



Legislation Text

File #: Res 2145-2009, **Version:** *

Res. No. 2145

Resolution calling upon the New York State Assembly to pass A. 2565 and the Governor to sign A. 2565 and its companion bill, S. 2664, legislation that would amend the Social Services Law to provide that persons living with clinical/symptomatic HIV/AIDS, and who are receiving shelter assistance or an emergency shelter allowance, shall not be required to pay more than 30% of their household's monthly income towards shelter costs, including rent and utilities.

By Council Members Mendez, the Speaker (Council Member Quinn), Barron, Brewer, Comrie, Fidler, Foster, Gerson, James, Koppell, Liu, Sanders Jr., de Blasio, White Jr., Jackson, Palma, Dickens and Weprin

Whereas, The HIV/AIDS epidemic of the 1980s left many people struggling with sickness and the idea that they could be next; and

Whereas, Highly Active Anti-retroviral Therapy (HAART) allows individuals living with HIV/AIDS to live longer; and

Whereas, Despite this medical advancement a cure for the virus is still elusive; and

Whereas, According to the New York City Department of Health and Mental Hygiene (DOHMH), New York City is the epicenter of the HIV/AIDS epidemic, with more than 100,000 New Yorkers living with HIV, and approximately one-fourth of such individuals not knowing that they are infected; and

Whereas, DOHMH reports that New York City has the highest AIDS case rate in the country, with more cases than Los Angeles, San Francisco, Miami and Washington, D.C. combined; and

Whereas, In New York City, the Human Resources Administration (HRA) was one of the first government agencies to respond to the AIDS epidemic by creating an office that eventually became known as the HIV/AIDS Services Administration (HASA); at the time HASA provided emergency, support services, and burial assistance services for people who were dying almost immediately after being diagnosed with the disease; and

Whereas, At that time, many other service organizations were not inclined to engage with people suffering from AIDS; and

Whereas, Since that time, a series of laws concerning those with HIV/AIDS have been passed to ensure that they receive access to numerous benefits, services, and housing resources; and

Whereas, HASA now provides a range of services to low income New Yorkers with HIV/AIDS including linkages to social services benefits (food stamps and cash assistance), assistance applying for supplemental security income (SSI) and social security disability income (SSDI), fostering access to medical services and Medicaid, individualized service planning, and rental assistance, among other things; and

Whereas, Since the mid-1980s, New York City has recognized the connection between stable housing and health by providing rental assistance to help persons with HIV/AIDS maintain stable housing; and

Whereas, Persons living with HIV/AIDS need quality housing to stay healthy; and

Whereas, Persons who have stable housing are less likely to use drugs and engage in high-risk sexual activities and are more likely to adhere to and receive proper medical care according to several research studies; and

Whereas, As of June 2009, HASA has served 44,662 persons and provides housing rental assistance to close to 24,936 clients; and

Whereas, A. 2565 and its companion bill, S. 2664, which passed the Senate on July 16, 2009, would cap the rent and utility contributions of individuals with clinical/symptomatic HIV/AIDS and who are receiving shelter assistance or an emergency shelter allowance to 30 percent of their income; and

Whereas, This legislation only applies to HASA clients who are both living independently and have supplemental sources of income; and

Whereas, HASA clients who are in “independent living” are individuals who are living in private market apartments, not in supportive housing units; and

Whereas, Supplemental sources of income that would qualify clients for the cap are SSI, SSDI, veterans

benefits, and earned income; and

Whereas, According to the June 2009 HASA Report, there were 13,268 clients receiving either SSI, SSDI, or veterans benefits and 919 clients with earned income; and

Whereas, Currently, HASA clients who are recipients of either SSI, SSDI, or veterans benefits or who have earned income do not have a contribution cap on the amount of their income that could be directed towards rent; and

Whereas, The income contribution cap of 30%, which is derived from federal guidelines, does not apply to this group of HASA clients because the program is subject to the budgeting guidelines issued by OTDA; and

Whereas, If the rental assistance program were funded federally like many other supportive housing programs and Section 8, HASA participants would be required to contribute only 30% of their income towards rent costs; and

Whereas, HASA clients often find that as much as 50% to 70% of their benefits have to be put towards rent each month leaving them on average with a little over \$11 per day to direct towards other expenses; and

Whereas, Currently the costs of the rental assistance program are equally shared between the state and the city; and

Whereas, HRA, in opposition to the 30% rent cap, argues that, if implemented, the program would cost \$25 million and the state might not in the future fund the program in the same manner as it has previously due to budgetary constraints; and

Whereas, Advocates, however, question the manner in which these calculations were made, arguing that there are contradictions in the estimates provided by both HRA and OTDA and that the estimates fail to take into account the savings that could result because HASA clients would be more likely to stay housed; and

Whereas, New York City law entitles HASA clients to medically appropriate housing, whether transitional or permanent, which has individual refrigeration for food and medicine storage and adequate private bathrooms; and

Whereas, Additionally, judicial mandates have required that HASA pay for moving expenses, security deposits if clients default, and brokers' fees, according to strict time frames; and

Whereas, Therefore, HASA clients are eligible for eviction prevention services which include arrears payments; and

Whereas, If HASA clients are evicted, the law requires that HASA provide housing immediately on the day that it is requested and, after permanent housing arrangements are found, funds to move into new apartment; and

Whereas, Researchers argue that paying for the 30% contribution cap could therefore create an annualized savings of \$12 million because HASA would have fewer clients needing eviction prevention services and emergency housing services; and

Whereas, Emergency housing services for HASA clients are provided through transitional congregate housing arrangements, but the majority are placed in Commercial Single Room Occupancy (SRO) hotels or Memorandum of Understanding (MOU) hotels; and

Whereas, Currently nearly 978 clients are being housed in SRO and MOU hotels and 911 clients are in transitional congregate facilities; both are emergency housing services which technically deems them homeless; and

Whereas, A. 2565 and S. 2664 would allow HASA clients to keep more of their earnings to pay for expenses other than rent and utilities; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York State Assembly to pass A. 2565 and the Governor to sign A. 2565 and its companion bill, S. 2664, legislation that would amend the Social Services Law to provide that persons living with clinical/symptomatic HIV/AIDS, and who are receiving shelter assistance or an emergency shelter allowance, shall not be required to pay more than 30% of their household's monthly income towards shelter costs, including rent and utilities.

8/13/09
1:00 pm