



HOME-ARP SS Participant File Checklist / HOMELESSNESS PREVENTION

Client Name _____ Program _____

Entry Date _____ Exit Date _____

Address (if applicable) _____

1. _____ Document that participant was provided a written copy of the program rules and the termination process before the participant begins to receive assistance.

- Written grievance policy
- Lead based paint disclosure
- Policies and Procedures given to participant which includes Confidentiality Policies
- "Notice of Occupancy Rights under the Violence Against Women Act"
- Right to Fair Housing
- Releases of Information between Recipient and Other Entities on behalf of participant

2. _____ Verification of Duplication of Services

Document and certify the participant 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.

- Category 1 - Homeless
- Category 2 - At Risk of Homelessness (includes income requirement)
- Category 3 - Fleeing/attempting to flee domestic violence
- Category 4 - Other Populations (includes income requirement)

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

Includes an income calculation form and income source documentation

- Category 2 income limit: 30% AMI
- Category 4 income limit: 30% AMI and experiencing severe cost burden (i.e., is paying more than 50% of monthly household income toward housing costs)
- Category 4 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	<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
Must show that the referral/connection(s) occurred while the client was in the program.
7. _____ Documentation of **case management meetings**, there is no minimum frequency of time which case management meetings need to be held. However, monthly meetings at a minimum are recommended.
8. _____ If the client receives more than three months of assistance, **evidence of continued eligibility** which includes re-evaluation of income and other resources and support networks (*include income calculation form and income source documentation; time starts at program entry*)
 - Category 2 income limit: 30% AMI
 - Category 4 income limit: 30% AMI and experiencing severe cost burden (i.e., is paying more than 50% of monthly household income toward housing costs)
 - Category 4 income limit: 50% AMI
9. _____ Record of a **Housing Stability Plan** to retain permanent housing after assistance ends
10. _____ **Financial Tracking Sheet** documenting any and all payments made towards housing stability, supportive services or supplies to promote housing stability for the participant. *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 participant? *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 any and all **Supportive Services** provided. *Includes invoices and proof of payments for services provided to the participant. 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. _____ **Maximum Amounts & Periods of Assistance do not exceed 24 months in a 3 year period.**

Was any Financial Assistance provided to the participant? *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 Rental Assistance, the following requirements apply:

1. _____ Minimum **Housing Standards** checklist
2. _____ **Lead Paint Disclosure Form**, including provision of Lead Safety Pamphlet (*24 CFR 576.403(a)*)
 - N/A: unit built after 1978

N/A: no child under 6 or pregnant woman was/will be in residence

3. _____ **Maximum Amounts & Periods of Assistance do not exceed 24 months in a 3 year period.**
4. _____ Payment documentation of **Financial Assistance** provided, along with supporting documentation. *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 participant? *(Does not include financial assistance; only rent and rent arrears)*

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 participant. The only exception is rental arrears.
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. _____ **Minimum Housing Standards** checklist (24 CFR 576.403(c))
7. _____ **Lead Paint Disclosure Form**, including provision of Lead Safety Pamphlet (24 CFR 576.403(a))
 - N/A: unit built after 1978
 - N/A: no child under 6 or pregnant woman was/will be in residence
8. _____ **Rental Assistance Agreement** between agency and landlord outlining the terms of assistance.
The rental assistance agreement must contain the same payment due date, grace period, and late payment penalty requirements as the program participant's lease. Late payment penalties that occur after the FAA is signed must be paid with non-HOME-ARP SS funds.
9. _____ Documentation of **rental assistance payments**, along with supporting documentation
Include payment documentation (e.g. fiscal ledger, check stubs, etc.) that contains payment dates, payment amounts, types of expenses, and dates of occupancy. No more than 24 months of Rental Assistance is permitted during any three-year period; including any payment for First and Last Month's Rent.

Total # of Months of Rental Assistance _____

Notes