



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Caseload: _____

One-Time Approval of Storage Fees Grant for Storage Space Exceeding Limit

I asked for help with storage fees.

I understand that my belongings and/or the number of storage units I have exceeds the Human Resources Administration (HRA) storage limit.

I understand that HRA may approve a one-time storage fee grant. To prevent an auction, HRA may approve up to the total amount currently due.

In the following month, I am expected to reduce the number of units or the size and/or cost of the unit to meet the HRA storage limit requirement.

I understand that if I ask for help again, my request may not be approved if the storage exceeds the storage limits based on the HRA Family Independence Administration (FIA) Storage Limit Schedule below:

HRA FIA Storage Limit Schedule

| Household Size | Size | Max Rate |
|-----------------------|------------------------------------|-----------------|
| 1+ | 5x5x4 (locker) 100 Cubic Ft | \$51.02 |
| 1+ | 5x5x8 - 200 Cubic Ft | \$117.38 |
| 1+ | 5x10x8 - 400 Cubic Ft | \$154.04 |
| 2+,3+ | 5x15X8 - 600 Cubic Ft | \$203.62 |
| 4+,5+ | 10X10x8 - 800 Cubic Ft | \$245.32 |
| 6+ | 10x15x8 - 1200 Cubic Ft | \$432.06 |

(Turn page)

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.