



To: Marketing Agents of HPD/HDC-monitored affordable housing
CC: Developers and Owners of HPD/HDC-monitored affordable housing
From: HPD and HDC Marketing
Date: Wednesday, July 23, 2025
Subject: **Using HRA Budget Letter to Determine Income Eligibility**

Summary: Owners and their Marketing Agents can determine a household's pre-deduction income using an HRA Budget Letter that contains the following information:

1. List of household members
2. Total earned and unearned income for the entire household
3. Effective date of the budget letter within the past 12 months
4. Frequency of the verified income (e.g., semimonthly)

Context: per HUD's rollout of Sections 102 and 104 of HOTMA, and the Agency's confirmation that the IRS will accept HOTMA rules for the LIHTC program, Owners/Agents may determine a family's pre-deduction income based on income determinations made by other means-tested federal public assistance programs within the previous 12-months. See [24 CFR 5.609\(c\)\(3\)](#). This new policy will allow HPD and HDC to streamline income eligibility and verification processes.

Find in the Appendix a sample HRA Budget Letter that staff can use to determine an applicant or participant household's pre-deduction income. This Budget Letter must include the "Semi-Monthly Cash Assistance Budget Calculation" (Report Number WINRO 146). This HRA Budget Letter can be used to determine income for initial certifications, annual certifications, and interim certifications.

Applicants and tenants should be able to request this budget letter from their HRA case manager. This information should also be accessible to clients in the Access HRA platform where they can request a budget letter from "My Cases" which will appear on the "My Documents" page in one business day.

Appendix: Sample HRA Budget Letter

Report Number WINRO146 / WINRO154 (Rev. 11/12)

NYC Human Resources Administration
Department of Social Services
Date: 01/10/2023

Case Number: _____

Case Name: _____

General Phone Number: (718) 557-1399

BUDGET LETTER REQUEST

Enclosed, please find the budget letter that you recently requested. As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamp benefits or Food Stamps (FS) shall mean SNAP benefits.

Contact Information:

Head of Household: _____
Home Address: _____ NEW YORK NY 10039
Mailing Address: _____ NEW YORK NY 10039
Phone Number: _____ Email Address: _____

Legend

AP= Applying SI = Single Issue CA= Cash Assistance
AC= Active CL/RJ= Not Active MA= Medicaid
SN= Sanctioned NA= Not Applying SNAP= Supplemental Nutrition Assistance Program Benefits

Household Members:

| First Name | Last Name | Sex | Date of Birth | Relationship | CA Status | MA Status | SNAP Status |
|------------|-----------|-----|---------------|---------------------------------------|-----------|-----------|-------------|
| | | F | | Casehead | AC | | AC |
| | | F | | Natural Daughter | AC | | AC |
| | | F | | Natural Daughter | AC | | AC |
| | | F | | Natural Daughter | AC | | AC |
| | | M | | Non- Legal Union with Child in Common | AC | | AC |

Report Number: WINRO146 (Rev. 11/12)

SEMI-MONTHLY CASH ASSISTANCE BUDGET CALCULATION

Report Date: 01/10/2023

Effective Date of Budget: 23/B/01

Local Office: 035

Worker: _____

Case Name: _____

Case Number: _____

Suffix: 1

Number in CA H/H: 05

Number in Suffix: _____

| <u>NEEDS</u> | | <u>EARNED INCOME</u> | |
|---|--|--|-----------------|
| <u>RESTR</u> | <u>185% TEST & POVERTY LEVEL TEST AMOUNT</u> | <u>D. GROSS</u> | <u>\$812.50</u> |
| PRE ADDED ALLOWANCE | \$267.00 | | |
| 1. SHELTER | \$250.50 | STANDARD DEDUCTION | \$75.00 |
| ENERGY | \$23.85 | \$40% DEDUCTION | |
| ENERGY SUPPLEMENT | \$18.50 | CHILD CARE | \$0.00 |
| WATER | \$0.00 | \$ 15 EXEMPTION | \$0.00 |
| FUEL | \$0.00 | 1/3 EXEMPTION | \$0.00 |
| PREGNANCY ALLOWANCE | \$0.00 | OTHER DEDUCTION (INCLUDES PRORATA REDUCTION AMT) | \$0.00 |
| HOME DELIVERED MEALS | | | |
| RESTAURANT ALLOWANCE | \$0.00 | E. TOTAL DEDUCTIONS | \$481.25 |
| OTHER NEEDS | \$0.00 | F. NET EARNED INCOME | \$331.25 |
| A. TOTAL NEEDS FOR 185% TEST | \$559.85 | | |
| 185% X TOTAL NEEDS | \$1035.73 | <u>UNEARNED INCOME</u> | |
| TOTAL EARNED + UNEARNED FOR 185% TEST | \$812.50 | <u>SOURCE</u> | <u>AMOUNT</u> |
| POVERTY LEVEL TEST | | | \$0.00 |
| | \$1352.92 | | \$0.00 |
| TOTAL INCOME FOR POVERTY LEVEL TEST | \$812.50 | G. TOTAL UNEARNED INCOME | \$0.00 |
| | | UNEARNED INCOME DEDUCTION | \$0.00 |
| | | (INCLUDES PRORATA REDUCTION AMT) | |
| NEEDS REDUCTION DUE TO IVD SANCTION | \$0.00 | H. NET UNEARNED INCOME | \$0.00 |
| B. TOTAL NEEDS FOR NET INCOME TEST | \$559.50 | I. TOTAL INCOME (F + H) | \$331.25 |
| NEEDS REDUCTION DUE TO PRORATA SANCTION | \$0.00 | | |
| C. TOTAL NEEDS FOR BUDGET DEFICIT CALCULATION | \$559.50 | <u>CASH ASSISTANCE GRANT CALCULATION</u> | |
| | | C. TOTAL NEEDS | \$559.50 |
| <u>OTHER ALLOWANCES</u> | | I. TOTAL INCOME | \$331.25 |
| REFRIGERATOR RENTAL ALLOWANCE | \$0.00 | J. BUDGET DEFICIT | |
| | | RECOUPMENT AMOUNT | \$0.00 |
| | | SEMI-MONTHLY CASH ASSISTANCE GRANT | \$228.00 |
| BUDGET NUMBER | | NOTE: AMOUNTS SHOWN IN ITEMS (A) AND (J) ABOVE HAVE BEEN ROUNDED DOWN. | |

Report Number: WINRO154 (Rev. 11/12)

SNAP BUDGET CALCULATION FOR CA & CA-SSI CASES

Report Date: 01/10/2023

Case Number: 0

Local Office: 035

Number in Case: 05

Worker:

Case Name:

Effective Date of Budget: 23/B/01

BUDGET CALCULATION**A. INCOME**

1. SEMI-MONTHLY GROSS EARNED INCOME \$812.50
 2. NET S / M INCOME FROM BOARDER/LODGER \$.00
 3. TOTAL S/M INCOME (LINE 1 + 2) \$812.50
 4. S / M CASH ASSISTANCE GRANT -\$228.00
 5. TOTAL S/M PA RECOUPMENT \$.00
 6. NET S/M CASH ASSISTANCE GRANT (LINE 4 MINUS 5) \$456.00
 7. GROSS S/M OTHER UNEARNED INCOME \$812.50
 8. TOTAL S/M UNEARNED INCOME (LINES 6 + 7) \$228.00
 9. S / M GROUP HOME EXCLUSION \$.00
 10. S / M CHILD SUPPORT EXCLUSION \$.00
 11. LINES 3 + 8 , LESS LINES 9 + 10 A. \$1040.50

B. \$202... STANDARD SEMI-MONTHLY

B.

C. DEDUCTIONS

12 20% OF LINE 3
 13 STANDARD DEDUCTION \$112.50
 14 ALLOWABLE SEMI-MONTHLY CHILD-CARE /
 DEPENDENT CARE COSTS \$.00
 15 ALLOWABLE S / M MEDICAL DEDUCTIONS \$.00
 16 CHILD SUPPORT DEDUCTIONS \$.00
 17 HOMELESS SHELTER DEDUCTION \$.00
 18 LINES 12 + 13 + 14 + 15 + 16 + 17 C. \$275.00

D. ADJUSTED INCOME

19 A MINUS C

D.

\$765.50

BUDGET NUMBER:

E. SHELTER COSTS

20. S / M ACTUAL RENT OR MORTGAGE BILLED TO HOUSEHOLD \$989.50
 21. S / M COMBINED UTILITY/PHONE STANDARD \$.00
 22. S / M COMBINED HEAT/UTILITY/PHONE STANDARD \$501.00
 23. S / M PHONE STANDARD \$.00
 24. OTHER S / M SHELTER EXPENSE, REAL ESTATE TAXES, INSURANCE,
 INSTALLATION OF UTILITIES, ETC \$.00

25. LINES 20 + 21 + 22 + 23 + 24

E. \$1490.50

F. EXCESS SHELTER DEDUCTIONS

26. TOTAL SHELTER COST, E \$1107.75
 27. 1/2 OF ADJUSTED INCOME, D \$382.75

28. EXCESS SHELTER COSTS. (LINES 26 MINUS 27) IF 26 IS LESS THAN 27, ZERO WILL APPEAR

29. MAXIMUM SHELTER DEDUCTION FOR AGED / DISABLED,
 AMOUNT FROM LINE 28. FOR ALL OTHERS, ACTUAL OR
 STANDARD, 229.50, WHICHEVER IS LESS.

F. \$229.50

G. SEMI-MONTHLY SNAP NET INCOME

30. D, ADJUSTED INCOME \$765.50

31. F, EXCESS SHELTER DEDUCTION \$312.00

32. S / M NET SNAP INCOME. (LINE 30 MINUS 31) G. \$453.50

H. MONTHLY SNAP NET INCOME

33. MULTIPLY AMOUNT IN 32 X 2 H. \$907.00

I. BENEFIT ENTITLEMENT

34. BENEFIT \$421.50

35. MONTHLY SNAP RECOUPMENT \$.00

36. ADJUSTED BENEFIT AMOUNT. (LINE 34 MINUS 35) I. \$421.50

FEDERAL SNAP:

STATE SNAP:

In this example, this is a household of 5. The effective date of the PA certification is **January 10th, 2023**.
The household income calculation for Safe Harbor based off this report is:

Earned income: \$812.50

Unearned income: \$0

Sum of income * 24 (semi-monthly payments) = **\$19,500**

Additionally, this household is receiving cash assistance. PA income should be calculated and added as a second line item as demonstrated below (see Marketing Handbook p. 51 for full explanation on how to calculate benefit income.)

Add Basic Allowance, Pregnancy Allowance, Restaurant Allowance, and Other Needs: \$228

Multiply the amount by 24 = **\$5,472**

Take the Semi-Monthly (S/M) Energy Grants per Family Size and multiply by 24:

$(\$23.85 + \$18.50) * 24 = \mathbf{\$1,016.40}$

2. Take the Maximum Semi-Monthly (S/M) Shelter Allowance per Family Size and multiply by 24:

$\$250.50 * 24 = \mathbf{\$6,012}$

Total annual income from Public Assistance: **\$12,500.40**

On the Tenant Income Certification (TIC), Owner/Agent should enter "Safe Harbor Rule" in the Employment or Wages field of Part III of the TIC, in addition to the public assistance income, as illustrated below:

| PART III - GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS) | | | | |
|---|-----------------------------|-------------------------------|--------------------------|---------------------|
| HH Mbr # | (A) Employment or Wages | (B) Soc. Security/Pensions | (C) Public Assistance | (D) Other Income |
| 1 | Safe Harbor Rule - \$19,500 | | | |
| 1 | | | \$12,500.40 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTALS | \$19,500 | \$ | \$12,500.40 | \$ |
| Add totals from (A) through (D), above = TOTAL INCOME (E): | | | | \$32,000 |
| PART IV - INCOME FROM ASSETS | | | | |