a child under 18 or under 19 and a full-time student
- 6) The household cannot have willfully lost Section 8 assistance within the last two (2) years
- 7) The household must apply for Section 8 and take the benefit, if offered
- 8) The household must verify household composition and all non-temporary assistance household members must agree to contribute either their pro rata share of the rent or 30% of their gross income, whichever is less

### **Exception:**

If a co-tenant of record is not on TA and will be residing in the household, he/she will be deemed responsible for half of the rental obligation.

Third party contributions must be limited to \$100.00 monthly to assure that the TA family could make up the difference if the contribution were to cease.

- 9) The apartment/tenancy must meet all local housing code standards before any supplement would be paid.
- 10) The income of all household members and third party contributors must be verified to ensure the family will be able to maintain their tenancy in the future
- 11) The relationship of non-TA household members and third party contributors must be verified to ensure compliancy with TA regulations concerning legal responsibility
- 12) All household members who have no income must apply for public assistance
- 13) Household members who are not eligible for TA due to immigration status, but without income, will not be expected to contribute

## **Restriction of Rent**

As a condition of receiving the shelter supplement, the entire rent must be paid directly to the landlord. If the TA deficit does not cover the entire rent, the customer must verify on a monthly basis that the balance of rent due has been paid.

**Rebudgeting**

- 1) If a case becomes ineligible for TA, the shelter supplement must be discontinued. If the closing is due to excess income, eligibility for the RAP program should be explored
- 2) The shelter supplement should be discontinued if the family moves out of County/State
- 3) If a household member moves out, the standard shelter allowance and the shelter supplement must be adjusted based on the TA family size.
- 4) If the family moves to a new apartment, the eligibility for the supplement must be reevaluated based on the original criteria under which the supplement was originally approved

**COST**

15 families per month are referred to transitional housing. All of these families qualify for a supplement. We estimate that 10 families per month would secure housing with the supplement, the annual cost would be:

	Gross	Federal	State	Local
120 families 100% FA	\$1,226,880	\$613,440	\$306,720	\$306,720

**Population C**

The eligibility criteria for applicants/recipients disabled and/or receiving benefits who are homeless or facing homelessness are:

- 1) The family must have resided in the apartment or shelter for one year prior to the application for the shelter supplement. In special circumstances the County may exercise discretion in the required length of stay including unforeseen and uncontrollable circumstances the family may have encountered such as fire, flood or building condemnation.
- 2) The family must be eligible or receiving temporary assistance based on the standard of need without regard to the supplement.
- 3) There must be a court proceeding concerning the non-payment of rent, maintenance or mortgage where the applicant resides.
- 4) The non-payment of rent must not be due to the family's mismanagement of their income or willful withholding of rent.
- 5) The applicant/recipient must be the tenant of record and have a lease/tenancy agreement. The apartment/tenancy must meet all local housing code standards before any arrears or supplement would be paid
- 6) The receipt of supplement allows the applicant/recipient to remain in his or housing or the homeless family to move into permanent housing.

- 7) Arrears should be no more than four (4) months of rental obligation unless extenuating circumstances can be documented. Under no circumstances would arrears of more than six months be considered.
- 8) The co-tenant will be responsible for his/her portion of the arrears.
- 9) No one in the mandatory filing unit can be in sanction status.
- 10) The household must contain a child under 18 or under 19 and a full-time student in secondary school.
- 11) The household cannot have willfully lost Section 8 assistance within the last two (2) years.
- 12) The household must apply for Section 8 and take the benefit, if offered.
- 13) The household must verify household composition and all non-temporary assistance household members must agree to contribute either their pro rata share of the rent or 30% of their gross income, whichever is less.

**Exception:**

If a co-tenant of record is not on TA and is residing in the household, he/she will be deemed responsible for half of the rental obligation.

- 14) The income of all household members and third party contributors must be verified to ensure the family will be able to maintain their tenancy in the future.
- 15) The relationship of non-TA household members and third party contributors must be verified to ensure compliance with TA regulations concerning legal responsibility
- 16) All household members who have no income must apply for public assistance.
- 17) Household members who are not eligible for TA due to immigration status, but without income, will not be expected to contribute.

**Restriction of Rent**

As a condition of receiving the shelter supplement, the entire rent must be paid directly to the landlord. If the TA deficit does not cover the entire rent, the customer must verify on a monthly basis that the balance of rent due has been paid.

**Rebudgeting**

- 1) If a case becomes ineligible for TA, the shelter supplement must be discontinued. If the closing is due to excess income, eligibility for the RAP program should be explored.
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**Justification:**

With a vacancy made of less than 3% and the average rent in 2002 over the Fair Market Value, it is extremely difficult for TA customers to find affordable housing without some form of subsidy or supplementation in Westchester County. Therefore, Westchester County is opting to provide a supplement to working TA families with children who are homeless or facing homelessness.

The objective of the supplementation is two fold:

- a. To keep families together in the community and avert homelessness
- b. To support national and state goals of encouraging work by providing a supplement tied to a work incentive

**Cost**

Approximately 1,300 families have a family member that receives social security and/or SSI With the recent change in SSI budgeting and our review of the reasons for homelessness of current homeless families, we project that two families per month would be potentially eligible for the supplement.

Taking an average household size of three, the annual cost would be as follows:

	<b>GROSS</b>	<b>FEDERAL</b>	<b>STATE</b>	<b>LOCAL</b>
24 Families 100% FA	\$245,376	\$122,688	\$61,344	\$61,344

**Application and Checklist**

Shelter Supplement applicants must complete a #2921. Additionally, a Shelter Supplement Checklist must be completed by the eligibility worker and accompany the #2921 with supporting documentation.

Recipients of PA need not complete a new application, however, the Shelter Supplement Checklist must be completed and supporting documentation provided.



SECTION B

- 1) Has the family resided in the apartment or shelter for one year prior to the Application for the Shelter Supplement?  
\_\_\_\_\_ If Yes, continue \_\_\_\_\_ If No, stop/ineligible
- 2) a. Has the employed individual in the household worked for six months or more during the past two years?  
\_\_\_\_\_ If Yes, continue \_\_\_\_\_ If No, stop/ineligible
- 2) b. Is the employed individual in the household reasonably expected to stay employed?  
\_\_\_\_\_ If Yes, continue \_\_\_\_\_ If No, stop/ineligible
- 3) Is there a court proceeding concerning the non-payment of rent, maintenance or mortgage?  
\_\_\_\_\_ If Yes, continue \_\_\_\_\_ If No, stop/ineligible
- 4) )Is the non-payment of rent to the family's mismanagement of their income or willful withholding of rent?  
\_\_\_\_\_ IF No, continue \_\_\_\_\_ If Yes, stop/ineligible
- 5) Is the applicant/recipient the tenant of record with a lease/tenancy agreement?  
\_\_\_\_\_ If Yes, continue \_\_\_\_\_ If No, stop/ineligible
- 6) Will the receipt of the supplement allow the applicant/recipient to remain in his/her housing?  
\_\_\_\_\_ If Yes, continue \_\_\_\_\_ If No, stop/ineligible
- 7) Are arrears more than six months of rental obligation?  
\_\_\_\_\_ If No, continue \_\_\_\_\_ If Yes, stop/ineligible

Please note: Arrears can be authorized for 4 months, max. /6 months under extenuating circumstances.

If more than 4 months, explain:

SECTION C

- 1) Has the family resided in Westchester County for one year prior to the Application for the Shelter Supplement?  
\_\_\_\_\_ If Yes, continue \_\_\_\_\_ If No, stop/eneligible
- 2) Is the family compliant with their ILP for the last 4 months including compliance with Shelter Rules and Regulations?

