






Human Resources Administration Cash Assistance Online Application




1 Success! Submitted on 3/18/2024 10:48 AM
Confirmation Number:  

 We've sent a copy to your email address if you gave us one.

2 Call to complete your interview


Call us by 3/22/2024 during business hours, Monday through Friday, 8:30am-5:00pm for your interview.


If you do not call us by 4/16/2024 your application may be rejected.


 **CALL: 929-273-1872**


Need an in-center interview?
 See a list of Benefit Access Center locations [here](#).
 Free language services are available.


3 Collect Your Documents






Proof of Income from Self-Employment for 


 . Records documenting earnings and business expenses
 . Tax records or current income tax return

Proof of Bank Accounts: Checking, Savings for 


 . Current bank record
 . Statement from financial institution

Proof of Identity for 






 . Photo I.D. or Driver's License
 . U.S. passport
 . Birth Certificate

Proof of Marital Status for



- Marriage/Death Certificate
- Separation agreement
- Divorce decree



Proof of Relationship for



- Birth Certificate (long form)
- Adoption papers/records
- Court records

Proof of Household Composition for



- A completed and signed W-147, "Letter to Landlord/Management Agent - Request for Residence Verification," signed by your landlord.
- School records
- Statement from Community Organization

Proof of Age for



- Birth or baptismal certificate
- Identity document with date of birth

Proof of Social Security Number for



- Social Security card
- Proof of application for a Social Security Number

Proof of Non-Citizen for



- Any document from the US Citizenship and Immigration Services (USCIS) or Department of Homeland Security (DHS) related to immigration
- Legal Permanent Resident Card (I-551)
- Employment Authorization Card (I-766)

Proof of Resources for



- Current statement from bank, credit union, or broker / financial institution
- Registration or title of ownership for a motor vehicle

- Statement from the source of lump sum payment
- Deed for a home

Proof of Disabled/Incapacitated/Pregnant for



- A letter from your doctor, clinic, or medical professional verifying your pregnancy and due date.
- A document from SSA or SSI benefits for your disability or blindness.

Proof of School Attendance for



- Current report card
- School records or letter

Proof of Medical Bills for



- Copies of medical bills (paid and unpaid)
- Provider Statement of Health Insurance premiums
- Prescription drug card

Proof of Residence for



- Current rent receipt or lease or mortgage statement
- Statement from the Landlord or Primary Tenant
- School records

Proof of Death of Parents for



- Death Certificate
- Survivor's benefit records
- Hospital records

Then, Submit your Documents



Download the free Access HRA Mobile App Upload your documents. Other ways to return documents can be found [here](#).



You can also drop them off at a center.



Complete all 3 steps or you may not receive benefits.

You can find additional resources in the Cash Assistance Application Kit.



Need help completing these steps or understanding the questions on this application? Call 311 and ask about a partner organization that can help.

Household Information

Household Members

First Name	Middle Initial	Last Name	Sex	Date of Birth	SSN

Gender Identity

Household Member	Woman/Girl/ Female	Man/Boy/Male	Non-binary or Gender Non- conforming	Transgender	Cisgender (Not Transgender)	Intersex	Prefer not to say	Another Option not listed

Head Of Case Preferred Name

Title	Preferred Name	Addressed as
Ms.		

Household Member Information

Household Member	Citizen/Nation- or Non-citizen	Veteran?	Marital Status	Parents Married at Birth?	Pregnant?

Household

Household Member	Relationship	Buy and Prepare Food?

Residence and Mailing Address

Residence Address	Start Date	Homeless?	Mailing Address

Contact Information

Primary Phone Number	Alternate Phone Number	Text Message Phone	Email Address	Notifications?	E-Notices?

Interview

Preferred Spoken Language	Preferred Written Language

Ethnicity

Household Member	Native American/ Alaskan Native	Native Hawaiian/ Pacific Islander	Asian?	White?	Black/ African American	Hispanic/ Latino?

Parent Not in Household Information

Household Member	Name	SSN	ITIN	Date of Birth	Deceased?	Incarcerated?
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		--				

Parent Not in Household Address

Household Member	Address	Second Parent Not in Household?

Parent Not In Household - Cooperate in pursuing child support

Household Member	Are you able to cooperate in pursuing child support?	Second Parent Not in Household?

Residence Information

Resident of NYC?	Living Arrangements	Able to prepare meals at home?	Why are you not able to cook food?

Health Information

Household Member	Blind/Visually Impaired	Disabled/Unable to Work	Drug/Alcohol Treatment?	Hours/Week

School Information

Household Member	Graduated High School?	Highest Level Completed	In School?	School Type	DOE ID

Migrant or Seasonal Farm Worker

Household Member	Migrant/Seasonal Farm Worker	Job Recently End?	More than \$25 in next 10 Days?

General Household Information - 1 of 3

Other Cash Assistance Benefits?	Probation/Parole?	Fleeing Felon?	Sanctions?

General Household Information - 2 of 3

Child under 18 living elsewhere?	Step parent living in household receive any income or resources?	In a hospital, nursing home or medical institution?	Convicted of fraudulent statement/representation to receive Cash Assistance in 2 or more states?	Moved into the county from another NY county within the past 2 months?	Received benefits not entitled to which were not fully repaid?

General Household Information - 3 of 3

Receiving assistance/ services now?	Receiving assistance/ services in the past?	Sold/donated any property to receive temporary assistance or SNAP?	U.S. Military?	Dependent of U.S. Military?

Income Information

Current Employment Income

No information entered.

Current Self-Employment Income

Household Member	Employer	Job Information	Income Tax Method	Three Month Method	Expenses
	Name of Business:	Job Type:		Hours/Montr:	
	Phone Number:	Start Date:		Hours/Month:	
	Address:	Reporting Type:		Hours/Month:	

Recent Employment Income - Job Information

No information entered.

Social Security and Supplemental Security Income

No information entered.

Unemployment Income

No information entered.

Child Support Income

No information entered.

Money from Another Person

No information entered.

Other Income Detail

No information entered.

Total Calculated Income

Total Calculated Employment Income	Total Calculated Unearned Income	Total Calculated Income



Resource Information

Resources

Household Member	Resource Type	Approximate Value



Expense Information

Utility Bills

No information entered.

Air Conditioning Bills

Do you pay for air conditioning?
No

Rent and Mortgage Bills

No information entered.

Landlord/Lender Contact Information

Child Support Bills

No information entered.

Child/Dependent Care Bills

No information entered.

Medical Bills

Who is the Medical Bill for?	Total of these monthly or recent bills	Health/hospital/accident insurance or receive assistance in paying medical expenses?



Authorized Representative

Authorized Representative



First Name	Middle Initial	Last Name	Phone Number	Address
Nadine		Iberkleid	(212)-349-6009 x1377	30 WALL STREET , Apt 8F, NEW YORK, NY 10005