

# HOME-ARP SS Client File Checklist / HOMELESSNESS PREVENTION

Client Name \_\_\_\_\_ HMIS / Comparable Database ID \_\_\_\_\_

Entry Date \_\_\_\_\_ Exit Date \_\_\_\_\_

Address \_\_\_\_\_

**1. \_\_\_\_\_ Document that participant was provided with written copies of the following at program entry:**

- Written grievance policy
- Lead-Based Paint information safety pamphlet
- Program rules that include Confidentiality Policies
- HUD form 5380 "Notice of Occupancy Rights under the Violence Against Women Act"
- Right to Fair Housing Brochure
- Releases of Information between Agency and Other Entities on behalf of client

**2. \_\_\_\_\_ Verification of Duplication of Services**

*Document and certify the client is not receiving any other services at the same time of application to HOME-ARP SS with intake worker certification and self-certification.*

**3. \_\_\_\_\_ Documentation of an eligible **Qualifying Population** at program entry**

*If there is no source/third-party documentation of homeless status, there must be certification from the agency that efforts were made to obtain it.*

- Qualifying Population 1 - Homeless
- Qualifying Population 2 - At Risk of Homelessness *(includes income requirement)*
- Qualifying Population 3 - Fleeing/attempting to flee domestic violence
- Qualifying Population 4 - Other Populations *(includes income requirement for paragraphs (2)(i) & (2)(ii))*

**4. \_\_\_\_\_ Documentation of **income eligibility** at program entry. Write N/A if not applicable.**

*Includes an income calculation form and income source documentation*

- Qualifying Population 2 paragraph (1) income limit: 30% AMI
- Qualifying Population 4 paragraph (2)(i) income limit: 30% AMI & experiencing severe cost burden (i.e., is paying more than 50% of monthly household income toward housing costs)
- Qualifying Population 4 paragraph (2)(ii) income limit: 50% AMI

**5. \_\_\_\_\_ Record of **services provided** while in HOME-ARP Supportive Services program**

<u>Financial Assistance</u>	<u>Rental Assistance</u>	<u>Stabilization Services</u>
<input type="checkbox"/> Rental application fees <input type="checkbox"/> Security deposit <input type="checkbox"/> First & Last month's rent <input type="checkbox"/> Utility deposits/payments <input type="checkbox"/> Moving costs <input type="checkbox"/> Rental Arrears (a one-time payment up to 6 months of rent in arrears, including any late fees or charges on those arrears, if necessary for the household to maintain their existing housing)	<input type="checkbox"/> Short-term Rental Assistance <input type="checkbox"/> Medium-term Rental Assistance	<input type="checkbox"/> Housing search and placement <input type="checkbox"/> Housing stability case management <input type="checkbox"/> Transportation <input type="checkbox"/> Legal services <input type="checkbox"/> Credit repair <input type="checkbox"/> Other  <hr/> <hr/>

6. \_\_\_\_\_ Documentation of **referral and connection** to homeless and mainstream services (*Not required but recommended.*)
7. \_\_\_\_\_ Documentation of **case management meetings**, there is no minimum frequency of time which case management meetings need to be held. Monthly meetings at a minimum are recommended. *Must follow agency's Policies and Procedures for providing case management.*
8. \_\_\_\_\_ Must show record of following agency's Policies and Procedures for re-evaluation frequency and the type of assistance the client needs for **evidence of continued eligibility** (includes re-evaluation of income and other resources and support networks)
9. \_\_\_\_\_ Must show record of following agency's Policies and Procedures for developing and implementing a **Housing Stability Plan** to obtain stable housing and remain in that housing after assistance ends.
10. \_\_\_\_\_ **Financial Tracking Sheet** documenting all payments made towards housing stability, supportive services or supplies to promote housing stability for the client. Financial Tracking Sheet includes, date paid, check number, vendor / payee, eligible expense type, amount paid by HOME-ARP SS.
11. \_\_\_\_\_ Documentation of provision of **Termination Procedure** (*not required for single-day services*)  
*Include possible reasons for termination, the procedure for if/when a client is terminated from the program, and the appeal process.*  
 Was the client terminated from the program?  Yes  No  
*If yes, provide documentation related to the termination proceeding.*

**Were any eligible costs of Supportive Services provided to the client?** *This includes costs of child care, education services, employment assistance & job training, food, housing search & counseling services, legal services, life skills training, outpatient mental health services, outpatient health services, outpatient substance abuse treatment services, transportation, case management, mediation, credit repair programs, landlord/tenant liaison, services for special populations.*

- Yes, with HOME-ARP SS     Yes, without HOME-ARP SS     No Supportive Services were provided

**If HOME-ARP Supportive Services were used to provide supportive services, the following requirements apply:**

1. \_\_\_\_\_ Payment documentation of all **Supportive Services** provided. *Includes invoices and proof of payments for services provided to the client. May include licensures for child care, mental health and health care professionals, receipts for food, etc. (e.g. fiscal ledger, check stubs, etc. that contains payment dates, payment amounts, and types of expenses)*
2. \_\_\_\_\_ **Must adhere to maximum periods of assistance set forth by agency's Policies and Procedures. Maximum amounts & periods of assistance cannot exceed 24 months in a 3-year period**

**Was any Financial Assistance provided to the client?** *Financial Assistance includes – Rental Application Fees, Security Deposits, Utility Deposits, Utility Payments, Rental Arrears, Moving Costs and First & Last Month's Rent.*

- Yes, with HOME-ARP SS     Yes, without HOME-ARP SS     No Financial Assistance was provided

**If HOME-ARP Supportive Services was used to provide Financial Assistance the following requirements apply:**

1. \_\_\_\_\_ Unit complies with **Minimum Housing Standards** checklist
2. \_\_\_\_\_ **Lead-Based Paint Visual Assessment** completed, including provision of Lead Safety Pamphlet
  - N/A: unit built after 1978
  - N/A: no child under 6 or pregnant woman was/will be in residence

3. \_\_\_\_\_ **Must adhere to maximum period of assistance set forth by agency's Policies and Procedures. Maximum amounts & periods of assistance cannot exceed 24 months in a 3-year period.**
4. \_\_\_\_\_ **Supporting documentation of Financial Assistance provided.**  
*Supporting documentation may include lease agreements, utility bills, invoices for moving expenses, or charges for rental application fees. Include payment documentation (e.g. fiscal ledger, check stubs, etc.) that contains payment dates, payment amounts, and types of expenses.*

**Was any Short-term and/or Medium-term Rental Assistance provided to the client?** *Does not include financial assistance; only rental assistance.*

- Yes, with HOME-ARP SS       Yes, without HOME-ARP SS       No rental assistance was provided

**If HOME-ARP Supportive Services was used to provide Rental Assistance, the following requirements apply:**

1. \_\_\_\_\_ A copy of the **lease agreement** covering the dates of rental assistance provided.  
*Lease must be a legally binding, written lease between the owner and the client.*
2. \_\_\_\_\_ A **VAWA lease addendum**. (HUD form 91067) (24 CFR 92.359(e))
  - *A separate form is not required if the information is provided in the original lease agreement*
3. \_\_\_\_\_ Documentation of provision of **VAWA Protections**. (24 CFR 92.359(c))
  - **Notice of Occupancy Rights (HUD form 5380)** must be provided when rental assistance begins AND when client is notified of termination of rental assistance and/or notified of eviction
  - **Certification form to document an incident (HUD form 5382)** must be provided when client is notified of termination of rental assistance and/or notified of eviction
4. \_\_\_\_\_ Documentation of unit compliance with **Rent Reasonableness**.
5. \_\_\_\_\_ Documentation of unit compliance with **Fair Market Rent**.
  - N/A: used HUD-approved FMR waiver for the area \_\_\_\_\_
6. \_\_\_\_\_ Unit complies with **Minimum Housing Standards** checklist.
7. \_\_\_\_\_ **Lead-Based Paint Visual Assessment** completed, including provision of Lead Safety Pamphlet.
  - N/A: unit built after 1978
  - N/A: no child under 6 or pregnant woman was/will be in residence
8. \_\_\_\_\_ **Financial Assistance Agreement** between agency and landlord outlining the terms of assistance.  
*The financial assistance agreement must contain the same payment due date, grace period, and late payment penalty requirements as the program client's lease. Late payment penalties that occur after the FAA is signed must be paid with non-HOME-ARP SS funds.*
9. \_\_\_\_\_ Supporting documentation of **rental assistance payments**.  
*Include payment documentation (e.g. fiscal ledger, check stubs, etc.) that contains payment dates, payment amounts, types of expenses, and dates of occupancy. Agency must follow their own policies for maximum period of rental assistance allowed. No more than 24 months of Rental Assistance is permitted during any three-year period; this includes any payment for First and Last Month's Rent.*

**Total # of Months of Rental Assistance** \_\_\_\_\_

**Notes**

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