



HOPWA Rental Assistance Training Manual:

Section 1 Short-Term Rent, Mortgage, and Utility Assistance (STRMU)

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with TDA, Inc.**

Section 1

Short-Term Rent, Mortgage, and Utility (STRMU) Payments

STRMU is intended to prevent the homelessness of a tenant or mortgagor.

HOPWA Helps

For additional information on STRMU see the following:

- Additional Standards for Short-Term Supported Housing (24 CFR 574.330)
- STRMU CPD Notice CPD 06-07

Both are available in the resource section of this manual.

The following section outlines the administration of a Short-term Rent, Mortgage, and Utility (STRMU) program as provided under HOPWA. The outcomes of this section include:

- Review use and eligibility guidelines for administering a STRMU program;
- Outlining HUD goals and objectives for HOPWA housing program;
- Provide an overview of the regulations and CPD Notice which provide further clarification on the program;
- Review example forms to offer client level tracking and assessment.

This section includes a PowerPoint presentation for the training, example STRMU application forms, and the following resource materials.

See Section 4: Resources for the following documents:

- HOPWA Regulations (24 CFR 574)
- STRMU CPD Notice (CPD 06-07)
- ADAP Guidance
- Fair Market Rents (FMR)
- Income Limits

Understanding Short-Term Rent, Mortgage, and Utility (STRMU) Payments

Housing Opportunities for Persons with AIDS (HOPWA) Program

About HOPWA Technical Assistance



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Collaborative Solutions, Inc. is a nonprofit agency based in Birmingham, AL providing HUD technical assistance throughout the Southeast.



Overview of Today's Training

- Overview of STRMU
- Additional Standards for STRMU
 - HOPWA Regulations (24 CFR 574.330)
 - HOPWA STRMU CPD Notice (CPD 06-07)
- Review of STRMU Sample Forms



Overview of STRMU

- Overall the HOPWA program provides housing assistance through STRMU, TBRA, and facility-based assistance. STRMU is specifically targeted to preventing the homelessness of low-income persons with HIV/AIDS.

“ Short-term rent, mortgage, and utility payments to prevent the homelessness of a tenant or mortgagor of a dwelling.” - 24 cfr 574.300 (b) (6)- Eligible Activities

- STRMU assistance is short-term. STRMU assistance is limited to 21 weeks in a 52-week period and it is expected that clients will be stabilized through such assistance and able to remain in their homes.



Overview of STRMU

- In order to ensure the housing success of program participants, HUD expects that clients' housing need is assessed and a plan for permanent housing is in place.
- STRMU assistance is not intended to be on-going assistance from year to year. Instead, a focus on long-term permanent housing through a variety of program should be considered for clients experiencing chronic housing issues.
- Supportive services should also be made available in conjunction with STRMU assistance.

Additional Standards for Short-term Supported Housing (24 CFR 574.330)



Additional guidance on STRMU:

CPD Notice 06-07



Short-term Housing

- Two Types:
 - Short-term Rent, Mortgage and Utility Payments
 - Short-term Supported Housing – facilities to provide temporary shelter



Additional Standards for Short-term Facilities

- Housing for up to 60 days during 6-month period (574.330 (a))
- May not provide shelter at any one time to over 50 families or individuals (574.330 (b))
- Must to the extent practicable provide each individual living in the housing placement to permanent housing or living environment suitable to needs (574.330 (c))
- Provision of supportive services (574.330 (d))
- Program participants should also have access to case management services. (574.330 (e)).



Additional Standards for STRMU

- STRMU limited to 21 weeks in a 52 week period (574.330 (a))
- Programs shall provide as reasonable supportive services specifically designed to maintain the individuals in their assisted residence. (574.330 (d))
- Program participants should also have access to case management services. (574.330 (e)).

Standards for HOPWA STRMU Payments and Connections to Permanent Housing



CPD Notice 06-07
Issued: August 3, 2006



I. Overview of STRMU

■ Purpose

- Prevents homelessness by keeping households in current dwelling
- Maintain stable living environment to prevent homelessness and improve access to care and other needed supports
- Foster long-term housing goals through on-going housing plan (24 CFR 574.500)



STRMU Restrictions

- Cannot be used for first months rent or security deposit & cannot assist homeless people
- Assistance must be paid to third party (i.e. mortgage, landlord, utility company); No cash payments
- Amount of assistance may vary depending on funds available, tenant needs, and program guidelines. (Caps may be applied)
- Annual reporting counts households assisted not payments



II. Standards for STRMU

- Temporary solution with a connection to permanent housing
- Housing Services Plan key to achieving stability
- Maintain connections to key health and supportive services



II. Standards, cont.

- **STRMU Tenancy Requirements**
 - Must already be housed to be eligible
 - Must be named tenant or provide other evidence that they are legal resident
 - Account in their name with utility or proof of responsibility to make payments (cancelled checks/money orders)
 - Owner of mortgaged property
 - Deed
 - Title insurance policy
 - Mortgage holder
 - Default/late payment notice is not required



II. Standards, cont.

■ Eligibility

- “Needs based” program, thus clients must demonstrate need through verifiable documentation.
- Assessing need:
 - Expenses are for actual cost
 - No other resources exist (i.e. household income)
 - Payment will prevent eviction or temporary stability
 - Housing need is assessed and an housing service plan is developed
- STRMU payment cannot be made if other federal, state, or local resources are paying for housing



II. Standards, cont.

■ Eligibility

- Client should pay a portion of rent or utilities if able
- Case manager should document that a client has no other means to cover payments and a permanent housing plan is being developed and implemented
- Client payment will reduce the number of weeks of assistance, thus stretching assistance.



Documentation of Housing Need

- Inability to make monthly payment
 - Record of monthly housing costs vs. income
 - Limited available financial resources (savings, bank accounts, etc.)
 - HIV/AIDS health conditions and impacts on resources



II. Standards, cont.

- Capped Payments
 - Grantees may allow project sponsors to cap STRMU assistance
 - Caps must reflect FMRs and/or rent reasonableness so that support is sufficient to prevent continuing housing crisis
 - Caps must be applied in uniform, consistent and non-discriminatory manner
 - If household receives max amount under cap, it will be considered a full 21 weeks of assistance



II. Standards, cont.

■ Capped Payments and Con Plans

- Cap limit must be specified in Annual Action Plans
- Must be assessed by Grantee and monitored for consistency
- Assessment must be included in Annual Report to HUD



II. Standards, cont.

■ Suitable Housing Units

- Required to assess whether unit is decent, safe and sanitary
- HQS not required initially if needed to prevent homelessness and unit is decent and safe
- Continued occupancy should require meeting of HQS
- Any deficiencies in unit should be addressed in housing service plan



III. Eligible STRMU Period

■ Calculating 21 Week Period

- Statute limits assistance to 21 weeks in any 52 week period
- Count calendar days of assistance with max being 147 (21 x 7)
- Can equate one month with 4 weeks of assistance yielding a maximum total of 5 months and 1 week of assistance
- Can precisely measure number of weeks in month (e.g., 4.3 weeks for 30 day month)
- Methodology must be consistent



III. Eligible STRMU Period

■ Calculating Annual Eligible Period

- All project sponsors must use same method each year to determine annual eligible period
 - Standard annual period
 - Grantee's operating year
 - Calendar year
 - Separate period of eligibility for each client
 - Year starts when client first receives STRMU assistance



III. Eligible STRMU Period

■ Rent and Utilities in 21 Weeks

- Housing costs are generally monthly; utility billing periods often include parts of 2 calendar months
- Provided that utilities and rent expenses are reasonably coincidental (at least 14 days of overlap), the monthly housing cost period can be used to determine the 21 week period



Not Covered by STRMU

- Personal items (grooming, clothing, home and personal furnishings, care for pets)
- Vehicle maintenance and repairs
- Financial assistance/consumer credit or entertainment activities
- Phone services (basic phone service and long distance – in rural areas – may be covered as supportive service when needed to access necessary services)



IV. Performance Outcomes

- Grantees must project annual outcome (households assisted) and compare these goals to actual
- Outcomes must be identified in the Con Plan and Action Plan and reported through CAPER/IDIS/APR
- Focus on housing stability with an assessment of an individual's housing – emergency, transitional, permanent, or disconnected/death
- Connection to access to care and on-going support



V. Connections to Perm. Housing

- Case managers must document the appropriateness of STRMU payment
- Develop housing service plans
- Plan should identify on-going housing stability needs, options for assistance, and reasons for housing need. Include, budget and money management issues. Plan should establish housing stability goals with a connection to healthcare and other supports.



V. Connections to Perm. Housing

- Connected to Permanent Housing Placement, includes:
 - Costs to locate housing
 - Application fees, credit checks, security deposits
 - Not eligible: housing supplies, smoke alarms, standard furnishings, minor repairs
- Connection to other HOPWA housing and mainstream housing programs



VI. & VII. Waiver

- Waiver of STRMU
 - A waiver can be granted by HUD to provide assistance longer than the 21 week limit. The waiver request is made to the HUD FO, but approval must be made at HUD headquarters.
 - Things to consider in a waiver:
 - Before a waiver is granted, clients should have access to longer term rental assistance, such as HOPWA TBRA.
 - The living situation should be conducive to the clients' health and social needs.
 - The clients' should not be marginally housed, i.e. paying over the FMR and should meet HQS.

Frequently Asked Questions

Some Highlights

Documenting Need (c)

- Late or default notice is not required, but can be one form on documentation
- Verifiable documentation is needed which supports an “inability to make their monthly payments”
- Possible documentation: monthly bills, income, assessment of need by CM after review of financial forecast, budget, employment, or HIV/AIDS health-related condition.



Living with an family member (g)

- Yes, if two things:
 - Entire household income is calculated for eligibility and rent
 - Reasonable Accommodation – Prohibited at 24 CFR 82.306 (d), unless the unit provides a “reasonable accommodation” for a person with disabilities.
 - Must be determined by physician and documented that such housing is beneficial to client’s overall wellbeing
 - In this case, only individual’s income is used
 - Rent is calculated on the number of rooms used and must be reasonable
- This would be the same for individuals living in a separate and discreet residence.




Mobile Homes, Trailers (i)

- Can be assisted under STRMU in limited circumstances:
 - Basis for assistance must be rent, mortgage or utility bill
 - Mobile homes/trailers with wheels and capable of relocating are personal property and not eligible
 - Must be attached to earth, connected to permanent utilities, & compliant with local guidelines for mobile homes

Additional Standards for STRMU


- STRMU may not be used to pay deposits or first month's rent. The notice stipulates that tenant must be housed "for a time" before assistance can be rendered.
- STRMU versus TBRA
 - Client Rental Contribution
 - Unlike TBRA, the calculation of client contribution is not required.
 - Housing Quality Standards (HQS)
 - HQS is not required under STRMU.
 - Using Fair Market Rent (FMR) or Rent Reasonableness
 - STRMU is not limited to FMR like under TBRA program.
 - Look for other alternative funding sources to pay deposits and first month's rent
 - Not for homeless

Sample STRMU Forms



Sample STRMU Forms

- Application for Assistance/Assessment
- Gross Income Sheet
- Or Verification of No Income
- HIV verification
- Lead Based Paint
- Confidentiality
- Fire Protection/Smoke Detector
- Program Termination or Leaving the Program
- Other Documentation:
 - Lease/Mortgage or other housing/utility documents
 - Housing Plan
 - Client Budget
 - Case Notes



Sample STRMU Forms

- Other Documentation:
 - Sample Client File Contents Checklist (form)
 - Lease/Mortgage or other housing/utility documents
 - Client Housing Plan (form)
 - Client Budget Worksheet
 - Case Notes

Forms

This form collects all client level data required for HOPWA reporting including the CAPER, IDIS, and APR.

Note the new race classifications. Additionally, HUD is developing new CAPER and APR forms that will change required data elements.

**APPLICATION FOR ASSISTANCE
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS**
(*Mandatory Information For HUD Reporting)

Client # _____ DOB/Age _____ Name _____
 Date to Begin Payments _____ Mail?: Yes No
 Street Address _____ Phone _____
 City _____ State _____ Zip _____ SSN _____
Gender:* Male Female **Ethnicity:*** Hispanic Non-Hispanic
Race:* White African-American Asian/Pacific Islander
 Native American/Alaskan Native Other - Specify _____

RECENT LIVING SITUATION* **FAMILY RELATIONSHIPS****

Homeless from the streets
 Homeless from Emergency Shelter
 Transitional housing
 Psychiatric facility
 Substance abuse treatment facility
 Hospital or other medical facility
 Jail/Prison
 Domestic Violence Situation
 Living with relatives/friends
 Rental housing
 Participant owned housing
 Other (specify) _____

Name/Race/Gender/Age/Relationship _____

If a participant came from one of these facilities but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, they should be counted in either the street or shelter category, as appropriate.

**DO NOT INCLUDE LANDLORD or LANDLORD'S FAMILY MEMBERS
 Roommates: Applicant has _____ roommates.
 Name(s): _____

Gross Monthly Family/Household Income* \$ _____ (Attach income verification)

Facility Information:* Efficiency/SRO 1 Bedroom 2 Bedroom 3 Bedrooms
 4 Bedrooms 5 + Bedrooms

Family Information: Number in household: _____ under 18 with HIV _____ under 18 without HIV
 _____ 18 and above with HIV _____ 18 and above without HIV

What type of housing is client applying for? Long-term (tenant-based) housing _____
 Short-term (emergency) assistance _____ Facility-based housing _____

Income

- To be eligible, clients must be low-income (80% of median income)
- The goal is to reduce income where possible.
- A client's income calculation will serve as the basis for the assistance.

**GROSS INCOME WORKSHEET
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS**

HOPWA regulation 24CFR574.310(k)(2)(c) state: "Resident rent payment. Except for persons in short-term supported housing, each person receiving rental assistance under this program or residing in any rental housing assisted under this program shall pay as rent, including utilities, an amount which is the share" (1) 20 percent of the family's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of family and child care expenses and are described in detail in 24CFR5.609); (2) 10 percent of the family's monthly unearned income; or (3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments, adjusted in accordance with the family's actual housing costs, is specifically designated by the agency to meet the family's housing costs, the portion of the payment that is designated for housing costs." Documentation and Verification of Income: As a condition of participation in the program, each client must agree to supply such certification, release, information, or documentation as the agency determines to verify the client's income.

This worksheet will determine the Annual Gross Income and calculate the 10% of the resident's gross annual income. For income exclusions, see page 4.

1. Wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. (Applies to client and all household members over 18 years old.) \$ _____

2. Periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, excluding lump sum payments for the delayed start of a periodic payment. \$ _____

3. Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay. \$ _____

4. WELFARE ASSISTANCE, including payments made under other programs funded, separately or jointly, by federal, state, or local governments which are not excluded by Federal Statutes (see Income Exclusions). \$ _____

5. Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence. \$ _____

6. Net income from operation of a business or profession; interest, dividends, and other net income of any kind from real or personal property. \$ _____

7. All regular pay, special pay and allowances of a member of the Armed Forces (Except Hostile Fire Pay). \$ _____

8. Any earned income tax credit to the extent it exceeds income from tax liability. \$ _____

ANNUAL GROSS INCOME* **TOTAL OF 1-8** \$ _____

*The total income of the household is from all sources anticipated to be received in the 12-month period following the effective date of the income certification.

9. MONTHLY GROSS INCOME (Annual Gross Income divided by 12) \$ _____

10. RESIDENT PAYMENT PORTION (10% of MONTHLY GROSS INCOME) \$ _____

Note: Annual gross income must be reassessed at least annually. However, if there is substantial change in the

No Income

- If a client has no income, the assessment should consider:
 - Should another kind of supportive housing be identified?
 - Why will this assistance benefit long or short term?

VERIFICATION OF NO INCOME

Housing Opportunities for Persons With AIDS

I, _____, have applied for emergency rental assistance through the Housing Opportunities for Persons with AIDS. (Name of Grantee or Sponsor) and the United States Government require verification of all income.

I have stated during this verification process that I have no income at this time. I have not received income since _____. I do not expect to receive any income until _____.

I verify that all statements regarding my income are true.

Signature: _____ Date: _____

Witness: _____ Date: _____

Lead Based Paint

Lead-based paint requirements apply as outlined in the HOPWA regulations at 24 CFR 574.635.

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

**GENERAL HEALTH AND SAFETY
LEAD PAINT POISONING**

LANDLORDS, CBO REPRESENTATIVES, APPLICANT'S CERTIFICATION

Lead poisoning is a serious health problem in this country. Each year thousands of children under 7 years of age are poisoned when they eat bits of paint containing lead. Children who eat lead become mentally retarded, blind paralyzed or even die.

I HAVE BEEN GIVEN A PAMPHLET ON LEAD BASED POISONING AND FULLY UNDERSTAND THE DANGERS OF MY CHILD EATING OR CHEWING PAINT OR PAINT CHIPS.

Applicant's Signature

CBO Representative

Date

Date

THIS CERTIFICATION IS A PART OF THE HOPWA/APPLICANT'S FILE

Confidentiality

- Things to consider to ensure client confidentiality:
 - Update release forms every 12 months as an ethical rule to protect everyone with the understanding that during monitoring Funders must have access to the information.
 - Develop a protocol for clients that are in rural areas and unable to be accessed along with clients that can not read or write.
- See HOPWA Regulations at 24 CFR 574.440.

PERMISSION TO RELEASE CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

I authorize personnel of _____ or this local agency _____ to share my identity, the fact that I have a confirmed diagnosis of HIV or AIDS, and that I seek their services for support. I authorize only those agencies or individuals who are listed below. Unless I have initialed and signed additional release forms for specific purposes, no information which might identify me may be shared by representatives of _____ or this Agency with any other person or organization. I understand that _____ or this Agency will take all necessary precautions to protect my identity.

By my signature below, I hereby agree that I shall not hold _____ or this Agency _____ liable for the performance or quality or degree of performance of services agreed to by affiliates. I authorize _____ and this Agency _____ to release my identity, my HIV/AIDS status when necessary, and my need for services and support to the individuals, groups, or agencies listed below.

Name of Authorized Persons*	Applicant's Initials	Date
Agency Name:		
Case Manager:		
Physician:		
Clinic:		

*This includes Clergy, Counselors, other Agencies, Family members, Attorneys, Landlords, or anyone that the client may so choose.

My signature below, authorizes _____ (Agency) to release necessary information to the agencies and individuals initialed by me, above. Further, if I am unable to participate in a determination of those services which would be of benefit to me, or my permission is needed in the future to authorize additional services for this program, my signature below authorizes the named individual to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the person listed below is hereby authorized to represent me:

Print Name of Designated Individual _____	Relationship _____
Address _____	Phone/Fax _____
Client Signature _____	Date _____
Witness Signature _____	Date _____

NOTES: _____

Fire Protection

SMOKE DETECTOR VERIFICATION FORM Housing Opportunities for Persons With AIDS

Date: _____ Name of Community Based Organization: _____

SS#: _____

Please check the correct response:

- House/Apartment is equipped with Smoke Detector.
- Battery operated Smoke Detector was provided to client for installation.
- Hard wired Smoke Detector was provided to client for installation.
- Agency installed battery operated Smoke Detector.
- Agency installed hard wired Smoke Detector.

Has a site check occurred to insure installation?
 Yes Date: _____ No

Address of the property for which assistance is being received:

Street _____ Apt. # _____ City _____ Zip _____

Signature of Applicant _____ Signature of Authorized CBO Representative _____

HIV +

- Western Blot?
- Viral Load?
- Letters from other providers in clinics?

STATEMENT OF HIV VERIFICATION

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Note: This form may be filled out by a physician, certified health care worker, or HIV testing site Representative.

Applicant's Name: _____

Social Security Number: _____

I certify that _____ has tested positive for the Human Immunodeficiency Virus.

Printed Name: _____

Signature: _____

License #: _____ (if applicable) State Issued: ____

Date: _____

Telephone: () _____

Fax: () _____

Address: _____

City _____ State _____ Zip _____

NOTES:

Lease

- To be eligible for STRMU, a client must have a lease in their name.
- STRMU can not be used with other Federally subsidized units.

HOUSING ASSISTANCE FUND RENTAL AGREEMENT

NOTE TO LANDLORDS: THE HOUSING ASSISTANCE FUND IS ABLE TO PROVIDE LIMITED EMERGENCY RENTAL ASSISTANCE THROUGH THE USE OF HUD FUNDING. ANY PERSON RESIDING IN ANY HUD-SUBSIDIZED HOUSING IS INELIGIBLE.

_____ is currently renting a _____ (House, room, apt., etc.)

located at _____ Street Address of tenant's unit _____ City _____

The above named individual(s) have rented this unit since _____ (Date or anticipated start date)

and is currently residing at this address. This unit has _____ bedrooms and a description of the space used by the tenant is as follows:

Entire unit

1 bedroom and use of common areas

Other—please specify _____

Monthly Rent: \$ _____ Deposit: \$ _____

Make rent check payable to: _____

Landlord's Taxpayer ID# Or Social Security Number: _____

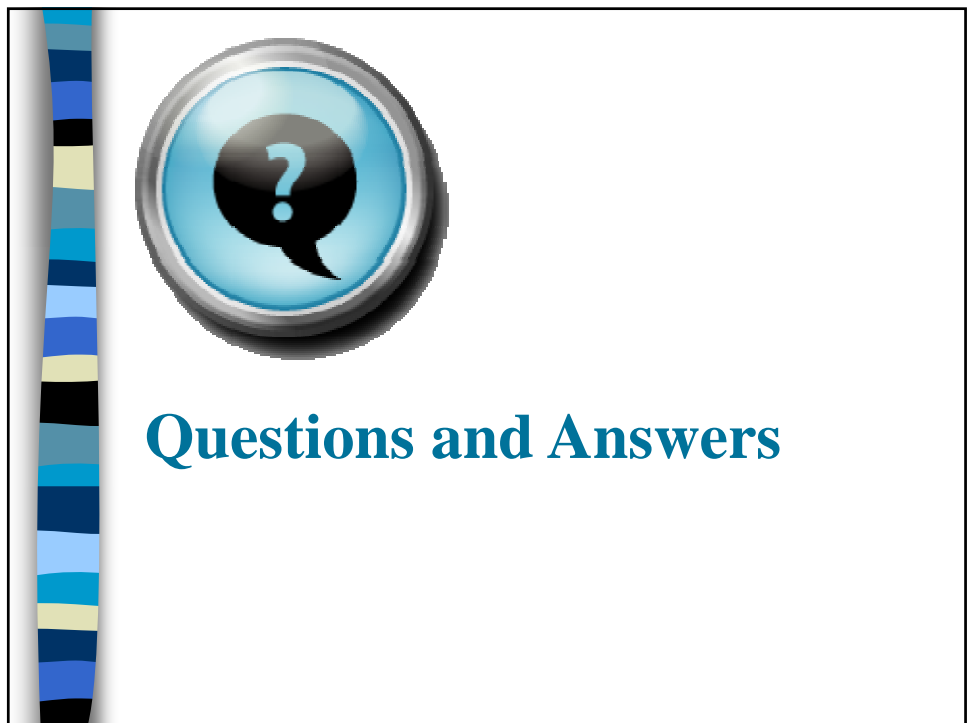
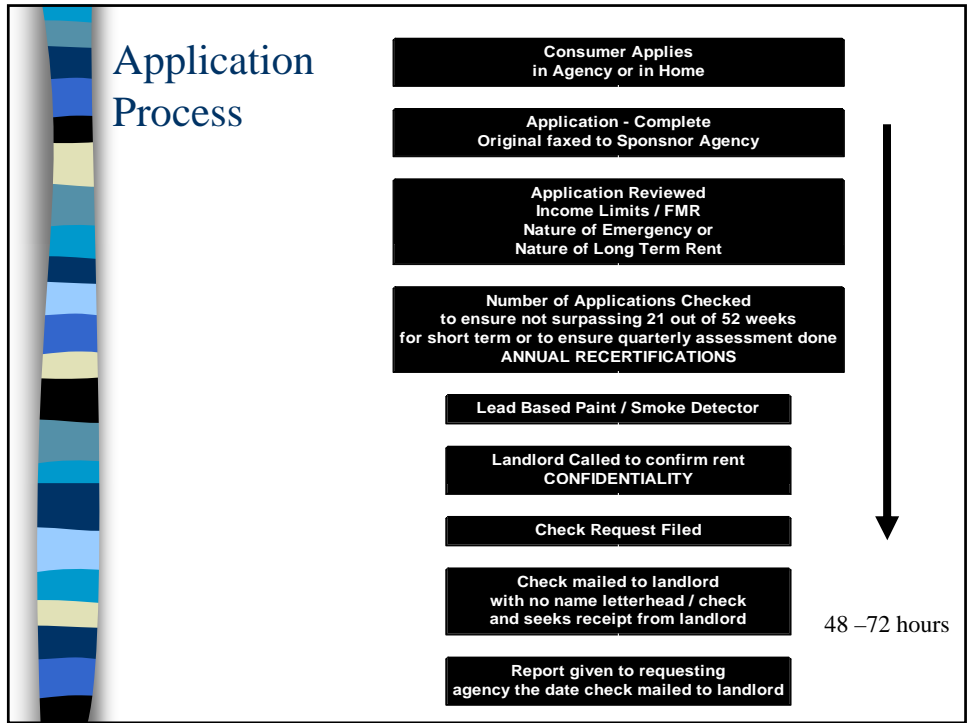
Mailing Address: _____

Daytime Phone #: () _____

THIS UNIT is HUD Subsidized is NOT HUD Subsidized

Landlord's Signature _____ Date _____

Tenant's Signature _____ Date _____



For More Information



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