



HOPWA Rental Assistance Training Manual

Section 2 Tenant-based Rental Assistance (TBRA)

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**Funding provided through the HOPWA National Technical Assistance
Program of the U.S. Department of Housing and Urban Development under
contract with TDA, Inc.**

Section 2

Tenant-based Rental Assistance (TBRA) Payments

TBRA is intended to provide long, term housing stability for persons with HIV/AIDS.

HOPWA Helps

For additional information on TBRA see the following:

- General Standards for Eligible Housing activities (24 CFR 574.310)
- Additional Standards for Rental Assistance (24 CFR 574.320)

A copy of the HOPWA regulations is available in the resource section of this manual.

The following section outlines the administration of a tenant-based rental assistance program as provided under HOPWA. The outcomes of this section include:

- Eligibility guidelines and accepted methods of documentation for eligible persons;
- Perspective of HOPWA in context to other HUD funding streams;
- Methods of screening individuals/families for appropriate use of program funds;
- Methods of housing in rural America with HOPWA funding;
- How HOPWA TBRA can be used with other HUD programs;
- Compliance with HUD regulations;
- Typical flow of application process;
- A model program as a case study; and,
- Samples of acceptable Grantee-to-Sponsor and Sponsor-to-Subcontractor contracts.

This section includes a PowerPoint presentation for the training, overview of the TBRA application, and example TBRA application forms.

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Understanding Tenant-based Rental Assistance (TBRA)

Housing Opportunities for Persons with AIDS

About HOPWA Technical Assistance



This training is provided by Collaborative Solutions, Inc. under contract with TDA, Inc. Funding is provided by the National HOPWA Technical Assistance Program of the U.S. Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing. Special thanks to Andrea White, CUCS, Inc.



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



Today's Presentation

- The goals of today's training are to:
 - Create a HIV/AIDS housing strategy for your community.
 - Learn how to utilize HOPWA TBRA as a part of your housing strategy.
 - Understand and practice how to implement a HOPWA TBRA Program.



Creating a HIV/AIDS Housing Strategy for Your Community

- What is a housing continuum?
- What housing resources exist in my community for persons with HIV/AIDS?
- How can housing be an intervention?
- What is our community's vision for HIV/AIDS housing?



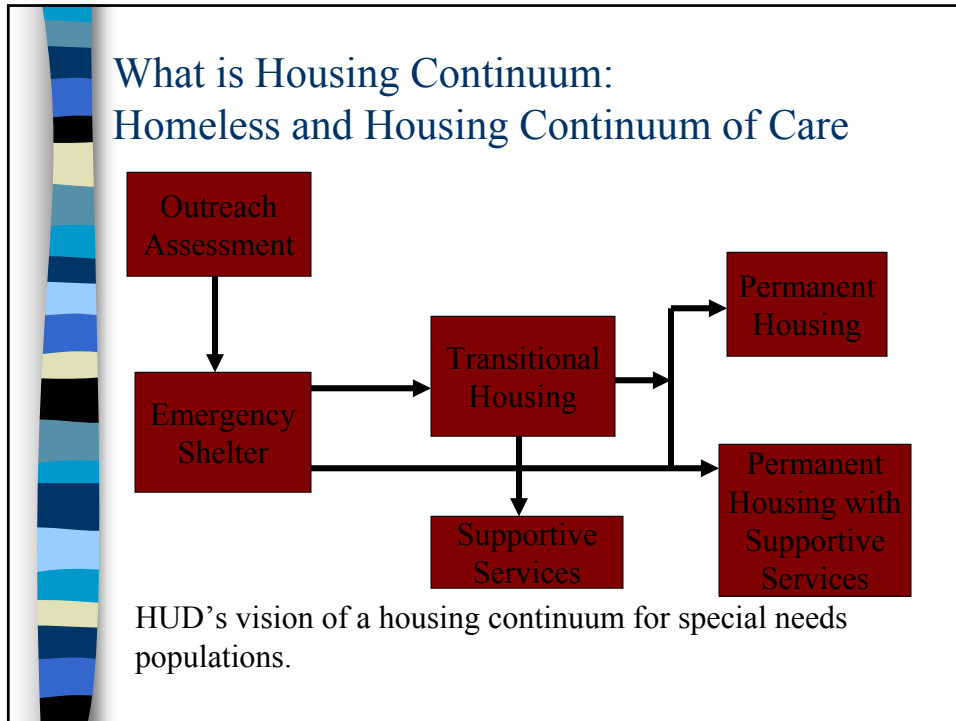
What is a housing continuum?

- A housing continuum considers all of the various situations that clients may face and provides appropriate housing situations to maximize stability, independence, and access to necessary services.
- An HIV/AIDS housing continuum can vary from community to community depending upon client need and resources.
- A housing continuum provides an array of housing resources from emergency, transition, to permanent housing options.




What is a Housing Continuum: Why HIV-specific Housing?

- Across the country advocacy groups such as the National Low-Income housing coalition have recognized the shortage of affordable housing.
- A full housing continuum best meets the full range of housing needs of persons living with HIV/AIDS.
- Without housing, HIV spreads faster and consumers receive more sporadic care and assistance.
- Stable housing provides opportunities for holistic interventions are not as likely and greater engagement in care.




What is a housing continuum: HOPWA

- The HOPWA program is the only federal program dedicated to addressing the housing needs of persons living with HIV/AIDS and their families.
- The HOPWA program offers an array of housing resources that can benefit an overall community housing approach. For example, Short-term housing, rental assistance, and facility-based assistance.
- However, HOPWA cannot not operate alone. What other resources can be brought together in the community to build a housing continuum?



What is a housing continuum: Other Community Housing Resources

- Other Housing Resources include:
 - Public housing
 - Housing Choice Vouchers (Section 8)
 - Homeless Continuum of Care Programs (Shelter Plus Care, Supportive Housing Program, SRO)
 - Section 811 or 202 projects
 - USDA
 - Veterans Affairs
 - Statewide rental assistance or housing programs
 - Emergency shelter programs
- These are just a few programs to consider. Remember, we are looking for housing to meet a variety of housing need.



What is a Housing Continuum: Development of Resource Guide for the Community

The development of a housing resource guide for your community is the first step in understanding the resources that exist and how to access them. Further, it provides an opportunity to ensure that the HOPWA program is working in conjunction with other housing resources. Some ideas include:

- Interview public housing officials to understand their programs.
- Learn about the Continuum of Care.
- Learn about state programs like the Housing Finance Authority.
- Develop an HIV friendly landlord list
- Provide phone numbers, information on how to apply, and contact names if possible.
- Provide program information. For example the targeted group, prioritization on a waiting list, etc.



How can housing be an intervention?

- Often for clients, their HIV status is not their only concern. Clients often have other issues, such as:
 - Chemical Dependency
 - Mental Illness
 - HIV physical conditions / medication side effects
 - Stigma and/or Discrimination
 - Poverty
 - Unsupported Housing environments
 - Marginally housed



How can housing be an intervention?

- HUD's goal for HOPWA is to provide safe, decent, and affordable housing.
- Housing can be a key factor in
 - Accessing health care
 - Accessing supportive services
 - Accessing job training or jobs
 - In increasing health outcomes
 - Preventing risky behaviors
 - Preventing the spread of HIV
 - Provide stable environments to prevent relapse

What is our community's vision for HIV/AIDS Housing?

- To create a community vision consider:
 - What are the housing and service assets that exist in the community now?
 - What housing exists and where are the gaps?
 - Who needs to be at the table to envision a proper housing continuum?
- If your community has a clear vision, revisit it often and evaluate efforts to demonstrate success.


Understanding HOPWA Tenant-Based Rental Assistance (TBRA)

- HOPWA TBRA is a program that provides permanent housing to low-income persons living with HIV/AIDS and their families.
- HOPWA TBRA operates similar to a Housing Choice Voucher (Section 8) however with fewer entry criteria to ensure that persons living with HIV/AIDS have access to decent, safe, and affordable housing. Link with existing housing resources



Understanding HOPWA Tenant-Based Rental Assistance (TBRA)

- HOPWA TBRA provides a non-development approach to the creation of affordable housing.



Understanding HOPWA TBRA

- Definition
 - TBRA is an eligible activity as identified at 24 CFR 574.300 (b) (5)
- Client Eligibility
- Standards for Housing Activities
 - 24 CFR 574.310
- Additional Standards for Rental Assistance
 - 24 CFR 574.320



Understanding HOPWA TBRA Client Eligibility

- Low-income
 - As defined in the AIDS Housing Act and the HOPWA regulations (24 CFR 574.3), "**low-income individual**" means any individual or family whose incomes do not exceed 80 percent of the median income for the area as determined by HUD. (See Resource Section for Income Limits)
- Person with HIV/AIDS
 - HIV positive person as medically verified (See HIV verification form)

General Housing Standards (24 CFR 574.310)



Service Providers and Health care Costs

- 24 CFR 574.310 (a) (1)
- Ensure that qualified service providers make available services to persons receiving housing.
- Health care costs cannot be covered by HOPWA if they can reasonably be covered by the state or federal program, insurance, or other health care entity.

Understanding HOPWA TBRA General Standards

- Housing Quality Standards (574.310 (b)) – though not as stringent as Section 8 units must meet HQS which includes (See form):
 - Meet state and local housing codes
 - Habitability Standards, includes

<ul style="list-style-type: none"> • Structurally sound • Accessible • Space for securing personal items • Good air quality 	<ul style="list-style-type: none"> • Adequate heat • Efficient light and electricity • Suitable kitchen facilities • Sanitary condition
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Understanding HOPWA TBRA General Standards

- Resident Rent Payments (24 CFR 574.310 (d))*
 - Tenants must pay a rent, including utilities, an amount higher of:
 1. 30% of family's monthly adjusted income.
 - Adjustment factors include age, medical expenses, size of family, child care and other factors as detailed at 24 CFR 5.609(a).
 - Additionally, expense deductions as outlined in 24 CFR 5.611 (a) must be taken and for eligible person the disallowance of earned income as provided in 24 CFR 5.617; or
 2. 10% of family's monthly gross income; or
 3. The portion of welfare assistance specifically designated for housing costs.

*See Income and Resident Rent Calculation Worksheet


Understanding HOPWA TBRA General Standards

- Termination of Assistance (574.310 (e))
 - Surviving family members – may receive housing assistance and/or supportive services. The grantee can set a grace period but it should not exceed one year.
 - Violation of requirements – clients may be terminated from the program for failing to meet program or occupancy requirements. Grantees must have a formal process which follows due process law and at a minimum includes: written notice, allowance for review and rebuttal by tenant, and written notice of final decision.



Understanding HOPWA TBRA Additional Standards (24 CFR 574.320)


- *Maximum Subsidy* is the difference between the rent standard or reasonable rent and the calculated clients contribution.
 - Subsidy cannot be higher than the difference between the rent standard and the client contribution.
- *Rent Standard* – includes either the HUD published Fair Market Rents (FMR) or the HUD-approved community-wide exception rent. This is usually approved by HUD with a PHA.
 - Grantees may increase the rent standard by 10% for up to 20% of the units.



Understanding HOPWA TBRA Additional Standards (24 CFR 574.320)


- *Rent Reasonableness* – rents paid must be comparable to market rate rents
- *Shared Housing* – Rent is adjusted based on a pro rata share of the private space used by the family. For example, if the unit is a 3-bedroom unit and the family is using 1-bedroom. The rent would be 1/3 of the 3-bedroom rent standard. Shared housing arrangements should be voluntary.*

*See Shared Housing Form



Understanding HOPWA TBRA Review of Standards

- Tenant must pay 30% of net or 10% of gross whichever is greater
- Subsidy cannot exceed difference between FMR and tenant payment
- HQS Required
- Annual income, residence, lease, recertification required
- Supportive services must be linked with housing
- Housing plan and assessment
- If individual landlord, taxpayer identification required



Operating a TBRA Program


- Conducting the Assessment
- Developing Program Guidelines
- Documentation, Forms, and Case Management

Assessment
Is rental assistance what's needed?

- Through assessment clients can be connected to the housing resource that best fits their need.
- Determine the source of the problem.
 - Is it a chronic (long-term) problem?
 - Is it episodic (short term)?
- Develop an on-going housing plan which outlines the a path to permanent housing.
- If assessment is to be effective, staff must be trained and receive oversight and supervision.
- People living with HIV/AIDS are a dynamic population, thus their needs and situations are constantly changing.

Assessment
What's the process?

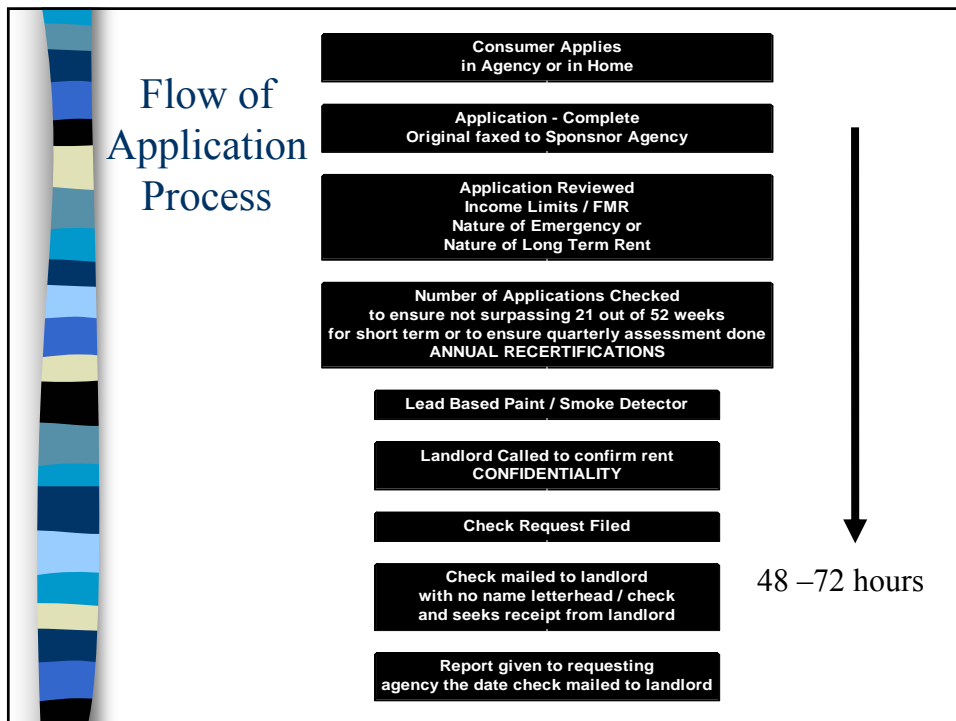
- The goal is to gather the most accurate up to date information.
- Methodology is key to overall success on behalf of consumer.
- Trained professionals have advantage, however this is not required.
- Do not go above your head.
- The bottom line is housing with required services



The illustration shows three people sitting around a round table. On the left, a woman with dark hair in a blue shirt is looking towards the center. In the middle, a man with brown hair in a green shirt is looking towards the right. On the right, a woman with red hair and glasses in a purple suit is looking towards the center. In front of them on the table is a golden scale of justice. The background is a simple white space.

Assessment: Additional Information and Procedures

- Demographics
- Psychosocial assessment
- Medical assessment
- Housing Quality Standards (HQS)
- Smoke Detector Rules
- Reassessment required annually for all clients. Quarterly assessments are recommended for long-term TBRA.



Forms: Application for Assistance

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

Note new race classifications.

**HOUSING APPLICATION & ASSESSMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
HOPWA**
(*Mandatory Information For HUD)

Name _____ DOB/Age _____ Client ID# _____
Street Address _____ Phone _____
City _____ State _____ Zip _____ SSN _____

RECENT LIVING SITUATION
If client came from one of these facilities in the last 30 days, or was on the street or in an emergency shelter prior, consider the person homeless from the streets or shelter as appropriate.

homeless from the streets	() psychiatric/mental health facility*
homeless emergency shelter	() hospital or other medical facility*
transitional housing	() living with relatives/friends
domestic violence shelter	() participant-owned housing
jail/prison	() rental housing
substance use treatment facility*	() foster care or foster care group home
hotel/motel with out paid assistance	() other: _____
permanent housing for formerly homeless (SHIP/S+C/SRO MR etc.)	

DEMOGRAPHICS & HOUSEHOLD COMPOSITION:
Use one of the following race and ethnicity codes to fill-in chart below:

W-White	NH/Pi-Native Hawaiian/Pacific Islander
A-Asian	AI/AN-American Indian/Alaskan Native
A/W-Asian/White	AI/AN/W-American Indian/Alaska Native/White
B/AA-Black/African American	B/AA/W-Black/African American/White
OMR-Other/Multi-racial	AI/AN/B/AA-American Indian/Alaska Native/Black/African American

Ethnicity: H-Hispanic or NH-Not Hispanic
Relationship: Mother, Father, Sibling, Daughter, Son, Grandparent, Grand child, Aunt/Uncle, Cousin, Other

Name or ID#	M or F	Age	HIV + Yes or No	Race	Ethnicity	Relationship	\$ Income

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

Forms: Income and Resident Rent Calculation Worksheet

Income & Rent calculation is dependent upon the income calculations on the next five pages

INCOME & RESIDENT RENT CALCULATION WORKSHEET
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS


This worksheet will determine the Tenant Rent Payment based on the greater of 10% of Monthly Gross Income or 30% of Monthly Adjusted Income. For income exclusions, see page 4.

HOPWA regulations 24CFR574.310(d)(3)(2)(3) 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 must pay as rent, including utilities, an amount which is the greater of: (1) 10 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) 30 percent of the family's monthly gross 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.

*The total income of the household (Annual Gross Income) is from all sources anticipated to be received in the 12-month period following the effective date of the income certification. Therefore, income must be ANNUALIZED, e.g. payment amount x number of payment periods/yr., for all income sources.


- 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.) \$ _____
- 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. \$ _____
- Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay. \$ _____
- 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). \$ _____
- Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence. \$ _____
- Net income from operation of a business or profession; interest, dividends, and other net income of any kind from real or personal property. \$ _____
- All regular pay, special pay and allowances of a member of the Armed Forces (Except Hostile Fire Pay). \$ _____
- Any earned income tax credit to the extent it exceeds income from tax liability. \$ _____
- ANNUAL GROSS INCOME* TOTAL OF LINES 1-8** \$ _____

Note: Annual income must be reassessed at least annually. However, if there is substantial change in the household's income during the year, an adjustment must be made to the resident rent to reflect the change in income.



Forms: Income, cont.

- Income Calculations are valuable to complete on all applicants
- All persons with HIV can take the \$400 deduction.
- All other deductions must be well documented.
- The goal is to reduce income where possible.
- This calculation will serve as the basis for the rent.



Forms: Adjusted Income

Not all income is counted when calculating a client's income.

Adjustment to income may be made according to 24 CFR 5.611 (a).

INCOME EXCLUSIONS
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
For complete regulations, refer to 24CFR5.609(c)

Annual Gross Income Does Not Include:

1. Income from employment of children (including foster children) under the age of 18 years;
2. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
3. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses;
4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
5. Income of a live-in aide;
6. The full amount of student financial assistance paid directly to the student or to the educational institution;
7. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
8. (a) Amounts received under training programs funded by HUD;
- (b) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income (SSI) eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
- (c) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- (d) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the Public Housing Authority (PHA) or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time;
- (e) Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment-training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment-training program;
9. Temporary, nonrecurring or sporadic income (including gifts);

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:

Forms:

Rent Calculation

- For complete documentation, figure the amount of the gross and adjusted incomes.
- Verbally explain the risk of fraud to consumer.

HOPWA APPLICATION, PAGE 2
RENTAL ASSISTANCE APPLICATION PAGE

Case # _____ Agency Code _____ SSN _____

Applicant's County of Residence _____

Dates covered for rent: From - _____ (M/D/Y) To: _____ (M/D/Y)

Long-term rental assistance start date: _____

Assistance Calculation

The United States Housing Act of 1937 requires each family receiving assistance to pay the highest of: 30% of the family's monthly adjusted income; 10% of the family's monthly income. If the family is receiving payments for welfare assistance from a public agency and a part of such payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of such payments which is so designated must be utilized if it is the lesser of all of the above.

1. HOPWA rent allowable (from HOPWA Cap table), or Applicant's actual rent. Enter the lesser of the two. HOPWA CAP \$ _____ Actual rent: \$ _____	\$ _____
2. Applicant's Monthly Gross Income (from worksheet)* multiply X 10% = \$ _____	\$ _____
3. Applicant's Monthly Adjusted Income (from worksheet)* multiply X 30% = \$ _____	\$ _____
4. Enter the larger dollar amount from line 2 or line 3. This is the amount the tenant will pay.	\$(_____)
5. Subtract line 4 from line 1. This is the HOPWA Rental Amount to be paid by AIDS Alabama to landlord.	\$ _____

Please Note:
Program cannot pay a lesser amount. If line 4 is a negative amount, program pays all of line 1. If line 4 is a positive amount, program pays line 5 amount.

PLEASE NOTE: Payments will be made to landlords. Applicant must pay the balance, if any, due the landlord. Assistance request must be accompanied by a copy of the lease with the landlord. I certify that the financial information disclosed in this application is true and correct. And, by signing below, I further certify that I have been informed that this assistance is funded by the United States Department of Housing and Urban Development (HUD) and that I am responsible for the statements made to receive assistance to pay my rent. I have been informed that this assistance is subject to the laws and statutes of HUD in regard to making untrue statements.

Further, I am aware that if my income changes, or if I move, or if the number of persons that reside in my dwelling change, I am obligated to inform the CBO representative below immediately. If I do not, my assistance will be jeopardized.

Applicant Signature _____ (Date) _____ Authorized Agent _____ (Date) _____

Landlord's name (Check made payable to): _____

Address: _____

City _____ State _____ Zip Code: _____

Landlord Daytime Phone: () _____

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 _____

Lease

- TBRA cannot be used in conjunction with other federally subsidized units
- Normal Leases
- Leases with family members

**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.

(Name of Tenant) _____ 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 _____

Termination

- For HOPWA annual reporting through the CAPER, IDIS, or APR information on clients leaving the program must be collected. As possible, grantees should track the housing status of clients as they transition out of the program.

TERMINATION RECORD SHEET

Housing Opportunities for Persons With AIDS

SS #: _____ County of Residence: _____

Applicant: _____ CBO: _____

Program from which terminated: Emergency Assistance Rental Assistance

Assistance Period Begin Date _____ (M/D/Y)
End Date _____ (M/D/Y)

Number of months of housing provided this client: _____

Reasons for termination (Provide the primary reason for participant leaving a HOPWA program.)

Reached program eligibility limit Income verification changed

Criminal activity Non-payment of rent


Destruction of property Violence

Death Unknown/Disappeared

Needed more care than the program could offer


Voluntary departure
 Found alternative housing-Explain on back page
 Dissatisfaction with the program-Explain on back page

Other-Please explain on back page



Application
New Application & Renewal

<u>New Application Forms</u>	<u>Renewal Applications</u>
<ul style="list-style-type: none"> ■ Application & Assessment ■ Gross Income/Proof of Income ■ Adjusted Income (with attached proof of deductions if any) ■ Proof of HIV Status ■ Smoke Detector Page ■ Lease ■ Consent/release page 	<ul style="list-style-type: none"> ■ Application & Assessment ■ Release ■ Income Eligibility ■ Resident Rent



Case Study I

<ul style="list-style-type: none"> ■ A 45 year old white male with 2 children in 2-bedroom house in some county. ■ The family is 2 months behind on rent with an eviction notice. ■ The family makes \$29,400 per year. ■ The father has been HIV+ for 6 years. ■ The utilities are also about to be cut off. 	<ul style="list-style-type: none"> ■ Currently, the children are living with a grandparent until situation is resolved. ■ The landlord is aware of HIV status and provider is unaware of reaction of landlord. <p>Question</p> <ul style="list-style-type: none"> ■ Should we pay the consumer's rent ? If so, how much?
--	---

Case Study II & III

- Volunteer to Interview potential consumer
- Two different scenarios
- Small groups to work through problems and come up with rents and then present to group



Administrative Decisions

In operating a TBRA/STRMU program the grantee must make several administrative decisions when deciding about program implementation. Questions to consider.

- | | |
|---|---|
| <ul style="list-style-type: none"> ■ What income level (Low or Very Low) will be used? ■ How will reimbursements be processed? ■ What surviving family member coverage will be offered? ■ Deposit policy – one in a lifetime – or annually? (Permanent Supportive Housing Placement) ■ HQS – how will that be handled? Required annual ■ TBRA – quarterly / semi-annually / annually (required). ■ Confidentiality – letterhead, envelopes, phone calls. ■ 1099 Rules – not continued without tax id #? | <ul style="list-style-type: none"> ■ Will family members be able to receive rental payments? ■ Do you want to offer long term rent and short term rent in each of the areas? ■ Will deposits be paid? (PSHP) ■ Will utility assistance be offered? ■ Multiple months of rent? How will checks be distributed, documentation be kept, quality assurance occur? ■ Can different implementations of these options in different parts of the state be justified? ■ Various regions – different applications? |
|---|---|

Administrative Decisions, Cont.

- Utility Cap?
- Utility and Rent
- Master Lease - awaiting HUD headquarters, may be left pending
- Length of time of money – are we 12, 24, or 36 months?
- Can you pay family members rent?

For More Information



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for more information on available trainings.

Understanding Tenant-based Rental Assistance (TBRA)

Housing Opportunities for Persons with AIDS

About HOPWA Technical Assistance



This training is provided by Collaborative Solutions, Inc. under contract with TDA, Inc. Funding is provided by the National HOPWA Technical Assistance Program of the U.S. Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing. Special thanks to Andrea White, CUCS, Inc.



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



Today's Presentation

- The goals of today's training are to:
 - Create a HIV/AIDS housing strategy for your community.
 - Learn how to utilize HOPWA TBRA as a part of your housing strategy.
 - Understand and practice how to implement a HOPWA TBRA Program.



Creating a HIV/AIDS Housing Strategy for Your Community

- What is a housing continuum?
- What housing resources exist in my community for persons with HIV/AIDS?
- How can housing be an intervention?
- What is our community's vision for HIV/AIDS housing?



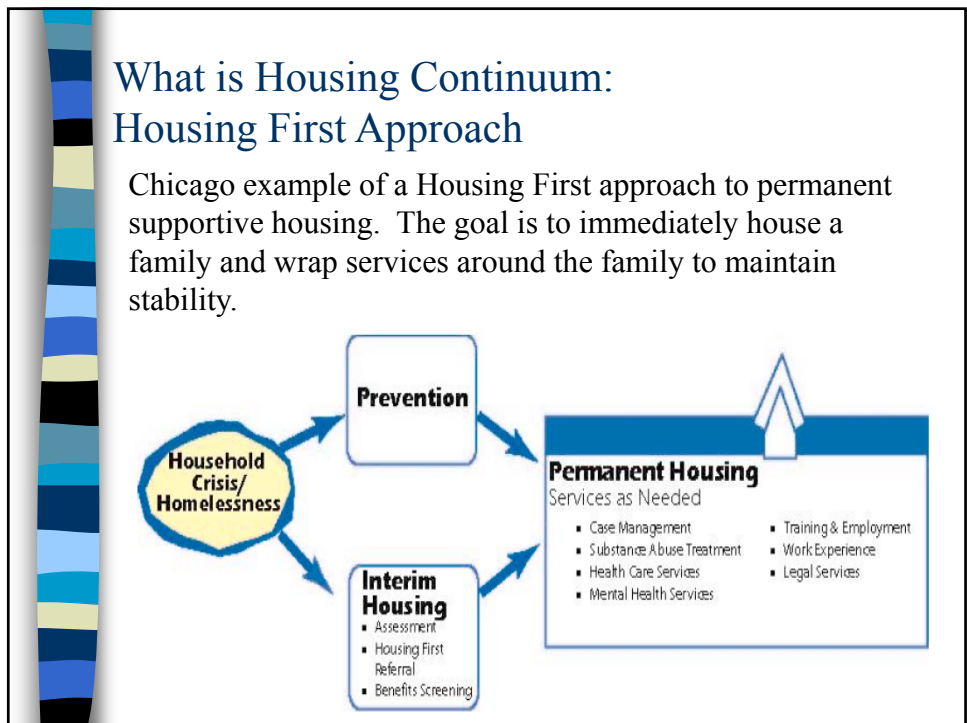
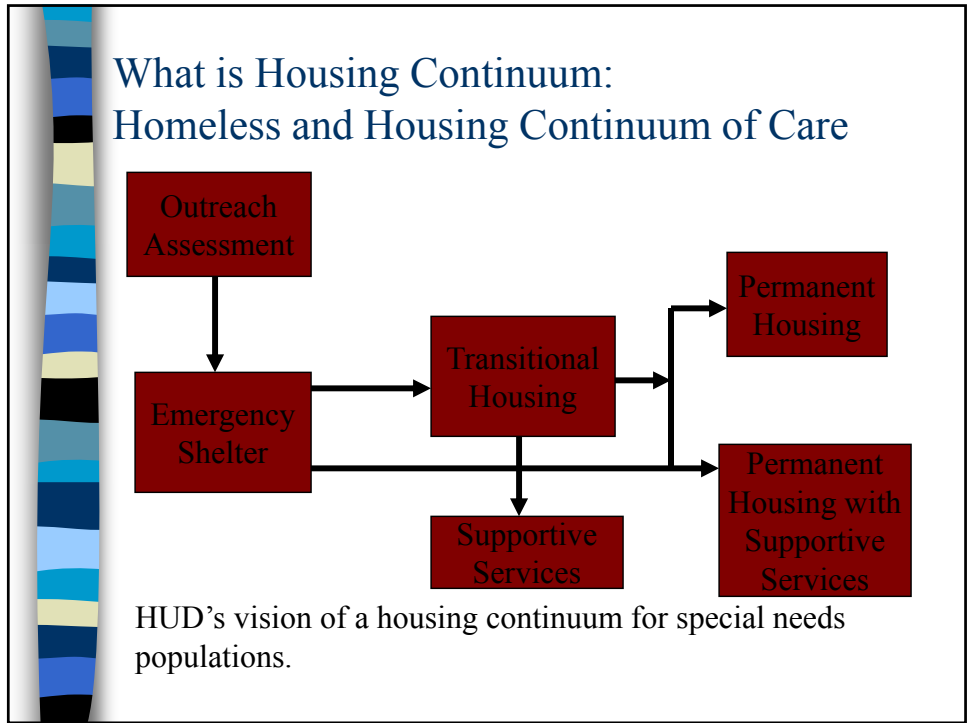
What is a housing continuum?

- A housing continuum considers all of the various situations that clients may face and provides appropriate housing situations to maximize stability, independence, and access to necessary services.
- An HIV/AIDS housing continuum can vary from community to community depending upon client need and resources.
- A housing continuum provides an array of housing resources from emergency, transition, to permanent housing or program options.



What is a Housing Continuum: Why HIV-specific Housing?

- Across the country advocacy groups such as the National Low-Income housing coalition have recognized the shortage of affordable housing.
- A full housing continuum best meets the full range of housing needs of persons living with HIV/AIDS.
- Without housing, HIV spreads faster and consumers receive more sporadic care and assistance.
- Stable housing provides opportunities for holistic interventions are not as likely and greater engagement in care.
- See – National Low-Income Housing Coalition - www.nlihc.org – Out of Reach Report
- See – National AIDS Housing Coalition – Research Summit Reports – www.nationalaidshousing.org



Check In



- What additional housing resources does your community have?
- What is the best use of HOPWA in your community to maximize these resources?

What is a Housing Continuum: Development of Resource Guide for the Community

The development of a housing resource guide for your community is the first step in understanding the resources that exist and how to access them. Further, it provides an opportunity to ensure that the HOPWA program is working in conjunction with other housing resources. Some ideas include:

- Interview public housing officials to understand their programs.
- Learn about the Continuum of Care.
- Learn about state programs like the Housing Finance Authority.
- Develop an HIV friendly landlord list
- Provide phone numbers, information on how to apply, and contact names if possible.
- Provide program information. For example the targeted group, prioritization on a waiting list, etc.



How can housing be an intervention?

- Often for clients, their HIV status is not their only concern. Clients often have other issues, such as:
 - Chemical Dependency
 - Mental Illness
 - HIV physical conditions / medication side effects
 - Stigma and/or Discrimination
 - Poverty
 - Unsupported Housing environments
 - Marginally housed



How can housing be an intervention?

- HUD's goal for HOPWA is to provide safe, decent, and affordable housing; increase housing stability, and increase access to care and support.
- Housing can be a key factor in
 - Accessing health care
 - Accessing supportive services
 - Accessing job training or jobs
 - In increasing health outcomes
 - Preventing risky behaviors
 - Preventing the spread of HIV
 - Provide stable environments to prevent relapse
- See National AIDS Housing Coalition at [www. Nationalaidshousing.org](http://www.Nationalaidshousing.org)

What is our community's vision for HIV/AIDS Housing?

- To create a community vision consider:
 - What are the housing and service assets that exist in the community now?
 - What housing exists and where are the gaps?
 - Who needs to be at the table to envision a proper housing continuum?
- If your community has a clear vision, revisit it often and evaluate efforts to demonstrate success.

Understanding HOPWA Tenant-Based Rental Assistance (TBRA)

- HOPWA TBRA is a program that provides permanent housing to low-income persons living with HIV/AIDS and their families.
- HOPWA TBRA operates similar to a Housing Choice Voucher (Section 8) however with fewer entry criteria to ensure that persons living with HIV/AIDS have access to decent, safe, and affordable housing. Link with existing housing resources



Understanding HOPWA Tenant-Based Rental Assistance (TBRA)

- HOPWA TBRA provides a non-development approach to the creation of affordable housing.
- What are the advantages? Disadvantages?



Understanding HOPWA TBRA

- Definition
 - TBRA is an eligible activity as identified at 24 CFR 574.300 (b) (5)
- Client Eligibility
- Standards for Housing Activities
 - 24 CFR 574.310
- Additional Standards for Rental Assistance
 - 24 CFR 574.320
- HUD General Program Requirements (Income Calculation and Earned Income Disregard)
 - 24 CFR 5.609 – Annual Income
 - 24 CFR 5.611 – Adjusted Income
 - 24 CFR 5.617 – Earned Income Disregard



Additional References

- Housing Choice Voucher HUD Website -
<http://www.hud.gov/offices/pih/programs/hcv/index.cfm>
- Housing Choice Voucher Guidebook –
<http://www.hud.gov/offices/pih/programs/hcv/forms/guidebook.cfm>
- HOME Web-based Training on Income Calculation for TBRA Program (Focus o Part 5 Income Calculation)
<http://www.hud.gov/offices/cpd/affordablehousing/training/web/calculator/>
- HOME Program TBRA Guidance (See calculating income, Part 5) -
<http://www.hud.gov/offices/cpd/affordablehousing/training/web/calculator/definitions/>



Understanding HOPWA TBRA Client Eligibility

- Low-income
 - As defined in the AIDS Housing Act and the HOPWA regulations (24 CFR 574.3), "**low-income individual**" means any individual or family whose annual income does not exceed 80 percent of the median income for the area as determined by HUD. (See Resource Section for Income Limits; See 24 CFR 5.609)
- Person with HIV/AIDS
 - HIV positive person as medically verified (See HIV verification form)

General Housing Standards (24 CFR 574.310)

Service Providers and Health care Costs

- 24 CFR 574.310 (a) (1)
- Ensure that qualified service providers make available services to persons receiving housing.
- Health care costs cannot be covered by HOPWA if they can reasonably be covered by the state or federal program, insurance, or other health care entity.

Understanding HOPWA TBRA General Standards

- Housing Quality Standards (574.310 (b)) – though not as stringent as Section 8 units must meet HQS which includes (See form):
 - Meet state and local housing codes
 - Habitability Standards, includes
 - Structurally sound
 - Accessible
 - Space for securing personal items
 - Good air quality
 - Adequate heat
 - Efficient light and electricity
 - Suitable kitchen facilities
 - Sanitary condition

Housing Quality Standards

- Who is eligible to implement HQS?
- How often should HQS be completed?
- Only required for TBRA not STRMU.
- Will the grantee be contracting for this service?

HOPWA HOUSING QUALITY STANDARDS	
<small>All housing assisted under B74.308(b)(1)(C) and (F) including multi-FPH's Rental Assistance Program, must provide safe and sanitary housing that is in compliance with the habitability standards outlined below. Mark each statement as A for approved or D for deficient. Property must meet all standards in order to be approved.</small>	
<input type="checkbox"/>	i. <u>Structure and materials.</u> The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
<input type="checkbox"/>	ii. <u>Access.</u> The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
<input type="checkbox"/>	iii. <u>Space and Security.</u> Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
<input type="checkbox"/>	iv. <u>Airflow and quality.</u> Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
<input type="checkbox"/>	v. <u>Water Supply.</u> The water supply must be free from contamination at levels that threaten the health of individuals.
<input type="checkbox"/>	vi. <u>Thermal environment.</u> The housing must have adequate heating and/or cooling facilities in proper operating condition.
<input type="checkbox"/>	vii. <u>Illumination and electricity.</u> The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while ensuring safety from fire.
<input type="checkbox"/>	viii. <u>Food preparation and refuse disposal.</u> All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
<input type="checkbox"/>	ix. <u>Sanitary Conditions.</u> The housing and any equipment must be maintained in sanitary condition.
<input type="checkbox"/>	x. <u>Lead-based paint.</u> If the structure was built prior to 1978, and there is a child under the age of six who will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is repaired by at least scraping and painting the surface with two coats of non-lead based paint. Defective paint surface means: applicable surface on which paint is cracking, scaling, chipping, peeling or loose. If a child under age six residing in the HOPWA Assisted property has an Elevated Blood Lead Level, paint surfaces must be tested for lead-based paint. If lead is found present, the surface must be abated in accordance with 24 CFR Part 35. (Social Worker or site inspector must have client sign "Lead-Based Paint, A Threat To Your Children" form)
<small>(Source: U.S. Department of Housing and Urban Development: 24 CFR Part 574, B574.310 (b), B882-404(h)(3), and CPD-84-05.)</small>	
CERTIFICATION STATEMENT	
I certify that I am <input type="checkbox"/> a HUD certified inspector and I have inspected the property located at the address below to the best of my ability and find the following:	
<input type="checkbox"/>	The property meets all of the above standards.
<input type="checkbox"/>	The property does not meet all of the above standards.
I make the following finding: <input type="checkbox"/> The property is approved. <input type="checkbox"/> The property is not approved.	
Case Name: _____	
Street Address: _____	
Apartment # _____	City _____ State _____ Zip _____
Inspector's Signature: _____	Date: _____
Please Print Name: _____	CEO Exec. Dir. Initial _____

Understanding HOPWA TBRA General Standards

- Resident Rent Payments (24 CFR 574.310 (d); also refer to 24 CFR 5.403 Definitions; 24 CFR 5.609 & 5.611)*
 - Tenants must pay a rent, including utilities, an amount higher of:
 1. 30% of family's monthly adjusted income.
 - Adjustment factors include age, medical expenses, size of family, child care and other factors as detailed at 24 CFR 5.609(a).
 - Additionally, expense deductions as outlined in 24 CFR 5.611 (a) must be taken and for eligible person the disallowance of earned income as provided in 24 CFR 5.617; or
 2. 10% of family's monthly gross income; or
 3. The portion of welfare assistance specifically designated for housing costs.

*See Income and Resident Rent Calculation Worksheet

Understanding HOPWA TBRA General Standards

- Termination of Assistance (574.310 (e))
 - Surviving family members – may receive housing assistance and/or supportive services. The grantee can set a grace period but it should not exceed one year.
 - Violation of requirements – clients may be terminated from the program for failing to meet program or occupancy requirements. Grantees must have a formal process which follows due process law and at a minimum includes: written notice, allowance for review and rebuttal by tenant, and written notice of final decision.

Additional Housing Standards (24 CFR 574.320)



Understanding HOPWA TBRA Additional Standards

- *Maximum Subsidy* is the difference between the rent standard or reasonable rent and the calculated clients contribution.
 - Subsidy cannot be higher than the difference between the rent standard and the client contribution.

Understanding HOPWA TBRA Additional Standards

- *Rent Standard* – includes either the HUD published Fair Market Rents (FMR) or the HUD-approved community-wide exception rent. This is usually approved by HUD with a PHA.
 - The grantee should approve the rent standard that will be used in the jurisdiction.
 - A PHA can adjust FMRs through their HUD approved administrative plan - 90-110% of FMR, HOPWA grantees can use this as the rent standard instead of using the published FMRs
 - Whichever standard is used, the HOPWA grantee should have rent standard approved by HUD in Con Plan.
 - Grantees may increase the rent standard by 10% for up to 20% of the units (Does not require additional HUD approval)

Understanding HOPWA TBRA Additional Standards (24 CFR 574.320)

- *Rent Reasonableness* – rents paid must be comparable to market rate rents
 - The Grantee or the Project Sponsors, as designed by the grantee, must document the average rental rates in the area.
 - TBRA administrator should keep documentation that rents paid through the program are reasonable rates as compared to the market. The goal is to ensure that HUD programs are not paying higher than the market average for a comparable unit.
 - Sometimes rent comparisons can be obtained from the local PHA.

*See Rent Reasonableness Form



Understanding HOPWA TBRA Additional Standards (24 CFR 574.320)

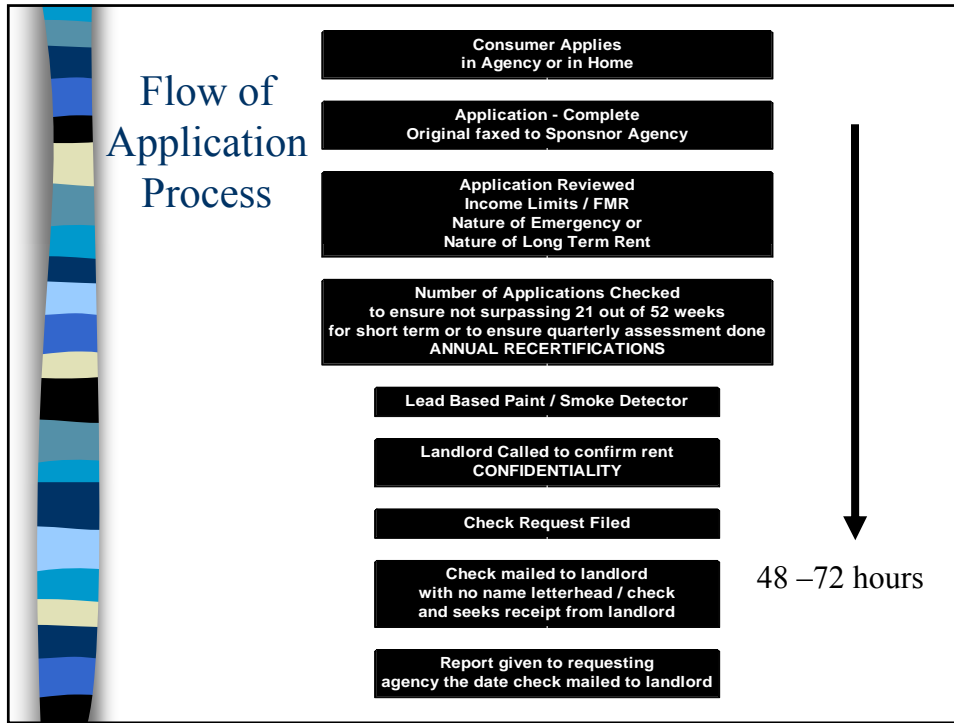
- *Shared Housing* – The HOPWA regulations allow for shared housing arrangements. In some communities, sharing housing costs can be one way to reduce housing costs thus offering an affordable housing option.
- In a shared housing arrangement, the rent is adjusted based on a pro rata share of the private space used by the family. For example, if the unit is a 3-bedroom unit and the family is using 1-bedroom. The rent would be 1/3 of the 3-bedroom rent standard. Shared housing arrangements should be voluntary.*

*See Rent Reasonableness Form & Shared Housing Form

TBRA Application Process



- See HOPWA Sample Forms –
 - Application/Assessment
 - Income Worksheet
 - HIV Verification



Forms: Application for Assistance/ Assessment

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

Note new race classifications.

**HOUSING APPLICATION & ASSESSMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
HOPWA**
(*Mandatory Information For HUD)

Client Name: _____ DOB/Age: _____ Client ID# _____
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ SSN: _____

RECENT LIVING SITUATION
 Client came from one of these facilities in the last 30 days, or was on the street or in an emergency shelter prior, consider the person homeless from the streets or shelter as appropriate.

homeless from the streets	<input type="checkbox"/> psychiatric/ mental health facility*
homeless emergency shelter	<input type="checkbox"/> hospital or other medical facility*
transitional housing	<input type="checkbox"/> living with relatives/friends
domestic violence shelter	<input type="checkbox"/> participant-owned housing
jail/prison	<input type="checkbox"/> rental housing
substance use treatment facility*	<input type="checkbox"/> foster care or foster care group home
hotel/motel with out paid assistance	<input type="checkbox"/> other: _____
permanent housing for formerly homeless (SHIP/S+C/SRO MR etc.)	

DEMOGRAPHICS & HOUSEHOLD COMPOSITION:
 Select one of the following race and ethnicity codes to fill-in chart below:

W-White	NHPI-Native Hawaiian/Pacific Islander
A-Asian	AI/AN-American Indian/Alaskan Native
A/W-Asian/White	AI/AN/W-American Indian/Alaska Native/White
B/AA-Black/African American	B/AA/W-Black/African American/White
O/MR-Other/Multi-racial	AI/AN/B/AA-American Indian/Alaska Native/Black/African American

Relationship: H-Hispanic or NH-Not Hispanic
 Mother, Father, Sibling, Daughter, Son, Grandparent, Grand child, Aunt/Uncle, Cousin, Other

Name or ID#	M or F	Age	HIV + Yes or No	Race	Ethnicity	Relationship	\$ Income

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

Forms:

Income Calculation Worksheet

To qualify for the HOPWA program a household must at or below 80% of MFI

INCOME & RESIDENT RENT CALCULATION WORKSHEET
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

This worksheet will determine the Tenant Rent Payment based on the greater of 10% of Monthly Gross Income or 30% of Monthly Adjusted Income. For income exclusions, see page 4.

HOPWA regulations 24CFR574.310d(1)(2)(3) 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 must pay as rent, including utilities, an amount which is the greater of: (1) 10 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 gross 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.

*The total income of the household (Annual Gross Income) is from all sources anticipated to be received in the 12-month period following the effective date of the income certification. Therefore, income must be ANNUALIZED, e.g. payment amount x number of payment periods/yr., for all income sources.

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

Note: Annual income must be reassessed at least annually. However, if there is substantial change in the household's income during the year, an adjustment must be made to the resident rent to reflect the change in income.

Forms: Income

- Income Calculations are valuable to complete on all applicants
- All persons with HIV can take the \$400 deduction.
- All other deductions must be well documented.
- The goal is to reduce income where possible.
- This calculation will serve as the basis for the rent.

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: _____

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:

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: _____


Assessment and Housing Plan

- Through the initial application and assessment it may be determined that long-term housing assistance is necessary. Several factors may contribute to this decision:
 - Program Policies
 - Case Managers Assessment and Recommendations
 - Income
 - Need
 - Other housing availability (i.e. lack of subsidized housing)

Assessment

What's the process?

- The goal is to gather the most accurate up to date information.
- Methodology is key to overall success on behalf of consumer.
- Trained professionals have advantage, however this is not required.
- Do not go above your head.
- The bottom line is housing with required services



Assessment

Is rental assistance what's needed?

- Through assessment clients can be connected to the housing resource that best fits their need.
- Determine the source of the problem.
 - Is it a chronic (long-term) problem?
 - Is it episodic (short term)?
- Develop an on-going housing plan which outlines the a path to permanent housing.
- If assessment is to be effective, staff must be trained and receive oversight and supervision.
- People living with HIV/AIDS are a dynamic population, thus their needs and situations are constantly changing.



Assessment and Housing Plan

- Sample forms that may help in the assessment and planning process:
 - Client Budget Worksheet – worksheet outlines client’s monthly income and expenses. Case manager may develop a housing plan based on this information.
 - Client Housing Plan – plan identifies tenant’s housing objectives, short and long-term housing goals, and plan for housing stability. All HOPWA clients are required to have a housing plan. The housing plan should be updated on a regular basis.



Assessment and Housing Plan

- After it has been determined that long-term housing is the best option for the household the following should occur:
 - Calculation of Income/Rent Calculation – Gross Income and Adjusted Income
 - Household is approved to find a unit and given the maximum subsidy amount that will be provided.
 - After a unit is selected, the unit must pass HQS and the rent must meet rent reasonableness.
 - If the unit passes, the household will be allowed to move into the unit.

Termination

- For HOPWA annual reporting through the CAPER, IDIS, or APR information on clients leaving the program must be collected. As possible, grantees should track the housing status of clients as they transition out of the program.

<u>TERMINATION RECORD SHEET</u>	
Housing Opportunities for Persons With AIDS	
SS #: _____	County of Residence: _____
Applicant: _____	CBO: _____
Program from which terminated: <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> Rental Assistance	
Assistance Period	Begin Date _____ (M/D/Y)
	End Date _____ (M/D/Y)
Number of months of housing provided this client: _____	
Reasons for termination (Provide the primary reason for participant leaving a HOPWA program.)	
<input type="checkbox"/> Reached program eligibility limit	<input type="checkbox"/> Income verification changed
<input type="checkbox"/> Criminal activity	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Destruction of property	<input type="checkbox"/> Violence
<input type="checkbox"/> Death	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needed more care than the program could offer	
<input type="checkbox"/> Voluntary departure	
<input type="checkbox"/> Found alternative housing-Explain on back page	
<input type="checkbox"/> Dissatisfaction with the program-Explain on back page	
<input type="checkbox"/> Other-Please explain on back page	

Possible Application/Forms

New Application & Renewal

New Application Forms

- Application & Assessment
- Gross Income/Proof of Income
- Adjusted Income (with attached proof of deductions if any)
- Proof of HIV Status
- Smoke Detector Page
- Lease
- Consent/release page
- Rent Calculation
- Original consumer signatures and HOPWA Certified Signatures

Renewal Applications

- Application & Assessment
- Release
- Income Eligibility
- Resident Rent

Steps to Determining Adjusted Income

- See HOPWA Sample Form – Income and Resident Rent Calculation Worksheet
- See HOME Web Training
- See Also 24 CFR 5.611

Forms: Rent Calculation

- For complete documentation, figure the amount of the gross and adjusted incomes.
- Verbally explain the risk of fraud to consumer.

HOPWA APPLICATION, PAGE 2
RENTAL ASSISTANCE APPLICATION PAGE

Case # _____ Agency Code _____ SSN _____

Applicant's County of Residence _____

Dates covered for rent: From - _____ (MD/Y) To: _____ (MD/Y)

Long-term rental assistance start date: _____

Assistance Calculation

The United States Housing Act of 1937 requires each family receiving assistance to pay the highest of:
30% of the family's monthly adjusted income; or 10% of the family's monthly income. If the family is receiving payments for welfare assistance from a public agency and a part of such payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of such payments which is so designated must be utilized if it is the lesser of all of the above.

1. HOPWA rent allowable (from HOPWA Cap table), or Applicant's actual rent. Enter the lesser of the two. HOPWA CAP: \$ _____ Actual rent: \$ _____	\$ _____
2. Applicant's Monthly Gross Income (from worksheet)* multiply X 10% = \$ _____	\$ _____
3. Applicant's Monthly Adjusted Income (from worksheet)* multiply X 30% = \$ _____	\$ _____
4. Enter the larger dollar amount from line 2 or line 3. This is the amount the tenant will pay.	\$(_____)
5. Subtract line 4 from line 1. This is the HOPWA Rental Amount to be paid by AIDS Alabama to landlord.	\$ _____


Please Note:
Program cannot pay a lesser amount. If line 4 is a negative amount, program pays all of line 1. If line 4 is a positive amount, program pays line 5 amount.

PLEASE NOTE: Payments will be made to landlords. Applicant must pay the balance, if any, due the landlord. Assistance request must be accompanied by a copy of the lease with the landlord. I certify that the financial information disclosed in this application is true and correct. And, by signing below, I further certify that I have been informed that this assistance is funded by the United States Department of Housing and Urban Development (HUD) and that I am responsible for the statements made to receive assistance to pay my rent. I have been informed that this assistance is subject to the laws and statutes of HUD in regard to making untrue statements.

Further, I am aware that if my income changes, or if I move, or if the number of persons that reside in my dwelling change, I am obligated to inform the CBO representative below immediately. If I do not, my assistance will be jeopardized.

Applicant Signature _____ (Date) _____ Authorized Agent _____ (Date) _____

Landlord's name (Check made payable to): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Landlord Daytime Phone: (____) _____



Forms:
Income
Calculation
with Adjusted
Income


Not all income is counted when calculating a client's income.

Adjustment to income may be made according to 24 CFR 5.611 (a).

INCOME EXCLUSIONS
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
For complete regulations, refer to 24CFR5.609(c)

Annual Gross Income Does Not Include:

1. Income from employment of children (including foster children) under the age of 18 years;
2. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
3. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses;
4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
5. Income of a live-in aide;
6. The full amount of student financial assistance paid directly to the student or to the educational institution;
7. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
8. (a) Amounts received under training programs funded by HUD;
- (b) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income (SSI) eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
- (c) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- (d) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the Public Housing Authority (PHA) or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time;
- (e) Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment-training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment-training program;
9. Temporary, nonrecurring or sporadic income (including gifts);



Step 1:
Determine Annual Gross Income

- See HOPWA Worksheet, page 1
- Part 5 annual income is used to determine eligibility for HOPWA this is 80% of MFI or Low-Income Household.
- Household Income is included from all sources (See 24 CFR 5.609) –
 - Earned income all members 18 years and older
 - Unearned income of all members, excepted where excluded



Step 2: Calculation for Adjusted Income



Step 2: Adjusted Income Defining Family

- Under the HOPWA program, a family is defined as “a household composed of two or more related persons. The term family also includes one or more eligible persons living with another.”
- 24 CFR 5.403 defines a Disabled family which includes a family with HIV/AIDS, when the PWHA is the head, spouse, or sole member of the family.

Step 2: Adjusted Income: Defining Family, cont.

- Minor Family Member HIV+ - The STRMU notice (See FAQ (m)) discusses assistance to a minor child (under 18 years old). The child is HIV+ and qualifies the household for assistance, however the total household income must be accounted for in the Adjusted Income Calculation. Additionally, the family is not a disabled household, since the family member with the disability is not the head, spouse, or sole member.

Step 2: Adjusted Income Family Income Deductions

- Dependent Deduction – notice this deduction is for every dependent (i.e. minor, disabled or full-time student)
- Elderly or Disabled Family Member Deduction – only for head, spouse, or sole member who is elderly or disabled
 - An elderly or disabled family is any family in which the head of the household or spouse is either elderly (62 years+) *or* disabled.
 - Each elderly or disabled family receives a \$400 household allowance. Families can only receive one allowance.
- Childcare Expenses – notice that allow an individual in household to work, seek employment, or further education



Step 3: Adjusted Income Earned Income Disregard

- See 24 CFR 5.617 – Disallowance of Increase of Annual Income
- Allows for not considering income earned by a disabled individual for a graduated period
- Does not apply to eligibility determination during which all income should be included. (See 24 CFR 5.617 (d))
- Applies when family income increases when a person with disabilities goes back to work –
 - 1st - 12 month all income excluded upon employment or first increase in income
 - 2nd 12 month exclude 50% of increase of income compared to income prior to employment
 - Limited to a lifetime 48 month period



Step 4: Adjusted Income Resident Rent Payment

- Determine resident rent payment which is the higher of:
 - 30% of Monthly Adjusted Income or
 - 10% of Monthly Gross Income
- This will be the maximum amount that the family will be required to pay toward rent and utilities.
- Once a unit is selected, this amount may be reduced depending upon utility allowances or utility reimbursement.

Step 4: Adjusted Income Utility Allowance

- The Utility Allowance schedule is revised annually and is based on an estimated full year of usage divided by 12.
- A PHA must revise its allowances when there has been a change of 10% or more in the utility rates since the last revision.
- The schedule must include utilities and services necessary to provide housing in compliance with HQS
- Utilities and services does not include allowances for personal expenses (e.g., satellite TV) HCVP requires a PHA to approve a utility allowance amount higher than the applicable amount on its schedule if a higher amount is needed as reasonable accommodation to make the program usable by a family member with a disability. The family must request the higher allowance and provide sufficient information to determine the amount of additional allowance needed.
- See HUD-52667 form for more details

Rent Subsidy Example

- HOPWA grantee has approval of HUD to use the PHA rent standards for their area which are set at 110% of FMR.
- A family has been approved for the program and will contribute \$100 (client contribution).
- The maximum subsidy the HOPWA provider will pay is the rent standard minus the client contribution.
 - \$500 rent standard - \$100 = \$400 maximum subsidy
- The tenant now goes to look for units. The tenant understands that the rent and utility costs of the unit cannot exceed \$500.

Rent Subsidy Example

Which unit can be rented by the tenant?

	Apt. 1	Apt. 2	Apt. 3
Rent to Landlord	\$350	\$425	\$400
Utility Allowance	\$150	\$100	\$50
Gross Rent	\$500	\$525	\$450
Rent Standard	\$500	\$500	\$500

Under the HOPWA program, can the tenant contribution exceed 30% of the adjusted income?

Note under a Housing Choice Voucher program, a client's contribution can be up to 40% monthly adjusted income.

Rent Subsidy Example

How much would the tenant pay?

	Apt. 1	Apt. 3	
Rent to Landlord	\$350	\$400	
Utility Allowance	\$150	\$50	
Gross Rent	\$500	\$450	
Max. Subsidy to landlord	\$350	\$400	HOPWA portion
Client Portion	\$100	\$100	
Utility	-\$150	-\$50	
	\$50 reimbursement*	\$50 pay	*HOPWA provider pays utility reimbursement to tenant or utility company



Other Requirements or Issues

■ Lead-based Paint Requirements

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

■ Fire Protection

- See form and Regulations

■ Reasonable Accommodation

- See STRMU FAQ for situations where reasonable accommodation may apply (i.e. renting from family members)



Reasonable Accommodation

- Reasonable accommodation is a change that can be made to a housing unit for a person with a disability to have an equal opportunity to use and enjoy a dwelling.
- Definition within Act includes - disability to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.
- Includes persons with HIV and AIDS
- Substantially limits – means to a great degree
- Major life activities include – ability to walk, see, hear, breathe, think, read, or care for oneself

Reasonable Accommodation

- Reasonable accommodation – change in a policies or procedure to allow equal access
- Reasonable Modification - Examples include: lowering cabinets for a wheelchair-bound individual, flashing smoke detectors for a deaf individual, and rent payment through a third party
- If a housing provider is unable to provide reasonable accommodation for a legitimate reason, it then has to seek an alternative accommodation to attempt to meet the request's needs.
- HOPWA providers should have policies in place to address reasonable accommodation requests.
- See Joint statement from HUD and DOJ for more information <http://www.hud.gov/offices/fheo/library/huddojstatement.pdf>

Understanding HOPWA TBRA Review of Standards

- Tenant must pay 30% of net or 10% of gross whichever is greater
- Subsidy cannot exceed difference between FMR and tenant payment
- HQS Required
- Annual income, residence, lease, recertification required
- Supportive services must be linked with housing
- Housing plan and assessment
- If individual landlord, taxpayer identification required

Operating a TBRA Program

■ Developing Program Guidelines

Administrative Decisions

In operating a TBRA/STRMU program the grantee must make several administrative decisions when deciding about program implementation. Questions to consider.

- What income level (Low or Very Low) will be used?
- How will reimbursements be processed?
- What surviving family member coverage will be offered?
- Deposit policy – one in a lifetime – or annually? (Permanent Supportive Housing Placement)
- HQS – how will that be handled? Required annual
- TBRA – quarterly / semi-annually / annually (required).
- Confidentiality – letterhead, envelopes, phone calls.
- 1099 Rules – not continued without tax id #?
- Will family members be able to receive rental payments?
- Do you want to offer long term rent and short term rent in each of the areas?
- Will deposits be paid? (PSHP)
- Will utility assistance be offered?
- Multiple months of rent? How will checks be distributed, documentation be kept, quality assurance occur?
- Can different implementations of these options in different parts of the state be justified?
- Various regions – different applications?

Administrative Decisions, Cont.

- Utility Cap?
- Utility and Rent
- Master Lease - awaiting HUD headquarters, may be left pending
- Length of time of money – are we 12, 24, or 36 months?



Questions and Answers

For More Information



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