

HOUSING CHOICE VOUCHER PROGRAM

Administrative Plan – Appendix A

Administrative Exhibits



State of New Jersey
Department of Community Affairs
Division of Housing and Community Resources

State Fiscal Year 2019
(July 1, 2019 – June 30, 2020)



<http://www.nj.gov/dca/divisions/dhcr/>

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State of New Jersey Department of
Law and Public Safety Division of
Law
Banking, Insurance and Public Securities Section
Richard J. Hughes Justice Complex
CN 112
Trenton, NJ 08625

April 21, 1988

U.S. Department of Housing
and Urban Development
Newark Area Office
Gateway 1, Raymond Plaza
Newark, New Jersey 07102
Attn: Area Office Director

Re: Certification of Department of Community Affairs, Division
of Housing and Urban Renewal, as a Public Housing Agency

Dear Sir/Madam:

The following is a brief review of the Department of Community Affairs' qualification as a "public housing agency" and its authorization to participate in the Section 8 Housing Assistance Program.

The State Housing Authority was created in 1933 as a result of the Public Housing Law, N.J.S.A. 55:15-1 et seq. As part of its enabling legislation, it was authorized to have state-wide responsibility for the acquisition, demolition, reconstruction and construction of public housing. N.J.S.A. 55:15-2,3 and 10. In 1944 the Authority was abolished but its respective functions, powers and duties devolved upon the Department of Economic Development. N.J.S.A. 52:27C-5. The devolution makes clear the Department of Economic Development succeeded to all of the powers of the Authority. N.J.S.A. 52:27C-18d. In addition, however, a Public Housing and Development Authority was specifically created within the Department. N.J.S.A. 52:27C-22. This "new" Authority was given additional powers including the power to apply for federal grants, acquire property by any lawful means and provide rental assistance grants.

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N.J.S.A. 52:27C-24. It was also specifically authorized to maintain and operate housing projects it was involved with. N.J.S.A. 52:27C-25.

In 1948 the Public Housing and Development Authority was transferred "intact" to the Department of Conservation and Economic Development. N.J.S.A. 13:1B-6. Shortly thereafter, by virtue of the State Housing Law of 1949, N.J.S.A. 55:14H7 et seq., the Authority's power to apply for grants, acquire property and administer housing projects was again greatly expanded. N.J.S.A. 55:14H-8, 9 and 10. Finally, in 1966 the Authority was continued as a body politic, but transferred to the Department of Community Affairs then being created, with its functions, powers and duties exercisable by the Commissioner of Community Affairs through the Division of Housing and Urban Renewal in that Department. N.J.S.A. 52:27D-22. Instructively, at that time the Department and Division and Commissioner were specifically authorized to apply for and accept grants from the federal government, in order to accomplish the purposes of the Department, and concomitantly, the Authority. N.J.S.A. 52:27D-10.

In light of the legislative history of the Public Housing and Development Authority and the rather specific powers granted to it to construct, administer and subsidize housing on a state-wide basis, it is my considered legal opinion that the Department, through the Division of Housing and Urban Renewal, qualifies as a "Public Housing Agency" within the meaning of Section 8 of the Housing Act of 1937, as amended by the Housing and Community Development Act of 1974, 42 U.S.C.A. 1437f(b)(1); as well as within the meaning of 24 C.F.R. 883.103. It is also abundantly clear that the Department is legally qualified and authorized to participate in the Section 8 Housing Assistance Payments Program.

Very truly yours,

W. Cary Edwards
Attorney General of New Jersey

By: /s/ _____
Eliaser Chaparro
Deputy Attorney General

Statement of Commitment to the Goal of Affirmatively Furthering Fair Housing

Equal housing opportunity for all persons, regardless of race, color, national origin, religion, age, sex, familial status, marital status, or disability, is a fundamental policy of the Department of Community Affairs (DCA). The DCA is committed to ensuring that all of its housing programs comply fully with all state and federal fair housing laws. The DCA will comply with the requirements of 24 C.F.R. §903.7 (o), *Civil rights certification*, to affirmatively further fair housing by examining its programs and proposed programs in order to identify any impediments to fair housing choice. Any impediments identified will be addressed in a reasonable fashion in view of the resources available. The DCA will also work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the DCA's involvement. The DCA will maintain records reflecting these analyses and actions.

Moreover, the DCA will implement the following proactive steps in addressing accessibility problems for persons with disabilities at an individual's request: (1) The program will assist applicants and participants gain access to supportive services available within the community (*but will not require eligible applicants or participants to accept such supportive services as a condition of continued participation in the program*); (2) In accordance with rent reasonableness requirements, the program will approve higher rents to property owners that provide accessible units with structural modifications for person with disabilities; and (3) The program will provide referrals of local Fair Housing and Equal Opportunity Offices to owners interested in making reasonable accommodations or units accessible to person with disabilities.

In addition, the DCA administers all housing assistance programs in a manner to affirmatively further fair housing by:

- Designing the field offices so that they are accessible to persons with disabilities.
- Providing translators to assist clients who are not proficient in English understand the program requirements and related documents.
- Providing all program applicants with fair housing information at their initial briefing including guidance on how to find a safe and affordable unit, and information about leasing provisions that are prohibited under the law.
- Collaborating with local Continuums of Care. Through this collaboration, the members of our staff become more aware of support services in the communities that may be accessed by disabled or non-disabled program applicants and participants. Such support services could include providing housing search assistance, and/or identifying public or private funding sources to assist persons with disabilities to cover the cost of accessibility features that are needed.

EXHIBIT 1-2

- Permitting program participants the opportunity to migrate from one housing program administered by the DCA to another housing program.
- Conducting data analysis reviews with the Lead Hazard Control Unit to identify housing problems for families with young children because of the presence of lead-based paint in housing built before 1978.
- Publishing waiting list opening notices (in English and Spanish) online on the DCA's website (<http://www.nj.gov/dca/>), in a local newspaper of general circulation, and by minority media and other suitable means.
- Providing applicants and participants with information detailing what actions or non-actions would initiate a complaint and providing literature detailing how to file a complaint with the Fair Housing Complaint Department. (The toll free number to report complaints is 1-800-669-9777. Persons with hearing or speech impairments should contact the Federal Information Relay Service number, which can be accessed via TTY by calling 1-800-887-8339.)
- Operating a voluntary housing counseling program to expand housing opportunity. This program will offer participants additional assistance in finding units in areas of higher opportunity across the state that are defined based on characteristics such as income, quality of education, employment opportunity, accessibility and other demographic measures.

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice of Placement on the Waiting List

<<Today's Date>>

<<Applicant Full Name>>

<<Applicant Address>>

<<Applicant CSZ>>

Dear <<Applicant Salutation>>:

I am pleased to inform you that you are eligible for assistance and have been placed on the <<Waiting List Name>> waitinglist.

Should your address or the size of your family change, you must contact this office to maintain your eligibility.

Sincerely,

Applicant Services

This notification will be e-mailed to applicants unless a request is made for delivery by regular mail.

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice of Removal from the Waiting List

<<Today's Date>>

<<Applicant Full Name>>

<<Applicant Address>>

<<Applicant CSZ>>

Dear <<Applicant Salutation>>:

A review of your application for housing assistance indicates that you are no longer eligible for placement on the waiting list for the reason marked below:

- We received duplicate applications for the same county; therefore, one is being removed.
- We received written documentation from you that you are no longer interested.
- We did not receive a response to our request for information.
- Our request for information mailed to your address was returned "undeliverable."
- Your annual income exceeds the income limit established by the U.S. Department of Housing and Urban Development.
- You are no longer eligible because _____

- You, or a household member, have violated program regulations, specifically: _____

If you have evidence that this determination is incorrect, you may request an informal review in writing within twenty days from the date of this notice to: Applicant Services Unit, P.O. Box 051, Trenton, NJ 08625-0051.

Sincerely,

Applicant Services

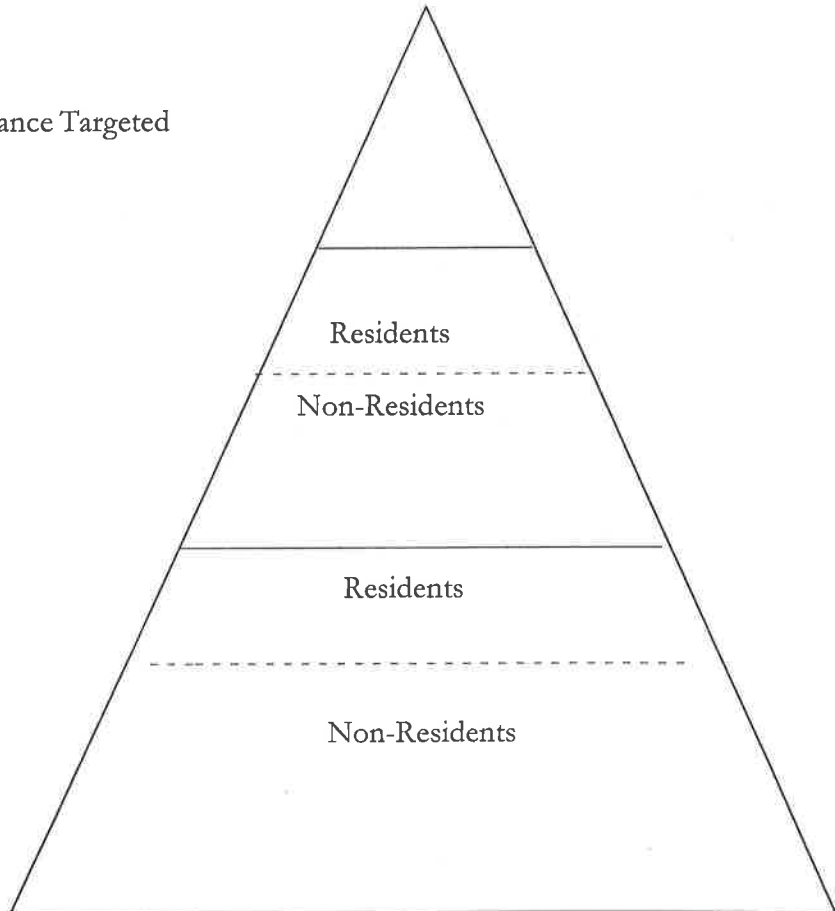
ILLUSTRATION OF THE DCA'S APPLICANT SELECTION POLICY

Tier 1. Special Admissions – Assistance Targeted
By HUD¹

Tier 2. Local Preferences:

- Households that include a person with disabilities
- Victims of domestic violence
- Veterans of the United States Armed Forces

Tier 3. No Preference



¹ The DCA will select a household that is not included on the waiting list, or without considering the household's waiting list position, if HUD awards the program funding that is targeted for households living in specified units.

Verification Standards for the Local Preferences

All documents received to verify a local preference must be dated and current. To be considered "current" a document must not be dated more than sixty (60) days before the issuance date of a Voucher to an applicant household. All certifications from a third party (including facsimile transmissions) must be on the agency's letterhead, dated and signed by the appropriate representative of the agency. If verifications are more than sixty (60) days old before a Voucher is issued, new written verifications must be obtained.

Households That Include a Person with Disabilities

1. Documentation from the Social Security Administration that a member of the household is a disabled person who is receiving Social Security Disability or Supplemental Security Income benefits; or
2. Certification from a physician, on a Certification of Disability form (EXHIBIT 5-3), that a member of the household is a person with disabilities.

Victims of Domestic Violence

Official correspondence from a social services agency, the local police department, a court of competent jurisdiction, a clergyman, a physician, or a public or private facility that provides shelter or counseling to victims of domestic violence that the applicant:

1. Is currently living in a housing unit in which a member of the household engages in such violence. The actual or threatened violence must be of a continuing nature or have occurred within the past 120 days; or
2. The applicant has been displaced because of domestic violence and is not currently residing in standard, permanent replacement housing.

Veteran of the United States Armed Forces

Only veterans discharged or released from active duty in the armed forces under honorable conditions are eligible for veterans' preference. This means you must have been discharged under an honorable or general discharge.

If you are a "retired member of the armed forces" you are not included in the definition of preference eligible unless you are a disabled veteran OR you retired below the rank of major or its equivalent.

To qualify for Veterans Preference, the Veteran must have served on active duty during a qualifying war era. Following documents will be needed to prove this service occurred:

- WD Form 53-55 or DD Form 214
- Honorable Discharge Certificate
- Additional documents as needed

The surviving spouse of a Veteran who died outside of service is entitled to the same preference as the Veteran, up until they remarry.

Qualifying War Era Service Dates

The amount of active duty service required to qualify for Veterans Preference varies by war era.

Regardless of war era, active duty service accrued during the following Reserve or National Guard training obligations does NOT count towards the Veterans Preference active duty requirement:

Basic Training

Advanced Training

Officer Candidate School

Weekend Drills

Annual Training

To qualify for Veterans Preference, the following war eras require at least 90 days of active duty service, begun within the specified windows:

World War II

September 16, 1940 to December 31, 1946

(including Merchant Marine Personnel)

Korean Conflict

June 23, 1950 to January 31, 1955

Vietnam Conflict

December 31, 1960 to May 7, 1975

To qualify for Veterans Preference, the following war eras require:

At least 14 days of active duty service begun within the specified window OR at least 1 day of active duty service begun within the specified window and received a service incurred injury or disability

The service was in the geographic area or on a ship patrolling the territorial water of the nation (or in airspace over it, in the case of Bosnia/Herzegovina)

Lebanon Crisis

July 1, 1958 to November 1, 1958

Lebanon Peacekeeping Mission

September 26, 1982 to December 1, 1987

Grenada

October 23, 1983 to November 21, 1983

Panama

December 20, 1989 to January 31, 1990

Operation Desert Shield/Desert Storm

December 20, 1989 to January 31, 1990

New Jersey Department of Community Affairs
Division of Housing and Community Resources

CERTIFICATION OF DISABILITY

RE: _____
(Name of person claiming disability)

The above-named person is a member of a household that has applied to participate in a federally assisted housing program administered by the New Jersey Department of Community Affairs. To determine program eligibility, we must verify whether he or she is a "person with disabilities" as defined by the U.S. Department of Housing and Urban Development.

As defined on page i of the Family Report form HUD-50058 (6/2004), a person with disabilities has one or more of the following:

- (a) A disability as defined in Section 223 of the Social Security Act;
- (b) A physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions; or
- (c) A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act.

PHYSICIAN'S CERTIFICATION

I certify that the above referenced person:

- Is a person with disabilities; or
- Is **not** a person with disabilities.

Physician's Name _____

Address _____

Telephone Number _____

Physician's Signature _____

Date of Signature _____

Operations Southern and Northern Watch

August 27, 1992 to current

Somalia

December 5, 1992 to March 31, 1994

Bosnia and Herzegovina

November 20, 1995 to December 20, 1998

Haiti

September 19, 1994 to March 31, 1995

Operation Enduring Freedom

September 11, 2001 to current

Operation Iraqi Freedom

March 19, 2003 to current

VARIATIONS TO THE STANDARD SELECTION POLICY

Mainstream Program

The Mainstream Program assists households in which the head of household or spouse is a person with disabilities. The program administers 316 Mainstream Vouchers in Atlantic, Burlington, Cape May, Cumberland, Essex, Gloucester, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, and Union Counties. Mainstream Vouchers combine housing assistance and appropriate supportive services that are provided by local social service agencies. The program assists individuals in gaining access to the supportive services in their community. The person with disabilities, however, is not required to accept the services as a condition of participation in the program.

The DCA will first review its regular Housing Choice Voucher Program waiting list in selecting applicants for admission to the Mainstream Program. Households in which the head of household or spouse is a person with disabilities that are included on a county waiting list where the Mainstream Program is administered will be offered a Mainstream Voucher. If the waiting list does not include any eligible households, the DCA will perform outreach activities to local social service and non-profit agencies.

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice of Change in Preference

<<Today's Date>>

<<Applicant Full Name>>

<<Applicant Address>>

<<Applicant CSZ>>

Dear <<Applicant Salutation>>:

The Housing Choice Voucher Program has performed a review of your *Application for Housing Assistance*, and any supporting documentation. It was determined that your household's current circumstances required a change in your position on the waiting list.

Your household's *Application for Housing Assistance* remains on the <<Agency>> County waiting list, but your position on the waiting list has been downgraded because (specify the reason why the applicant's claim of a local preference was denied).

If you believe that this determination is incorrect, an informal review may be requested by writing within twenty days of the date of this letter. Your request must be sent to:

Housing Choice Voucher Program Regional Supervisor
Division of Housing and Community Resources
<<Field Office Address>>
<<City, State, Zip Code>>

Sincerely,

<<User Name>>

Disclosure and Verification of Social Security Numbers

The documentation necessary to verify the Social Security Number (SSN) of an individual who is required to disclose his or her SSN includes:

1. An original SSN card issued by the Social Security Administration (SSA);
2. An original SSA-issued document which contains the name and SSN of the individual; or
3. An original document issued by a federal, state, or local government agency which contains the name and SSN of the individual.

In accordance with 24 C.F.R. §5.216, *Disclosure and verification of Social Security and Employer Identification Numbers*, these requirements apply to assistance applicants and program participants².

Applicants – Each member of the applicant’s household, regardless of age, must disclose and verify their SSN when the applicant’s eligibility to participate in the program is being determined. A household on the waiting list will not be provided housing assistance until such time as all household members have disclosed and verified a valid SSN. However, if the household is otherwise eligible to participate in the program, the household may maintain their position on the waiting list for no more than 90 days to provide each member of the applicant household with an opportunity to comply with the SSN disclosure and documentation requirements.

Participants – Each member of the household (except those age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010) must disclose and verify their SSN if the member has:

- Not previously disclosed a SSN;
- Previously disclosed an invalid SSN; or
- Been issued a new SSN.

Each member of the household subject to the disclosure requirements must disclose and verify their SSN at the next interim or annual reexamination of income and household composition.

Addition of a New Household Member – When a program participant requests to add a new household member who is at least 6 years of age, or is under the age of 6 and has an assigned SSN, the participant must disclose and verify the new member’s SSN at the time of the request, or at the time of processing the interim or annual reexamination of household composition that includes the new member.

When a program participant requests to add a new household member who is under the age of 6 and has not been assigned a SSN, the participant is required to disclose and verify the child’s SSN within 90 calendar days of the child being added to the household. The program may grant an extension of one additional 90-day period if the program, in its discretion, determines that the participant’s failure to comply was because of circumstances that could not have reasonably been foreseen and were outside the control of the participant.

² Individuals who do not contend eligible immigration status are exempt from the requirement to disclose a SSN.

Guidelines for Submission of Notice to the Landlord by a Program Participant

The household must provide written notice to their landlord regarding their intention to vacate the landlord's unit before moving from the assisted housing unit.

The notice must specify the household's final day of occupancy. (The last day of occupancy must be the last day of a month.)

The household is responsible for insuring that their landlord receives the written notice within the time period specified in their lease agreement.

A copy of the written notice that the household provides to the landlord must be mailed to the program on the same day that the notice is given to the landlord.

It is recommended that the notice to the landlord be sent certified mail return receipt requested so that the household has evidence of complying with the notice requirement of their lease agreement. The program will also verify with the landlord that he or she received the notice and that the household has not violated any other provisions of their lease agreement.

Under New Jersey law, a termination of tenancy notice from the owner to the tenant is not good cause for eviction. Assistance will continue if the tenant decides to remain in the housing unit.

Sample Notice by Tenant to Terminate Lease Agreement

I, <<Head of Household>>, the tenant, hereby give notice to <<Owner Name>>, the landlord, of my household's intention to vacate the assisted housing unit located at <<Unit Address>> owing no rent. The final day of our occupancy will be the last day of _____, 20 _____, and the unit will be free of damages beyond normal wear and tear.

Tenant's Name (print)

Tenant's Signature

Date

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice of Extension of Voucher

<<Today's Date>>

Dear <<Applicant Full Name>>:

I have received your written request for an extension of your Voucher.

Your request for an extension has been approved and the expiration date of your Voucher is now <<Date>>. This means that you must give the program a *Request for Tenancy Approval* form signed by you and the owner of suitable housing by the date specified above.

Until the expiration date on the Voucher issued to you can be amended, it is recommended that you keep this letter in a safe place with your other important papers and documents.

Should you have any questions regarding this notice, please do not hesitate to call my office at <<PHA Phone>>.

Sincerely,

Program Representative

cc: case file

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice of Expiration of Voucher

<<Today's Date>>

Dear <<Applicant Full Name>>:

Please be advised that the period of time you have to locate housing that is eligible for assistance under the Housing Choice Voucher Program will expire on <<Date>>. This is at least sixty days from the date your Voucher was issued.

It has been determined that there will be no extension of your housing search period. Therefore, if the program has not received a *Request For Tenancy Approval* form by the expiration date, your Voucher will expire. Should you be unsuccessful in locating housing, you may submit a new *Application For Housing Assistance* if the program is accepting applications.

Please do not hesitate to call my office at <<PHA Phone>> if you have any questions regarding this notice.

■
Sincerely,

Program Representative

cc: case file

**Notice of
Disapproval**

Dear Mr./Ms. XXXXXXXXXXXX:

This is a written acknowledgment that the *Request for Tenancy Approval* form that you submitted for the rental unit located at _____ was received on the _____ day of _____, 20_____.

As indicated below, this *Request for Tenancy Approval* has been disapproved for the following reason(s):

1. The <i>Request for Tenancy Approval</i> was received after the expiration date of your Voucher.	6. The <i>Request for Tenancy Approval</i> has a requested beginning date for the lease (Item #3) that is more than 30 days beyond the expiration date of your Voucher.
2. You did not sign the <i>Request for Tenancy Approval</i> form.	7. The proposed unit does not meet the program's housing quality standards. A copy of our program's inspection report is attached.
3. The owner of the proposed rental unit did not sign the <i>Request for Tenancy Approval</i> form.	8. The tenant-paid utilities are not separately metered.
4. A copy of the owner's proposed lease was not attached.	9. If the initial gross rent for a unit exceeds the payment standard, the family share must not exceed 40 percent of the family's adjusted monthly income.
5. The <i>Request for Tenancy Approval</i> does not have a requested beginning date of the lease.	10. Other _____ _____

You are advised that your Voucher will expire on the _____ day of _____, 20_____. Any subsequent *Request for Tenancy Approval* that you submit to this agency, for the rental unit identified above or any other rental unit must be received no later than this date to be considered.

Sincerely,

Program Representative

cc: Owner

EXHIBIT 9-2

**Preliminary Estimate of Family Contribution
And Housing Assistance Payment**

<<Today's Date>>

Head of Household
Mailing Address
City, State and Zip Code

Dear Mr./Ms. XXXXXXXXXXX:

Effective on (Date)____, your portion of the rent is estimated to be \$____. You will receive a final written determination of your contribution from our Payment Auditing Section in Trenton.

This estimate is for a:

- New Admission
- Annual Reexamination
- Interim Reexamination
- Portability Move-in

Rent to Owner	<<Contract Rent>>
Housing assistance payment to the Owner	<<HAP>>
Amount of rent you pay to the Owner	<<Tenant Rent>>

Please contact this office at <<PHA Phone>> if you have any questions regarding this estimate.

Sincerely,

Program Representative

cc: Owner
Tenant File

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice of Housing Assistance Payment and Family Contribution

<<Today's Date>>

<<Tenant Mailing Address>>

Re: Housing Assistance Payments Contract Number <<Tenant ID>>

Dear <<Tenant Full Name>>:

The Housing Assistance Program has determined your contribution and the Housing Assistance Payment to the Owner for the housing unit located at <<Unit Address>>.

Total monthly rent: \$<<Contract Rent>>

Amount of housing assistance the program pays to the Owner: \$<<HAP>>

Amount of rent you pay to the Owner: \$<<Tenant Rent>>

Additional payment to you for utilities: \$<<Utility Reimbursement>>

These payments are effective from <<Effective Date>> and will continue until <<Lease Date End>> unless the program authorizes an adjustment or the Housing Assistance Payments Contract is cancelled.

If you have any questions please contact <<User Name>> at <<PHA Phone>>.

cc: <<Owner Name>>
<<Owner Address>>
<<Owner CSZ>>

Request for HUD Approval of Exception Payment Standard Amount

Pursuant to 24 C.F.R. §982.503 of the federal regulations, a higher payment standard amount within the upper range (between 110 percent and 120 percent of the published FMR) is requested as a reasonable accommodation for the following household that includes a person with disabilities:

Head of Household Name _____

The household is: A Voucher holder, or Unit address: _____
 A program participant _____

Unit Size _____ Voucher Size _____ Number of Household Members _____

	<u>Current</u>	<u>Proposed</u>
Rent to Owner	\$ _____	\$ _____
Utility Allowance	\$ _____	\$ _____
Gross Rent of Unit	\$ _____	\$ _____

Requested beginning date of lease _____ Proposed Payment Standard _____

Does the family currently reside in the unit? Yes No Monthly Adjusted Income \$ _____

Describe the unique needs of the household that are met by this unit: _____

I certify that the requested gross rent for the subject unit is reasonable and that the unit cannot be rented for less.

Signature _____ Date _____
 Field Office Supervisor

Pursuant to 24 C.F.R. §982.503 of the federal regulations, the requested higher payment standard amount for the household listed above is approved.

Signature _____
Director, Office of Public Housing

Date _____

Notice of Termination of Housing Assistance Payments Contract

<<Today's Date>>

<<Owner Name>>
<<Owner Address>>
<<Owner CSZ>>

RE: <<Tenant Full Name>>
<<Tenant ID>>

Dear <<Owner Salutation>>:

Please be advised that the Housing Assistance Payments Contract negotiated on behalf of <<Tenant Full Name>>, for the unit located at <<Unit Address>>, has been cancelled effective <<Termination Date>> in accordance with program regulations.

Therefore, the program will no longer make housing assistance payments for this dwelling unit after the date specified above.

Should you require any additional information, please contact your program representative at <<PHA Phone>>.

Sincerely,

Housing Assistance Element

cc: <<Tenant Mailing Address>>

Notice of Reexamination Appointment

<<Today's Date>>

<<Tenant Full Name>>

<<Tenant Address>>

<<Tenant CSZ>>

Dear <<Tenant Full Name>>:

Housing assistance provided to you at your current address is scheduled to terminate on <<Recert Date>> unless the information in your file is updated. If you wish to have your housing assistance continued, you and all members of your household age 18 and over must complete each of the enclosed forms as follows:

1. Authorization for the Release of Information. This form must be signed by you and all persons age 18 and over who will reside in the assisted unit.
2. Tenant Information Form. This form must be completed and signed by you. All current income information (wages, Social Security, bank accounts etc.) for all persons who will reside in the assisted unit must be provided as well as any documentation for medical or child care expenses, if applicable.

In addition, you must provide, if you have not done so already, Social Security cards and birth certificates for all members of your household. Please have these documents, and any other requested documents with you at your recertification appointment. We have scheduled your recertification appointment at our office for the following date and time:

Appointment Date: <<Appointment Date>> Appointment Time: <<Appointment Time>>

If you are unable to keep this appointment you must notify us immediately at <<PHA Phone>> so we can reschedule. Failure to keep this appointment for any reason may result in the termination of your housing assistance.

Sincerely,

<<User Name>>

INTERIM REEXAMINATION POLICY

Pursuant to program regulations, a participant may request an interim reexamination of household income or composition because of any changes since the last determination by the program. Verification rules are the same as those used for annual reexaminations, except only those factors that changed will need to be verified at an interim reexamination. (The program does not apply a new payment standard amount for interim reexaminations.)

The policy of the DCA to make a change in the tenant rent to owner because of an interim reexamination is as follows:

Increasing the Tenant Rent to Owner

The DCA will increase the tenant rent to owner only under the following circumstances:

- The household reports that a member of the household is now receiving income from a new income source; or
- The household reports an increase in their total annual income that is equal to or greater than 10 percent of the household's current annual income.
- The household reports a new household member who has income that must be included in the family's total annual income.

All changes in income must be reported to the field office, in writing, within ten (10) days. Such changes must be reported within ten (10) days of the commencement of employment or training period, not when the first paycheck is received.

Decreasing the Tenant Rent to Owner

The DCA will decrease the tenant rent to owner if the household requests an interim reexamination of household income or composition and the reexamination of the household's current circumstances corroborates that a reduction in the tenant rent to owner would result.

Note: Documentation of the household's current circumstances must meet the DCA's verification requirements (see Appendix A-1).

Note: A participant in the Family Self-Sufficiency Program who receives an increase in wages may request an interim reexamination to establish an escrow account or to increase an existing escrow account.

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice of Suspension of Housing Assistance Payments

<<Today's Date>>

<<Tenant Full Name>>

<<Tenant Address>>

<<Tenant CSZ>>

Dear <<Tenant Full Name>>:

The Housing Assistance Program has determined that you have breached your Housing Assistance Payments Contract with the program because you have failed to maintain the assisted unit in accordance with the housing quality standards.

Unit Address: <<Unit Address>>

<<Unit CSZ>>

Tenant Name: <<Tenant Full Name>>

The suspension of housing assistance payments is effective on: <<Effective Date>>.

Housing assistance payments will be suspended until such time as the program verifies that you have taken the proper corrective actions. Resumption of housing assistance payments will only be for the time period after corrective action has been completed and verified. If you require additional information, please contact our office at <<PHA Phone>>.

Sincerely,

<<Inspector>>

<<Tenant Mailing>>

cc: <<Owner Name>>

<<Owner Address>>

<<Owner CSZ>>

Request for Portability

Part I. To Be Completed By the Head of Household (Please Print)

Name _____ SS# _____

Address _____

City/State _____ Zip _____

Telephone Number: Home _____ Work _____

Complete the following regarding the jurisdiction you want to move to:

Municipality _____

County _____ State _____

Name of Public Housing Authority _____

Address _____

City/State _____ Zip _____

Telephone _____

Name of the Portability Officer _____

Signature of the Head of Household _____

Part II. To Be Completed By the DCA Field Office Supervisor

Voucher Number _____

The household is:

- A Voucher holder; or
- A program participant in good standing.

If a Voucher holder, I have verified that the applicant household is income eligible in the receiving PHA's jurisdiction.

If a program participant, the HAP Contract termination date is: _____

Signature _____ Date _____

State of New Jersey
Department of Community Affairs Division of
Housing and Community Resources Field Office
Address
City, State and Zip Code

<<Today's Date>>

Name
Address
City, State, Zip Code

Dear Mr./Ms. _____:

Our office has received your request to move to the jurisdiction of this agency. Before we can proceed with the transfer, however, we must schedule a program briefing. This briefing ensures you that you have the information and the materials that are required by the Housing Choice Voucher Program regulations. Your attendance is mandatory and lease negotiations will not begin until you have had the benefit of a program briefing.

Please follow the instructions for the item that is checked:

- 1. Please contact your program representative, _____, at <<PHA Phone>> to schedule your program briefing.
- 2. Your program briefing is scheduled for _____, 20____ at _____ a.m./p.m. at our office, which is located at the above address.
- 3. A program representative will contact you to schedule you for a program briefing.

If item 1 or item 2 is checked, please contact this office at <<PHA Phone>> to schedule your program briefing or to confirm your attendance at a scheduled program briefing. If you do not contact this office by _____, we will assume that your household is no longer interested in transferring to the jurisdiction of this office and your file will be returned to the initial public housing agency.

Sincerely,

Field Office Supervisor

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Inspection Notification Letter

<<Today's Date>>

<<Tenant Name>>
<<Tenant Mailing Address>>
<<Tenant CSZ>>

<<Dear Tenant Full Name>>:

Under federal regulations, all housing units occupied by families receiving rental assistance must be inspected at least once a year. An inspection of the housing unit you currently occupy is scheduled as follows:

Date: <<Inspect Date>>

Time: <<Inspect Time>>

Unit: <<Unit Address>>
<<Unit CSZ>>

If you cannot be present on the inspection date, you must call <<Inspector>> at <<PHA Phone>> and arrange for an alternative inspection date.

cc: <<Owner Name>>
<<Owner Address>>
<<Owner CSZ>>

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice of Suspension of Housing Assistance Payments Contract

<<Today's Date>>

<<Owner Name>>
<<Owner Address>>
<<Owner CSZ>>

Dear <<Owner Name>>:

The Housing Assistance Program has determined that you have breached your Housing Assistance Payments Contract with the program because you have failed to maintain the assisted unit in accordance with the housing quality standards.

Unit Address: <<Unit Address>>
<<Unit CSZ>>

Tenant Name: <<Tenant Full Name>>

The suspension of housing assistance payments is effective on: <<EffectiveDate>>.

Housing assistance payments will be suspended until the program verifies that you have taken the proper corrective actions. Resumption of housing assistance payments will only be for the time period after corrective action has been completed and verified.

If you require additional information, please contact our office at <<PHA Phone>>.

Sincerely,

<<User Name>>

Copy to: <<Tenant Mailing>>

Guidelines for the Suspension of Housing Assistance Payments

The terms of the Housing Assistance Payments Contract permit the DCA to reduce the amount of housing assistance or terminate the contract when a property owner fails to maintain and operate the contract unit and related facilities in decent, safe and sanitary conditions. These procedures outline the requirements to suspend payments or terminate a contract when an assisted unit fails an annual inspection or a special inspection. A HAP Contract may be suspended for a maximum of 180 days (see 24 C.F.R. §982.455, *Automatic termination of HAP Contract*).

Annual Inspections

- Written notice of any HQS violations, and the deadline to correct the violations, is sent to the property owner (see EXHIBIT 14-4).
- When the owner certifies that the required repairs have been completed by returning a signed copy of the *Inspection Summary*, a reinspection of the unit is scheduled (unless the Field Office Supervisor decides to rely on the owner's certification and the tenant's confirmation that the required repairs have been completed).
- If the owner does not contact the program by the repair deadline, the program will contact the owner and/or the tenant to determine if the unit is ready for reinspection.
- If the unit is not ready for reinspection, the program may provide the owner with an extension of the deadline based upon the nature of the work, to allow for the late delivery of supplies, difficulty in scheduling contractors, inclement weather, or another valid reason.

- If the violations are not corrected by the deadline, or within the extension period, the program representative will suspend or abate future housing assistance payments.
- If the household has given proper notice to vacate, a new Voucher is issued to the household unless the program has grounds to deny issuance (see 24 C.F.R. §982.552, *PHA denial or termination of assistance for family*).
- If the violations are corrected during the housing search period, housing assistance payments may resume, however, housing assistance payments will not be made for the period the unit did not comply with the HQS.
- If the necessary repairs are not completed by the deadline, the HAP Contract is terminated and a new Voucher is issued to the household unless the program has grounds to deny issuance.
- The rent to owner may be adjusted when the unit complies with the HQS.

Special Inspections

- A special inspection is scheduled if a program participant contacts the program about a serious HQS violation.
- If the unit fails the inspection because of a life threatening condition, written notice of the HQS violation, and the deadline to correct the violation, is sent to the property owner (EXHIBIT 14-4).
- If the violation has not been corrected by the deadline, the program representative will suspend or abate future housing assistance payments.

- Housing assistance payments may resume when the HQS violation has been corrected. To resume payments, the program representative removes the abatement from the Transactions screen of the Housing Pro system.
- If the program participant notifies the program that the household wants to relocate, or if the household is required to move because of overcrowding, a new Voucher is issued as soon as possible, unless the program has grounds to deny issuance of a new Voucher (see 24 C.F.R. §982.552, *PHA denial or termination of assistance for family*).
- The household must give the property owner proper notice in accordance with the lease. A participant may give a shorter notice than the lease requires if circumstances warrant, for example: lack of heat, contaminated water, or other serious conditions that would jeopardize the health and safety of the members of the household.

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Inspection Fail Notice

<<Today's Date>>

<<Owner Name>>
<<Owner Address>>
<<Owner CSZ>>

Dear <<Owner Name>>:

On <<Inspect Date>>, this office conducted an inspection of your dwelling unit located at <<Unit Address>> in <<Unit City>> occupied by <<Tenant Name>>. We have determined that the following corrective action is required to place this dwelling unit in compliance with the federal housing quality standards (HQS):

(See attached inspection report)

The above repairs must be completed within 30 calendar days of the date of this letter. Repairs must be completed no later than << Today's Date Plus 30>>. Please sign and return to the above address as soon as the repairs are completed. A reinspection will be set up upon receipt of this letter signed by you acknowledging that all repairs have been completed. Failure to complete these repairs will result in the housing assistance payments being abated. No further payments will be made until the unit satisfactorily passes the HQS.

If you have any questions about this inspection please contact this office at <<PHA Phone>>.

Sincerely,

<<Contact>>

I certify that all repairs to items listed above were completed on _____

X _____
owner/landlord

cc: <<Tenant Name>>
<<Tenant Address>>
<<Tenant CSZ>> HP Letter 3

Date _

Breach of the Housing Quality Standards by the Household

The program regulations at 24 C.F.R. §982.404(a)(4) state that: “The owner is not responsible for a breach of the HQS that is not caused by the owner, and for which the family is responsible (as provided in §982.404(b) and §982.551(c)). (However, the PHA may terminate assistance to a family because of HQS breach caused by the family.)” These procedures allow the owner to continue receiving housing assistance payments while affording the household an opportunity for an informal hearing prior to termination of the HAP Contract.

The following procedures are used to enforce the household’s obligations regarding the HQS and to initiate the termination process in accordance with 24 C.F.R. §982.552.

Annual Inspections

- The tenant is notified in writing of the HQS violation(s) and the deadline to correct the violation(s) (see EXHIBIT 14-6 and EXHIBIT 14-7).
- The program representative may provide the tenant with a deadline extension based upon the nature of the work, to allow for the late delivery of supplies, difficulty in scheduling contractors, inclement weather, or another valid reason.
- If the violation(s) have not been corrected by the deadline, or any DCA-approved extension, the program representative will suspend or abate future housing assistance payments.

- The program representative must commence the program's standard termination procedures. A Warning of Adverse Action (EXHIBIT 16-4) is mailed to the household and an Initial Notice to Terminate Housing Assistance Payments Contract (EXHIBIT 16-3) is sent to the owner.

Special Inspections

- A special inspection is scheduled if a program participant contacts the program about a serious HQS violation.
- The tenant is notified in writing of the HQS violation(s) and the deadline to correct the violations (see EXHIBIT 14-6 and EXHIBIT 14-7).
- If the violation(s) have not been corrected by the deadline, standard termination procedures are instituted. A Warning of Adverse Action (EXHIBIT 16-4) is mailed to the household and an Initial Notice to Terminate Housing Assistance Payments Contract (EXHIBIT 16-3) is sent to the owner.

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice to Tenant For Repairs to an Assisted Unit

<<Today's Date>>

<<Tenant Mailing>>

Dear <<Tenant Full Name>>:

An inspection of your housing unit was completed in compliance with the U.S. Department of Housing and Urban Development's requirements for the Housing Choice Voucher Program.

The inspection revealed a number of conditions that failed to meet the federal housing quality standards (HQS). The item(s) indicated as "failed" on the attached *Inspection Summary* report are the responsibility of your household to correct. You are further advised that it is a regulatory obligation (24 C.F.R. §982.551(c)) for a participant in the Housing Choice Voucher Program to correct a HQS violation caused by the household. Written consent of the landlord must be obtained before any repairs are started.

The deadline for correction of the violation(s) is <<Repair Due Date>>.

When the HQS violations have been corrected, please sign, date and return the attached *Inspection Summary* report to me. Upon my receipt of this certification, a reinspection of your rental unit will be scheduled. Failure to provide the required certification by the deadline will be considered as evidence that you do not intend to correct the HQS violation(s) and procedures to terminate your household's participation in the Housing Choice Voucher Program will be implemented.

Please contact me at <<PHA Phone>> if you require any additional information or clarification regarding this matter. Thank you for your cooperation.

Sincerely,

<<User Name>>

cc: <<Owner Name>>
<<Owner Address>>
<<Owner CSZ>>

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice To Tenant To Restore Utility Service

<<Today's Date>>

<<Tenant Mailing>>

Dear <<Tenant Full Name>>:

Our office has learned that you are in violation of your lease agreement for failure to maintain the utility service(s) that are your responsibility. As indicated below, you are not providing the following utility service(s):

- Gas
- Electricity
- Fuel oil
- Water
- Sewer

Your failure to maintain the utilities means that your housing unit is not in compliance with the program's housing quality standards and that you have violated one of your regulatory obligations (24 C.F.R. §982.551) as a participant.

Utility services(s) must be restored on or before _____.

Unless you bring documentation to my office before the above deadline that verifies utility services has been restored to your unit, procedures to terminate your household's participation in the Housing Choice Voucher Program will begin. Acceptable documentation is a paid bill from the utility company showing that your account is current or a letter from the utility company stating that the service has been restored and the date when the utility was turned back on.

Please contact my office at <<PHA Phone>> if you have any questions regarding this matter.

Sincerely,

<<User Name>>

cc: <<Owner Name>>
<<Owner Address>>
<<Owner CSZ>>

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Inspection Final Warning Letter

<<Today's Date>>

<<Owner Name>>
<<Owner Address>>
<<Owner CSZ>>

Dear <<Owner Name>>:

On <<Repair Letter Date>>, this office sent you a letter following an inspection of your dwelling unit located at <<Unit Address>> in <<Unit City>> occupied by <<Tenant Name>>.

That letter stated that repairs to your unit were required to place the unit in compliance with the housing quality standards (HQS). As of this date, our records indicate that all of the required work has not been completed and inspected. These repairs must be completed or your rental assistance payments will be abated. Payment cannot be made on a unit that is substandard. Below is a listing of the required repairs that have not been completed:

(See attached inspection report)

If you have any questions please contact this office at <<PHA Phone>>.

Sincerely,

<<Contact>>

cc: <<Tenant Name>>
<<Tenant Address>>
<<Tenant CSZ>>

Guidelines for the Submission of a Notice of Intent to Terminate

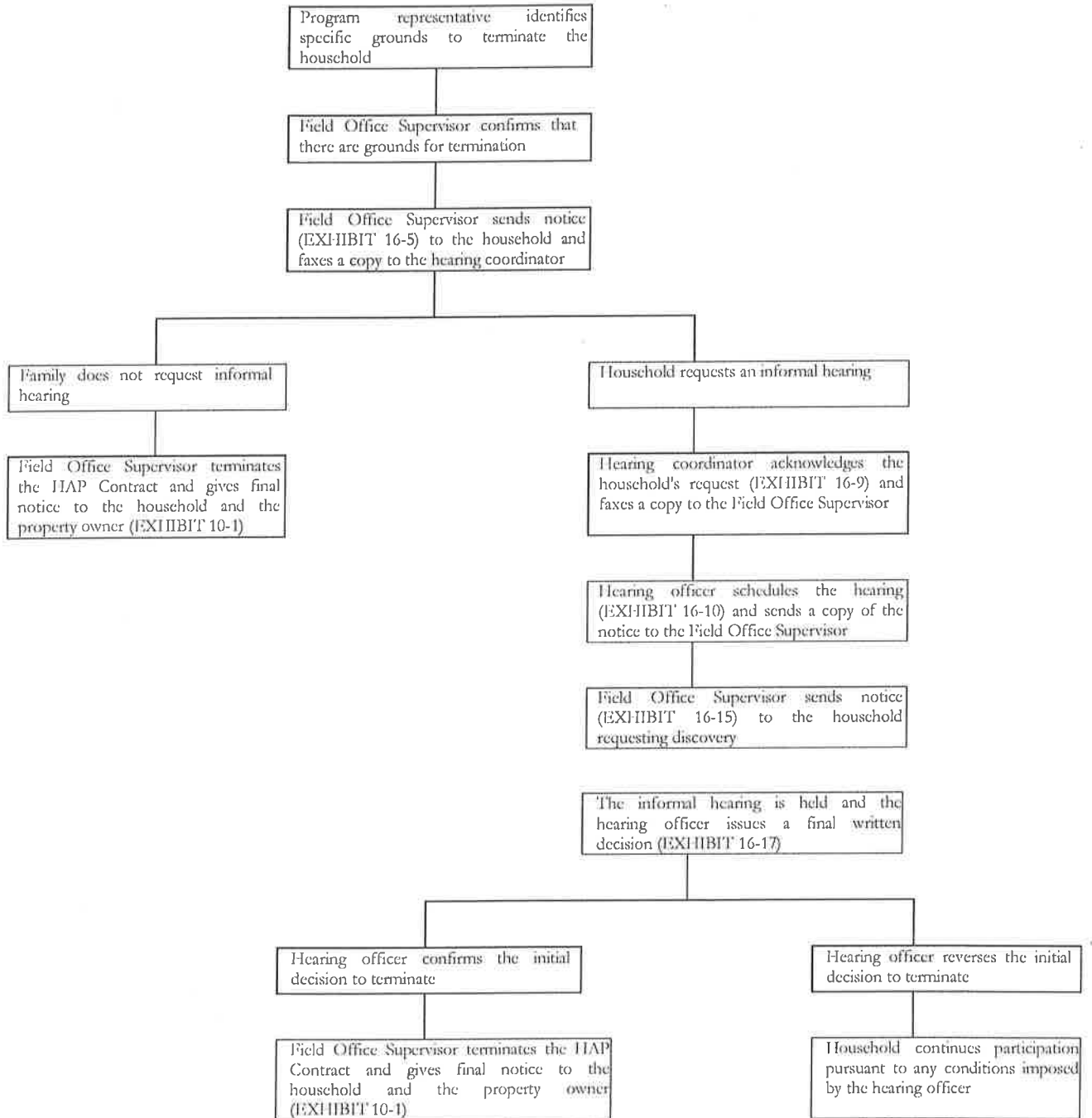
1. A program representative determines that there are grounds to terminate a participant in accordance with 24 C.F.R. §982.552.
2. A pre-termination conference should be conducted where appropriate.
3. Until the Hearing Officer issues a final decision, and as long as the tenant resides in the assisted unit, all functions normally performed to certify or recertify the household's participation must continue to be performed.
4. The program representative compiles all pertinent information and presents this evidence to the Field Office Supervisor for review and consideration. The Field Office Supervisor may consult with the Regional Supervisor depending upon the complexity of the issue.
5. If the Field Office Supervisor confirms that grounds to deny or terminate the household exist, the Field Office Supervisor ensures that at least thirty (30) days advance written notice (EXHIBIT 16-5) of the "initial decision" is provided to the household. A copy of the notice to the household is faxed to the central office to the attention of the Hearing Coordinator.
6. The Hearing Coordinator takes action when the period to request an informal hearing (twenty (20) days) has expired or the request for an informal hearing is received by the deadline. If a written request from a household is not received by the deadline, the notice originally faxed by the Field Office Supervisor is faxed back to the Field Office Supervisor with a cover sheet, signed and dated, confirming that the household did not respond. The program representative sends final notice of termination to the household and the owner (EXHIBIT 10-1).
7. When a written request for an informal hearing is received by the deadline, the Hearing Coordinator will:
 - Reject in writing any request when the DCA is not required to provide an informal hearing in accordance with 24 C.F.R. §982.555;
 - Order corrective action, with notification, if program staff clearly erred in the decision; or
 - Acknowledge the household's hearing request (EXHIBIT 16-9) and forward the hearing request to the Hearing Officer who will schedule a review or a hearing.
8. The Hearing Officer schedules the informal hearing (EXHIBIT 16-10) and prepares a "final decision," in writing, to the household, within fifteen (15) business days of the hearing. When the initial decision is upheld as the final decision, the household's participation is terminated. When the initial decision to terminate is not upheld, the Hearing Officer forwards a copy of the final decision to the Field Office Supervisor who enforces any "conditions" imposed by the Hearing Officer for the household's continued participation.

Notice Requirements

Notice to the Household: Thirty (30) days advance written notice to the household (EXHIBIT 16- 5), for purposes of this notice, is generally computed from the last day of a month, and the Field Office Supervisor must ensure that the household receives the notice at least thirty (30) days prior to the date of the intended termination date. The Hearing Officer, however, has discretion in establishing a date, other than the last day of the month, for termination of the household's participation when issuing a final decision.

Notice to the Owner: The Field Office Supervisor must ensure that the owner receives advance written notice (EXHIBIT 16-3) a minimum of thirty (30) days before the actual termination date of the household. For program purposes, this calculation is always computed from the last day of the month in which the termination is to occur. This is done with the intention of the owner retaining the housing assistance payment for the month in which he or she receives the notice and receiving the following month's housing assistance payment in compliance with the terms and conditions of the Housing Assistance Payments Contract.

Summary of Procedures to Terminate Program Participation



State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Initial Notice to Terminate Housing Assistance Payments Contract

<<Today's Date>>

<<Owner Name>>
<<Owner Address>>
<<Owner CSZ>>

Dear <<Owner Name>>:

The Division of Housing and Community Resources has been providing you with monthly housing assistance payments to assist your tenant, <<Tenant Name>>, who resides at <<Unit Address>> in <<Unit City>>.

Housing assistance payments are contingent upon a participant family meeting certain program obligations. When a household fails to meet a family obligation, commits fraud, or owes monies to a public housing agency, there are sufficient grounds to deny or terminate the household's participation in the Housing Choice Voucher Program.

Your tenant has failed to meet certain program requirements. Consequently, the Housing Assistance Payments Contract that the program has entered into with you will be terminated on the final day of _____ . No further subsidy checks will be issued after this date. Should your tenant continue to occupy your property after this date, your tenant must assume full responsibility for further rental payments.

Should you require any additional information or clarification, please contact me at <<PHA Phone>>.

Sincerely,

Field Office Supervisor

cc: Hearing Coordinator
<<Tenant Name>>
Client file

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Warning of Adverse Action

<<Today's Date>>

<<Tenant Name>>
<<Tenant Address>>
<<Tenant CSZ>>

Dear <<Tenant Name>>:

We have received reoccurring complaints regarding your occupancy of the rental property that is assisted by the Housing Choice Voucher Program. These complaints indicate that your household may have violated a participant obligation of the program. Our information indicates that the following circumstances have occurred: _____

When a household fails to comply with a program obligation, there are sufficient grounds to deny or terminate the household's participation in the program. In addition, should your landlord have grounds to institute an eviction, your continued participation in the program would also be in jeopardy.

Your immediate attention and compliance in resolving this matter is required. Should you have any questions regarding this notice, please call my office at <<PHA Phone>>.

Sincerely,

Field Office Supervisor

cc: Client file

Initial Decision to Deny or Terminate Housing Assistance

Dear <<Tenant Name>>:

Pursuant to the federal regulations that govern the Housing Choice Voucher Program, it is your household's responsibility to adhere to all those requirements stipulated at 24 C.F.R. §982.551 as *Obligations of the participant*. When there is sufficient evidence that a household has failed to meet these requirements, it may be necessary to deny or terminate the household's participation in the program in accordance with 24 C.F.R. §982.552.

Information obtained by the program indicates that your household has violated a participant obligation. Our information indicates that the following circumstances have occurred:

Based on this information, the program has decided to terminate your participation in the program on the last day of _____ . You, however, have the right to request an informal hearing before your participation is actually terminated.

If you wish to request an informal hearing, you must send a written request to the following address:

Hearing Coordinator
New Jersey Department of Community Affairs
Division of Housing and Community Resources
P.O. Box 051
Trenton, NJ 08625-0051

Your request for an informal hearing must be received by _____ , which is no more than twenty (20) days from the date of this letter. Please include your name, address, and telephone number in the letter. If you do not request an informal hearing, the program will render its decision on your participation based on the documentation that has been obtained.

This letter is being sent to you via general delivery and certified mail.

Sincerely,

Field Office Supervisor

cc: Hearing Coordinator
Regional Supervisor
Client file

Notice of Denial to Relocate and Initial Decision to Terminate Program Participation

Dear <<Tenant Name>>:

Pursuant to the federal regulations that govern the Housing Choice Voucher Program, it is your household's responsibility to adhere to all those requirements stipulated at 24 C.F.R. §982.551 as *Obligations of the participant*. When there is sufficient evidence that a household has failed to meet these requirements, it may be necessary to deny or terminate the household's participation in the program in accordance with 24 C.F.R. §982.552.

Information obtained by the program indicates that your household has violated a participant obligation. Our information indicates that the following circumstances have occurred:

Based on this information, the program will not reissue a Voucher to your household and will terminate your participation in the program on _____. You, however, have the right to request an informal hearing before your participation is actually terminated.

If you wish to request an informal hearing, you must send a written request to the following address:

Hearing Coordinator
New Jersey Department of Community Affairs
Division of Housing and Community Resources
P.O. Box 051
Trenton, NJ 08625-0051

Your request for an informal hearing must be received by _____, which is no more than twenty (20) days from the date of this letter. Please include your name, address, and telephone number in the letter. If you do not request an informal hearing, the program will render its decision on your participation based on the documentation that has been obtained.

This letter is being sent to you via general delivery and certified mail.

Sincerely,

Field Office Supervisor

cc: Hearing Coordinator
Regional Supervisor
Client file

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Confirmation of Household's Request to Withdraw From the Program

<<Today's Date>>

<<Tenant Name>>

<<Tenant Address>>

<<Tenant CSZ>>

Dear <<Tenant Name>>:

I have received your letter informing the program of your intention to voluntarily withdraw from the Housing Choice Voucher Program.

In accordance with your notice, your household's participation in the program will be terminated on the last day of _____. Your landlord also will be informed of the date of your termination and that housing assistance payments will no longer be made on your behalf after this date.

If you change your mind and want to continue to participate in the program, you must contact my office within ten (10) work days at <<PHA Phone>>. Otherwise, your housing assistance will end on the termination date stated above.

This letter is being sent to you via general delivery and certified mail.

Sincerely,

Field Office Supervisor

cc: Client file

Variations to the Standard Hearing Policy for the Family Self-Sufficiency Program

Intent to Terminate FSS Contract of Participation

The Field Office Supervisor will send a warning letter to a FSS participant for any breach of their FSS Contract of Participation. The warning letter will include the following:

- Notice of contract violation;
- Corrective action that must be taken; and
- A deadline by which the violation must be corrected.

If the FSS participant takes corrective action, no further action is necessary. If the FSS participant does not take corrective action, the Field Office Supervisor will send the household a letter by regular mail and by certified mail. The letter will state the reason(s) for termination and will include an explanation of the appeal process available to the family.

Appeal Process

If a participant disagrees with the decision to terminate their FSS Contract, they may request a review before the FSS Program Coordinator by writing within twenty (20) days from the date of the termination letter. The request must include the participant's name, address, telephone number and e-mail address (if applicable) and the reasons why they are requesting a review.

The FSS Program Coordinator may recommend changes to the participant's FSS Contract Individual Services and Training Plan such as adding support services, addiction treatment, referral to another agency, or elimination of activities.

Termination of FSS Contract and/or Withholding Supportive Services

A family's FSS Contract of Participation can be terminated or supportive services withheld under the following circumstances:

1. If the family fails to fulfill its obligations under the FSS Contract of Participation five (5) years after entering into the contract;
2. If the family's housing assistance is terminated in accordance with HUD requirements;
3. The family withdraws from the FSS Program;
4. If the family's actions or failure to act are deemed inconsistent with the purpose of the FSS Program;
5. If 30 percent of the family's monthly adjusted income equals or exceeds the rent to owner;
or
6. By operation of law.

If a family's FSS Contract of Participation is terminated, they will not lose their Housing Choice Voucher Program assistance, but any escrow account earnings will be forfeited.

State of New Jersey
Department of Community Affairs Division of
Housing and Community Resources P.O. Box
051
Trenton, NJ 08625-0051

Acknowledgement of Request for Informal Hearing

<<Today's Date>>

<<Tenant Name>>
<<Tenant Address>>
<<Tenant CSZ>>

Dear <<Tenant Name>>:

Your request for an informal hearing has been approved.

Please be assured that every effort will be made to schedule your hearing as soon as possible. When your case has been included on the Hearing Officer's calendar of hearings, you will be sent a Notice of Informal Hearing. This notice will provide you with specific information concerning the time, date and location of your informal hearing.

You will also receive information regarding the procedures our agency has adopted for conducting an informal hearing. This information is presented in two documents: *Informal Hearing Protocol* and *Guidelines for the Submission of Evidence*. These items will provide you with a thorough explanation of the hearing process and will assist you in preparing for your informal hearing.

If you have any questions after receiving your Notice of Informal Hearing, or if your contact information changes, please send your written inquiry to the following address:

Hearing Officer
New Jersey Department of Community Affairs
Division of Housing and Community Resources
P.O. Box 051
Trenton, NJ 08625-0051

Thank you for your cooperation regarding this matter.

Sincerely,

Hearing Coordinator

cc: Hearing Officer
Field Office Supervisor
Regional Supervisor

State of New Jersey
Department of Community Affairs Division of
Housing and Community Resources P.O. Box
051
Trenton, NJ 08625-0051

Notice of Informal Hearing

<<Today's Date>>

Dear <<Tenant Name>>:

The informal hearing that you requested has been scheduled for (insert day of the week), (insert date) at (insert time) in the (insert name of county) Housing Choice Voucher Program office. This office is located at (insert complete street address of the field office).

If you are in need of an interpreter of any kind, or other accommodation, for this hearing you must notify the undersigned in writing within two (2) business days of the hearing date contained in this Notice.

If you are unable to attend this hearing as scheduled, you must contact the Hearing Officer at least two (2) full business days before the date of the scheduled hearing by calling (insert phone number). Failure to attend this hearing may result in the dismissal of your request for an informal hearing and termination of your participation in the program.

The subject of this informal hearing is the proposed termination of your participation in the Housing Choice Voucher Program for the alleged violation of 24 C.F.R. §982.551, *Obligations of participant*. It is alleged that (summarize the grounds for termination based on the appropriate regulation).

The procedures our agency has adopted for conducting an informal hearing are presented in the two (2) documents (Informal Hearing Protocol and Guidelines for the Submission of Evidence) attached to this notice. These items will provide you with a thorough explanation of the hearing process and will assist you in preparing for your informal hearing.

If you have any questions, please feel free to contact me.

Sincerely,

Hearing Officer

Attachments (2)

cc: Field Office Supervisor
Regional Supervisor

State of New Jersey
Department of Community Affairs
Division of Housing and Community Resources
P.O. Box 051
Trenton, NJ 08625-0051

Notice of Postponement of Informal Hearing

<<Today's Date>>

Dear <<Tenant Name>>:

You are hereby advised that the informal hearing that had been scheduled for (insert day of the week), (insert date) at (insert time) in the (insert name of county) Housing Choice Voucher Program office is postponed. Our agency will make every effort to reschedule your hearing in the near future.

When your case is rescheduled on my calendar of hearings, you will be sent another Notice of Informal Hearing. This notice will specify the time, the date and the location of your informal hearing.

If you have any questions concerning this matter, please contact me by writing to the following address:

Hearing Officer
New Jersey Department of Community Affairs
Division of Housing and Community Resources
P.O. Box 051
Trenton, NJ 08625-0051

Your continued cooperation regarding this matter is appreciated.

Sincerely,

Hearing Officer

cc: Field Office Supervisor
Regional Supervisor

Informal Hearing Protocol

The DCA employs a full time Hearing Officer. The Hearing Officer serves with autonomy to preclude the possibility that he would be involved in or is a subordinate to the person making the initial decision to terminate. The Hearing Officer is empowered by the DCA to regulate the conduct of the participants of an informal hearing. The Hearing Officer shall give effect to the rules of privilege recognized by law.

At their own expense, a lawyer or other representative may represent the participant household. Advance notice of representation must be provided to the DCA, in writing. The household may present its case or defense by oral and documentary evidence, submit rebuttal evidence and conduct such cross-examination as may be required, subject to the discretion of the Hearing Officer, for a full and true disclosure of the facts. All relevant evidence is admissible, except as otherwise specified in the Housing Choice Voucher Program regulations, or as determined by the Hearing Officer.

The Hearing Officer will normally conduct the informal hearing according to the following sequence:

1. Hearing Officer identifies or restates the issue(s) of the informal hearing
2. Opening statement (optional)
 - DCA
 - Participant/Appellant
3. The program presents its case - submits evidence and witnesses
 - Participant/Appellant can cross-examine
 - DCA can re-direct
4. Appellant presents his or her case - submits evidence and witnesses
 - DCA can cross-examine
 - Participant/Appellant can re-direct
5. Closing remarks (optional)
 - DCA
 - Participant/Appellant

The Hearing Officer will send a final decision, in writing, to the household within fifteen (15) business days of the hearing. The Hearing Officer, in making the factual determinations contained in his final written decision, can only use the evidence presented at the informal hearing. The Hearing Officer will keep a copy of all final decisions where a household's participation in the Housing Choice Voucher Program has been terminated. The period of retention will be five (5) years from the date of the decision.

State of New Jersey
Department of Community Affairs
Division of Housing and Community Resources
P.O. Box 051
Trenton, NJ 08625-0051

Notice of Failure to Appear

<<Today's Date>>

Dear <<Tenant Name>>:

Pursuant to your request, an informal hearing was scheduled for (insert day of the week), (insert date) at (insert time) in the (insert name of county) Field Office of the Department of Community Affairs (DCA). The program was prepared at that time to hold an informal hearing in compliance with 24 C.F.R. §982.555, *Informal hearing for participant*.

You failed to attend this informal hearing and you failed to notify the Hearing Officer regarding any inability to attend this hearing as scheduled.

Therefore, your request is considered abandoned and the termination of your participation is upheld as correct and final.

This termination is effective as of (insert date).

Sincerely,

Hearing Officer

cc: Hearing Coordinator
Field Office Supervisor
Regional Supervisor

Guidelines for the Submission of Evidence

In accordance with program regulations (24 C.F.R. §982.555(e)(2) *Discovery* and (5) *Evidence*), the parties shall not be bound by rules of evidence whether statutory, common law, or adopted formally by Rule of Court. Discovery must be completed two (2) business days before an informal hearing. Before an informal hearing, a participant has the right to examine any document that is relevant to the hearing from the file of record that is located at the field office. Such request must be submitted to the field office in writing. All relevant evidence is admissible, except as specified in the following:

1. If the household or the program has not made a document available for examination before an informal hearing, upon the written request of the other party, the household or the program may not rely on or present the document at the informal hearing.
2. The Hearing Officer has the discretion to exclude any evidence if he determines that its probative value is substantially outweighed by the risk that its admission will either necessitate undue consumption of time or create substantial danger of undue prejudice or confusion.
3. Evidence that a member of the household has been arrested for drug-related criminal activity or violent criminal activity (24 C.F.R. §982.553, *Denial of admission and termination of assistance for criminals and alcohol abusers*)¹ must meet the following criteria:
 - Documentation must be obtained from a law enforcement agency²;
 - Documentation must clearly identify the name of the person arrested, the date of the arrest, the location of the arrest, and the nature of the offense; and
 - Documentation may be a police report, an incident report, an investigative report, or a letter from a law enforcement agency.
4. The Hearing Officer, in making the factual determinations contained in his final written decision, can only use the evidence presented at the informal hearing.

The Hearing Officer shall give effect to the rules of privilege recognized by law. Any party in an informal hearing may present his or her case or defense by oral and documentary evidence, submit rebuttal evidence and conduct such cross-examination as may be required, subject to the discretion of the Hearing Officer, for a full and true disclosure of the facts.

¹ HUD has previously noted “the PHA is not being asked to adjudicate guilt, but rather whether, under a civil standard of preponderance of the evidence, a family member, in fact, is engaging in certain activities. It is the fact of the activity rather than assessment of criminal liability that is at issue”. (*Federal Register*, July 11, 1990, p. 28540)

² In most instances the Authorization for the Release of Information/Privacy Act Notice form that is included in the client’s file will have to accompany the field office’s written request for this information. Once the necessary documentation is received, the field office may institute the standard procedures outlined in Exhibit 16-1 regarding termination of a participant’s housing assistance.

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Request for Discovery

<<Today's Date>>

Dear <<Tenant Name>>:

This letter represents a formal request for your cooperation in disclosing all information regarding the evidence that you intend to present at your informal hearing.

The discovery process requires that, upon request, any evidence to be presented at the informal hearing must be clearly identified and made available to the other party. Once requested, this information must be presented for review at least two (2) full business days before the date of the scheduled informal hearing.

Please respond by supplying the names of the witnesses that you may call at the informal hearing and attach copies of the documents that you intend to rely upon or offer into evidence at the informal hearing. These materials should be sent to:

(insert the name and address of the appropriate person or office)

The Housing Choice Voucher Program regulations (24 C.F.R. §982.555) strictly prohibit the presentation of any evidence at the hearing that was not made available during the discovery period.

Thank you for your cooperation in this matter.

Sincerely,

Field Office Supervisor

cc: Client file

(This request for discovery form letter may be used by a Housing Choice Voucher Program participant.)

State of New Jersey Department of
Community Affairs Field Office
Address
City, State, Zip Code

Notice to Owner of Postponement of Final Decision to Terminate

<<Today's Date>>

Dear <<Owner Name>>:

This letter provides written notification of a postponement in the date for terminating the participation of the <<Tenant Name>> household in the Housing Choice Voucher Program and the concurrent termination of the Housing Assistance Payments Contract (<<Tenant ID>>) for their assisted unit located at <<Tenant Address>> in <<Unit City>>.

The previous correspondence explaining this agency's initial decision to terminate stipulated the implementation date as (insert date specified in initial decision). Please be advised that this implementation date has been amended to accommodate the issuance of a final written decision for an informal hearing that has been held regarding this matter. When I receive the final written decision, I will inform you accordingly.

Sincerely,

Field Office Supervisor

cc: Hearing Officer

State of New Jersey
Department of Community Affairs
Division of Housing and Community Resources
P.O. Box 051
Trenton, NJ 08625-0051

Notice of Final Decision to Terminate

<<Today's Date>>

Dear <<Tenant Name>>:

The informal hearing which you requested was held on (insert day of the week), (insert date) at (insert time) in the (insert name of county) Field Office of the Department of Community Affairs (DCA) in compliance with 24 C.F.R. §982.555, Informal hearing for participant.

This informal hearing was scheduled to determine whether the initial decision to terminate your participation in the program was performed in accordance with program regulations and the policies of this agency. The grounds for the decision to deny or terminate housing assistance are codified at 24 C.F.R. §982.551 and 24 C.F.R. §982.552. The issue for resolution at the informal hearing was whether your household:

(specify the grounds for termination and cite the section of the regulations)

After carefully considering your testimony and thoroughly reviewing the evidence presented, I have made the following factual determinations regarding this matter:

(insert facts)

I have determined that the appropriate disposition of this case is to uphold the termination of your participation in the Housing Choice Voucher Program. A preponderance of the evidence confirms that there are grounds to terminate your participation in the program in accordance with the program regulations and the policies of this agency. The implementation date for termination of your program participation is (insert date).

This is a final administrative decision pursuant to 24 C.F.R. §982.555. If you feel that this decision was made in error and your case is a contested case (as defined below), within forty-five (45) days from the date of this Final Decision you can request an appeal to the Office of Administrative Law by writing to: