

Idaho Housing and Finance Association Housing Opportunities for Persons with AIDS Policy Manual Contents

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INTRODUCTION

Housing Opportunities for Persons With Aids is authorized by the AIDS Opportunity Act (42 U.S. Code, Sections 129010-012912 in particular). This manual of policy and procedure reflects both the federal regulations of Title 24 Code of Federal Regulations Part 574 that govern the HOPWA grant, and the procedures used by Idaho Housing and Finance Association in administration of this grant as directed by the U.S. Department of Housing and Urban Development (HUD). In addition, standards for financial management and internal controls reflect federal regulations at 24 CFR Part 85 and OMB Circulars A-87, A-110, and A-122. IHFA is also responsible to cooperate with HUD in the event that an environmental review should ever be required when funds under this program are used to acquire, rehabilitate, convert, lease, repair or construct properties to provide housing. IHFA has not applied to HUD for HOPWA funds to be used in this way, but the environmental regulations of 24 CFR Part 50 provide this authority, should it be needed in future grants. These federal laws and regulations are hereby included by reference as part of these policies and procedures.

Changes may occur as statutory interpretations and clarifications become available from HUD or when IHFA rules, procedures or guidelines are revised. No part of this policy guide shall override the rules set forth by the federal oversight of the Department of Housing and Urban Development. These policies supersede any previous HOPWA policies and may only be updated by changes made after the date of this edition, effective **May 1, 2009**.

In addition to the Policy and Procedure sections, this manual includes *IHFA Grant Forms* and an *Index of Reference Information* in order to facilitate easy access in a format that will accommodate the users' needs and contribute to the proper implementation of the grant.

Questions and comments regarding this material may be referred to Idaho Housing and Finance Association, Department of Grant Programs, HOPWA Administration, P.O. Box 7899, Boise, ID 83707-1899 or by telephone, 1-877-4GRANTS.

PURPOSE AND DEFINITIONS

1.1 Applicability and Purpose

The Idaho Housing and Finance Association (IHFA) Housing Opportunities for Persons with AIDS (HOPWA) project is authorized by the AIDS Opportunity Act (42 U.S.C. §12901 et seq). The purpose of this project is to provide resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with HIV/AIDS. The program provides long-term rental assistance, short-term emergency assistance, resource identification, and other limited Supportive Services.

IHFA policies govern all contracted and non-contracted HOPWA Service Providers. No Service Provider shall put in place any HOPWA policies inconsistent with this policy and without prior approval of IHFA or HUD. No Service Provider shall require any information from HOPWA program recipients, or prospective clients of HOPWA assistance, other than what is required by this policy or by HUD.

1.2 Definitions

Acquired immunodeficiency syndrome (AIDS) or related diseases: the disease of AIDS or any conditions arising from the etiologic agent for AIDS, including infection with the human immunodeficiency virus (HIV).

Administrative Costs: costs for general management, oversight, program evaluation, activity reporting, and coordination of eligible activities. These do not include direct costs related to services.

Applicant: a person who is completing the necessary paperwork to be certified to receive services under this program. The applicant must be HIV positive in order to apply for services. If the applicant is a minor, a legal guardian may make an application on his/her behalf.

Case Management: services provided by a licensed or experienced caseworker. These include assessing client needs, making referrals to health care providers, facilitating access to other mainstream resources, and advocating on behalf of clients for essential services. HOPWA uses rates determined by the Idaho STD/AIDS program for Ryan White case managers.

Child Care: Child Care provided to Eligible Persons while they are involved in eligible HOPWA activities. Child Care MAY NOT be provided to HOPWA participants while they work, attend personal activities or recreational events.

Client: a person who has been certified to receive services under this program.

Client Transportation: the transportation provided to Eligible Persons or Families to and from eligible HOPWA activities. Transportation (of any type) to work, retail outlets or recreational events is not an eligible activity.

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Contract Rent: the total monthly rent payable to the owner of the contract unit. The contract rent is the sum of the tenant rent plus the rental assistance paid to the owner by IHFA under the HOPWA program.

Eligible Person: an individual who is either HIV positive or has AIDS and has a gross income of 80% of median income (for that area as determined by HUD) or less.

Family: a household composed of two or more related persons. The term family also includes one or more Eligible Person(s) who are established as being important to the client's care and well being (this also includes the surviving member or members who were living in a unit assisted under the HOPWA program at the time of his or her death).

Feasibility Research: activities performed by an organization relating to determining the feasibility of housing related initiatives.

Grantee: Idaho Housing and Finance Association is the direct HUD grantee for the HOPWA program.

Health Services: services provided by licensed medical practitioners that cannot otherwise be covered by any other insurance or assistance program. Eligible activities under this grant are limited to medical appointments and assessments, medical prescriptions, dental services, psychiatric services, drug and alcohol treatment, nutritional services, personal assistance and intensive care. These health services may only be provided to the qualified HOPWA client and NOT to their family members.

Homeless Prevention (STRMU): short-term rent, mortgage, and utility payments made to prevent the homelessness of a tenant or mortgagor whose name is on the rent/mortgage agreement. Housing owned by a client's family member, caregiver or partner may not be assisted through the HOPWA grant. (See Policy Section 3.11) Security deposits and first month's rent are **NOT** allowable.

Housing Assistance Payment (HAP): The subsidy (or portion of the rent) paid by the Public Housing Authority (PHA) that is figured by a formula involving the Payment Standard (see definition), the gross rent cost and the applicant's income information.

Housing Counseling: services provided by caseworkers or housing professionals regarding housing options. Services include discussing housing options or homeless prevention assistance, making application for rental assistance programs, assisting with eligibility requirements, and providing fair housing counseling to persons that may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status or disability.

Housing Opportunities for Persons With AIDS (HOPWA): as defined in Policy Section 1.1

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Housing Placement: services provided by Case Managers or special needs housing managers. Eligible activities include completing the final paperwork and documentation necessary to immediately place an individual or family in Section 8 Housing or permanent housing. Other eligible activities include coordinating the activation of utilities, relocation efforts when applicable, and mileage for caseworkers verifying HQS criteria for housing placement.

Housing Quality Standards (HQS): set by HUD, the requirement that a place of residence be “decent, safe, and sanitary at an affordable cost.” HUD form 52580 identifies the minimum standards and criteria for housing quality.

Housing Referrals: services provided by caseworkers relating to housing referrals. Services include making referrals to landlords, realtors, IHFA branch offices, or HUD-sponsored housing programs. Eligible activities also include scheduling meetings for clients and/or attending meetings with housing providers on behalf of clients.

Human Immunodeficiency Virus (HIV): the AIDS virus.

Identifying Resources: services provided by any employee of a contracted Service Provider that conducts activities related to creating and maintaining housing directories and identifying housing options.

Low-Income: any individual or family whose income does not exceed 80% of median income for the area, as determined by HUD (Income Guidelines Chart may be requested from IHFA).

Occupancy Agreement: the lease agreement between the tenant and the landlord that includes the specific provisions of the HOPWA program.

Payment Standard: the maximum monthly assistance payment for a family before deducting the family’s portion. The Payment Standard is set between 90% and 110% of the Fair Market Rent set annually by HUD for each county of the State of Idaho.

PHA: Public Housing Authority

Policy: a set of governing regulations designed to manage course or methods of action in achieving a desired outcome.

Procedure: specific (step-by-step) instructions to be followed in order to establish a normal or traditional way of conducting business.

Psychiatric Services: services (dealing with mental, emotional or behavioral disorders) provided by licensed psychiatric practitioners. Eligible activities include psychiatric assessment, diagnosis and treatment of persons with HIV/AIDS. Other eligible costs include medication and psychiatric therapy.

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Rental Assistance: the Rental Assistance component of the HOPWA program provided by HUD on behalf of an eligible program participant. The tenancy under the occupancy agreement will be subsidized with rental assistance under the HOPWA program.

Service Provider: a Service Provider that is contracted by IHFA (which may include a memorandum of understanding) to provide HOPWA services identified by this policy. Non-contracted Service Providers are referred to as “non-contracted Service Providers” or “third-party Service Providers.”

Short-term Rent, Mortgage, Utility Assistance (STRMU): See definition for “Homeless Prevention”

Source Documentation: original unduplicated or translated information or documents directly from a Service Provider used to verify the provision of, and/or payment for, eligible HOPWA activities.

Supportive Services: includes Case Management, eligible Health Services, Housing Placement, childcare and client transportation for persons not receiving these services under Medicaid or Ryan White Title II or III. An eligible person does not have to reside in assisted housing to obtain Supportive Services.

Tenant Rent: the portion of the contract rent payable by the tenant, as determined by IHFA or its contractors in accordance with HUD requirements.

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GRANT APPLICATION AND FUNDING

2.1 Application Process

Idaho Housing and Finance Association submitted a grant project proposal in 1999 to the United States Department of Housing and Urban Development (HUD) for HOPWA funding and received an award from that application process. IHFA submits a renewal application every three years to support the continuance of the HOPWA program in Idaho. The first renewal grant was received in January 2004 and implemented statewide on July 1, 2004. IHFA is the direct grantee for the HOPWA program in Idaho, which includes seven Service Providers across all state regions to which HOPWA funds are allocated each program year for the provision of HOPWA services to eligible program participants in their service area.

2.2 Funding Mechanism

HOPWA funds are split into four major budget categories; Rental Assistance, Supportive Services, Service Provider Administration, and IHFA administration. HUD sets limits on each category to adhere to IHFA's grant proposal. Limits on the budget categories cannot be changed without approval from HUD. The grant is set up in a three year spending format that shows approximately how much funding should be spent statewide during each of the program years.

2.3 Awards and Agreements

The original grant is awarded to the applicant, IHFA, which in turn provides funding to the Service Providers represented in the application. Upon receipt of HUD funding, IHFA prepares individual Service Provider budgets in one-year formats and distributes these to each of the seven regional HOPWA Service Providers at the beginning of each grant program year. These budgets include eligible line items under each main spending category. Service Providers sign a Grant Agreement, which dictates the rules of implementation as well as budget amounts and grant period time lines. This Grant Agreement includes by reference all federal regulations governing the HOPWA program as well as guidelines provided by IHFA to ensure eligible activities and expenditures.

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PROGRAM ACTIVITIES AND REQUIREMENTS

3.1 Eligible Activities

Eligible activities for the HOPWA program are listed at 24 CFR 574.300. The Idaho program includes three broad spending categories: Rental Assistance, Supportive Services and Administration. Each of these categories includes activities that will be addressed in the sections that follow. Only Eligible Persons (Section 3.2) may be assisted by these services.

(a) General Application Procedure: Persons interested in applying for Long Term Rental Assistance and/or Supportive Services through the HOPWA program must complete the Official IHFA Application form with the assistance of a case manager or housing counselor/specialist who can certify Client Eligibility, described in section 3.2 below. Applications may be obtained from any IHFA Branch office or any regional HOPWA service provider. HOPWA-eligible clients may contact IHFA's Housing Information and Referral Center (HIRC) at 1-877-438-4472 for a referral to the HOPWA provider(s) in their area. The completed application form must be certified by qualified agency staff persons and submitted to IHFA before any services can be provided to the applicant.

The *Official IHFA Application* for HOPWA services consists of the following forms:

- AHS-1001 Use of Applicant Information
- AHS-02 Applicant Information
- AHS-03 Income Verification
- AHS-04 Statement of No Income
- AHS-05 Service Provider Information and Certification
-

Applicant Requirements:

Applicants are encouraged to thoroughly read the application prior to completing the form for assistance. The Applicant must provide the Service Provider with any necessary information to complete the official HOPWA application form, showing that the Applicant has been determined eligible to receive services. If any of the forms needed for the types of services requested are missing, incomplete, or are not signed by the appropriate personnel, the application for services will be referred back to the Applicant or the serving agency.

Service Provider Requirements:

The Service Provider must complete an official IHFA application form for every new Client requesting services. For clients who have received services previously and have an old application form on file at IHFA, the Income Certification must be renewed. If more than two pages require updates because of changes that have taken place since the last application was made, the Service Provider should complete a new application form and submit it to IHFA.

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The Service Provider must review the policies and procedures governing the HOPWA program with the Applicant prior to completing the application. The Applicant must be present in the Service Provider's office when completing the application in order for the Service Provider to assist the Applicant in completing all necessary forms. The Service Provider is also responsible for clearly communicating the eligibility requirements and activities of the HOPWA program to each client. Service Providers may ask for information in addition to the information on the application. However, the Applicant need only provide the information on the Official IHFA Application before receiving services. Any additional information provided is at the Applicant's discretion. An application cannot be rejected, or HOPWA services denied, to any person who refuses to provide information that is additional to what is required on the official application form.

The Service Provider must sign the application. Case Managers or housing counselors/specialists assisting the applicant may sign if they have been authorized as representatives of the serving agency. If not, the executive director or manager must sign the application.

Prior to providing services to the applicant, the Service Provider must photocopy the application for the Client's file and send the original application with original signatures to:

**Rental Assistance/HOPWA Program
Idaho Housing and Finance Association
P.O. Box 7899
Boise, Idaho 83707-1899**

Applications requesting housing services are time and date sensitive. Applications may be hand-delivered to:

**Rental Assistance Program, 4th Floor
IHFA
565 W. Myrtle, Suite 400
Boise, Idaho 83702**

IHFA Requirements:

IHFA will date stamp all applications. General (non-identifying) information may be used to satisfy HOPWA reporting requirements. See Section 3.33(b) on Use of Personal Information.

IHFA will place the original application in a confidential file with access granted to no one except authorized HOPWA Program staff. IHFA will only notify the Applicant, via the Service Provider, if the application is incomplete or the person is not eligible for services. Notification will occur within two (2) working days of receipt of the application. The Service Provider may also request notification of ineligibility in writing, which will be mailed within ten (10) working days.

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HOPWA Rental Assistance may only be used to provide tenant-based rental assistance for low income-Eligible Persons and their families. It is designed to allow Eligible Persons to select a suitable apartment or house to rent and have a portion of the rent paid directly to the landlord or property owner. The housing selected must be decent, safe, and sanitary and must be inspected prior to occupation. This component of the HOPWA program is administered by IHFA Branch offices and the Boise City/Ada County Housing Authority.

(a) Maximum Subsidy: The amount of grant funds used to pay monthly assistance for an Eligible Person or Family may not exceed the difference between the lower of the rent standard or reasonable rent for the unit; and the resident's rent payment calculated under this program.

(b) Rent Standard: The subsidy for any selected unit cannot exceed the established Payment Standard for the county in which the unit is located. Rent standard information is available from IHFA or on HUD's website.

(c) Rent Reasonableness: The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently charged by the owner for comparable unassisted units.

(d) Shared Housing Arrangements: Eligible Persons or Families may voluntarily choose to reside in a shared housing arrangement. The rent charged for such persons shall be in relation to the size of the private space for that assisted individual or family in the shared unit. The ratio and size is defined by the square footage of the bedrooms. Rental Assistance will not pay for common space (i.e. shared bathrooms, shared dining areas, shared living areas, etc.).

Shared housing may include situations in which a HOPWA participant rents a room from a non-related homeowner who resides in the unit, as long as the homeowner is **not** a family member and is not responsible for the care and well-being of the Eligible Person. In the case of an Eligible Person renting a room from a homeowner, the home still has to meet HQS. If the homeowner owns a three-bedroom house (all three rooms are equal in size) and the Eligible Person rents one room, the client's maximum assistance is the lesser of the FMR for a one-bedroom unit or one-third (1/3) the cost of the total housing expense.

(e) Housing Quality Standards (HQS): Each participating Branch office or Public Housing Authority will inspect units for compliance with applicable HQS standards prior to occupation. All inspections must be completed using the Inspection Checklist Form, HUD # 52580 prior to signing a lease agreement.

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(f) Exclusions: Persons with HIV/AIDS who already receive long-term rental assistance from Section 8 or other subsidized housing programs are **NOT** eligible for the long-term rental assistance through the HOPWA program, although they may be eligible for all other Supportive Services They may receive minimal Short Term Rent, Mortgage and Utility (STRMU) assistance in the event of a financial hardship, please refer to the STRMU policy section 3.12.

(g) Application Procedure for Rental Assistance: Following the completion of the Official IHFA Application form for HOPWA assistance, applicants will await notification from IHFA regarding availability. When an opening for Rental Assistance becomes available the Applicant/Client will receive a letter stating that they have been conditionally selected for the program, in the Boise City/Ada County Housing Authority or an IHFA Branch Office will contact them to schedule an appointment with a housing specialist to obtain other necessary forms and complete the housing assistance portion of the application. (PHA or Branch Office Instructions are located in Section 7 of this policy manual – Reference Information).

The Applicant/Client must assist Boise City/Ada County Housing Authority or IHFA in completing the forms, providing the housing specialist with the necessary information to complete the application, including monthly or annual income verifications as necessary.

It is the Applicant/Client responsibility to locate appropriate housing. The housing specialist may review the rental agreement with the Applicant/Client and the property owner/landlord if necessary.

The housing specialist must complete the Housing Quality Standard inspection prior to occupation.

The housing specialist is responsible to request reimbursement from IHFA on behalf of the Client and to disburse voucher payments to landlords or property managers.

- ❖ Section 8 Applicability: Eligible Persons or Families applying for rental assistance will be placed on IHFA's HOPWA voucher waiting list. Since HOPWA is a federal grant and renewal is not guaranteed, applicants are encouraged to apply separately for the Section 8 waiting list. Persons with HIV/AIDS may be given preference on the Section 8 waiting list under the *Terminal Illness Preference* upon verification by a physician that their terminal condition is in the final or end stages of the illness. When a participant is transitioned to the Section 8 program, an Exit form (SNH-11) will be completed by the Branch Office or PHA that issued the HOPWA voucher.

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- ❖ Application Deadlines: There is no application deadline for Rental Assistance or other services offered under the HOPWA program. Any Eligible Person or Family can apply for rental assistance and Supportive Services at any time providing there are funds available for these activities.
- ❖ Housing Voucher Awards: Funds will be awarded on a first-come, first-served basis. Incomplete applications will be returned to the Applicant, and will not be considered received until all required information is provided.
- ❖ Application Status: An Eligible Person or Family that has previously completed a HOPWA application for Rental Assistance but was removed from the program or left the program voluntarily must complete a new application to return to the Rental Assistance voucher list.

3.1.2 Supportive Services

The HOPWA program offers a variety of Supportive Services to Eligible Persons. HOPWA participants may receive these services in addition to rental assistance, or separately if rental assistance is not needed. It is the policy of IHFA that contracted Service Providers and designated non-contracted Service Providers document, to the maximum extent practicable, how the services assisted Eligible Persons to gain and/or maintain permanent housing. Supportive Services under Idaho's HOPWA program include Case Management, Health Services (including psychiatric services), Housing Placement, limited Child Care, Client Transportation and emergency Short Term Rental, Mortgage, or Utility Assistance (STRMU). In addition to the descriptions below, definitions of these terms can be found in section 1.2 of this policy manual.

(a) Case Management: The HOPWA program defines Case Management as a budget line item that incorporates a number of eligible activities listed at 24 CFR 574.300 (b) (7). A "Case Management" session with a HOPWA client may include assessment of client needs; referrals to agencies where clients may gain access to local, State, and/or Federal government benefits/services; housing counseling/placement to provide clients with information, application materials, and/or referrals to housing providers who can assist clients in acquiring permanent housing. HOPWA uses Case Management rates determined by the Idaho STD/AIDS program for Ryan White Case Managers. The rates are \$40/hr for face-to-face sessions and \$32/hr for non-face-to-face sessions.

(b) Health Services: HOPWA allows assistance with some health services in cases where no other dedicated funds or likely means of compensation for these payments is available to the client. Costs that can be met by State compensation programs, insurance policies, Federal or State health benefits programs, etc. do not qualify for HOPWA assistance. However, in cases where all other funding sources have been explored and HOPWA is the only option remaining, eligible activities in this category would include medical appointments and assessments, lab costs, transportation to health service sites, drug/alcohol treatment programs, medical prescriptions, dental services, psychiatric services, nutritional services, and personal assistance or intensive care when necessary. *Health services may only be provided to qualified HOPWA applicants and not their family members.*

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(c) Housing Placement: This activity may include completing the final paperwork for placing qualified HOPWA applicants in permanent housing. Activating utilities, relocation efforts where applicable and mileage for Case Managers verifying Housing Quality Standards in placement units are eligible as well.

(d) Housing Information Services: The Idaho HOPWA grant defines Housing Information as activities performed by IHFA in creating and updating the statewide directory of available rental housing, subsidized housing, Section 8 approved housing and housing voucher partners. The Housing Information and Referral Center (HIRC) in the Boise office of IHFA will carry out this portion of the HOPWA program.

(e) Resource Identification: This budget item pays for the costs of HOPWA Service Providers for activities associated with identification of housing options within a community for the benefit of eligible HOPWA clients. Preliminary research and making expenditures necessary to determine the feasibility of housing initiatives is also eligible.

(f) STRMU: Short-term rent, mortgage or utility assistance is allowable for qualified HOPWA clients who have experienced a financial emergency requiring immediate assistance in order to remain in their current housing. The applicant must be able to document that failure to make payments would result in homelessness. Eligible Persons or Families may only receive twenty-one (21) weeks of assistance during a 12-month grant period.

(g) Application Procedure for HOPWA Supportive Services

- ❖ Application Form: The eligibility requirements and application procedures are the same for HOPWA Supportive Services as described in Section 3.1(a) *General Application Procedure* above. The Applicant must be HOPWA-qualified according to HUD standards in Section 3.2 below and must have a completed Official IHFA Application Form on file with their service provider.
- ❖ Application Status: An Eligible Person or Family who has previously completed a HOPWA application and is eligible for assistance but has experienced a lapse of a year or less, in HOPWA services needs only to update their family and income status in order to continue Supportive Services. The Service Provider must provide updated eligibility information to IHFA before services are resumed.
- ❖ STRMU Assistance Procedure: In addition to the *Official IHFA Application* (AHS 1001-05) for HOPWA services, clients may complete the STRMU *Homeless Prevention Worksheet* (RDF-03) for STRMU assistance. Homeless Prevention (emergency assistance) services will only be granted to Applicants who can show that homelessness is imminent by providing appropriate documentation such as: an eviction notice, a foreclosure letter, or a notice of utility termination. These documents must be from the landlord/property manager, mortgage company, or utility company. The notification must include the address of the Applicant and the Applicant's name. Assistance cannot be provided unless a lease agreement is in effect between the Applicant and the

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landlord/property manager. The Applicant must provide a statement explaining how the assistance will change the current situation and will enable him/her make payments independent of financial assistance.

The Service Provider must assist the Applicant in completing the STRMU *Homeless Prevention Worksheet* (RDF-03), attaching all necessary documentation to verify that the Client is in imminent danger of becoming homeless as a result of delinquent rent/mortgage or utilities. The STRMU *Homeless Prevention Worksheet* (RDF-03) must accompany the *Request for Funds Face Sheet* (RDF-01) when requesting reimbursement.

Since housing and residency circumstances are often complicated, Service Providers may ask for an exemption, in writing, of this policy requiring notice of eviction or foreclosure. Requests should be made to the HOPWA program administrator. The program administrator at IHFA will make exemptions on a case-by-case basis, based on criteria prepared by IHFA.

Homeless Prevention, or Short-term Rent, Mortgage, or Utility (STRMU) payments are NOT intended to provide on-going assistance. Clients are only eligible to receive STRMU assistance for 21 weeks out of every one-year period. A *Notice of 21-week Limit* will be sent to Service Providers when a client has reached his/her STRMU assistance limit.

A new STRMU *Homeless Prevention Worksheet* (AHS 1001-05) must be completed every time additional Homeless Prevention assistance is requested. IHFA will only review the application for clarity and to ensure that the appropriate documentation is attached. IHFA will process homeless prevention (STRMU) requests when accompanied by a *Request for Funds Face Sheet* (RDF-01) from Service Providers who are contracted to provide this type of assistance.

3.2 Client Eligibility

An Eligible Person must be diagnosed with AIDS or related diseases, including HIV-positive status and must be low-income (meaning that the individual or household income does not exceed 80% of the area median income). The low-income guidelines are available from IHFA, or on HUD's website, under Section 8 income limits. This policy requires that both the HIV/AIDS status and the income be verified by the case manager or housing counselor/specialist. An Eligible Family must have one member of the family who is HIV positive or with AIDS and must be income qualified by total wage earners and not only head of household to be eligible for services. The individual or family member with HIV/AIDS must be the Applicant. *Only the HIV/AIDS qualified Applicant is eligible for Supportive Services. Family or household members may not receive supportive service assistance.*

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Each application requires verification and/or certification of information. The Case Manager, housing counselor, or medical professional must provide certification that the applicant has HIV/AIDS and that he/she qualifies according to HOPWA income limits. All certifications and/or verifications must come from source documentation, i.e. SSI statements, pay-stubs, medical diagnosis, etc. Applicants will not be eligible to receive services unless appropriate certifications and/or verifications are made.

(a) **Income Verification Procedure:** The Applicant must provide appropriate documentation requested by the Service Provider or housing specialist such as: the most recent tax return, the most current SSI statement, the most current pay stubs (3 months), the most current court judgment or ruling regarding child support, the most current Unemployment Insurance statement.

If the Applicant has no income, the *Statement of No Income* (AHS-04) form must be completed every three months with the assistance of the Service Provider.

The Applicant must provide income verification (and supporting documentation) for every person in the household 18 years of age or older.

The Applicant must provide income verification to IHFA annually (and approximately one year from the original application) or if there is a change in income or family composition, if federal assistance is provided to the Client on an ongoing basis, such as Rental Assistance.

The Service Provider, PHA or branch office must retain copies of the documents provided by the Applicant. Services cannot be authorized or provided to persons that cannot verify their income. If the Service Provider or PHA is not provided with the required documentation from the Applicant, the Service Provider or PHA must document in the Applicant's file the extent of their efforts to verify income. Providers of Supportive Services must obtain annual income verification for all persons receiving services on an on-going basis.

Only as a last resort can the *Statement of No Income* (AHS-04) be used. The Service Provider may require the Client to complete the *Statement of No Income* (AHS-04) every three months, however, the provider should at no time assume that the Applicant's income status is current and should make regular attempts to verify income in order to maintain client eligibility for all clients currently being served.

Time spent verifying applicant income is an eligible activity under Supportive Services (Case Management) and may be included on reimbursement requests.

3.2.2 Accessing Services

All eligible HOPWA Clients can access Rental Assistance services through any of the contracted Service Providers, any IHFA Branch Office, and through designated non-contracted Service Providers. Supportive Services can be accessed through any of the contracted Service

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Providers and designated non-contract Service Providers Eligible persons or families needing service may contact IHFA's Housing Information and Referral Center (HIRC) at 1-877-438-4472 for a list of Service Providers in their area.

All Eligible Persons or families must be provided with HOPWA services, provided HOPWA funds are available. Service Providers cannot deny service to any Eligible Person providing the Service Provider has federal funding available from the HOPWA program. HOPWA Service must provide service to the qualified individual when proof of their eligibility is provided. Proof of eligibility for all HOPWA clients must be included in an official IHFA application that is complete and accurate.

- (a) **Service Billing Procedure:** If the Client is not receiving services provided directly by the contracted Service Provider the Client must provide the original billing statement from a third-party service to the contracted Service Provider to document the expense. Any additional billing information such as rate adjustments or explanation of benefits (EOB) that pertain to the service must also be given to the contracted Service Provider.

3.3 Documentation, Privacy, and Confidentiality

3.3.1 Client Files

Client files should be maintained at appropriate Service Provider locations where clients have received assistance through the HOPWA grant program. In addition to client eligibility documentation, providers should maintain a detailed record of the services provided to each client and the program funds that supported the activities. In order to document efficient grant management as well as program success and outcomes, all demographic and/or service information that is requested on the Annual Performance Report should be a regular part of record keeping procedures for HOPWA Service Providers.

3.3.2 Application Verification

Service Providers who need to verify a person's eligibility (when such Applicant indicates his/her application is on file at IHFA) may send a letter to the IHFA – HOPWA Program Administrator requesting the eligibility status of the person by name and date of birth. IHFA will respond in writing, informing the Service Provider of the Applicant/Client's eligibility. No other information about the Applicant/Client will be provided.

3.3.3 Information Necessary for Monitoring Visits

All client information reviewed in monitoring visits will be kept confidential. No copies may be made of any confidential client information and no information is to be removed from the Service Provider's premises. IHFA personnel conducting onsite monitoring will be limited to the Compliance Officer and/or the Grant Coordinator or Grant Administrator. Client information viewed will be restricted to information showing verification of eligibility (*i.e.*, diagnosis of HIV/AIDS), income verification, case notes documenting supportive services and referrals provided, including frequency, and client progress review notes.

Policy Section 3**Page 10****Adopted:****January 1, 2002****Revised:****May 1, 2009****3.3.4 Privacy Statement**

Idaho Housing and Finance Association (IHFA) respects the privacy of individual program participants and Service Providers. IHFA will not share confidential information with other agencies, ~~or~~ organizations, or individuals, nor does IHFA allow any other Service Provider access to confidential material. Violation of IHFA's policy on confidentiality may result in action up to and including termination of any employee or Service Provider. (See Section 4.3 for Confidentiality Requirements).

Applicable Laws

- ❖ United States Code, Section 552A states that “no agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency pursuant to a written request by, or prior written consent of, the individual to whom the records pertain.”
- ❖ 24 CFR 574.440 requires the Service Provider to ensure the confidentiality of persons requesting assistance. However, a Service Provider must provide IHFA and HUD access to all information deemed necessary to verify appropriate expenditures and other information required under applicable law.

3.4 Program Requirements**3.4.1 Contracted Service Providers**

IHFA may from time to time or when necessary, enter into contracts (which may include memoranda of understanding) with different agencies or organizations to provide services to HOPWA-Eligible Persons and to perform activities identified in this policy. IHFA will reimburse contracted Service Providers for eligible services acquired for or provided to Eligible Persons, not to exceed the amount stated in the contract. All contracted Service Providers will be paid an administrative fee for administering eligible programs; but providers shall ensure that no fee, except rent, will be charged to an Eligible Person for any housing or services provided under the HOPWA grant. Contracted Service Providers are required to perform activities consistent with this policy and in accordance with 24 CFR 574.

3.4.2 Grant Agreements

Contracted Service Providers will be given terms and conditions of their award. The contract must be in place and signed by the Executive Director of the contracting agency/organization and the appropriate IHFA personnel before grant-supported services may begin. Contracts for services are for one year only and are renewable at the discretion of IHFA.

3.4.3 Qualifications of Service Providers

Persons providing Case Management or housing counseling services under a HOPWA contract must have a degree in Social Work or equivalent work experience. Agencies or organizations that seek contracts with IHFA to provide HOPWA services must demonstrate that their staff has the qualifications and capacity to perform services. Case managers and housing counselors will

determine HOPWA eligibility and will decide whether or not the participant can access other resources such as private medical insurance, Medicaid, Medicare or other such sources prior to

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billing HOPWA-funded health services. Service Providers must demonstrate knowledge of social programs and experience in connecting Eligible Persons or Families with mainstream resources.

3.4.4 Termination of Supportive Services

Persons receiving Supportive Services from HOPWA may have HOPWA services terminated for cause including but not limited to one or more of the following reasons:

- The Client has falsified information on the application;
- The Client or family is no longer income-qualified for services;
- A member of the household is arrested and/or convicted for manufacturing, using or selling controlled substances while receiving Supportive Services; or
- The Client or family fails to follow through with assignments by case managers or make measurable progress toward gaining and maintaining permanent housing.

3.4.5 Termination of Rental Assistance

Persons receiving Rental Assistance from HOPWA who violate program requirements or conditions of occupancy may have HOPWA services terminated for cause including but not limited to any of the following reasons:

- The Client has falsified any information given to the PHA;
- The Client or family is no longer income-qualified for services;
- Non-payment of tenant's share of the rent;
- Severe destruction of property;
- Possession of weapons or illegal substances; or if a member of the household is arrested and/or convicted for manufacturing, using or selling controlled substances from the public subsidized housing unit;
- Criminal activity or violent behavior;
- The Client or family moves to another state;
- The Client or family voluntarily vacates housing and stops communicating with the case manager or housing counselor;
- The Client cannot find suitable housing within the required time;
- The Client fails to actively pursue housing.
- Deterioration of the Client's health that requires a move to assisted-living accommodations or more appropriate housing

Any person listed on the State Sex Offender Registry will be denied admittance or terminated from the program.

(a) Surviving Family Members: Family members who are living in a unit assisted under the HOPWA program with an eligible participant at the time of his/her death, shall be ensured that housing services shall continue for a grace period not to exceed six (6) months following the death of the HOPWA client. If the remaining family member(s) is otherwise eligible for the program due to their own HIV/AIDS status, the assistance will continue uninterrupted upon receipt of the Certification of HIV/AIDS from the referring agency or another qualified professional.

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(b) Termination Procedures: PHA or branch offices must comply with the following procedures in the event that a HOPWA participant must be terminated from the program. Provide written notice to the participant that contains a clear statement of the reasons for termination via SNH-10, *Notice of Right to a Review of Adverse Decision* form. Provide the participant with two copies of the completed SNH-10 so that one can be sent to the PHA to request a hearing and the other copy may be retained for the participant's records.

- ❖ Form SNH-10 informs the participant of their right to a hearing and provides an opportunity to request a hearing. A copy of the notice (SNH-10) must be sent to IHFA's Boise Office. The PHA will schedule hearings with their hearing officer.
- ❖ The hearing officer will provide a written response within 30 days from the date of the hearing.

3.4.6 Complaints

It is the policy of IHFA that the contracted and designated non-contracted Service Providers cooperate and coordinate their service delivery activities. All Service Providers must accept and process referrals from other agencies in an attempt to provide the best level of service possible to Eligible Persons and Families. IHFA will investigate all complaints in an expeditious and timely manner. IHFA may conduct monitoring visits or request HUD's assistance in conducting investigations into policy violations. IHFA requires full cooperation from Service Providers when investigating complaints.

(a) Service Provider complaints

Service Providers that have legitimate (documented) information regarding the mis-performance, mal-performance, or non-performance of any contracted Service Provider may send their written complaint to:

HOPWA Programs
c/o IHFA
P.O. Box 7899
Boise, Idaho 83707-1899

(b) Applicant/Client complaints

Applicants/Clients that have legitimate (documented) information regarding the mis-performance, mal-performance, or non-performance of any contracted Service Provider may send their written complaint to:

HOPWA Programs
c/o IHFA
P.O. Box 7899
Boise, Idaho 83707-1899

Applicants/Clients may also call 1-877-4GRANTS or 1-800-438-4472 for assistance.

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3.5 Administration

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3.5.1 Billing Requirements

IHFA only pays for costs on a reimbursement basis. All contracted Service Providers and designated non-contracted Service Providers determine eligibility, provide services (or pay for services if performed by third-party), and then request reimbursement. All services must be provided and paid for prior to receiving reimbursement from IHFA Agencies or organizations requesting reimbursement must complete:

- ***Request for Funds Face Sheet***
- ***Client Billing Sheet***
- ***STRMU Assistance Form for Homeless Prevention*** (emergency assistance only)

A Service Provider may only request reimbursement for clients' services whose eligible identifier is on file with IHFA. (See Section 4.3 for confidentiality Requirements) All activities' costs submitted for reimbursement must have been billed within 60 days of the date of provision of service to client.

(a) Billing Procedure:

- ❖ Documentation of Services: HOPWA funds will reimburse Service Providers, once the services have been performed. HUD funds cannot pay for any services or expenses in advance.
- ❖ Service Providers: The Service Provider must document that the services were performed and paid for prior to requesting reimbursement from IHFA. The Client files, which shall be retained by Service Providers, must have specific reference to the date the services were provided, the types of services provided, and the hours of service provided. Hours of service billed to IHFA for reimbursement must be documented by entries in Service Provider's Client files that show direct hours (face to face appointments) or indirect hours (follow-up phone calls, etc.). Documentation of services provided to clients should be contained on a "Client Services Time Sheet" (recommended format attached), that contains the date, hours of time spent with client, and category of services provided (i.e. medical, dental, psychiatric, counseling, budgeting, etc.). Each entry must be initialed by service provider/professional who spent time with the Client. Any medical, dental, psychiatric, or other services requiring clinical or professional licensure must be initialed by the licensed party.

The Service Provider will only be reimbursed for services (or service referrals) eligible to be provided to the client under the grant activities identified in their HOPWA grant agreement.

Reimbursement Forms: The Service Provider must fill out a ***Client Billing Sheet*** (RDF-02) that includes direct services provided to all Clients (excluding homeless prevention which requires a separate form) during the billing period.

The billing sheet must include date of service, Client name (or confidential I.D.#),

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activity code, hourly rate, time spent with Client, and a total for the service.

The Service Provider must ONLY use the activity codes listed on the *Client Billing Sheet* (RDF-02): **CM**-Case Management **CT**-Client Transportation, **HP**-Housing Placement, **HC**-Housing Counseling, **IR**-Identifying Resources, **FR**-Feasibility Research.

Homeless prevention (STRMU) services must be identified on the *STRMU Homeless Prevention Worksheet* (REF-03). Do not list homeless prevention services on the *Client Billing Sheet* (RDF-02).

Health Services do not need to be entered on the Client Billing Sheet. These services are documented instead by actual billings from third-party health Service Providers attached to a *HOPWA Health Service Form* (RDF-04) for each client. The total amount of all Health Services is then entered on the *Request for Funds Face Sheet* (RDF-01) in the appropriate space provided.

The Service Provider must have documentation accessible in Client files to verify all services for which reimbursement is requested from the grant.

- ❖ **Reimbursement Schedule:** When the Service Provider has completed a *Request for Funds Face Sheet* (RDF-01) with *Client Billing Sheet* (RDF-02), *STRMU Homeless Prevention Worksheet* (RDF-03), *Health Services Forms* (RDF-04), and other appropriate billing documentation attached, the reimbursement packet must be submitted to IHFA within sixty (60) days of providing the services. If a third party provider has not provided the Service Provider with the appropriate billing statements within a sixty-day (60) period, the Service Provider may submit the bill for reimbursement within sixty (60) days of receiving the bill for services.

Service Providers may request a quarterly reimbursement schedule if monthly or bi-monthly reimbursements are not compatible with their agency's accounting system.

- ❖ IHFA will process all accurate and complete requests within ten (10) working days, and will reimburse for eligible activities within twenty (20) days of receiving the reimbursement request.

3.5.2 Administrative Billing

HOPWA Service Providers will be reimbursed for Administrative Costs at the rate identified in the grant contract. Service providers will be required to submit supporting documentation for eligible administrative expenses.

3.5.3 Forms and Paperwork

IHFA may, as necessary, change a form, create a new form, or dispose of an old form when the need to collect additional information arises or for other reasons deemed necessary by IHFA. All the forms necessary to receive HOPWA services may not be listed in this policy, but are

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available through any IHFA office or contracted Service Provider. The following forms are used to receive assistance, and samples may be found in Section Six of this manual.

(a) Application for HOPWA Services (AHS)

- | | |
|--------------------------------|----------|
| ▪ Information Notice | AHS-1001 |
| ▪ Applicant Information | AHS-02 |
| ▪ Income Verification | AHS-03 |
| ▪ Statement of No Income | AHS-04 |
| ▪ Service Provider Information | AHS-05 |

(b) Reimbursement Documentation Forms (RDF)

- | | |
|---------------------------------|--------|
| ▪ Request for Funds Face Sheet: | RDF-01 |
| ▪ Client Billing Sheet | RDF-02 |
| ▪ Homeless Prevention Worksheet | RDF-03 |
| ▪ HOPWA Health Services Form | RDF-04 |

(c) Special Needs Housing Forms (SNH)

- | | |
|---|----------------|
| ▪ Statement of No Income | SNH-04 |
| ▪ Rental Assistance Authorization | SNH-05 |
| ▪ Occupancy Agreement | SNH-06 |
| ▪ Rental Assistance Contract | SNH-07 |
| ▪ Funds Draw Request & Disbursement | SNH-08 |
| ▪ Change of Contract/Occupancy Agreement | SNH-09 |
| ▪ Notice of Termination or Change | SNH-09A |
| ▪ Notice of Right to Review Decision | SNH-10 |
| ▪ Housing Assistance Exit Form | SNH-11 |
| ▪ Initial Payment Assistance Request (IPAR) | SNH-12 |
| ▪ Initial Payment Reimbursement Assurance | SNH-13 |
| ▪ Administrative Cost Submittal | SNH-20/ SNH-21 |
| ▪ Waiting List Notification Letter | SNH-22 |
| ▪ Confirmation of Income Eligibility | SNH-23 |
| ▪ Notification of Conditional Selection | SNH-24 |
| ▪ Request for Tenancy Approval & Inspection | SNH-25 |

3.5.4 Conformance to Policy

Agencies or organizations that fail to follow the policies and procedures outlined in this document will not be eligible to receive reimbursement for HOPWA activities. Failure to follow these policies and procedures may result in contract termination and may be used in determining program compliance and considered as a factor for future contractual agreements.

(a) Policy Failure

The policies and procedures contained in this document were assembled as an attempt to standardize the HOPWA service delivery system. Policies or procedures missing from May, 2009

this document are not a result of deliberate omission. If the policies or procedures of this document fail to address a needed element for service delivery, please contact the

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Department of Grant Programs at 1-877-4GRANTS for assistance and guidance. All HOPWA requirements of 24 CFR 574 are incorporated as part of this policy.

(b) Policy Updates

Except for modifications made during a program year by HUD requirements, the Policies and Procedures of this document will be updated annually, prior to or concurrent with the distribution of the new contracts.

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COMPLIANCE MONITORING AND REPORTING

4.1 Annual Performance Reporting

The HOPWA grant is a three-year renewal project. Each year of the program runs from July 1 through June 30 of the following year. At the end of each program year HUD requires IHFA to submit the Annual Performance Report (APR), which is due 90 days after the close of the grant period (September 30). IHFA is responsible to collect reporting information from each contracted Service Provider that was involved in assisting HOPWA participants throughout the State.

IHFA will mail APR form (HUD 40110-C) to all HOPWA Service Providers for completion. A notice is mailed with the report forms with appropriate due dates included, as well as an additional instruction sheet to assist the agencies in completing their reports.

IHFA will compile the data from all regions of the State into a conglomerate report that will represent the progress, outcomes and statistics for Idaho's HOPWA program. HUD will review the conglomerate report and will notify IHFA with any findings or concerns. IHFA must respond to HUD's review with appropriate corrections within 30 days.

4.2 Compliance Monitoring

IHFA may monitor each contracted agency annually or more frequently, if necessary. The monitoring visit is to determine if Eligible Services were provided to Eligible Persons, and may be coupled with technical assistance helpful to the Service Provider. During monitoring all client information will be kept confidential. No copies may be made of any confidential client information and no information is to be removed from the Service Provider's premises. IHFA personnel conducting onsite monitoring will be limited to the Compliance Officer, the Grant Coordinator, and/or the ~~or~~ Grant Administrator. Client information viewed will be restricted to information showing verification of eligibility (*i.e.*, diagnosis of HIV/AIDS), income verification, case notes ~~showing~~ indicating supportive services and referrals provided, including frequency, and client progress review notes.

The Grant Writer/Compliance Officer sets the monitoring schedule for HOPWA agencies so that each agency is monitored at least every other year. This schedule is based on a risk analysis with input from each Special Needs Grant Administrator or Coordinator who administers the program on a day-to-day basis. The Grant Writer notifies agencies in writing of the date of the monitoring and requests that agencies send the following documents before that date:

- Current Organizational Chart
- Current list of Board of Directors
- Current non-discrimination policy (hiring)
- Current drug-free workplace policy
- Current internal control of funds policy
- Current reconciliation policy
- Current client eligibility policy

- Current client termination policy
- Current procurement policy
- Current verification of insurance

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On the date of the monitoring, the Grant Writer/Compliance Officer and the Special Needs Grants Administrator and/or Grants Coordinator begin the monitoring with an entrance meeting with the coordinator of the HOPWA program for that agency. The Grant Program Manager may also participate in the monitoring. In the entrance meeting, it is emphasized that the goal of the monitoring is to assess compliance with HUD rules and regulations and that necessary information from client files will be requested to assess eligibility for the program and the provision of clients' services.(See Section 3.3) It is also emphasized that IHFA will maintain client confidentiality and use confidential client identifiers on monitoring worksheets. If any of the above documents have not been sent previously they are requested at this time.

After the entrance meeting, the Special Needs Grants Administrator and/or Grants Coordinator monitors the accounting of the grant by utilizing the Accounting Principles Worksheet and the Financial Tracking Worksheet. The Grant Writer/Compliance Officer monitors at least 10% of the client files to verify eligibility for the program (AIDS/HIV diagnosis), income verification, what supportive services were provided to participants and notes how often the client supportive service needs are reviewed and revised.

After the financial monitoring and the client file monitoring, the Grant Writer/Compliance Officer and Special Needs Grant Administrator and/or Grants Coordinator meet with the HOPWA program coordinator for an exit interview. During this interview the Grant Writer/Compliance Officer and Special Needs Grant Administrator and/or Grants Coordinator brief the coordinator on the next steps that will be taken (write up and send the report within 10 days), as well as a cursory summary of what was found during the monitoring.

4.3 Confidentiality Requirements

IHFA requires client records to be kept confidential. Confidential client information includes, but is not limited to, information such as medical diagnoses, prescriptions, psycho-social assessments and treatment plans, and business or personal financial information. IHFA will not disclose such non-public, personal information to any non-affiliated third party except as required by law, or with the client's written permission. Client information should not be accessible to any persons other than authorized Service Provider personnel, or authorized personnel from IHFA and HUD for compliance monitoring and/or audit purposes. Violation of IHFA's policy of confidentiality will result in actions up to and including termination.

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OTHER FEDERAL REQUIREMENTS

5.1 Non-Discrimination

Project Sponsors of the HOPWA program shall comply with the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101-12213) , the regulations in 28 CFR parts 35 and 36 regarding fair housing requirements and the provisions of the Limited English Proficiency (LEP), Executive Order 13166.

Project Sponsors must adopt affirmative outreach procedures to inform all eligible persons regardless of race, color, religion, sex, age, national origin, familial status or handicap of the availability of the HOPWA program. [CFR 574.603]

5.2 Conflict of Interest

Regulations at CFR 574.625 prohibit anyone who is an employee, officer or person in a position involving decision-making of the project sponsoring agency from financial benefit or personal interest in a HOPWA-funded activity, either for himself or herself or for those with whom he/she has business or family ties. For exceptions and/or more detailed information, see 574.625.

5.3 Minimizing Displacement

If any HOPWA-assisted project causes relocation or displacement of program participants, project sponsors must take all reasonable steps to adhere to the guidelines at CFR 574.625. See the regulation for definitions and more detailed information regarding relocation assistance for displaced persons.

5.4 Environmental Requirements

Activities under this program are governed by the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and other regulations listed at 24 CFR Section 574.635. Properties assisted by HOPWA funds cannot be located in an area that has been identified by the Federal Emergency Management Agency (FEMA) as prone to flood hazards, unless the community is participating in the National Flood Insurance Program and is subject to its regulations. See 24 CFR 574.640 for more information.

5.5 Applicability of OMB Circulars and Audit Requirements

In addition to IHFA policies and procedures set forth in the administration of this grant, units of State and local government must adhere to the guidelines and requirements of 24 CFR part 85, and OMB Circulars A-102 and A-87 with respect to the acceptance and use of HOPWA funds. Circulars A-110 and A-122 apply to use of HOPWA funds by private non-profit organizations. For more information on the applicability of other federal guidelines to this program, see CFR 574.605.

Project sponsors are responsible to ensure that their financial management systems are in accordance with federal regulations at 24 CFR parts 44 and/or 45, and that they provide for regularly scheduled audits as required by those laws.

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IHFA GRANT FORMS

6.1 Forms for Application to HOPWA Services

The forms on the following pages are sample copies for your reference. These forms are changed or updated from year-to-year and should not be copied from this manual for actual use in the grant program. Current forms may be obtained from IHFA offices and/or the offices of HOPWA Supportive Service Providers in various areas of the state.

(a) Application for HOPWA Services (AHS): IHFA's official HOPWA application form is a five-page document with a two-page instruction sheet. This application form is used for both Rental Assistance voucher program and HOPWA Supportive Services. The elements of the application are as follows:

- | | |
|--------------------------------|----------|
| ▪ Information Notice | AHS-1001 |
| ▪ Applicant Information | AHS-02 |
| ▪ Income Verification | AHS-03 |
| ▪ Statement of No Income | AHS-04 |
| ▪ Service Provider Information | AHS-05 |

(b) Reimbursement Documentation Forms (RDF): Service Providers contracting with IHFA to provide HOPWA services use the following forms in the reimbursement process to draw funds from their grant:

- | | |
|---------------------------------|--------|
| ▪ Request for Funds Face Sheet: | RDF-01 |
| ▪ Client Billing Sheet | RDF-02 |
| ▪ Homeless Prevention Worksheet | RDF-03 |
| ▪ HOPWA Health Services Form | RDF-04 |

(c) Special Needs Housing Forms (SNH): These forms are used in the Rental Assistance Housing Voucher program, in addition to the official HOPWA application listed above:

- | | |
|---|---------|
| ▪ Statement of No Income | SNH-04 |
| ▪ Rental Assistance Authorization | SNH-05 |
| ▪ Occupancy Agreement | SNH-06 |
| ▪ Rental Assistance Contract | SNH-07 |
| ▪ Funds Draw Request & Disbursement | SNH-08 |
| ▪ Change of Contract/Occupancy Agreement S | NH-09 |
| ▪ Notice of Termination or Change | SNH-09A |
| ▪ Notice of Right to Review Decision | SNH-10 |
| ▪ Housing Assistance Exit Form | SNH-11 |
| ▪ Initial Payment Assistance Request (IPAR) | SNH-12 |
| ▪ Initial Payment Reimbursement Assurance | SNH-13 |
| ▪ Administrative Cost Submittal | SNH-20 |
| ▪ Waiting List Notification Letter | SNH-22 |

- Confirmation of Income Eligibility SNH-23
- Notification of Conditional Selection SNH-24
- Request for Tenancy Approval & Inspection SNH-25