



Application for Household Establishment

Department of Social Services

Temporary Assistance

B-2016 (5/2023)

Household Establishments may only be authorized when (1) a homeless individual/family is moving into permanent housing, (2) a child is returned to a household, (3) an adult is moving from an institution into the community or to live with family, or (4) a living situation adversely affects the physical and mental health of an individual/family, which makes relocation to an unfurnished apartment essential in order to safeguard health, safety and well-being. (NYCRR 352.7)

PART I- DOCUMENTATION OF CLIENT REQUEST- COMPLETED BY CLIENT

First Name	Last Name	Date
Address for Household Establishment	City	Zip Code
Case Number	Telephone Number	Alternate Phone Number
# of Adults Applying	# of Children Applying	# of Bedrooms in Residence
Source(s) of Income in Household		
Type of Residence <input type="checkbox"/> Rooming House/ Room Only <input type="checkbox"/> Private Apartment <input type="checkbox"/> Home You Own		
Reason for request <input type="checkbox"/> Homelessness <input type="checkbox"/> Adult discharged from institution <input type="checkbox"/> Child Returning to your household <input type="checkbox"/> Relocation due to adverse living situation		
Why do you need help with furniture today?		
What furniture are you requesting?		
What do you already have? List ALL furniture.		
Do you have anything in storage? <input type="checkbox"/> No <input type="checkbox"/> Yes, stored at:		
List ALL items in storage		
Has anyone in your household received a household establishment? <input type="checkbox"/> No <input type="checkbox"/> Yes, who:		
What did you/they receive?		
Have you attempted to find a furnished apartment? <input type="checkbox"/> No <input type="checkbox"/> Yes, what was the result? _____		
Have you asked for furniture from friends, family, and/or community agencies? <input type="checkbox"/> No <input type="checkbox"/> Yes, what donations have you received? _____		
Vendor		
Signature(s) of all adults applying		Date

PART II- DETERMINATION OF ELIGIBILITY- AUTHORIZATION/DENIAL – COMPLETED BY EXAMINER		
Documented by _____		
<input type="checkbox"/> Request APPROVED based on: _____		
<div style="display: flex; justify-content: space-between;"> Rooms Authorized for Establishment <input type="checkbox"/> Living Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/> Bedroom </div>		
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> LDSS-4002 Notice of Approval issued on: _____ <input type="checkbox"/> in person <input type="checkbox"/> mailed </div>		
<input type="checkbox"/> Client(s) ineligible for a household establishment due to: _____		
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> LDSS-4002 Notice of Denial issued on: _____ <input type="checkbox"/> in person <input type="checkbox"/> mailed </div>		
Examiner Signature _____		Date _____
Supervisor Signature _____		Date _____
PART III- CALCULATION OF GRANT- COMPLETED BY SUPERVISOR		
# of Adults Approved	# of Children Approved	Total Individuals Approved
Rooms Authorized for Establishment		Amount Approved
<input type="checkbox"/> Living Room (not rooming house) \$182.00 Flat rate		\$
<input type="checkbox"/> Kitchen (not rooming house) \$142.00 Flat rate		\$
Add \$12.00 per individual approved \$12.00 x _____ total individuals		\$
<input type="checkbox"/> Bathroom \$28.00 for the 1 st person/cabinet linens		\$
Add \$4.00 for each additional person \$4.00 x _____		\$
<input type="checkbox"/> Bedroom \$184.00 for 1-2 Adults/Double bed		\$
Add \$145.00 for each child \$145.00 x _____ Single bed		\$
Total Amount Authorized		\$
Supervisor Signature _____		Date _____

Approved Vendors for Household Establishments are listed on the Small Business List at:

<https://ernie.erie.gov/2007/DSS/Forms/1%20ECDSS%20Program%20Related%20Forms/i-24%20ECDSS%20Vendor%20List.pdf?csf=1&e=wIDq1d>