



Homes and Community Renewal

Division of Housing
and Community
Renewal

ANDREW M. CUOMO
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

OFFICE OF INTEGRATED HOUSING MANAGEMENT MEMORANDUM #2021 – B – 1

To: All Housing Company Owners, Managing Agents & Site Managers

From: Alfred Walcott, Director
Office of Integrated Housing Management

Date: January 12, 2021

Subject: Amended Revised Procedures for Submitting Applications and Quarterly Reports to Tenant Selection Unit

This memorandum amends the earlier issued Office of Integrated Housing Management (OIHM) Memorandum #2020 – B – 3 with respect to mandatory new procedure for submitting applications to tenant selection unit.

This memorandum is intended to serve as an important set of reminders and as guidance in your implementation of DHCR's Mitchell-Lama Tenant Selection Procedures. The guidelines set forth must be followed as instructed or applications will be delayed.

Application submissions will only be accepted through the drop box. **Do not mail or email applications.** Exempt Housing Companies will continue to submit HM-14A (Quarterly Tenant Selection Activity Reports) and AWL waiting lists by email only. Email quarterly reports to Tamara.Kitt@nyshcr.org and you must copy Patrice.Richardson@nyshcr.org, and Veda.Ramos@nyshcr.org. **Do not mail quarterly reports.**

Amended Procedures

- The most recent versions of the **HM-79** and **HM-80** (Rev. 1/2021) are attached and **MUST** be used for ALL application submissions dated on or after **January 11, 2021**. These forms contain the new web address and a designated area for the applicant's email address.
- We suggest sending an email in addition to the certified mailing of canvass and apartment availability letters.

- **Preparation of applications should be organized and submitted in the following manner:**
 - New Admission and Transfer Applications - First document must be the HM-14, second document HM-79 or HM-80, third document waiting list and all supporting documentation should follow. If the waiting list contains over 10 pages, it should be at the end of the application.
 - Succession Applications - First document must be the HM-14, second document HM-80S(including accurate vacate date), third document birth certificate(s) showing relationship, fourth document death certificate(death of tenant of record) or proof of vacate, fifth document letter relinquishing rights to applicant applying for succession and all supporting documentation should follow.
 - All scanned pages of an application must be facing the same direction and legible.
- Application submissions must be in PDF format only and labeled correctly as per the original procedures instructed in memo #2020 – B – 3.
- Resubmission of insufficient or disapproved out of order of selection applications must be complete and resubmitted through the drop box. Provide a new HM-14 and it must state “Re-submission” and enclose a copy of the previously processed HM-14 signed and dated by DHCR.
- To report a canceled apartment application assignment, you must use the originally submitted HM-14 that you are cancelling and email it to the application reviewer. The HM-14 must state “Canceled”, be signed or initialed by Housing Company and dated with cancellation date.

Quick Dropbox Guide

- Prepare and name document to be attached to drop box in the following format: (Housing Company Name – DHCR# – Applicant First & Last Name – Application# – Application Type)
- Install the **MySend** application, Click the following link:
<https://mysend.ny.gov:443/nys/send/to/dropbox/oihm-tenant-selection-applications>
- Download and install the **MySend** application which includes a mandatory plugin that MUST be installed in order to upload files to DHCR
- Title of drop box submission must be in the following format: (Housing Company Name – DHCR# – Applicant First & Last Name – Application# – Application Type)
- Attach application as pdf file. **One application per drop box submission.**
- **Click check box*** to accept Terms of Service
- **Click to* Send Package.**

Application Processing Time

Applications will be processed within 14 days (Succession applications 30 days). The processed HM-14 and HM-79 or HM-80 will be emailed to the contact person indicated on the HM-14.

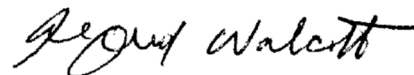
Ineligible Applicants

Housing companies notify ineligible applicants by mail, give them the basis for the determination, and advise them of their right to appeal within 14 days of notification by writing to **New York State Homes and Community Renewal, Office of Legal Affairs, Hampton Plaza, 38-40 State Street, Albany, NY 12207**. A copy of the ineligibility letter should be enclosed with their appeal.

Please forward this memorandum to all housing company employees responsible for submitting applications and quarterly reports for DHCR review.

- ❖ Should you have any questions regarding the above, please email Patrice Richardson Patrice.Richardson@nyshcr.org at and/or Veda Ramos-Perkins at Veda.Ramos@nyshcr.org.

Very Truly Yours,



Alfred Walcott

cc: D. Murphy, M. Stratos, J. Francois, V. Ramos, P. Richardson

(ENTER DEVELOPMENT NAME)

APARTMENT APPLICATION

(for federal programs)



Directions: Print or type all requested information and sign certification. Original application will be time and date stamped upon receipt and entered into NYS Homes and Community Renewal's Automated Waiting List (AWL) in chronological order. Applicant will be given a print out of AWL summary with application number. Applicants can monitor waiting list position and update their contact information using the AWL's public access function @ https://hcr.ny.gov/mitchell-lama-automated-waiting-list-apps-awl

Applicant Address:

Apartment #: Street Address: City:

State: Zip Code: Phone #: Phone #:

Email Address:

Head of Household: (Must be completed. Head of household must be 18 years of age or older.)

Table with 4 columns: Last Name, First Name, Social Security No., Age

Co-Head of Household: (Complete if applicable. Co-head must be 18 years of age or older.)

Table with 4 columns: Last Name, First Name, Social Security No., Age

Other Household Members: (List all other persons who will reside in apartment.)

Table with 4 columns: Last Name, First Name, Social Security No., Age

Apartment Size: (Select one or two sizes. Household size must meet applicable occupancy standards.)

Studio (1-2 persons) 1 Bdrm (1-2 persons) 2 Bdrm (2-4 persons) 3 Bdrm (4-6 persons) 4 Bdrm (5-8 persons)

Special Requirements: (Note that special requirements can extend your wait for an apartment.)

Gross Household Income: \$ (Enter total estimated income for all household members, from all sources, for the next 12 months.)

Veterans Admission Preference: If head- or co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.

Certification: (Head of household and co-head must sign and date.)

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying this information and I agree to furnish all required documentation.

Head of Household Signature: Date:

Co-Head of Household Signature: Date:

Summary table with columns: For Housing Company Use, For HCR Use. Includes fields for Application Date, AWL #, Bldg #, Apt #, # Bdrms, # Rental Rms, Basic Rent, Excess Income, Total Mthly Rent, Comment, Approved by, Date.

APARTMENT APPLICATION (Non-Federally Assisted Developments)



Directions: *Print or type all requested information and sign certification. Original application will be time and date stamped upon receipt and entered into NYS Homes and Community Renewal's Automated Waiting List (AWL) in chronological order. Applicant will be given a print out of AWL summary with application number. Applicants can monitor waiting list position and update their contact information using the AWL's public access function @ <https://hcr.ny.gov/mitchell-lama-automated-waiting-list-apps-awl>.*

Applicant Address:

Apartment #: _____ Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone #: _____
 Email Address: _____

Head of Household: *(Must be completed. Head of household must be 18 years of age or older.)*

| Last Name | First Name | Social Security No. | Age |
|-----------|------------|---------------------|-----|
| | | | |

Co-Head of Household: *(Complete if applicable. Co-head must be 18 years of age or older.)*

| Last Name | First Name | Social Security No. | Age |
|-----------|------------|---------------------|-----|
| | | | |

Other Household Members: *(List all other persons who will reside in apartment.)*

| Last Name | First Name | Social Security No. | Age |
|-----------|------------|---------------------|-----|
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Apartment Size: *(Select one or two sizes. Household must meet applicable occupancy standards.)*

Studio (1-2 persons) 1 Bdrm (1-2 persons) 2 Bdrm (2-4 persons) 3 Bdrm (4-6 persons) 4 Bdrm (5-8 persons)

Special Requirements: *(Note that special requirements can extend your wait for an apartment.):*

Gross Household Income: \$ _____ *Enter total adjusted gross income reported on the federal income tax returns for the prior calendar year for all household members, less \$1,000 for each personal and dependent exemption, and less \$20,000, or actual earnings if less, for each secondary wage earner.*

Veterans Admission Preference: *If head- or co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference. (Not applicable for Limited Dividend housing companies.)*

Certification: *(Head of household and co-head must sign and date.)*

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying this information and I agree to furnish all required documentation.

Head of Household Signature: _____ Date: _____
 Co-Head of Household Signature: _____ Date: _____

| Housing Company Use Only | | | | HCR Use Only: | |
|--|------------|----------|-------------------|-----------------|--------------|
| Application Date <i>(date original application stamped received):</i> / / | | | AWL #: | | Approved by: |
| Is this the original application? <i>(Check yes/no; if no, attach original application.)</i> | | | | Yes ___ | No ___ |
| Bldg #: | Apt #: | # Bdrms: | # Rental Rms: | Date: / / | |
| Mthly Rent/CC: | Utilities: | Total: | Equity, if co-op: | Comment: | |
| Max. Income: | Comment: | | | | |
| Approved by: | | | Date: / / | | |