



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston MA 02111

Argeo Paul Cellucci
Governor


Jane Swift
Lieutenant Governor

William D. O'Leary
Secretary

Claire McIntire
Commissioner

Field Operations Memo 99-32
November 1, 1999

To: Transitional Assistance Office Staff

From:  Joyce Sampson, Assistant Commissioner for Field Operations

Re: No Rent Reduction for Public Housing or Section 8 Housing When Cash Assistance Is Reduced Due to Certain Reasons

Introduction

The federal Quality Housing and Work Responsibility Act of 1998 (QHWRA) prohibits housing authorities from reducing a tenant's share of the rent for Section 8 or public housing if the tenant's income from a federal, state, or local cash assistance program is terminated or reduced due to certain reasons.

A TAFDC or EAEDC recipient whose cash assistance is terminated or reduced because of one of the following reasons is not entitled to a decrease in his or her share of the rent for Section 8 or public housing:

- fraud or Intentional Program Violation (IPV),
- failure to comply with the Work Program requirements, or
- failure to comply with the Employment Development Plan (EDP).

**Transitional
Assistance
Workers'
Responsibilities**

Tenants who request a rent decrease due to a case closing or a reduction in their cash assistance must provide the housing authority with verification of the reason for the decrease in their grant.

**Transitional
Assistance
Workers'
Responsibilities
(cont.)**

Recipients should generally be able to use the systems-generated termination or reduction letter as verification. However, if the systems-generated letter is insufficient, the housing authority may ask the recipient to provide written verification of the reason the case was closed or the grant was reduced.

When a recipient requests verification of the reason for the decrease in his or her grant, the Transitional Assistance Worker must check the case record to verify the reason and complete the *Housing Authority - Grant Reduction Verification (HA-GRV)* form (see Attachment A). The original form must be given to the recipient and a copy filed in the case record.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at (617) 348-8478.

Commonwealth of Massachusetts



Transitional Assistance Office

Street Address

City/Town

State

ZIP

Date

Housing Authority - Grant Reduction Verification

To _____ Housing Authority
(Name of Housing Authority)

Re _____
Recipient's Name Social Security Number

Street Address

City/Town

State

ZIP

The case was closed or the grant was reduced from \$ _____ to \$ _____ on _____
(date)

This case closing or grant reduction was due to one of the following reasons:

- Fraud or Intentional Program Violation
Failure to comply with the Work Program requirements
Failure to comply with the Employment Development Plan/economic self-sufficiency program.
Other - Please specify _____

Signature of Transitional Assistance Worker

Print Name of Transitional Assistance Worker

Telephone Number