

Emergency Rental Assistance- Eviction Prevention Program

(ERA-EPP)



Funding Allocations

THDA made \$24,000,000 in ERA2 funding available to Grantees for programmatic and administrative costs. Grantees will be allowed to use up to eleven percent (11%) of their award towards administrative costs to oversee the Program.

- \$12,000,000 was set aside to fund the Community Action Agencies (“CAA”) that administer THDA’s Low Income Home Energy Assistance Program (“LIHEAP”) across Tennessee.
- The remaining \$12,000,000 was made available to eligible nonprofit agencies on a competitive basis for a grant of up to \$500,000.

Objective

- To provide financial assistance to eligible tenants to help prevent evictions and provide housing stability services to keep households that rent stably housed.

KEEPING FAMILIES IN THEIR HOMES

Flexibilities

- Program funds are considered an emergency resource and Grantees must put the program funds to use immediately.
- There are no requirements for habitability inspections, rent reasonableness or Fair Market Rent requirements.
- Households do not have to meet HUD homeless definitions to obtain assistance and may have incomes up to 80% AMI



Eligible Costs for Grantees

**Financial
Assistance**

**Housing
Stability**

**Administrative
Costs**

Eligible Costs- Financial Assistance

Rental Assistance (Must be an eligible household to receive):

- a) Rental Application/Screening Fees;
- b) Security Deposits;
- c) Rental Arrears, including late fees (in accordance with ERA 2 requirements); and
- d) Prospective Rent. Participants may only receive three (3) months of prospective rent payments at a time. Additional prospective payments are available for eligible applicants so long as the total number of payments, including arrearages and prospective rent, **does not exceed a total of 18 months of assistance received through ERA 1 and ERA 2 and the Participant recertifies their income and eligibility every 90 days.**

Eligible Costs- Financial Assistance

Utilities and Home Energy Costs for Water, Electric, and Gas Services (Must be an eligible household to receive), which include:

- a) Utility Deposits:
- b) Disconnection Fees; and
- c) Reconnection Fees.
- d) Payments towards utilities count towards the 18-month maximum assistance allowed combining the total amount received under any ERA 1 and ERA 2 program.

Utilities and home energy costs that are covered by the landlord will be treated as rent.

Eligible Costs- Financial Assistance

Cost of Hotel or Motel

The cost of a hotel or motel room occupied by an eligible household may be covered using ERA assistance within the category of certain “other expenses related to housing” (as described in FAQ 7) provided that:

- i. the household has been temporarily or permanently displaced from its primary residence or does not have a permanent residence elsewhere;
- ii. the total months of assistance provided to the household do not exceed the applicable time limit described in FAQ 10; and
- iii. documentation of the hotel or motel stay is provided and the other applicable requirements provided in the statute and these FAQs are met.

The cost of the hotel or motel stay would not include expenses incidental to the charge for the room.

Eligible Costs- Financial Assistance

- The amount of assistance provided to any household under ERA 1 and ERA 2, including assistance provided by other ERA 1 and ERA 2 grantees cannot exceed 18 months.
- THDA will provide a report to all grantees with names and addresses of households who received assistance through THDA Administered COVID Rent Relief program
- Financial assistance arrears may only cover household expenses accrued on or after March 13, 2020
- If an eligible household participates in a HUD-assisted rental program or lives in certain federally assisted properties (e.g., using a Housing Choice Voucher, Public Housing, or Project-Based Rental Assistance) and the tenant rent is adjusted according to changes in income, the renter household may receive assistance for the tenant-owed portion of rent or utilities that is not subsidized. **Grantees are encouraged to confirm that the participant has already reported any income loss or financial hardship to the Public Housing Authority or property manager and completed an interim re-examination before assistance is provided.**

Eligible Costs- Financial Assistance

- All ERA-EPP assistance must be paid directly to the landlord, property-management company, attorneys, courts, and/or the party to which the fee is due.
- For a Landlord to receive payment, it must sign the Landlord Certification Form and agree to not evict the tenant for 60 days after assistance ends.
- Program funds may not be paid to a tenant directly, unless a Landlord refuses to participate or a minimum of 3 documented attempts to reach a landlord are made and the attempts and the following are documented:
 - a) the landlord's written or verbal refusal to participation;
 - b) the landlord's unwillingness to provide required documentation; or
 - c) the landlord fails to respond 3 times (must assure contact info is correct)

Eligible Costs- Housing Stability Services

Maximum of 10% of total award

- 1) Legal Services or Attorney's Fees (related to eviction proceedings and maintaining housing stability);
- 2) Eviction Prevention and Eviction Diversion Programs;
- 3) Mediation between Landlords and Tenants;
- 4) Housing Counseling;
- 5) Fair Housing Counseling;
- 6) Housing Navigators or Promoters (that help households access ERA programs or find housing);
- 7) Case Management (related to housing stability);
- 8) Housing-related Services (for survivors of domestic abuse or human trafficking); and
- 9) Specialized Services (for individuals with disabilities or seniors that support their ability to access or maintain housing).

Eligible Costs- Administrative Costs

Grantees have been awarded up to 11% of their total award amount for direct and indirect administrative costs.

Direct Costs

- Salaries
- Office Supplies and Equipment used specifically for ERA-EPP
- Trainings, Travel costs for trainings
- Marketing specific to ERA-EPP
- Direct overhead costs for office rent, utilities, insurance, maintenance, etc.

Indirect Costs

- Costs incurred for rent, office supplies, insurance, utilities, etc. that benefit more than one program
- ERA-EPP can only pay its percentage of total indirect costs according to the agency's approved cost allocation plan
- If indirect costs will be billed, Grantee must provide letter citing from their cost allocation plan the percentage of indirect costs that may be billed to ERA-EPP and must provide copy of cost allocation plan.

Eligibility Requirements for Financial Assistance

- a) One or more individuals within the household must have qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due, directly or indirectly, to the coronavirus pandemic; and
- b) One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability; and
- c) The household is a low-income family (as such term is defined in section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437 a(b)); and
- d) The household must submit a complete Determination of Eligibility Form; and
- e) The household must provide the appropriate supporting documentation; and
- f) The household is or has been a tenant of a unit that is located within Tennessee; and
- g) The household was, is, or will be obligated to pay rent under a lease or agreement.

Income Determination for Financial Assistance

In establishing the income of a household for purposes of determining such household's eligibility for Financial Assistance under the Program, you must consider either:

- a) Annual Income. In determining Annual Income, a Grantee may use HUD's definition of annual income at 24 CFR 5.609 or the adjusted gross income as defined for purposes of reporting under the Internal Revenue Service Form 1040 series for individual federal annual income tax purposes;
- b) Monthly Income. A Grantee may use a household's monthly income to determine income eligibility as long as there is sufficient confirmation of the household's monthly income at the time of application. The Grantee must extrapolate the monthly income provided at application over a 12-month period.

(For example, if the applicant provides income information for two months, the Grantee should multiply it by six to determine the annual amount. If an applicant qualifies based on monthly income, the Grantee must re-determine the household income eligibility every three months for the duration of assistance); or

Income Determination for Financial Assistance Continued

c) Categorical Eligibility. If an applicant's household income has been verified to be at or below 50% AMI in connection with another local, state, or federal government assistance program, a Grantee may rely on a determination letter from the government agency that verified the applicant's household income, provided that such determination is dated within 12 months from the date of the Program application. Certain Categorical Eligibility support may only be used for determining the income of the Head of Household and may require additional support. Such government programs may include, but are not limited to:

- Supplemental Nutrition Assistance Program ("SNAP")
- Tennessee Head Start
- Families First/Temporary Assistance for Needy Families ("TANF") *
- Women, Infants, and Children benefits ("WIC") *
- Continuum of Care (CoC) Rental Assistance
- Housing Choice Voucher Program Rental Assistance
- VASH Rental Assistance
- Low Income Home Energy Assistance

Income Determination for Financial Assistance Continued

- d) Self-Attestation/Certification. When income documentation is not readily available from applicant, the Grantee may accept a self-attestation/certification from the tenant to confirm the household income.

If all eligibility requirements are expressly addressed by the household's self-attestation, the grantee is not required to collect additional income documentation, past due notices, or other eligibility- verification documents as described above or below

PART V: TOTAL HOUSEHOLD INCOME CERTIFICATION – choose one	
<input type="checkbox"/>	I hereby self-certify that my total annual household income is as listed and that I have attached documentation proving such. Enter Annual Household Income: \$ <input type="text"/>
<input checked="" type="checkbox"/>	I hereby self-certify that my total annual household income is as listed, but I am currently unable to provide such documentation. Enter Annual Household Income: \$ <u>10,000.00</u>

Eligibility Requirements for Housing Stability Services

The provision of Housing Stability is not limited to households eligible for Financial Assistance. If a household will receive both Financial Assistance and Housing Stability, then the household must meet the eligibility requirements for Financial Assistance.

If a household is **only going to receive Housing Stability Services**, then the household only needs to comply with the following:

- a) The household must submit a complete Determination of Eligibility Form; and
- b) The household is or has been a tenant of a unit that is located within Tennessee; and
- c) The services are needed to obtain or retain stable housing.

Even though Grantee is not required to document a household's eligibility if the grantee provides the household with housing stability services, the **Grantee must complete a Determination of Eligibility Form for each household.**

Determination of Eligibility Form

This is a 5 page form that collects all demographic data needed for reporting and program information needed to determine eligibility.

DETERMINATION OF ELIGIBILITY FOR ERA-EPP

PART I: PRIMARY HOUSEHOLD MEMBER CONTACT INFORMATION – (This person must be on the lease)

First Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip Code _____ Apt./Unit # _____

Email _____ Phone Number _____

PART II: BASIC ELIGIBILITY DETERMINATION QUESTIONS

The following questions will help determine whether your household meets basic eligibility for Financial Assistance under the ERA-EPP Program.

A.1. Are you seeking Financial Assistance for rent or utilities associated with a unit located in Tennessee?
☐ Yes ☐ No

A.2. Are/Were you obligated to pay rent under a lease for that unit?
☐ Yes ☐ No

A.3. Is your household income at or below the 80% area median income level for your county?
☐ Yes ☐ No

A.4. Do you hereby certify that someone in your household qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due, directly or indirectly, to the coronavirus pandemic and such financial hardship occurred after March 13, 2020?
☐ Yes ☐ No

Describe your household's financial hardship:

A.5. Do you hereby certify that someone in your household can demonstrate a risk of homelessness or housing instability (this can be due to past due utility or rent notices, notices to vacate, eviction notices, or the household being cost burden (where at least 30% of your household income is spent on rent, etc.)?
☐ Yes ☐ No

Describe your household's risk of homelessness or instability:

1

IF YOU ANSWERED "NO" TO ANY OF THE QUESTIONS A.1 - A.5, YOU ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE, BUT CAN STILL RECEIVE HOUSING STABILITY SERVICES. PLEASE COMPLETE PARTS III, IV, V, VI, VII, VIII, & IX.

IF YOU ANSWERED "YES" TO ALL OF THESE QUESTIONS, YOU MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE. PLEASE COMPLETE ALL REMAINING SECTIONS.

III. RESIDENT INFORMATION

Is your financial assistance or housing stability for the same as the address you provided in Part I?
 If the same as above, if no, please provide the address.

City _____ State _____ Zip Code _____ Apt./Unit # _____

Property Manager _____ Telephone _____ Email Address _____

Have you received a late rent notice or delinquent warrant?
☐ Yes ☐ No

Has the landlord received a judgment for eviction?
☐ Yes ☐ No

If you answered yes to either question, please provide the document.

Is your information to be provided to legal aid?
☐ Yes ☐ No

Total Amount of Rent Owed _____ Court Date/Date You Must Vacate By _____

MEMBER INFORMATION – list all household members starting with the Head

IV. HEAD OF HOUSEHOLD INFORMATION

First Name _____ Middle Name _____ Last Name _____

Check here if no income
☐ Yes ☐ No

Income: \$ _____ per month/year (circle one)

Is ☐ Self-Employment ☐ Social Security ☐ Child Support

Or ☐ Unemployment ☐ Pension/Retirement

V. ADDITIONAL INFORMATION FOR EACH ADDITIONAL HOUSEHOLD MEMBER.

HOLD INCOME CERTIFICATION – choose one

I certify that my total annual household income is as listed and that I have attached proof of such. Enter Annual Household Income: \$ _____

I certify that my total annual household income is as listed, but I am currently unable to document it. Enter Annual Household Income: \$ _____

VI. CURRENT DEBTS

Telephone _____ Current Amount Owed _____

Telephone _____ Current Amount Owed _____

VII. DOCUMENTS

verified: _____

Valid Identification for the Head of Household *Required _____

VIII. ASSISTANCE

Indicate the following types of state or federal housing, rent, or utility assistance between 2020 and now:

Rent/Voucher ☐ Rental Assistance ☐ Utility ☐

☐ have ☐ have not received assistance under an ERA 1 or ERA 2 program.

that provided the assistance, how much assistance you received, and what it was for:

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IX. CERTIFICATION

I, _____, Head of Household, hereby certify that:
 The information provided is true, accurate, and complete, and if requested, I shall provide further documentation to support any representations.
 I am not providing any false or misleading information, and I am not providing any false or misleading information, or any material falsehoods or omissions in the Application, or making duplicative benefits, is subject to state and federal criminal penalties. I understand that on notice that Title 18, Section 1001 of the United States Code states that a person is knowingly and willfully making false or fraudulent statement to any U.S. Department or agency, Chapter 23, Section 133 of the Tennessee Code Annotated states that it is unlawful for any person to make, utter, or publish a false statement of substance for the purpose of influencing the action in any of its programs and such violation is a Class E felony.

HOUSEHOLD _____ DATE _____

X. SIGNATURE

Signature _____ DATE _____

XI. INFORMATION

The ERA-EPP Program requires the Tennessee Housing Development Agency ("THDA") to release this information to the grantee to determine eligibility for the ERA-EPP Program.

The grantee is required to protect the information obtained in accordance with the terms of the grant agreement and to protect the information under any State privacy laws, and to protect the information from unauthorized disclosures or improper use of certain information.

Landlords, Management Companies, Utility Providers.

request and obtain information from the sources listed on this form for the ERA-EPP Program.

Signature _____ DATE _____

Completed by THDA's Grantee)

Signature _____ Reason: _____

Signature _____ DATE _____

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Determination of Eligibility Form

- ALL Grantees are required to complete this form for ALL applicants.
- Please complete Determination of Eligibility forms in the fillable PDF provided on our webpage if possible.
- When completing the form, please ensure the following:
 - All writing is legible
 - All sections are completed and accurate
 - Both boxes are checked on Part IX: Certification (page 4) and document is signed and dated by the applicant
 - Part X: Release of Information (page 5) is signed and dated
 - Part XI: Determination of Eligibility (page 5) is completed, signed and dated by the grantee.

Determination of Eligibility Form

All forms will need to be submitted to THDA with monthly reimbursement requests.

- Please compile all Determination of Eligibility forms for individuals who received Financial Assistance or Housing Stability Services into one PDF
- Please compile all Determination of Eligibility forms for individuals who were either ineligible or did not receive services into a separate PDF

Determination of Eligibility Form

- Please ensure that the Determination of Eligibility forms that are submitted for Financial Assistance and Housing Stability Services are in the same order as listed on the Expense Detail Form
- Please label the PDF, so that we can easily determine what it contains.
- If you are unable to combine PDF's, please label each individual PDF with the participants first and last name.

Determination of Eligibility Form

- If the grantee used internal forms or internal applications to document eligibility, we will still need the Determination of Eligibility Forms completed for those households previously served
- The grantee must retain the documentation used previously for monitoring/compliance purposes
- The Determination of Eligibility Forms will be used for Treasury reporting, so it is important they are completed and submitted to THDA

Documentation Requirements

- Grantees are required to keep participant files for all applicants who receive Financial Assistance and/or Housing Stability Services
- THDA has developed a Participant File Checklist that must be completed and kept in the participant's file. It can be accessed on our ERA-EPP webpage
- Grantees are required to retain all documentation at least through September 30, 2030
- Compliance monitoring will be conducted throughout the grant term to ensure all documentation is being obtained, participants meet eligibility requirements, and all incurred costs are reasonable and eligible
- **If costs are deemed ineligible the Grantee will be responsible for repaying funds to THDA**

Documentation Requirements Financial Assistance

All Participant Files receiving Financial Assistance should contain:

☐ **Determination of Eligibility Form**

Grantees must verify the following on the Determination of Eligibility Form:

- **Financial Hardship and Risk of Homelessness or Housing Instability**
 - Verify that the household certified in the Determination of Eligibility Form that it is experiencing Financial Hardship and is at Risk of Homelessness or Housing Instability
- **Duplication of Services**
 - Verify that the household certified in the Determination of Eligibility Form that it is not receiving duplicative services
- **18-Month Limit Verification**
 - Review the Determination of Eligibility Form to verify the participant has not exceeded 18 months of rental assistance through ERA1 and ERA2 combined. This includes assistance received through THDA and other municipalities COVID Rent Relief programs
 - THDA will provide a report of all assistance it has previously provided under its ERA 1 and ERA 2 programs. This report must be kept in strict confidence.

Documentation Requirements Financial Assistance

All Participant Files receiving Financial Assistance should contain:

- ☐ **Identification** Copy of valid government-issued identification for the Head of Household that matches the name on the lease or certification from an employee of Grantee that they personally saw the identification. If no identification is available, Grantee must contact THDA's legal department at legalrequests@thda.org before providing assistance.
- ☐ **Proof of Household Obligation to pay rent**
 - **Lease** Current lease, signed by the applicant and landlord, which identifies the unit and the established rent amount, if available. It does not need to be formal. If no lease is available, the following documentation must be provided:
 - Documentation of Residence. Evidence of paying utilities at the unit (statements) or a written attestation by the landlord who can be identified as the verified owner confirming the past or current residency of the applicant household.
 - If none of these are available, please seek assistance from THDA staff before providing assistance.

Documentation Requirements Financial Assistance

All Participant Files receiving Financial Assistance should contain:

☐ Proof of income

- This can be documented using the Determination of Eligibility form **if other documentation is not accessible**
- Other Documentation could include:
 - **Annual Income-** documented through most recent tax return
 - **Monthly income-** documented by paystub, bank statement, or other verifying document
 - **Categorical Eligibility-** determination letter from the government agency that verified the applicant's household income or status as a low-income family, provided that the determination for such program was made within the last 12 months.

☐ Recertification of Eligibility

- If a household qualifies based on monthly income, the grantee must re-determine the household income eligibility every three months for the duration of assistance.

Documentation Requirements Financial Assistance

Rental Arrears

- ☐ **Ledger** from the landlord, **OR**
- ☐ **Written Attestation** by the landlord who can be identified as the verified owner, **AND**
- ☐ **Proof of Payment to the household or landlord (copy of check, receipt, or other documentation that evidences the date of payment, the payee, and the amount)**

Rental Assistance

- ☐ **Amount of Rent.** Evidence of the Amount of Rent may include the lease or bank statements, check stubs, or a written attestation by the landlord who can be identified as the verified owner. If a written attestation by the landlord is used, it must match the amount the household listed in the Determination of Eligibility Form or Grant Recipient must work with the parties to determine the correct amount.
 - If an applicant is able to provide satisfactory evidence of residence, but is unable to present adequate documentation of the amount of the rental obligation, grantees may accept a written attestation from the applicant to support the payment of assistance up to a monthly maximum of 100 percent of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides, as most recently determined by HUD and made available at <https://www.huduser.gov/portal/datasets/fmr.html>, but if this certification method is used, assistance may only be provided for three (3) months at a time.
 - If none of these are available, please seek assistance from THDA staff before providing assistance.
- ☐ **Proof of Payment to the household or landlord (copy of check, receipt, or other documentation that evidences the date of payment, the payee, and the amount)**



Documentation Requirements Financial Assistance

Utilities and Home Energy Costs and Arrears

- ☐ Invoice or Bill from the Utility Company, OR
- ☐ Proof of Payment to Utility Company (copy of check, receipt, or other documentation that evidences the date of payment, the payee, and the amount)

Other Expenses Related to Housing (Security Deposits, Utility Deposits, Application Fees, Hotel Stays, Relocation Expenses, etc.).

- ☐ Invoice or Bill
- ☐ Proof of Payment from Grantee to Household, Landlord, Utility or Service Provider, etc. (copy of check, receipt, or other documentation that evidences the date of payment, the payee, and the amount paid)

Documentation Requirements Housing Stability Services

Housing Stability Services include those services that enable households to maintain or obtain housing.

Grantees must retain documentation of the following:

- 1) Name of the Head of Household the service was provided to.
- 2) Date service was provided to the household.
- 3) Amount of time service was provided for.
- 4) Amount charged per hour or fee for the service.
- 5) Description of the eligible service that was provided

Software Systems that allow for grant tracking include, but are not limited to: Salesforce, Apricot, Efforts to Outcomes, ETO, Grantium, Clarity Human Services, Efforts by Social Solutions, WizeHive, Exceed Grants, Optimy, GLM by eCivis.

Requests for Reimbursement

- Prior to submitting your first Reimbursement Request
 - Complete the Authorized Signature form and return to THDA via email or EDT
 - Ensure that the individuals authorized to sign Requests for Payment can be available to sign Reimbursement Request Forms prior to submitting
 - If you need to change the signatories at any time, please notify THDA and submit new form

FORM 1
EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM
SIGNATURE FORM

AUTHORIZED SIGNATURES FOR REQUESTS FOR PAYMENT EVICTION PREVENTION PROGRAM	
1. Grantee Name:	2. Address:
3. Contract Number:	4. Email:
TWO SIGNATURES ARE REQUIRED ON EACH REQUEST FOR PAYMENT	
Names and Signatures of Individuals Authorized to Sign Requests for Payment:	
5. _____ Name _____ Signature	6. _____ Name _____ Signature
7. _____ Name _____ Signature	8. _____ Name _____ Signature
I certify that the signatures above are of the individuals authorized to sign Requests for Payment. (NOTE - The person signing in Box 6 cannot sign Pay Requests)	
9. Signature of Chief Elected Officer/Executive Director:	
Name _____	Title _____
Signature _____	Date _____

A new signature form must be submitted whenever signatories change.

Requests for Reimbursement

- THDA must receive Reimbursement Requests by the **20th of the month** following any month ERA-EPP financial assistance funds or housing stability activities are provided to a household or administrative costs are incurred.
- Reimbursement Requests and Quarterly reports will both utilize the **same template, the “THDA Expense Detail Form.”**
- **Quarterly Reports are due at the end of each quarter.** THDA will communicate exact due dates to grantees. Once completed, the Expense Detail Form **MUST** be returned to THDA as an Excel workbook.
- Before you begin completing the Expense Detail Form, **please refer to the ERA-EPP Reimbursement Request Documentation Standards** to ensure all reimbursement requests have the proper supporting documentation.

Requests for Reimbursement

ERA-EPP Reimbursement Request Documentation Standards

- Minimal documentation is needed for a reimbursement request moving forward
- For households receiving Financial Assistance and/or Housing Stability the following documentation should be submitted to THDA:
 - 1) THDA Determination of Eligibility Form
 - Completed as a fillable PDF if possible
 - Must be legible
 - Must be in same order as listed in Expense Detail Form
 - Combined into one PDF separate from households who did not receive services
 - 2) Proof of Payment from Grantee to Third Party
 - Copy of check, receipt from third party or other documentation that evidences the date of payment, the payee, and the amount paid

Requests for Reimbursement Expense Detail Form

- New Expense Detail Forms have been posted to our website, as of last week. Please ensure moving forward you are using the form on our website.
- After documentation is gathered, you can begin putting line items into the Expense Detail Form. At the bottom of the form you will see five tabs: FINANCIAL ASSISTANCE, HOUSING STABILITY, HSS QUARTERLY, ADMINISTRATIVE, and LIST OPTIONS.

READ-ME	FINANCIAL ASSISTANCE	HOUSING STABILITY	HSS QUARTERLY	ADMINISTRATIVE

- The first tab “READ-ME” has information regarding the reimbursement requests & quarterly report submission dates as well as instructions on how to access “THDA How to Submit a Reimbursement Request and Quarterly Report” document located on our webpage.

Requests for Reimbursement Expense Detail Form

- Click on the tab for the services for which you are requesting reimbursement.
- At the top of the tab you will enter the date you are submitting the Request for Reimbursement, your ERA-EPP Grant # (which can be found on the first page of your contract), your Agency Name and the Reporting Range.
- Your Reporting Range for reimbursement requests will be the month range that you are requesting reimbursement, for quarterly reports this will be the quarter you are reporting for.

A	B	C	D	E	F	G	H	I	
	Date:	12/5/2023	ERA-EPP Grant #:	ERA-EPP-2023-XX		Financial Assistance Total		\$	14,703.44
	Agency Name:	Your Agency	Reporting Range:	11/1/23-11/30/23					

- You will also see the total assistance that you are requesting at the top of each tab, highlighted in green.

Requests for Reimbursement Expense Detail Form

All tabs will include the following information:

- **Expense Type:** This is the expense type for which reimbursement is requested. Use the drop-down menu to select a specific expense type. Each expense type should be a separate line item (row).
- **Incurred Date:** This is when the expense type cost was incurred. If it is for a pay period it will differ from the Paid Date. For example, a cost could be incurred (6/1-6/15) with a paid date of 6/30. For supply costs the incurred date would typically match the paid date.
- **Pay Period:** This refers to the pay period for which the expense type was incurred.
- **Name of Payee:** This is the person/entity to whom the payment was made.
- **ACH Number / Check Number:** This is the check number or ACH.
- **Paid Date:** This is the date the payment was made to recipients.
- **Total Amount:** This is the total cost on the invoice.
- **Amount Paid by ERA-EPP:** This column documents the amount paid by ERA-EPP. This could match the total cost on the invoice or be a lesser amount.
- **Detail Description:** This column documents a description of services or supplies purchased. This is the only column not required.

Requests for Reimbursement Expense Detail Form

The **FINANCIAL ASSISTANCE** tab requires additional information:

- **First and Last Name of Recipient:** This will be used to match a recipient with the demographic and income information reported in the Determination of Eligibility Form.
- **Date of Birth of Recipient:** This will be used to match a recipient with the demographic and income information reported in the Determination of Eligibility Form.
- **Income Eligibility Reason:** This is the reason why an applicant was deemed income eligible to become a recipient. There are three drop-down options: (1) Annual Income; (2) Monthly Income; (3) Categorical Eligibility
- **Type of Payee:** This is the person/entity to whom a check was provided.
The different payee types per Treasury's ERA2 Reporting Guidance are: (1) Tenant; (2) Landlord/Owner; (3) Utility/Home Energy Service Provider; (4) Other Housing Services; (5) Eligible Expenses Provider.
- **Monthly Cost (\$):** This is the monthly cost of the ERA recipient's rent or utility.
- **Total Months Payment Covered:** This is the number of months the financial assistance will cover.
- **Start and End Date Covered by Payment:** This is the specific date range for which financial assistance will be provided. If a date range is not continuous, please split the payment across separate rows.

Requests for Reimbursement Expense Detail Form

The **HSS QUARTERLY** tab delineates the different housing support services that may be offered to clients. This tab needs to be completed **ONLY** each quarter.

- Leave blank any fields that do not apply to the type of services you are providing.
- Please only report the total number of unique households, as some households may have received more than one service.
- First, enter the total number of unique HHs served this quarter, and then the number of *new* HHs served this quarter, as some may receive services for more than one quarter.



READ-ME	FINANCIAL ASSISTANCE	HOUSING STABILITY	HSS QUARTERLY	ADMINISTRATIVE
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Requests for Reimbursement Reimbursement Request Form

After you have completed the Expense Detail Form you will be ready to fill out the
REIMBURSEMENT REQUEST FORM

This section will stay the same throughout the grant year with the exception of the invoice month & year and the request number.

**EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM ("ERA-EPP")
REIMBURSEMENT REQUEST FORM**

GENERAL INFORMATION

Remit to:			
Supplier:			Location:
Address:			
Request #:		Program Year: 2020	
Contact Person:		Telephone number:	

Requests for Reimbursement

Reimbursement Request Form

LINE ITEMS FOR FUND REQUEST

1. Financial Assistance	\$
2. Housing Stability	\$
3. Admin	\$
Total Funds Requested This Draw	
	\$

In this section you will use the totals from the green box in your Expense Detail Form to complete to fill in the amount for each activity and the total request amount.

Requests for Reimbursement

Reimbursement Request Form

- After the Expense Detail Form is complete, review for eligible expenses and accurate dates and amounts.
- Then, two Authorized Signatories will sign certifying that all information included is accurate and eligible to the best of their knowledge.

CERTIFICATION

I hereby state that I have included and attached all required documentation to support this request. I have satisfied all related terms and conditions of the contract. I also state that the data reported above is correct.	
DATE: <input type="text"/>	Signature: <input type="text"/>
DATE: <input type="text"/>	Signature: <input type="text"/>

Requests for Reimbursement

Submitting the Request

- Grantee will upload Reimbursement Requests through THDA's Electronic Data Transfer (EDT) System
- To upload a Reimbursement Request to THDA you will need to access your EDT account. If you do not have EDT access, please contact ERA-EPP@thda.org to receive login information and instructions.
- The THDA EDT System can be accessed at this link: <https://edt.thda.org/Web/Account/Login.htm>
- All reimbursement Requests should include the following uploads:
 - 1) Reimbursement Request Form
 - 2) Expense Detail Form (Excel)
 - 3) Supporting Documentation
 - Determination of Eligibility Forms (one PDF for households who received services, one PDF for households who did not receive services)
 - Proof of Payment (separate PDF)

Requests for Reimbursement

What to Expect

- 1) Grantees will submit Expense Detail Form and supporting documentation through Electronic Data Transfer (EDT)
- 2) Upon receipt, two THDA staff will review pay request and contact grantee if any corrections, updates or changes are needed.
- 3) Manager will review request and create voucher for payment
- 4) After Manager's review and approval, the pay request is submitted to fiscal for reimbursement.

Reimbursement will be deposited directly in Grantee's account, typically within 2 weeks, no later than 30 days of final F&A approval.

Quicker Processing Times

1. Order of supporting documentation is congruent with Expense Detail Form
2. Supporting documentation is in one PDF
3. Documentation Standards are reviewed before your first draw to ensure all supporting documents are included
4. Draw requests are submitted monthly, minimum



Advanced Payment Requests

- Grantees who meet specific requirements may be eligible for Advanced Payment.
 - 1) Grantees that have administered a THDA-funded program for five (5) consecutive years or more, and are in good standing, will have access to up to \$100,000 or twenty percent (20%) of the grant award, whichever amount is less, per advance;
 - 2) Grantees that have administered a THDA-funded program within the last two (2) years, and are in good standing, will have access to up to \$50,000 or ten percent (10%) of the grant award, whichever is less, per advance;
 - 3) Grantees not currently administering a THDA-funded program are not eligible for advance payment(s) and will be required to follow the reimbursement process; and
 - 4) THDA may further limit the eligible amount of advanced payment(s) permitted or a Grantee's eligibility to even receive advance payment(s) based on the Grantee's subsequent performance in successfully administering this Program and other THDA programs, or other factors, at THDA's sole discretion.
- Grantees must maintain advanced payments in interest-bearing accounts, unless of the exceptions under 2 CFR 200.305(b)(8) apply.
- Support for how the advanced funds are expended must be retained within each client file and made available upon THDA's request for compliance reviews.


Advanced Payment Requests

- Advanced funds can be used to cover programmatic and administrative costs. No more than eleven percent (11%) of the advanced funds could be used for administrative costs. The spend-down of administrative costs should align with the direct assistance expenditures, 89% direct assistance/11% administrative costs.
- Grantees will have three (3) months to expend each advanced payment. Failure to expend a minimum of 95% of an advance payment within the 3-month deadline will trigger a repayment of funds and the Grantee will be ineligible for advance payments from this Program for the remainder of the Term.
- Grantees that expend a minimum of 90% of an advanced payment can request an additional advance payment. The request for an additional advance payment must include a status report that provides a list of the households served and disbursements made with Program funds. THDA will make the status report templates available to Grantees that are eligible for advance payment(s).
- This process will continue until the program ends and/or the Grantee expends 100% of their grant award, whichever occurs first.
- THDA, at its sole discretion, may deem a Grantee ineligible to access advance payment(s) if discrepancies are identified through THDA's Quality Assurance Reviews.

Advanced Payment Requests

How to Request an Advanced Payment

- To request an advanced payment you will need to complete the Advanced Payment Request Form
- You will need to upload the form to EDT and notify program staff by emailing ERA-EPP@thda.org.
- All grantees are ***not*** eligible for Advanced Payment, please confirm your eligibility prior to submitting form.



**EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM ("ERA-EPP")
ADVANCED PAYMENT REQUEST FORM**

Grantee Name: _____

GENERAL INFORMATION

Agency Name:	_____		
Draw Request #:	_____	Date of Request:	_____
Edison ID:	_____	Program Year: 2020	ERA-EPP Program
Contact Person:	_____	Telephone number:	_____

ACTIVITY	AMOUNT OF AWARD REQUESTED
For Financial Assistance, Housing Stability, and Admin - HOUSING STABILITY ASSISTANCE (Limited to 10% of Award) - ADMIN (Limited to 11% of Award)	\$ _____

CERTIFICATION BY SIGNATORY:

By signing the Advanced Payment Request form, I acknowledge and agree to administer the Advanced Payment received from THDA to administer the Emergency Rental Assistance Program for the activities the undersigned Grantee has been awarded. Furthermore, I acknowledge and understand the rules, requirements, and guidelines for accessing and administering Advanced Payment funds, as detailed in 2 CFR § 200.305 and THDA's requirements that state *Advanced Payment funding must be spent within 90 days from the date of receipt*. Failure to expend the Advanced Payment properly, or within the time limit provided, will require full repayment of the expended or unexpended balance of the Advanced Payment.

THDA reserves the right to approve or decline requests for Advanced Payment from Grantees who fail to abide by the 2 CFR § 200.305 requirements.

AUTHORIZED SIGNATORY:

Signature of Authorized Personnel: _____

Typed Name: _____

Title: _____ Date: _____

ERA-EPP Advanced Payment Request Page 2 of 2 07/2023

Advanced Payment Requests Support Requirement

- Advance Payment Support will have the same requirements as Reimbursement Requests
- Support will be uploaded through THDA's Electronic Data Transfer (EDT) System
- All reimbursement Requests should include the following uploads:
 - 1) Advanced Payment Support Form
 - 2) Expense Detail Form (Excel)
 - 3) Supporting Documentation
 - Determination of Eligibility Forms (one PDF)
 - Proof of Payment (separate PDF)
- After support documentation is uploaded please email, ERA-EPP@thda.org

Quarterly Reporting Requirements

- Quarterly Reports are due at the end of each quarter. THDA will communicate exact due dates to grantees.
- For each quarterly report, please submit the “Expense Detail” spreadsheet (which is also used for monthly draws)
- Expense Detail Form **MUST** be returned to THDA as an Excel workbook.
- For more detailed information on the information collected through the Expense Detail form, please reference the first few pages of this document: THDA_How to Submit a Reimbursement Request and Quarterly Report.
- THDA will use the PDF Determination of Eligibility Forms to collect demographic and income information for quarterly reporting. Please submit ***all*** Determination of Eligibility Forms, including for applicants who were ineligible or did not receive any services.

Funding : Spend Down Requirements

Spend Down Check-Ins:

- ❖ November 1, 2023
- ❖ February 1, 2024 - **(15% - 6 month spend down)**
- ❖ May 1, 2024
- ❖ August 1, 2024 - **(40% - 12 month spend down)**
- ❖ November 1, 2024
- ❖ February 1, 2025 - **(75% - 18 month spend down)**
- ❖ May 1, 2025
- ❖ August 1, 2025 - **(100% - 24 month spend down)**

What happens at each check-in?

- Discuss spend down rate;
- Discuss projections;
- Determine if reallocation is required; and
- Reallocate funds between agencies.



Additional Funding Opportunity

Grantees who have a cumulative expenditure of at least 50% of its current allocation may be considered eligible for an additional award.

“Expended” will mean that THDA has received and made payment of ERA-EPP resources to the Grantee. Advanced Funds will not be considered expended until the Grantee has expended the Advanced Funds for eligible expenses and submitted documentation to THDA of its use.

THDA may award an additional grant amount up to the lesser of:

- 300% of its existing grant award, or
- the monthly expenditure rate from August 1, 2022 to the most recent completed month before the additional funding request is made to THDA, multiplied by the number of months remaining in the contract period
- The remaining ERA-EPP funds available for award; or
- The Grantee’s requested amount of additional assistance.

All requests will be evaluated on a first come, first served basis.

REASONABLE ACCOMMODATIONS

- Grantees may only process Reasonable Accommodation requests on their own when the request is concerning assistance with the Determination of Eligibility Form process
- All other Reasonable Accommodation Requests must be forwarded to THDA at RARequest@THDA.org

NOTICE TO VACATE/EVICTION/DETAINER WARRANT

- If a household has a ~~Notice to Vacate, an Eviction Notice~~, a Detainer Warrant, or the like, Grantee must email the document to THDA's Assistant Chief Legal Counsels, Wendy Weaver and Charity Williams at WWeaver@THDA.org and CWilliams@THDA.org
- THDA's legal counsel will work with Tennessee's legal aid societies to avoid eviction

UPDATE

Only households who have received a Detainer Warrant are required be referred to THDA legal counsels. Please email document, household name & contact information



Additional Information

THDA ERA-EPP Webpage: <https://thda.org/government-nonprofit-partners/emergency-rental-assistance-eviction-prevention-program>

Treasury Guidance: <https://home.treasury.gov/system/files/136/2023-ERA-Compliance-Supplement.pdf>

Treasury FAQs: [FAQs | U.S. Department of the Treasury](#)

Contact Information

FOR ALL ERA-EPP PROGRAM QUESTIONS PLEASE CONTACT
ERA-EPP@THDA.ORG

FOR QUESTIONS REGARDING ERA-EPP QUARTERLY REPORTS CONTACT
RESEARCH@THDA.ORG



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