**(INSERT DISTRICT LETTERHEAD)**

**SHELTER ARREARS EVICTION FORESTALLMENT (SAEF) PROGRAM NOTICE OF DETERMINATION LETTER**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Head of household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your application for the New York State Shelter Arrears Eviction Forestallment (SAEF) program dated  has been received. You are  **APPROVED**  **DENIED**. More information is below:

**APPROVED**: This decision is based on the policies of this program described in [OTDA 24-LCM-12.](https://otda.ny.gov/policy/directives/2024/LCM/24-LCM-12.pdf)

The agency will be authorizing a shelter arrears payment. This payment will cover  months of arrears for the months of  to  at a cost of$ per month for the following address .

The total payment of $ will be made on  and paid directly to the landlord or financial institution \_\_\_\_\_\_\_\_, addressed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,EIN #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

adult(s) and  children were living in your household at the time you applied.

**You are income eligible under the following criteria:**

**Emergency Assistance to Families (EAF):** The gross income immediately available to your household on the date of application is at or below 200% of the Federal poverty level guidelines for your household size of .

**OR**

**Emergency Safety Net Assistance (ESNA):** Your household’s gross monthly income on the date of application is at or below 125% of the Federal poverty level guidelines for your household size of .

**AND**

Your household meets the Public Assistance (PA) citizenship/non-citizen status eligibility requirements.

**AND**

You have applied for and been found ineligible for shelter arrears assistance through EAF or ESNA for the following reasons:

Date of EAF application: \_\_\_\_\_\_\_\_\_\_\_ Reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of ESNA application: \_\_\_\_\_\_\_\_\_\_ Reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DENIED**: This decision is based on the policies of this program described in [OTDA 24-LCM-12](https://otda.ny.gov/policy/directives/2024/LCM/24-LCM-12.pdf).

Your household is over the income limit for EAF, the emergency program for households with children related to you by blood, marriage, or adoption.

Your household’s gross income immediately available on the date of application is $. The maximum allowable income for your household size of  is $under EAF eligibility guidelines.

Financial eligibility for EAF is determined by the gross income immediately available to the household on the date of application. The household is financially eligible for EAF if the available income is at or below 200% of the Federal poverty level guidelines for the household size.

Your household is over the income limit for ESNA, the emergency program for households without children related to you by blood, marriage, or adoption.

Your household’s gross monthly income is $. The maximum allowable income for your household size of  is $under ESNA eligibility guidelines.

Financial eligibility for ESNA is determined by the household’s gross monthly income on the date of application, which may not exceed 125% of the Federal poverty level guidelines for the household size.

A SAEF program payment will not forestall/prevent eviction for your household.

Your household does not meet the PA citizenship/non-citizen status eligibility requirements.

Your household already received the maximum amount of six months of SAEF program assistance.

SAEF program funding is no longer available.

Other:

If you disagree with the decisions made on your case, you may send us a request for reconsideration/appeals letter. This letter needs to include why you disagree with the decision on your case and must be sent within 30 days of the date of denial. This letter must be sent to the address above to the attention of the SAEF program.

Sincerely,

(Insert district representative’s signature)