



ADAP Guidance

Guidance on the Restricted Use of HOPWA Funds for AIDS Drug Assistance and Other Healthcare Costs

As issued by HUD's Office of HIV/AIDS Housing, CPD on January 21, 1998

This memorandum provides guidance regarding the eligibility of AIDS drug assistance and other health-care costs under the Housing Opportunities for Persons With AIDS (HOPWA) Program. This guidance is provided to help ensure that activities under the HOPWA program are carried out in a manner that addresses the program's statutory purpose at 42 U.S.C. 12901 "to provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with acquired immunodeficiency syndrome and families of such persons."

To assure that communities address the critical housing needs of HOPWA beneficiaries, the Department is providing the following guidance on how grantees and their projects sponsors should use HOPWA resources in conjunction with other funding sources for AIDS drug assistance and health care, including payments for pharmaceuticals, such as the protease inhibitors or other prescription drugs. These health care products and services are provided to clients through federal funds for AIDS Drug Assistance Programs (ADAP) and under other Ryan White CARE Act components, as well as from other federal, state and local programs and private sources. A number of persons have expressed concerns that current regulations might be incorrectly interpreted to allow for the excessive use of HOPWA funds for these types of health payments and thereby reduce the amount of program funds that are used to address pressing housing needs.

In HUD's view, the planned commitment of HOPWA funds for ADAP and other health-care purposes would constitute the excessive use of this allowance and would be inconsistent with program regulations at 24 CFR part 574. This memorandum describes the limited circumstances under which such payments could be made, if approved and documented on an individual client basis. In addition, to better ensure consistency in administering Federal HIV-related programs, HUD is providing guidance that the availability of HOPWA supportive service activities should not be interpreted as authorizing health-care activities that would not be eligible under other federal HIV-related programs.

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, including activities supported by AIDS Drug Assistance Programs, are administered by the Health Resources and Service Administration at HHS. The HHS website has a fact sheet that further describes the AIDS Drug Assistance Programs and has links to additional resources. In addition, this HHS office and other administering agencies provide direction to ensure the appropriate use of these resources, for example, in connection with State authority to establish income and medical eligibility criteria and to determine how drugs will be purchased and distributed to clients. States also determine which drugs to include in their formularies and may implement cost-containment measures in managing these programs.

Except in the limited circumstances described in this guidance, HOPWA grantees are not authorized to designate HOPWA grant funds for ADAP-related or other health care payments as a proposed project under a consolidated plan submission

or as a component of a competitive application. The submission of this type of proposed project would not be an eligible activity under the statute and regulations and would constitute a valid basis for HUD to disapprove the HOPWA elements of a proposed annual submission under the Consolidated Plan or reject or modify an application under the competitive component of the program.

45

Current HOPWA regulations allow for payments for health services under 24 CFR 574.310(a):

(2) Payments. The grantee shall ensure that grant funds will not be used to make payments for health services for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service: (1) Under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or (2) By an entity that provides health services on a prepaid basis.

Further, the AIDS Housing Opportunity Act provides for a prohibition on the substitution of funds, which is reflected at 24 CFR 574.400, of the program regulations. HOPWA funds can not be used to replace other funding for activities that can reasonably be expected to be supported from other public and private sources.

1. Further Guidance on Restricted Use

HUD hereby advises that payments for health care costs, including costs of therapies, services and pharmaceuticals, may only be made, if approved and documented, on an individual basis. A payment is not eligible under HOPWA if that payment has been made, or can reasonably be expected to be made, with respect to that item or service from any federal, state, local or private program for which those activities are reimbursable or for which funds are made available by the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration and under payments authorized under State Medicaid waivers as well as other public and private compensation programs.

In the event that a HOPWA grantee seeks approval of supportive service activities that include payments for health-care costs, that grantee must have a verifiable means of assuring that its administering agency and any project sponsor comply with the payment requirement at 24 CFR 574.310 (a). Grantees must establish and have HUD approval for their process that would be used to ensure that no substitution of funds occurs. Grantees may receive approval, for example, for a certification process to accomplish this task, if that process provides for documentation in files of the individual circumstances that justify this payment and if these files are available for HUD inspection. Further, the activity and a description of the verifiable process must be specifically addressed in any supportive services component of their HUD-approved consolidated plan or competitively-selected application. In reviewing the annual consolidated plan submission, HUD area offices will review any request for this type of activity for its consistency with this guidance. If needed, HUD may require grantees to revise its submission to document how they determine individual eligibility, prior to approval of the HOPWA elements of their consolidated plan submission.

The Department also advises that health-care payments may only be made in the case that no ADAP or other dedicated funds or other likely means of compensation for these purposes remain available in a jurisdiction or to the client, since that client would otherwise be eligible for assistance from that source. Under the limited circumstances described herein, if HOPWA funds are used to make a payment for these health-care costs, as authorized, the grantee must document evidence that the client would not otherwise receive

this form of assistance.

2. **Applicability of Related Federal and State Policies**

46

This guidance is also provided to reduce the potential for using HOPWA funds for a health-care cost in a manner that might contradict the federal policy directives issued by HHS to administer the Ryan White CARE Act and ADAP activities. HUD guidance is provided that HOPWA health-care activities are limited to those activities that are eligible within the scope of these Federal HIV/AIDS- related programs. Under the limited circumstances discussed above, a HOPWA payment could only be made for those drugs and services that are eligible activities under ADAP and Ryan White CARE Act programs, such as the FDA-approved HIV treatments that have been included in the State's formulary. In connection with the HOPWA payment requirement, this guidance is intended to help ensure that these related Federal funds are used in a consistent manner.

The Department recognizes that HOPWA grantees and their project sponsors have played a leading role in making housing assistance a vital component of our national response to the HIV epidemic. In our view, this guidance will help recipient communities undertake activities under the statutory purpose of this program by using these public resources to address the pressing housing needs of persons living with HIV/AIDS and their families. This guidance is intended to strengthen our commitment to comprehensive approaches that benefit persons and families in need and to ensure that this federal housing program is administered in a manner that upholds the public trust.

Area CPD Offices should share this document with HOPWA grantees, project sponsors and other interested parties.

Questions about this guidance on the HOPWA program should be directed to the Office of HIV/AIDS Housing, 451 Seventh Street SW, Room 7212, Washington, DC 20410 or (202) 708-1934, (202) 708-9313 fax.

Content updated May 11, 2005

U.S. Department of Housing and Urban Development
451 7th Street, S.W., Washington, DC 20410
Telephone: (202) 708-1112 [Find the address of a HUD office near you](#)

KENTUCKY continued

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Owsley.....	407	427	490	613	637	Perry.....	407	428	490	586	718
Pike.....	416	417	502	602	620	Powell.....	373	470	575	688	709
Pulaski.....	348	385	490	605	640	Robertson.....	384	416	513	641	662
Rockcastle.....	406	427	490	592	610	Rowan.....	433	480	534	670	692
Russell.....	371	412	490	597	666	Simpson.....	439	516	678	843	869
Taylor.....	322	441	490	632	830	Todd.....	478	486	577	748	775
Union.....	433	435	524	638	671	Washington.....	401	403	518	693	714
Wayne.....	320	392	490	635	654	Whitley.....	375	395	520	621	640
Wolfe.....	407	427	490	613	637						

LOUISIANA

METROPOLITAN FMR AREAS	0 BR	1 BR	2 BR	3 BR	4 BR	Counties of FMR AREA within STATE
Alexandria, LA MSA.....	421	456	543	706	727	Grant, Rapides
Baton Rouge, LA HMFA.....	603	656	758	966	1063	Ascension, East Baton Rouge, East Feliciana, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, West Feliciana
Houma-Bayou Cane-Thibodaux, LA MSA.....	467	471	584	767	874	Lafourche, Terrebonne
Iberville Parish, LA HMFA.....	406	407	490	663	684	Iberville
Lafayette, LA MSA.....	486	557	618	793	1005	Lafayette, St. Martin
Lake Charles, LA MSA.....	455	513	624	770	1084	Calcasieu, Cameron
Monroe, LA MSA.....	413	468	581	771	795	Ouachita, Union
New Orleans-Metairie-Kenner, LA MSA.....	764	846	990	1271	1314	Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, St. Tammany
Shreveport-Bossier City, LA MSA.....	472	543	634	805	830	Bossier, Caddo, De Soto

NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR	NONMETROPOLITAN COUNTIES	0 BR	1 BR	2 BR	3 BR	4 BR
Acadia.....	390	390	474	599	687	Allen.....	393	394	474	689	765
Assumption.....	444	446	535	653	671	Avoyelles.....	307	418	474	645	771
Beauregard.....	403	414	487	709	853	Bienville.....	436	444	525	627	687
Caldwell.....	374	400	474	600	669	Catahoula.....	359	387	474	601	726
Claiborne.....	436	444	525	627	687	Concordia.....	359	387	474	614	726
East Carroll.....	374	400	474	600	669	Evangeline.....	392	394	474	607	624
Franklin.....	374	400	474	600	669	Iberia.....	450	461	544	672	783
Jackson.....	374	400	474	600	669	Jefferson Davis.....	393	395	474	600	616
La Salle.....	359	387	474	601	726	Lincoln.....	467	482	561	730	754
Madison.....	374	400	474	600	669	Morehouse.....	403	404	503	603	653
Natchitoches.....	455	456	547	655	846	Red River.....	436	444	525	627	687
Richland.....	374	400	474	600	669	Sabine.....	436	444	525	627	687
St. James.....	454	530	649	796	821	St. Landry.....	310	371	474	640	681
St. Mary.....	431	438	527	689	711	Tangipahoa.....	410	477	600	719	853
Tensas.....	374	400	474	600	669	Vermilion.....	394	395	474	650	672
Vernon.....	388	428	474	688	821	Washington.....	393	397	474	631	650
Webster.....	381	382	483	651	672	West Carroll.....	374	400	474	600	669
Winn.....	394	427	474	598	637						

FY 2007 Income Limits Documentation System

FY 2007 Income Limits Summary

FY 2007 Very Low-Income (50%) Limit (VLIL)									
Louisiana									
Income Limit Information	Median Family Income	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
FY 2006 VLIL	\$48,800	\$17,100	\$19,500	\$21,950	\$24,400	\$26,350	\$28,300	\$30,250	\$32,200
Hold Harmless Required?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
FY 2007 VLIL	\$48,300	\$17,100	\$19,500	\$21,950	\$24,400	\$26,350	\$28,300	\$30,250	\$32,200


FY 2007 Extremely Low-Income (30%) Limit (ELIL)									
Louisiana									
Income Limit Information	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	
FY 2006 ELIL	\$10,250	\$11,700	\$13,200	\$14,650	\$15,800	\$17,000	\$18,150	\$19,300	
Hold Harmless Required?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
FY 2007 ELIL	\$10,250	\$11,700	\$13,200	\$14,650	\$15,800	\$17,000	\$18,150	\$19,300	

FY 2007 Low-Income (50%) Limit (LIL)									
Louisiana									
Income Limit Information	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	
FY 2006 LIL	\$27,350	\$31,250	\$35,150	\$39,050	\$42,150	\$45,300	\$48,400	\$51,550	
Hold Harmless Required?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
FY 2007 LIL	\$27,350	\$31,250	\$35,150	\$39,050	\$42,150	\$45,300	\$48,400	\$51,550	

Data file last updated **Wed., Apr 18, 2007.**

Change Your Geographic Selections


Select a State first to select a specific county or New England town:

Alabama 

Select State

or

Select a FY 2007 HUD Metropolitan Fair Market Rent Area's Income Limits:

Abilene, TX MSA 

Select HMFA Income Limits Area

| [HUD Home Page](#) | [HUD User Home](#) | [Data Sets](#) | [Fair Market Rents](#) | [Income Limits](#) |

Problems or questions? Contact Peter_B._Kahn@hud.gov.

Sample HOPWA Forms

The forms provided are sample forms that may be used and/or modified for use in operating HOPWA STRMU and TBRA programs. Special thanks to Mariah Ybarra, Manager of HIV/AIDS Housing Initiatives, Building Changes (formerly AIDS Housing of Washington) for the development of these draft forms.

- Housing Application and Assessment
- Permission to Release Confidential Information to Secure Necessary Services
- Statement of HIV Verification
- Income Eligibility Calculation Worksheet
- Suggested Forms of Income Verification and Documentation of Expenses
- Verification of No Income
- Client Budget Worksheet
- Example Tracking Sheet for STRMU (Related Excel spreadsheet not included)
- Using HOPWA Funds for Rental Assistance in Mobile Homes
- Income and Resident Rent Calculation Worksheet
- Gross Adjusted Income (Excel spreadsheet not included)
- Disallowance of Increase in Annual Income (Earned Income Disregard)
- HOPWA HQS Habitability Standards
- Client Housing Plan
- Shared Housing Rent Calculation
- Sample Client File Contents Checklist
- The Inventory Policy and Equipment and Furnishings Inventory
- HOPWA Tenant-Based Rental Assistance (TBRA) Tracking Sheet (Excel spreadsheet not included)
- Sample Domestic Partnership Declaration for HOPWA Assistance

**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.

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

*** DEMOGRAPHICS & HOUSEHOLD/ FAMILY COMPOSITION:**

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

- | | |
|-----------------------------|---|
| *Race: 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 |
| O/MR-Other/Multi-racial | AI/AN/B/AA-American Indian/Alaska Native/Black/African American |

***Ethnicity:** H-Hispanic or NH-Not Hispanic

***Relationship:** Husband, Wife, Domestic Partner, Mother, Father, Sibling, Daughter, Son, Grandparent, Grand child, Aunt, Uncle, Cousin, Roommate, 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)

* Please Answer YES or NO to the following questions:	YES	NO
1. Do you have a housing plan with any other agency for maintaining or establishing stable on-going stable housing?		
2. Have you had contact with a case manager/benefit counselor at least once in the last three months (or consistent with the schedule specified in your individualized service plan)?		
3. Have you had contact with a primary health care provider at least once in the last three months (or consistent with the schedule specified in your individualized service plan)?		
4. Do have medical insurance coverage or medical assistance?		
5. Are you a Veteran from U.S. military service?		
6. Are you a survivor of domestic violence		
7. Are you chronically homeless by HUD's definition? *		

* A "chronically homeless person" is "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years." For this purpose, the term "homeless" means "a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter." This does not include doubled-up or overcrowding situations.

What type of housing is client applying for?

Tenant-based Rental Assistance (TBRA) _____ Facility/Community-based housing _____

Short-term Rent, Mortgage, Utility Assistance (STRMU) _____

Is TBRA or STRMU for shared housing? Yes _____ No _____

HOUSING SUBSIDY

Does Section 8 or part of the Public Housing Authority subsidize your current unit? Yes _____ No _____

Have you applied for Section 8 or with the Public Housing Authority? Yes _____ If so, when? _____ No _____

Are you willing, if eligible, to apply for Section 8 or Public Housing? Yes _____ No _____

If no, why? _____

TERMS OF CURRENT UNIT

Mortgage/rent amount \$ _____ Per Month
Security deposit amount \$ _____
Written Deed/lease Yes ____ No ____
Years left on mortgage ____ Name(s) on mortgage _____
Term of lease/rental agreement _____ Name(s) on lease _____
Years living at this residence _____

LANDLORD INFORMATION

Landlord/management company name (check payable to): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Landlord/management company daytime phone: _____
If landlord is not a corporation please provide Tax ID or SS# _____

UTILITIES

What utilities does the applicant pay in addition to rent?
() gas () electric () heating fuel () hot water () none () other: _____
Who pays utilities in the household? () applicant () spouse/partner () roommate
() other: _____

Are you currently in arrears with your rent, Mortgage, or Utility Payments? Yes ____ No ____
Which one(s) _____ **Amount(s)** _____
For what period(s) _____
Why? _____

CURRENT HOUSING DESCRIPTION

Number of Bedrooms: 0-studio ____ one ____ two ____ three ____ other ____
Bathrooms: # of baths ____ full ____ partial ____ inside unit ____ outside unit ____
Kitchen: individual ____ shared ____ full ____ partial ____
Other: # rooms __ other rooms used _____ (if shared housing)

CURRENT HOUSING CONDITION

	Yes	No	N/A
1. Is your rent or lease payment late? If yes, what is the total amount owed \$_____ and for what period?			
Why are you late?			
2. Is your mortgage payment late? If yes, what is the total amount owed \$_____ and for what period?			
Why are you late?			
3. Are any of your utility bills overdue/past due? If yes, what is the total amount owed \$_____ and for what period?			
Why are you late?			
4. Have your utilities been shut-off? If yes, how much is needed to reconnect services \$			
5. Have you ever been evicted for non-payment of rent?			
6. Are you having problems with water leaks or water damage in your unit?			
7. Are you having problems with your heater?			
8. Are you having problems with your air conditioner?			
9. Are you having problems with your door or window locks?			
10. Are you having problems with your plumbing?			
11. Are you having problems with your elevator?			
12. Are you having problems with a gas leak, gas smell in your unit?			
13. Do you have any broken windows?			
14. Are you having problems with poor lighting outside and/or in the hallways?			
15. Are you having problems with your hot water?			
16. Are you having problems with smoke detectors not working or missing from your unit?			
17. Do you need housing that is wheelchair or handicapped accessible?			

By signing below, I am certifying that the information above is true and correct. I acknowledge that it is my responsibility to report any and all changes in the income of my household within **ten** days of the change. I understand that intentionally misrepresenting income or family composition is grounds for denial or termination of housing assistance and that false statements or information are punishable under Law (Federal and State).

Date: _____
Date: _____

Approved _____ Denied _____ for _____ Housing Assistance Program

Reason:

By: _____ Case Manager/Housing Staff

**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. This consent expires _____ months after signed, when revoked, in writing, by the authorized person, or upon exit from the program.

By my signature below, I hereby agree that I shall not hold _____ or this Agency _____ liable for the performance or quality or degrees 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: _____

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:

INCOME ELIGIBILITY CALCULATION WORKSHEET

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

**This worksheet will determine income eligibility for the HOPWA program.
Note income exclusions on see pages 2 and 3.**

HOPWA Regulation 24CFR574.3 Definitions states that a person is eligible for HOPWA housing and services if they are "low-income" as defined in the **AIDS Housing Opportunity Act Section 853(3)** which reads: "The term low-income individual means any individual or family whose incomes do not exceed 80 percent of the median income for the area (AMI), as determined by the Secretary of HUD." **Local jurisdictions may impose an eligibility threshold of 50% or 30% AMI with HUD Field Office approval.**

*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. The full amount, before payroll deductions, of 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 18 and older. For full-time students 18 and over, only \$480 of annual earned income should be included here). \$ _____
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. (Except as provided in (c)(14)). \$ _____
3. Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay. (Except as provided in (c)(3)). \$ _____
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.
Where net family assets are in excess of \$5,000, annual income shall include the greater of actual income derived from net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. \$ _____
7. All regular pay, special pay and allowances of a member of the Armed Forces (Except Hostile Fire Pay). \$ _____
8. **ANNUAL GROSS INCOME* TOTAL OF LINES 1-7**
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. \$ _____
9. Select Area Median Income used for this HOPWA jurisdiction's eligibility threshold:
80% AREA MEDIAN INCOME FOR THIS HOUSEHOLD SIZE \$ _____
50% AREA MEDIAN INCOME FOR THIS HOUSEHOLD SIZE \$ _____
30% AREA MEDIAN INCOME FOR THIS HOUSEHOLD SIZE \$ _____

Note: If # 8 is above applicable Area Median Income (AMI) the applicant is **not** eligible for HOPWA assistance.

10. **Is applicant eligible for the HOPWA program?**

YES _____

NO _____

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);

Continued on next page...

10. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
11. Earnings in excess of \$480 for each full-time student 18 years or older (excluding the head of household and spouse);
12. Adoption assistance payments in excess of \$480 per adopted child;
13. Deferred periodic amounts from Supplemental Security Income (SSI) and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts.
14. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
15. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
16. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24CFR5.609(c) apply. A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.
17. EARNED INCOME DISREGARD/SELF-SUFFICIENCY INCENTIVES FOR PERSONS WITH DISABILITIES. In addition to deductions mandated in 24 CFR 5.611(a), HUD requires disregard for income to previously unemployed persons with disabilities who have earned income as described in 24 CFR 5.617(a)(b)(c)(d).

SUGGESTED FORMS OF INCOME VERIFICATION AND DOCUMENTATION OF EXPENSES HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

<u>Types of Information</u> <u>oral</u>	<u>A) Review of documents</u>	<u>B) Third party written</u>	<u>C) Third party</u>
1. Wages and salaries including base and overtime rates, bonuses and incentive payments be	Pay stubs, earnings statement or W-2 form identifying employee and showing amount earned and period of time covered by employment.	Signed and dated form or letter from employer specifying amount to be earned per pay period and length of pay period.	Statement indicating contact with employer by phone or in person specifying amount to earned per pay period.
2. Tips/gratuities and self-employment	Notarized statement from applicant or form 1040/1040A showing amount earned and employment period.	None.	None.
3. Income maintenance, AFDC, date welfare, Social Security agency,	(1) Copy of check issued by agency. (2) Award letter signed by agency.	Signed and dated verification form completed by agency showing amount and period received.	Statement indicating of contact with amount received, and dates received.
4. Unemployment/Worker's Compensation.	Same as 3A.	Same as 3B.	Same as 3C.

<u>Types of Information</u>	<u>A) Review of documents</u>	<u>B) Third party written</u>	<u>C) Third party oral</u>
5. Child Support Payments paying (<u>Counted</u> as income for HOPWA for the custodial parent.) (<u>Not eligible</u> with HOPWA for exclusion on adjusted gross income for non-custodial parent.)	(1) Copy of payment records furnished by court, signed and dated, showing amount received; (2) Copy of divorce decree showing amount of support. (3) Copy of uncashed check.	Written statement from paying parent.	Oral statement from parent.
6. Interest/dividends obtained by with Date specified.	(1) Passbook showing interest received and period covered. (2) Income tax return. (3) Dividend statement from bond holder or stock company.	Dated and signed verification form completed by savings institution showing amount and period received.	Same as 6A but means of oral contact official at institution. of contact must be
7. Assets	(1) Passbooks/letters completed by bank. (2) Real estate tax assessment or appraisal of real property. (3) Statement signed by applicant specifying assets.	None.	None.

<u>Types of Information</u>	<u>A) Review of documents</u>	<u>B) Third party written</u>	<u>C) Third party oral</u>
8. Child care expenses	(1) Receipts, canceled checks. (2) Itemized list signed by applicant.	Letter received from child care agency, babysitter, or person providing care showing amounts received or expected and period of service.	Same as 8B but with telephone or in-person contact.
9. Medical expenses	(1) Receipts, canceled checks; (2) Records of insurance payment, indication of payroll deduction for medical insurance; (3) Itemized list signed by applicant.	Form letter, dated and signed, from hospital or physician specifying amount due or expected to be due during the next 12 months.	Same as 9B but with telephone or in-person contact.
10. Housing expenses	(1) Receipts, canceled checks. (2) Itemized list signed by applicant.	Letter received from landlord showing amount of rent paid.	Same as 10B but with telephone or in-person contact.

OTHER INFORMATION THAT MAY REQUIRE VERIFICATION

<u>Types of Information</u>	<u>A) Review of documents</u>	<u>B) Third party written</u>	<u>C) Third party oral</u>
1. Dependent children -- Age -- Relationship	-- Income tax returns -- Support payment records -- Marriage certificates -- Social Security records -- Birth certificates -- VA records -- Divorce records	None required.	None required.
2. Disability	(1) Doctor's statement furnished by applicant. (2) Social Security Administration records indicating nature of disability.	State Review Board's or doctor's statement or prepared form specifying nature of disability.	Same as 2B but with telephone or in-person contact.
3. Full-time student status	School identification card or school records specifying period of time attended and indicating full-time status.	Written statement, dated and signed, received from school specifying that applicant is enrolled full-time and the dates attending.	Same as 3B but with telephone or in-person contact.

VERIFICATION OF NO INCOME

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

I, _____, have applied for emergency or rental assistance through the HUD Housing Opportunities for Persons with AIDS program. The United States Government requires 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 applied for _____ (other financial assistance) on _____ (date).

I understand that it is my responsibility to report any change in income, from any source, within 10 business days after such change.

I verify that all statements regarding my income are true.

Signature: _____ Date: _____

Witness: _____ Date: _____

Case Manager/Care Coordinator's Notes:

CLIENT BUDGET WORKSHEET

OPPORTUNITIES FOR PERSONS WITH AIDS HOPWA

CLIENT NAME or ID # _____ DATE: _____

Current housing situation: _____

Number in household: _____

Total monthly income: * _____ Total monthly expenses: _____

* For short-term rent, mortgage and utility or supportive services-only applicants, use **gross** income from Eligibility Calculation Worksheet.

* For tenant-based (TBRA), project-based, or facility-based housing applicants use **adjusted** income amount from Income and Resident Rent Calculation Worksheet.

Income Sources	Household Member's Name	Amount	Month/Year
AFDC (TANF)*		\$	per
General Relief		\$	Per
Employment PT/FT*		\$	Per
VA Benefits		\$	Per
S.S.I./S.S.A		\$	Per
Disability		\$	Per
Unemployment		\$	Per
Foster Care		\$	Per
Disabled Family Member		\$	Per
Educational Assistance		\$	Per
Child Support		\$	per
Military		\$	per
Pension		\$	Per
Business Income		\$	per
Other Income		\$	per

Vehicle Information

Do you or any household member own a vehicle(s)? Yes ____ No ____

If **YES** and the vehicle is financed, how much is owed \$ _____ What is the monthly payment? \$ _____

Do you have car insurance? Yes ____ No ____ If Yes, How much do you pay per month/quarter? \$ _____

Medical Information

Do you have medical/health insurance? Yes ____ No ____ Payment per month/quarter/year? \$ _____

If Yes, What type of coverage do you have? _____

Do you pay for medicines or other out-of-pocket medical expenses? Yes ____ No ____

If Yes, what are they? _____

How much do you pay out of pocket per month (on average)? \$ _____

EXPENSES for NEXT 3 MONTHS

#1 Current Monthly Expenses

Rent	\$	Medical Insurance	\$	Clothing	\$
Gas	\$	Out of pocket Medical	\$	Life Insurance Policy	\$
Electric	\$	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$	Childcare	\$
Telephone	\$	Gasoline/Care Repairs	\$	Cable/DTV Other	\$
Pager	\$	Household Supplies	\$	Other	\$
Cell Phone	\$	Food	\$	Other	\$

#2 Next Month's Expenses

Rent	\$	Medical Insurance	\$	Clothing	\$
Gas	\$	Out of pocket Medical	\$	Life Insurance Policy	\$
Electric	\$	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$	Childcare	\$
Telephone	\$	Gasoline/Care Repairs	\$	Cable/DTV Other	\$
Pager	\$	Household Supplies	\$	Other	\$
Cell Phone	\$	Food	\$	Other	\$

#3 Third Month Expenses

Rent	\$	Medical Insurance	\$	Clothing	\$
Gas	\$	Out of pocket Medical	\$	Life Insurance Policy	\$
Electric	\$	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$	Childcare	\$
Telephone	\$	Gasoline/Care Repairs	\$	Cable/DTV Other	\$
Pager	\$	Household Supplies	\$	Other	\$
Cell Phone	\$	Food	\$	Other	\$

1. Do you need budget counseling, money management, or how to consolidate your debts? () Yes () No
2. Are you currently enrolled in job training/employment services that may lead to increased income? () Yes () No
3. Are you currently applying for government benefits? () Yes () No

Plan to Increase Income and Reduce Expenses:

Action	Target Date:
1.	
2.	
3.	
4.	

Client's Signature: _____ **Date:** _____

Housing/Case Manager Signature: _____ **Date:** _____

Example Tracking Sheet for STRMU

a. Monthly Period Paid by STRMU	b. Allowable FMR or Rent Cap	c. Amount of STRMU Rent Payment & Time Attributed	d. Allowable Utility Amount or Cap	e. Amount of STRMU Utility Payment & Time Attributed	f. Total # of Actual Days of Assistance	g. Total # of Rounded Weeks Used	h. Total # of Full or Partial Weeks Used
May	\$610	\$610 = 4 weeks		\$67.00 = 4 weeks	31 days	4 weeks	4.3 weeks
June	\$610	\$610 = 4 weeks			30 days	4 weeks	4.3 weeks
July							
Aug.			\$67	\$67.00 = 4 weeks	31 days	4 weeks	4.3 weeks
Sept.			\$67	\$33.50 = 2 weeks	15 days	2 weeks	2.2 weeks
Oct.							
Nov.							
Dec.	\$610	\$305 = 2 weeks			15 days	2 weeks	2.2 weeks
Jan.	\$610	\$610 = 4 weeks*	\$67	\$67.00 = 4 weeks*	Up to 25 days*	4 weeks	Up to 3.7 weeks*
Feb.				\$16.74 = 1 week *	N/A	1 week	N/A
March							
April							
Total		\$2,287.50 * under method g.		\$251.24 * under method g.	Up to 147 days (*21 weeks)	21 weeks	Up to 21 weeks *

Sample Tracking Sheet for STRMU

a. Monthly Period Paid by STRMU	b. Allowable FMR or Rent Cap	c. Amount of STRMU Rent Payment & Time Attributed	d. Allowable Utility Amount or Cap	e. Amount of STRMU Utility Payment & Time Attributed	f. Total # of Actual Days of Assistance	g. Total # of Rounded Weeks Used	h. Total # of Full or Partial Weeks Used
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Total							

USING HOPWA FUNDS FOR RENTAL ASSISTANCE IN MOBILE HOMES

Purpose:

The intent of the information presented below is to support the use of Housing Opportunities for Persons with AIDS (HOPWA) funds for tenant-based rental assistance (TBRA), short-term rent, mortgage, and/or utility assistance (STRMU) payments, or for move-in costs under permanent housing placement activities for eligible persons living in manufactured housing. Because the HOPWA program allows flexibility in its application, the Department of Housing and Urban Development's (HUD's) Office of HIV/AIDS Housing has determined that HOME Investment Partnership Program (HOME) guidelines may be referenced to support the use of HOPWA funds for manufactured home move-in costs and rental and/or mortgage payments.

The following are excerpts from the HUD Notice CPD 03-05 and for your reference, can be downloaded from http://www.hudclips.org/sub_nonhud/cgi/pdfforms/03-5c.doc/

From **Notice:** CPD 03-05
Issued: March 11, 2003
Expires: March 11, 2004

Cross References: Supersedes CPD 94-17

Subject: Guidance on Manufactured Housing under the HOME Program

Section III. Background and Eligible Activities

Manufactured homes and manufactured housing lots (also called "homesites" in this Notice) qualify as housing under the HOME Program.

A manufactured home is defined as "a structure, transportable in one or more sections which, in the traveling mode, is eight body feet or more in width or forty body feet or more in length, or, when erected on site, is three hundred twenty or more square feet, and which is built on a permanent chassis and designed to be used as a dwelling with or without a permanent foundation when connected to the required utilities, and includes the plumbing, heating, air-conditioning, and electrical systems contained therein."

A mobile home is a manufactured home. "Mobile home" and "trailer" were commonly used terms before 1976 when Congress adopted legislation using the term "manufactured home" to take their place. This Notice uses the term manufactured home to refer to all types of non-motorized manufactured housing units (thus excluding recreational vehicles) that meet the definition in 24 CFR 3280.2.

HOPWA funds can be used to:

- Provide tenant-based rental assistance (TBRA) to tenants who rent manufactured housing or rent the home site on which the household's manufactured home is located.

- Provide short-term rent, mortgage, and utility (STRMU) assistance to qualified tenants who rent or own manufactured housing.
- Provide reasonable costs to move persons to permanent manufactured housing, not to exceed 2 months of rent costs, including security deposits and fees for credit checks, and for one-time/non-reoccurring utility hookup and processing costs.

The following HOME regulations apply to the use of HOPWA TBRA, STRMU and Permanent Housing Placement funds:

Section IV. Utility Hook-up and the Homesite

The HOME regulation at §92.205(a)(4) requires manufactured homes assisted with HOME funds (except for existing, owner-occupied manufactured homes that are rehabilitated with HOME funds) to be connected to permanent utility hookups.

The HOME regulations also require the manufactured home to be located on land that is owned by the manufactured home owner or on land for which the manufactured home owner has a lease such as, a mobile home park.

Section V. Permanent Foundations

The manufactured home regulations (24 CFR 3282.12) define a site-built permanent foundation as "a system of supports, including piers, either partially or entirely below grade," and that meets the criteria as further defined in §3282.12. HUD Handbook 4930.3G, *Permanent Foundations Guide for Manufactured Housing*, further defines a permanent foundation as one that "must be constructed of durable materials at the site, with attachment points to receive a manufactured home." ...once the manufactured home is set on a permanent foundation, it is treated as real property and ownership then is evidenced through title to the real property, therefore eligible for HOPWA STRMU assistance.

The HOME final rule published on September 16, 1996, eliminated the requirement that HOME-assisted manufactured housing units rest upon a permanent foundation. The regulations at 24 CFR 92.251(a)(4) defers to State and local standards regarding permanent foundations; however, HUD strongly encourages permanent foundations when assisting manufactured housing. HUD considers mobile homes to be personal property until they are attached to a foundation at which point they are considered real property and may then be eligible for a subsidy.

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 pages 5 and 6.

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 higher of: (1) 30 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. The full amount, before payroll deductions, of 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 18 and older. For full-time students 18 and over, only \$480 of annual earned income should be included here.) \$ _____

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 (Except as provided in (c)(14)). \$ _____

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

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. \$ _____

7. Interest, dividends, and other net income of any kind from real or personal property. Where net family assets are less than \$5000, include the actual income from asset; where net family assets are in excess of \$5,000, annual income shall include the greater of actual income derived from net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. \$ _____

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

8. **ANNUAL GROSS INCOME* TOTAL OF LINES 1-7**
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. \$ _____

9. MONTHLY GROSS INCOME (Line 8 divided by 12.) \$ _____

10. 10% of MONTHLY GROSS INCOME (Line 9 multiplied by .10.) \$ _____

Per HUD regulations 24CFR5.611(a) the annual adjusted income is determined by deducting the following allowances from the annual gross income (see pages 5 and 6 for more info).

11. ENTER ANNUAL GROSS INCOME FROM LINE 8. \$ _____

12. \$480.00 FOR EACH DEPENDENT Dependents, including household members under the age of 18, elderly dependents, handicapped, disabled, or full-time students, but not the family head, spouse or foster children. - \$ _____

13. \$400 FOR ANY ELDERLY OR DISABLED FAMILY MEMBER. This allowance is provided to any family whose head, spouse, or sole member is at least 62 years of age **OR** is handicapped/disabled. This deduction **always** applies to households with persons with HIV or AIDS if they are the head, spouse, or sole member at least 62 years of age. (ONLY ONE DEDUCTION PER FAMILY/HOUSEHOLD PER YEAR.) \$ _____

14. ANY REASONABLE CHILDCARE EXPENSES These are expenses anticipated during the year for children 12 years of age and under that enable a household member to work, seek employment, or to further education. Deductible expenses for childcare to enable a person to work shall not exceed the amount of income received from such work. Childcare cannot be paid to another member of the household. (ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.) - \$ _____

15. THE SUM OF THE FOLLOWING, TO THE EXTENT THE SUM EXCEEDS 3% OF ANNUAL GROSS INCOME. This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such attendance care or auxiliary apparatus.

i. EXPENSES FOR NON-ELDERLY DISABLED FAMILY MEMBERS. This allowance covers reasonable expenses anticipated during the period for attendant care (provided by a non-household member) and/or auxiliary apparatus for any disabled household member that enables that person or any other household member to work. Deduction may not exceed the amount of income generated by the person enable to work. (ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)

ii. MEDICAL EXPENSES AND/OR ASSISTANCE FOR ANY ELDERLY OR DISABLED FAMILY. If deductions are taken on i and ii line for medical expenses, the deduction on line 13 must also be taken. (ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.)

a. ENTER TOTAL non-reimbursed expenses for this category \$ _____

b. Annual Gross Income X .03 \$ _____. Subtract b. from a. and enter difference. - \$ _____

16. EARNED INCOME DISREGARD/SELF-SUFFICIENCY INCENTIVES FOR PERSONS WITH DISABILITIES. In addition to deductions mandated in **24CFR5.611(a)**, HUD requires disregard for income to previously unemployed persons with disabilities who have earned income as described in **24CFR5.617(a)(b)(c)(d)**.

If applicable enter amount of Disregard from line E or F of the worksheet on page 4. - \$ _____

17. ANNUAL ADJUSTED INCOME. (Subtract line #'s 12 through 16 from the ANNUAL GROSS INCOME on line 11.) \$ _____

18. MONTHLY ADJUSTED INCOME. (Line 17 divided by 12.) \$ _____

19. 30% of MONTHLY ADJUSTED INCOME (Multiply Line 18 by .30.) \$ _____

20. **RESIDENT RENT PAYMENT**

Compare Line 10 on page 2 to Line 19 and enter the higher number here.
THIS IS THE RESIDENT RENT PAYMENT.

\$ _____

NOTE: After the 10% and 30% calculations have been determined, the client must pay the higher of the two amounts. If either the 10% gross or 30% adjusted income amounts are greater than the Fair Market Rent (FMR- or rent standard) or the resident's actual rent, the applicant is not eligible for long-term HOPWA rental assistance.

When determining the resident's payment portion when utilities are NOT included in the rent but need to be paid out-of-pocket by the resident, follow steps 21-23.

21. **RESIDENT RENT PAYMENT** (enter the amount from line #20.)

\$ _____

22. **UTILITY ALLOWANCE per HUD Guidelines** (Subtract from line #21.)

Copies of HUD-approved utility allowance charts may be obtained from local Public Housing Authority offices, and are updated on a periodic basis. Allowances may vary by community.

- \$ _____

23. **TOTAL RESIDENT RENT/UTILITY PAYMENT.**

\$ _____

If line #23 is a negative number, this is the amount to be reimbursed to the tenant based on having paid utilities out-of-pocket.

**Earned Income Disregard
Worksheet**

STEP 1: Determine Eligibility (The Earned Income Disregard does not apply for purposes of admission to these programs)

A. A disabled family must be receiving assistance through one of the following programs:

- HOPWA (Housing Opportunities for Persons with AIDS)
- HOME (Housing Opportunities Made Equal)
- SHP (Supportive Housing Program)
- Housing Choice Voucher (Section 8)

And at least ONE of the following must apply

B. Whose annual income increases as a result of employment of a family member who is a person with disabilities and who was previously unemployed for one or more years prior to employment; **OR**

C. Whose annual income increases as a result of increased earnings by a family member who is a person with disabilities during participation in any economic self-sufficiency or other job training program; **OR**

D. Whose annual income increases, as a result of new employment or increased earnings of a family member who is a person with disabilities, during or within six months after receiving assistance, benefits or services under any state program for temporary assistance for needy families funded under Part A of Title IV of the Social Security Act, as determined by the responsible entity in consultation with the local agencies administering temporary assistance for needy families (TANF) and Welfare-to-Work (WTW) programs. The TANF program is not limited to monthly income maintenance, but also includes such benefits and services as one-time payments, wage subsidies and transportation assistance--provided that the total amount over a six-month period is at least \$500.

- If eligible proceed to Step 2 -

STEP 2: Calculate Amount of Earned Income Disregard

- A. Current earned income (gross annualized) of EID family member \$ _____
- B. Other current income (gross annualized) of EID family member \$ _____
- C. Total current annual income of EID family member (A+B) \$ _____
- D. Pre-Qualifying income \$ _____
Total gross annual income at last review (earned and unearned) for this member
- E. Full exclusion (C-D, but no more than A) \$ _____
First 12-month exclusion period
- F. 50% exclusion, if applicable (E x 0.050) \$ _____
Second 12-month exclusion period

The amount on Line E. or Line F. (whichever is applicable) is the amount of deduction entered on Page 2, number 16.

Full Text of 24 CFR 5.609
Income Inclusions and Exclusions

Sec.5.609 Annual income

(a) Annual income means all amounts, monetary or not, which:

- (1) Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or
 - (2) Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
 - (3) Which are not specifically excluded in paragraph (c) of this section.
- (4) Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

(b) Annual income includes, but is not limited to:

- (1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- (2) The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family;
- (3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (b)(2) of this section. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
- (4) The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in paragraph (c)(14) of this section);
- (5) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in paragraph (c)(3) of this section);
- (6) Welfare assistance payments. (i) Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income only to the extent such payments:
 - (A) Qualify as assistance under the TANF program definition at 45 CFR 260.31; and
 - (B) Are not otherwise excluded under paragraph (c) of this section.(ii) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:
 - (A) The amount of the allowance or grant exclusive of the amount specifically designated for shelter and utilities; plus
 - (B) The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.
- (7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;
- (8) All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in paragraph (c)(7) of this section).

(c) Annual income does not include the following:

- (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 (except as provided in paragraph (b)(5) of this section);
 - (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, as defined in Sec. 5.403;
 - (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)(i) Amounts received under training programs funded by HUD;
 - (ii) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
 - (iii) 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;
 - (iv) 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 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;
 - (v) 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);
 - (10) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
 - (11) Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
 - (12) Adoption assistance payments in excess of \$480 per adopted child;
 - (13) [Reserved]
 - (14) Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.
 - (15) Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
 - (16) Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
 - (17) Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.
- (d) Annualization of income. If it is not feasible to anticipate a level of income over a 12-month period (e.g., seasonal or cyclic income), or the PHA believes that past income is the best available indicator of expected future income, the PHA may annualize the income anticipated for a shorter period, subject to a redetermination at the end of the shorter period.

Full Text of 24 CFR 5.611
Mandatory Deductions

Sec. 5.611 Adjusted income

Adjusted income means annual income (as determined by the responsible entity, defined in Sec. 5.100 and Sec. 5.603) of the members of the family residing or intending to reside in the dwelling unit, after making the following deductions:

(a) Mandatory deductions. In determining adjusted income, the responsible entity must deduct the following amounts from annual income:

(1) \$480 for each dependent;

(2) \$400 for any elderly family or disabled family;

(3) The sum of the following, to the extent the sum exceeds three percent of annual income:

(i) Unreimbursed medical expenses of any elderly family or disabled family; and

(ii) Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed. This deduction may not exceed the earned income received by family

members who are 18 years of age or older and who are able to work because of such attendant care or auxiliary apparatus; and

(4) Any reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education.

(b) Additional deductions. (1) For public housing, a PHA may adopt additional deductions from annual income. The PHA must establish a written policy for such deductions.

(2) For the HUD programs listed in Sec. 5.601(d), the responsible entity shall calculate such other deductions as required and permitted by the applicable program regulations.

Disallowance of Increase in Annual Income (Earned Income Disregard)

In February 2001 HUD finalized regulations that require housing providers in certain HUD programs to disregard some or all of the earned income for tenants with disabilities. The Earned Income Disregard, as it is commonly called, allows qualified individuals and families receiving housing assistance to keep more of their earned income for a period of up to two years following an increase in employment income. The purpose is to assist persons with disabilities in obtaining and retaining employment, as an important step toward economic self-sufficiency.

Who qualifies for the earned income disregard?

1. A disabled family receiving assistance through one of the following programs:

- HOPWA (Housing Opportunities for Persons with AIDS)
- HOME (Housing Opportunities Made Equal)
- SHP (Supportive Housing Program)
- Housing Choice Voucher (Section 8)

The Earned Income Disregard does not apply for purposes of admission to these programs.

AND at least one of the following:

2. Whose annual income increases as a result of employment of a family member who is a person with disabilities and who was previously unemployed for one or more years prior to employment; OR

3. Whose annual income increases as a result of increased earnings by a family member who is a person with disabilities during participation in any economic self-sufficiency or other job training program; OR

4. Whose annual income increases, as a result of new employment or increased earnings of a family member who is a person with disabilities, during or within six months after receiving assistance, benefits or services under any state program for temporary assistance for needy families funded under Part A of Title IV of the Social Security Act, as determined by the responsible entity in consultation with the local agencies administering temporary assistance for needy families (TANF) and Welfare-to-Work (WTW) programs. The TANF program is not limited to monthly income maintenance, but also includes such benefits and services as one-time payments, wage subsidies and transportation assistance--provided that the total amount over a six-month period is at least \$500.

Definitions

Previously Unemployed: Includes a person with disabilities who has earned, in the twelve months previous to employment, no more than would be received for 10 hours of work per week for 50 weeks at the established minimum wage.

Minimum Wage: The prevailing minimum wage in the state or locality. Go to this web link to verify the minimum wage in your state: <http://www.dol.gov/esa/minwage/america.htm>. The established minimum wage means the federal minimum wage unless there is a higher state or local minimum wage.

Economic Self-Sufficiency Program: Any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families. Such programs may include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment)

Initial and Phase-In Exclusion Periods

Initial 12-Month Exclusion: 100% Exclusion of income over the amount of prior income (if any). This cumulative period begins on the date a member who is a person with disabilities of a qualified family is first employed OR the date the family first experiences an increase in annual income attributable to employment. The responsible entity must exclude from annual income of a qualified family any increase in income of the family member who is a person with disabilities as a result of employment over the prior income of that family member. If the period of increased income does not last for 12 consecutive months, the disallowance period may be resumed at any time within the 48-month period, and continued until the disallowance has been applied for a total of 12 months.

Second 12-Month Exclusion/Phase-In: 50% Exclusion of income over the amount of income prior to the beginning of the initial exclusion (if any).

The second 12-month cumulative period after the date a member who is a person with disabilities of a qualified family is first employed OR the date the family first experiences an increase in annual income attributable to employment. The responsible entity must exclude from annual income of a qualified family fifty percent (50%) of any increase in income of the family member who is a person with disabilities as a result of employment over the prior income of that family member. If the period of increased income does not last for 12 consecutive months, the disallowance period may be resumed at any time within the 48-month period, and continued until the disallowance has been applied for a total of 12 months

Maximum 48-Month Disallowance: There is a 48-month (four year) lifetime maximum time frame for each qualifying family member to utilize the Earned Income Disregard. The 48-month period is *consecutive* and begins at the initial exclusion, either the date that a qualified family member is first employed or the date when the family first experienced an increase in annual income. The exclusion ends when the qualifying family member uses both 12-month exclusions (initial 12-month 100% and second 12-month 50%) or until the 48-month lifetime maximum is reached, whichever comes first. No disallowance will be applied after the 48-month period following the initial date the exclusion was applied.

Documentation and Tracking

Documentation should be maintained and may include the following:

1. Date the increase in earned income was reported by the family.
2. Name of the family member whose earned income increased.
3. Reason (new employment, participation in job training program, within six months after receiving TANF) for increase in earned income.
4. Verification of income.
5. Amount of the increase in income (amount to be excluded).
6. Date the increase in income is first excluded from annual income.
7. Date(s) earned income ended and resumed during the initial cumulative 12-month period of exclusion (if applicable).
8. Date the family member received a total of 12 months of the initial exclusion.
9. Date the second 12-month (phase-in) exclusion period began.
10. Date(s) earned income ended and resumed during the second cumulative 12-month period of exclusion (if applicable).
11. Date the family member received a total of 12 months of phase-in exclusion.
12. Ending date of the maximum 48-month disallowance period OR full utilization of both 12-month periods, whichever comes first. If all months in both the initial and phase-in periods occur consecutively, this date may be as soon as 24 months from the date the exclusion was first applied.

EID Calculation

- A. Current earned income (gross annualized) of EID family member \$ _____
- B. Other current income (gross annualized) of EID family member \$ _____
- C. Total current annual income of EID family member (A+B) \$ _____
- _____
- D. Pre-Qualifying income \$ _____
 Total gross annual income at last review (earned and unearned) for this member
- E. Full exclusion (C-D, but no more than A) \$ _____
 First 12-month exclusion period
- F. 50% exclusion, if applicable (E x 0.050) \$ _____
 Second 12-month exclusion period

Question & Answer

Obtained from the HUD website: www.hud.gov/offices/pih/phr/about/ao_faq_eid.cfm

Q1: Does the new disregard apply to a tenant who has income from both TANF and employment, beginning prior to October 1, 2002, but then experiences an increase in earnings from work after October 1, 2002?

A1: The new income disregard applies; tenants whose earnings increase while on TANF are eligible for a disregard of their *increased income due to earnings*.

Example:

A tenant has a 20-hour/week job for which she earns \$550 per month (she did not receive the 18-month disregard) and receives \$200/month in TANF benefits. Beginning November 1, 2002 the employer increases her hours to 35 per week with a slight pay increase for a total of \$1000 per month and she stops receiving the TANF benefits. The new disregard applies to her *increase* in income due to earnings. Under the regulations, \$250/month of the increase in earnings is excluded from her annual income to determine her rent, because that is her increase in income (as opposed to the increase in earnings). The annual income used to determine her rent is 12 times the previous \$750/month of income. Her rent would remain what it was in October 2002 (assuming no other changes in income or family composition), because the October and prior rent was based on the previous gross income of \$750/month.

Q2: At a family's last reexamination effective 1/1/2001, the family is receiving welfare assistance. When the family is reexamined for 1/1/2002, a member of the family has earnings after being previously unemployed for twelve months. This change occurred on 6/15/2001, but the family was not required to report it. Now it is being reported for the reexamination effective 1/1/2002. How is the earned income exclusion benefit processed?

A2: By not reporting the increase, the family has received the benefit for the 6 months prior to the reexamination. The family is entitled to 100 percent of the disregard of any incremental increase for the remaining six months. At the end of that six months, the family is then entitled to the 12 month 50% disregard of the incremental increase.

Q4: Does the \$500 minimum dollar requirement apply only when a family is seeking to qualify for the disregard on the basis of receipt of one-time TANF benefits or ancillary benefits such as transportation assistance, (and not to the receipt of monthly TANF income maintenance benefits)?

A4: Yes, the \$500 minimum dollar requirement applies only to one-time benefits, wage subsidies, and transportation. A person receiving regular monthly income benefits in the previous six months is eligible for the disallowance even if the amount received is less than \$500.

Q5: An individual who was never previously employed obtains his or her first job, but is still receiving a regular monthly income benefit from welfare. Is this individual entitled to the income disregard?

A5: Yes, the individual is eligible for the earned income disregard based on the following criteria: "Whose annual income increases as a result of new employment or increased earnings of a family member, during or within six months after receiving assistance, benefits or services under any state program for Temporary Assistance to Needy Families **funded under Part A of title IV of the Social Security Act**, as determined by the PHA in consultation with the local agencies administering temporary assistance for needy families (TANF) and Welfare to Work (WTW) programs. The TANF program is not limited to monthly income maintenance, but also includes such benefits and services as one-time payments, wage subsidies and transportation assistance--provided that the total amount over a six-month period is at least \$500."

Q6: An individual is working but also receiving TANF benefits. If the individual's income increases, and as a result, the individual loses the TANF benefits, does the individual qualify for the income disallowance?

A6: Yes, the individual is eligible for the income disregard based on an increase in income as a result of new employment within six months of receiving TANF.

Q7: Does a family receive the benefit of the income disregard if the family experiences an increase in earnings within six months of receiving a non-cash TANF benefit, such as a \$600 payment to an auto shop for repairs to the tenant's car so she could start a new job?

A7: Yes, receipt of at least \$500 in TANF benefits is sufficient to trigger the disregard. To verify which benefits are funded under of the state's TANF program, contact your state or local welfare office.

Q8: In determining a family's eligibility for the income disregard, must the member of a household who gets a job or increased earnings be the same member of the household who received TANF benefits?

A8: Yes. Only members of a qualified family who are also TANF recipients can receive the disregard based on the qualifying factor related to new employment or an increase in income during or within six months of receipt of TANF.

Q9: At reexamination, if some members of a household have increases in their income, and those household members are not entitled to the disregard, how does this affect the rent at the second twelve-month exclusion and phase-in period?

A9: Any increases in income of family members who are not eligible for the earned income disregard will be considered in determining the family's rent.

Q10: Is a tenant eligible for the income disregard if she obtains a job 2 months after completion of the coursework portion of a vocational school program while she is receiving job search and counseling assistance from the program?

A10: Yes. Because she is still receiving services from the training program, she has started a job during the program and is entitled to the disregard.

Q11: If a tenant who qualifies for the disregard gets a job after paying a zero rent, does her rent remain at zero for another 12 months (and then increase to half of what the rent obligation would have been if all her earnings were considered)?

A11: Yes. For example, if a tenant had no income for 12 months prior to getting a job she would meet the eligibility for the disregard as “previously unemployed.” Her rent would remain zero for 12 months after her job began. In months 13 - 24 after her employment began, her rent would be based on half her earnings.

Q12: If a PHA does not perform interim reexaminations and increases rents only at the family's annual reexamination, why does EID begin on the first day of the month following the increase in earnings?

A12: According to the regulation, the exclusion actually begins on the date the family is first employed or first experiences an increase in income attributable to employment. However, for administrative and tracking purposes, the PHA can begin the exclusion on the first of the month following the employment or increase in income. Note: If a person who qualifies for EID begins employment or experiences an increase in income and fails to report this change, the PHA will count this time against the family member's exclusion period.

Q13: A tenant received TANF benefits of \$500 per month from March 2004 - August 2004, and at this point the tenant reached the state's TANF time limit and benefits were terminated. The tenant got a job making \$600/month for September through November 2004. At the end of November, the person quit that job and during the week before Christmas started a new job paying \$1200/month. Is the tenant eligible for the disregard when she reports her new earnings in January 2005?

A13: Yes. The tenant qualifies for the income disregard because the individual received TANF benefits within the 6-month period prior to January 2005. In addition, in the 12 months prior to beginning her new job, she earned only \$1,800, which is less than 500 hours at the federal minimum wage (currently \$2,575) so she is considered to be “previously unemployed.”

Q14: How many times in a 48-month period can a family qualify for the earned income exclusion?

A14: A family member can only receive a total of 12 months for 100% of the incremental increase disregard, and 12 months of the 50% disregard in his or her lifetime. The disregard only applies for a maximum of 4 years from the time it is first applied.

Q15: If a tenant is eligible for the earned income disregard, can the disregarded amounts be used in determining the cap for the childcare expense deduction?

A15: In the case of childcare necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income; therefore, the disregarded amounts can not be used in determining the cap for the childcare expense deduction. (See definition of childcare expenses at 24 CFR 5.603.)

Example:

A resident is receiving the benefit of the new earned income disregard. Her salary is \$9,000/year, however, only \$3,000 of this amount is being included in annual income. The remaining \$6,000 is being disregarded. Childcare expenses for her four-year-old daughter total \$3,640/year. The resident's childcare deduction is capped at \$3,000, because this is the amount that is included in annual income.

Full Text of 24 CFR 5.617
Earned Income Disregard

Sec. 5.617 Self-sufficiency incentives for persons with disabilities--Disallowance of increase in annual income.

(a) Applicable programs. The disallowance of increase in annual income provided by this section is applicable only to the following programs: HOME Investment Partnerships Program (24 CFR part 92); Housing Opportunities for Persons with AIDS (24 CFR part 574); Supportive Housing Program (24 CFR part 583); and the Housing Choice Voucher Program (24 CFR part 982).

(b) Definitions. The following definitions apply for purposes of this section. Disallowance. Exclusion from annual income. Previously unemployed includes a person with disabilities who has earned, in the twelve months previous to employment, no more than would be received for 10 hours of work per week for 50 weeks at the established minimum wage. Qualified family. A family residing in housing assisted under one of the programs listed in paragraph (a) of this section or receiving tenant-based rental assistance under one of the programs listed in paragraph (a) of this section.

(1) Whose annual income increases as a result of employment of a family member who is a person with disabilities and who was previously unemployed for one or more years prior to employment;

(2) Whose annual income increases as a result of increased earnings by a family member who is a person with disabilities during participation in any economic self-sufficiency or other job training program; or

(3) Whose annual income increases, as a result of new employment or increased earnings of a family member who is a person with disabilities, during or within six months after receiving assistance, benefits or services under any state program for temporary assistance for needy families funded under Part A of Title IV of the Social Security Act, as determined by the responsible entity in consultation with the local agencies administering temporary assistance for needy families (TANF) and Welfare-to-Work (WTW) programs. The TANF program is not limited to

monthly income maintenance, but also includes such benefits and services as one-time payments, wage subsidies and transportation assistance--provided that the total amount over a six-month period is at least \$500.

(c) Disallowance of increase in annual income--(1) Initial twelve month exclusion. During the cumulative twelve month period beginning on the date a member who is a person with disabilities of a qualified family is first employed or the family first experiences an increase in annual income attributable to employment, the responsible entity must

exclude from annual income (as defined in the regulations governing the applicable program listed in paragraph (a) of this section) of a qualified family any increase in income of the family member who is a person with disabilities as a result of employment over prior income of that family member.

(2) Second twelve month exclusion and phase-in. During the second cumulative twelve month period after the date a member who is a person with disabilities of a qualified family is first employed or the family first experiences an increase in annual income attributable to employment, the responsible entity must exclude from annual income of a qualified family fifty percent of any increase in income of such family member as a result of employment over income of that family member prior to the beginning of such employment.

(3) Maximum four year disallowance. The disallowance of increased income of an individual family member who is a person with disabilities as provided in paragraph (c)(1) or (c)(2) is limited to a lifetime 48 month period. The disallowance only applies for a maximum of twelve months for disallowance under paragraph (c)(1) and a maximum of twelve months for disallowance under paragraph (c)(2), during the 48 month period starting from the initial exclusion under paragraph (c)(1) of this section.

(d) Inapplicability to admission. The disallowance of increases in income as a result of employment of persons with disabilities under this section does not apply for purposes of admission to the program (including the determination of income eligibility or any income targeting that may be applicable).

HOPWA HQS Habitability Standards

All housing assisted under 24CFR574.300(b)(3),(4),(5), and (8), including the HOPWA Rental Assistance Program, must provide safe and sanitary housing that is in compliance with the habitability standards outlined below and any state or local requirements. Mark each statement as A for approved or D for deficient. Property must meet all standards in order to be approved.

- ___ i. Structure and materials: 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.
- ___ ii. Access: 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.
- ___ iii. Space and Security: 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.
- ___ iv. Interior air quality: 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.
- ___ v. Water Supply: The water supply must be free from contamination at levels that threaten the health of individuals.
- ___ vi. Thermal environment: The housing must have adequate heating and/or cooling facilities in proper operating condition.
- ___ vii. Illumination and electricity: 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 assuring safety from fire.
- ___ viii. Food preparation and refuse disposal: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
- ___ ix. Sanitary Conditions: The housing and any equipment must be maintained in sanitary condition.
- ___ x. Lead-based paint: If the structure was built prior to 1978, and a child under the age of six or a pregnant woman 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 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.
Note the following to assist in determining if unit can be approved or is deficient: Date built/rehabbed ___; Children under 6 present ___; Pregnant woman ___; LBP brochure provided to household and signature of receipt on file ___.
- ___ xi. Smoke detectors: The HOPWA program must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522). Smoke detectors must be installed in accordance with NFPA 74, or more stringent local policies as applicable. Existing units must contain a single or multiple station smoke detector; outside each sleeping area; on each level; battery operated or hard wired; clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments.

(Source: U.S. Department of Housing and Urban Development: 24 CFR Part 574, B574.310 (b), B882.404(c)(3); and CPD-94-05.)

CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector and I have evaluated the property located at the address below to the best of my ability and find the following:

_____ The property meets all of the above standards _____ The property does not meet all of the above standards.

_____ The property is Rent Reasonable _____ The property is not Rent Reasonable

Therefore, I make the following determination: _____ The property is approved. _____ The property is not approved.

Case Name _____

Street Address _____

Apartment # City State Zip

Evaluator's Signature: _____ Date: _____

Please Print. Name: _____ CBO Exec. Dir. Initial _____

CLIENT HOUSING PLAN

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

HOPWA

NAME or ID#: _____ **DATE:** _____

Current housing situation: _____

Number in household: _____

Housing Objective

- Establish or better maintain a stable living environment.
- Improved access to HIV treatment and other healthcare support.
- Reduced the risk of homelessness among people living with HIV/AIDS and their families.

Assessment

This section is designed to be used with the Housing Application and Assessment form to:

- Help keep the focus on immediate needs while assisting in the development of long-term housing plans.
- Help determine the feasibility of independent housing vs. supportive living environments.

Plan

- Please complete all three sections of Plan.

1. List any problems identified in the Housing Assessment and Budget (may include others not listed in assessment): _____

2. Housing Goals:

	Date to Complete	Who? C/M-H/A	Who? Client
Emergency Housing Goal:			
a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			
Transitional Housing Goal:			
a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			

Permanent Housing Goal:

a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			

My Signature below indicates my agreement with and commitment to this housing plan. I recognize that with my consent, my Housing Advocate/Case Manager may revise this housing plan over time.

Client Signature: _____ **Date:** _____

Housing Advocate/Case Manager: _____ **Date:** _____

Housing Plan Update: (leave blank if this is the first Individual Housing Plan)

1. Date of this follow-up: ____/____/____

Were goal(s) achieved (Check one):

___ Yes, definitely ___ Yes, generally ___ No, not really ___ No, definitely not

Please describe:

2. Date of this follow-up: ____/____/____

Were goal(s) achieved (Check one):

___ Yes, definitely ___ Yes, generally ___ No, not really ___ No, definitely not

Please describe:

3. Date of this follow-up: ____/____/____

Were goal(s) achieved (Check one):

___ Yes, definitely ___ Yes, generally ___ No, not really ___ No, definitely not

Please describe:

Please describe what other resources besides HOPWA are being used to address the client's housing issues:

SHARED HOUSING RENT CALCULATION

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

STEP 1. Determine who lives in the dwelling and who can be assisted

A. Does the owner live in dwelling? _____ Yes _____ No

If yes, is this a one-bedroom unit? _____ Yes _____ No

- If **yes to both questions**, the household cannot be assisted under shared housing

If the owner lives in the dwelling, is owner related to the client? _____ Yes _____ No

- If **yes**, the participant cannot be assisted with HOPWA funds in the following calculations:

*Sec. 982.306 (d) states: " The Public Housing Authority (PHA) must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister, or brother of any member of the family, **unless** the PHA determines that approving the unit would provide reasonable accommodation for a family member who is a person with disabilities."*

Because PWAs often rent from family when they need care and support for their illness, and because low-income families may need the rental income to help support the additional household member, a waiver of this rule may be requested through the local HUD Field Office. In this case a written rental agreement from the family must be obtained and maintained in the client file for documentation purposes.

B. Does the client have additional family members living in the dwelling? _____ Yes _____ No

If yes, how many family members, including the client, reside there? _____

C. How many total persons reside in the dwelling? _____

STEP 2. Determine whether the housing is suitable for the family to be assisted

A. Are there sufficient bedrooms/sleeping areas for the individual/family members, based on your local public housing authority/HUD guidelines? _____ Yes _____ No

B. If there are disabled persons residing in the dwelling, do the private and common spaces accommodate the disability? _____ Yes _____ No

- If **no to either question**, the individual/family cannot be supported in this shared housing arrangement.

When calculating tenant rental portion keep the following in mind:

- The Fair Market Rent (FMR) or Rent Standard for a family in shared housing is **the lower of** the FMR/Payment Standard for the family unit size or the pro-rata share of the FMR/Payment Standard for the shared housing unit size. The pro-rata share is calculated by dividing the number of bedrooms available for occupancy by the assisted family in the private space by the total number of bedrooms in the unit. Both amounts must be calculated and compared.
- The utility allowance for an assisted family living in shared housing is the pro-rata share of the utility allowance for the shared housing unit.
- HUD FMRs/Payment Standards include utilities. If HOPWA recipients pay separately for utilities, they must be credited their pro-rate share of the local HUD-approved utility allowance.

STEP 3. Calculate the rental portion for the individual/family. Determine both the FMR/Payment Standard for the family unit size (the number of bedrooms allowed) AND the family's pro-rata share based on the number of bedrooms occupied in the shared space. The allowable rent is capped at the lesser of FMR/Payment Standard or pro-rata share.

EXAMPLE 1: An individual occupies one bedroom of a 3-bedroom dwelling.

- John rents one room in Steve's 3-bedroom house, and shares common areas (living room, kitchen, bath). Steve charges John \$400 per month including utilities.
- The FMR/Payment Standard in the area for a 3-bedroom unit is \$1200 per month. The FMR/Payment Standard for a 1-bedroom unit is \$525.
- John's total maximum allowable rent would be **the lesser of:**
 - The pro-rata share of 1/3 of \$1200 = \$400
 - The one-bedroom FMR/payment standard = \$525
- John is able to rent this unit because he is being charged \$400 for rent and utilities which, in this example, is the same as the pro-rate share.
- Based on HOPWA guidelines John would pay the higher of 10% of his gross income or 30% of his adjusted gross income. HOPWA funds would pay the balance, up to the pro-rata share of \$400.

EXAMPLE 2: A family occupies three bedrooms of a 5-bedroom dwelling.

- The Sanders family occupies three bedrooms of a 5-bedroom house. The Sanders are charged \$950 for rent and utilities.
- The FMR/Payment Standard in the Sander's community for a 5-bedroom unit is \$1,500 per month; the 3-bedroom FMR is \$1,200 per month.
- The Sanders' total maximum allowable rent would be **the lesser of:**
 - The pro-rate share 3/5 of \$1,500 = \$ 900
 - The three-bedroom FMR/payment standard = \$1200
- In this case the pro-rata share is \$900, \$50 less than the FMR/Payment Standard. The Sanders would need to negotiate the rent downward to \$900 or find another unit.

For Group Homes

- Unless there is a live-in aide, the family unit size for an assisted occupant of a group home is 0- or 1-bedroom, depending on the PHA's subsidy standard. If there is a live-in aide, the aide must be counted in determining the household's unit size. If there is more than one occupant per bedroom the 0-bedroom FMR/Payment Standard must be used.
- The payment standard used to calculate the tenant rent is the lower of the payment standard for the family unit size or the pro-rata share of the payment standard for the group home size. The pro-rata share is calculated by dividing the number of persons in the assisted household by the number of persons (assisted and unassisted) living in the group home.

Example #3: Calculating rent in a community residence with multiple occupants.

- ABC organization rents an 8-bedroom house. One PWA occupies each bedroom. All the residents share two bathrooms, living room, kitchen, and the other common areas. Each PWA is charge \$375 per month.
- The FMR/Payment Standard for an 8-bedroom house in this community is \$3,000; the 1-bedroom FMR is \$500.
- Each PWAs' total maximum allowable rent would be **the lesser of:**
 - The pro-rate share of 1/8 of \$3,000 = \$375
 - The 1-bedroom FMR/payment standard = \$500
- In this case the rent being charged is \$375, the same as the pro-rata share of \$375. Based on HOPWA guidelines, each resident would pay the higher of 10% gross income or 30% of their adjusted gross income and HOPWA funds would pay the balance, up to \$375.

Note: If this community residence placed 2 people in each bedroom, each PWAs' total maximum allowable rent would be **the lesser of:**

- The pro-rate share of 1/16 of \$3,000 = \$188
- The 0-bedroom FMR because the room is shared.

SAMPLE CLIENT FILE CONTENTS CHECKLIST

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Note: Not all forms apply to every HOPWA program

	Client Name: (optional)
	Client Code #:
	Case Manager:
	Completed Intake/Assessment form (including client data, i.e. contact info., demographics & information reported to funder)
	Signed Authorization to Release and Obtain Information (ROI), Annually updated
	HIV Verification (signed by certified health practitioner/testing site (only at intake):
	Completed Household Income Verification: (Attach Income/Budget Worksheet form or Verification of No Income form) and supporting documents (pay stubs, tax returns) Annually updated
	Completed Gross Annual Income Worksheet
	Completed Adjusted Income /Resident Rent Calculation Worksheet
	Date of First Contact:
	Date Assistance Started:
	Type of Assistance:
	Housing Plan and/or Individual Case Management Service Plan
	21-Week Tracking Sheet for STRMU assistance (if applicable)
	Shared Housing Rent Calculation Worksheet (if applicable)
	Expense Verification form and supporting documents (copies of bills for childcare, medical expenses, telephone and utility charges)
	Fair Market Rent (FMR) and Utility Allowance Charts (if applicable)
	Income Exclusions list
	Landlord rental agreement
	Copies of checks paid to landlord
	Program service agreement
	Housing Inspection Performed – Habitability or HQS form attached, Annually updated
	Tenant Inspection Checklist Form Attached
	Earned Income Disregard Information and calculations (if applicable)
	Lead Based Paint Acknowledgement Form Attached, if housing assistance includes children under 6 years old or pregnant women
	Smoke Detector Certification
	Grievances filed, including follow-up and outcomes
	Grievance/Termination Policy Signed and Attached
	Termination Sheet Attached, if Applicable
	Note Other Forms Attached:
	Grievance and Termination Policy – Signed as received
	Termination Form, if applicable
	CASE NOTES:

The Inventory Policy and Equipment and Furnishings Inventory

Property Controls: The federal regulations regarding property controls in 24 CFR 84.34(f) are for the purpose of tracking the assets purchased with grant funds to ensure that they are properly maintained, secure and being used for authorized purposes. Agencies and funders should do a periodic physical inventory on these items to verify their existence, current utilization and continued need. For this reason, agencies using federal funds to purchase furnishings, vehicles or equipment for a project should keep accurate records including the following: a complete description of the item purchased, a serial or other identification number, the source of funds and grant contract number, the acquisition date and the cost. These items are federal property and cannot be disposed of without requesting permission and guidelines from HUD. If the recipient no longer needs the item for the grant project it may be used for other activities if the conditions of 24 CFR 84.34 (g) are met.

CFR 24 Section 84.34 outlines the federal regulations that apply to equipment purchased with grant monies. A summary of these requirements follows.

- ◆ The recipient *will use the equipment in the project for which it was acquired* as long as needed. When it is no longer needed for that project, it should be used for other federally-sponsored (particularly HUD) activities, unless compensation is made to HUD [CFR 24 Section 84.34(g)].
- ◆ The recipient *will maintain accurate equipment records including:*
 - ◆ Description
 - ◆ Serial number, model number, or identification number
 - ◆ Source of federal funds with which equipment was purchased
 - ◆ Date received
 - ◆ Cost
 - ◆ Location
 - ◆ Condition when acquired
 - ◆ Date of disposal, if expired
- ◆ A *physical inventory of equipment should be taken every 2 years* during which the recipient will verify the existence, current utilization and continued need for the equipment.
- ◆ Recipient is responsible to ensure that *adequate maintenance procedures* are implemented to keep the equipment in good condition.
- ◆ If the recipient is authorized to sell the equipment, federal sales procedures must be used [CFR 24 Section 84.34(g)].

Inventory Policy:

Equipment and furnishings purchased with federal funds shall be recorded on an inventory list for record keeping and reference if they meet HUD's definition of "tangible non-expendable property...having a useful life of more than one year..." [CFR Title 24, Part 84.2] and either:

- *have an acquisition cost of \$500 or more, or*
- *can be defined as electronic equipment or a small appliance over \$200*

