

## **DSS and Rental Arrears – Emergency Assistance**

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### **Can the Department of Social Services pay my rent arrears if I am being evicted?**

Yes. If you are receiving or applying for public assistance, the Erie County Department of Social Services can pay your back rent, mortgage or taxes. **Even if you do not want public assistance, you can get rent arrears if you are income eligible and have the future ability to pay rent.** The best way to be sure is to apply.

### **How do I apply for assistance with rental arrears if I am not on Public Assistance?**

Go to 478 Main Street, 6<sup>th</sup> Floor, Buffalo, New York. Complete an application and submit it.

### **What do I have to show to have my back rent paid?**

You must show that you are being evicted because you owe rental arrears. The Erie County Department of Social Services requires court papers or a letter from your landlord stating that she/he will evict you if you do not pay the rent along with a month-by-month breakdown of the arrears. This does not need to be a formal eviction notice.

### **How much money should I get?**

If the Erie County Department of Social Services finds that you are eligible for assistance, they can give you up to six months of back rent one time in a 5-year period. If you are getting SSI, the Erie County Department of Social Services can help with 4 months of back rent once every 12 month period. You must show that you can afford to pay the rent and that you have the future ability to pay the rent.

### **Can the Erie County Department of Social Services make me pay them back?**

If you are on public assistance, the Erie County Department of Social Services may recoup the amount it paid to stop your eviction.

If you are not eligible for public assistance because your income is too high, the Erie County Department of Social Services will ask you to sign a repayment agreement. The agreement says that you will repay the money within 12 months. You will also be asked to sign a Confession of Judgment. The amount you have to pay back can vary depending on your household type.

If you own your home, you may be asked to sign a lien to DSS for the cost of the rental assistance you receive.

### **How often can I receive assistance with my back rent?**

You can only receive an emergency payment for your back rent once in five years, unless you are getting SSI in which case you can get help once a year. In addition, you cannot have any unpaid loan amounts.

## **What happens if the Erie County Department of Social Services will not pay my back rent?**

If the Erie County Department of Social Services refuses to pay your back rent, and your landlord is threatening to evict you, call us at 847-0650 immediately. We will review the Erie County Department of Social Services' decision with you. We will tell you how to challenge the decision.

If you have to be in Court before you talk to us, be sure to go to Court on your scheduled date. If you are scheduled to appear in Buffalo City Court, get there by 9:00 a.m. Listen for an announcement about the Attorney of the Morning Program. Talk to a representative from the Attorney in the Morning Program before you tell the Court Clerk you are there. The services provided from the Attorney of the Morning Program are free and may be of help to you.

Notify OTDA by telephone, fax, or mail that you want a fair hearing. You can write on the back of your notice the reason for requesting the hearing. If you phone, get the name of the person you speak to. If you write, send your letter by certified mail and keep a copy. The correct address is:

New York State Office of  
Temporary and Disability Assistance (OTDA)  
Office of Administrative Hearings  
P.O. Box 1930  
Albany, New York 12201-1930  
Telephone No.: 1-800-342-3334  
Fax No. (518) 473-6735 (*you must have the form from Albany*)

If you have an emergency, you should ask for an "expedited" hearing. OTDA will determine if you have an emergency and may schedule the hearing more quickly.

Call us at 847-0650 for help if you have been denied. We can tell you what to do for a Fair Hearing, or we may agree to take your case.

## REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER HELP BY A TEMPORARY ASSISTANCE RECIPIENT

|   |   |
|---|---|
| Case Name: _____<br>Address: _____<br>_____ | Case Number: _____<br>Telephone Number: _____ |
|---|---|

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|---|--|
| I am requesting the following Temporary Assistance allowance(s) for special need(s): <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Restaurant Allowance</b><br/>because I cannot prepare meals at home.</li> <li><input type="checkbox"/> <b>Pregnancy Allowance</b></li> <li><input type="checkbox"/> <b>Housing and Shelter Related Items</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Moving Expenses</li> <li><input type="checkbox"/> Rent Security Deposit or Agreement</li> <li><input type="checkbox"/> Brokers' or Finders' Fee</li> <li><input type="checkbox"/> Storage of Furniture and Personal Belongings</li> <li><input type="checkbox"/> Repair of Essential Household Items</li> <li><input type="checkbox"/> Property Repairs</li> <li><input type="checkbox"/> Back Rent</li> <li><input type="checkbox"/> Back Mortgage and/or Taxes</li> <li><input type="checkbox"/> Furniture and Other Household Items</li> </ul> </li> <li><input type="checkbox"/> Other _____<br/>                     _____<br/>                     _____<br/>                     _____</li> </ul> | I am requesting other help: <ul style="list-style-type: none"> <li><input type="checkbox"/> Child Care Assistance</li> <li><input type="checkbox"/> I am working.</li> <li><input type="checkbox"/> I am under 21 and wish to obtain a high school equivalency diploma.</li> <li><input type="checkbox"/> I wish to attend approved occupational training.</li> <li><input type="checkbox"/> I am sick and incapacitated and cannot care for my children.</li> <li><input type="checkbox"/> Other _____<br/>                     _____<br/>                     _____</li> </ul> |
| FOR WORKER'S USE ONLY   |  |
| CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST<br>_____<br>_____<br>_____  |  |

|                    |      |                    |      |
|--------------------|------|--------------------|------|
| CLIENT'S SIGNATURE | DATE | WORKER'S SIGNATURE | DATE |
| X                  |      | X                  |      |