



# CITY OF LAS VEGAS HOPWA PROGRAM

## Policies and Procedures

### Note:

*This City of Las Vegas HOPWA Program: Policies and Procedures manual is an evolving document. Comments and suggestions from project sponsors will be welcomed on how to improve it, so that everyone involved in the service delivery may work together to have a better understanding of the program. This will help ensure that Nevadans who are experiencing a housing crisis and who have also been diagnosed with HIV/AIDS have access to safe, clean, affordable housing, and can take steps to achieve housing stability.*

Gina Candelario

July 2023

## Contents

PURPOSE.....	16
INTRODUCTION.....	17
PROGRAM VISION, GOALS AND OBJECTIVE.....	18
HOPWA REGULATIONS AND GUIDANCE.....	19
PROGRAM COMPONENTS AND ALLOWABLE SERVICES PER HOPWA REGULATIONS.....	24
HOPWA PROGRAM ADMINISTRATION .....	25
<b>Pre and Post Contract Procedures .....</b>	<b>25</b>
<b>City of Las Vegas Role and Responsibility.....</b>	<b>28</b>
<b>Project Sponsor Roles and Responsibilities .....</b>	<b>29</b>
<b>Determining Project Sponsors through RFP .....</b>	<b>29</b>
PROJECT SPONSOR CONTRACTS.....	29
Written Agreements.....	29
Policy.....	30
Federal Requirements .....	30
<b>Financial Administration .....</b>	<b>31</b>
<b>Audit Requirements.....</b>	<b>31</b>
Post Award Responsibilities .....	32
Insurance.....	33
Unexpended Funds .....	34
Contract Definitions .....	35

SUBCONTRACTS .....	37
Provisions Required in Subcontracts .....	38
Review of Subcontracts by City .....	38
Required Subcontract Documentation .....	39
Types of Subcontracts Covered Under This Section .....	39
Types of Subcontracts Not Covered Under This Section .....	39
EQUIPMENT AND INVENTORY RECORDS.....	39
Equipment v. Supplies .....	40
Limitation on Purchase of Equipment .....	40
Notification Requirements.....	40
Reversion to City.....	40
Inventory Instructions: .....	41
Procurement Definitions.....	41
MONITORING OVERVIEW.....	42
MONITORING PROJECT SPONSORS .....	43
FEDERAL AND STATEWIDE ONLINE RESOURCES.....	44
PROGRAM INCOME AND ADDITIONAL SOURCES OF LEVERAGING FUNDING .....	46
ALLOWABLE COSTS .....	47
MONTHLY REIMBURSEMENTS AND REPORTS .....	48
UNALLOWABLE COSTS .....	48

ADMINISTRATIVE COSTS .....	50
Salaries/Positions .....	50
Fringe Benefits.....	50
Travel.....	51
Office Expenses.....	51
Equipment .....	51
Other .....	51
DIRECT CARE COSTS .....	52
Short-Term Rent, Mortgage, and/or Utilities .....	52
Short-Term Supported Housing Facility/Transitional Housing.....	52
Permanent Housing Placement/PHP .....	52
Housing Case Management .....	52
Resource Identification .....	53
Long-Term Tenant-Based Rental Assistance (TBRA) .....	53
Housing Operations (Permanent Housing).....	53
Other Supportive Services .....	53
INDIRECT COSTS.....	53
BUDGET MODIFICATIONS .....	53
CONFLICT OF INTEREST .....	54
CLIENT CONFIDENTIALITY .....	55
CONFIDENTIALITY LAWS, REGULATIONS AND REQUIREMENTS.....	56

KEY HOPWA REGULATORY AND CPD NOTICE PROVISIONS.....	56
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) .....	57
HOPWA CONFIDENTIALITY REQUIREMENTS .....	57
No Disclosure of HIV/AIDS Status without Written Consent .....	58
Written Correspondence, Program Forms, and Material Directed at Persons without Consent to Know Client's HIV/AIDS Status .....	58
Secured Client Record Keeping and Storage.....	59
Responsibility to Inform Clients of Confidentiality Rights .....	59
Client Access to Personal Records .....	60
Terms and Conditions .....	60
Confidentiality Requirements upon Client Death .....	60
EQUAL OPPORTUNITY, FAIR HOUSING, AND REASONABLE ACCOMMODATION.....	60
Fair Housing Practices .....	63
Responding to Discrimination on the Basis of Disability .....	63
Harassment .....	63
Reasonable Accommodation .....	64
Accommodating Justified Absence from Assisted Housing.....	65
Reasonable Modifications .....	66
CLIENT ELIGIBILITY .....	67
HIV Verification .....	68
Household Composition: Declaration of Household Status and Household Types .....	68
Income Verification .....	70

<b>Interim Recertification.....</b>	<b>73</b>
<b>Citizenship Considerations.....</b>	<b>73</b>
<b>Verifiable Documentation of Need for Housing Assistance.....</b>	<b>74</b>
<b>Common Errors in Income Calculations .....</b>	<b>75</b>
<b>ENROLLMENT PROCESS .....</b>	<b>76</b>
<b>Forms for Application for Enrollment.....</b>	<b>76</b>
<b>Application and Assessment .....</b>	<b>77</b>
<b>SHORT-TERM RENT, MORTGAGE, AND UTILITY (STRMU) ASSISTANCE.....</b>	<b>79</b>
<b>STRMU Program Qualifications.....</b>	<b>80</b>
<b>HIV and Low-Income Status .....</b>	<b>81</b>
<b>Housing Status .....</b>	<b>82</b>
<b>Evidence of Need .....</b>	<b>83</b>
<b>Demonstrating Client’s Legal Right to Occupy the Premises .....</b>	<b>84</b>
<b>Assistance for Manufactured Housing/Mobile Homes/Trailers .....</b>	<b>84</b>
<b>Demonstrating Circumstances Creating Financial Need .....</b>	<b>85</b>
<b>Allowable Expenses .....</b>	<b>85</b>
Rental Assistance .....	86
Mortgage Assistance .....	86
Utility Assistance .....	88
<b>Demonstrating Expense to be covered by HOPWA STRMU Program .....</b>	<b>88</b>
<b>Costs Not Allowable.....</b>	<b>89</b>
<b>Time Limitations for STRMU Assistance .....</b>	<b>89</b>
21 Weeks of Assistance .....	90
Defining the Eligible STRMU Period .....	90
52-Week Period.....	91
<b>Amount of Assistance .....</b>	<b>91</b>

Duplication of Benefit .....	92
Development of the Housing Plan of Care .....	92
Provisions and Limitations .....	93
Suitable Housing Units.....	94
Connection to Permanent Housing .....	96
PERMANENT HOUSING PLACEMENT (PHP) .....	97
Suitable Housing Units.....	97
Allowable Expenses .....	97
Not Allowable Expenses .....	98
Recovery of Deposits .....	98
TRANSITIONAL HOUSING ASSISTANCE (OR SHORT-TERM SUPPORTED HOUSING ASSISTANCE) .....	98
Time Limits .....	99
Rate Reasonableness .....	99
Residency Limitation.....	99
Case Management .....	99
Placement in Permanent Housing .....	100
Additional Information .....	100
HOUSING INFORMATION/RESOURCE IDENTIFICATION .....	100
TENANT-BASED RENTAL ASSISTANCE .....	101
Qualifications .....	102
Administering the HOPWA TBRA Program .....	102
Setting Rent Standard .....	103

<b>Local PHA Payment Standards .....</b>	<b>103</b>
<b>Annual Review .....</b>	<b>104</b>
<b>Determining a Change in Rent Standard Based on PHA Payment Standards .....</b>	<b>104</b>
<b>Applying the Adjusted Rent Standard .....</b>	<b>105</b>
<b>Rent Reasonableness .....</b>	<b>105</b>
WHEN to conduct Rent Reasonableness Assessments .....	106
HOW to Conduct Rent Reasonableness Assessments .....	107
<b>Determining Resident Income .....</b>	<b>109</b>
<b>Determining Annual Income .....</b>	<b>109</b>
<b>Determining Adjusted Income .....</b>	<b>109</b>
<b>Calculating Resident Rent Contribution and Maximum Rental Subsidy .....</b>	<b>111</b>
<b>Rent and Utility Deposits .....</b>	<b>111</b>
<b>Payment Process .....</b>	<b>111</b>
<b>Utilities with TBRA .....</b>	<b>113</b>
<b>Earned Income Disregard (EID) .....</b>	<b>113</b>
<b>HOPWA Housing Habitability Standards .....</b>	<b>114</b>
<b>Occupancy Standards .....</b>	<b>116</b>
<b>Exceptions to Occupancy Standards .....</b>	<b>117</b>
<b>Renting from Family Members .....</b>	<b>117</b>
<b>Shared Leased Housing .....</b>	<b>118</b>
<b>Additional TBRA Administrative Considerations .....</b>	<b>118</b>
<b>CPD Income Eligibility Calculator .....</b>	<b>119</b>
<b>Case Management and Supportive Services .....</b>	<b>119</b>
<b>Allowable Types of Rental Housing for approved TBRA Clients .....</b>	<b>120</b>



HOPWA CASE MANAGEMENT .....	121
Housing Plan of Care .....	121
Allowable Activities and Payments .....	123
Other HOPWA Allowable Activities.....	124
PROVISION OF ASSISTANCE TO SURVIVORS AND TERMINATION OF ASSISTANCE .....	125
Grounds for Termination .....	125
Violation, Grievance and Termination Policies.....	127
Grievance Process.....	127
Evidence Examination.....	128
Meeting and Due Process .....	128
Documenting Violations .....	129
Termination Notices .....	130
Qualification for Further HOPWA Program Assistance.....	131
Eviction by the Landlord-Tenant Law .....	131
Documentation of Program Violation and Client Response .....	132
Termination of Assistance .....	133
Fraudulent Information .....	133
HOPWA FEDERAL AND STATE REPORTING REQUIREMENTS.....	133
Report Submission.....	134
HOPWA Monthly Request for Release of Funds (ZoomGrants™ submission) .....	134
Invoices/Check Requests.....	135
Payroll Records.....	136
Books, Ledgers and Computer Reports .....	136
How to fill out the RFF Form .....	137
HOPWA Monthly Demographic Reports (ZoomGrants™ submission) .....	137

<b>HOPWA Monthly Performance Measure and Outcome Reports (ZoomGrants™ submission) .....</b>	<b>138</b>
<b>HOPWA Annual Performance Close out Report (ZoomGrants™ submission) .....</b>	<b>138</b>
<b>HOPWA Consolidated Annual Performance and Evaluation Report (CAPER) .....</b>	<b>138</b>
Overview .....	138
Table of Contents .....	139
Filing Requirements .....	141
<b>HOPWA PROGRAM FORMS (SAMPLES) .....</b>	<b>141</b>

# 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

..... 143

Statement of HIV Verification ..... 144

<b>Participation Agreement.....</b>	<b>145</b>
<b>Participant Rights and Responsibilities .....</b>	<b>147</b>
<b>Income Eligibility Calculation .....</b>	<b>149</b>
<b>Income Exclusions .....</b>	<b>150</b>
<b>Verification of Zero Income.....</b>	<b>152</b>
<b>Client File Checklist .....</b>	<b>153</b>

# **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:

- |                             |   |
|-----------------------------|---|
| <b>*Race:</b> 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)

Sample Form

Updated October 2007

Page 1 of 5

.....	<b>154</b>
Client Budget Worksheet.....	<b>159</b>
Housing Plan of Care .....	<b>161</b>

Worksheet for Calculating Maximum Subsidy for Resident Rent/Mortgage Payment									
HOPWA Household Income, Adjustments, and Rent Calculations Worksheet								Rev. 11/01/2015	
Client Unique ID:					Calculation Date:				
Check Applicable Box: <input type="checkbox"/> Initial Calculation <input type="checkbox"/> Interim Calculation <input type="checkbox"/> Recertification Calculation									
<p>HOPWA regulation 24CFR574.310d(1)(2)(3) states: "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.</p>									
<b>SECTION I: GROSS TOTAL HOUSEHOLD INCOME</b>									
<p>The total income of the household (Annual Gross Household 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 multiplied by number of payment periods per year for all income sources.</p>									
<b>* NOTE: ALL BLUE CELL INFORMATION MUST BE ADDED MANUALLY</b>									
								Entire Household (All members)	
1)	The full amount (before payroll deductions) of annual earned wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. Does not apply to armed forces service. Applies to employment income of client and all household members 18 and older. <i>(For full-time students who are 18+, but are NOT head, co-head, spouse or sole member, only \$480 of their total annual earned income should be included here.)</i>							\$0	
2)	Net income from operation of a personally owned business or profession.							\$0	
3)	All regular pay, special pay and allowances of a member of the Armed Forces. (Except Hostile Fire Pay)							\$0	
4)	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 24CFR 5.609(c)(14))							\$0	
5)	Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay. (Except as provided in 24CFR 5.609(c)(3))							\$0	
6)	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 Part 5.609 & 5.611 Tab of this Excel Workbook)							\$0	
7)	Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence.							\$0	
8)	Interest, dividends, and other net income of any kind from real or personal property. If 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. <i>For the current passbook savings rate, utilize the HUD-approved rate for the local Section 8 program office.</i>								
9)	<b>TOTAL ANNUAL GROSS ENTIRE HOUSEHOLD INCOME. (Sum of Lines 1-8)</b>								<b>\$0</b>
	Note: Total household income must be reassessed at least annually. If, however, 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.								

..... 163

# **Allowances for Tenant-Furnished Utilities and Other Services**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(exp. 04/30/2018)

See Public Reporting Statement and Instructions on back

Locality		Unit Type				Date (mm/dd/yyyy)	
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas						
	b. Bottle Gas						
	c. Oil / Electric						
	d. Coal / Other						
Cooking	a. Natural Gas						
	b. Bottle Gas						
	c. Oil / Electric						
	d. Coal / Other						
Other Electric							
Air Conditioning							
Water Heating	a. Natural Gas						
	b. Bottle Gas						
	c. Oil / Electric						
	d. Coal / Other						
Water							
Sewer							
Trash Collection							
Range/Microwave							
Refrigerator							
Other -- specify							
<b>Actual Family Allowances</b> To be used by the family to compute allowance. Complete below for the actual unit rented.					Utility or Service		per month cost
Name of Family  Address of Unit  Number of Bedrooms					Heating		\$
					Cooking		
					Other Electric		
					Air Conditioning		
					Water Heating		
					Water		
					Sewer		
					Trash Collection		
					Range/Microwave		
					Refrigerator		
					Other		
					<b>Total</b>		\$

Previous editions are obsolete

Page 1 of 1

form HUD-52667 (04/15)  
ref. Handbook 7420.8

Landlord Agreement.....	168
Security Deposit Agreement .....	169
Tracking Housing & Supportive Service Payment Assistance Worksheet .....	170
Grievance Policy.....	171
Rent Reasonableness Checklist & Certification .....	176
Earned Income Disregard.....	177
Tenant Inspection & Smoke Detector Verification .....	185
Housing Quality Standards (HQS) .....	186
Lead Paint Poisoning Certification .....	188
Termination of Assistance Letter .....	189
Termination Checklist.....	190
Client Satisfaction Survey.....	191
Request for Release of Funds Checklist.....	198
Request for Release of Funds (RFF) .....	199
Line Item Expense Detail.....	200
Annual Close out Report Checklist.....	201



## Purpose

The purpose of this document is to provide uniform, consistent guidance on the City of Las Vegas HOPWA Program to assist local HOPWA project sponsors and any other parties responsible for the implementation of the day-to-day activities of the HOPWA program. These policies and procedures provide more detailed clarification for current activities, and serve as comprehensive guidance on the implementation of long-term permanent housing as a statewide activity. Standardization of these HOPWA policies and procedures improves service delivery, provides for fair and equitable access to services, and alleviates problems of inconsistency associated with local program guidelines.

The City of Las Vegas HOPWA Program Policies and Procedures are written in accordance with the federal regulations as authorized by the AIDS Housing Opportunity Act (AHOA) of 1990, and amended by the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992). The regulations of the program are governed by 24 CFR Part 574, as amended, Housing Opportunities for Persons With AIDS Final Rule, published in the Federal Register on April 11, 1994; 24 CFR Part 91, as amended, Consolidated Submissions for Community Planning and Development Programs; and CPD 06-07, issued August 3, 2006.

This document is written for both grant program coordinators and the project sponsors. For grant program coordinators, this document describes their roles and responsibilities, and provides assistance in developing project sponsor contracts and the monitoring of those contracts. For project sponsors, this document describes their roles and responsibilities, the provisions of the project sponsor contract, the requirements and the monitoring of project sponsors.

This document includes requirements for client determination; allowable services and activities; and other requirements necessary to maintain compliance and continued funding from the U.S. Department of Housing and Urban Development (HUD) for the City of Las Vegas HOPWA Program. The policies and procedures included in this document were developed and coordinated by the Office of Community Services.

While this publication is intended to provide thorough and comprehensive documentation of program policies and procedures, some unique situations may not be adequately addressed here. For this reason, the City of Las Vegas HOPWA Program reserves the rights to amend, alter, or grant incidental exceptions to all policies outlined when allowable. This document is based on federal and state regulations, and any modifications must be approved by the Office of Community Services.

*This document and any referenced manuals are updated to provide the most accurate, comprehensive information available. It is the responsibility of the GRANT PROGRAM COORDINATORS and PROJECT SPONSORS to ENSURE COMPLIANCE with all updated policies and procedures, and referenced manuals.*

## Introduction

The national Housing Opportunities for Persons with AIDS (HOPWA) Program was established by the AIDS Housing Opportunity Act of 1990, and revised under the Housing and Community Development Act of 1992 to provide housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families. The HOPWA program provides states and localities with resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low income persons with acquired immunodeficiency syndrome (AIDS) or related diseases and their families. Under the U.S. Department of Housing and Urban Development (HUD) HOPWA regulations, Section 24 C.F.R. Part 574, this program authorizes entitlement grants and competitively awarded grants for housing assistance and services.

The HOPWA grant is an entitlement grant program based on a renewable funding source pursuant to the number of Human Immunodeficiency Virus (HIV) positive diagnoses as reported to the CDC (Center for Disease Control) by Clark County Health District. The HOPWA grant covers Clark County, Nevada. This area is called the —EMSA – Eligible Metropolitan Statistical Area. The EMSA no longer includes Nye County, Nevada and Mohave County, Arizona. The HOPWA grant allocation is based on the prior year's HIV positive diagnoses in the EMSA, which the Clark County Health District submits to the CDC. Metropolitan areas with a population of more than 500,000 and at least 1,500 cumulative AIDS cases are eligible for HOPWA Formula Grants. In these areas, the largest city serves as the Formula Grant Administrator.

HOPWA funds are used to assist those who are infected or affected by HIV/ Acquired Immunodeficiency Syndrome (AIDS). One of the grant's purposes is to prevent homelessness in the HIV/AIDS community. HOPWA funds are intended to be used in conjunction with other resources, including programs involving health care and supportive services for persons with HIV/AIDS under the Ryan White CARE Act and other Federal, State, local and private sources.

HOPWA provides several forms of housing assistance and essential support services. Housing assistance is based on Fair Market Rents for the locale. HOPWA is administered similarly to other HUD grants, i.e. a client must meet the HUD Section 8 income qualifications. The difference between the two grants is the specific clients who are served. Under HOPWA the client must be HIV positive. The affected family or caregiver may also qualify for assistance.

HOPWA can also pay for housing acquisition and housing rehabilitation. There are two categories under housing rehabilitation: 1) Non-substantial rehabilitation means rehabilitation that involves costs that are less than or equal to 75 percent of the value of the building after rehabilitation. 2) Substantial Rehabilitation means rehabilitation that involves costs in excess of 75 percent of the value of the building after rehabilitation.

*Minimum use period for structures.* The HOPWA grant carries the provision that for non-substantial rehabilitation or repair there is a requirement that the facility must provide housing for HIV/AIDS individuals and their families for a minimum of three (3) years. For substantial rehabilitation or acquisition the period is not less than ten (10) years.

The rental assistance payments, which HOPWA clients receive, are based on a percentage formula of their family/household income. Forms to calculate a client's gross and net income, after exclusions, are in this manual. The maximum percentage of the grant that can be used for administrative expenses is 7% for the Provider agency.

## Program Vision, Goals and Objective

The statutory purpose of the HOPWA program is to provide states and localities with resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low-income persons living with HIV/AIDS and their families. This focus on providing housing assistance and related support services for HOPWA-eligible clients will reduce the risk of homelessness for this population and increase access to appropriate healthcare and other support.

The **VISION** of the City of Las Vegas HOPWA Program is to increase housing stability, and improve the quality of life for clients and their families.

The **GOALS** of the City of Las Vegas HOPWA Program are to prevent the condition of homelessness from occurring to individuals and families living with HIV/AIDS; or if already homeless, to transition individuals and families back into stable housing as soon as possible, as well as to create a strategy for long-term housing stability for persons living with HIV/AIDS.

The **OBJECTIVES** of the City of Las Vegas HOPWA Program are as follows:

Meet HUD's national goal of increasing the availability of decent, safe, and affordable housing for low-income people living with HIV/AIDS.

Create and support affordable housing units for people living with HIV/AIDS by matching HOPWA funds with other resources through community planning for comprehensive housing strategies.

Create partnerships and innovative strategies among state and local governments and community-based non-profit organizations to identify and serve the housing and supportive service needs of people living with HIV/AIDS.

### **HUD Performance Measurement System HOPWA Objective:** Decent Housing

The statutory purpose of the HOPWA Program is to meet the housing needs of low-income persons with HIV/AIDS and their families. As a result, the objective will generally be Decent Housing.

### **HUD Performance Measurement System HOPWA Outcome:** Affordability

The outcome for HOPWA activities will most commonly be Affordability, but in some instances may be Availability/Accessibility.

Guidelines from HUD strongly encourage that HOPWA funding be administered in coordination with Ryan White programs. Funding received from this grant may not be used to replace other federal, state, or local funding.

The City of Las Vegas HOPWA Program adheres to HUD's reporting guidelines and tracks program outcomes according to the following national performance measures:

Increase the percentage of qualified clients/households able to establish or better maintain suitable stable housing.

Improve accessibility to health care and other support services for qualified clients/households.

Reduce the risk of homelessness among individuals and families living with HIV/AIDS.

## HOPWA Regulations and Guidance

### AIDS HOUSING OPPORTUNITY ACT

HOPWA was created through the National Affordable Housing Act of 1990, and authorized by the AIDS Housing Opportunity Act of 1992. It provides state and local governments with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with AIDS and their families. HOPWA Regulations 24 CFR, Part 574 were written based on the Act, and provide the requirements and framework for the HOPWA Program. The Act can be found at <https://www.hudexchange.info/resource/2934/aids-housing-opportunity-act/>.

### HOPWA REGULATIONS

The HOPWA program rules in 24 Code of Federal Regulation (CFR), Part 574, provide the requirements and general standards for the HOPWA Program including information such as eligible activities, client qualifications, housing quality standards, standards regarding resident rent payments, administrative, and record keeping requirements as provided under the United States Housing Act of 1937.

### OTHER APPLICABLE REGULATIONS

Further information regarding the below regulations can be found at [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title24/24tab\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title24/24tab_02.tpl)

- [24CFR Part 5.609](#) are the HUD regulations defining the elements of a household's annual income that must be counted in determining income eligibility for HOPWA, Section 8, public housing, and other HUD-assisted housing programs serving persons with disabilities.
- [24CFR Part 5.611](#) are the HUD regulations requiring certain deductions be made to a household's gross annual income in order to arrive at a reasonable tenant rent payment in the HOPWA, Section 8, public housing, and other HUD-assisted housing programs serving persons with disabilities.
- [24CFR Part 5.617](#) are the HUD regulations requiring a disallowance of earned income by persons with disabilities residing in housing funded by HOPWA, Section 8, HOME and the Supportive Housing Program (SHP) upon returning to work after certain conditions have been met.
- [24CFR Part 58](#) are the HUD regulations requiring environmental reviews for a particular projects or activities funded by several HUD programs and for acquisition, rehabilitation, conversion, lease, repair, disposal, demolishing, or construct or property.
- [24 CFR Part 84](#) are the regulations for grants and agreements with institutions of higher, Hospitals, and other non-profits relating primarily to requirements for acquiring and disposing of goods and services purchased with federal funding, and the methods of documenting and accounting for those items.
- [24 CFR Part 85](#) are the regulations for grants and cooperative agreements to state, local and federally recognized Indian tribal governments for acquiring and disposing of goods and services purchased with federal funding, and the methods of documenting and accounting for those items.
- [24 CFR Part 35 and Part 574.635](#) are regulations for Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846) and lead-based paint poisoning notification requirements.
- [24 CFR Part 574.625](#) relates to Conflict of Interest. Non-profit agencies should have policies in place that identify and handle real or potential conflicts of interest on the part of board members, staff persons, and other representatives of the organization, such as volunteers. HUD requires such a policy, which are often part of an organization's "code of conduct" for board, staff, and volunteers. It is advisable to have a copy signed by all members listed above on an annual basis.
- [24 CFR Part 570.611](#) also relates to conflict of interest. Project sponsors must assure that no person who is an employee, agent, consultant, officer, or elected or appointed official and who exercises or has exercised any functions or responsibilities with respect to the HOPWA program will be qualified for HOPWA assistance. Additionally, no person who may obtain a financial interest or benefit or have an interest in any contract, subcontract or agreement with the HOPWA program, either for himself or herself or for those with whom they have family or business ties will be qualified for HOPWA assistance during their tenure or for one year thereafter. The conflict of interest policy under the HOPWA regulations further stipulates that a conflict of interest exists for anyone in a position to participate in a decision making process or gain inside information about the HOPWA program, such individuals will not be qualified for HOPWA assistance.

- [Section 31](#) of the Federal Fire Prevention and Control Act of 1974 relates to Smoke alarm requirements.

#### OMB CIRCULARS

- [A-87](#), Cost Principles for State, Local and Indian Tribal Governments (05/10/2004) Relocated to 2CFR, Part 225 - This Circular establishes principles and standards for determining costs for Federal awards carried out through grants, cost reimbursement contracts, and other agreements with State and local governments and federally-recognized Indian tribal governments (governmental units).
- [A-102](#), Grants and Cooperative Agreements with State and Local Governments (08/29/1997) - This Circular establishes consistency and uniformity among Federal agencies in the management of grants and cooperative agreements with State, local, and federally- recognized Indian tribal governments.
- [A-110](#), Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations (9/30/99) - This Circular applies to sub-awards made by State and local governments to organizations covered by this Circular. Federal agencies may apply the provisions of this Circular to commercial organizations, foreign governments, organizations under the jurisdiction of foreign governments, and international organizations.
- [A-122](#), Cost Principles for Non-Profit Organizations (05/10/2004), Relocated to 2 CFR, Part 230 - This Circular establishes principles for determining costs of grants, contracts and other agreements with non-profit organizations. The principles are designed to provide that the Federal Government bear its fair share of costs except where restricted or prohibited by law. The principles do not attempt to prescribe the extent of cost sharing or matching on grants, contracts, or other agreements.
- [A-133](#), Audits of States, Local Governments, and Non-Profit Organizations (6/26/07) - This Circular is issued pursuant to the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156. It sets forth standards for obtaining consistency and uniformity among Federal agencies for the audit of States, local governments, and non-profit organizations expending Federal awards.

#### OTHER HOPWA GUIDANCE

- [Federal Funding Accountability and Transparency Act \(FFATA\)](#): Grantees are required to submit information about their project sponsors (sub-grantees) in the Federal Funding Accountability and Transparency Act Sub-award Reporting System (FSRS). Grantees may consult a frequently asked questions list that has been posted on this website as well as registering to report in the system. HUD is also responsible for submitting their HOPWA grantees 'and other vendors'

financial information to the FSRS system as “Prime Awardees”, and grantees are responsible for submitting data on their project sponsors (sub-grantees).

- *Restricted Use of HOPWA Funds for AIDS Drug Assistance and Other Healthcare Costs:* 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." The guidance can be found at <https://archives.hud.gov/offices/cpd/aidshousing/library/adap.cfm>
- *HUD Notice CPD 03-05 for Manufactured Homes:* This notice provides guidance for 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 qualified persons living in manufactured housing/mobile homes. Because HOPWA allows flexibility in its application, HUD has determined that HOME Investment Partnerships Program (HOME) guidelines may be referenced to support the use of HOPWA funds for this purpose. The notice can be found at <https://www.hudexchange.info/resource/2269/notice-cpd-03-05-guidance-manufactured-housing-under-home-program/>
- *HUD Notice CPD06-07 for STRMU:* This notice published on August 3, 2006 establishes standards for operating a the Short-term Rent, Mortgage and Utility assistance (STRMU) program, including requirements for needs-based assessments, methods of calculating weeks of assistance, criteria to follow when establishing capped amounts, and the grantees responsibility to ensure that project sponsors apply STRMU standards in a uniform, consistent, and non-discriminatory manner. The notice can be found at <https://www.hudexchange.info/resources/documents/Notice-CPD-06-07-Standards-Hopwa-Strmu-Payments-Permanent-Housing.pdf>
- *STRMU Assistance:* This document published in November 2015 complements HUD Notice CPD 06-07, and offers updated guidance for providing Short-Term Rent, Mortgage, and Utility (STRMU) assistance under the HOPWA program. The information presented in this document defines the qualifications for STRMU assistance, outlines the use of HOPWA funds for STRMU, describes methods to determine the qualified period of assistance, and explains the waiver process. The document can be found at <https://www.hudexchange.info/resource/4843/hopwa-short-term-rent-mortgage-and-utility-assistance/>
- *Consolidated Annual Performance and Evaluation Report (CAPER):* The CAPER provides annual performance reporting on client outputs and outcomes that enables an assessment of HOPWA grantee performance in achieving the housing stability outcome measure. The CAPER fulfills statutory and regulatory program reporting requirements and provides the grantee and HUD with the necessary information to assess the overall program performance and



accomplishments against planned goals and objectives. HOPWA sponsors are required to submit a CAPER, and complete annual performance information for all activities undertaken during each program year in the IDIS, demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER to obtain essential information on grant activities, project sponsors, housing sites, units and households, and beneficiaries which includes racial and ethnic data on program participants. CAPER forms can be found at

<https://www.hudexchange.info/resource/1011/hopwa-caper-form-hud-40110-d/>

- *Integrated Disbursement and Information Systems (IDIS)*: IDIS is an online reporting system that allows HOPWA formula grantees to provide HUD with performance results related to their Consolidated Plan and Annual Action Plans. It is also the mechanism formula grantees utilize to draw reimbursement funds from HUD into their bank accounts. Grantees must set up all HOPWA activities in IDIS at the beginning of the year, and close out the grant in IDIS once all funding is expended from a particular award. Currently, to avoid issues with inconsistencies between HOPWA CAPER reporting requirements, as issued January 24, 2008 and the IDIS Online screens, formula grantees utilize the consolidated CAPER with IDIS Beneficiary Verification Worksheets to report beneficiary demographic data; however, once IDIS has been updated to reflect the most current HOPWA CAPER reporting format, the Beneficiary Worksheet will be discontinued. IDIS information can be found at <https://www.hudexchange.info/programs/idis/guides/hopwa/#resources>
- *HOPWA Grantee Oversight Guide*: The HOPWA Grantee Oversight Guide provides HOPWA the sponsor and grantee with detailed guidance in fulfilling HOPWA grants management responsibilities. This guidance is a tool to be used by sponsors and the grantee in navigating responsibilities to achieve the HOPWA program's housing stability performance outcome measures of maintaining stable housing arrangements, reducing risks of homelessness, and improving access to care. Download the full guide (updated August 2010) at: <https://www.hudexchange.info/resource/1003/hopwa-grantee-oversight-resource-guide/>
- *HOPWA Financial Management Training*: This resource is an online, virtual gateway to help grantees and project sponsors acquire the knowledge and practical tools needed to implement effective financial management as a part of their daily routine and effective operation of the HOPWA program. HOPWA financial management online training can be found at <https://www.hudexchange.info/resource/1920/hopwa-financial-management-training-manual/>
- *Homelessness Assistance*: This website is HUD's one-stop shop for information and resources for providers who are assisting persons who are homeless or at risk of becoming homeless, and persons with HIV/AIDS. Most relevant resources related to the HOPWA program, plus other valuable supportive housing resources can be found at <https://www.hudexchange.info/homelessness-assistance/>



## Program Components and Allowable Services per HOPWA Regulations

HOPWA funds may be used to assist all forms of housing designed to prevent homelessness including emergency housing, shared housing arrangements, apartments, single room occupancy (SRO) dwellings, and community residences. Appropriate supportive services must be provided as part of any HOPWA assisted housing, but HOPWA funds may also be used to provide services independently of any housing activity. HOPWA funds fall into four main categories: Direct Housing Assistance, Supportive Services, Other Program Activities and Administrative Expenses.

The City of Las Vegas HOPWA Program provides the following **HOPWA SERVICES** to qualified individuals:

- Short-Term Rent, Mortgage, and Utility assistance (STRMU)
- Tenant-Based Rental Assistance (TBRA)
- Permanent Housing Placement (PHP)
- Short-term supported housing facilities (Transitional Housing)
- Resource Identification Services
- Housing Case Management
- Other Supportive Services including, but not limited to, nutritional services, mental health, drug and alcohol treatment; and assistance in gaining access to local, state, and federal government benefits and services.

Activities under the City of Las Vegas HOPWA Program are carried out in a manner that addresses the program's intent to devise LONG-TERM STRATEGIES for meeting the housing needs of persons with HIV disease and their families. To this end, the program allows RESOURCE IDENTIFICATION funds to be used on activities to establish, coordinate, and develop housing assistance resources for qualified persons. This includes conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives.

By coordinating HOPWA services through the Ryan White Part B consortia and planning bodies, HOPWA clients are afforded access to supportive services funded under Ryan White Part B and state general revenue programs including, but not limited to, medical care, transportation, insurance, dental, counseling services, and emergency financial assistance.

The below table (taken from CPD 06-07) clarifies how STRMU payments and other HOPWA allowable housing activities can be used to help households achieve more stable housing arrangements [as found at 24 CFR 574.300(b)].

<b>Eligible HOPWA Activity (right) and type of benefit (below)</b>	<b>A. Short-term Rent, Mortgage and Utility payments</b>	<b>B. Tenant-based Rental Assistance</b>	<b>C. Housing Information Services</b>	<b>D. Permanent Housing (PH) Placement as a Supportive Service</b>	<b>E. Housing Case Management as a Supportive Service</b>
<b>1. Rent payments (for households with a lease)</b>	Yes, if within 21 week limit	Yes, if done with inspections for Housing Quality Standards and with	No	No	No

		resident rent payments			
<b>2. Mortgage payments (but not down-payment support for new units)</b>	Yes, if within 21 week limit (for costs within the mortgage agreement)	No	No, but can be related support through information on homeownership programs	No	No
<b>3. First month's rent and security deposits; credit checks</b>	No	No	No	Yes, for reasonable costs to move persons to permanent housing, not to exceed 2 months of rent costs, including security deposits and fees for credit checks	No
<b>4. Utility payments (gas, electric, water and sewer)</b>	Yes, if within 21 week limit	Yes, if part of the rental payment	No	Yes, but only for one-time utility hookup and processing costs	No
<b>5. Information and/or support to locate and apply for housing assistance</b>	No	No	Yes, for costs for providing information and materials that inform clients of available housing	Yes, as support and help to complete PH applications, and eligibility screenings for tenancy or utilities for these units	Yes, such as counseling and help to develop a housing service plan to establish stable permanent housing
<b>6. Move-in support, such as supplies, furnishings, incidental costs, and minor repairs of housing units</b>	No	No	No	No, however programs may coordinate with leveraged resources and donations for these purposes	No
<b>7. Other elements</b>	No	No	No	Life skills and housing counseling on unit cleaning, maintenance and household budgeting	Help to access other benefits, such as health-care and other supportive services

## HOPWA Program Administration

Contracts are managed by the Office of Community Services and align with state's fiscal year from July 1 to June 30. The terms of the contract between the City of Las Vegas and the project sponsor are violated, additional funds to the project sponsor could be jeopardized until satisfactory resolution is achieved.

## Pre and Post Contract Procedures

### Summary of Procedures and Responsibilities

General Information	Authority
<p><b>Release of Funds-</b> U. S. Department of Housing and Urban Development approves the City's program application and releases the funds to the City in late July, or early August. (This is an approximate timeframe only)</p>	<p>HUD</p> <p>City</p>
<p><b>Orientation and Technical Assistance Session for first time HOPWA agencies</b> – An orientation meeting may be held after the City Council allocates the awards and prior to the contract year. If the agency is unable to attend, your HOPWA representative will arrange to conduct the orientation at another time. The orientation is to educate new Project Sponsor agencies about the basic rules on how all HOPWA activities must operate. It provides an opportunity to establish clear expectations with respect to performance standards, policies, and procedures. The agency will find out how and when to start the project.</p>	<p>City</p> <p>Agency</p>
<p><b>Environmental Clearance Required</b> – Funds cannot be obligated or expended until an Environmental Clearance is completed and the contract is executed. Any expenditures for a project that take place before the execution of a contract and the completion of the Environmental Clearance <b>cannot</b> be reimbursed.</p>	<p>City</p> <p>Agency</p>
<p><b>Project Notice to Proceed</b> – Construction, acquisition, or rehab projects only. The specific authorization to begin the project is contingent upon the environmental clearance being completed.</p>	<p>City</p> <p>Agency</p>
<p><b>Agreement</b> – The agreement is the central part of the agency's HOPWA program. It fulfills a legal requirement by presenting a concise statement of rules of the HOPWA program, the conditions under which funds are provided and measures fiscal and program performance.</p>	<p>City</p> <p>Agency</p>
<p><b>Procurement Requirements</b> – If planning to purchase materials, agency products, or services using HOPWA funds, the agency must follow a free and open competitive process in securing products or services. Agencies must properly document the purchase activity and decisions. All procurement undertakings must make an effort to outreach/utilize Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) firms. Documentation must be maintained to verify the outreach efforts. MBE/WBE information can be obtained from the City.</p>	<p>Agency</p>
Pre-Contract Documents	Authority

<b>Affirmative Action Requirements</b> – Each agency must have an Affirmative Action Plan.	Agency
<b>Certificate of Insurance</b> – Each agency must provide a Certificate of <u>Insurance for Worker's Compensation</u> if staff is paid with HOPWA funds, and <u>General Liability</u> at the minimum limits outlined in the HOPWA contract and in a separate section of this manual. In some cases the agency may need to provide three separate certificates if the agency's auto and general liability and worker's compensation insurance carriers are handled by different companies or agents. On the insurance certificate(s), the City of Las Vegas, a Municipal Corporation, its officers, agents, and employees, are to be shown as —additional insured and the City of Las Vegas Office of Community Services, 495 S. Main St., Las Vegas, NV 89101-2986, are to be shown as —certificate holder.	Agency
<b>Taxpayer Identification Information Form</b> – A W-9 form is required by IRS regulation and must be on file with the City prior to payment request. Newly funded agencies must complete and return to your City HOPWA representative.	Agency
<b>Vendor Profile</b> – Anyone doing business with the City, must complete a Vendor Profile on line. This form is located on the City's Website at <a href="http://www.lasvegasnevada.gov">www.lasvegasnevada.gov</a> . Go to Departments, Finance, "Information about doing business with the city", for instructions. This information is used to process all payments. All newly funded agencies must provide the information.	Agency
<b>Construction/Rehab Projects</b> – Must follow the provisions as stated in the Construction/Rehabilitation Guidelines, prior to start of project.	Agency
<b>Acquisition, Construction &amp; Rehab Projects Requirements</b> – A 10-year Deed of Trust is required on all property funded for purchase, construction or substantial rehabilitation with HOPWA grant funds.	City Agency
<b>Non-Substantial Rehabilitation Requirements</b> - Non-substantial housing rehabilitation requires a three year commitment by the agency to serve the HIV/AIDS community.	City Agency
<b>Post Award Responsibilities</b>	<b>Authority</b>
<b>Post-Award Responsibilities</b> – Maintain no member of the Board of Directors as a paid employee, agent or subcontractor.	Agency
<b>Site Visits, Monitoring, and Audits</b>	<b>Authority</b>

<b>Audit Required</b> – An audit for the agency’s most recent fiscal or calendar year should be provided, including any management letters and any responses the agency has made to findings in the audit. Please refer to the Financial Requirements in this manual.	Agency
<b>Monitoring Site Visits</b> – Annually, the City will conduct on site monitoring visits. The purpose is to ensure compliance with 24 CFR Part 574 and to review the agency’s fiscal, management, program documentation, operational procedures, compliance with ADA requirements, and services offered.	City

### City of Las Vegas Role and Responsibility

The City of Las Vegas is responsible for ensuring that agency activities are carried out in compliance with all applicable program requirements and that the project goals are on track with the objectives outlined in the agency contract. Accurate record keeping is crucial to the successful management of HOPWA funded programs and projects. Insufficient documentation can lead to delayed payments and monitoring findings, both of which can be difficult to resolve if records are missing, inadequate or inaccurate.

Management and administration of HUD grant funds is a shared responsibility of the agency accepting the funds. The agency's Director or designee will be responsible for reviewing and approving all transactions involving the grant funds, before the agency’s financial officer or accountant processes them. The agency's Director and/or Board of Directors' responsibilities include:

- Approval of grant funded purchase orders and contracts Receipt and approval of invoices
- Review and approval of requests for payments from grant funds Compliance with the City Grant Agreement and Program Manual

The finance officer or accountant is responsible for maintaining a computer accounting/bookkeeping system. The finance officer's or accountant's responsibilities include, but are not limited to:

- Control of accounting documents for processing by the agency Preparation of financial reports based on accounting records
- Preparation of requests for reimbursement, subject to review by the agency’s Director
- Implementation and oversight of all financial procedures designed to avoid or eliminate waste, fraud, or abuse of grant funds.

Should the City determine that the finance officer or accountant is not maintaining proper financial records, or processing accurate information, the City has the right to request the agency to remove that individual from grants responsibility.

## Project Sponsor Roles and Responsibilities

The project sponsors play an essential role in providing HOPWA housing and support services to the HIV/AIDS population. The City of Las Vegas HOPWA program relies on agencies to provide services directly to PLWHA. These project sponsors are responsible for administrative and fiscal reporting, and other HOPWA-related duties as specified in the contracts. The City of Las Vegas enters into contractual agreements with project sponsors that may subcontract with other service providers.

The following represents some of the Project Sponsors responsibilities:

- Sign their HOPWA contracts with the CLV.
- Process invoices for reimbursement.
- Submit program and financial reports to CLV.
- Ensure staff are appropriately trained.
- Provide technical assistance.
- Administer needs assessments as required.
- Ensure data is being entered into CARE Ware as required.

Project Sponsors prepare and submit HOPWA budgets using the budget narrative and the budget summary formats provided as part of the contract templates. This budget is subject to programmatic and administrative review. The CLV HOPWA Program Coordinator serves as a monitor for the contract requirements. Project sponsors are required to maintain and submit, upon request, back-up documentation for all expenditures charged to HOPWA.

## Determining Project Sponsors through RFP

The Request for Proposal (RFP) is the competitive application process used to:

- Determine the service providers awarded HOPWA contracts through CLV.
- Ensure the City pays a fair and reasonable price for services.
- Enhance the quality, availability, and collaboration within the state housing program.
- Outline all federal and state requirements for the CLV HOPWA Program.
- Describe the provision of services and administrative oversight throughout CLV.

## Project Sponsor Contracts

### Written Agreements

A written agreement must be entered into between the City and all entities receiving HOPWA funds. The HOPWA contract must be put together by the Office of Community Services and must include the City of Las Vegas Standard Contract, which includes HOPWA services to be provided, tasks, deliverables, financial consequences, payment information, and other contract provisions, budget, as well as other City of Las Vegas and HOPWA program required attachments and working papers (e.g., budget

narrative). It is recommended that contract negotiations begin at a minimum of three to four months prior to the beginning of the respective contract year so there is no delay in services.

The written agreement forms the basis for the contractual obligation between the parties to fund and implement the activity, program, or project. The agreement will denote responsibilities attributable to each party, and shall outline in exact measure the scope of services to be provided, methods of accountability, and a schedule for payment. Execution of the agreement binds the Project Sponsor for a specified period of time, and is changeable only upon written authorization from the City. New Providers must fill out the City's Vendor Profile and an IRS W-9 form in order to be set up for payments in the City's financial system.

## Policy

Prior to contract execution, all Project Sponsors must have the needed support, confirmed matching resources, sufficiently developed plans, a program site, and budget to start the proposed program after the funding approval and complete the program within one year after start up. Programs should be able to begin on July 1st the beginning of the City's Fiscal Year. Funds are not always available on July 1st; however, the City may reimburse your agency for the funds expended after July 1st. Funds must be spent in a timely manner.

Sub recipients are expected to spend at least 50% of the reimbursement by December 31st of the program year. Unspent funds are subject to potential reprogramming to other eligible programs as approved by the City Council.

All funds must be expended by June 30th of the program year, with Request for Funds and Monthly Client Reports submitted by July 10th. Unspent funds cannot be carried forward and are forfeited.

## Federal Requirements

Project Sponsors must comply with all applicable federal regulations governing the use of HOPWA funds in addition to Office of Management and Budget (OMB) Circulars. These regulations include but may not be limited to those identified on the —Conditions of Federal Funding||, page 33 and the attached summaries of OMB Circulars A-122 and A-133. In addition, HUD Regulations 24 CFR Part 574, HOPWA Regulations Appendix I and 24 CFR Part 84, Grants, And Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations (Appendix M), must also be adhered to.

All HOPWA contracts with project sponsors will comply with both FEDERAL AND STATE REQUIREMENTS pursuant to 24 CFR, Part 574.310 (<https://www.hudexchange.info/resource/2936/24-cfr-part-574-housing-opportunities-for-persons-with-aids/>), CPD 06-07 (<https://www.hudexchange.info/resources/documents/Notice-CPD-06-07-Standards-Hopwa-Strmu-Payments-Permanent-Housing.pdf>), STRMU Assistance

(<https://www.hudexchange.info/resource/4843/hopwa-short-term-rent-mortgage-and-utility-assistance/>). Project sponsors should also follow guidance in the HOPWA Grantee Resource Oversight Guide (<https://www.hudexchange.info/resource/1003/hopwa-grantee-oversight-resource-guide/>), which is a resource used to understand basic program administration responsibilities, eligible activities and other program elements.

### Financial Administration

To meet the cash management requirements a Project Sponsor's financial management systems must provide for:

- A computer accounting system that records the source of income and categorizes expenses for all grant activities.
- A separate account should be kept for each grant's income and expenses.
- Effective control over all grant funds, property and equipment, and other assets. Project Sponsors shall adequately safeguard all such assets and shall assure that they are used solely for authorized purposes.
- Comparison of actual checks written with budgeted amounts for each grant.
- Computer printouts that are supported by source documentation (i.e. purchase requests/orders, check requests, time cards or original invoices marked —Paid with dates and check number).

### Audit Requirements

Per the HOPWA contract, and federal regulations, a —Project Sponsor agency must have a biennial audit performed under the OMB A-133 audit requirements if the agency has received \$500,000 or more in federal funds for two consecutive years.

If the agency does not fall under the OMB A-133 requirements, the City of Las Vegas, requires an agency receiving federal funds in excess of \$50,000 for two consecutive years to submit an audited financial statement performed by a local CPA firm. Either audit must be submitted to the City of Las Vegas within nine months after the close of the calendar or fiscal year, whichever year the agency has chosen, as stated on their IRS 501(c)(3) designation letter.

The audit will be reviewed by the CLV staff and any findings must be addressed in a separate letter, stating the corrective action taken.

### Audit Due Date



Audits have different due dates depending on the type the agency qualifies to conduct. Certified Annual Financial Statements are due three (3) months after the end of the fiscal year; CPA conducted audits are due six (6) months after the end of the fiscal year, and A-133 Audits are due nine (9) months after the end of the fiscal year.

All agencies who fall under the requirements of OMB A-133 Auditing rules must submit a full and complete copy of such audits to the CLV. It is the responsibility of the Project Sponsor to ensure that audits are completed in a proper and timely manner. Failure to submit copies of the A-133 Audit will render the Project Sponsor as non-compliant. This means that no funds may be drawn until the City of Las Vegas has received and reviewed the copy of the audit.

### IRS Form 990 Filing

All agencies with revenue of \$25,000 or more must complete and submit this annual tax report. Contact the IRS for more information.

Financial record keeping is one of the primary areas subject to HUD reviews and one, which if inadequate, can lead to serious problems. These are the types of financial records that must be maintained by the agency:

- Payment requests and source documentation (purchase requests, invoices, time cards, computer print-outs of payments and payroll, etc.);
- Procurement files (bids, contracts, etc.) and property or equipment inventory (if applicable),
- Payroll records with computer print-outs and payroll tax returns;
- Copies of the front and back of checks for expenses;
- Financial statements, correspondence and audit files.

### Post Award Responsibilities

Upon execution of the agreement between the City and the Project Sponsor, the Project Sponsor shall:

1. Immediately report any changes in its articles of incorporation, bylaws, or tax-exempt status to the City.
2. Maintain no member of the Board of Directors as a paid employee, agent or subcontractor. This is a direct conflict of interest; no pay or stipends will be considered for Board members.
3. Include on the Board of Directors representation from the broadest possible cross-section of the community, including those with expertise and interest in the provided services, representatives from community organizations interested in the services, and users of the services.
4. Open to the public all meetings of the Board of Directors, except meetings, or portions thereof, dealing with personnel or litigation matters.

5. Keep minutes of all regular and special meetings of the Board of Directors, have a regular meeting at least once a quarter, and upon request, forward copies to the HOPWA coordinator.

## Insurance

1. **Project Sponsors Insurance.** The Project Sponsor shall obtain and maintain at minimum compliance with all of the following insurance coverage(s) and requirements for the full term of this Agreement (and any extensions thereof). Such insurance coverage shall be primary coverage as respects CITY.
2. **Subcontractor(s)' Insurance.** If Project Sponsor utilizes one or more subcontractors in the performance of this Agreement, Project Sponsor shall be responsible for obtaining certificates of insurance from all subcontractors. The subcontractor's limits of liability shall be the same as the Project Sponsor's as stated in the contract.
3. **Types of Insurance and Minimum Limits.** The types of insurance and minimum liability limits are as follows:
  - a. Industrial/Workers' Compensation Insurance protecting the Project Sponsor and the City from potential Project Sponsor employee claims based upon job-related sickness, injury, or accident, during performance of this Contract.
  - b. Automobile Liability Insurance for each of Project Sponsor's vehicles used in the performance of this Agreement, including owned, non-owned, leased or hired vehicles, in the minimum amount of \$500,000 combined single limit per occurrence for bodily injury and property damage.
  - c. Homeowners Insurance for HOPWA funded housing acquisitions is required.
  - d. Comprehensive General Liability (bodily injury, property damage, errors and omissions) Insurance with respect to the Project Sponsor's agents and vehicles assigned to the activities performed under this Contract in a policy limit of not less than \$1,000,000.00 combined single limit per occurrence and \$2,000,000.00 in the aggregate. Such coverage shall be on an occurrence basis and not on a —claims made basis (except for Errors and Omissions coverage).
4. **Additional Insurance Requirements.** The City shall be named as an additional insured party thereunder and such notation shall appear on the certificate of insurance furnished by the Project Sponsor's insurance carrier. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer and licensed by the State of Nevada. Each insurance carrier's rating as shown in the latest Best's Key Rating Guide shall be fully disclosed and entered on the required certificate of insurance. The adequacy of the insurance supplied by the Project Sponsor, including the rating and financial health of each insurance carrier providing coverage, is subject to the approval of the City. The City requires insurance carriers to maintain a Best's Key rating of —A VII or higher.

All deductibles and self-insurance retentions shall be fully disclosed in the certificate of insurance. No deductible or self-insured retention may exceed \$10,000.00 without the prior written approval of the City.

Certificates indicating that such insurance is in effect shall be delivered to the City within ten (10) days after the Award Date of this Contract, or before work commences, whichever is earliest. The Project Sponsor shall maintain coverage for the duration of this Contract. The Project Sponsor shall annually provide the City with a certificate of insurance as evidence that all insurance requirements have been met. It is further agreed that the Project Sponsor and/or insurance carrier shall provide the City with a thirty (30) day advanced notice of policy modification or cancellation. Any exclusions to the effect that the insurance carrier will —endeavor to inform|| must be stricken from the certificate of insurance.

Should the Project Sponsor fail to carry the required insurance, the City has the option to purchase replacement insurance and charge the costs back to the Project Sponsor.

5. **Proof of Coverage.** Project Sponsor agrees to provide its insurance broker(s) with a full copy of these insurance provisions and provide City on or before the effective date of this Agreement with Certificate of Insurance for all required coverage. Copies of all the requirements above shall be attached to the Certificate(s) of Insurance or other evidence of insurance acceptable to the City of Las Vegas, which shall be provided by Project Sponsor's insurance company as evidence of the stipulated coverage. This Proof of Coverage shall then be mailed to the City of Las Vegas. OCS Department.

### Unexpended Funds

HOPWA funds must be spent in a timely manner. Unless an alternative spending plan has been approved in writing by OCS, twenty-five percent (25%) of the HOPWA Funds must be spent quarterly and drawn down monthly. To ensure compliance with this requirement, the following spending conditions are imposed on the HOPWA Funds: (i) a minimum of fifty percent (50%) must be expended by December 31st, (ii) and seventy-five percent (75%) must be expended by March 30th of the Program year, and (iii) any unspent HOPWA Funds for each deadline may be reprogrammed by the City.

In addition to the right to reprogram the unspent HOPWA Funds, if the Project Sponsor fails to utilize all of the HOPWA Funds allocated hereunder, the City shall be entitled in its sole discretion to reduce any future request for HOPWA funding submitted by the Project Sponsor to the City by the amount of the HOPWA Funds which have not been spent pursuant to this Agreement.

All of the HOPWA Funds must be expended by June 30th, of the Program Year with the final Request for Release of Funds forms and the Monthly Reports submitted by July 8th of the Program Year. Unspent HOPWA Funds cannot be carried forward to a new Program Year and are forfeited by the Project Sponsor. The Project Sponsor must bill at least monthly unless other arrangements have been made in writing with OCS.

## Contract Definitions

**Administrative Costs** Expenditures for general management, oversight, coordination, evaluation, and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities. Limited to 7 percent (%) maximum for project sponsors

**Eligible Person** A person with acquired immunodeficiency syndrome or related diseases who is a low-income individual, and the person's family. A person with AIDS or related diseases or a family member regardless of income is eligible to receive housing information services. Any person living in proximity to a community residence is eligible to participate in that residence's community outreach and educational activities regarding AIDS or related diseases.

**Facility-Based Housing Development** Expenditures associated with the acquisition, rehabilitation, conversion, or repair of facilities to provide housing to HOPWA-eligible households. Also includes costs related to new construction for single room occupancy (SRO) dwellings and community residences.

**Facility-Based Housing Operations** Expenditures associated with leasing a building, general housing operations (e.g., maintenance, security, insurance, utilities, furnishings, equipment, supplies), and the provision of project-based rental assistance.

**Facility-Based Non-Housing** Expenditures associated with the construction, acquisition, rehabilitation, conversation, lease, or repair of a non-housing facility, such as a supportive services facility or an emergency shelter.

**Fair Market Rent (FMR)** Maximum rent by bedroom size a client can rent. If utilities are not included, use the Utility Allowance Chart. The FMR's are established by HUD on an annual basis, and are typically updated in the spring.

**Family** A household composed of two or more related persons. The term family also includes one or more eligible persons living with another person or persons who are determined to be important to their care or wellbeing, and the surviving member or members of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of death.

**Housing Information Services** Information and referral services to assist eligible persons with locating, acquiring, financing, and maintaining housing. Activities may include housing counseling, housing advocacy, housing search assistance, etc.

**Housing Operations** Operating costs for housing include maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs.

**Housing Quality Standards** All housing assisted, except short-term housing, must meet applicable Federal (HUD), state and local housing quality standards.

**Maximum Rental Subsidy** The amount of HOPWA funds used to pay monthly assistance for an eligible person may not exceed the difference between: 1) the lower of the Fair Market Rent or reasonable rent for the unit; and 2) the resident's rent payment calculated under —Resident rent payment||. The Fair Market Rent is the HUD Section 8 fair market rent for the unit size. (Published annually by HUD.) The local Housing Authorities have set the local FMR to match the Payment Standard.

**Permanent Housing Placement** Expenditures that help establish a household in a housing unit, including (but not limited to) application fees, related credit checks, and reasonable security deposits necessary to move persons into permanent housing, provided such deposits do not exceed two months of rent and are designated to be returned to the program.

**Project Sponsor** Any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee (City) to carry out eligible HOPWA activities under this part. The selection of project sponsors is not subject to the procurement requirements of 24 CFR Part 85.36.

**Rehabilitation** The improvement or repair of an existing structure, or an addition to an existing structure that does not increase the floor area by more than 100 percent.

**Substantial rehabilitation** means rehabilitation that involves costs in excess of 75 percent of the value of the building after rehabilitation. Requires a deed of trust.

**Non-substantial rehabilitation** means rehabilitation that involves costs that are less than or equal to 75 percent of the value of the building after rehabilitation. Does not require a deed of trust.

**Resident Rent** Payment Except for persons in short-term housing, each person receiving rental assistance under HOPWA or residing in any rental housing assisted under HOPWA must pay as rent, including utilities, an amount which is the higher of: *30 percent of the family's monthly adjusted income; 10 percent of the family's monthly gross income; or*

**Resource Identification** Activities to establish, coordinate, and develop housing assistance resources for eligible persons.

**Short-Term Rent, Mortgage and Utility (STRMU)** Assistance a housing subsidy provided to prevent homelessness of mortgagors or renters in their current place of residence. Grantees may provide assistance for rent, mortgage, or utilities for a period of up to 21 weeks in any 52-week period. Ongoing assessment of need is required and individual service plans must address housing stability.

**Short-Term Housing** Includes facilities to provide temporary shelter to eligible individuals as well as rent, mortgage and utilities payments to enable eligible individuals to remain in their own dwellings. Short-term housing and utility assistance has time limits.

**Time Limits** HOPWA cannot provide more than 60 days of funding, during a six-month period, for an individual to reside in a short-term housing facility, i.e. a homeless shelter. These time limitations do not apply to rental assistance provided under project or tenant-based rental assistance, including assistance for shared housing arrangements, i.e. permanent housing.

*Supportive Services* Expenditures for services that improve the health and well-being of eligible persons and their family members. Services may be provided in conjunction with housing assistance or separately. Examples include case management, meals and nutritional services, adult day care, education, employment assistance, alcohol and drug abuse services, mental health services, transportation assistance, and limited use of funds for uncovered medical services (subject to program limitations).

*Tenant-Based Rental Assistance (TBRA)* a housing subsidy provided for use on the open rental market. The tenant holds a lease with a private landlord for a unit that is rented at or under Fair Market Rent and that meets Housing Quality/Habitability Standards.

*Termination of Assistance* Agencies must have a termination policy. Their clients must sign that they have received a copy of this policy. If a client terminates his/her assistance, or is terminated by the agency for a justifiable reason, documentation regarding the termination must be placed in the client's file.

*Utility Allowance Costs* associated with the average utilities not included in lease payments except for telephone. Public Housing Authorities are tasked with creating and updating Utility Allowance Charts on an annual basis. Using the charts, a utility allowance is calculated for the unit to be leased, based on which utilities the tenant is responsible to pay. If utility payments are made on behalf of a client, they cannot exceed the utility allowance for the unit leased. Any difference must be paid by the tenant. Utility Allowances are typically updated in the fall.

## Subcontracts

Should a Project Sponsor find it necessary to subcontract in order to meet its obligations under its agreement with the City, it must enter into a written agreement with those individuals or organizations providing services.

The project sponsor may SUBCONTRACT for HOPWA services under their contract, but must adhere to the following guidelines:

- The project sponsor is ultimately RESPONSIBLE for ALL of the activities in the contract whether done by them or through subcontractors. Therefore, all subcontracts must be written consistent with the HOPWA project sponsor contract (i.e., the subcontract will be the same as the project sponsor contract with minor modifications specific to the subcontractor, if necessary).
- No subcontracts are to be executed prior to execution of the primary contract between the project sponsor and DOH.
- Services and payment for subcontracted services cannot begin prior to the execution of a signed contract.

- All subcontracts must contain language and restrictions similar to the primary project sponsor contract, which includes HOPWA services/activities to be provided, tasks, deliverables, financial consequences, payment information, and other contract provisions.
- Project sponsors must ensure that subcontracts are in compliance with the primary project sponsor contract, and must complete required forms as part of the subcontracting process.

### Provisions Required in Subcontracts

Name, address, phone number and social security number of subcontractor.

Completion of a W-9 IRS form.

A termination clause requiring thirty days' notice by which either party may terminate the agreement.

A City un-involvement clause releasing the City from any liability for any breach of the subcontract by either party.

A scope of the services to be performed.

The total dollar amount of the subcontract.

A termination date no later than the end of your current HOPWA agreement.

A clause requiring the contractor to comply with stated —Conditions of Federal Funding||.

An independent contractor clause stating that the subcontractor is an independent contractor or employee of the Project Sponsor. Subcontractor is not an agent or employee of the City, and as such waives any claims to any rights or benefits which accrue to employees of the City.

Signature of person authorized by Project Sponsor's Board of Directors to execute agreements.

Signature of person authorized by subcontractor to execute agreements.

Project Sponsor must file an IRS 1099 form indicating the amount paid the subcontractor after the completion of the work, and send a copy to the City of Las Vegas.

### Review of Subcontracts by City

All Project Sponsors in their first year of receiving HOPWA funds from the City must submit all subcontracts valued at more than \$500 to the City for review and approval prior to execution. In a Project Sponsor's second year of HOPWA funding, prior review and approval by the City is required only when the value of the subcontract exceeds 10% of its HOPWA grant or \$5,000, whichever is less. All subcontracts requiring review and approval by the City must be submitted at least 15 business days prior to an effective date. The City will respond to the request for approval within 10 working days. Subcontracts must be approved prior to execution by any of the parties.

## Required Subcontract Documentation

The Project Sponsor shall maintain the following documentation in its files:

- Copies of bids and proposals received.

- Justification for any non-competitive procurement of contractual services and reasons for the selection of the subcontractor.

- Justification for the selection of other than the lowest bidder in a competitive procurement.

- Section Three (3) compliance documentation, if required for construction projects.

## Types of Subcontracts Covered Under This Section

- Bookkeepers and auditors (CPA's).

- Contracted services, such as realtors

- Office equipment rental.

- Office space rental.

- Rental of vehicle (van, bus, etc.) to be used on a regular basis for carrying clients of the Project Sponsor.

## Types of Subcontracts Not Covered Under This Section

- Extension of above contracts if dollars per hour/month/year do not change.

- Vehicle rental to take program's clients to a particular event. Requests for travel related to trips outside of the EMSA area (Clark County, NV) are required under your agreement with the City.

- Maintenance agreements for office equipment.

- Janitorial services for office space.

## Equipment and Inventory Records

All grant funded equipment costing more than \$500 must be tracked on an inventory form and submitted to the City. An annual update of grant-funded equipment should be submitted to the City no later than 90 calendar days after completion of the contract.



### Equipment v. Supplies

The City of Las Vegas, under the Federal grant programs, defines equipment as tangible property costing more than \$500 and having a useful life of more than one year. The purchase of equipment costing more than \$500 is generally discouraged, because equipment is usually expensive, and can generally be rented at a lesser cost for a short period of time. Because HOPWA funds are limited, equipment may only be purchased if absolutely necessary for the program, and with prior approval. Thus, rental of equipment is recommended over purchase.

Items which cost less than \$500 and which have a useful life of less than one year are considered to be supplies, except for computer equipment, which must be inventoried and accounted for. Use the Inventory Control Form for this purpose.

### Limitation on Purchase of Equipment

Under HUD regulations, the purchase of equipment, fixtures, motor vehicles, or furnishings that are not an integral structural fixture is ineligible except when necessary for use by a Project Sponsor agency in the administration of the HOPWA grant program or as part of the administration of a supportive service program.

### Notification Requirements

All purchases of equipment costing more than \$500 require prior City approval. Requests to purchase equipment are to be sent to the HOPWA Administrator at least 15 business days prior to the purchase order date. The request is to include the cost of the item, where it will be purchased, a detailed explanation of why it should be bought rather than leased or rented, and where the funds for the purchase will come from. If HOPWA funds will only be paying a portion of the purchase, list other funding sources and the respective amounts. The HOPWA Administrator will review the request and reach a decision within 10 business days. Rationale for a negative decision will be included in the response.

### Reversion to City

Under HUD regulations, if funding stops for the program, the City has the option to repossess the equipment. The City may also permit the Project Sponsor to retain the equipment at the time the funding ends, as long as it continues to be used in a HOPWA applicable program.

All other personal property, supplies and equipment purchased pursuant to this agreement and not consumed shall become property of the City.

## Inventory Instructions:

Agency - Name of Agency receiving grant

Description - A brief description of the item of property

Manufacturer's Serial Number - Provide the manufacturer's serial number for all items Title or Owner - Name of Agency on property's title

Acquisition Date - Date of Purchase

Percentage of Federal Participation - Portion paid by HOPWA funds Cost - Supply the actual purchase price

Disposal Date - Date sold or disposed of

## Procurement Definitions

1. Price and Cost Analysis: A price or cost analysis must be made in connection with every procurement action. Price analysis involves comparing the bottom line price quoted, with typical prices paid for the same or similar materials or services (does not apply to sole source contracts). Cost analysis simply means you obtain the best price with the best service.
2. Sole Source: Procurement by noncompetitive process is solicitation from only one source. This process is rare and is acceptable only after solicitation of a number of sources is determined inadequate. Extensive documentation and justification is required to establish the audit trail. The agency may make the determination that competition is not feasible if one of the following circumstances exists:
  - a. The item is unique and available only from a single source.
  - b. There is a public urgency or emergency that exists that will not permit a delay resulting from a competitive solicitation.
3. Equipment and or Services purchasing methods are as follows:

0 - \$ 500	direct reimbursement with an invoice copy.
\$500 - \$ 10,000	two or more verbal quotes; written quotes if labor, detailed product, or service specifications.
\$10,000-\$ 25,000	two written quotes obtained by Project Sponsor agency or the City's Purchasing staff. May use —Request For Quotes, advertise, and/or use pre-bid conference.
Over \$ 25,000	formal bid process with pre-bid conferences and formal bid openings.

## Monitoring Overview

Ultimately, the grantee is responsible for all project activities and project sponsors funded with HOPWA, as well as responsible for ensuring that their respective project sponsors carry out activities in compliance with all applicable requirements in 24 CFR, Part 574.500(a). Effective management and oversight is fundamentally a collaborative process among the grantee, project sponsor, and HUD, with all entities working towards achieving program goals. The primary objective is to establish a constructive relationship which allows the grantee, the project sponsor, and HUD to work together to manage limited resources and nurture quality housing programs for low-income individuals and families living with HIV/AIDS.

Ongoing oversight and performance assessments helps the grantee and the project sponsor ensure that projects are effective and that sponsors run them in compliance with program guidelines. With active oversight of performance, financial systems, and specific activities, the grantee can determine if a project is effectively meeting the housing-related needs of persons living with HIV and AIDS in a community. The grantee will perform two types of monitoring: desk monitoring where financial and other information may be reviewed via mail/e-mail or by performing on-site monitoring visits. When scheduled, City of Las Vegas staff will arrive to perform an on-site monitoring visit. Upon their arrival, an appropriate space will be provided by the Project Sponsors that allows for review of confidential client files, interviews with agency staff, and reviews of any documentation that was not provided prior to the monitoring visit. It should be noted that desk monitoring as well as on-site monitoring may be scheduled at any time to assure compliance.

### Ensures accountability

Project monitoring can determine if a project sponsor is delivering housing and related services in compliance with the HOPWA program and other standard federal requirements. HOPWA funds are very flexible and can be used for a variety of activities. These activities come with standards designed to ensure that funds are used to support decent, affordable housing to qualified households in a cost-effective and efficient manner. Noncompliance with these standards can result in corrections and penalties, such as having to repay funds to the federal government, which would be costly for both grantees and sponsors. Active oversight between grantees and sponsors helps ensure that HOPWA dollars are being spent well.

### Ensures effective and efficient use of resources.

HOPWA funds are typically spent by local nonprofit organizations with close ties to the community, which is one of the strengths of the program. For many community organizations (small ones, especially), difficulties around infrastructure and capacity can sometimes arise and lead to issues with the timely use of funds, undertaking ineligible activities or inadequate documentation of activities. When organizations undergo staff changes, if staff are not well trained on program requirements or if they have unclear operational procedures, compliance problems can result. Oversight can help a

grantee identify a sponsor's administrative strength and weaknesses. Based on this, the grantee can request corrective action and provide technical assistance to the sponsor.

Help assess response to community needs.

The nature of the HOPWA program allows grantees to target HOPWA activities in response to specific local needs. Many HOPWA projects address very particular needs within the community that have been identified through community planning processes. Regular monitoring, including the remote review of performance reports and financial data along with on-site visits, helps grantees see if needs are being met, if performance is consistent with project plans and if resources should be redirected or restructured in some way.

## Monitoring Project Sponsors

CLV HOPWA contract monitoring must be in accordance with federal and state requirements as previously referenced. Grant Coordinators at the local level are responsible for enforcing HOPWA contract terms and conditions, including monitoring project sponsors for compliance with performance standards, federal regulations, and CLV policy. Project sponsors are required to have an on-site monitoring at least once during the contract year. A written report is submitted to project sponsors clearly identifying strengths, weaknesses, and areas of concern. Adverse findings are addressed with corrective action plans or other appropriate measures. Corrective action requirements are specific with timeframes and suggested methods for correction. The CLV staff provides follow-up site visits and technical assistance. Non-compliance with required corrective action(s) may result in delayed or no reimbursements for project sponsor services, or termination if non-compliance issues remain beyond the corrective action timeline indicated.

### HUD Monitoring Elements

HUD has developed and provided clear guidance to HOPWA grantees and project sponsors on HUD expectations in terms of monitoring provider performance. These monitoring elements provide benchmarks that meet both federal legislative and regulatory guidelines, and represent sound practice. The HOPWA Grantee Oversight Resource Guide provides HOPWA grantees with detailed guidance in fulfilling HOPWA grants management responsibilities regarding the oversight of project sponsors (Note: In the context of the HOPWA Grantee Oversight Resource Guide, "grantee" refers to the City of Las Vegas. This guidance is a tool to be used by grantees for grants management responsibilities to achieve the HOPWA program's housing stability performance outcome measures of maintaining stable housing arrangements, reducing risks of homelessness, and improving access to care. However, this guide is not only for the HOPWA grantee; project sponsors/subcontractors should also review this guide because the guide is structured to provide them with an understanding of their responsibilities and how they will be monitored on them.

HUD relies on HOPWA grantees to maintain an active partnership with project sponsors in using HOPWA resources in a responsive and accountable manner. This guide provides grantees and project sponsors with an understanding of the various federal laws and regulations that govern the use of HOPWA resources, and will help them conduct internal reviews to determine current compliance efforts and to identify actions in need of further attention. This guidance focuses on basic operations and compliance with HOPWA and other federal regulations. It provides grantees and project sponsors with the tools and information required to understand and comply with federal grants management requirements.

## Federal and Statewide Online Resources

- <https://www.hudexchange.info/>
- HOPWA Confidentiality User Guide  
<https://www.hudexchange.info/resource/3296/hopwa-confidentiality-user-guide/>
- CPD Income Eligibility Calculator  
<https://www.hudexchange.info/incomecalculator/>
- HUD Program Income Limits  
<http://www.huduser.org/portal/datasets/il.html>
- HOPWA Rental Assistance Guidebook  
<https://www.hudexchange.info/resource/2818/hopwa-rental-assistance-guidebook/>
- HUD Lead-Based Paint Visual Assessment Training Course  
<http://www.hud.gov/offices/lead/training/visualassessment/h00100.cfm>
- HOPWA Performance Management <https://www.hudexchange.info/hopwa/hopwa-performance-management-and-monitoring>
- IDIS Guides, Tools and Webinars for the HOPWA Program  
<https://www.hudexchange.info/idis/guides/hopwa>
- Getting to Work: A Training Curriculum for HIV/AIDS Service Providers and Housing

Providers <https://www.hudexchange.info/training-events/dol-hud-getting-to-work-curriculum-for-hiv-aids-providers/>

- Permanent Housing Placement Service Fact Sheet  
<https://www.hudexchange.info/resource/1014/permanent-housing-placement-services-fact-sheet/>

Other long-term permanent housing assistance and/or programs include:

- HOPWA Project-Based or Tenant-Based rental assistance and facility-based housing <https://www.hudexchange.info/hopwa>
- Housing Choice Vouchers (formerly Section 8)  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/hcv](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv)
- HUD-Veterans Affairs Supportive Housing (HUD-VASH)  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/hcv/vash](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash)
- Continuum of Care (CoC) Program  
<https://www.hudexchange.info/programs/coc/>
- Public Housing  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/ph](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph)
- HOME Investment Partnerships Program  
<https://www.hudexchange.info/programs/home/>
- Section 811 Supportive Housing for Persons with Disabilities Program  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/housing/mfh/grants/section811ptl](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/grants/section811ptl)
- Section 202 Supportive Housing for the Elderly Program  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/housing/mfh/progdesc/eld202](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202)
- Low-Income Housing Tax Credits

[http://lihtc.huduser.gov/agency\\_list.htm](http://lihtc.huduser.gov/agency_list.htm)

- United States Department of Agriculture Housing Assistance  
[http://www.usda.gov/wps/portal/usda/usdahome?navid=HOUSING\\_ASSISTA](http://www.usda.gov/wps/portal/usda/usdahome?navid=HOUSING_ASSISTA)
- HOPWA Grantee Oversight Resource Guide  
<https://www.hudexchange.info/resource/1003/hopwa-grantee-oversight-resource-guide/>
- HUD Exchange – Ask A Question Help Desk  
<https://www.hudexchange.info/get-assistance/my-question/>
- HUD Exchange – Request Technical Assistance  
<https://www.hudexchange.info/technical-assistance/>
- U.S. Department of Housing and Urban Development (HUD) [www.hud.gov](http://www.hud.gov)
- HUD, Office of Community Planning and Development (CPD) (includes HOPWA Program and other CPD resources) [www.hud.gov/cpd](http://www.hud.gov/cpd)
- HUD Fair Market Rents - Rent Limits (annual)  
<https://www.huduser.gov/portal/datasets/fmr.html>

## Program Income and Additional Sources of Leveraging Funding

The CLV HOPWA Program strives to collaborate and coordinate with local housing partners to efficiently and effectively leverage resources and increase housing opportunities for PLWHA in Nevada. The high cost of health care contributes to the large number of individuals who are homeless, or are on the verge of becoming homeless. Therefore, in addition to the HOPWA funds expected for the contract year, other funds available for care and support services for Nevada's HIV/AIDS population include federal Ryan White Part B. The CLV HOPWA Program project sponsors will leverage other public and private resources to address needs identified in client housing service plans, and to reduce the cost of services whenever possible. Some examples of cash or in-kind leveraged federal, state, local, or private resources

include Ryan White emergency financial assistance, Housing Choice Voucher Program, Emergency Solutions Grant, private grants, in-kind resources, and resident rent payments by the client to private landlord. Leveraged funds primarily will be used for additional housing activities, including permanent housing placement, case management, and other supportive services to address the short-term and long-term housing needs of PLWHA in the service area.

A HOPWA rental assistance programs such as permanent housing placement and housing ops/facility based-housing that provides such rent and utility deposits should require that landlords and utility companies pay any returned deposits directly to the program rather than to the client. Funds recaptured in this manner are considered program income and must be tracked and applied to future rental program or housing placement activities.

- Project Sponsors must track and maintain records for all sources and amounts of program income and report this information with the monthly request for reimbursement.
- At program year-end with the final reimbursement and performance report the project sponsors will provide DNS with a summary of the annual total sources and amount of program income received. This information is required by HOPWA/HUD for financial accounting and reporting in the Consolidated Annual Performance and Evaluation Report (CAPER).HIV

## Allowable Costs

The CLV HOPWA Program is funded through the U.S. Department of Housing and Urban Development (HUD), so the following apply for allowable costs:

- The Office of Management and Budget Circular A-122, Cost Principles for Non-Profit Organizations, is used as a guideline to determine allowable costs ([https://www.whitehouse.gov/omb/circulars\\_a122\\_2004/](https://www.whitehouse.gov/omb/circulars_a122_2004/)).
- Eligible activities as prepared by HUD describe allowable services for HOPWA in Title 24 Code of Federal Regulations, Part 574.300(b) [<https://www.hudexchange.info/resource/2936/24-cfr-part-574-housing-opportunities-for-persons-with-aids/>]
- Each project sponsor receiving amounts from grants made under the HOPWA program may use not more than 7% of the amounts received for administrative costs as referenced in Title 24 Code of Federal Regulations, Part 574.300 (<https://www.hudexchange.info/resource/2936/24-cfr-part-574-housing-opportunities-for-persons-with-aids/>).

To be eligible for payment, costs must be in compliance with Office of Management and Budget Circular OMB A-110, and with the principles set forth below:

- Be necessary and reasonable for the proper and efficient performance of the contract and in accordance with the approved budget. The City shall have final authority to determine in good faith whether expenditure is "necessary and reasonable."
- Conform to the limitations within this manual and to any governing statutes, regulations and ordinances.



- Be fully documented and determined in accordance with approved accounting procedures.
- Not be included as a cost of any other funding source in either the current or a prior period.

### *Limitation of Expenditures*

All expenses associated with an approved activity or project must comply with the following criteria:

- The Agency shall not expend funds provided under the contract prior to the commencement of the contract or subsequent to the suspension or termination of the contract.
- Expenditures shall be made in conformance with the approved budget and shall meet the criteria established for allowable costs.
- Expenditures shall be in direct support of the project which is the subject of the contract. The Agency shall notify the City in writing of any expense for items jointly used for any other project(s) and the expenditures shall be apportioned according to the percentage of direct use in the project.
- The City will not reimburse sales tax charged on an invoice. Agency must obtain an exemption from the State.

## Monthly Reimbursements and Reports

Reimbursement will only be provided for allowable costs as approved by the City of Las Vegas. Allowable costs must be directly related to the Grant. All agency requests for reimbursement must be made by accurately completing the Request for Release of Funds Form (RFF), with acceptable backup attached which ties to the expenses.

Submit to the City, within ten (10) working days of the end of the preceding month, requests for Reimbursement together with a summary of expenses on a form approved with computer print-out and copies of invoices attached.

## Unallowable Costs

The CLV HOPWA Program is funded through the U.S. Department of Housing and Urban Development (HUD), so the following apply for unallowable costs:

- Funds cannot be used to purchase or improve land, or to purchase, construct or permanently improve any building or other facility. The project sponsor cannot pay a mortgage or pay itself rent for the use of a building that it owns.
- No direct cash payments to service clients.

- Funds cannot be used for influencing or attempting to influence members of Congress and other federal personnel.
- Funds cannot be used for foreign travel.
- Funds cannot be used for direct maintenance expenses (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees.
- Bad debts: any losses arising from delinquent accounts and other claims, and related costs.
- Contributions and donations.
- Entertainment: agency administrative costs for employee's social activities, amusements and incidental costs such as meals, beverages, lodging and gratuities relating to entertainment, or any political or lobbying activity.
- Fines and penalties: costs resulting from violations of or failure to comply with Federal, State, and local laws and regulations.
- Interest and other financial costs: interest on borrowings (however represented), bond discounts, cost of financing and refinancing operations, and legal and professional fees paid in connection therewith.
- Membership expenses: costs of membership in any organization that devotes a substantial part of its activities to influencing legislation.
- Non-competitive subcontracts: payments under a subcontract not obtained under competitive bidding procedure, unless the City specifically waives the requirement for such a procedure.
- Funds cannot be used for the following activities or to purchase these items:
  - Clothing
  - Funeral, burial, cremation, or related expenses
  - Household appliances
  - Pet foods or other non-essential products
  - Off-premise social/recreational activities, or payments for a client's gym membership
  - Purchase or improve land; or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility
  - Acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing services.
  - New construction [for single room occupancy (SRO) dwellings and community residences only].
  - Technical assistance in establishing and operating a community residence, including planning and other pre-development or pre-construction expenses; and including, but not limited to, costs relating to community outreach and educational activities regarding AIDS or related diseases for persons residing in proximity to the community residence.

## Administrative Costs

Administrative costs for HOPWA project sponsors are NOT TO EXCEED 7% OF THE TOTAL CONTRACT AMOUNT. Administrative costs must be justified in the budget narrative. Administrative costs are reimbursed as fixed price as described under the “Method of Payment” section in the contract. Expenses must be tracked and available for review by the program coordinator or approved staff at any time. All unexpended funds must be returned to the DOH. Administrative costs include, but are not limited to:

1. Salaries (may be full or partial; a percentage of a supervisor’s salary is allowable).
2. Fringe benefits (includes 7.65% FICA, unemployment, worker’s comp, health insurance, dental insurance, life insurance, disability insurance, LTD, retirement, etc.).
3. Travel.
4. Office expenses (includes rent, utilities, telephone, telephone equipment, telephone/ computer lease lines, building/equipment repair and maintenance contract, equipment rental, postage, office supplies, etc.).
5. Other allowable costs (e.g., indirect costs).

Administrative costs within the budget may be shifted during the contract period. However, the total dollar amount of administration cannot be increased. The grant coordinator and director must have prior notification and sign off for this change. An updated budget narrative must be completed for the contract file.

## Salaries/Positions

The budget narrative section must include specific reference information when requesting funding for positions, and must be in the following order:

- A. Position title.
- B. Gross annual salary.
- C. Percentage of time/effort requested from this contract.
- D. Amount requested from this contract.
- E. Other funding sources for this position if it is partially funded by this contract.

## Fringe Benefits

The budget narrative section must include specific reference information when requesting funding for fringe benefits, and must be in the following order:

- A. List fringe benefits requested from this contract for each position.
- B. List the amount requested from this contract.
- C. Provide narrative justification.

## Travel

The budget narrative section must include specific reference information when requesting funding for travel, and must be in the following order:

- A. List each type of travel (all travel anticipated during the contract period must be listed).
- B. List unit cost for each type of travel.
- C. List number of miles to travel or number of days of travel.
- D. List percent of travel requested from this contract.
- E. List the amount requested from this contract.
- F. Provide narrative explanation of who will travel, where they will travel, and for what purpose

All travel must directly benefit work supported by the HOPWA program.

## Office Expenses

The budget narrative section must include specific reference information when requesting funding for office expenses, and must be in the following order:

- A. List office expenses. These include, but are not limited to, computers, telephones, copiers, fax machines, maintenance, and office supplies. Some examples of equipment and office supplies are copy paper, pens, fax machines, laptops, staples, rulers, paper clips, waste baskets, etc.).
- B. List the total amount of each expense item.
- C. List the percentage being requested from this contract for each expense item.
- D. List the amount requested from this contract for each expense item.
- E. Provide narrative justification for each item.

## Equipment

The budget narrative section must include specific reference information when requesting funding for equipment, and must be in the following order:

- A. List each kind of equipment.
- B. List total cost for each kind of equipment.
- C. List percentage of each item that will be requested from this contract.
- D. List amount requested from this contract for each item.
- E. Provide narrative justification for equipment.

## Other

The budget narrative section must include specific reference information when requesting funding for other allowable costs, and must be in the following order:

- A. List other allowable costs.

- B. List total amount of each allowable cost item.
- C. List percent of each item requested from this contract.
- D. List amount requested from this contract for each item.
- E. Provide narrative justification for each item.

## Direct Care Costs

Direct care costs for HOPWA project sponsors include the following:

### Short-Term Rent, Mortgage, and/or Utilities

(One unit is one month per service provided)--Enter the planned (estimated) total number of clients/households to be served, the number of units to be provided, and the total HOPWA funds for this activity.

### Short-Term Supported Housing Facility/Transitional Housing

(One unit is one day of service)-- Enter the planned (estimated) total number of clients/households to be served, the number of units to be provided, and the total HOPWA funds for this activity. Short-term supportive housing facility/transitional housing funds may be used for the provision of a hotel room or other similar unit, and cannot exceed more than 60 days in a 6 month period.

### Permanent Housing Placement/PHP

(One unit is one month of service)--PHP is a supportive service. Enter the planned (estimated) total number of clients/households to be served, the number of units to be provided, and the total HOPWA funds for this activity. PHP funds may be used for first month's rent and security deposits not to exceed two months of rent costs including deposit, and for one time utility hook up and processing costs.

### Housing Case Management

Is a supportive service. Provide an explanation of case management costs listing each case manager position in FTEs, the monthly salary, the number of months paid, the percent of time, and the amount of HOPWA funds allocated for each FTE listed in the contract. Specify the estimated number of non-duplicated clients/households to be case managed. Also, list the total FTEs salary, the total other costs associated with these FTEs [e.g., taxes, benefits, utilities, office expenses (no supplies), travel, indirect costs], and then the final total housing case management amount. (NOTE: This line item does not cover project sponsor administrative expenses.)

## Resource Identification

(This is NOT case management)--Up to 5% of the total direct care budget amount may be used to establish, coordinate, and develop housing assistance resources for qualified persons. List any staff hired in FTEs, the monthly salary, the number of months paid, the percent of time, and the amount of HOPWA funds allocated for each FTE listed in the contract. Also, list the total FTEs salary, the total other costs associated with these FTEs, and then the final total resource identification amount.

## Long-Term Tenant-Based Rental Assistance (TBRA)

Enter the planned (estimated) total number of clients/households to be assisted with HOPWA funds under this activity, and the final total TBRA amount.

## Housing Operations (Permanent Housing)

Enter the planned (estimated) total number of clients/households to be served, the number of units to be provided, and the total HOPWA funds for this activity.

## Other Supportive Services

Enter the planned (estimated) total number of clients/households to be assisted with HOPWA funds under this activity, and the final total other supportive services amount [specify the total amount of funds budgeted for allowable “other” supportive services under 24CFR Part 574.300(b)].

## Indirect Costs

For HOPWA contracts, the allocation of indirect costs to services category line items is not allowable. The housing case management (supportive service) line item will only pay salaries and other costs associated with salaries (e.g., fringe like FICA, benefits, office expenses NOT including supplies, travel). Indirect costs that include, but are not limited to, office expenses like rent, utilities, and supplies will NOT be funded in service line items. These costs must be included in the administrative costs. It is allowable to allocate up to seven (7) percent of the total contract amount to administrative costs when necessary to administer the contracted program.

## Budget Modifications

Budget modifications to HOPWA contracts do not require a contract amendment. However, the project sponsor must report all budget revisions. In addition, the project sponsor must submit a narrative justifying the reason for the increase or decrease in line items. The grant coordinator and director will

approve and sign the revised budget and justification narrative. The approved/denied HOPWA Budget Modification, should be saved on the shared drive and in the contract file.

Budget revisions cannot be retroactive. If the line item is overdrawn, the project sponsor must change the payment amount to the amount available in the line item. The revised amount added to the line item can only be used for expenditures incurred after the date the revised amount is approved by the grant coordinator.

Once a budget modification is reviewed and approved, the grant coordinator will place the revised HOPWA Budget Summary, Budget Narrative, and the signed and approved justification narrative in the contract file and on the shared drive.

## Conflict of Interest

The project sponsor must be particularly cognizant of the potential for conflicts of interest, or the perception of such conflicts as they operate. The CLV requires the project sponsor to establish and implement procedures to avoid conflicts of interest in the procurement and contract management process.

According to 24 CFR Part 574.625, organizations should have policies in place that identify and handle potential conflicts of interest on the part of board members, staff persons, and other representatives of the organization, such as volunteers. Conflict of interest policies are often part of an organization's "code of conduct" for board, staff, and volunteers. HUD regulations require that grantees and project sponsors have adequate codes governing conflict of interest in place.

At a minimum, a project sponsor's conflict of interest policy should:

- Prohibit the solicitation and acceptance of gifts or gratuities by officers, employees, and agents for their personal benefit in excess of minimal value;
- Prohibit employees, agents, consultants, or officers of the project sponsor from gaining a financial interest or benefit from an activity; or having an interest in any contract during his/her tenure or for one (1) year thereafter if they exercise responsibilities with respect to grant activities, are in a position to participate in a decision making process, or are able to gain inside information with regard to such activities;
- Outline administrative and disciplinary actions available to remedy violations of such standards;
- Describe the method to be used to ensure that all officers, employees, and agents of the organization are aware of the "code of conduct," such as a signed form that the person has reviewed and understood the organization's conflict of interest policy.

Conflict of interest can be an issue for non-profits in unexpected ways. Many community-based organizations (CBOs) and especially AIDS service organizations (ASOs) have policies that promote the participation of consumers in the management of the organization. This represents a potential conflict

of interest for both the consumer and the organization. For example, suppose that a consumer who receives services from the project sponsor is also a member of that organization's board of directors. The board, in turn, is responsible for setting policy and supervising the Executive Director.

This puts the consumer in a position of policy direction and staff supervision in relation to services from which he/she might benefit directly. This may represent a conflict of interest. Similarly, many organizations recruit consumers both as volunteers and as paid staff members.

HUD takes conflicts of interest seriously, and HOPWA project sponsors should approach potential conflicts with caution. Typically, the project sponsor independent financial auditors review the organization's policies and activities for potential conflicts of interest. The board and program staff should identify potential conflicts of interest. The board of directors should review these conflicts, using the organization's own procedure for addressing conflicts of interest. HOPWA regulations also describe means by which a grantee or project sponsor can request an exception to prohibitions against conflicts of interest. This process is described in 24 CFR Part 574.625, and involves the request of a waiver from HUD based on the particulars of a situation.

## Client Confidentiality

Project sponsors must ensure that confidentiality procedures are followed to protect the identity of individuals who inquire about and/or receive HOPWA services. The privacy of confidential client information must be considered during all phases of grant administration and service delivery including collecting, storing, and sharing client data, as well as during a monitoring visit. In order to confirm that project sponsors are aware of this mandate, the CLV includes provisions in each project sponsor contract outlining the confidentiality requirements for any recipient of HOPWA funds either explicitly or through referenced documents. Project sponsors must comply with all applicable federal and state laws.

The provision of HOPWA assistance involves information on the HIV/AIDS status of individuals for the purpose of determining program qualification. Such information is subject to confidentiality requirements, as mandated by Section 856 of the AIDS Housing Opportunity Act. The implementing HOPWA regulation, as set forth at 24 CFR 574.440, states the following:

*"The grantee shall agree, and shall ensure that each project sponsor agrees, to ensure the confidentiality of the name of any individual assisted under this part and any other information regarding individuals receiving assistance."*

Consistent with statutory and regulatory requirements, grantees and project sponsors must ensure that information is used for the limited purpose of establishing program qualification. HIV/AIDS status, along with related client eligibility and program qualification documentation, should only be accessible by qualified individuals who determine program eligibility and qualifications, provide support, or oversee the provision of this federal assistance. Grantees must have written procedures and training efforts in place to maintain confidentiality. Additional guidance on this requirement and suggested best practices



can be found in the HOPWA Confidentiality User Guide at <https://www.hudexchange.info/resource/3296/hopwa-confidentiality-user-guide/>.

## Confidentiality Laws, Regulations and Requirements

The AIDS Housing Opportunity Act of 1992, the law authorizing the HOPWA program, requires that grantees and project sponsors protect the privacy of those receiving HOPWA assistance (see Section 856 of the Act). The HOPWA regulation, 24 CFR 574, implements this requirement and states:

*The grantee shall agree, and shall ensure that each project sponsor agrees, to ensure the confidentiality of the name of any individual assisted under this part and any other information regarding individuals receiving assistance (24 CFR 574.440).*

This broad regulatory language, intended to ensure confidentiality for HOPWA clients, has many implications. To provide further guidance, HUD addressed HOPWA program expectations for client confidentiality in Section II (a) of HUD's Community Planning and Development (CPD) Notice 06-07, which states:

*HIV/AIDS status, along with related client eligibility documentation, should only be accessible by qualified individuals who determine eligibility or provide support, or who oversee the provision of this federal assistance. Grantees must have written procedures and training efforts in place to maintain confidentiality. Precautions may include, but are not limited to, maintaining paper files in locked cabinets accessible only by designated individuals, and installing security software for electronic files. Grantees should conduct periodic monitoring of these procedures and undertake related training efforts (CPD Notice 06-07).*

The CLV (as the grantee funded by HUD) must ensure both that they protect client confidentiality and that their project sponsors agree to ensure client confidentiality, according to 24 CFR 574.440. All organizations receiving HOPWA funds should have a clear understanding of their role and responsibilities in following HOPWA program rules related to confidentiality. Failure to comply is considered a default of grant responsibilities and could result in HUD monitoring findings, suspension, loss of grant funds, or other potentially negative consequence including legal action.

## Key HOPWA Regulatory and CPD Notice Provisions

- Ensure the confidentiality of the names and other identifying information of individuals who receive assistance.
- Ensure that adequate protections are in place to protect confidentiality.
- Maintain written policies and procedures on confidentiality.
- Train staff on confidentiality issues.

- Conduct periodic monitoring of confidentiality procedures.

## Health Insurance Portability and Accountability Act (HIPAA)

Where applicable, the project sponsor will comply with the Health Insurance Portability Accountability Act (HIPAA) as well as all regulations promulgated thereunder (45 CFR, Parts 160, 162, and 164).

The overall goal of the HIPAA is to make it easier for medical providers to share and transfer information in order to provide quality care. If an organization is covered by the HIPAA, client consent is needed to share health information.

The HIPAA Privacy Rule applies when all of the following criteria are met:

- The agency is a health care provider.
- The agency conducts certain covered transactions, such as billing an insurance provider.
- The agency conducts these transactions electronically.

Housing-only providers are not necessarily covered by HIPAA; the entity must also provide health care. Additional guidance is available from the Centers for Medicaid and Medicare online here:

<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/Downloads/CoveredEntitiesChart20160617.pdf>

Project sponsors must obtain client consent by having the client complete the Consent to Release Information form (ROI), which authorizes the project sponsor and other agency staff and/or volunteer staff to release and/or share information regarding services received in the past, present, or future for the express purpose of receiving or gaining access to services related to the client's current or future needs. This consent may be revoked by the client anytime by writing and informing the agency holding the original consent form.

Data collection by interview, observation, or review of documents should be conducted in a setting that protects the client's identity from unauthorized individuals. Client information should not be discussed outside the agency, except with the client's written consent in the performance of referrals to other agencies for client care.

## HOPWA Confidentiality Requirements

To ensure the protection of privacy, project sponsors must have written confidentiality policies and procedures in place. These policies will describe how they protect participant confidentiality. HOPWA program staff should receive training about confidentiality. Precautions may include, but are not limited to, maintaining paper files in locked cabinets accessible only by designated individuals, installing security software for electronic files, and the use of release of information forms that meet federal and state

consent requirements. The CLV will conduct periodic review of these procedures. A project sponsor should gather private information only when adequate data confidentiality protections are in place.

The project sponsor's confidentiality policy should, at a minimum, address:

- How staff will gather, record, and store confidential information;
- The consent process for the release of confidential information;
- Protocols for responding to breaches of confidentiality;
- Standards contained in relevant federal and state laws, including HIPAA compliance (if applicable), and HIV confidentiality statutes; and
- Privacy standards related to data collection and use of participant information for program reporting.

Project sponsors should use HIV status/AIDS diagnosis information only for verifying HOPWA program qualification. This information, along with related personal participant qualification documentation, should only be accessible to staff administering the HOPWA program.

More information regarding client confidentiality and best practices can be found in the HOPWA Confidentiality User Guide at <https://www.hudexchange.info/resources/documents/HOPWA-Confidentiality-User-Guide.pdf>

### No Disclosure of HIV/AIDS Status without Written Consent

Without express written consent of the client, the CLV HOPWA Program and the project sponsors may not disclose the client's HIV/AIDS status, or that the client is qualified for program assistance because of the client's HIV/AIDS status. This information may only be disclosed to other service and housing agencies, landlords, and other parties if the client expressly consents to such disclosure in writing using the Consent to Release Information (ROI) form. The client's express consent to disclose their HIV/AIDS status must specifically designate the person or agency to whom disclosure may be made.

### Written Correspondence, Program Forms, and Material Directed at Persons without Consent to Know Client's HIV/AIDS Status

It is also important that the project sponsor not use any identifying information that could compromise a participant's confidentiality in communications regarding the HOPWA program. For example, checks to property owners, envelopes, letterhead, and other printed material should not contain any language that might indirectly disclose a participant's HIV status.

All written correspondence, program forms, or documents specifically concerning the client that are directed towards, or made available to, landlords, other agencies, or third parties who are not identified in a client's written consent must avoid even inadvertent disclosure of the client's HIV/AIDS status.

Therefore, such correspondence, forms, or materials shall not make reference to, for example, "Housing Opportunities for Persons with AIDS" (or "HOPWA") or any other reference to a housing program for persons with HIV/AIDS. Instead, such material shall refer to the client as an "applicant" or "participant" in a federal housing program providing financial assistance towards the client's housing. If any third parties who are not identified in a client's written consent request information regarding program qualification criteria (either generally or in relation to a specific client), then HOPWA program staff first determine whether it is necessary to describe this information (e.g., a landlord requires additional information regarding HOPWA program qualification requirements before making a determination regarding the landlord's willingness to work with the HOPWA program). If it is not necessary to describe HOPWA program qualification criteria, then HOPWA program staff shall not provide the information. If it is necessary to describe HOPWA program qualification criteria, then HOPWA program staff shall do so in these general terms: "the program serves clients with low income who are homeless or at risk of becoming homeless."

If a project sponsor's name on checks indicates that it is a provider of HIV/AIDS services (e.g., "AIDS Care Project"), the project sponsor should consider ways of masking this information. The project sponsor might consider steps such as incorporating a separate entity under a generic name (e.g., "Springfield Supportive Housing Program"), designating a separate phone line for payees to call in on, and setting up a bank account with a generic program name.

### Secured Client Record Keeping and Storage

Any information that directly discloses a client's HIV/AIDS status, or indirectly by virtue of being identified as a HOPWA client, shall not be visible or accessible to program staff persons without a need to know or to any other persons.

- Client records will be maintained in a central, secured filing room with controlled access. During working hours, primary or secondary client files shall be stored in a locked drawer or cabinet when no staff person is present.
- A client file, or materials intended for a client's case record, shall never be left on a desk, even with the door locked, when there is no HOPWA staff person in the office.
- Personal client concerns shall not be discussed when other persons may overhear the conversation.

### Responsibility to Inform Clients of Confidentiality Rights

At the time of application for HOPWA assistance, the project sponsor staff shall explain the client's right to confidentiality, as well as the need for prior written authorization to disclose client information. The client shall be informed that all information contained in the client's file is confidential; and that staff with access to information about the client is bound by confidentiality guidelines, and shall not disclose this information without prior written consent. A written explanation of the client's right to

confidentiality shall be provided as part of the client's Participation Agreement, the original signed copy of which shall be maintained in the client file.

### Client Access to Personal Records

Upon written request, HOPWA clients should have access to review their records and case file content. A private location should be provided to the client for this purpose within the agency. Clients should not be allowed to remove their case file from the agency; however, they may be granted photo copies of file contents upon request.

The client does have the right to:

- Review any portion of case record;
- Have a legally authorized representative assist in reviewing records, and the home bound client may have a legally authorized representative review records for the client;
- Request that copies of the records be made at the client's expense; and
- Use such materials/records in any complaint or eviction proceedings.

### Terms and Conditions

- The client does not have the right to:
- Demand to review their records immediately without a prior appointment for this purpose;
- Take original documents or case records from the office as these are the property of the HOPWA provider;
- Review the case records except in the presence of provider personnel; and
- Review information deemed privileged or confidential under federal and state law.

### Confidentiality Requirements upon Client Death

Upon the death of a client it may be necessary to inform associates/family regarding the client death on a need to know basis. Under no circumstances will the program disclose protected health information or any information regarding the cause of death, unless mandated by state or local laws.

### Equal Opportunity, Fair Housing, and Reasonable Accommodation

The CLV (as grantee) and all agencies receiving HOPWA funding shall comply with federal and local requirements for non-discrimination and equal opportunity within the qualified population. Within the population qualified for assistance under the CLV HOPWA Program, discrimination on the grounds of race, color, religion, gender, national origin, age, familial status, sexual orientation, and disability is strictly prohibited. In particular, the City of Las Vegas and all agencies receiving HOPWA funds must

comply with the applicable provisions of the Americans with Disabilities Act of 1990 (42 USC 12101-12213), and implementing regulations at 28 CFR Part 35 and Part 36.

The Americans with Disabilities Act (ADA) and its implementing regulations ensures the access of disabled persons to “public accommodations,” covering “the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation.” For the purposes of HOPWA programs, the ADA covers the participation in HOPWA services and the sites where services are provided.

The ADA addresses both physical and administrative barriers to access. Most people are familiar with physical access issues (e.g., wheelchair access, and providing TTY phone service for hearing-impaired individuals). Administrative barriers are also important and can include qualification policies that might screen out persons based upon a disability, including mental illness, drug addiction (though not current use of illegal substances), and alcoholism (whether alcohol use was in the past or present). Such restrictions may be illegal under the ADA, unless they are “necessary” to the provision of the goods, services, or facility in question.

Fair housing laws are civil rights laws that apply to housing. All housing providers, whether they are in the private, public or nonprofit housing sector, are required to follow fair housing laws. These laws cover the entire relationship between a housing provider and an applicant/resident/tenant from the time of the initial inquiry, through application and residency, to termination and move-out. During that time, any transaction or interaction can give rise to a claim of discrimination. Additionally, housing providers have an affirmative responsibility under the Fair Housing Act to help their disabled applicants or residents overcome barriers to obtaining or maintaining housing. The following individuals are not considered disabled under fair housing laws:

- Individuals with a temporary disability.
- Individuals who are current illegal drug users.
- Individuals who pose a direct threat.

Unlike state landlord tenant laws that regulate the respective roles of landlords and tenants, fair housing laws prohibit differential treatment in housing transactions based on protected class-such as race, religion or sex. Fair housing laws are analogous to other civil rights laws in the areas of employment, education, and public accommodations. Types of dwellings that are covered by Fair Housing Laws include:

- Apartments.
- Condominiums, sold, or rented.
- Cooperatives.
- Houses, sold or rented.
- Rooming Houses.
- Assisted Living Facilities.

- Retirement Housing.
- Mobile Home Parks.
- Housing Construction Sites.
- Vacant Lots.
- All residential real estate transactions including: renting, leasing, selling, advertising, lending, insurance, appraisal, etc.

Fair Housing laws include a set of federal, state, and local statutes and ordinances that protect all of us from illegal discrimination in housing, lending, and homeowners' insurance. These laws include (see [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/fair\\_housing\\_equal\\_opp/FHLaws](http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/FHLaws)):

- *The Federal Fair Housing Act of 1968 and 1988 Amendments (FHA)* – Federal laws passed in 1968 and 1988 that prohibit discrimination in the sale, rental and financing of dwellings on the basis of race, color, religion and national origin. The 1988 amendments prohibit discrimination based on disability and familial status (the presence of children under 18 in a household). These amendments also expanded the Justice Department's enforcement authority and established HUD's ability to bring actions on behalf of the victims of housing discrimination.
- *Americans with Disabilities Act of 1990 (ADA)* – Federal law that prohibits discrimination against persons with disabilities in all services, programs and activities made available by state and local governments (Title I) and in all buildings open to the public (Title III).
- *Title IV of the Civil Rights Act of 1964* – Federal law that prohibits all recipients of federal financial assistance from discriminating based on race, color or national origin.
- *The Housing and Community Development Act of 1974* – Federal law that prohibits recipients of federal funding from discriminating on the basis of sex or gender (42 USC 5309).
- *Executive Order 13166: Limited English Proficiency* – Federal mandate that requires recipients of federal financial assistance to provide "meaningful access" to applicants and beneficiaries of their programs who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.
- *Section 504 of the Rehabilitation Act of 1973* – Federal law that prohibits discrimination against persons with disabilities in any program or service receiving federal financial assistance. In addition, this law requires providers to take additional steps to accommodate people with disabilities, such as paying for certain structural changes to increase the accessibility of housing and common areas.

The Fair Housing Act of 1988's regulations specifically prohibit inquiries regarding the "nature or severity" of an applicant's handicap. Providers of HOPWA housing assistance should avoid inquiring about a potential participant's disabilities or handicaps, unless required for specific qualification determination (e.g., verifying HIV status for a HOPWA program). Providers of HOPWA housing assistance should act with caution in gathering participant information related to covered disabilities or handicaps during their housing program's screening or participant selection process. Though it limits what

information a provider can gather about a person's disabilities, the Act does allow a provider or property owner to ask other questions for the following purposes:

- For determining if someone will be able to meet the terms of their tenancy or participation;
- For determining if they are currently using illegal substances, or if they have been convicted of the manufacture or distribution of a controlled substance; and
- For determining generally whether they would represent a threat to the health or safety of other tenants or residents.

### Fair Housing Practices

Most, if not all, landlords renting units to HOPWA clients are also subject to fair housing requirements. The client may be threatened with eviction for disability-related issues that could be resolved through reasonable accommodation. For example, a prohibition against pets may be overcome by the need to accommodate a client's reliance on an animal for assistance with daily living activities. Proposed eviction on the basis that a client's housekeeping or personal hygiene practices pose a threat to the health, safety, or right of peaceful enjoyment of others also may be a violation of the disability laws if the landlord refuses to accept home-based services as a reasonable response to the situation.

### Responding to Discrimination on the Basis of Disability

Project Sponsor can respond as follows:

- Advocate for reasonable accommodation, if warranted. If efforts to ensure reasonable accommodation by the landlord become futile and eviction proceeds, assist the client in relocating while the client pursues legal recourse against the landlord.
- Refer the client for legal assistance if evicted or threatened with eviction by the landlord.

Under fair housing laws, a policy or practice can be discriminatory even if the provider did not intend it to be. A policy that appears to be neutral and does not single out residents of a protected class can be considered discriminatory if it has a harsher impact on people who are in a protected class. For example, a "no tricycles anywhere in the complex" policy has a harsher impact on families with children.

### Harassment

Housing providers have a legal responsibility to refrain from threatening, coercing, intimidating or harassing applicants and residents and to ensure that their employees refrain from such activities. In addition, providers have an affirmative duty to protect their residents from harassment from other residents on the basis of that individual's inclusion in a protected class. These prohibitions include one-on-one harassment as well as the creation of a hostile environment through general acts and comments. All housing providers should have a policy prohibiting such harassment and procedures in place to respond to violations of that policy. All efforts to remedy resident-on-resident harassment



should be fully documented. Providers who have failed to remedy resident-on-resident harassment have been found liable under fair housing laws for perpetuating a hostile housing environment.

### Reasonable Accommodation

HUD regulation 24 CFR 982.306(d) does not allow housing assistance to a unit if the owner is the parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless it is determined that approving the unit would provide “reasonable accommodation” for a family member who is a person with disabilities. A reasonable accommodation would permit a “person with disabilities” including persons living with HIV/AIDS to receive benefits when housed with a family member who owns or rents the housing unit if it is determined by a physician that living with the family member is important to the client's overall health and well-being.

In such situations, due to a reasonable accommodation determination, the family's income is not counted in determining the qualification of the low-income person with disabilities for STRMU assistance.

Assistance payments are based on the number of bedrooms that the person(s) with disabilities occupies in the home, must be reasonable for the type and nature of the housing arrangement, and similar to reasonable rental fees available in comparable unassisted units.

There are times when an individual is unable to move into, or remain in, housing because of circumstances related to a disability. In these cases, the applicant or resident may request that the housing provider make an exception to a standard policy, procedure, rule, or qualification criteria so that he or she is able to move into, or remain in, the housing. This is called a reasonable accommodation request. To show that a reasonable accommodation is necessary, there must be an identifiable relationship or nexus, between the problem the individual is encountering, the individual's disability, and the accommodation requested.

All applicants and new residents should be notified in writing of their right to request a reasonable accommodation. In addition to a written notice to applicants or language in the lease, such notification should also be given verbally because some individuals may have limited reading skills, cognitive limitations, language barriers, etc. Residents receiving a notice of termination should be notified again of their right to request a reasonable accommodation. Providers may not require that the request be made in a specific format. A request does not have to be in writing and any reasonable accommodation forms that the provider gives to the resident are to benefit, not burden, the resident. Providers, however, are permitted to request verification of an individual's disability.

There should be a standardized procedure for reviewing reasonable accommodation requests. All reasonable accommodation requests must be considered in a timely manner and evaluated on a case-by-case basis. Some requests will demand immediate attention and ten days would be too long. Other requests could require the housing provider to assess feasibility and the extent of a possible financial

and administrative burden and could legitimately take as long as several weeks. If the provider has reasons to reject a request, the provider should consult with the individual making the request to see if another strategy would also work. Recommended steps for addressing reasonable accommodation requests are:

1. Applicant or resident approaches housing provider to request a reasonable accommodation or modification. Be alert for requests that do not use the words “reasonable accommodation” but request some sort of action or waiver of a requirement because of a disability.
2. Provider may require verification of the disability and necessity of accommodation or modification from a qualified individual. The qualified individual may be a physician, nurse practitioner, physician’s assistant, psychologist, counselor, clinic, care giver, or other qualified professional. If the disability is obvious, no verification should be required; it would represent an unnecessary extra step for the individual.
3. All reasonable accommodation requests should be considered on a case-by-case basis. Identify which staff reviews the requests.
4. The provider must respond in a timely manner. If the response is a denial of the accommodation or modification, the provider may want to have a person in a supervisory position review and approve the denial before it is communicated to the individual.
5. If the provider denies the request, the provider should make a proposal for another way to accommodate the individual. An approach which opens a dialogue is suggested.
6. If no mutually acceptable solution is developed, the individual should be notified of any appeal procedures.
7. Follow procedures to notify the housing provider and the Board of Directors of the denial
8. All information related to the reasonable accommodation or modification request should be well documented and retained on file. Logs should be kept legibly and documents should be maintained for at least two years, as a denied reasonable accommodation request or other alleged discriminatory act can be challenged up to two years after the date of denial.
9. All information related to the request must remain confidential. Housing providers are not permitted to ask about disabilities beyond what is required to establish the existence of a disability and the efficacy of the requested accommodation or modification to address the barrier caused by the disability. Providers are not permitted to share information about disabilities without a signed voluntary release of information.
10. Be sure all documents related to management plans, asset management procedures, and Board of Directors’ oversight policies include information relevant to handling reasonable accommodation/modification requests.

### [Accommodating Justified Absence from Assisted Housing](#)

HOPWA recognizes that clients may, from time to time, experience extended hospital stays. The Program also strongly encourages clients to seek appropriate substance abuse and/or mental health

treatment that may require clients to enter into residential substance abuse or mental health treatment facilities.

Standard acceptable timeframes for absence from a Tenant-based Rental Assistance, or other long-term housing unit is a period of thirty (30) to sixty (60) days. To accommodate persons in need of extended hospitalization or residential treatment, programs should consider a Reasonable Accommodation request for longer absences (up to one hundred twenty (120) days) with appropriate documentation from a qualified professional verifying hospitalization or residential treatment.

Clients must also notify the landlord of the approved absence and continue to pay his or her portion of the rent while absent to ensure that the landlord does not move to evict on the basis of abandonment. If the client anticipates a change in income due to treatment (i.e., treatment program fees), the client may ask, as a reasonable accommodation, for an adjustment to program rent during the period of treatment. The Program will require documentation of fees from the treatment facility.

### Reasonable Modifications

Housing providers may be required to provide residents with reasonable modifications (physical changes to their living units) and to provide reasonable accommodations (exceptions to standard policies, procedures, rules or application criteria to enable disabled persons to live in the housing). Fair housing laws require that a disabled individual who needs to physically modify his or her housing (for example installing grab bars, a visual doorbell, etc.) be permitted to do so provided that there is a relationship or nexus between the problem the individual is encountering, the individual's disability, and the physical modification. A housing provider may condition permission for a modification on the resident providing reasonable assurances that the work will be done in a workmanlike manner and that any required building permits will be obtained.

**Payment:** If the housing provider receives federal funding, Section 504 of the Rehabilitation Act of 1973 applies and the provider is required to pay for the modification, unless the housing provider can establish that it would impose an undue financial and administrative burden or require a fundamental alteration in the nature of the provider's program. Housing providers not subject to Section 504 may, where reasonable, impose a condition that when vacating the unit, the resident will restore the interior of the premises to the condition that existed before the modification, reasonable wear and tear excepted.

However, the housing provider should not require the resident to restore the unit to the previous condition if the modification benefits the property or is needed by another resident.

A housing provider may not require increased security deposits from persons with disabilities. However, where it is necessary in order to ensure that funds will be available to pay for restorations at the end of tenancy, the Fair Housing Act allows the owner to negotiate as part of a restoration agreement a

provision requiring that the resident pay into an interest-bearing escrow account a sum not to exceed the costs of the restorations. The interest on the account must accrue to the benefit of the resident.

*Determining Whether a Reasonable Accommodation/Modification Request is Reasonable:* Housing providers are required to consider all requests and grant them unless they are not “reasonable.” Determining reasonableness does not mean the provider can second guess the resident’s need for an accommodation. A provider is permitted to contact the qualified individual who has established the resident’s need for an accommodation, if necessary, to verify his or her qualifications or to confirm that the qualified individual has deemed the resident’s accommodation necessary.

*Denial of a Request for Reasonable Accommodation/Modification:* Providers should be aware that refusing to grant a reasonable accommodation request for a reason other than those listed below is illegal. A housing provider can deny a reasonable accommodation request for any or all of the following reasons:

1. **No “Nexus” or Connection Exists** - The request is not made by (or on the behalf of) an individual with a disability or the need for the accommodation is not related to the disability;
2. **Granting the Request Would Impose an Undue Financial and Administrative Burden** - This could mean that the provider lacks the resources/staff capacity to make the accommodation or can show the accommodation would interfere with the right to quiet enjoyment of other residents who live in the housing.
3. **Granting the Request Would Result in a Fundamental Alteration to the Program**
4. **The individual poses a direct threat to staff or residents** and granting the request would not eliminate or significantly reduce the threat.

## Client Eligibility

Prior to any HOPWA services being provided there are TWO BASIC CRITERIA in order to qualify:

1. Household must have **AT LEAST ONE PERSON WHO HAS HIV** (Human Immunodeficiency Virus) **OR AIDS** (Acquired Immunodeficiency Syndrome). This includes households where the only qualified person is a minor.
2. Total household **GROSS INCOME MUST BE LESS THAN 80 PERCENT AREA MEDIAN INCOME** (AMI) GUIDELINES as defined by HUD. This requires determining household members first.

It is critical that sponsors must have adequate signed releases of information from HOPWA participants that allow them to obtain and store this documentation. As part of a private medical record, such information is highly confidential and protected by federal state and local laws that govern HIV status.

## HIV Verification

All participant files must contain documentation that verifies their medical eligibility to receive HOPWA assistance. Acceptable medical documentation of HIV status includes the following:

- A statement from a healthcare professional, dated and signed by a physician, certified health care worker, or HIV testing site representative, as verification of HIV status;
- A document showing lab results which indicate viral load may serve as adequate documentation of HIV status, but only if the document clearly indicates an HIV diagnosis and if it is verified (signed and dated) by a medical or testing site representative. Please note, documentation of blood test results that show suppressed CD4 counts or as having an illness that is part of the AIDS-related complex of illnesses would **not** alone suffice to document HIV or AIDS status,

The statement may be provided on the healthcare provider's stationary or standard form. Or, your organization may provide a form for signature. A sample form, which you may find useful, is available on the HUD Exchange: <https://www.hudexchange.info/resource/1837/statement-of-hiv-verification/>.

## Household Composition: Declaration of Household Status and Household Types

In order to determine the gross income for the total household members, clear guidance on what constitutes a “household” should be reviewed. At the time of initial HOPWA program enrollment and certification, and subsequent re-certifications the applicant, if living with other occupants must declare the nature of the relationship(s) as either a family unit, plutonic roommates sharing housing, or as a live-in-aide. Some grantees and project sponsors like to have the applicant sign and date a statement to this effect, but this is optional. Any change in household status thereafter should be reported to the client’s project sponsor staff within 15 days, and ongoing HOPWA assistance following the change in household status may be subject to project sponsor approval. Intentional misrepresentation of household status (a material fact used in making a determination as to the client’s qualification to receive services) is fraudulent and may result in termination.

HOPWA recognizes the diversity in households in which persons with HIV/AIDS reside. The following helps govern the types of households in which a qualified client may reside:

- **Qualified Person LIVING ALONE**--A household consisting of a qualified person living alone may apply for assistance based on the applicant's total gross income. When the applicant is a qualified person living alone, his/her total income is counted in determining financial qualifications; and the total housing costs are counted in determining the amount of allowable assistance.
- **Qualified Person Living in a FAMILY UNIT**--Under HOPWA regulations, the definition for family is: “A household composed of two (2) or more related persons. Persons in a family may be related by ties of blood, marriage, or other legal sanctions. A person who is not a relative by

blood, marriage, or other legal sanction may be considered a family member if they are important to the care and well-being of the qualified person with HIV/AIDS.” People who fit this definition generally meet one or more of the following criteria:

- They are an intimate partner of the qualified person, regardless of gender or marital status. They have mutually agreed with the qualified person that they will support each other financially, emotionally, and/or spiritually.
  - They assist the qualified person in maintaining physical and/or mental health, yet do not live with the qualified person solely for this purpose.
  - They are of minor age or are an elderly dependent (i.e., legal guardianship of a member of the household). An adult with custodial authority for a minor who has HIV/AIDS and meets income qualifications must accompany the minor to the intake, screening, and case management appointments. In such a case the “head of the household” is considered the custodial adult.
  - Surviving member or members of any family who are living in a housing unit assisted under the CLV HOPWA Program with the person with HIV/AIDS at the time of his or her death.
- **Qualified Person Living with a ROOMMATE (Shared Housing)** --A roommate relationship is established for the purposes of sharing housing costs (mortgage, rent and/or utility bills) in exchange for a share of the space available in the living unit. When the applicant is an individual with a roommate(s), this is classified as shared housing. In the case where two (2) or more unrelated persons live together as roommates, the individual(s) not qualified for HOPWA assistance will not receive any compensation as a result of the housing assistance awarded to the qualified person. Clients living in group homes and other institutional settings are also classified as living in shared housing. Persons living in group homes or another institutional setting may qualify for HOPWA assistance if rent is being charged for the unit and the unit is not subsidized by another program for the same costs as HOPWA pays. All adult roommates must have verifiable proof of residency in the HOPWA-assisted unit and be listed on the lease or rental agreement as approved by the landlord to live there; however only the HOPWA-qualified person's income is counted when assessing income. Rent and utilities must be prorated among roommates.

*NOTE: HOPWA does not permit couples to present as roommates for the purpose of securing federal housing benefits if the couple presents as a family in their personal life. Also, if more than one person in a roommate relationship is qualified for HOPWA assistance, each must apply separately based on individual income and prorated housing costs. A roommate cannot change the status to a “family” member after the death of a HOPWA client in order to receive survivor benefits.*

- **Household with a LIVE-IN AIDE**--A live-in aide compensated for providing care to the qualified person with HIV/AIDS, or another disabled or elderly member of the qualified person’s family, is

not to be considered a family member or a roommate. A live-in aide is defined as a person who resides with a disabled or elderly person who meets all three of the following criteria:

- Is determined to be essential to the care and well-being of the person(s).
- Is not obligated to support the person(s).
- Would not be living in the unit except to provide necessary supportive services.

Proof of Live-in Aide Status--In order to declare a person as a live-in aide, not subject to income verification as a member of the family unit or treatment as a roommate, the applicant must certify that such person's services are being provided through a service contract and supported by the following documentation:

- The live-in aide is qualified to provide the needed care documented by copy of state licensing or certification or, in absence of such documentation, certification by the aide's employer and physician that the aide is qualified to provide needed care.
- The live-in aide was not part of the household prior to the need for such care arising.
- There is no other reason for the aide to reside in the unit than to provide such care (documented by a copy of the contract for services through a third party).
- The aide and the client maintain separate finances (documented by the aide and client through bank statements). Such certification, and supporting documentation, should be submitted to the Project sponsor staff for review and formal approval.

*NOTE: Aides are entitled to a separate bedroom in HOPWA subsidy situations. Also, a family member cannot be considered a live-in aide, even if that person is the sole caregiver to the other.*

## Income Verification

HOPWA regulations require the total income of all household members (except where referenced above) be counted in determining financial qualifications (with certain exceptions referenced below). The total household income cannot exceed 80% of the Area Median Income (AMI) as determined by HUD, which is considered "low-income." HOPWA rental subsidies also consider the total housing costs when determining the amount of allowable assistance and/or client rental payment portion.

HUD sets AMI levels for households in communities across the country; these numbers vary significantly depending on the economy of the area. HUD AMIs are calculated annually for individual localities and organized by number of persons in the household. In calculating income, the entire household income must be taken into account, not just the income of the HOPWA qualified person. This data is updated annually and can be found at <http://www.huduser.org/datasets/il.html>.

The project sponsor should collect and maintain income verification for all adult members of a household as determined by regulations 24CFR Part 5.609. If an adult member of a household has no

verifiable income, the project sponsor must have the person sign and date a statement stating that they have no income.

- Ideally, income documentation should be less than 90 days old, based on the date of HOPWA program qualification. In cases where income is consistent with the previous year, tax return forms may be used as one form of verification.
- Income is generally annualized over a 12 month period to take into consideration part-time or seasonal work or employment with fluctuation in wages.
- Program qualifications must be re-assessed and re-certified at least annually, taking into account changes in household income or changes in composition. [Review Interim Recertification for additional information\\*](#)
- In cases of part time or seasonal employment, re-assessment can be required more often, such as quarterly or bi-annually.
- Need for short-term rent mortgage or utility assistance should involve assessment of the current income and expenses for the household each month a request for assistance is made.

To address specific program income requirements for HOPWA, language is included in the eligibility procedures manual that reads [“80% of the median income or 400% of the Federal Poverty Level, whichever is less.”](#) The standardized eligibility requirements are within HUD regulations that allow the state program to be more restrictive, and not more lenient. If the client's income is above 80% of the median income for the area, they are not qualified for housing assistance under this program.

#### Annual income

Annual income is the anticipated total income from all sources received by the family (head and spouse, even if temporarily absent) and by each additional family member/household, including all net income derived from assets for the 12-month period following the effective date of certification of income. When determining the client's ability to pay for and maintain housing, all income should be considered, including the client's income derived from assets. The client may be required to use assets since HOPWA assistance should be the last resort. Food stamps are not considered income under the CLV HOPWA Program.

To determine the income qualification, the **client** must report all sources of annual income and the amount received per month. [This must be recertified annually.](#) Appropriate documentation includes the following:

- Copies of checks,
- Bank statements,
- Written statement signed by the client's employer,
- Public assistance award or denial letters, or
- Other statements of support and certifications of sources of income.



*For complete regulations, refer to 24 CFR, 5.609(c).*

If it is not feasible to anticipate a level of income over a 12-month period, the income anticipated for a shorter period may be annualized and subject to a re-determination at the end of the shorter period.

If the client is a **family** as defined earlier, the income of all adult (18 and over) family members, unless otherwise specified in the income requirements, must be included when assessing income qualification. Assistance is pro-rated when a family member refuses to provide documentation of their contribution to the household income. Appropriate documentation for family members is similar to those for the client as listed above.

Household income must be documented. Documentation of all household income and compliance with HUD household income requirements includes, but is not limited to, wages, Social Security Income (SSI)/Social Security Disability (SSD)/State Disability Insurance (SDI), or Aid to Families with Dependent Children (AFDC).

In summary, sources of income and documentation include the following, depending on the client's/family's circumstances:

- **Sources of income** as a condition of participation in the HOPWA program, applicants shall agree to supply such certification, release, information, or documentation as the HOPWA provider determines to verify the applicant's income. Documentation of all household income and compliance with HUD household income requirements include, but are not limited to, employment wages; Social Security Income; TANF; child support; unemployment compensation; disability payments; and other regularly received support, such as retirement funds.
- **Back-up documentation** may include, but is not limited to, payer disability check stubs [if pay stubs are the documentation provided, then send the two (2) most current pay periods]; award letter from Social Security or other government agency; and current statement of other regular support. Appropriate documentation for family members is similar to the applicant, and may include copies of checks, bank statements, written statement signed by the employer, public assistance award or denial letters, and other statements of support and certifications of sources of income; or the Verification of No Income form completed by the client.
- In cases where **no documentation of income** is available, the project sponsor staff shall document their inquiry and efforts to obtain income information, and have the client complete the Verification of No Income form. The decision to provide assistance to prevent homelessness may, in this case, depend upon a subjective decision with specific notes in the client's file showing efforts made to acquire information, and why the decision was made to support the client.

The income of an **elderly parent and adult child** must be included to determine qualification. There is an income deduction for persons age 62 and older.

Other household members must be declared either roommate(s), family, or live-in aide. If declared a family, all income of adult members must be considered in determining income qualification. If the client is an individual with roommates, only the client's income is counted when assessing income qualification and housing assistance must be pro-rated among roommates.

### Interim Recertification

Household program eligibility must be recertified if household eligibility factors have changed during an annual eligibility period. Project Sponsors must recertify eligibility if household income, residency, and/or composition have changed and the household will remain in the program. A change in household income, residency, or composition may affect other program eligibility criteria and rental assistance components.

- ***Change in Household Income.*** The CLV HOPWA Program defines a change in income as **\$200.00** or more per month to align with HUD's [Occupancy Requirements of Subsidized Multifamily Housing Programs](#), (see Chapter 7: Recertification, Unit Transfers, and Gross Rent Changes, Section 2: Interim Recertification). Nonetheless, households may request an interim recertification for a change in income of any amount at any time during an annual eligibility period. Documentation must be complete and cover the 30 days preceding the interim recertification date. If household annual gross income exceeds 80 percent of AMI, the household is no longer eligible for the program.
- ***Change in Household Residency.*** Documentation must be current as of the interim recertification date. If the household is outside of the Project Sponsor's EMSA, program services will end immediately and the household may seek services from the HOPWA provider in their new EMSA.
- ***Change in Household Composition.*** Attach eligibility documents for all new household members 18 years of age and older. If the household does not include a household member living with HIV, the household is no longer eligible for the program. If household annual gross income exceeds 80 percent of AMI, the household is no longer eligible for the program.

### Citizenship Considerations

HOPWA regulations are silent in regards to serving households with members who are not documented U.S. citizens; however, other associated federal guidance prohibits governmental agencies and public housing authorities from providing federal housing assistance to those applicants who do not have eligible immigration status. The guidance does permit non-profit charitable organizations and religious entities to provide housing and services without inquiring about citizenship status, nor requiring verification of citizenship; this allowing many HIV/AIDS organizations to work with this population.

*NOTE: A mixed family is eligible for prorated assistance for housing by a governmental agency or public housing authority. Prorated assistance is a calculation of subsidy based on the number of members in the household who are citizens or have eligible immigration status.*

### Verifiable Documentation of Need for Housing Assistance

HOPWA is a "needs-based" program; therefore, clients must demonstrate the level of benefits needed through verifiable documentation. Also, HOPWA as a federal funding source from HUD should be accessed AS A LAST RESORT. HUD guidelines require the client to secure and maintain housing stability, and enhance financial management. The strategies to accomplish this include a comprehensive, goal-oriented, and individualized plan of care.

Examples of **need** include, but are not limited to, the following:

- The client is unable to pay rent, mortgage, utilities, etc., due to their HIV status at the time assistance is requested, such as:
- The client experiences a sudden loss of income due to changes in health.
- The client is unable to work due to hospitalization, and therefore received significantly less pay and is unable to cover expenses.
- The client had to purchase unexpected costly HIV medications out of pocket.
- The client was not hospitalized but is too ill to work according to a physician's statement, and the client did not have a salaried position where sick and annual leave was accrued.
- The client is requesting assistance in an effort to move to more affordable housing to better accommodate their diminished income that has decreased because of their HIV status. For example, the client is forced to work fewer hours due to fatigue/illness and is only receiving Social Security Income (SSI).
- The client left employment, and is in the application period for disability benefits.
- The client had unexpected, unbudgeted medical expenses that must be paid.

Examples that are **not related to need** include, but are not limited to, the following:

- The client used their limited income to make vehicle payments and frequent repairs; to cover costs of maintaining pets; to make excessive long distance telephone calls; to purchase Christmas presents; to purchase illegal drugs and alcohol; to purchase frivolous items; to pay traffic citations, court, or probation costs, etc., expecting HOPWA to pay housing costs.
- The client had their wallet stolen.
- The client had fines/probation/restitution fees to pay.
- The client purchased excessive gifts.

*NOTE: There may be situations where the client presents with a need that falls outside of the examples provided above. All questionable situations should be processed with a supervisor/program manager.*

*The area contract manager should be included in this process as well. All attempts must be made to assist a client outside of HOPWA in order to avoid displacement.*

Appropriate verification of the need for housing depends on the client's circumstances; and may include, but is not limited to, the following documentation:

- Monthly mortgage statements.
- Lease/rental agreements.
- Certified letters from landlords or overdue notices.
- Utility statements or overdue notices.
- Original copy of utility bill.
- Phone bills or overdue notices.
- Bills/written estimates documenting housing-related expenses.
- Any additional documentation requested by the project sponsor staff to support the request for housing assistance.

### Common Errors in Income Calculations

#### 1. Determining the Gross Household Income

- Review the frequency of payments carefully for all sources of income (wages, benefits, child support, etc.)
- Check to ensure sporadic income and one-time payments are NOT included
- Watch out for SSA benefit adjustments in the form of lump sum payments for retroactive benefit increases OR overpayment amounts being withheld
- Garnishments by the IRS or state Dept. of Revenue are NOT excluded from gross

#### 3. Elderly/Disabled Household Deduction

- Each household is only eligible for one \$400 deduction
- Head of household, spouse, or co-head must have a disability

#### 3. Allowances for Medical Expenses

- Only applies to Elderly/Disabled households - watch out for situations where the HOPWA eligible individual is not the head of household, spouse, or co-head
- Make sure deduction is given for any Medicare premiums being withheld from SSDI checks (this amount is stated on the SSA award letter)
- Include any additional verified medical expenses that exceed 3% of gross income for ALL household members

#### 4. Disability Assistance Allowance

- Deduction applies to verifiable, self-paid expenses for adaptive equipment or other special needs that allow a person with a disability to work

- Costs for the adaptive equipment must not exceed 3% of the household gross and must not be greater than the income earned

#### 5. Childcare Allowance

- Only one parent/guardian of the child must be working to be eligible
- Childcare costs may not exceed the income earned by the working individual

#### 6. Earned Income Disregard

- Applicable only to earned income of disabled individuals who were not previously working for at least one year OR received at least \$500 of welfare benefits in the past 6 months and have increased their income through wages
- Periods of 100% and 50% disregard should not exceed 12 months each
- The 48-month eligible exclusion period is correctly documented
- Only the increase in gross income that results from wage income is to be excluded (not necessarily ALL earned income)

#### 7. Other Income Properly Excluded - Do NOT include in the gross household income calculation:

- Income of minors under the age of 18
- Income of full-time students over the age of 18 in excess of \$480
- Income provided for the care of foster children
- Income from a household member approved as a live-in aide

## Enrollment Process

Before a client applies for enrollment into the CLV HOPWA Program, the client must be determined eligible for patient care services.

The enrollment process for HOPWA services may vary between project sponsors, but there are minimum requirements that must be completed to qualify clients for the CLV HOPWA Program. Also, the local project sponsors may require additional information. The project sponsor staff will assist the client with the HOPWA enrollment process, and determine whether or not the client is qualified for the program.

## Forms for Application for Enrollment

The following is a list of FORMS (if applicable) to be used in the application process for enrollment into the CLV HOPWA Program. All of these forms should be maintained in the client's file, and will be used during the development of the Housing Plan of Care.

- Participation Agreement

- Application Form for HOPWA Assistance
- Proof of Income
- Verification of No Income
- Client Needs Assessment for Assistance
- Participant Rights and Responsibilities
- Consent to Release Information
- Client Budget Worksheet
- Housing Plan of Care
- Worksheet for Calculating the Maximum Subsidy for Resident Rent/Mortgage Payment
- Landlord Agreement
- Lead Based Paint Information
- Security Deposit Agreement
- Client Agreement for Return of Security Deposit
- Client Housing and Support Service Payment Assistance Worksheet
- Memorandum of Understanding for Confidentiality of Client Information
- Termination Form

Time frames for determining qualification for HOPWA assistance should be explained to the client during the application for enrollment process. If a client's qualification is pending receipt of specific requested information by the project sponsor, the information requested and the source of authority should be cited in writing to the client. It is the responsibility of the client to return the requested information immediately to ensure a timely response for enrollment into the program.

### Application and Assessment

HOPWA housing and services is a "needs-based" program, rather than a federal entitlement, and it is the responsibility of the project sponsor to conduct a thorough assessment of each client's needs and strive to serve those most in need.

#### Need for Housing

Assessing the need for housing and identifying an appropriate housing intervention is the key purpose to housing coordination and advocacy. The assessment process is critical in identifying the immediate needs of the client in order to stabilize them and allow for longer term planning. During the assessment and certification appointment the project sponsor staff should follow these basic guidelines:

- a. Verify the client's current household composition.
- b. Verify client's total household annual income and secure proof /written documentation.
- c. Confirm the HIV positive certification.
- d. Secure a signed and specific release of information (ROI) form from all adult household members.

- e. Secure a completed and signed Client Participation Agreement.
- f. If documentation is missing, project sponsor should give the client a specific period, such as fifteen (15) days in which to deliver the documentation. If a follow-up appointment is necessary it should be scheduled at that time.
- g. Address immediate need for shelter, food, clothing or healthcare.
- h. Identify potential client barriers to finding or maintaining stable housing.
- i. Work in collaboration with all other service providers involved with the client to assure support linkages and develop a preliminary Client Housing Stability Plan.

After the assessment and certification has been completed, and the client has been accepted for HOPWA services, the project sponsor staff should create or maintain all documentation in an orderly manner in a client file.

### Issues and Barriers to Housing Stability

Projects sponsor staff should be sensitive to, and attempt to proactively recognize, issues that could lead to or are causing a client's housing instability. Project sponsor staff will work in collaboration with all other service providers (as deemed necessary) involved with the client to identify potential issues and barriers relating to individual client's housing stability throughout their program participation. If Project sponsor staffs and medical or care case managers are not one in the same, HIV case managers perform in-depth psychosocial assessments, which include the development of a care plan aside from the housing plan, related to the disease, mental health and/or substance use and the provision of such related care and treatment. They can provide the Project sponsor staff with information about client-related factors that may become a barrier to the client's housing stability. Some examples of issues or barriers might include:

- Failure to make timely housing-related payments.
- Poor money management skills.
- Deteriorating health such as HIV-related fatigue and dementia.
- Untreated or under-treated mental illness.
- Lack of life skills for independent living.
- Disruptive behavior resulting in loss or damage to property and disturbance of neighbors.
- Family violence histories.
- Criminal histories.
- Lack of credit.
- Lack of documentation of U.S. citizenship or legal residency status (for most federal benefits).

**In order to qualify for STRMU, clients must demonstrate the following:**

- Demonstrate Client's Legal Right to Occupy the Premises.
- (When applicable) Demonstrate Manufactured Housing/Mobile Homes/Trailers is permanently attached to ground with utility and sewer connections, as well as compliant with local guidelines.
- Demonstrate Circumstances Creating Financial Need.
- Demonstrate Expense to be covered by HOPWA STRMU Program.

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

### Authority and Funding

Section 858 of the AIDS Housing Opportunity Act ("Act"), 42 U.S.C. 12907, authorizes the use of Housing Opportunities for Persons with AIDS (HOPWA) funds for Short-Term Rent, Mortgage, and Utility (STRMU) payments to prevent the homelessness of a tenant or mortgagor. The U.S. Department of Housing and Urban Development (HUD) Office of Community Planning and Development (CPD) administers the HOPWA program through the Office of HIV/AIDS Housing (OHH) and local HUD Field Offices. The HOPWA regulations implementing STRMU are found at 24 CFR 574.300(b) and 24 CFR 574.330.

### Description of STRMU Assistance Program

The goal of STRMU assistance under the HOPWA program is to provide short-term, stabilizing interventions to HOPWA qualified households experiencing a financial crisis as a result of their HIV/AIDS health condition or a change in their economic circumstances. STRMU assistance is a preventive housing intervention intended to reduce the risks of homelessness, and when utilized together with other HOPWA efforts, including access to health care services, case management, benefits counseling, and employment or vocational services, works to stabilize assisted households.

HUD seeks to foster long-term solutions to housing instability for households receiving time-limited housing assistance. Stand-alone STRMU assistance payments are likely to create only a temporary solution for an unstable living arrangement unless connected to a long-term housing stabilization plan. Grantees are encouraged to coordinate related housing efforts to assess the on-going housing needs of these households and provide access to other permanent housing options for HOPWA qualified persons and their families as appropriate.

Individual housing and services plans include an assessment of the household's current resources and establishment of longer-term goals for the assisted household. When appropriate, these goals should involve efforts to restore self-sufficiency, develop job skills necessary for gainful employment, access public benefits, and/or enhance educational attainment, vocational rehabilitation, or life skills needed for future independence from housing support. Individual housing and services plans also serve as



documentation that grantees and project sponsors have met the requirement for on-going assessments of housing assistance and supportive services, as required under 24 CFR 574.500. Section 3.4 provides further discussion on individual housing and services plans.

STRMU assistance is an eligible activity under the CLV HOPWA Program. The STRMU assistance program serves persons who require assistance with rental, mortgage, and/or utility payments on an emergency, short-term basis. This assistance may also be applied to past due rent, mortgage, or utility payments. STRMU is time-limited housing assistance designed to prevent homelessness and increase housing stability. The goal of the program is to prevent qualified tenants or mortgagors from becoming homeless as a result of temporary financial pressures. *Federal regulations state assistance cannot exceed 21 weeks (consecutive or not) within a 52-week period.* The amount of assistance varies per client depending on funds available, tenant need, and program guidelines. **This program is not intended to provide continuous or perpetual assistance.** STRMU payments are likely to create only a temporary solution for an unstable living arrangement unless connected to a long-term Housing Plan of Care for maintaining the household. Positive long-term effects will often result by stabilizing a household or helping them connect to long-term support.

HOPWA is a "needs-based" program; therefore, applicants must demonstrate the level of assistance needed through verifiable documentation demonstrating that circumstance(s) beyond the control of the applicant has resulted in the inability to meet their current financial obligations. Documentation must confirm that applicants are low-income Nevada residents with an HIV/AIDS diagnosis, and that they are the named owner of mortgaged real property, lease holder of a rented/leased unit, AND/OR named as the responsible party for utility payments. Assisted persons will also be required to participate in a Housing Plan of Care. Additionally, per HUD standards, applicants and providers must look to other housing programs offering long-term housing assistance rather than this program if the client assessment indicates that little or no improvement of the "conditions" that caused the financial burden is likely during or after the 21-week benefit period. A housing stability standard will be applied as part of the qualification determination to measure whether a person would be able to maintain their current housing arrangements following assistance under this program.

### STRMU Program Qualifications

STRMU is designed to be a short-term, needs-based intervention to prevent homelessness. In addition to the general HOPWA qualification requirements, the applicant must demonstrate through verifiable documentation the following criteria in order to receive STRMU assistance:

1. The applicant's income (in addition to the requirement of not exceeding 80% of the median income for the service area in Nevada) must include on-going source(s) of monthly income sufficient to meet rent or mortgage obligation, and utility payments as determined under the Housing Self-Sufficiency Standard.

2. The applicant must be a **tenant on a valid lease** for property or be the **owner of a mortgaged dwelling** in which they reside. The client must be currently housed (homeless individuals are not qualified for STRMU assistance). The client must be able to document that he/she has a legal right to occupy the premises, or has responsibility for the utility payment. *NOTE: In the case of a family unit where, for example, a spouse or minor has an HIV/AIDS diagnosis and resides in the dwelling to be assisted but is not named on the lease, mortgage, or utility account, then documentation of the household composition that describes the relationship to the person named on the mortgage, lease, or utility account must be provided (e.g., marriage or birth certificates, legal guardianship papers).*
3. The applicant has or is experiencing **circumstance(s) beyond the applicant's control** that has resulted in an inability to meet rent, mortgage, and/or utility obligations in spite of ongoing income source(s). The client must demonstrate he/she does not have the resources to meet rent, mortgage, or utility payments; and, in the absence of STRMU assistance, would be at risk of homelessness. *NOTE: Documentation of a default or late payment notice is not required; the client can provide copies of bank statements and bills to demonstrate need.*
4. **Persons receiving assistance through HOPWA Tenant-Based Rental Assistance (TBRA) or other federal, state, or local housing subsidy program are not qualified** for assistance under the STRMU program.

STRMU is designed as a short-term, needs-based intervention to prevent homelessness. As such, potential STRMU households must meet all three of the following criteria in order to receive STRMU assistance:

1. A household must meet the two basic HOPWA program qualification criteria:
  - a. A household must have at least one person verified to have an HIV or AIDS diagnosis; and
  - b. The total household income must be at or below 80 percent of the area median income (AMI), as defined by HUD.
2. A household must have legal residency in housing and/or be responsible for utility payments.
4. A household must demonstrate need for the assistance.

The three qualification criteria for HOPWA STRMU assistance, including basic program qualifications (diagnosis and income), legal residency in housing, and demonstrated need are described in more detail in the following sections.

### HIV and Low-Income Status

To receive STRMU assistance, a household must meet the HOPWA program qualification criteria. The HOPWA regulation defines a qualified person as “a person with acquired immunodeficiency syndrome or related diseases who is a low income individual ... and the person’s family” (24 CFR 574.3). The term “family” is defined as “one or more eligible persons living with another person or persons, regardless of

actual or perceived sexual orientation, gender identity, or marital status, who are determined to be important to the eligible person or person's care or well-being, and the surviving member or members of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death" (24 CFR 574.3). Low-income is measured by household income at or below 80 percent of the area median income (AMI) as defined by HUD.

A household whose sole member living with HIV/AIDS is a minor is qualified for STRMU assistance. In this situation, written verification indicating that an adult member of the household has legal custody of the minor child must be obtained and maintained in the file and the entire household income must be taken into consideration for purposes of income qualification. The minor child must reside in the household at least 51 percent of the time. In this situation, the adult would be considered the head of household of the family, but the minor child is the qualified person that qualifies the entire household for assistance.

HOPWA grantees and/or project sponsors must maintain documentation that the qualified person receiving assistance is HIV positive or has a diagnosis of AIDS, as determined by a health professional competent to make such a determination. Sufficient documentation evidencing such determinations includes documentation resulting from appropriate HIV tests administered by a physician's office, HIV counseling center, or community health center.

Documentation must also confirm that the qualified person and his/her family have a household income that is at or below 80 percent of area median income, as published by HUD on an annual basis (<http://www.huduser.org/portal/datasets/il.html>). Documentation must include periodic updates to income information. HUD's CPD Income Eligibility Calculator (<https://www.hudexchange.info/incomecalculator/>) is available to assist HOPWA grantees and project sponsors in determining and documenting household income qualification. Links to these resources are provided below.

## Housing Status

Qualified STRMU households must be residing in housing where they are either a tenant or mortgagor. STRMU assistance is designed to help homeowners and renters remain in their current residence. As such, STRMU assistance may not be provided to assist homeless households or households moving into a new housing arrangement.

STRMU assistance may be provided in shared housing arrangements where two or more unrelated households live together. In shared housing situations, only the assisted individual's income, not the entire household income, would be included in income and assessment calculations.

STRMU assistance can be used to assist qualified individuals who have a lease naming them as a tenant, but who live with an adult family member if one of the following two conditions is met:

1. The qualified person lives with an adult family member and the entire household is assisted. In this case, all household income is included, and the entire household meets the HOPWA low-income qualification guidelines and STRMU evidence of need requirements.
2. The qualified person is renting a unit/room from an adult family member and a “reasonable accommodation” is determined necessary for the client. Due to the reasonable accommodation determination, the family's income is not counted in determining the qualification of the person living with HIV/AIDS for STRMU assistance payments.

### Evidence of Need

STRMU assistance is needs-based and intended to benefit HOPWA qualified households that are experiencing a financial crisis arising from their HIV/AIDS health condition or a change in economic circumstances. To be qualified for STRMU assistance, households must demonstrate that they do not have the resources to meet their rent, mortgage, or utility costs and that they would be at risk of homelessness in the absence of STRMU assistance.

When a household is unable to make payments for monthly housing costs, STRMU assistance may be used for costs that are not covered or reimbursed by other available resources. STRMU providers are responsible for verifying and documenting a participating household's inability to make required housing payments. The STRMU provider should assess that the household's needs are for actual costs, that other resources such as household income are not reasonably available to pay the housing costs, and that STRMU assistance will alleviate the payment delinquency so as to avoid the eviction and result in, at least, temporary stability for that household. The STRMU provider should also ensure that the household's on-going housing needs are assessed in connection with the development of an individual housing and services plan for the household.

STRMU providers should establish a reasonable basis to quantify and verify the need for STRMU assistance. Examples include:

- A record of actual monthly bills for recurring costs, and evidence of the limited nature of household income along with limited available financial resources (i.e., balance on bank accounts).
- An assessment of "need" that includes a variety of elements such as current, previous, and future month's financial situation, employment and benefits status, and HIV/AIDS health-related conditions.

A household budget review of these costs and assessment of inability to meet such costs should be completed by the project sponsor staff and documented in the household's file.

Documentation in the form of a default/late payment notice is not required to demonstrate housing need. A late payment notice is only one of the methods that can be used to evidence a household's

need for STRMU assistance. Other ways to verify need and amounts owed include documentation of utility, mortgage or rent payments due and/or calls to the utility company, landlord, or Mortgage Company prior to a late payment notice being issued, which could potentially help avoid added late fees as additional costs.

### Demonstrating Client's Legal Right to Occupy the Premises

The client must be able to document that he/she has a legal right to occupy the premises, AND/OR has responsibility for the utility payment. Examples of acceptable documentation are as follows:

- **Rent payments** (rent is associated with a lease on property owned by a third party)—Client must be named tenant under a valid lease, or referenced in the lease as occupant of the premises. The rental or lease agreement lists the applicant and other household occupants (copy of which also serves to verify Nevada residency).
- **Mortgage payments** (mortgage is a loan from a bank to pay for a house)—Client must demonstrate that he/she is owner of mortgaged real property (mortgage, deed of trust, title insurance policy; copy of which also serves to verify Nevada residency).
- **Utility payments**—Client must have account in their name, or proof of responsibility to make utility payments (copies of money orders, cancelled checks, receipts).

Clients who have prior criminal histories, poor credit, or lack of rental history often do not have leases or utility accounts in their name; however, they are responsible for paying the housing expenses. Utility bills that are not in the clients name may be paid with state HOPWA funds provided utilities are where the client resides, and payment is due or overdue. If the applicant is a minor, documentation of the relationship to the person named on the lease, mortgage, or utility account must be provided.

### Assistance for Manufactured Housing/Mobile Homes/Trailers

Assistance can be made to clients who live in manufactured housing/mobile homes/trailers in limited circumstances:

- A rent, mortgage, or utility payment must be the basis for the assistance, and an applicant must provide documentation of the payment/expense.
- The home must be permanently attached to ground with utility and sewer connections, as well as compliant with local guidelines for manufactured housing/mobile homes/trailers.
- Lot mortgage/rent and manufactured housing/mobile home/trailer mortgage/rent may be paid with STRMU assistance for they both are all considered part of the mortgage or rent/lease.

Manufactured housing/mobile homes/trailers with wheels (capable of being relocated) are considered personal property, and therefore are not qualified for STRMU assistance.

## Demonstrating Circumstances Creating Financial Need

### Examples of Circumstances beyond Applicant's Control

The applicant is unable to pay rent, mortgage, and/or utilities at the time assistance is requested because:

- Applicant is unable to work due to recent hospitalization, and therefore received significantly less pay and is unable to cover expenses;
- Applicant had to recently purchase unexpected costly HIV medications, or pay for unexpected medical expenses out of pocket;
- Applicant was not hospitalized but was too ill to work in the recent past according to a physician's statement, and the applicant did not have a salaried position where sick and annual leave was accrued;
- Applicant left employment, has been declared presumptively eligible for disability benefits in writing, and is pending commencement of benefits; or
- Applicant has attempted, but has been unsuccessful, in collecting child support legally owed to the applicant.

### Examples of Circumstances *Not* Beyond Applicant's Control

The applicant used their limited income to:

- Make payments on a vehicle beyond their means;
- Pay for excessive long-distance telephone calls;
- Purchase illegal drugs;
- Purchase frivolous or financially excessive items; or
- Pay traffic citations; or court, restitution, or probation costs.

Or the applicant is expecting HOPWA to be an entitlement to cover all housing costs.

## Allowable Expenses

STRMU can temporarily cover a set amount up to 100% of an overdue (payments in arrears) and ongoing rent, mortgage, or utility payment; and is intended as a bridge to more permanent housing solutions, such as obtaining long-term rental assistance, increasing household income, or helping a household resolve a short-term crisis. Although STRMU assistance does not require the applicant to pay a portion of the rent, mortgage, or utility bill, it should not be used to relieve the household responsibility for their rent, mortgage, or utility payments if they have some ability to contribute. The completion of the Client Budget Worksheet and the Worksheet for Calculating the Maximum Subsidy for Resident Rent/Mortgage Payment will identify the client's ability to contribute a portion of their available income to offset the CLVHOPWA Program's contribution. The completion of the form is

required however, the client is encouraged, not required, to contribute the portion indicated on the form.

In general, STRMU should be used for reasonable and actual housing costs that a household cannot cover due to a crisis and a lack of other resources. STRMU is not intended to provide regular monthly relief to households in situations that are not financially manageable under normal circumstances. If a household is living in a unit that is not normally affordable for them, then access to long-term rental assistance (HOPWA or other) would be a better solution than STRMU assistance.

### Rental Assistance

To be qualified for rental assistance, households must have a legal right to reside in the unit and prove responsibility for paying the rent. Satisfactory evidence of tenancy includes a lease naming the tenant as the leaseholder or a qualified household occupant, or a default/late payment notice that identifies the qualified person or a resident member of the family as a named tenant under the lease. As a general matter, if the qualified person is not named on a valid lease either as a tenant or an authorized occupant, the person has no legal right to reside in the unit and is therefore not qualified for STRMU assistance.

While an oral lease for less than a year may be valid in some states, most states require a written lease to establish a legal tenancy and HOPWA adopts this clear standard. This position is also consistent with other HUD rental assistance programs, which require such documentation (e.g., HOME, CoC, and Housing Choice Vouchers). As a practical matter, not requiring a written lease for households in rental situations may leave grantees in a vulnerable position in documenting STRMU assistance payments during audits and reviews.

Please note that STRMU rental assistance must be reasonable, and represent actual housing costs. Unlike other forms of HOPWA assistance, tenants are not required to pay 30 percent (30%) of their income towards the rent or mortgage payment. However, if they are able, clients should pay a portion of their housing costs as any portion paid by the tenant does not count against the 21-week STRMU benefit ceiling. Also, late fees, reconnect fees, and other penalties may be paid if, in the event of nonpayment, the household is at risk of eviction or loss of housing.

### Mortgage Assistance

To be qualified for mortgage assistance, the qualified person must demonstrate that he/she is the resident owner of mortgaged real property. Satisfactory evidence of ownership of encumbered property includes: a deed accompanied by a mortgage or a deed of trust; a mortgage or deed of trust default/late payment notice which identifies the qualified person or a resident member of the family as the property owner/debtor; or, a valid, currently-dated title insurance policy identifying the qualified person or a resident member of the family as the property owner/debtor. STRMU providers should complete a

careful assessment and an individual housing and services plan to determine that a household is able to maintain payments on mortgages after the short-term qualified STRMU period ends.

STRMU mortgage assistance payments may include costs for property taxes, insurance, and condo fees in some situations. Most homeowners are required to pay property taxes, mortgage insurance premiums, and/or fire and hazard insurance premiums as part of their monthly mortgage payment. For example, the Federal Housing Administration (FHA) requires that a homeowner's monthly payment include property taxes, special assessments (if applicable), flood insurance (if applicable), and fire or other hazard insurance premiums in addition to principal and interest (see 24 CFR 203.22 through 203.24).

These additional charges are held in escrow for payment by the lender on behalf of the homeowner. Other forms of financing allow a mortgagor to pay for taxes, insurance, and condo fees separately. For the purposes of STRMU assistance, to the extent that taxes, insurance, condominium fees, or other building operation costs are included in the monthly mortgage payment either by federal regulation or the terms of the mortgage, these expenses are qualified to be included in STRMU mortgage assistance payments. STRMU mortgage assistance for taxes, insurance, or condo fees that are not included on the monthly mortgage statement are, therefore, not qualified.

Other forms of assistance, such as homeownership programs, may provide alternative forms of support for costs not included on the mortgage payment statement. Alternatively, grantees may limit the mortgage assistance payments to only the principal and interest payments if the grantee would like to adopt a local standard that gives every recipient of its program the same level of assistance, irrespective of whether other escrow items are included in the borrower's mortgage payment statement.

STRMU mortgage assistance payments may include costs related to second mortgages. As a general matter, a second mortgage represents a lien on real property. Defaults on mortgages (e.g., nonpayment of loan(s), lapsed insurance, unpaid property taxes, among others) may lead residents to foreclosure and eviction. STRMU assistance provides short-term mortgage payments regardless of priority (i.e., the first or second mortgages) to eliminate the threat of homelessness for an adequately housed qualified person.

Please note that STRMU rental assistance must be reasonable, and represent actual housing costs. Unlike other forms of HOPWA assistance, tenants are not required to pay 30 percent (30%) of their income towards the rent or mortgage payment. However, if they are able, clients should pay a portion of their housing costs as any portion paid by the tenant does not count against the 21-week STRMU benefit ceiling. Also, late fees, reconnect fees, and other penalties may be paid if, in the event of nonpayment, the household is at risk of eviction or loss of housing.



### Utility Assistance

To be qualified for utility assistance, an applicant must reside in the unit legally and have an account in his/her name with a utility company or proof of responsibility to make utility payments, such as cancelled checks, money orders, or receipts in their name from a utility company. Individuals who have prior criminal histories, poor credit or lack of rental history often do not have utility accounts in their name; however, they may be responsible for paying these housing expenses. Such households must demonstrate proof of responsibility to make such payments by documenting a history of making payments and should not be excluded from receiving STRMU assistance based on the utility account not being in their name.

The HOPWA program may only pay basic utilities, meaning electricity, gas, and water. Hookup fees and deposits are allowable expenses; however, they should be paid with HOPWA funds only after all other funding alternatives are exhausted. Late fees, reconnect fees, and other penalties may be paid if, in the event of nonpayment, the household is at risk of eviction or loss of housing.

### Demonstrating Expense to be covered by HOPWA STRMU Program

Verifiable documentation of applicant expense to be covered by HOPWA program STRMU assistance is as follows:

- Monthly mortgage statements or lease/rental agreements.
  - In order to determine MORTGAGE REASONABLENESS, a description of the portion of the property being used by the applicant (when household income is not included and is roommate/shared housing) and an estimate (in percentage) of the amount of space used by the applicant must be considered. Payments will be based upon the local PHA payment standard value for the area.
    - Example: An applicant is living with his/her parents or roommate. Their mortgage is \$950 per month on a 3 bedroom home. They have a written agreement with the applicant to pay \$250 per month. In order to qualify, the HOPWA- certified individual would solicit a description of the space used (a bedroom, a bathroom, shared kitchen, shared laundry, shared living room). This is approximately 42% of the house considering a 12-room house. Five rooms divided by 12 possible room's equal 42%. Therefore, since 42% of the \$950 mortgage is \$399, they are charging a reasonable amount.
- Default/late payment notice for rent, mortgage, or deed of trust; or certified letters from landlords.
- Original copy of utility bill, or default/late/overdue payment notice for utilities showing period of service rendered.

### Costs Not Allowable

STRMU assistance cannot be provided to households receiving rental assistance for the same period of time from HOPWA or another federal, state, or local housing assistance program. For example, a household with a Housing Choice Voucher (commonly referred to as a Section 8 voucher) or other type of rental assistance is not qualified for STRMU assistance to cover the portion of the rent that the household is responsible to pay.

STRMU assistance is established in statute to prevent a household from becoming homeless and, therefore, can only be used to prevent eviction from or the loss of a housing unit that is occupied by qualified persons. Accordingly, STRMU can only be used to assist someone currently in housing as an intervention to prevent homelessness. STRMU assistance cannot be provided to a household that is homeless. STRMU assistance may not be provided to assist households in moving into a new housing arrangement. STRMU assistance may not be used for moving assistance, security deposits, or first month's rent. STRMU assistance is designed to help renters and homeowners stay in their current place of residence; as a result, security deposits and first month's rent are not eligible costs under STRMU. However, these costs are eligible as permanent housing placement (PHP) costs.

In addition, STRMU mortgage assistance may not be used for the following activities: support for an open line of credit or loan that was secured by the house; taxes and insurance paid separately after the first or second mortgage is paid in full; assistance for payment towards personal loans or credit debts secured against the unit; assistance for a second mortgage when the first mortgage payments are not current; or down-payment assistance to support purchase of new unit.

Furthermore, **household supplies, furnishings, automobile/transportation/car repairs, and basic phone service costs are NOT eligible under STRMU**. In some situations, a grantee may determine that their HOPWA programs will allow reasonable costs for basic phone services that are determined necessary to assist a household in accessing services, such as maintaining consistent and accurate participation with medical treatment protocols, care or other essential supportive services as an eligible cost under HOPWA supportive services. Telephone expenses are not payable as a utility expense under STRMU. However, such expenses may be covered as a supportive service expense in limited circumstances.

### Time Limitations for STRMU Assistance

The AIDS Housing Statute and HUD regulation 24 CFR 574.330 set strict time limits for STRMU assistance. **Assistance may not be provided for costs accruing over a period of more than 21 weeks in any 52 week period (called the "benefits period")**. It is due to this strict time limitation that this program assistance is limited to those who could otherwise afford to live in their housing situation after the period of assistance provided. If an applicant is in need of assistance beyond the 21-week period, they should be receiving regular long-term assistance rather than STRMU. It should be noted that short-

term support should be connected to helping households with more long-term needs with other forms of support.

## 21 Weeks of Assistance

The HOPWA statute and related regulations place limitations on the length of time clients may receive STRMU assistance. The “eligible STRMU period” is limited to no more than 21 weeks in any 52-week period. STRMU assistance may not be provided for costs accruing during a period of time that exceeds the 21-week period. STRMU providers are, therefore, required to examine the periods of time covered by rent, mortgage, and utility costs to assure that assistance is not provided in excess of the eligible STRMU period.

*The 21 weeks of assistance still applies to those clients that are assisted by more than one service provider in the 52-week period (16 weeks at Agency A and 5 weeks at Agency B = 21 weeks which is the maximum amount of STRMU assistance).*

## Defining the Eligible STRMU Period

There are several acceptable methods for calculating the 21-weeks of STRMU assistance. *In order to ensure consistency in tracking STRMU assistance across all project sponsors, the CLV HOPWA Program has selected the method of rounding a month to four weeks.*

- **Example #1:** A rental period of July 1 through July 30 is rounded down to four weeks. If payment was made for 75% of a month’s rent, it would be tracked as three weeks; 50% of a month’s rent would be tracked as two weeks; and 25% of a month’s rent would be tracked as one week. For example, if the monthly rent is \$1,000, assistance payments would count as follows: \$1,000 of assistance counts as four weeks, \$750 of assistance would count as three weeks, \$500 of assistance would count as two weeks, and \$250 of assistance would count as one week.
- **Example #2:** A utility period of July 7 through August 6 is rounded down to four weeks. If payment was made for 75% of a utility bill, it would count as three weeks; 50% of a utility bill would count as two weeks; and 25% of a utility bill would count as one week.
- **Example #3:** A rental period of August 1 through August 31 is rounded down to four weeks. The utility period of August 7 through September 6 results in 25 days coinciding with the rental period; therefore, a total of four weeks is counted in May for the payment of both rent and utilities.
- **Example #4:** If the utility bill had coincided with the August rental period for less than 14 days (e.g., August 20 through September 19, equaling 12 days rounded up to two weeks in May), part of this assistance (19 days) would be attributed to September as three additional weeks of assistance added to the four weeks attributed to August for rent assistance. This rental and utility assistance counts as a total of seven weeks of assistance.

- **Example #5:** If the applicant receives assistance with rent back payments that are two months in arrears, then the two months back payment for rent would be counted as four weeks each of assistance; therefore, the applicant is only qualified to receive an additional 13 weeks of assistance under the current time limitations of 21 weeks.

### 52-Week Period

There are several acceptable methods for calculating the 52-week period for STRMU. *In order to ensure consistency in tracking STRMU assistance across all project sponsors, the CLV HOPWA Program has selected the method of establishing a fixed 52-week period for all households based on the City's operating year (i.e., July 1 – June 30).*

The 52-week period begins on the City's operating year, which is **July 1** and also establishes the beginning of the count towards the maximum number of weeks of assistance. The applicant's period of qualification would end 52 weeks after, which is **June 30**. At the end of the 52-week period, the next period of qualification would begin.

### **Need Must be Demonstrated for Prospective Assistance Exceeding Two Months**

Client requests for prospective short-term assistance that exceeds two months are contingent upon:

- Continued need; and
- Demonstration of progress in meeting budget and housing plan goals set within the first 15 days of assistance.

The Project Sponsor staff shall conduct a **TWO MONTH FOLLOW-UP ASSESSMENT** to:

- Review efforts made by the client;
- Determine continuing need; and
- Identify additional housing goals for the remaining period of assistance.

For any additional assistance received during a STRMU program period, HOPWA project sponsors and their clients are required to reassess the need for assistance on a **MONTHLY** basis.

### Amount of Assistance

Although STRMU assistance does not require the client to pay a portion of the rent or utility bill, STRMU assistance must not be used to relieve the household's responsibility to make housing payments in the absence of inability to pay. If a household is capable of paying some of their rent, mortgage, and/or utility costs, STRMU providers may determine an appropriate household contribution amount through the completion of the Worksheet for Calculating the Maximum Subsidy for Resident Rent/Mortgage Payment. Such determinations limit STRMU assistance to the difference between the amounts due and the amount the household is able to pay. STRMU providers should document any payments or

contributions made by a household towards their rent, mortgage, and/or utility costs. This ensures that the full amount due is paid, and avoids partial payments that may lead to evictions or utility cut-offs.

For example, through the assessment process, a STRMU provider might determine that the client is able to pay \$200 of their \$800 rent (equal to  $\frac{1}{4}$  of the total). For the purposes of tracking, the amount of weeks or period of assistance used would be only for the part of the monthly housing costs assisted by STRMU. In this example,  $\frac{3}{4}$  of the month or three weeks of assistance would count towards the household's total eligible STRMU period. In this example, the household's rent payment of \$200 decreases the amount of time that counts towards the eligible STRMU period. If the household had a need to apply again for STRMU assistance within the same 52 week period, that household would have more time remaining in its eligible STRMU period than if the household had not made any contribution towards the rent previously.

### Duplication of Benefit

Project Sponsors must develop policies and procedures to address potential duplication of benefit before assisting clients with STRMU assistance. Applications should ask about other benefits or assistance provided, and clients should sign a statement affirming they have not yet received financial assistance for the same period from another HOPWA agency. If duplication of benefit is determined, HOPWA staff must confirm or request written verification from HOPWA agencies on amounts and time periods provided, to the best of their ability.

### Development of the Housing Plan of Care

STRMU providers must document the appropriateness of providing STRMU assistance for each assisted household. Ongoing assessment of the housing assistance and supportive services is required by 24 CFR 574.500. These requirements should be met through a housing needs assessment and the development of a Housing Plan of Care for each STRMU assisted household.

The Housing Application and Assessment is intended to provide information to help achieve housing stability and is an opportunity to collect as much information as possible about the household's needs, preferences, and challenges. This information helps inform the development of a Housing Plan of Care and the services that are subsequently provided.

The Housing Plan of Care should document a household's goals for housing, identify resources and services needed to achieve those goals, outline what assistance will be delivered and who will deliver it, and include an estimated timeline for achieving goals. All Housing Plans of Care should be developed by an appropriate project sponsor staff person.

Within 15 days of the start of short-term assistance, the recipient (with the help of Project Sponsor staff will develop and commit to an individualized Housing Plan of Care). The primary goal of the Housing Plan of Care is to assist the recipient in maintaining independence from HOPWA at the end of the time-limited assistance. The Housing Plan of Care will address the following financial aspects:

- Assisting the recipient to plan and budget their finances; and
- Encouraging the recipient to get additional mortgage counseling (if applicable), and other credit or financial counseling.

In addition to the financial aspects, alternatives to HOPWA services should be explored and include, but are not limited to:

- Exploring lower cost housing options.
- Exploring housing options with family members.
- Exploring locations close to family members for increased family support.
- Seeking other public assistance housing programs.
- Moving to a community where the recipient has a support network, and/or access to affordable and available housing.

Documentation of efforts to help the clients to maintain affordable housing must be maintained in the client's file. The HOPWA project sponsor reserves the right to refuse further assistance if the recipient does not demonstrate an effort to implement all or portions of his/her Housing Plan of Care.

For more information, the HOPWA Rental Assistance Guidebook

(<https://www.hudexchange.info/resource/2818/hopwa-rental-assistance-guidebook/>) provides an in-depth discussion on developing Housing Plans of Care in Chapter 3.

## Provisions and Limitations

1. HOPWA funds are provided to those meeting program qualifications, and **no single client can be guaranteed receipt of assistance**. Applicants for short-term assistance who meet program qualifications will be served according to the CLV HOPWA Program Policies and Procedures.
2. This program **cannot** provide emergency housing assistance to persons who are homeless or need assistance with move-in costs. HUD guidelines state that applicants are only low-income residents with an HIV/AIDS diagnosis; and that they are the named owner of mortgaged real property, lease holder of a rented/leased unit, or named as the responsible party for utility payments. These HUD guidelines also prohibit use of these funds for move-in expenses.
3. Financial payments on behalf of the client shall be made **directly to the landlord, mortgagee, or utility company**. The HOPWA project sponsor may **not** make payment directly to the client or make cash payments of any kind, including checks made out to cash.
4. The CLV HOPWA Program may not make payment of more than the actual cost of rent/lease, mortgage, or utility. Condominium and/or association fees can be included in mortgage

assistance. Property taxes not included as part of the mortgage payment may not be paid with HOPWA funds. Financial planning is included as part of the monthly assessment. Any available or residual funds available to the applicant should be included as part of the client goals to establish permanent housing stability.

5. The CLV HOPWA Program may only pay basic utilities (meaning electricity, gas, and water).
6. HUD rent standard and utility guidelines do **not** apply to rent or mortgage assistance under this STRMU program; however, STRMU assistance is intended to assist households remain in their own dwelling independently. If a dwelling is not affordable, based on the household's income, efforts should be made to assist the household in locating more affordable housing rather than providing ongoing STRMU support for housing that not sustainable.
7. Applicants should **not** rely on this assistance as it can be denied, or delayed or denied for reasons beyond the control of the program. The applicant should budget their finances accordingly, and pay rent or mortgage on time if at all possible and regardless of the status of the application to avoid receiving eviction or default notices.

### Suitable Housing Units

As part of the assessment process for STRMU, providers should ensure that housing supported with STRMU assistance is safe, decent, and sanitary. In order to expedite payment and prevent homelessness, a housing quality standard inspection is not required initially for the use of time-limited STRMU assistance. However, HUD strongly recommends that continued occupancy of any HOPWA-supported housing meet HOPWA's habitability standards found at 24 CFR 574.310(b)(2) and that any observed deficiencies noted in an individual housing and services plan are addressed appropriately. If providers assess that a STRMU applicant or assisted household is residing in substandard housing, the individual housing stability plan should seek to address any unit deficiencies or move the client to housing that meets HOPWA's habitability standards and is in compliance with all applicable State and local housing standards.

#### Lead-based paint requirements do not apply for STRMU assistance when:

- The STRMU assistance is lasting 100 or fewer consecutive days;
- The assisted unit is a zero-bedroom unit;
- The household does not have members who are pregnant or are children under the age of 6; or
- The housing was built in 1978 or after.

#### Lead-based paint requirements do apply for STRMU assistance when:

- The STRMU assistance is lasting more than 100 consecutive days;
- The housing was built before 1978; and
- The household has members who are pregnant or are children under the age of six.

If lead-based paint requirements apply, then before STRMU assistance can be provided for that unit:

- A visual assessment for deteriorated paint must be done for the unit, the common areas servicing the unit, and the exterior surfaces of the building where the unit is located.
- Staff must complete an hour-long online training course before they are allowed to perform visual assessments. HUD's Lead-Based Paint Visual Assessment Training Course can be found here: <http://www.hud.gov/offices/lead/training/visualassessment/h00100.cfm>.
- If deteriorated paint is identified by the visual assessment, it must be repaired along with the building component underneath the surface finish, if that component is defective, and, unless the amount of deterioration is below a specified threshold, the repair work must be done using lead- safe work practices and the affected area tested and "cleared" to allow safe occupancy.
- Residents must be provided a lead hazard information pamphlet and a notice regarding the deteriorated paint work and clearance results.
- The grantee has determined that the cost of the deteriorated paint work will be paid by the owner/developer/lead paint grant.

Carbon Monoxide alarm or detector requirements do apply for STRMU assistance. Before STRMU assistance can be provided for that unit:

- Tenant or owners may provide self-certification that the dwelling unit meets the carbon monoxide detector and alarm requirements. The project sponsor will provide training, and develop a standard checklist to ensure the tenant or owner understands and applies the applicable criteria when making the self-certification that (CO) detectors or alarms are installed as required. Self-certifications will be kept in the assisted household's file.

After STRMU assistance has been provided:

- Ongoing lead-based paint maintenance must be incorporated into regular building operations.
- If any additional deteriorated paint is addressed, additional notice to residents is required.
- Ongoing carbon monoxide alarm and detector maintenance must be incorporated into regular building operations.

For additional guidance, see the HOPWA Rental Assistance Guidebook, Chapter 5 (<https://www.hudexchange.info/resource/2818/hopwa-rental-assistance-guidebook/>).

STRMU assistance can be provided to households who live in mobile homes, trailers, and motor homes in some situations. STRMU assistance payments are permitted in accordance with guidance established for the HOME Affordable Housing program in HUD CPD Notice 03-05. As described in Notice 03-05, mobile homes, motor homes, trailers, recreational vehicles, and other like vehicles with wheels on the ground, capable of relocating and not attached to the earth, are considered personal property and therefore are not qualified for STRMU assistance. HOME guidance considers units attached to the earth as "real" property (as in real estate). Such units must also be connected to permanent utilities and meet local guidelines for mobile home housing. Households residing in attached real property mobile homes



that are connected to utilities and meet local guidelines are qualified to receive STRMU assistance. Space rental costs in a mobile home park are allowable STRMU assistance costs.

### Connection to Permanent Housing

As a short-term intervention tool, STRMU assistance is not intended to provide continuous or perpetual assistance. Other types of long-term permanent housing assistance should be employed when household assessments indicate that little or no improvement of the conditions that caused the current financial burden are likely during or after the 21-week eligible STRMU period. Other long-term permanent housing assistance and/or programs include:

- HOPWA Project-Based or Tenant-Based rental assistance and facility-based housing  
<https://www.hudexchange.info/hopwa>
- Housing Choice Vouchers (formerly Section 8)  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/hcv](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv)
- HUD-Veterans Affairs Supportive Housing (HUD-VASH)  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/hcv/vash](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash)
- Continuum of Care (CoC) Program <https://www.hudexchange.info/programs/coc/>
- Public Housing  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/public\\_indian\\_housing/programs/](http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/)
- HOME Investment Partnerships Program <https://www.hudexchange.info/programs/home/>
- Section 811 Supportive Housing for Persons with Disabilities Program  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/housing/mfh/grants/section811ptl](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/grants/section811ptl)
- Section 202 Supportive Housing for the Elderly Program  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/housing/mfh/progdesc/eld202](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202)
- Low-income Housing Tax Credits [http://lihtc.huduser.gov/agency\\_list.htm](http://lihtc.huduser.gov/agency_list.htm)
- United States Department of Agriculture Housing Assistance  
[http://www.usda.gov/wps/portal/usda/usdahome?navid=HOUSING\\_ASSISTA](http://www.usda.gov/wps/portal/usda/usdahome?navid=HOUSING_ASSISTA)
- And other state and local resources, when available.

If it is determined that a STRMU-assisted household needs ongoing rental assistance or other forms of long-term permanent housing beyond the eligible STRMU period to address immediate housing needs, STRMU providers should seek to connect households to these resources. Households that were assisted with STRMU are qualified to receive other types of HOPWA housing subsidy assistance, and complementary HOPWA Supportive Services, if that assistance would meet the household's assessed need. Note that many available housing programs provide rental housing assistance and, therefore, are not available to homeowners seeking mortgage assistance.

Rental assistance subsidy programs address monthly housing costs, but may not provide assistance for security deposits, including last month's rent, and/or utility deposits. HOPWA Permanent Housing Placement (PHP) funding may be used for this purpose.

## Permanent Housing Placement (PHP)

Permanent Housing Placement (PHP) at 24 CFR 574.300(b)(7) is an allowable activity under the CLV HOPWA Program in which the goal is to help establish permanent residence when continued occupancy is expected. PHP may be used to compliment other forms of HOPWA housing assistance. For example, it can be used to adjust to changes in care needs by assisting persons transitioning from more supportive settings and programs with securing alternative housing arrangements (i.e., it may be used to assist STRMU clients who have exceeded the 21-weeks of allowable assistance).

## Suitable Housing Units

As part of the assessment process for PHP, providers should ensure that housing supported with PHP assistance is safe, decent, and sanitary. In order to expedite payment and prevent homelessness, a housing quality standard inspection is not required initially for the use of time-limited PHP assistance. However, HUD strongly recommends that continued occupancy of any HOPWA-supported housing meet HOPWA's habitability standards found at 24 CFR 574.310(b)(2) and that any observed deficiencies noted in an individual housing and services plan are addressed appropriately. If providers assess that a PHP applicant or assisted household is residing in substandard housing, the individual housing stability plan should seek to address any unit deficiencies or move the client to housing that meets HOPWA's habitability standards and is in compliance with all applicable State and local housing standards.

Carbon Monoxide alarm or detector requirements do apply for PHP assistance. Before PHP assistance can be provided for that unit:

- Tenant or owners may provide self-certification that the dwelling unit meets the carbon monoxide detector and alarm requirements. The project sponsor will provide training, and develop a standard checklist to ensure the tenant or owner understands and applies the applicable criteria when making the self-certification that (CO) detectors or alarms are installed as required. Self-certifications will be kept in the assisted household's file.

## Allowable Expenses

Eligible costs under PHP include services and financial assistance costs. Eligible PHP service costs include services or activities designed to assist individuals or families in locating suitable housing, which at a minimum would be referral to housing that is decent, safe and sanitary, subject to requirements covering other assistance programs (if applicable). These may include:

1. Costs associated with **LOCATING** housing.

- Housing referral.
- Tenant counseling.
  - Understanding a residential lease and its obligations.
  - Mediation of disputes related to tenant/landlord issues that may arise.
- 2. Making moving arrangements.
- 3. Costs associated with **PLACEMENT** in housing.
  - Application fees and credit check expenses.
  - First month's rent and security deposit (not to exceed the value of two months' rent).
  - One-time utility connection fees and processing costs (utility deposits).

### Not Allowable Expenses

The following costs are not covered by PHP funds:

- Moving costs.
- Standard furnishings.
- Housekeeping/housing supplies.
- Minor repairs to the unit associated with the move-in.
- Smoke alarms.
- Other incidental costs for occupancy of the housing unit.

*NOTE: While the above items are not allowable as HOPWA costs for PHP assistance, LEVERAGED FUNDS or DONATIONS may be used to address the related needs for other move-in support for HOPWA clients.*

### Recovery of Deposits

Security deposits are CLV HOPWA Program funds that **MUST BE RETURNED** to the program when the assisted tenant leaves the unit. Project sponsors must maintain a record of all security deposits. Good faith effort must be made to recover program funds upon the departure of the client from the unit.

Additional guidance on PHP can be found at <https://www.hudexchange.info/resource/1014/permanent-housing-placement-services-fact-sheet/>

## Transitional Housing Assistance (or Short-Term Supported Housing Assistance)

Under 24 CFR 574.330, HOPWA funds may be used to provide temporary shelter to qualified individuals. Transitional housing (or short-term supported housing facilities) is an allowable activity under the CLV HOPWA Program. Short-term facilities are intended to provide temporary shelter to program qualified

individuals to prevent homelessness, and allow an opportunity to develop an individualized Housing Plan of Care to guide the client's linkage to permanent housing.

Examples of transitional housing facilities include, but are not limited to, furnished apartments, HOTEL/MOTEL ROOMS, housing rooms, etc., that foster independent living while more permanent arrangements are sought. These facilities provide temporary shelter to persons living with HIV/AIDS (PLWHA) who are homeless.

### Time Limits

The Code of Federal Regulations, 24 CFR Part 574.330(a), states: "A short-term supportive housing facility may not provide residence for any individual for more than **60 DAYS** in any six month period." The need for transitional housing is generally calculated on a daily basis, and is no longer than 60 days.

If a client initially needed transitional housing placement (60 days during any six month period), and then progressed to needing STRMU assistance (up to 21 weeks, or five months), a client could receive HOPWA assistance under both service categories. HUD does allow an individual to receive up to 60 days of transitional housing placement assistance FOLLOWED BY 21 weeks of STRMU assistance. These combined services may last approximately seven months.

### Rate Reasonableness

The daily rate charged for a unit of service must be reasonable in relation to rates currently being charged for comparable units in the private unassisted market. It must not be in excess of rates currently being charged by the facility for individuals not receiving HOPWA assistance. If a situation in which the fair market rate standards cannot be secured, the project sponsor staff should thoroughly document their housing search efforts and note what plans are being made towards securing long-term, affordable housing. At no time should this rate reasonableness requirement be waived.

### Residency Limitation

According to 24 CFR 574.330 (b): "A short-term supported facility may not provide shelter or housing at any single time for more than 50 families or individuals."

### Case Management

According to 24 CFR 574.330 (e): "A program assisted under this section shall provide each assisted individual with an opportunity to receive case management services from the appropriate social services agencies."

## Placement in Permanent Housing

According to 24 CFR 574.330(c): “Each short-term facility must, to the maximum extent possible, offer individuals residing in such housing the opportunity for placement in permanent housing.”

## Additional Information

- Transitional housing facilities supported under the CLV HOPWA Program should be identified and listed as EMERGENCY SHELTER for PLWHA in the community’s Continuum of Care homeless assistance plan.
- People residing in homeless shelters are eligible to be housed in units assisted under HUD’s Continuum of Care homeless assistance programs (e.g., Supportive Housing Program). They are also eligible to access other types of HOPWA assistance and other HUD housing programs.
- Some areas may have funded emergency and transitional housing as part of care plans through their Ryan White programs. This related housing assistance is not defined as a core medical service under Ryan White, and is subject to limitations (refer to <http://hab.hrsa.gov/> for additional guidance.)

*NOTE: Project sponsors/subcontractors are not required to calculate and charge clients rent payments in connection with transitional housing.*

## Housing Information/Resource Identification

Housing Information/Resource Identification, information, and referral services are dedicated to helping persons living with HIV/AIDS and their families to identify, locate, and acquire housing. This may also include fair housing counseling for qualified persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap/disability. CLV HOPWA Program funds may be used for Housing Information/Resource Identification to ESTABLISH, COORDINATE, and DEVELOP housing assistance resources for qualified persons (including conducting preliminary research and marketing necessary to determine the feasibility of specific housing-related initiatives).

Housing Information/Resource Identification is available to all individuals regardless of qualification for further HOPWA funded services, and has a cap of 5% of direct housing services.

## Tenant-Based Rental Assistance

Tenant-Based Rental Assistance (TBRA), including shared housing arrangements, is an allowable activity under federal regulations governing HOPWA grant funds (24 C.F.R. 574.300(b)(5)), designed to serve low income PLWHA who require assistance with rental payments for an **EXTENDED PERIOD OF TIME**. TBRA is subject to federal HOPWA regulations that establish a client rent contribution requirement, program rent subsidy limitations, occupancy, and housing quality standards. See 24 C.F.R. 574.310(b) and (d), and 574.320. The goal of the program is to assist program participants in achieving and maintaining housing stability so as to avoid homelessness, and improve their access to and engagement in HIV treatment and care.

Unlike facility-based assistance which is a subsidy attached to a specific building or unit, TBRA is a rental subsidy used to help participants obtain permanent housing in market-rate units, including shared-leased housing in the private rental housing market that meets housing quality standards and is rent reasonable. Working much like the Section 8 Housing Choice Voucher Program, HOPWA tenant-based assistance pays the difference between the Fair Market Rent or “reasonable rent” and the tenant’s portion of the rent. With TBRA, the HOPWA project sponsor makes rental payments directly to property owners. The HOPWA subsidy covers a portion of the full rent; the tenant also pays a portion based on their gross income or adjusted income, as described in detail below.

*NOTE: Reasonable security deposits for HOPWA TBRA clients can be provided as a Permanent Housing Placement service, which is a separate HOPWA activity. Late and reconnect fees are not allowable under TBRA.*

Although HUD considers HOPWA TBRA to be permanent housing, many project sponsors utilize it as a long-term “transitional” program until households (if qualified) can secure Housing Choice Voucher (Section 8) housing or other affordable stable housing; therefore, allowing more HIV positive households to be served. Generally in those cases, failure to accept an offer of the Housing Choice Voucher program (Section 8) or other affordable stable housing may result in termination of HOPWA assistance, or other action.

In order to monitor a tenant-based rental assistance program fully, site visits to multiple locations are necessary, since monitoring TBRA relies on the inspection of units at least annually and home visits provide a perspective on clients’ housing stability that is not evident through office visits.

*The TBRA voucher is not tied to a specific unit, so tenants may move to a different unit without losing their assistance. Working much like the Section 8 Housing Choice Voucher Program, HOPWA tenant-based assistance pays the difference between the Fair Market Rent or “reasonable rent” and the tenant’s portion of the rent. With TBRA, the HOPWA project sponsor makes rental payments directly to property owners.*

## Qualifications

To qualify for the CLV HOPWA TBRA Program, the applicant must demonstrate through verifiable documentation that:

1. The applicant resides in the CLV HOPWA service region. Note that only housing units located within EMSA may be assisted under the HOPWA Program.
2. The applicant has received a medical diagnosis of HIV or AIDS, as defined by the Centers for Disease Control and Prevention (CDC).
3. The applicant household's income does not exceed 80 percent of the median family income for the county of residence, as determined by the Secretary of HUD on an annual basis. In calculating income, the CLV HOPWA TBRA Program counts the income of all applicable household members (with the exception of income earned from the employment of dependent children under age 18).
4. The applicant is enrolled in Ryan White Program Part B-funded HIV Case Management, unless the applicant is qualified for HOPWA only.
5. The applicant is homeless or at risk of homelessness.
6. The applicant is a citizen of the United States or legal immigrant.
7. The applicant has an on-going source(s) of monthly income sufficient to meet their daily living needs, including their adjusted rent obligation and utility payments.
8. If the applicant is under 18 years of age, the applicant must live as a family unit with the applicant's parents or legal guardians.
9. Individuals must **not** have been convicted of manufacturing or producing methamphetamine on the premises of federally assisted housing (public housing).
10. Individuals must **not** be subject to lifetime registration requirements under the sex offender registration program.
11. Persons who received HOPWA assistance in one service area and move to another service area must re-apply for HOPWA assistance under the application procedures set forth in this Manual (i.e., assistance under HOPWA is not portable).
12. Persons receiving short-term assistance may not simultaneously receive long-term assistance.

## Administering the HOPWA TBRA Program

**The process of paying monthly rental subsidies on behalf of clients requires the CLV HOPWA Program to develop and follow a set of TBRA program procedures and to ensure that all required documentation is in place.** This section describes the key requirements that are important to operating and managing a HOPWA rental assistance program at the client level. Though these requirements are not unique to the HOPWA program, they are critical to meeting and complying with HUD and HOPWA program and funding requirements.

The following are key components to administering the HOPWA TBRA program:

- Setting the rent standard and conducting a rent reasonableness assessment.
- Determining income and calculating resident rent contribution.
- Determining the maximum rental subsidy amount.
- Administering the rental subsidy.

### Setting Rent Standard

HOPWA federal regulations state the rental assistance program must have a rent standard that sets the limit for housing costs for each unit size—from one-bedroom (efficiency) to six-bedroom units. The Rent Standard is the maximum value of an allowable rental unit (includes both rent and utilities). The HOPWA regulations (24 CFR 574.320 (a)(2)) specify how the rent standard should be set for a rental assistance program. This standard includes both RENT and UTILITY costs (electricity; fuel - natural gas or oil; water; sewer; and trash removal) and can be no higher than the published Housing Choice Voucher (Section 8) program, Fair Market Rent (FMR), or the HUD-approved communitywide exception rent for the unit size. HUD allows the local Public Housing Authority (PHA) to set the Housing Choice Voucher payment standard between 90% - 110% of FMR and approves it in the annual Public Housing Authority Management Plan.

Based on the federal HOPWA regulations, the CLV HOPWA Program determined that the rent standard for the TBRA program will use the approved Southern Nevada Regional Housing Authority (SNRHA) payment standard, which is above the FMR. Which conforms to using “the community-wide exception rent” as the CLV HOPWA rent standard. Payment standards are determined by SNRHA using HUD’s Fair Market Rents, and approved by the SNRHA board annually.

*The PHA rent standards will be used as the Rent Standard that is defined as the maximum value of an allowable rental unit (includes both rent and utilities).*

*NOTE: Utilities included in the Rent Standard for TBRA are electricity, fuel (e.g., natural gas, oil), water, sewer, and trash removal. Telephone, internet, and cable are NOT included.*

### Local PHA Payment Standards

The Southern Nevada Regional Housing Authority (SNRHA) establishes a payment standard schedule that establishes payment standard amounts for each FMR area within SNRHA’s jurisdiction, and for each unit size within each of the FMR areas. For each unit size, SNRHA may establish a single payment standard amount for the whole FMR area, or may set different payment standards for different parts of the FMR area. Unless HUD grants an exception, SNRHA is required to establish a payment standard within a “basic range” established by HUD – between 90 and 110 percent of the published FMR for each unit size.



When HUD updates its FMRs, SNRHA must update its payment standards if the standards are no longer within the basic range [24 CFR 982.503(b)]. Copies of the payment standard are available for on SNRHA's website: [https://www.snvrha.org/fh\\_housingchoicevoucherpgm.html](https://www.snvrha.org/fh_housingchoicevoucherpgm.html)

### Annual Review

The CLV HOPWA Program will review and may adjust the rent standards ANNUALLY against the local Public Housing Authority's (PHA) Housing Choice Voucher payment standard. One notable exception is when households are already housed in units with rents that meet the previous years' rent standards; these households would continue to rent the units with no change in rent through the term of the lease. At lease renewal, the rent would be re-evaluated in terms of both the rent standard in effect and the reasonable rent requirements.

### Determining a Change in Rent Standard Based on PHA Payment Standards

A HOPWA grantee may choose to adjust its rent standard based on the new local PHA Payment Standards, but adjustments are not mandatory as long as they meet certain requirements described in the next section. Based on the grantee's housing market (e.g., rent reasonableness and vacancy rate), a grantee may determine that adjustments in the rent standard are not needed. Further, increasing rent standards could limit the number of qualified persons that could be served by the program, as available funding may limit the number of qualified households that can be assisted. However, a higher rent standard may increase the options of affordable housing available to assisted households. If the FMR decreases, the grantee should ensure that the rent standard is not higher than 100% of the FMR.

To determine if the rent standard should be adjusted, grantees can examine several factors:

- **Availability of affordable units.** This may be demonstrated by reasonableness data (discussed in the next section, Rent Reasonableness), vacancy rates, and supply or location of housing. If qualified households are having trouble finding affordable housing within the rent standard, the rent standards for the area may be too low.
- **Size and quality of housing.** The size and/or quality of housing may be limited due to the rent standards. The grantee may track data collected during the HOPWA habitability standards review to determine if certain trends are occurring (i.e., lack of one-bedroom units or units with utilities).
- **Time to locate housing or the voucher expires without leasing.** If qualified households are unable to find housing within 90 days of entering the program or the time period for finding housing expires, the rent standard may be too low for the area.
- **Large number of turnovers.** If there is a high rate of turnover of qualified households receiving housing rental assistance, the rent standard may be too low to allow qualified households to

access neighborhoods with amenities necessary for the family. For example, access to neighborhoods with good public transportation, schools, work, or other community amenities may be limited based on the rent standard used.

### Applying the Adjusted Rent Standard

If an adjustment is made to the rent standard, the grantee has the option of making the change within 90 days following the release of the new local PHA payment standard or at the beginning of the grantee's next program year.

**The CLV HOPWA Program determined any adjustment to the Rent Standard will occur at the beginning of each program year (e.g., July 1).**

Whichever method is used by the grantee should be described in the Consolidated Plan, grant proposal, or equivalent document and be approved by HUD. If a grantee chooses to begin using the new rent standard prior to the method approved by HUD, the grantee must provide a justification to HUD and receive approval of the requested change before using the new rent standard.

- **Lowering the rent standard.** If the grantee determines the rent standard should be lowered, the new rent standard applies to new tenants, tenants moving to a new unit, tenants with a change in family size or composition, or at the anniversary of the lease. Grantees may wait to apply the new rent standard until the second anniversary of the lease start date to allow for a grace period for the household to adequately plan for the adjustment (which could include the need to move if the current unit no longer is within the adjusted rent standard).
- **Increasing the rent standard.** If the grantee determines the rent standard should be raised, the new rent standard would apply to new tenants, tenants moving to a new unit, or at the anniversary of the lease (when the lease is up for renewal).
- **Case-by-case increase of the rent standard.** HOPWA regulations (24 CFR 574.320 (a)(2)) allow, on a unit-by-unit basis, a grantee to increase the amount of the established rent standard by 10% for up to 20% of the units assisted. Such an increase can be provided when a grantee is using either of the two methods for determining the rent standard discussed earlier in the chapter. Grantees may grant authority to their project sponsors to conduct such increases; however, it is up to the grantee to monitor such a provision to ensure that no more than 20% of the units receive such increases. A case-by-case increase may be applied to the unit at any time the grantee deems necessary.

### Rent Reasonableness

In order to determine 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. It must not be in excess of rents currently being charged by the rental property for comparable unassisted units.

Payments will be based upon the local PHA payment standard for the area. However, if after conducting a housing search, housing that complies with the local PHA payment standards cannot be secured then temporary housing that exceeds the rent standards may be utilized. If this situation arises, the Project sponsor staff should thoroughly document their housing search efforts and note what plans are being made towards securing long-term, affordable housing. **At no time should the rent reasonableness requirement be waived.**

Program staff must ensure that the rents being charged for the assisted units are reasonable, as described in the HOPWA regulations 24 CFR 574.320 (a)(3). Reasonableness is tested in two ways.

- **REQUIREMENT ONE:** First, the rent charged for the unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market.
- **REQUIREMENT TWO:** Second, the rent charged cannot be higher than rents currently charged by the owner (landlord) for comparable unassisted units.

The purpose of the requirement is to ensure that no property owner artificially inflates assisted units over comparable unassisted units. At no time should the rent to the owner exceed the reasonable rental amount.

#### WHEN to conduct Rent Reasonableness Assessments

Project sponsor staff is required to assess the rent reasonableness of a unit in the following circumstances:

- **Before entering into an agreement with a landlord.** A project sponsor should not enter into an agreement with a landlord without first determining if the requested rent of the unit is comparable to other unassisted units.
- **Before increasing the rent to a landlord.** A project sponsor should recertify that the requested higher rent is reasonable as compared to other unassisted units.
- **When the FMR decreases.** If, during an annual recertification, there is a decrease of 5% between the new FMR and the previous year's FMR for the unit size, a project sponsor needs to conduct a rent reasonableness review. If the current rent is found not be reasonable, the project sponsor should negotiate a lower rent with the landlord to ensure the rent remains reasonable.
- **Requested by HUD.** If HUD has reason to question the grantee's system or the accuracy of the rent reasonableness, HUD may request rent reasonableness reviews of all or a portion of a grantee's units.
- **At any time determined by the grantee.** A grantee can conduct a rent reasonableness assessment at any time, for example as part of routine monitoring.

## HOW to Conduct Rent Reasonableness Assessments

Project sponsor staff must ensure that each unit assisted is rent reasonable throughout the tenancy of the qualified household. To this end, the project sponsor should have established policies on how rent reasonableness will be determined and documented. Project sponsor staff must document the decision-making process and the decision in the tenant's file.

**Project sponsor staff should not assume that if the rent of an assisted unit is within the established rent standard that the unit's rent is reasonable.** It is possible that a unit may be within the rent standard established by the grantee and still not be reasonable. Project sponsor staff must document for each unit that a reasonable rent is being charged compared to other units in the private market and must verify, if applicable, that the rent of a unit is reasonable compared to the rent of other comparable unassisted units owned by the same landlord.

**MEETING REQUIREMENT ONE:** The rent charged for the unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted can be determined by one of the following two options for determining rent reasonableness:

- **Using a market study.** A market study conducted by a local Public Housing Agency (PHA) or other entity in conducting their rent reasonableness assessment may be used.
- **Review of comparable units.** A project sponsor may also choose to conduct their own review of comparable units. This is usually the best option for smaller programs or for programs that serve a large or varied geographic region that may be different than any one PHA. A review of rent reasonableness can often be completed during the HOPWA habitability standards review. The rental assistance program should develop clear policies detailing how the reviews will be completed. The policies should include resources regarding factors to consider when comparing units, finding comparable units, and methods of documentation.
  - Comparison factors. Factors to consider in conducting the assessment include the following:
    - **Location of the unit:** In what neighborhood is the unit located? What are the distances to public transportation, shopping, work, and other services?
    - **Size of unit:** How many bedrooms does the unit have?
    - **Type of unit:** Is the unit unattached or attached? Is it in a large or small complex? Is it a single- or multi-family unit?
    - **Age of unit:** When was the unit built?
    - **Utilities:** Which utilities, if any, are included in the rent of the unit?

These first five factors are often the most important for determining variances in rent. The following factors usually do not create substantial differences in rent, although they are addressed in the lease and can affect how quickly a unit leases:

- **Amenities:** Is a washer/dryer, dishwasher, or new carpet provided in the unit? Do tenants need to pay for washing clothes and linens (in the building or at a self- service laundromat)?
- **Housing services:** Are services provided to tenants?
- **Maintenance:** Does the lease specify some form of tenant responsibility for maintenance of the unit (e.g., lawn care)?
- Locating units for comparison. There are a variety of methods for locating units for comparison, including newspaper advertisements, Internet sites (e.g., [www.craigslist.org](http://www.craigslist.org), [www.rent.com](http://www.rent.com)), and apartment guides. Additionally, some communities have developed 211 systems that include affordable housing as a part of their listed services. Based on the factors discussed above, each unit should be reviewed with at least three other comparable units. When comparable units are not available, best efforts should be made to find similar units in other complexes or in similar geographic areas that are comparable to the location of the unit to be assisted.
- Documenting the comparison. A variety of forms may be used to document the rent reasonableness of assisted units. The form should address the factors discussed above and should compare the unit to be assisted with three other comparable units. The contract rent for the unit to be assisted should be at or below the contract rent of the three comparable units. If the unit rent is determined to be unreasonable, rental assistance should not be provided for this unit.

*The CLV HOPWA Program determined using the Review of Comparable Units to ensure rent reasonableness.*

**MEETING REQUIREMENT TWO:** Second, the rent charged cannot be higher than rents currently charged by the owner (landlord) for comparable unassisted units. In addition to ensuring the rent reasonableness of a unit compared to other private market units, project sponsor staff must ensure the rent of a unit is reasonable compared to the rent of other comparable unassisted units owned by the landlord. To meet this second reasonableness requirement, project sponsor staff must request certification from the landlord that the rent being charged for the assisted unit is comparable to rents charged for other comparable unassisted units owned by the landlord. The landlord should provide previous rent charged for the unit to be assisted, current rent charged by the landlord for comparable unassisted units, and estimated rent for a comparable unassisted unit, if the unit was vacant. If the requested rent is not reasonable, meaning the rent is not comparable to rent charged for other comparable units owned by the landlord, assistance may not be provided for this unit unless an adjustment in the requested rent is made.

## Determining Resident Income

Determining the client household's annual income and adjusted income is a critical step in determining how much the household will be able to contribute to housing and ultimately, the amount of the rental subsidy for the client. This section describes how to calculate the household's annual income and adjusted income.

## Determining Annual Income

Determining annual income allows the CLV HOPWA Program to 1.) Ensure the basic qualification for HOPWA rental assistance is documented (only low-income households—those with income below 80% of the Area Median Income (AMI)—may receive HOPWA rental assistance); and 2.) Determine the amount the household will contribute toward their housing expense (with the balance paid with HOPWA funds).

HUD publishes the annual income limits on the HUD USER website found at [www.huduser.org/portal/datasets/il.html](http://www.huduser.org/portal/datasets/il.html). Grantees and project sponsors can find the current income limits for their area(s) under “Data Sets.”

- **When determining household income**, there are rules regarding the income to include and exclude. For HOPWA rental assistance programs, income covered by the **Earned Income Disregard (EID)** should be excluded. 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 (24 CFR 5.617). This is commonly known as the Earned Income Disregard (EID) and should be considered when determining annual income. EID 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.
- **Zero-Income.** Some households entering the HOPWA program may indicate that they have no income. In such cases, agencies are expected to document this fact by obtaining a certification of “no income” from the applicant.

## Determining Adjusted Income

After the household's annual income has been calculated and the household is determined income qualified for HOPWA assistance, the next step is to determine a household's adjusted income. Adjusted income considers adjustments to income to establish how much the household will be required to pay for its housing, covering both basic utilities and rent.

Each category of income adjustment listed below includes a description of typical documentation:

- **Disabled/Elderly.** A household that meets the definition of an elderly or disabled household is entitled to a **deduction of \$400 per household**. Even if more than one person in the household

is elderly or disabled, there is only one \$400 adjustment for the entire household. **The documentation of HIV/AIDS showing qualification for the HOPWA program is generally sufficient for showing qualification for the disability income adjustment.** Acceptable forms of documentation include documentation from a health professional qualified to make such a decision or an HIV/AIDS test conducted by a physician, community health center, or HIV counseling center.

- To qualify for this adjustment as a disabled household, the person with the disability must be the head of the household, spouse of the head of household, or the sole member of the household. In cases where the only person with disability is a dependent child, the household does not qualify for this adjustment on the basis of disability.
  - To qualify for this adjustment as an elderly household, the head of the household, spouse of the household, or sole member of the household must be 62 years of age or older.
- **Dependents.** When calculating adjusted income, **deduct \$480 from annual income for each household dependent** (24 CFR 5.611(a)(1)). HUD's definition of dependent is different from the Internal Revenue Service (IRS) definition. HUD defines a dependent as any household member who is not the head, co-head, or spouse, but who is:
  - Under the age of 18 years,
  - Disabled (of any age), or
  - Full-time student (of any age).

Documentation in the file should verify age, disability, or student status, as applicable.

- **Child Care Expenses.** Reasonable child care expenses paid out of pocket by the tenant for the care of a child age 12 or under may be documented and deducted from annual income if the child care (1) enables an adult family member to seek employment actively, be gainfully employed, or further his/her education, and (2) expenses are not reimbursed (24 CFR 5.611(a)(4)). Deducted expenses cannot exceed income earned.
- **Medical Expenses.** Elderly or disabled households (as defined previously) that have no disability assistance expenses (see below) may claim out-of-pocket medical expenses in **excess of 3% of annual income as a deduction** (24 CFR 5.611(a)(3)(i)). Medical expenses that may be considered include all medical expenses anticipated to be incurred during the coming year that are not covered by insurance or reimbursed through other sources. File documentation should clearly document these expenses and consider whether some or all of the claimed expenses might be reimbursed from other sources.
- **Disability Assistance.** Disability assistance expenses paid out of pocket by the tenant can also be deducted from annual income to the extent that they exceed 3% of annual income (24 CFR 5.611(a)(3)(ii)). The purpose of this deduction is to recognize expenses for the care of a disabled person that enables the disabled person or some other family member to work. Disability assistance expenses may include the cost of a care attendant and/or auxiliary apparatus that enables a household member, including the disabled member, to work. Both medical expenses

and disability assistance expenses are limited to those in excess of 3% of annual income. For families who qualify for both types of expenses, the allowable amount is the amount by which the combined expenses exceed 3% of annual income. Because disability assistance expenses are also capped by the amount of income earned, a special calculation is required. Program staff should first calculate the allowable disability assistance expenses and then add to that the allowable medical expenses.

### Calculating Resident Rent Contribution and Maximum Rental Subsidy

After verifying the determination of both annual income and adjusted income, the next step is to calculate how much the resident will pay for housing—the payment to the landlord and resident paid utilities. By regulation (24 CFR 574.310(d)), residents receiving HOPWA rental assistance must pay as rent, including utilities, an amount that is **the higher of**:

- 30% of monthly adjusted income,
- 10% of monthly annual income (annual income before adjustments, divided by 12), or
- Welfare payments specifically designated to meet housing costs.

Except for unusual circumstances, 30% of monthly adjusted income will be higher than 10% of monthly annual income. **So in most cases, the resident rent contribution will be 30% of adjusted income.** HOPWA requires that residents pay the amount calculated regardless of the rent for the unit (as long as housing costs for the unit meet the rent standard and rent reasonableness requirements). In a few areas, the agency administering “Temporary Assistance to Needy Families” (TANF) designates a portion of the welfare payments for rent. In these localities, the file must include documentation of this amount.

### Rent and Utility Deposits

A HOPWA rental assistance program may choose to provide assistance with rent and utility deposits using Permanent Housing Placement funds. This funding option allows for the payment of reasonable costs to move clients into permanent housing. Security deposit costs cannot exceed two months of rental costs. In addition to the security deposit, funds may also be used for utility connection fees and processing costs. A HOPWA rental assistance program that provides such rent and utility deposits should require that landlords and utility companies pay any returned deposits directly to the program rather than to the client. Funds recaptured in this manner are considered program income and must be applied to future rental program or housing placement activities.

### Payment Process

- Set up initial landlord vendor accounts for payment of rent deposits, if applicable, and the rental subsidy.
- Establish a procedure to request, process, and track monthly payments to landlords.



- Set up utility accounts for payment of client utility allowances directly to the utility company, or set up accounts for payment of utility allowances directly to clients.
- Establish a procedure to request, process, and track monthly payments to utility companies or clients.

*Clients should be reminded that because utility allowances are based on an average and may not cover the entire utility bill, the client may have to make residual payments to the utility company.*

- The payment standard established by the Local Housing Authority (LHA) (i.e., the LHA's adopted community-wide exception rent) -OR- the area's Fair Market Rent (as established by HUD). The maximum amount of assistance is based on the lower of the two.
- The maximum amount of monthly assistance under this program is one-hundred percent (100%) of the rent calculation (determined from the bullet point above) in the service area -LESS- the amount of the participant's required share of the rent payment, usually thirty percent (30%) of the individual or family's adjusted monthly income.

The total rent being charged for a unit must be reasonable in relation to rents currently charged for comparable units in the private unassisted market, and must not be in excess of rents currently being charged by the property owner for comparable unassisted units. **Clients must be recertified for TBRA at least annually to verify continued qualification. Federal HOPWA funding is awarded annually, therefore clients should be advised that there is no guarantee of continued assistance. Subsidized housing units must be inspected annually as well.**

HOPWA income qualification and rent calculation regulations refer to portions of HUD Regulations 24 CFR Part 5 that are also used by the Housing Choice Voucher Program (HCVP) or Section 8 program; however, it is important to note that there are some differences between the two programs and caution should be used in transferring procedures from one program to the other. The method described below applies to the HOPWA program. HOPWA participant rent payments must be the highest of three amounts:

1. 10% of gross household income (gross household income is the total of all pre-tax income received by all household members, including earnings from income-producing assets).
2. 30% of the family's monthly-adjusted income (adjusted income is figured using the list of income inclusions and exclusions detailed in HUD regulations 24 CFR 5.609, 5.611 and 5.617.
3. Amounts received households receiving welfare assistance from a public agency, with a part of the payments specifically designated for housing costs (adjusted in accordance with the family's actual housing costs).

The HOPWA project sponsor must pay the balance of the rent up to the lesser of the lease or rental agreement rent or the most current local PHA payment standard, and reasonable rent for comparable units in the area. Any documentation used to determine TBRA assistance must be maintained in the client's file. HOPWA funds must not be given directly to a client.

## Utilities with TBRA

Unless utilities costs are paid by the landlord as part of the rent/lease amount, clients are expected to establish accounts with the local utility company and pay the entire monthly costs for usage. However, when utilities are not included in the rent and the client is billed directly for usage by the utility company, an allowance/or credit for reasonable consumption must be subtracted from the client's rent payment portion (the higher of 10% of monthly gross income or 30% of the monthly adjusted income). The utility allowance amounts or credits are established locally by the Public Housing Authority (PHA) based on local utility rates and updated annually. Grantees and project sponsors should contact the PHA in their areas to obtain the most current Utility Allowance Schedule for use in the computation of the client's rent payment.

*NOTE: It is important to remind clients that the utility allowance credit for their out-of-pocket utility costs is deducted from their portion of the rent payment to the landlord; therefore, they are responsible for paying the full utility bill each month directly to the utility company, and budget accordingly. In rare cases, after the utility allowance is credited, the tenant rent portion may result in a negative amount - meaning that the project sponsor must refund that amount each month to the tenant OR pay it directly to the utility company on the client's behalf. Associated HUD Regulation 24 CFR 982.514(b) states that, if paid directly to the utility, the project sponsor must notify the household in writing of the amount paid to the utility on their behalf and maintain documentation in the client file.*

## Earned Income Disregard (EID)

24 CFR 574 5.617 requires Earned Income Disregard (EID) in certain situations. EID is an important incentive for disabled persons receiving HOPWA TBRA or facility-based housing. The purpose is to assist persons with disabilities in obtaining and retaining employment as an important step toward economic self-sufficiency. The "Earned Income Disregard" allows qualified individuals and families to keep more of their **earned income from employment** for a period of up to two years if they meet one of three (3) tests. Annual income increases as a result of:

1. Employment of a family member with disabilities and who was previously unemployed for one or more years; or
2. Earnings by a family member with disabilities from participation in an economic self-sufficiency or job training program; or
3. Increased employment earnings of a family member with disabilities while receiving, or within six months after receiving, welfare assistance worth at least \$500.

EID becomes effective after the client has moved into HOPWA-assisted housing, where their qualifying income is considered the "base" income. If they meet one of the three (3) tests above, and the project sponsor staff is notified of the increase in income, EID will allow 100% of the earned income above the base income to be disregarded for a period of 12 months after the start date of the employment

resulting in the increase. For increased earnings that continue beyond 12 months, EID permits a continued disregard of 50% of earnings above the base for another 12 months for a total of 48 months of increased earnings disregarded prior to counting the additional employment income towards an increase in tenant rent payment. Also, the 24 months of EID can be spread out over 48 consecutive months allowing the client to start and stop work, if necessary, such as someone who may only have periodic or seasonal work. Once the 48 month period has expired, the EID is no longer eligible, regardless of how many months of EID were provided during that time. See [https://www.hudexchange.info/resources/documents/EID\\_Training.pdf](https://www.hudexchange.info/resources/documents/EID_Training.pdf) for more information about EID).

*NOTE: EID does not apply to all of the new earned income. For example, a person receiving SSI or SSDI may receive an increase in benefits or regular income from other non-employment sources. This income will be counted towards the tenant rent payment portion because it is not a result for employment that met one of the three EID tests.*

### HOPWA Housing Habitability Standards

All HOPWA-assisted housing must meet both state and local housing standards and HUD's habitability standards as outlined in 24 CFR Part 574.310(b) (see <https://www.govinfo.gov/content/pkg/CFR-2010-title24-vol3/pdf/CFR-2010-title24-vol3-sec574-310.pdf>). Housing supported by HOPWA funds must, at a minimum, meet the following federal HOPWA Housing Habitability Standards set forth below:

- **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. If the unit is a manufactured home, it must rest upon a suitable permanent or non-permanent foundation.
- **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.
- **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.
- **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.
- **Water Supply**--The water supply must be free from contamination at levels that threaten the health of individuals. If the unit is a manufactured home, it must be connected to permanent utility hook-ups.
- **Thermal Environment**--The housing must have adequate heating and/or cooling facilities in proper operating condition.
- **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. If the unit is a manufactured home, it must be connected to permanent utility hook-ups.

- **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.
- **Sanitary Condition**--The housing and any equipment must be maintained in sanitary condition.
- **Lead-Based Paint**--If the structure was built prior to 1978, and there is a child under the age of six or a pregnant woman who will reside on the property, and the building has a defective paint surface inside or outside the structure, the unit cannot be approved until the defective surface is repaired in accordance with 24 CFR Part 35 (see [http://portal.hud.gov/hudportal/documents/huddoc?id=DOC\\_12347.pdf](http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_12347.pdf)). Defective paint surface means: the paint is cracking, scaling, chipping, peeling or loose. If after testing lead is found present, the surface must be abated and repaired in accordance to the above regulation. During the housing inspection the Project sponsor staffs must furnish the client with a copy of the pamphlet "Protect Your Family from Lead in Your Home" (see [https://www.epa.gov/sites/production/files/2014-02/documents/lead\\_in\\_your\\_home\\_brochure\\_land\\_b\\_w\\_508\\_easy\\_print\\_0.pdf](https://www.epa.gov/sites/production/files/2014-02/documents/lead_in_your_home_brochure_land_b_w_508_easy_print_0.pdf)). The client should sign a statement certifying that they received the pamphlet. A lead-based paint visual assessment training is available on line at <http://www.hud.gov/offices/lead/training/visualassessment/h00100.cfm>.
- **Smoke Detectors**--The HOPWA program must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522) (<http://fire.nist.gov/bfrlpubs/fire95/PDF/f95067.pdf>). All rental units are required to have a functioning smoke detector that must be provided by the landlord, local fire department, or leveraged source. Smoke detectors must be installed in accordance with NFPA 74, or more stringent local policies, as applicable. Existing units must contain a single or a multiple station smoke detector; there must be one located outside each sleeping area and on each level. It can be battery operated or hard wired; clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments.
- **Carbon Monoxide** – The housing must have a functioning carbon monoxide alarm or detector present.

Prior to HOPWA funds being provided for a housing unit, project sponsors must certify that it meets these standards. The inspection can be performed by a project sponsor staff without a requirement for specialized training, or an outside entity qualified to do inspections. The project sponsor staff must make a home visit to determine the overall suitability of the rental property and certify that it meets the standards listed on the HOPWA HQS Habitability Standards form. **The TBRA unit must be re-inspected and re-certified at least annually when the client's income qualification is re-certified for HOPWA assistance, in addition to when the client moves to a new residence.**

Landlords or property managers are responsible for addressing all violations found at the initial inspection. In the event that the unit fails inspection, a written notification should be delivered to the client and landlord with a copy of the written inspection report. The notification informs the landlord

that a re-inspection will be scheduled no later than thirty (30) days from the date of the notice and that all reported violations need to be corrected by that date. If after sixty (60) days the unit does not pass inspection and the Project sponsor staff has attempted repeated communication with the landlord, the Project sponsor staff should assist the client in seeking more suitable housing elsewhere and the HOPWA subsidy payments should be stopped. A general rule is that no more than three (3) inspections [the move-in inspection and two re-inspections within thirty (30) days if necessary] need to be undertaken by the Project sponsor staff.

- **Client Request for Inspection:** A client may request an inspection at any time through their Housing agency if they have a complaint about housing conditions. Clients should be instructed not to move out of a unit due to the landlord's failure to make repairs without first having consulted with the project sponsor staff regarding local landlord-tenant laws. If conditions pose a safety risk to the household, the project sponsor staff should perform an inspection within five (7) business days. In the event that a client is required to move due to the condition of the housing unit and the landlord (not the tenant) is responsible for necessary repairs to ensure habitability of the unit, guidance for this process should be sought from a local housing counseling agency or legal entity to ensure compliance with the law.
- **Grantee or Project Sponsor Request for Inspection:** At any time during the period of HOPWA TBRA assistance the grantee or project sponsor may conduct an inspection of the unit based on their own impressions or concerns and complaints from the landlord, neighbors, Project sponsor staff, parole officer, or other source with knowledge of the clients housing stability. Care should be taken by the agency to comply with local landlord-tenant laws regarding legal notification to client/tenant prior to entering the unit.

### Occupancy Standards

HUD will only provide rental subsidies to households living in appropriately-sized units. The goal is to subsidize the smallest sized unit possible without creating overcrowding. The amount of TBRA a project sponsor pays the landlord on behalf of the applicant is based on the number of bedrooms for which the household is qualified and the actual number of bedrooms in the unit. HUD does permit other rooms in a unit to be used as sleeping areas, and project sponsors should follow the approved policy for sleeping areas used by their local public housing authority (PHA).

Local Public Housing Authorities (PHAs) establish their own HUD-approved subsidy standards, generally in accordance with the following criteria:

- The unit size assigned should not require more than two persons to occupy the same bedroom, except that a very small child (less than 2 years of age) may share an one-bedroom unit with a single parent.
- The unit size assigned should not require persons of opposite sex other than husband and wife to occupy the same bedroom with the exception of infants and very young children.

- A two-bedroom unit may be used by a two member family that consists of a single parent and child or by a couple who, due to medical reasons, must have separate bedrooms, as verified by their physician and approved by the project sponsor. These principles result in the following standards:

NUMBER OF BEDROOMS		
Number of Bedrooms	Minimum Number of Persons in Household	Maximum Number of Persons in Household
0	1	1
1	1	2
2	2	4
3	3	6
4	6	8
5	8	10

### Exceptions to Occupancy Standards

The criteria and standards prescribed for the determination of a household's unit should apply to the vast majority of clients and their families. In some cases, however, the relationship, age, sex, health, or handicap of the individual/family members warrant the assignment of a larger unit size than that which would result from strict application of the criteria. Any determinations that do not strictly apply to the criteria must be fully documented in the applicant's case file.

There are also occasional circumstances (for example, an area where the market rate rents are much lower than the FMR or HCVP payment standard) when a household might occupy a unit larger than specified by the subsidy standards, but in such instances, the rent for the larger unit must be at or below the payment standard of the appropriately-sized unit. If the larger unit rent amount were to increase above the smaller unit subsidy standard, the client would be required to move to a smaller unit within the allowable payment standard.

### Renting from Family Members

Federal Regulation 24CFR 982.306 (d) prohibits public housing authorities (PHAs) from allowing clients to rent from family members; this includes a 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 (see <http://www.hud.gov/offices/fheo/library/huddojstatement.pdf>) for a family member who is a person with disabilities. This same regulation applies to the HOPWA program. If a client needs the care and support for their illness from a family member whose income may be low, but slightly above 80% AMI when including the client's income, an exception to this rule and a Reasonable

Accommodation request may be made through the grantee and the local HUD Field Office. In this situation, the family's income is not counted in determining qualification for the TBRA subsidy payment and the client's rent payment portion is calculated based on the pro-rata share of the total bedrooms in the unit (see **Shared Leased Housing** below); however, a written rental agreement from the family must be obtained and maintained in the client file for documentation purposes.

*NOTE: Project sponsors must not confuse renting from relatives with residing with relatives. Residing with any number or configuration of relatives is allowable, as long as the qualified total household income meets the HOPWA income guidelines of at or below 80% AMI.*

### Shared Leased Housing

HOPWA regulations allow for shared-lease housing, which can be an economical living arrangement for people. Unlike family or partner relationships, roommate scenarios consist of plutonic relationships established for the purpose of sharing rent and utility bills in return for receiving a share of the space available. Participation in shared housing arrangements is voluntary. *Unmarried partners are treated the same as family members and are prohibited from identifying as roommates for the purpose of securing federal housing benefits.* At the time of application and at any subsequent renewal the client must identify those living in their home as either family or roommate. Some project sponsors require the HOPWA applicants to sign a statement to this effect for maintenance in the client file. With respect to shared housing arrangements, the rent charged for the HOPWA assisted person shall be in relation to the size of the private space for that assisted person in comparison to other private space in the shared unit, excluding common space. The tenant rent calculation is done by taking the applicable Payment Standard, including utility allowance, for the unit size (total bedrooms) and dividing it by the number of units your client or family will be occupying. For example:

1. If a client has two (2) roommates and is residing in a three (3) bedroom rental unit, the rental portion paid by the HOPWA program would be one-third (1/3) of either the (a) actual total rent requested by the landlord, including utility allowance, or (b) the HOPWA program's rent standard for a three-bedroom apartment, whichever is less.
2. If one (1) or more persons in a roommate relationship are qualified for HOPWA assistance, each must apply separately based on individual income and prorated housing costs.
3. In the case where two (2) or more unrelated persons live together as roommates, the individual(s) not qualified for HOPWA assistance will not receive any compensation as a result of the HOPWA assistance awarded to the qualified person.

### Additional TBRA Administrative Considerations

- **Housing Search Guidelines:** It is recommended that project sponsors create guidelines for TBRA clients regarding their housing search under HOPWA assistance. This would include setting a limit on search time (such as 60 days) prior to the assistance terminating; extensions can be

made for particular circumstances such as hospitalization or illness, but the exceptions should be spelled out clearly in the policy. Additionally newly enrolled clients should be provided with vacancy resources and the local utility allowance chart, if applicable, with an understanding of how to calculate the utilities for a particular unit they might be interested in renting.

- **Landlord/Tenant Disputes:** Clients should be encouraged to resolve issues with their landlord or neighbor's independently, but in the event that a landlord informs the project sponsor staff of concerns or complaints regarding the client's care and/or maintenance of the premises, the project sponsor staff should conduct an investigation of the complaint with the client and other parties involved. If warranted, a housing case conference should be called with the client and other relevant parties working with the client to ensure their housing stability success. At that time, the project sponsor staff should also determine if the client's ability to maintain their housing would benefit from more frequent home visits, a live-in aide, other home-based assistance, or even an alternative living environment.
- **Exit Inspections to Facilitate Return of Deposits:** Landlords are required to return any refundable portion of a deposit, or deliver a written notice to the tenant of intent and reason(s) to maintain any portion of the deposit within the time specified by the local landlord-tenant laws. The same applies to a project sponsor that made a deposit on behalf of the client. Deposits made with HOPWA funds should be returned directly to the project sponsor's HOPWA program, not to the client. This becomes program income that the grantee will track. Although not a requirement by HOPWA, it is suggested that if the HOPWA program paid the client's deposit at move-in, the project sponsor staff should, when reasonable, perform an exit inspection as close to the move-out date as possible.

### CPD Income Eligibility Calculator

HUD's Office of Community Planning and Development (CPD) launched the CPD Income Eligibility Calculator in 2012. The calculator is an interactive web-based tool for determining income qualification and assistance amounts for beneficiaries of CPD programs, including HOPWA. The calculator is designed for use by grantees and sub recipients of CPD programs. The tool asks a series of questions depending on the program, activities, and other factors. The user inputs data about each household and its members, and the calculator works to generate a summary of results for each beneficiary. For more information on and access to the calculator, visit <https://www.hudexchange.info/incomecalculator/>.

### Case Management and Supportive Services

Clients participating in the TBRA Program receive the support of project sponsor staff whose primary responsibilities are to perform initial program qualification verification, enroll clients into the program, conduct annual recertification for the program, provide assistance to clients in understanding and completing leases, and serves as a liaison between the client and landlord in lease negotiation or in case of disputes. The project sponsor staff also serves as a liaison between the client and Ryan White (or



other social service) Case Manager to ensure that the client receives the necessary services to maintain independent living, and that the client remains engaged in case management, health care, and other support services.

*Ongoing case management is an important component of TBRA. Project sponsors and their clients are required to document an assessment of need for assistance on a quarterly basis.*

Within thirty (30) days of commencement of rental assistance, clients are required to register with a Ryan White (or other social service) Case Manager and maintain engagement in such services thereafter. TBRA clients and the project sponsor staff shall maintain monthly contact and shall conduct home visits a minimum of every three (3) months. Upon commencement of assistance, the project sponsor staff shall perform a housing stability assessment, and assist the client in developing a housing stability plan based on the assessment and the client's case management plan. The client, with the assistance of the project sponsor staff, shall review and update his or her plan during the home visit. Project sponsor staff shall facilitate the continued habitability of the unit by monitoring the condition of the unit during home visits, and follow-up inspections where there are complaints of defects within a unit after the client moves in during the twelve-month period falling between annual inspections.

To ensure that qualified service providers in the area make available appropriate supportive services to the individuals assisted under the TBRA Program as required under federal HOPWA regulations, the CLV HOPWA TBRA Program looks to the provider network under the Ryan White CARE Act Part B for the provision of such services as, but not limited to, Ambulatory/Outpatient Medical Care (includes laboratory services), AIDS Pharmaceutical Assistance (Local), Oral Health Care, Health Insurance Premium/Cost Sharing, Home Health Care, Mental Health Services-Outpatient, Medical Nutrition Therapy, Medical Case Management (including treatment adherence), Substance Abuse Services-Outpatient, Case Management (Non-Medical), Emergency Financial Assistance, Food Bank/Home Delivered Meals, Linguistic Services, Medical Transportation Services, Psychosocial Support Services, Referral for Health Care/Supportive Services, Substance Abuse Services – Residential, and assistance in gaining access to local, State, and Federal government benefits. For any TBRA client who requires more intensive care than can be provided in independent, subsidized housing, the project sponsor staff will coordinate efforts to identify and make referral to a care provider who can appropriately care for the client.

### **Allowable Types of Rental Housing for approved TBRA Clients**

The CLV HOPWA TBRA Program provides ongoing monthly rental assistance for rental housing (including manufactured homes and manufactured home sites), apartments, single room occupancy (SRO or studio) units, shared housing, community residences, and the rent portion of some long-term residential treatment facilities if that facility utilizes a landlord/tenant lease agreement.

Allowable rental housing may include affordable rental housing, as long as it is not project-based subsidized housing (e.g., public housing units in which the tenant pays a variable rent amount based on

a percentage of the tenant's income, and in which the subsidy is tied to the unit rather than transferable with the tenant if the tenant leaves the unit).

*The landlord/tenant lease agreement is an important component of TBRA. TBRA is delivered as a monthly rent subsidy (including a utility allowance when applicable) in situations where clients have secured housing in the community with a private landlord, and where the lease/agreement is in the client's name. The rental payments on behalf of the client should be made directly to the landlord. Payments made directly to clients are prohibited.*

All housing units assisted with CLV HOPWA TBRA funds must meet local, state, and federal housing quality standards. Housing units must pass inspection prior to the issuance of any HOPWA assistance payments. Assistance payments may not begin until move-in authorization has been issued. Such authorization cannot be issued until: (1) a landlord participation agreement is on file, along with an IRS Form W-9; (2) the unit has passed inspection; and (3) a copy of the lease executed by the landlord and client is on file. An annual re-certification inspection also is required.

## HOPWA Case Management

### Housing Plan of Care

There is a requirement in 24 CFR 574.500 to conduct an ongoing assessment of the housing assistance and supportive services required by clients in the program. This requirement can be satisfied by project sponsors developing individual housing service plans for all beneficiaries, which the CLV HOPWA Program refers to as the **HOUSING PLAN OF CARE**. HOPWA housing information services referenced in 574.300(b)(1) or housing case management funds referenced in 574.300(b)(7) may be used to help the client understand available housing resources, and develop and follow their individual Housing Plan of Care with connections to other support. The plan should identify the household's on-going housing stability needs and likely options for providing related assistance, including the use of other housing programs and mainstream health and human welfare programs.

Project sponsor staff are responsible for making sure clients meet CLV HOPWA Program qualifications and requirements, for assisting with the HOPWA application process, for documenting and verifying that all requirements for the program are met, for developing a Housing Plan of Care, and for maintaining accurate and updated files on HOPWA clients.

The project sponsor staff will help the client develop their individualized Housing Plan of Care, which is a written assessment with the primary goal of assisting the client to achieve independence from HOPWA and live within their financial means. The Housing Plan of Care is developed by the project sponsor staff and the client together to determine the need for housing assistance, the type of housing assistance, and what will happen at the end of the HOPWA time-limited assistance being provided. The Housing Plan of Care should include SMART (Specific, Measurable, Attainable/Achievable, Relevant, and Time

bound) goals with target dates, should document progress towards achieving these goals and dates, and should document the accomplished goals and completion dates.

During the development of the Housing Plan of Care, alternatives to HOPWA services should be explored and include, but are not limited to, the following:

- Exploring housing options with family members.
- Exploring locations close to family members for increased family support.
- Seeking public housing or other public assistance housing programs.
- Relocating the client to a community that has affordable and available housing.

In addition, the Housing Plan of Care shall address the following financial aspects:

- Assisting the client to plan and budget their finances.
- Accessing additional income sources and social services.
- Time frames for completing various disability applications, participating in the telephone interview, gathering all medical records, and a contingency plan in the event the disability application is denied.
- Coaching session on how to go to the source of debt and establish a workable payment plan.
- Referral to credit counseling company.

The Housing Plan of Care should be simple and clear statements that include the goals of the client in securing stable and permanent housing independent of continued HOPWA assistance.

**The Housing Plan of Care should be updated monthly!** Each month the project sponsor staff should review the client's need for continued housing and financial assistance. Documentation of efforts to secure permanent housing and help the client to achieve independence must be maintained in the client's file. Included in this documentation are pertinent dates and time frames relating to the plan.

In conjunction with all of the financial information and documentation gathered during the application and enrollment process, the financial status of the client is reviewed and modified as necessary, and documented in the plan. Transferring the client from one funding source (such as HOPWA) to another (such as General Revenue) is not a substitute for assisting the client towards financial independence and self-sufficiency. In assisting the client to plan his or her finances, the client and the project sponsor staff should continue to review all items on the Client Budget Worksheet, including the goals and the progress to achieving these goals. If there have been any financial changes, the client should provide appropriate documentation of all income and expenses. Although the regulations and guidelines do not specifically include criteria that would preclude assistance based on a client's assets, when determining the client's ability to pay for and maintain permanent, affordable housing beyond HOPWA assistance then assets should be considered.

In providing STRMU assistance, the project sponsor's qualified staff should assess the client's housing needs and related resources, along with the reasons or causes of the housing need.

Within 15 days of the start of short-term assistance, the recipient (with the help of the project sponsor staff) will develop and commit to an individualized Housing Plan of Care. The primary goal of the Housing Plan of Care is to assist the recipient in maintaining independence from HOPWA at the end of the time-limited assistance. The plan should address budget and money management issues (e.g., if the cause for housing debt is related to the household's poor money management practices, such as the use of credit cards or cash for non-essential items, or entertainment activities). The assessment should help determine how to best use short-term or transitional support in connecting the on-going permanent housing arrangements, including forms of supportive housing or more independent living arrangements reasonably associated with the assessment of the client's needs. STRMU assistance must be provided in a manner that has a sufficient or clear beneficial effect on addressing the client's assessed immediate or short-term housing needs, and only be provided in connection with the client's demonstrated compliance with the plan. Plans should establish the on-going housing stability goals for clients in connection with their need to access medical treatment and supportive services associated with HIV/AIDS issues.

### Allowable Activities and Payments

The purpose of short-term assistance is to address immediate housing needs and provide support that prevents or reduces the pressing risks of homelessness for recipients, and assists them in securing long-term, stable housing. HOPWA regulations require that individuals or households assisted with short-term assistance will be given the support necessary to work towards this goal. The project sponsors providing short-term assistance should conduct housing assessments and create Housing Plans of Care with the goal of promoting long-term housing stability.

The CLV HOPWA Program's case management services focus on maintaining individuals in their own home; or if already homeless, assisting persons back to a more stable and permanent living situation. The program funds case management services to provide this function as long as it is associated with accessing housing services through HOPWA.

HOPWA case management is a client-centered service that links qualified individuals with emergency, short-term, and long-term housing assistance with the CLV HOPWA Program in conjunction with federal HOPWA policies and procedures. The contracted project sponsors, either directly or through subcontracts, provide appropriate case management services to HOPWA clients.

At intake, the project sponsor should complete a comprehensive housing needs assessment with each applicant in order to determine whether the applicant is in need of emergency, short-term, or long-term rental assistance. This assessment and planning process should also include the development of a realistic housing stabilization plan (Housing Plan of Care) that addresses both short-term and long-term client housing needs.

The project sponsor should document that it conducts housing assessments with clients, creates Housing Plans of Care for them, and connects them to case management and support. Client case files

and required reports (where applicable) should document these activities. The outcome goals of the CLV HOPWA Program are to increase housing stability, and improve access to health care and other support through other public and private resources.

Case management services directly associated with housing services include time incurred by the project sponsor staff in enrolling clients, providing assistance in finding housing for the client, and with required reporting associated with the program. Clients should receive assistance in gaining access to local, state, and federal government benefits and services; permanent housing placement; and housing information services, including counseling information and referral services. Other requirements include:

- Clients shall **not** be charged for HOPWA housing case management services.
- The case management services are provided under the CLV agreements with the project sponsors (or under the project sponsors' contracts).

### Other HOPWA Allowable Activities

STRMU support is limited to helping households on a temporary basis to maintain a current residence. TBRA support is intended to promote long-term, permanent, stable housing. Other forms of HOPWA support such as Supportive Services, Permanent Housing Placement (PHP) assistance, and the costs for on-going housing support through rental assistance programs, should be used to compliment the use of short-term and long-term assistance and promote housing stability.

### Supportive Services

Grantees must assure that adequate supportive services are made available to all HOPWA households as stated in 24 CFR 574.500(b)(3). These supportive services do not have to be HOPWA-funded. Grantees have the discretion to fund these services directly or to ensure that HOPWA households are connected to non-HOPWA funded supportive services that are available in the community.

If a grantee elects to fund HOPWA Supportive Services, households receiving CLV HOPWA Program housing assistance are qualified to receive such services, as provided by 24 CFR 574.310(a)(1).

Activities and costs related to delivering HOPWA Supportive Services are distinct from those related to delivering STRMU and TBRA assistance, and must be separately tracked and allocated as a HOPWA Supportive Services activity, not STRMU or TBRA. HOPWA Supportive Services include, but are not limited to, costs related to developing a Housing Plan of Care, assisting households in locating and obtaining housing, tenant/housing counseling, employment-related services and training, and assisting households to access other mainstream benefits. HOPWA Supportive Services should be specifically designed to maintain the households in housing, and may continue to be provided to qualified households that remain housed.

HUD, in partnership with the U.S. Department of Labor (DOL) developed Getting to Work: A Training Curriculum for HIV/AIDS Service Providers and Housing Providers. The online training curriculum provides an overview of the reasons why employment services for people living with HIV/AIDS are essential, describes successful approaches to incorporating employment into HIV/AIDS service provision, and highlights promising programs. More information on Getting to Work can be found here at <https://www.hudexchange.info/trainings/dol-hud-getting-to-work-curriculum-for-hiv-aids-providers/>.

## Provision of Assistance to Survivors and Termination of Assistance

### **Survivorship Rights: Termination Resulting from Client Death**

HOPWA rental assistance terminates immediately upon the death of a client, unless survived by member(s) of the family who are listed on the housing application and lease agreement, and residing with the client in the assisted unit at the time of their death. HOPWA regulations 24 CFR Part 574.310(e) allow up to one year of rental assistance to such surviving family members as a grace period, which the CLV HOPWA Program has adopted. This one-year grace period is measured from the date of death of the client. Assistance terminates upon the exhaustion of the grace period afforded surviving family members, unless the household becomes qualified for HOPWA housing assistance prior to expiration of the grace period. Surviving family members may not accept payment of refunded amounts of any deposits paid by HOPWA, instead, instruct the landlord to pay such amounts directly to the project sponsor agency. Project sponsors are required to provide housing resource lists and service referrals to the surviving members in order to ease their transition.

### **Surviving Family Member with HIV/AIDS Diagnosis**

In the event that surviving family members include a person with an HIV/AIDS diagnosis who can prove residency in the unit prior to the death of the client and who was identified during the HOPWA certification (or re-certification) process, such person will be deemed the qualified person of the household and, therefore, client of the program, permitting HOPWA assistance to continue as long as qualifications are maintained for the client and their household members. Such households must be re-certified within thirty (30) days of the death in the family.

### **Grounds for Termination**

Housing assistance to clients of the CLV HOPWA Program may be terminated if the client violates program requirements or conditions of occupancy. The federal regulations that govern the HOPWA program recognize the importance of keeping persons with HIV/AIDS housed, and emphasize that clients should be terminated only for serious or persistent violations after intermediate steps have been exhausted.

HOPWA project sponsors should terminate a participant's assistance only in 'the most severe cases' as the regulation states. It should be every project sponsor's policy to diligently respond to concerns and complaints voiced by clients, landlords, case managers, and other interested parties about the administration of the HOPWA program or policy issues regarding the program. Termination policies should detail the actions that could result in termination, depending on the severity. These may include, but are not limited to:

- **Non-compliance with housing conditions of lease or landlord-tenant laws.**
  - Abandonment of assisted unit, defined as a failure to reside on the assisted premises for a period exceeding thirty (30) days, except in authorized cases where the client is hospitalized or placed into residential substance abuse or mental health treatment.
  - Commission by client, any member of the household, guests or any person under the client's control of any acts that threaten the health, safety or right to peaceful enjoyment of the premises by other residents.
  - Excessive damage, beyond normal wear and tear, caused to the HOPWA-funded unit by the client, a client's guest, or a member of his or her household. Extreme or excessive damage is characterized by deliberate destruction of property including vandalism, arson, and breaking or soiling fixtures, floors, walls, windows, doors, or appliances.
  - Moving into a new apartment unit without program authorization.
- **Program violations.**
  - Commission of fraud, bribery or any other corrupt or criminal acts in connection with any federal housing program. Such acts include failure by false statement, misrepresentation, impersonation, or other fraudulent means to disclose a material fact used in making a determination as to the client's qualification to receive services.
  - Threatening or abusive behavior toward agency personnel, neighbor(s) or the landlord. Threats of violence may be verbal or non-verbal and can occur explicitly or implicitly. When the behavior constitutes a legitimate threat of violence to themselves or others, immediate termination is warranted.
  - Not meeting the income qualification when total household income is over 80% AMI, or withholding income or verification.
  - Failure to notify the project sponsor staff of a change in income within fifteen (15) days of the event.
  - Failure to notify the project sponsor staff of any changes in circumstances in order to obtain or continue to receive benefits within fifteen (15) days of the event.
  - Failure to cooperate in submitting required documentation/information within fifteen (15) days of program's request.
  - Failure to cooperate with Housing Plan of Care reassessments.
  - Failure to locate suitable housing within required time or failure to actively apply for and/or accept long-term stable housing assistance from other sources (i.e. Section 8).

- Failure to attend project sponsor appointments, except in the case of illness or other extenuating circumstances.
- Repeated failure to make timely payment of the client's required portion of the rent.

### Violation, Grievance and Termination Policies

HOPWA regulations 24 CFR 574.310(e), outline the minimum requirements for the contents of a participant grievance and termination policy for all project sponsors. This includes policies for handling surviving family members in the event of the death of a HOPWA-qualified person. Well written termination and grievance procedures protect the rights to due process of law for the recipients of all HOPWA services. The key point is ensuring the right to 'due process.' Any person should be free to raise concerns or complaints and do so without fear of retribution. Persons lodging complaints are entitled to the complaint being handled in an expedient, confidential, sensitive and non-judgmental manner. It is important that grievance policies be in place for all project sponsors that clearly provides information on the manner in which grievances may be filed and how they will be reviewed and acted upon (as in chain of decision making power). Whenever possible, verbal complaints should be resolved in the least formal manner using a variety of approaches, including in writing, meetings and/or telephone conversations. Project sponsors must also document in the client's case file the supportive services that were offered and provided to the client, as well as efforts to avoid or prevent terminations. Clients should receive a copy of the grievance and termination policy at the time of program enrollment, and a signed copy should be placed in their file for verification that they were well informed of the policy.

### Grievance Process

The grievance process applies to any decision by the HOPWA program, which may adversely affect the client's qualification for assistance, including denial of re-certification, or program termination.

Grievances must regard decisions, which affect a client's qualification, amount, or length of time of assistance, and/or termination of assistance for program violations. Grievances must be in writing and must be directed to the program supervisor. HOPWA regulations require that the client be provided with access to a formal process that recognizes the client's right to appeal and the client's right to due process of law. Federal regulations further specify that this process, at a minimum, must consist of:

- Serving the client with a written notice containing a clear statement of the reasons for the determination.
- Allowing the client to examine the case file, and all accompanying documentation and evidence upon request.
- Permitting the client to have a review of the decision, with the opportunity to present written objections before a person, other than the person (or a subordinate of that person) who made or approved the termination decision.



- Providing prompt written notification of the final decision to the client.

### Evidence Examination

Based on the policy established, the grievance is examined. If it is determined to have merit and no decision can be made based on the documentation alone, the program should schedule a meeting date and time to hear the grievance directly from the client. The grievance examination meeting should be scheduled no later than fifteen (15) days after the determination of merit.

In the event that the client has been served with eviction papers, the program will make reasonable attempts to accommodate the client at the earliest possible date. Written notification of the time and place of meeting, accompanied by a copy of the grievance, should be sent to the client's primary case manager if outside the project sponsor agency, and a copy sent by certified mail to the complainant and the complainant's representative, if any identified.

### Meeting and Due Process

Grievance meetings should be conducted in an orderly fashion, based on the policies established. Failure to comply with the directives of the policy, by any participant in the meeting, may result in an exclusion from the meeting. The outcome of the meeting should not affect any rights the client may have to a trial or other review in any judicial proceedings, which may be brought in the matter.

Clients have the right to withdraw their complaint at any time. The withdrawal should be presented in writing to the project sponsor. The client must be notified in writing, via return receipt US Mail, of the date that the withdrawal was received by the agency. A copy of the withdrawal will be kept in the client's file. The parties may at any time, before, during or after the grievance meeting, enter into a written stipulation, which resolves the issues being grieved.

The client should always be afforded due process, with a fair and impartial examination of the information, which provides the basic safeguards of due process. Satisfactory due process procedures would include:

- The opportunity to examine, before the meeting all of the documents, records, and HOPWA program rules relevant to the grievance.
- The right to present evidence and arguments in support of the grievance.
- The right to dispute evidence presented in support of the determination of qualification, assistance, or termination under appeal.
- The right to reasonable accommodations for persons with disabilities to participate in the hearing.
- The right to language translation, if necessary.

- The right to request the support of an independent advocate who may be a friend, family member, or other supporter, to assist the client in the grievance process and attend the meeting with the client.
- The right to a decision within ten (10) business days based only on the evidence presented at the grievance meeting, unless additional information is requested by the panel (such requests shall be made in writing and copied to all parties unless such request is made during the grievance meeting).
- Written notification to the client of the final decision by the decision makers defined in the grievance policy should be sent certified mail, return receipt requested within ten (10) business days. A copy of the decision should be maintained in the client's case file. The written communication should clearly include the reasons for the decision cited.
- Should the client fail to appear for the scheduled grievance meeting they will be in automatic default, leaving the challenged program termination or action to stand.
- Any special accommodations required by the client, including translators, should be designated on the grievance form or submitted in writing and received by the program no less than three (3) business days prior to the meeting.

*NOTE: During the period of time in which the client is involved in an appeal of the termination decision, his/her assistance shall not be terminated. The client's HOPWA housing assistance payments may be stopped only after the entire HOPWA grievance process has been concluded, and the decision to terminate assistance is upheld and communicated to the client in writing. Due process rights further require that clients have access to a timely, impartial grievance process. Clients may request that a grievance hearing be convened.*

## Documenting Violations

Any program violation should be documented in the client's case notes in detail, including efforts to resolve the matter with the client. Documentation of efforts will include records of verbal interactions with client about the violation, documentation of diligent search for the client, copies of written warnings, including the warning of the possibility of termination, and other material as may be relevant. Documentation in the client's file of the client's efforts to make corrective action, or lack thereof should also be included.

Independent evidence and/or documentation that should be obtained for the file regarding violations may include but is not limited to:

- Copies of landlord-tenant notices to comply with Lease/Rental Agreement and Housing Rules.
- Police reports indicating behavior by any household member, guest or anyone within the client's control, which threatens the health, safety or right to peaceful enjoyment of the premises by other residents.
- Police reports, arrests or convictions for drug-related criminal activity of any household member, guest or anyone within the client's control.

- Documentation of a failed diligent search for a client who has abandoned a HOPWA-assisted unit.
- Witnesses, including but not limited to the landlord, who are willing to attest to the behavior of the client, any household member, guest or anyone within the client's control or facts evidencing fraud on the part of the client.

*NOTE: The landlord's word alone may not constitute sufficient evidence of a program violation (except in the case of apartment abandonment or unauthorized moves). When using a witness such as the landlord to terminate assistance, the provider should include additional witnesses and documentation.*

### Termination Notices

Remember, HOPWA project sponsors should terminate a participant's assistance only in the most severe cases; however, if all efforts at correcting program violations have been exhausted, all termination notices must be provided to the client in writing and contain the following elements:

1. The notice should inform the client that their assistance under the HOPWA program is being terminated, the effective date of termination and a statement that the HOPWA program will provide only one more month of rental assistance [or one (1) more mortgage or utility payment in the case of emergency assistance], if applicable, from the effective date of termination if the client remains in his/her currently assisted rental unit. If the client no longer resides in the currently assisted rental unit (e.g., the client has abandoned the unit, moved without authorization or has been evicted concurrent to the CLV HOPWA Program termination), the HOPWA program will provide no additional rental assistance at the client's new residence.
2. The notice should specify that a grievance may be initiated with the project sponsor within ten (10) business days of the date of the termination notice.
3. The notice should provide a detailed explanation of the reason for termination. The explanation must include the reason for termination (i.e., the incident(s) that led to the decision to terminate, the time and date of the incident(s), and the type of supporting evidence the landlord or provider has with regard to the incident(s) (witnesses, case file documentation, police/incident report, etc.).
4. The notice should include a copy of the grievance policy.
5. The notice should instruct the client how to request a hearing in order to initiate the process.
6. The notice should clearly state the deadline for submitting a grievance.
7. The notice should state that the client has a right to be represented by an attorney or advocate during the entire grievance process.
8. The notice should state that the client has the right to review his/her file at the project sponsor, as well as any documentation supporting the project sponsor's decision to terminate the client's HOPWA assistance.

9. The notice should explain that in the event that the client appeals the termination decision and the grievance process is not completed within the remaining one (1) month of assistance, HOPWA assistance will continue until the grievance process is completed.
10. The notice should be faxed to the client's HIV case manager, and sent by first class and certified mail to the client, return receipt requested.

### Qualification for Further HOPWA Program Assistance

The CLV HOPWA Program allows for reinstating clients previously terminated from HOPWA. Wherever possible, care should be taken by agencies to ensure that clients evicted from housing do not lose their linkage(s) to medical care. The CLV HOPWA Program policy for re-instatement is one year for serious violations; however, clients terminated for documented fraud, a lifetime registration for sex offenses, or convictions of manufacturing or producing methamphetamine on the premises of federally assisted housing are prohibited for life to federally subsidized housing assistance.

**Following the one-year exclusionary period, reconsideration for admission to HOPWA services should include the following elements:**

- A reassessment of the client's living situation.
- A written statement from the client explaining the situation that gave rise to the previous termination from the program, the steps that the client has taken since termination to address any individual behaviors giving rise to the termination, and the client's current plan to secure and maintain stable housing.
- If the client has an HIV case manager in the community, the case manager should work with the client to develop a new care and housing plan form that outlines how the client will be assisted in securing and maintaining stable housing. The plan should include specific information regarding the frequency of client contact with the HIV case manager, volunteers, or other care providers in the community who will assist the client in their new housing. The plan should also clearly outline the specific duties of the client, HIV case manager, and volunteers or other care providers who will assist the client.

### Eviction by the Landlord-Tenant Law

Termination from HOPWA services is separate and distinct from eviction from housing by a landlord. A landlord may have reasons for evicting a client, justifiable or otherwise, which differ substantially from termination of HOPWA assistance due to breach of other program requirements. In the administration of HOPWA services, it is important that termination and eviction be carefully differentiated.

If an eviction by a landlord might result in a client's loss of occupancy rights, then landlord-tenant law would come into play. Landlord-tenant law is a matter of state and local laws that would apply to recipients of HOPWA tenant-based rental assistance (TBRA); however, the application of these laws to

supportive housing and especially to community residences or congregate housing can vary greatly from state to state depending on local statutes and their application in court. The HOPWA regulations describe a framework of due process that must be met, regardless of local laws and HOPWA project sponsors should consult fair housing counseling agencies or legal counsel as to how prevailing landlord-tenant laws might affect their program.

A client may be evicted by the landlord, in accordance with state and local landlord-tenant laws governing evictions, for violating a provision of the lease agreement. However, HOPWA support services should not necessarily be terminated unless HOPWA program rules are violated and no resolution with the client can be reached. It would be hoped that the landlord or client would contact the case manager well in advance of a situation reaching the eviction stage in order to support the client, where possible, in resolving the issue. If a landlord chooses to initiate eviction proceedings, in spite of case management intervention, the client should be referred to legal services, and it may be necessary to make arrangements for the client to move and continue the assistance elsewhere.

HOPWA regulations describe a framework of due process that must be met regardless of local laws. HOPWA providers should consult legal counsel as to how prevailing landlord-tenant laws might affect their program.

Landlords and tenants both have certain rights and duties when an oral or written rental agreement has been established; however, in many cases neither party is aware of what those rights and duties are.

Chapter 118A of the Nevada Statutes outlines procedures directing both landlords and tenants toward civil action. A summary of Nevada's Landlord/Tenant Law can be found at <https://www.nolo.com/legal-encyclopedia/overview-landlord-tenant-laws-nevada.html>. This information is not intended for providing legal advice. For additional information not addressed within this website link, always refer to Chapter 118A of the Nevada Statutes.

### Documentation of Program Violation and Client Response

The program violation shall be documented in the client's case notes in detail. Independent documentation where applicable should also be secured (i.e., documentation by landlord that the client has not been paying his/her required portion of the rent).

All efforts to resolve the matter with the client also shall be documented in the client's case file. Documentation of efforts shall include records of verbal interactions with the client about the violation, copies of written warnings (including the warning of the possibility of termination), and other material as may be relevant.

The client's efforts to make corrective action (or lack thereof) shall be documented in the client's case file.

## Termination of Assistance

**Upon client's failure to take corrective action:** Once efforts made to secure the client's program compliance have been exhausted and fully documented, the HOPWA project sponsor shall initiate termination. Upon making a determination to terminate, the Termination Letter shall be sent directly to the client with a copy to the HOPWA client file.

**Termination from HOPWA Does Not Mean Relinquishing Rental Unit:** Because the decision to terminate HOPWA housing assistance is a consequence of a client's violation of HOPWA program rules, a client may remain in the rental unit after the termination of HOPWA assistance consistent with the lease as long as he/she is able to pay the rent and is complying with the other terms of the lease.

## Fraudulent Information

Providing false information to the government when applying for "federal public benefit programs" is unlawful; for more information see Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801-3812. Grantees are encouraged to contact their legal counsel and local HUD Field Office for guidance in addressing potential fraud by a HOPWA assisted household. It is recommended that project sponsors maintain a fraud policy for their HOPWA program. In some cases, termination may be necessary. The HOPWA regulations provide guidance on terminating assistance at 24 CFR 574.310 (e)(2).

## HOPWA Federal and State Reporting Requirements

The data provided in the required reports are used to satisfy federal and state reporting requirements as well as for management analysis, planning, and resource allocation. It is imperative that data is accurate and provided within the specified timeframes.

### Reporting Overview

All CLV HOPWA Program contracted providers are required to adhere to reporting requirements as defined by the federal and state governments, and any subsequent changes to these requirements enacted during the program year. Project sponsors must establish adequate data collection systems to accurately meet federal and state reporting requirements in a timely manner.

Monthly invoices for HOPWA contracts are not to be processed for payment unless all reporting requirements have been met for the month.

In order to assist project sponsors in meeting their reporting requirements, the CLV HOPWA Program uses ZoomGrants™ (Online Application Management System). ZoomGrants™ is a web-based, aggregate level reporting system that allows project sponsors to electronically report on their HOPWA program(s). Questions or concerns about ZoomGrants™ reporting should be directed to the CLV HOPWA Grant

Coordinator. ZoomGrants™ access and training can be arranged by contacting the CLV HOPWA Grant Coordinator.

### Report Submission

HOPWA project sponsors are required to submit the following reports. These reports are used for federal and state reporting, and program planning. It is extremely important that these reports be accurate and submitted on time. More details about these reports follow the table below:

Report Name	Due Date*	Responsible Party
HOPWA Monthly Request for Release of Funds	No later than the 15 <sup>th</sup> day of the following month	Project Sponsor
HOPWA Monthly Demographic Reports	No later than the 15 <sup>th</sup> day of the following month	Project Sponsor
HOPWA Monthly Performance Measure and Outcome Reports	No later than the 15 <sup>th</sup> day of the following month	Project Sponsor
HOPWA Annual Performance Close out Report	Within 30 days following the end of each contract year, but no later than submission of June invoice	Project Sponsor
HOPWA Consolidated Annual Performance and Evaluation Report (CAPER)	Within 30 days following the end of each contract year	Project Sponsor/CLV

*\*In the event that a reporting due date falls on a weekend or holiday, the report will be due on the following business day.*

### HOPWA Monthly Request for Release of Funds (ZoomGrants™ submission)

Project sponsors are required to submit a HOPWA Monthly Request for Release of Funds (RFF) through ZoomGrants. The RFF report will capture the number of clients served, the number of units of service

provided, and the amount of expenditure by service categories during the month being reported through the CLV HOPWA Program. In order to maintain common reporting data elements across programs, the CLV may update the report format. The reports must be submitted in Zoom no later than the 15<sup>th</sup> day of the following month. For example, the report for services provided during the period of July 1 to July 31 is due on or before August 15.

HOPWA funds are paid to agencies on a **reimbursement** basis. Therefore, it is extremely important that the eligibility of an expense is verified prior to expending funds. Accuracy of submittals are important as errors slow down the process. **Reimbursement will only be provided for allowable costs as approved by the City of Las Vegas.** Allowable costs must be directly related to the Grant. All agency requests for reimbursement must be made by accurately completing the Request for Release of Funds Form, with acceptable backup attached which ties to the expenses.

*The City's Finance Department processes payments once a week and mails checks every Friday. From the time documents are received, it will take approximately ten (10) business days to process.*

**A Complete RFF Packet including but not limited to the following supporting documents:**

*Invoices/Check Requests*

In order for the city to reimburse your agency, you must submit documentation to show who, what, when, and how you paid the expenditure. In addition to the paid invoice, you must submit proof of payment. All Project Sponsors are required to retain original documents pertaining to payments. Purchase requests, invoices, etc. must be marked "PAID" with the check number, and date paid included. A stamp is recommended for this. If any original document for an expense cannot be located during a monitoring visit, the amount will be deducted from your next reimbursement request.

- A quote or order form will not be accepted.
- If a credit card is used, a copy of your statement showing it was paid must be submitted.
- Copies of client utility bills must be included.

Copies must be legible, please do not send the originals. Receipts cannot be dated prior to the beginning of the program year (June 1st) or after the end of the program year (July 31st).

Copies of time sheets must be included if you are requesting payroll reimbursement. The time sheets must include documentation of time spent with HOPWA clients. Many agencies use tracking codes or work authorization codes, please use whatever method works best for you. Please highlight the code assigned to HOWPA or the hours worked on the time sheet.



## Payroll Records

All Project Sponsors will maintain concise documentation for both the time worked and tasks undertaken for all grant funded positions. Automated payroll print-outs prepared by an outside firm must be available for review and kept on site.

- Time sheets for employees paid with grant funds are mandatory. Time cards must be signed by both the employee and supervisor, with the time worked on the grant project specifically indicated.
- Time sheets including the number of hours for each HOPWA-eligible activity and other funding sources for the entire month signed by employee and supervisor.
  - If an employee is paid by more than one grant or program, the payroll ledger will need to reflect the distribution of time and money against each grant or program. A sample time sheet is in this manual for your use.
- Payroll reports detailing gross salaries are required, all withholding and employer payments - Medicare, Social Security, Workman's compensation insurance and health insurance. Non-profits are exempt from federal unemployment tax, however, they are required to file quarterly state unemployment tax returns.
  - Proof that your payroll service is not deducting Federal unemployment tax;
  - Computer print-outs from your payroll service or canceled paychecks;
  - Quarterly Federal payroll tax returns and State unemployment reports, or verification from a payroll
    - Service that these reports were filed; Worker's compensation payment receipts;
    - Copies of W-2's and W-3 cover page, or annual W-2 filing report from payroll service.

## Books, Ledgers and Computer Reports

Books, ledgers or computer printouts providing accounting for cash receipts, cash disbursements and cash balances. All cash, revenues and expenses must be reconciled to the cash account. Documentation must include: invoices, purchase requests, bills and other receipts, deposit slips, bank statements, check stubs, check books/computer ledger, canceled checks, and other verification as applicable. Back-up documentation for journal entries must be kept and properly filed.

- General Ledger, or Category Report - The general ledger or category reports shall include separate accounts for all assets, liabilities, income, and expense categories, as well as an account for the cash balance.
- Cash Disbursements - A computer printout of the grant expenses by category or account code must be submitted with the reimbursement request.

*When submitting a large payment request, please review and highlight the portions you are asking the city to reimburse in addition to utilizing either an Excel spreadsheet. This will assist in avoiding calculation errors. Also, highlight the checks on the bank register included in the submission.*

#### How to fill out the RFF Form

The Request for Funds has several sections that must be filled out. **Reimbursement requests will not be processed without this computer printout attached.**

1. Request #'s should be sequential, Amount of Request should match the Request amount at the bottom of the form, and the Period Covered should reflect the month in which the funds were spent. Please use the beginning of the month through the end of the month, i.e. 9/1/19 – 9/30/19.
2. Please make and highlight any corrections to the Agency information contained in this area; it is important that the information is current.
3. Budgeted Amount, please do not change the amounts in the columns without discussing it with the Programs Officer first assigned to the agency first. Request Amount should match the receipts and/or other documentation submitted. Previous Drawdowns should match the last request and subsequent payment received from our office. Remaining Funds should be the total after subtracting the Request Amount and Previous Drawdowns.
4. Signature and Date line. Please sign and date the Request for Funds for submittal.

#### HOPWA Monthly Demographic Reports (ZoomGrants™ submission)

Monthly status reports including the number of clients served are required whether or not a request for payment has been submitted.

Project sponsors are required to submit the HOPWA Monthly Demographic Report/First Time This Year (FTTY) Report in ZoomGrants, which captures demographic information for clients served with HOPWA funds for first time this year (or FTTY), to meet federal reporting requirements. The client should only be counted once per fiscal year. Enter the total unduplicated clients served in the month being reported by gender, race, ethnicity and income status. For example, once you report a client in July, he or she will not be counted again until the new contract year, which begins the following July. In order to maintain common reporting data elements across programs, the CLV may update the report format.

The report must be submitted through ZoomGrants on or before the submission of the monthly invoice.

### HOPWA Monthly Performance Measure and Outcome Reports (ZoomGrants™ submission)

Project Sponsors are required to report on the Performance Measures and Outcomes associated with HOPWA grant funds. The monthly status report explains the progress the project has made in relation to the goals and performance indicators outlined in the contract Scope of Services.

Project sponsors are required to submit the HOPWA Performance Chart along with the Monthly Demographic Report through ZoomGrants on or before the submission of the monthly invoice. This chart includes the “Planned Goal” (which must be completed before the contract is executed) and the “Actual” for all activities to be performed during the contract period (planned/actual non-duplicated number of households to be/were assisted with HOPWA funds and with non-HOPWA funds).

### HOPWA Annual Performance Close out Report (ZoomGrants™ submission)

#### HOPWA Consolidated Annual Performance and Evaluation Report (CAPER)

“The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support.

This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. Reporting is required for all HOPWA formula grantees. The public reporting burden for the collection of information is estimated to average 41 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable.”

See: <https://www.hudexchange.info/resource/1011/hopwa-caper-form-hud-40110-d/>

#### Overview

The Consolidated Annual Performance and Evaluation Report (CAPER) provides annual performance reporting on client outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The CAPER fulfills statutory and regulatory program reporting requirements and provides the grantee and HUD with the necessary information to assess the overall program performance and accomplishments against planned goals and objectives.

HOPWA formula grantees are required to submit a CAPER demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER data to obtain essential information on grant activities, project sponsors,, housing sites, units and households, and beneficiaries (which includes racial and ethnic data on program participants). The Consolidated Plan Management Process tool (CPMP) provides an optional tool to integrate the reporting of HOPWA specific activities with other planning and reporting on Consolidated Plan activities.

## [Table of Contents](#)

### PART 1: Grantee Executive Summary

1. Grantee Information
2. Project Sponsor Information
5. Grantee Narrative and Performance Assessment
  - a. Grantee and Community Overview
  - b. Annual Performance under the Action Plan
  - c. Barriers or Trends Overview

### PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging
2. Program Income and Resident Rent Payments

### PART 3: Accomplishment Data: Planned Goals and Actual Outputs

### PART 4: Summary of Performance Outcomes

1. Housing Stability: Permanent Housing and Related Facilities
2. Prevention of Homelessness: Short-Term Housing Payments
3. Access to Care and Support: Housing Subsidy Assistance with Supportive Services

### PART 5: Worksheet - Determining Housing Stability Outcomes

### PART 6: Annual Report of Continued Use for HOPWA Facility-Based Stewardship Units (Only)

### PART 7: Summary Overview of Grant Activities

- A. Information on Individuals, Beneficiaries and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, PHP, Facility Based Units, Master Leased Units ONLY)
- B. Facility-Based Housing Assistance

**Continued Use Periods.** Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation of a building or structure are required to operate the building or structure for HOPWA-eligible beneficiaries for a ten (10) years period. If no further HOPWA funds are used to support the facility, in place of completing Section 7B of the CAPER, the grantee must submit an Annual Report of Continued Project Operation throughout the required use periods. This report is included in Part 6 in CAPER. The required use period is three (3) years if the rehabilitation is non-substantial.

**Record Keeping.** Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. **In the case that HUD must review client-level data, no client names or identifying information will be retained or recorded. Information is reported in aggregate to HUD without personal identification. Do not submit client or personal information in data systems to HUD.**

In connection with the development of the Department's standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and T-cell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client's case management, treatment and care, in line with the signed release of information from the client.

**Operating Year.** HOPWA formula grants are annually awarded for a three-year period of performance with three operating years. The information contained in this CAPER must represent a one-year period of HOPWA program operation that coincides with the grantee's program year; this is the operating year. More than one HOPWA formula grant awarded to the same grantee may be used during an operating year and the CAPER must capture all formula grant funding used during the operating year. Project sponsor accomplishment information must also coincide with the operating year this CAPER covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for an additional operating year.

**Final Assembly of Report.** After the entire report is assembled, number each page sequentially.

### Filing Requirements

Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: at [HOPWA@hud.gov](mailto:HOPWA@hud.gov). Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7248, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C., 20410.

For more information go to:

<https://www.hudexchange.info/trainings/courses/hopwa-caper-training-modules1/>

### HOPWA Program Forms (samples)

1. Consent to Release Information (ROI)
2. Statement of HIV Verification
3. Participation Agreement
4. Participant Rights and Responsibilities
5. Income Eligibility Calculation Worksheet
6. Income Exclusions
7. Verification of Zero Income
8. Client File Checklist
9. Housing Assistance Application and Assessment
10. Client Budget Worksheet
11. Housing Plan of Care
12. Worksheet for Calculating Maximum Subsidy for Resident Rent/Mortgage Payment
13. Worksheet for Calculating Utility Allowance
14. Landlord Agreement
15. Security Deposit Agreement
16. Tracking Housing & Supportive Service Payment Assistance Worksheet
17. Grievance Policy
18. Rent Reasonableness Checklist & Certification
19. Earned Income Disregard
20. Tenant Inspection & Smoke Detector Verification
21. Housing Quality Standards (HQS)
22. Lead Paint Poisoning Certification
23. Termination of Assistance Letter
24. Termination Checklist
25. Client Satisfaction Survey
26. Request for Release of Funds Checklist

- 27. Request for Release of Funds (RFF)
- 28. Line Item Expense Detail
- 29. Annual Close out Report Checklist

## Consent to Release Information (ROI)

### 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:**

## Participation Agreement

### CLV HOPWA PROGRAM PARTICIPATION AGREEMENT

The HOPWA Program was authorized by the National Affordable Housing Act (Public Law #101-625) on November 28, 1990, to provide states and designated eligible metropolitan statistical areas (EMSAs) with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with HIV disease and AIDS.

The purpose of the CLV HOPWA grant is to provide assistance with short-term rent, mortgage, and utilities (STRMU); transitional housing; and permanent housing placement (PHP). As a short-term intervention tool, STRMU assistance is not intended to provide continuous or perpetual assistance.

The objective of the HOPWA program is to address the housing needs of eligible persons associated with the challenges of living with HIV/AIDS. HOPWA is a "needs-based" program; therefore, clients must demonstrate the level of benefits needed through verifiable documentation.

**Verifiable documentation of client expenses to be covered by program assistance is as follows:**

- Monthly mortgage statements or lease/rental agreements.
- Default/late payment notice for rent, mortgage or deed of trust, or certified letters from landlords.
- Original copy of utility bill, or default/late/overdue payment notice for utilities showing period of service rendered.

Guidelines from HUD strongly encourage the HOPWA funding be administered in coordination with Ryan White programs. Funding received from this grant may not be used to replace other state, federal, or local funding.

HOPWA is a federal funding source from HUD, and should be accessed **AS A LAST RESORT**.

HUD guidelines also require the client to secure and maintain housing stability and enhance financial management. The strategies to accomplish this will include a comprehensive, goal- oriented, individualized plan of care.

The following application and plan of care information must be completed and signed by the client and Housing Coordinator to process your application.

---

Client Signature

---

Date

---

Housing Coordinator Signature

---

Date

## Participant Rights and Responsibilities

### CLV HOPWA PROGRAM PARTICIPANT RIGHTS AND RESPONSIBILITIES

I am applying for assistance through the State HOPWA Program. I understand there are multiple components in the application process that I agree to complete to the best of my ability.

I authorize my Housing Coordinator to obtain the information needed to determine my meeting program qualifications for HOPWA services and to develop a personalized plan of care.

I certify that I have not **manufactured or produced methamphetamine** on the premises of federally assisted housing (24CFR 960.204, 24CFR 982.553); and I am not a **sex offender** subject to a lifetime registration requirement under a State sex offender registration program (24CFR 960.204, 24CFR 982.553).

Persons applying for assistance through the CLV HOPWA Program have rights and responsibilities.

### RIGHTS

- You have the right to choose whether or not to apply for assistance through this program.
- You have the right to choose the service providers from whom you will receive your HOPWA services, to the extent that they are available.
- You have the right to receive the HOPWA services you need; these may or may not include all the services you desire.
- You have the right to receive timely, respectful, high quality services from the staff of all providers without regard to age, ethnicity, gender, disability, religion, sexual orientation, values and beliefs, and marital status.
- You have the right to request copies of all signed documents and have access to your service record.
- You have the right to participate in the development of your plan of care.
- You have the right to receive current information and education about housing services and resources.
- You have the right to file a complaint, grievance, and appeal for decisions with which you do not agree.
- You have the right to request an interpreter to enhance communication.

### RESPONSIBILITIES

- You are responsible to conduct yourself in a courteous, cooperative, assertive, and respectful manner.
  - You are responsible for keeping scheduled appointments, responding in a timely manner to all appointments, and accepting offered and necessary services.
  - You are responsible for notifying the project sponsor if any illness interferes with scheduled appointments.
  - You are responsible for working with your Housing Coordinator to develop a plan of care, and actively participate in its implementation.
  - You are responsible for providing all documentation needed to acquire housing services.
- You are responsible for notifying your Housing Coordinator when you have problems in obtaining housing services or when you are dissatisfied with your care.
  - You are responsible for following health care instructions to the best of your ability.
  - You may be responsible for a portion of the costs of your housing services.
  - You are responsible for notifying your Housing Coordinator of any changes such as address, income, and living arrangements.

#### **CLIENT COMPLAINT, GRIEVANCE, AND APPEAL PROCEDURES**

- You have been informed of the project sponsor's client complaint, grievance, and appeal procedures.
- You have the right to file a complaint, grievance, and/or an appeal.
- You have the responsibility to initiate these actions.

**I have had the opportunity to discuss, and I am fully aware of the Participants Rights and Responsibilities outlined above. The Housing Coordinator will provide a signed copy to the client.**

---

Client Signature

---

Date

---

Housing Coordinator Signature

---

Date

## Income Eligibility Calculation

HOPWA Household Income Eligibility Worksheet for <u>All</u> HOPWA Activities (Except Housing Information Svcs.)				Rev. 11/01/15/2015	
Client Unique ID:				Calculation Date:	
<p>HOPWA regulation 24CFR.574.310d(1)(2)(3) states: "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 24CFR.5.609); (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.</p>					
<b>SECTION I: GROSS TOTAL HOUSEHOLD INCOME</b>					
<p>The total income of the household (Annual Gross Household 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 multiplied by number of payment periods per year for all income sources.</p>					
* NOTE: ALL BLUE CELL INFORMATION MUST BE ADDED MANUALLY					
				Entire Household (All members)	
1)	The full amount (before payroll deductions) of annual earned wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. Does not apply to armed forces service. Applies to employment income of client and all household members 18 and older. (For full-time students who are 18+, but are NOT head, co-head, spouse or sole member, only \$480 of their total annual earned income should be included here.)			\$0	
2)	Net income from operation of a personally owned business or profession.			\$0	
3)	All regular pay, special pay and allowances of a member of the Armed Forces (Except Hostile Fire Pay).			\$0	
4)	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 24CFR.5.609(c)(14)).			\$0	
5)	Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay. (Except as provided in 24CFR.5.609(c)(3)).			\$0	
6)	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 Part 5.609 & 5.611 Tab of this Excel Workbook).			\$0	
7)	Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence.			\$0	
8)	Interest, dividends, and other net income of any kind from real or personal property. If 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. For the current passbook savings rate, utilize the HUD-approved rate for the local Section 8 program office.				
9)	<b>TOTAL ANNUAL GROSS ENTIRE HOUSEHOLD INCOME. (Sum of Lines 1-8)</b>				<b>\$0</b>
10)	Area Median Income for this household's residence: \$_____				
11)	Applicable HOPWA Area Median Income for this household's size and location at 80% - Low-Income: \$_____				
12)	Applicable HOPWA Area Median Income for this household's size and location at 50% - Very Low-Income: \$_____				
13)	Does this household qualify for HOPWA housing and services? Yes _____ No _____				
<p>Note: HOPWA grantees can set the Area Median Income Threshold below 80%AMI with HUD Approval</p> <p>Note: Total household income must be reassessed at least annually. If, however, 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.</p>					
<b>Applicant Worksheet Signatures</b>					
Client Signature:				Date:	
Staff Signature:				Date:	

### 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);
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).



## ZERO INCOME AFFIDAVIT

### HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

I, \_\_\_\_\_, have applied for emergency or rental assistance through the HUD Housing Opportunities for Persons with AIDS (HOPWA) program. Program regulations require verification of all income from participating households.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

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 any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the HOPWA program, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.***

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager/Care Coordinator's Notes:

## Client File Checklist

### SAMPLE CLIENT FILE CONTENTS CHECKLIST

#### HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

**Note: Not all forms apply to every HOPWA program**

	<b>Client Name: (optional)</b>
	<b>Client Code #:</b>
	<b>Case Manager:</b>
	Completed Intake/Assessment form (including client data, i.e. contact info., demographics & information reported to funder)
	Signed Authorization to Release and Obtain Information (ROI), <b>Annually updated</b>
	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)
	<b>Annually updated</b>
	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, <b>Annually updated</b>
	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
	<b>Note Other Forms Attached:</b>
	Grievance and Termination Policy – <b>Signed as received</b>
	Termination Form, if applicable
	<b>CASE NOTES:</b>

## Housing Assistance Application and Assessment

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

**\* 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)

Sample Form

Updated October 2007

Page 1 of 5

* 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

## 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:** \_\_\_\_\_

**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:**

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

<b>Permanent Housing Goal:</b>			
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:

---



---

## Worksheet for Calculating Maximum Subsidy for Resident Rent/Mortgage Payment

HOPWA Household Income, Adjustments, and Rent Calculations Worksheet										Rev. 11/01/2015	
Client Unique ID:								Calculation Date:			
Check Applicable Box: <input type="checkbox"/> Initial Calculation <input type="checkbox"/> Interim Calculation <input type="checkbox"/> Recertification Calculation											
HOPWA regulation 24CFR574.310d(1)(2)(3) states: "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.											
<b>SECTION I: GROSS TOTAL HOUSEHOLD INCOME</b>											
The total income of the household (Annual Gross Household 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 multiplied by number of payment periods per year for all income sources.											
<b>* NOTE: ALL BLUE CELL INFORMATION MUST BE ADDED MANUALLY</b>											
								<b>Entire Household (All members)</b>			
1)		The full amount (before payroll deductions) of annual earned wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. Does not apply to armed forces service. Applies to employment income of client and all household members 18 and older. <i>(For full-time students who are 18+, but are NOT head, co-head, spouse or sole member, only \$480 of their total annual earned income should be included here.)</i>						\$0			
2)		Net income from operation of a personally owned business or profession.						\$0			
3)		All regular pay, special pay and allowances of a member of the Armed Forces. (Except Hostile Fire Pay)						\$0			
4)		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 24CFR 5.609(c)(14))						\$0			
5)		Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay. (Except as provided in 24CFR 5.609(c)(3))						\$0			
6)		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 Part 5.609 & 5.611 Tab of this Excel Workbook)						\$0			
7)		Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence.						\$0			
8)		Interest, dividends, and other net income of any kind from real or personal property. If 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. <i>For the current passbook savings rate, utilize the HUD-approved rate for the local Section 8 program office.</i>									
9)		<b>TOTAL ANNUAL GROSS ENTIRE HOUSEHOLD INCOME. (Sum of Lines 1-8)</b>								<b>\$0</b>	
Note: Total household income must be reassessed at least annually. If, however, 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.											

[illegible]

## Worksheet for Calculating Utility Allowance

### Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(exp. 04/30/2018)

See Public Reporting Statement and Instructions on back

Locality		Unit Type					Date (mm/dd/yyyy)
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas						
	b. Bottle Gas						
	c. Oil / Electric						
	d. Coal / Other						
Cooking	a. Natural Gas						
	b. Bottle Gas						
	c. Oil / Electric						
	d. Coal / Other						
Other Electric							
Air Conditioning							
Water Heating	a. Natural Gas						
	b. Bottle Gas						
	c. Oil / Electric						
	d. Coal / Other						
Water							
Sewer							
Trash Collection							
Range/Microwave							
Refrigerator							
Other -- specify							
<b>Actual Family Allowances</b> To be used by the family to compute allowance. Complete below for the actual unit rented.					Utility or Service		per month cost
Name of Family					Heating		\$
					Cooking		
Address of Unit					Other Electric		
					Air Conditioning		
Number of Bedrooms					Water Heating		
					Water		
					Sewer		
					Trash Collection		
					Range/Microwave		
					Refrigerator		
					Other		
					<b>Total</b>		\$

Previous editions are obsolete

Page 1 of 1

form HUD-52667 (04/15)  
ref. Handbook 7420.8

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. 0330-0047

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family name and address is mandatory. The information is used to establish a utility allowance schedule for all utilities and other services used to determine the family's monthly housing assistance payment and family share. HUD will use this information to ensure that the costs are reasonable. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of Housing Assistance Payment contract.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to establish a utility allowance schedule for all utilities and other services used to determine the family's monthly housing assistance payment and rental payment. HUD will use this information to ensure that the costs are reasonable.

## Instructions for Form HUD-52667, Allowances For Tenant Furnished Utilities and Other Services

Form HUD-52667 shall be completed by a HA for each different type of unit as explained below. Each form shall be reproduced by the HA and given to families with their Certificate or Voucher or subsequently in connection with any revisions. The form will provide the family, while shopping for a unit, with the amount of the allowances for various types of units for rent. With these allowances the family can compare gross rents and fair market rents. Form HUD-52667 shall also be used by the HA to record the actual allowance for each family.

**Level of Allowance:** Utilities and other services are included in gross rent, and when they are not furnished by the owner, an allowance must be provided to the family. Allowances must be adequate for all utilities and services not provided by the owner that were included in the fair market rent. The utility allowance schedule is based on the typical cost of utilities and services paid by energy-conservative households that occupy housing of similar size and type in the same locality. In developing the schedule, the HA must use normal patterns of consumption for the community as a whole and current utility rates. Allowances must not be based on energy consumption or costs above average or below average income families. The objective shall be to establish allowances based on actual rates and average consumption estimates and should allow the majority of participating families an allowance that is adequate to cover expected average utility costs and other services over a 12-month period.

### Determining Allowances:

- In general, HAs shall use to the extent possible local sources of information on the cost of utilities and services. The following local sources should be contacted:
  - Electric utility suppliers.
  - Natural gas utility suppliers.
  - Water and sewer suppliers.
  - Fuel oil and bottle gas suppliers.
  - Public service commissions.
  - Real estate and property management firms.
  - State and local agencies.
  - Appliance sales or leasing firms.

b. Recently adopted utility allowances schedules from neighboring HAs with essentially the same type of housing stock should also be examined. In most cases fuel or utilities rates normally will not vary appreciably in neighboring communities and where data is not available in small communities' allowances for larger nearby communities may be used. Where local sources are inadequate, the HA may consult the national average consumption data provided in Table 1 and make appropriate adjustments to reflect local conditions.

c. The HA must establish separate heating and cooling allowances for the various types of existing housing in the locality with the same number of bedrooms. Depending on local housing stock, utility allowances must be established for the following unit types: detached houses, duplexes, row or townhouses, garden and high rise apartments and manufactured homes. In addition to establishing different heating and cooling allowances for various types of structures, attention should be given to different allowances for water depending on whether families will have responsibilities for lawn care.

d. The data to be solicited from the local sources shown above should be as close as possible in form and detail to the format of form HUD-52667. If possible, all consumption data should be obtained for each unit size and type. If data is available only for an average unit size (2.5 bedrooms), multiply the utilities costs for the average unit by the following factors:

Size of Unit	Factor
0-BR	0.5
1-BR	0.7
2-BR	0.9
3-BR	1.1
4-BR	1.4
5-BR	1.6

Example: Natural gas heating cost for average sized unit is \$18.00 per month. The allowance for a 4-bedroom unit will be  $1.4 \times \$18.00 = \$25.00$  (rounded to nearest dollar).

**Air Conditioning:** Allowances for air conditioning must be established only for communities where the majority of units in the market provide centrally air conditioned units or appropriate wiring for tenant installed A/C units.



**Ranges and Refrigerators:** Allowances for ranges and refrigerators must be based on the lesser of the cost of leasing or installment purchasing of suitable equipment.

**Utility Rate Schedules:** The cost of gas and electricity varies according to amounts consumed as shown on the appropriate rate schedules. It is not possible to compute exactly the cost of electricity for any given function without knowing the total electrical usage for a unit. However, because neither the HA or the families know beforehand just what will be the combination of utilities for any unit rented, it will be necessary to approximate the allowances for each function (e.g., heating cooking, etc.) as follows:

For electricity the rates used for lighting, refrigeration and appliances (Table 1, Item I), should be from the top of the rate schedule or the higher unit costs. Allowances for electric cooking, water heating and space heating should be computed from the middle or lower steps in the rate schedules.

Similarly, allowances for gas used for water heating and cooking should be computed using rates from the top of the rate schedule and for heating from the lower steps.

**Supporting Documentation:** The HA shall maintain with the form HUD-52667 copies of all supporting documentation used in determining the allowances and any revisions. For instance, letters from local utility companies shall be attached plus any worksheets used by the HA in computing allowances. The material should contain, if possible, the quantities of the utilities that are the basis of the dollar allowances (e.g., kilowatt hours per unit). A copy of the utility allowance schedule must be sent to the HUD Field Office.

**Table 1**

**Average Allowances For Tenant Purchased Utilities**

Note: The consumption amounts listed below are inexact averages and must be used with caution when establishing allowances for actual projects.

	<u>Monthly Consumption</u>	
	<u>Units</u>	<u>2 1/2-BR (a)</u>
<b>I. Electricity</b>		
a. Lighting and Refrigeration	KWH	250-400 (b)
b. Cooking	KWH	110
c. Domestic Hot Water	KWH	340 (c)
d. Space Heating	KWH	680 (d)
e. Air Conditioning	KWH	180 (e)
<b>II. Natural Gas And Bottle Gas</b>		
a. Cooking	Therms	8
b. Domestic Hot Water	Therms	21 (c)
c. Space Heating	Therms	48 (d)
<b>III. Fuel Oil</b>		
a. Domestic Hot Water	Gals	17 (c)
b. Space Heating	Gals	40 (d)
<b>IV. Water</b>		
a. Domestic Use	Gals	8,000
b. Lawn	Gals	2,000

- (a) Estimated average consumption for a hypothetical 2 1/2 bedroom dwelling unit. All consumptions listed must be adjusted for the size of the dwelling unit. Factors shown under Determining Allowances, subparagraph d, may be used for making the adjustment.
- (b) Consumptions will vary considerably depending on electrical appliances used. Upper limits should be sufficient to provide 85 kilowatt hours for a clothes dryer and 50 kilowatt hours for a frost free refrigerator.
- (c) The temperature of local water supply varies by geographic area and will have considerable impact on energy used to heat domestic water. This estimate is for North Central geographic areas where the average city water temperature is approximately 50° F.
- (d) Consumptions are for housing insulated for the heating system installed. Normally a building designed for electric space heating is better insulated than one designed for gas or oil space heating equipment. Climatic conditions assumed to be 4,000 heating degree days and 0° F outside design temperature. Consumption must be adjusted for the normal heating degree days and the outside design temperature in the given geographic area.
- (e) Consumption estimated for 1,000 degree days cooling. Actual consumption will depend on many variables.

**Note:** The consumption amounts listed above are inexact averages and must be used with caution when establishing allowances for actual projects.



## Landlord Agreement

### LANDLORD AGREEMENT

**NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED FOR PAYMENT.**

This is to verify that \_\_\_\_\_ is/are the tenant(s) residing at \_\_\_\_\_. The rent is \$ \_\_\_\_\_ per \_\_\_\_\_ (month or week). As of \_\_\_\_\_ the tenant's account has a \$ \_\_\_\_\_ balance due. This amount is for rent payment(s) due from \_\_\_\_\_ to \_\_\_\_\_.

An eviction notice will be served if the account is not paid current by \_\_\_\_\_.

If the tenant(s) is/are qualified for assistance, I agree to accept payment for the amount listed in the authorization voucher. I understand that payment will be received within 30 days of the date on the voucher. Further, I understand that any balance due on the rent after the authorized amount has been paid remains the responsibility of the tenant(s).

**Please print clearly:**

Make check payable to: \_\_\_\_\_ Address: \_\_\_\_\_ Name of landlord: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

Tax ID # or Social Security #: \_\_\_\_\_

.....  
**FOR OFFICE USE ONLY**

AUTHORIZED AMOUNT: Rent \$ \_\_\_\_\_

\_\_\_\_\_  
Project Sponsor Staff Signature

\_\_\_\_\_  
Date

## Security Deposit Agreement

### SECURITY DEPOSIT AGREEMENT

**NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED FOR PAYMENT.**

This is to verify that \_\_\_\_\_ has applied to rent an apartment located at \_\_\_\_\_. The rent is \$\_\_per\_\_\_\_(month or week). The security deposit is \$\_\_\_\_\_.

If this individual is qualified for assistance, I agree to accept a check from the “agency name here” to cover the cost of the security deposit. I understand that payment will be received within 30 days of the date on the voucher. Further, I understand that any balance due on the security deposit after the authorized amount has been paid by the “agency name here” remains the responsibility of the tenant.

**Please print clearly:**

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Name of landlord: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

Tax ID # or Social Security #: \_\_\_\_\_

.....  
**FOR OFFICE USE ONLY**

AUTHORIZED AMOUNT: Security Deposit \$\_\_\_\_\_

\_\_\_\_\_  
Project Sponsor Staff Signature

\_\_\_\_\_  
Date

## Tracking Housing & Supportive Service Payment Assistance Worksheet

City of Las Vegas HOPWA STRMU Tracking Worksheet										
Client Name:										
UI:										
Duplication of Benefit Verification										
Has the client signed a statement affirming they have/haven't received STRMU assistance for the same period from another HOPWA-agency?									Y	N
Has staff confirmed/requested written verification from HOPWA-agencies on the amount and time STRMU assistance was last provided?									Y	N
Has the applicant received STRMU assistance from any other HOPWA organization within the 52-week period?									Y	N
If YES, include third-party documentation and include total amounts and date ranges in tracking form below.										
Month	Year	Rent Amount	STRMU Payment	Mortgage Amount	STRMU Payment	Utility Amount	Utility Meter Date	Total # of Actual Days of Assistance	STRMU Payment	Total # of Rounded Weeks Used (1, 2, 3, 4)
July	2022	\$ 1,200.00	\$ 1,200.00							4
August	2022	\$ 1,200.00	\$ 1,200.00			\$ 128.26	8/25/22 -9/23/22	7	\$ 128.26	4
September	2022					\$ 128.26	8/25/22 -9/23/22	23	\$ -	3
October	2022									
November	2022									
December	2022									
January	2023									
February	2023									
March	2023									
April	2023									
May	2023									
June	2023									
			\$ 2,400.00		\$ -				\$ 128.26	11
Summary		STRMU Rent	\$ 2,400.00					52-Week Period Start Date:		7/1/2022
		STRMU Mortgage	\$ -					52-Week Period End Date:		6/30/2023
		STRMU Utility	\$ 128.26					21-Weeks Provided:		11
		Total Expended	\$ 2,528.26					21-Weeks Remaining:		10

#	ID#	CM	Enroll	Recert	Term.	Mo. Rent	Clt. Portion	HOPWA RA	Jan	Feb	March	YTD	Tenant	Jan	Feb	March	Paid YTD
1	4373	AG	10/05/02	Oct-05		\$575	\$0	\$575	\$575	\$575	\$575	\$1,725	Paid Rent:	\$0	\$0	\$0	\$0
2	4386	KZ	12/01/02	Dec-05		\$700	\$75	\$625	\$625	\$625	\$625	\$1,875		\$75	\$75	\$75	\$825
3	4330	MY	12/01/02	Dec-04	09/30/04	\$810	\$284	\$526	\$526	\$526	\$526	\$1,578		\$284	\$284	\$284	\$2,556
4	3970	RM	04/01/03	Nov-05		\$725	\$206	\$519	\$519	\$519	\$519	\$1,557		\$206	\$206	\$206	\$2,266
5	3651	DC	08/01/03	Aug-05		\$460	\$152	\$308	\$308	\$308	\$308	\$924		\$152	\$152	\$152	\$1,672
6	4372	BL	11/01/03	Nov-04	07/30/04	\$505	\$173	\$332	\$332	\$332	\$332	\$996		\$173	\$173	\$173	\$1,211
7	4570	RM	05/01/04	May-05		\$326	\$92	\$234				\$0					\$644
8	3111	DVZ	07/01/04	Jul-05		\$1,115	\$261	\$854				\$0					\$1,305
9	4281	AG	09/23/04	Sep-05		\$397	\$0	\$397				\$0					\$0

### HIV/AIDS SECTION CLIENT COMPLAINT, GRIEVANCE, AND APPEAL PROCEDURES

#### Introduction

The following procedures apply to programs operated under the auspices of the CLV HIV/AIDS Section including, but not limited to, Ryan White Part B, Patient Care Network, and Housing Opportunities for Persons with AIDS (HOPWA) or patient care general revenue funded services for eligible, enrolled clients only. This document is intended to guide lead agencies/project sponsors and/or providers in developing and refining their own grievance policies and procedures, and is not intended for distribution to clients. However, local policies and procedures must contain the following core elements at a minimum:

- Fair and reasonable written procedures that promote resolutions at the local level.
- Procedures that ensure clients are aware of their right to file a formal grievance or appeal, including posting the right of a client to file a grievance or appeal in a prominent place and written notices that include the right to file a grievance or appeal in other languages to meet the needs of clients with limited English proficiency.
- Staff training on grievance and appeal procedures by local agency staff.
- Specific timeframes for resolving complaints, grievances and appeals. All complaints should be acknowledged within two (2) business days and resolved within ten (10) business days. Both grievances and appeals should be resolved by the lead agency within sixty (60) calendar days of the date of the grievance or appeal, and the lead agency must notify the client in writing of the decision.
- Final review by an independent third party when the grievance or appeal cannot be resolved to the satisfaction of all parties involved.

#### Definitions

- a) A **complaint** is any verbal or written expression of dissatisfaction by an individual regarding the administration or provision of services. A complaint is an opportunity to resolve a problem without it becoming a formal grievance or appeal.
- b) An **action** is any denial, limitation, reduction, suspension, or termination of a service.
- c) A **grievance** expresses dissatisfaction about any matter other than an action.
- d) An **appeal** is a request for review of an action.
- e) A **dismissal** is a formal action to cease delivering services and close the case record of an active client.
- f) A **service provider** is any entity other than the lead agency/project sponsor that provides a service (i.e. subcontracted transportation or case management provider).

## **Complaint Procedures**

Providers and clients are encouraged to resolve complaints informally at the lowest organizational level possible prior to initiating the formal grievance or appeal procedures. Complaints received by the service provider/project sponsor:

- Should be acknowledged within two (2) days and resolved within ten (10) business days.
- If the service provider resolves the complaint to the satisfaction of the client, no further action is needed.
- If the service provider cannot resolve the complaint to the client's satisfaction within ten (10) business days, the client will have the option to file a formal written grievance or appeal with the lead agency/project sponsor. If the client is unable to file a grievance or appeal in writing the lead agency/project sponsor will assist the client in doing so.

Complaints received by the lead agency/project sponsor:

- Should be acknowledged within two (2) days and resolved within ten (10) business days.
- If the lead agency/project sponsor provider resolves the complaint to the satisfaction of the client, no further action is needed.
- If the lead agency/project sponsor cannot resolve the complaint to the client's satisfaction within ten (10) business days the lead agency/project sponsor will give the client the option to file a formal grievance or appeal in writing. If the client is unable to file a grievance or appeal in writing the lead agency/project sponsor will assist the client in doing so.

## **Grievances and Appeals**

Lead agencies/project sponsors and service providers must ensure that clients are informed of grievance and appeal policies and procedures at the first meeting between the case manager and the prospective client. At a minimum, clients must be reminded of these policies and procedures at every eligibility redetermination. Clients must be told that the documents can also be made available in alternate formats (e.g., foreign languages, Braille) to accommodate the needs of the client as required by contract. Lead agencies/project sponsors should make certain that the contract manager is notified of any grievances and appeals upon receipt.

Information about the grievance and appeal process, and how a client may start the process must be posted in prominent areas such as lobbies or waiting rooms.

Grievance and appeal procedures must clearly identify the title of a specific staff position or positions that a client may contact for assistance in initiating the process. Contact information such as phone numbers, e-mails, and mailing addresses must also be clearly provided and should be included in written notices and posted documents.

## **Grievance Procedures**

Grievances received by the service provider:

- Complaints that are not resolved to the client's satisfaction within ten (10) business days, that are not about an action, such as a denial of services, will become a grievance and should be sent to the lead agency/project sponsor for resolution. The service providers must continue to work with the client and the lead agency/project sponsor for resolution.
- The client may file a grievance directly with the lead agency/project sponsor.
- Grievances received by the lead agency/project sponsor:
- The lead agency/project sponsor receiving the grievance must enter it into the grievance and appeal log and send a written acknowledgment to the client within five (5) business days of receipt.
- The lead agency/project sponsor is responsible for collecting all pertinent facts from both parties regarding the grievance.
- The individual(s) conducting the final review of a grievance must not be involved in previous levels of review or decision making. Additionally, all decision makers must have expertise in the program requirements involved in each grievance.
- The lead agency/project sponsor will have sixty (60) calendar days to resolve the grievance and notify the client in writing of the decision.
- If the grievance is settled to the client's satisfaction, no additional action is required.
- If the grievance is not settled to the client's satisfaction, the lead agency/project sponsor must notify the designated CLV HOPWA Grant Coordinator for the area within five (5) business days to seek a resolution.

Grievances received by the CLV HOPWA Grant Coordinator:

- The HOPWA Grant Coordinator will review the grievance and issue a written resolution within ten (10) business days to the lead agency/project sponsor.

## **Appeal Procedures**

Appeals received by the service provider:

- Complaints about an action, such as a denial of services, that are not resolved to the client's satisfaction within ten (10) business days will become an appeal and should be sent to the lead agency/project sponsor for resolution. The service providers must continue to work with the client and the lead agency/project sponsor for resolution.
- Appeals received by the lead agency/project sponsor:
- The lead agency/project sponsor will receive the appeal and will enter it into the grievance and appeal log and send a written acknowledgment to the client within five (5) days of receipt.

- The lead agency/project sponsor is responsible for collecting all pertinent facts from both parties regarding the appeal.
- The individual(s) conducting the final review of an appeal must not be involved in previous levels of review or decision making. Additionally, all decision makers must have expertise in the program requirements involved in each appeal.
- The lead agency/project sponsor will have sixty (60) calendar days to resolve the appeal and notify the client in writing of the decision.
- If the appeal is settled to the client's satisfaction, no additional action is required; however, if the appeal is not settled to the client's satisfaction, the lead agency/project sponsor must notify the HOPWA Grant Coordinator within five (5) business days to seek a resolution.

Appeals received by the HOPWA Grant Coordinator:

- The HOPWA Grant Coordinator will review the appeal and issue a written resolution within ten (10) business days to the lead agency/project sponsor.

The following provisions apply only to the CLV HOPWA Program:

- Active HOPWA clients will receive a continuation of their services following a request for an appeal.
- Clients receiving a continuation of services pending an appeal determination will only receive services up to the time period approved during their initial assessment for meeting program requirements. Clients will not receive HOPWA services in excess of 21 weeks, per federal regulations.

### **Program Dismissal**

The HIV/AIDS Section recognizes the importance of delivering care to its clients. Program dismissal should be implemented only for serious or persistent violations and after intervening steps have been exhausted. Prior to dismissal, the state program office must be notified in writing and all information related to the dismissal must be submitted to state program staff for review and approval.

Reasons for a dismissal include, but are not limited to:

- Immediate program termination may be warranted in instances of fraud, bribery, threats of violence or any other corrupt or criminal acts in connection with the program. Acts of fraud include providing false statements, misrepresentation, impersonation, or other substantiated fraudulent actions that affect a determination as to the client's eligibility to receive services.

Threats of violence include verbal and non-verbal actions that threaten the safety of the client themselves, other clients, staff, landlords, or neighbors of clients receiving HOPWA services.

- A client terminated from the program due to criminal behavior or activity may be readmitted into a program upon submission of court documents demonstrating that the client was acquitted, or cleared, of all charges related to the incident that led to termination. Compelling evidence of changes in circumstances and client behavior may also factor into a client's re-admission into the program after termination. However, readmission shall be contingent upon availability of program funds and the client's program eligibility at the time of a request for re-admission.
- Notice of dismissal must be provided in writing to the client within five (5) business days of the state program office's approval of termination. The notice must be delivered by mail and should include substantiated reasons for dismissal.
- The client who has received a notice of dismissal has the right to initiate an appeal in accordance with policies and procedures outlined in this document.

The following provisions apply only to the state HOPWA Program:

- Individuals found to have manufactured methamphetamine on the premises of federally assisted housing and sex offenders subject to a lifetime registration requirement under a state sex offender registration program are prohibited from receiving HOPWA services per Housing and Urban Development (HUD) statute and regulations.

**Please note:** This document shall not supersede state statutes or federal regulations.



## Rent Reasonableness Checklist & Certification

### RENT REASONABLENESS CHECKLIST AND CERTIFICATION

24 CFR 574.320 (a)(3) 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 being charged by the owner for comparable unassisted units.

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction				
Housing Condition				
Location/Accessibility				
Amenities Unit: Site: Neighborhood:				
Age in Years				
Utilities (type)				
Unit Rent Utility Allowance Gross Rent				
Handicap Accessible?				
Most Recently Charged Rent For Proposed Unit		Reason for Change		

\* Other local resources may be used to obtain information, e.g.: market surveys, classified ads.

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

#### CERTIFICATION:

##### A. Compliance with Payment Standard

Contract Rent + Utility Allowance = Proposed Gross Rent <sup>Proposed</sup>

Approved rent does not exceed applicable Payment Standard of \$\_\_\_\_\_.

##### B. Rent Reasonableness

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit \_\_\_\_ IS \_\_\_\_ IS NOT reasonable.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Earned Income Disregard

### 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 (HOME Investment Partnership Act)
- 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 ( $E \times 0.050$ ) \$

Second 12-month exclusion period

#### Question & Answer

Obtained from the HUD website: [www.hud.gov/offices/pih/phr/about/ao\\_faq\\_eid.cfm](http://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).

## Tenant Inspection & Smoke Detector Verification

### HOPWA TENANT OR AGENCY INSPECTION CHECKLIST AND SMOKE DETECTOR VERIFICATION

(To be completed by tenant, case manager, or care coordinator)

Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Client's Name or Number \_\_\_\_\_

Address of property for which applicant will receive HOPWA subsidy:

Street Address, Apt. #	City	Zip Code	YES	NO
1. Do all bedrooms and hallways have functioning smoke detectors installed?			( )	( )
2. Is the air conditioning/heating system functioning?			( )	( )
3. Is the plumbing at sinks, toilet, and tub working properly, with no leaks?			( )	( )
4. Are the refrigerator and stove in proper working order?			( )	( )
5. Does each room have a window that can be opened?			( )	( )
6. Do all security bars on bedroom windows open from the inside?			( )	( )
7. Do the stairs and/or balconies have secure handrails?			( )	( )
8. Do the light switches and outlets have cover plates?			( )	( )

Please explain any "no" answers:

---

---

---

Date of Site Check: \_\_\_\_\_

I will request, in writing, that the landlord repair any problems I found as a result of my tenant inspection. I also agree to check (or have someone else check) all smoke detectors for proper functioning on a regular basis while I live at this address receiving HOPWA subsidy.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_

Title of Agency Representative: \_\_\_\_\_

Notes: \_\_\_\_\_

---

## Housing Quality Standards (HQS)

### **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.
- \_\_\_\_ xii. Carbon Monoxide – *The housing must have a functioning carbon monoxide alarm or detector present.*

(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 \_\_\_\_\_

## Lead Paint Poisoning Certification

### HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

#### GENERAL HEALTH AND SAFETY LEAD PAINT POISONING LANDLORDS, AGENCY REPRESENTATIVES, APPLICANT'S CERTIFICATION

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

I HAVE BEEN GIVEN INFORMATION ON "Protecting Your Family From Lead in Your Home" AND ACKNOWLEDGE THAT MY APARTMENT OR HOUSE MAY CONTAIN LEAD, IN SOME FORM, IF IT WAS CONSTRUCTED PRIOR TO 1978.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

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

Website to access pamphlet in English and Spanish: <http://www.hud.gov/lea/leadhelp.html>

## Termination of Assistance Letter

### CLV HOPWA PROGRAM TERMINATION OF ASSISTANCE LETTER SAMPLE

**(Insert Name)**

**(Insert Address)**

**(Insert City, State, Zip Code)**

Subject: NOTICE OF TERMINATION OF ASSISTANCE

**Dear (insert Ms./Mr. Last Name):**

You are being terminated from the CLV HOPWA TBRA Program effective **(insert date)**. A copy of this letter is provided to your landlord, and serves as notice of cancellation of Housing Assistance Payments on **(insert date)**. If you remain in your current unit after that date, you will be responsible for the total amount of rent due.

If you feel you should not be terminated from rental assistance, you have a right to discuss this with me. Please contact me at **(insert phone/e-mail)** to set up an appointment.

If you have questions, please call me at (insert phone). Thank you for your cooperation.

Sincerely,

## Termination Checklist

### **TERMINATION RECORD SHEET**

#### **Housing Opportunities for Persons With AIDS**

Case #: \_\_\_\_\_ Applicant: \_\_\_\_\_

Agency: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Program from which terminated: ☐ STRMU Assistance ☐ Tenant or Project-Based Rental Assistance

Assistance Period: Begin Date \_\_\_\_\_ (M/D/Y) End Date \_\_\_\_\_ (M/D/Y)

Number of months of housing provided this client: \_\_\_\_\_

**Monthly Family/Household Income:** Exiting/End of Year Income \$ \_\_\_\_\_ (*Attach income verification*)

**Household is exiting Housing Assistance for (Destination/Life Event):**

Private Housing: \_\_\_\_\_ Temporary Housing: \_\_\_\_\_ Other HOPWA: \_\_\_\_\_ Emergency Shelters: \_\_\_\_\_

Other Housing Subsidy: \_\_\_\_\_ Jail/Prison: \_\_\_\_\_ Institution: \_\_\_\_\_ Disconnected: \_\_\_\_\_

Death/Life Event: \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Reached program eligibility limit                                       | <input type="checkbox"/> Income verification changed |
| <input type="checkbox"/> Criminal activity   | <input type="checkbox"/> Non-payment of rent         |
| <input type="checkbox"/> Destruction of property   | <input type="checkbox"/> Violence                    |
| <input type="checkbox"/> Death   | <input type="checkbox"/> Unknown/Disappeared         |
| <input type="checkbox"/> Non-compliance with supportive service requirements                     |  |
| <input type="checkbox"/> Needed more care than the program could offer                           |  |
| <input type="checkbox"/> Voluntary departure   |  |
| <input type="checkbox"/> Found alternative housing-Explain on lines below or on back page        |  |
| <input type="checkbox"/> Dissatisfaction with the program-Explain on lines below or on back page |  |
| <input type="checkbox"/> Other-Explain on lines below or on back page                            |  |

**NOTES**

---

---

---

## CLIENT SATISFACTION SURVEY QUESTIONNAIRE

### A. INTRODUCTION

Thank you for taking the time to tell us about your experience with the agency below. We appreciate your feedback on how satisfied or unsatisfied you are with the services that you are receiving. Your responses will be confidential and will never affect the service that you receive at this agency. However, the feedback that we get from clients like you will help us identify strengths and weaknesses and make improvements.

**HIV/AIDS Housing Organization Name:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Thank You! Please fill in or mark an "X" in the appropriate box.**

### B. SATISFACTION WITH THE PROGRAM

**1. How long have you been receiving assistance from this agency or program?**

☐ Less than 1 year      ☐ 1 - 3 years      ☐ 3 - 5 years      ☐ More than 5 years

**2. What types of assistance do you currently receive from this agency or program?**

- ☐ Short-term/emergency rent, mortgage, or utility assistance  
☐ On-going/long-term or transitional monthly rental assistance (*Example: Tenant-based rental assistance or Section 8 Housing Choice Voucher*)  
☐ Housing within the agency's building(s)  
☐ Other services, such as case management, job training or transportation

**3. Overall, how satisfied are you with the assistance you have received from this agency or program?**

☐ Very satisfied    ☐ Somewhat satisfied    ☐ Somewhat dissatisfied    ☐ Very dissatisfied

**4. How Satisfied are you with your current housing?**

☐ Very satisfied    ☐ Somewhat satisfied    ☐ Somewhat dissatisfied    ☐ Very dissatisfied

**5. Has assistance from this agency helped you to maintain your housing or to improve your housing situation?**

☐ A great deal    ☐ Somewhat    ☐ Slightly    ☐ Not at all

**6. Has this program been helpful in referring you to the medical care, insurance coverage, and other services you need?**

☐ Always    ☐ Most of the time    ☐ Sometimes    ☐ Rarely or never



7. Has this program helped you access or maintain sources of income (*Example: Helped you get a job, or helped you sign-up or stay qualified for assistance programs*)?

☐ A great deal   ☐ Somewhat   ☐ Slightly   ☐ Not at all

8. Has the assistance you have received from this agency had a positive impact on your:

	A Great Deal	Somewhat	Slightly	Not at All
Outlook on life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take care of household duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to remain independent in the environment that you choose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What did/do you like most about this program?

---



---



---

10. What do you think we can do to make the program better?

---



---



---

11. Is there something else you would like to tell us about the program or services you received?

---



---



---

## C. SATISFACTION WITH STAFF

12. Overall, did staff:

	Always	Most of the Time	Sometimes	Rarely or Never
Treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seem to understand your situation and needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do a good job of explaining the program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. Overall, was staff:**

	Always	Most of the Time	Sometimes	Rarely or Never
Responsive in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to your ethnic and cultural background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable about available services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Careful to maintain your confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. Is there anything else you would like to tell us about staff?**

---

---

---

**D. CASE MANAGEMENT/HOUSING ADVOCACY**

If you do not receive case management or housing advocacy from this agency, please skip this section and move on to the Property Management/Facility-based section.

**15. How Satisfied are you with your case management services?**

☐ Very satisfied ☐ Somewhat satisfied ☐ Somewhat dissatisfied ☐ Very dissatisfied

**16. Does your case manager respond in a timely manner?**

☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely or never

**17. Does your case manager treat you respectfully?**

☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely or never

**18. Is your case manager easy to talk to?**

☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely or never

**20. Is your case manager knowledgeable about resources available in the community?**

☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely or never

**21. Has your case manager done a good job keeping your diagnosis confidential when working with landlords, utility companies, or other people?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**22. Overall, how helpful is the assistance that you receive from your case manager?**

☐ Very helpful   ☐ Somewhat helpful   ☐ Slightly helpful   ☐ Not at all helpful

**23. Does your case manager address the concerns that you raise when you meet?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**24. If not, what types of concerns are not addressed?**

---

---

---

**25. Is there anything else that you would like to tell us about case management services?**

---

---

---

**E. PROPERTY MANAGEMENT/FACILITY-BASED**

**26. How would you rate the overall condition of your unit?**   ☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor

**27. Are the common areas (*Example: entry, hallway(s), common rooms*) around your unit well maintained?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**28. Are the locks on your unit door, and the building's outside door(s) in good condition and working properly?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**29. Is your unit and the property free of rodents, insects, and other pests?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**30. Are the common bathrooms, trash/recycling, and laundry rooms well maintained?**

☐ Always   ☐ Most of the time   ☐ Sometimes   ☐ Rarely or never

**31. Please list any specific things that should be done to improve the quality of your unit or the property as a whole:**

---

---

**32. Does the property management staff respond to service requests in a timely manner?**

☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely or never

**33. Does the property management staff respond to emergencies promptly?**

☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely or never

**34. Does the property management staff treat you with respect and in a professional manner?**

☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely or never

**35. Does the property management staff handle issues or disagreements between residents appropriately?**

☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely or never

**36. How satisfied are you with the neighborhood you live in?**

☐ Very satisfied ☐ Somewhat satisfied ☐ Somewhat dissatisfied ☐ Very dissatisfied

**37. How safe do you feel in your unit and building?**

☐ Very safe ☐ Somewhat safe ☐ Somewhat unsafe ☐ Very unsafe

**38. If you feel unsafe in your building, please explain why:**

---

---

---

**39. Is there anything that you would like to tell us about your unit or building?**

---

---

---

## **F. DEMOGRAPHIC INFORMATION**

**Please tell us a little bit about who you are: (*This demographic information is optional*)**

**40. Gender**

☐ Male ☐ Female ☐ Transgender male ☐ Transgender female ☐ Other

**41. Race/Ethnicity**

- ☐ African American   ☐ Alaska Native/American Indian  
☐ Asian/Pacific Islander  
☐ White   ☐ Multi-racial   ☐ Other \_\_\_\_\_  
☐ Hispanic(a)/Latino(a)

**42. Age**

☐ Less than 18 years   ☐ 18-30 years   ☐ 31-50 years   ☐ Over 51 years

**43. What Zip Code do you live in?**

Zip Code: \_\_\_\_\_

**CONCLUSION:**

***Thank you for responding to this voluntary survey form. Your responses are very important to us and will be summarized and provided confidentially to the agency.***

**Please mail your completed Survey to:**

**Insert Agency Name and Contact Information Here:**



The research, development, and distribution of this document was funded by the Housing Opportunities for Persons with AIDS (HOPWA) National Technical Assistance Program in partnership with the U.S. Department of Housing and Urban Development's Office of HIV/AIDS Housing. The substance and findings of the work are dedicated to the public. This material was prepared by Clegg & Associates, Inc. under contract with Building Changes, Seattle, WA.

**CITY OF LAS VEGAS**  
**REQUEST FOR RELEASE OF FUNDS CHECKLIST**

This checklist **must** be submitted with each Request for Release of Funds packet. It must be completed in its entirety. Blank forms or forms with missing information will not be accepted and will result in the return of your submittal causing a delay in reimbursement.

- ☐ City of Las Vegas Request for Release of Funds form with signature
- ☐ Line Item Expense Detail
- ☐ Detail of Monthly Employee Expense/Detail Payroll Register
- ☐ Fringe/Benefits coverage invoices, proof of payment, cancelled checks & employee coverage breakdown
- ☐ Timecards (must be signed by employee and supervisor)
- ☐ Profit and Loss Statement or General Ledger
- ☐ Copy of Paid Invoice/Receipt
- ☐ Copies of Cleared Checks or Copy of Bank Statements and/or Credit Card Statements
- ☐ Check Request Form with Appropriate Signature(s) (if applicable)

Request for Release of Funds must be submitted **no later than** the 15<sup>th</sup> of each month. Failure to submit packets by the specified due date may result in delayed processing and reimbursement.

## Request for Release of Funds (RFF)

This form must be used to request reimbursement by the City of Las Vegas Office of Community Services (OCS) from the Housing Opportunities for Person with AIDS (HOPWA) funds allocated for the Project Sponsor's program. Failure to properly submit this form, along with back-up documentation, such as copies of canceled checks, invoices, purchase orders, accounts payable printout or check register, will result in a non-pay status for the request. Do not alter this form. The HOPWA funds must be used for reimbursement of expenses identified in the Program Budget Form, which was part of its application submitted during the Request for Applications Process. The Project Sponsor may not seek reimbursement or use the HOPWA funds for line item expenses not identified in the Program Budget Form, and not included on this RFF. Signature below certifies that this information is true and correct.

If there are questions regarding the eligibility of an expense, please call our office before you spend. Ineligible expenses will not be reimbursed. Additionally, unless requested and approved in writing, Project Sponsors are expected to spend and request reimbursement **monthly** with a minimum of 25% of their allocation spent per quarter and submitted monthly. Failure to do so will cause funds to be reallocated from the Project Sponsor's Program to another HOPWA eligible program as permitted by the HOPWA Agreement with the City. The quarterly amount is your benchmark to meet per quarter. **You must bill monthly.**

Award	\$«CDRB_Recommendation»	25% spending goal to be spent per quarter	\$«M_25_of_Award»
-------	-------------------------	---	-------------------

Request #	Amount of Request	Period Covered	
		From	To

Agency: «Organization_Name»	Phone: «Work_Phone»
Project: «Project_Name»	Fax: «Fax»
Contact Person: «Contact_First_Name» «Contact_Last_Name»	E-mail:

HOPWA-Eligible Activity	Budgeted Amount	Request Amount	Previous Drawdowns	Remaining Funds
	\$			
	\$			
	\$			
TOTAL	\$			

---

Signature

Date



## Line Item Expense Detail

### LINE ITEM EXPENSE DETAIL

Project Sponsor: \_\_\_\_\_ Project Name: \_\_\_\_\_

Reimbursement requested for month of \_\_\_\_\_ Date Submitted \_\_\_\_\_

Personnel		
Employee	Title	Amount and % charged
Total Personnel		

#### GENERAL NON-PERSONNEL *(Itemize all expenses by supplier name and amount)*

Supplies		
Communications		
Printing		
Utilities		
Rent		
Utilities		
Travel - Local		
Travel - Other		
Liability Insurance		
Equipment		
Direct Client Services		
Miscellaneous		
Total General Expenses		
Total Expenses		

#### STATEMENT OF CERTIFICATION

I, the undersigned, certify that the information contained herein is correct, is recorded as such in the official accounting records of the program and that the expenses reflected herein were incurred in accordance with the Agreement with the City of Las Vegas.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CITY OF LAS VEGAS  
CLOSEOUT CHECKLIST**

We are quickly approaching the end of the fiscal year for all 2018-2019 HOPWA Project Funding. Below are the items required as part of the program closeout process. You should also review your City of Las Vegas Agreement: *"1. Scope of Services – C. Time of Performance and Closeout"* for full description of requirements.

The below items need to be uploaded to Zoom grants by July 15<sup>th</sup> for processing, Please upload the Year End Cumulative Accomplishments under the "Financial" tab, as an additional attachment with your Final RFF. The Determination of Records Custodian and Disposition of assets/income (if applicable) should be uploaded under the "Attachments" tab.

- ☐ Complete & Accurate Monthly Reports
- ☐ Disposition of assets and/or program income (if applicable)
- ☐ Determination of Records Custodian (with contact information)
- ☐ Year-end narrative statement of cumulative accomplishments
- ☐ Final Request for Release of Funds