Notice to Applicants/Participants of the Revised Storage Fee Process and Allowance Requirements

Our policy and process for the payment of storage fees has changed.

Here is what you need to know:

- The amount paid for a storage unit will be based on household size and market rates (see page 2).

- Applicants and participants may be approved for a one-time payment outside of HRA’s requirements if your furniture and personal belongings are currently in storage, and you are otherwise eligible. Your belongings must be in storage because of your emergency shelter need due to relocation, eviction, or temporary housing.

- HRA will provide applicants and participants a listing of storage facilities that we know are within the new limits but using one of them is not mandatory.

- Please note that HRA will not make any payments to the following companies until further notice:
  1. Avi Moving & Trucking Inc. or Avi Moving & Storage
  2. Baya Inc. or Baya Inc., Moving & Storage
  3. Prime Moving & Storage Inc.
  4. Prime Moving & Trucking LLC

For applicants and participants that are currently storing their belongings with any of these companies, you may be approved for a one-time payment. If you want HRA to continue making payments, you will have 30 days to move your belongings to a different company for storage.
Applicants/Participants Requesting a Storage Fees Allowance/Grant For The First Time
Applicants/Participants applying for payment of storage fees for the first time must comply with the rules listed above at the time of request.

You must apply every month that you need a storage fee allowance/grant, unless you are a DHS/HRA shelter resident and are receiving an automated storage payment.

Important Information about Storage Fees
Storage fees are only available for furniture and personal belongings that you have and use at the time you were evicted, relocated, or entered shelter or other temporary housing.

The types of items that can be stored with this grant are limited to allowable furniture and the following items:

- Legal and identification documents
- Washing machine and dryer
- Kitchen items like: tables, chairs, cookware, appliances, dishware, glassware, and utensils
- Items needed for employment (not business inventory)
- Bedding and towels
- Household electronic devices
- Clothing of household members
- Items needed for educational purposes
- Assistive medical devices
- Personal keepsakes

The amount of furniture that can be stored must not exceed the amount needed for the household size and is limited to certain items. The amount of personal belongings to be stored must not exceed the amount needed for the household size and must be reasonable in number and total volume.

HRA FIA Storage Limit Schedule

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Size</th>
<th>Max Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1+</td>
<td>5x5x4 (locker) 100 Cubic Ft</td>
<td>$51.02</td>
</tr>
<tr>
<td>1+</td>
<td>5x5x8 - 200 Cubic Ft</td>
<td>$117.38</td>
</tr>
<tr>
<td>1+</td>
<td>5x10x8 - 400 Cubic Ft</td>
<td>$154.04</td>
</tr>
<tr>
<td>2+,3+</td>
<td>5x15x8 - 600 Cubic Ft</td>
<td>$203.62</td>
</tr>
<tr>
<td>4+,5+</td>
<td>10x10x8 - 800 Cubic Ft</td>
<td>$245.32</td>
</tr>
<tr>
<td>6+</td>
<td>10x15x8 - 1200 Cubic Ft</td>
<td>$432.06</td>
</tr>
</tbody>
</table>

(Turn page)
HRA may deny your request for a storage fee grant if:

- You currently have or were offered permanent housing
- You are moving from permanent housing and to permanent housing
- You did not give us a storage bill
- You applied or gave us a storage bill late
- The amount of items you are storing or want to store does not meet the requirements
- You have income or resources to meet the storage need or have other storage options
- You are not eligible for emergency or Cash Assistance
- You increased the number of storage units
- After receiving a one-time grant for a storage space or cost exceeding the limits described above, or using a company that HRA will not pay, you did not reduce and move your belongings into an allowable storage space for your household size, or a company that HRA will pay, by the next month.

Applicant's/Participant's Signature: ____________________________ Date: ____________

Worker's Name: ___________________________________________ Date: ____________

Worker's Signature: _________________________________________ Date: ____________

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.