ACCESSING ASSISTANCE FOR RAPID REHOUSING IN CT

Developed by the ACT Rapid Rehousing Team

WHAT IS RAPID REHOUSING (RRH) & WHY DOES IT WORK?

The United States Government department of Housing & Urban Development (HUD) defines Rapid Rehousing as an “Intervention informed by the Housing First approach which rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Why it Works?

- Rapid rehousing helps families and individuals living on the streets or in emergency shelters solve practical and immediate challenges to obtaining permanent housing.
- Reduces the amount of time an individual may experience homelessness.
- Links individuals to community resources that enable them to achieve housing stability in the long-term.

ACT'S ROLE IN RAPID REHOUSING IN CT

Who is ACT?

ACT is a statewide (Connecticut) non profit organization that provides a variety of services that ensure that all people impacted by HIV/AIDS and related health issues have access to health, housing and support services. ACT is the main fiduciary for all of the Department of Housing's (DOH) Rapid Rehousing funds. HUD awards funds to the DOH for various purposes and populations. RRH is one of many projects managed by DOH.

ACT's Role

There are various programs across the state of Connecticut that provide Rapid Rehousing Services. Once a client is connected to one of these programs they will work with a **Case Manager** or **Housing Specialist** to identify an apartment that is suitable for their needs. The Case Manager will assist the client in completing the required set of documentation. Once these documents are collected they're submitted to the ACT Rapid Rehousing team for further processing.

WHAT IF MY CLIENT DOES NOT HAVE ANY INCOME?

A part of Case Manager's intake process should include an assessment of the clients current income. However, income is not a requirement.

If the client does not have any income, the Case Manager should use the Rapid Rehousing Zero Income Affidavit form which should be submitted to ACT with all other required documentation.

Rapid Re-housing Program

Zero Income Affidavits

I, ______________________________ have applied for rental assistance through the Rapid Re-housing. Program regulations require verification of all income from participating households of each household member over the age of 18 without any income.

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 ____________ (date). 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 RRH and ESG financial assistance fund, 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 to my case manager or RRH program staff.

Signature: ______________________________ Date: ________________

Witness: ______________________________ Date: ________________

Case Manager Notes:

DATA SHARING THROUGH CASEWORTHY: HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS)

What is Homeless Management Information System?

A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Is the Client's Information Protected?

The name and any identifying information of the client and members of their family are redacted to protect the client's privacy and ensure safety of the household. i.e. names, birthdates, SS#, address, etc.

How Is this database used to assist RRH clients?

Using the client's unique HMIS identifier, ACT will enter service data to complete a request. When enrolling a client in the database, no identifying information is added to HMIS.

WHAT DO I DO IF I'M HAVING ISSUES WITH HMIS?

Contact Nutmeg IT Help Desk:

Nutmeg IT Help Desk helpdesk@nutmegit.com

SUBMITTING INITIAL REQUEST FOR LEASE UP

What Forms Are Required?

1. *Income Verification
2. *IRS Form W9
3. Verification of Ownership
4. *Client Lease Agreement
5. VAWA Lease Addendum
6. *Rent Reasonableness
7. Housing Habitability Checklist
8. *Homelessness Verification
9. *HMIS Release of Information Release of Information
10. Housing Stabilization Plan
11. Document Checklist
12. *HQS Inspection Form

Conditional Documents

1. RRH Exception Form
2. *Lead Form
3. *Costal Map if located in a coastal community
4. *Recertification

*= Currently required by H.U.D. (Covid Protocol)

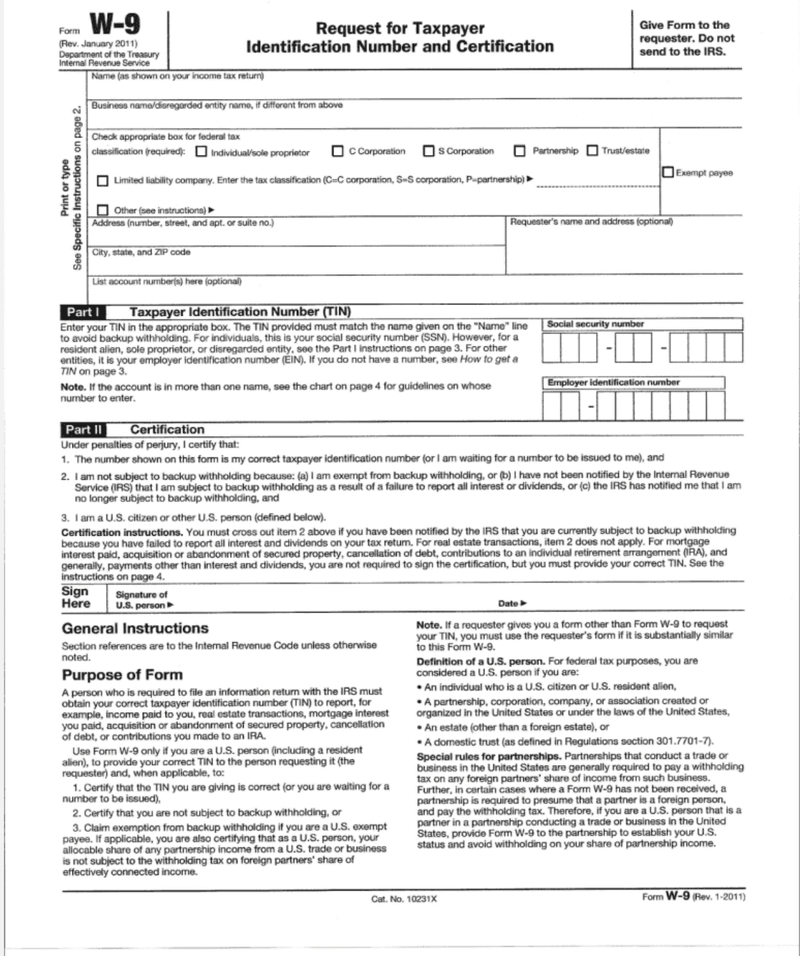
IRS W9 FORM

The IRS Form is required by any individual who is a private contractor (an individual being paid for services i.e. rental fees) This form is used to verify the name of the rental unit's owner and their Taxpayer Identification Number (TIN).

Common W9 Issues

Some landlords have multiple companies and multiple EINs. If this information does not match a request cannot be processed

- **W9 is unsigned by property owner**
- **TIN or EIN does not match IRS records**



Form **W-9** (Rev. January 2011) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Exempt payee

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Cat. No. 10231X Form **W-9** (Rev. 1-2011)

VERIFICATION OF OWNERSHIP

Verification of ownership verifies who the appropriate person to be paid is. Most often, landlords will provide a copy of the deed or an IRS form proving that they own the unit being rented.

It is important that the information on the W9, verification of ownership, and the lease all match. Any conflicting information between these documents could potentially result in a delay in processing requests.

CLIENT LEASE AGREEMENT

The lease agreement should include property address & signatures from the landlord/ client. The lease should also include the timeframe of the client's lease.

*All leases should be no more or less than 1 year.

Some landlords are reluctant to sign leases without initial payment. In this situation, requests will be approved on a case by case basis. However, subsequent request will require a signed lease.

*1 year lease term *Waived during the Covid-19 Pandemic*

Form Provided By:

RENTAL AGREEMENT

THIS AGREEMENT made this _____ Day of _________, ______, by and between ________________, herein called "Landlord," and ______________________ and ______________________, herein called "Tenant." Landlord hereby agrees to rent to Tenant the dwelling located at ____________________________________ under the following terms and conditions.

1. **FIXED-TERM AGREEMENT (LEASE):**
   Tenants agree to lease this dwelling for a fixed term of ___________, beginning ___________ and ending ___________. Upon expiration, this Agreement shall become a month-to-month agreement AUTOMATICALLY, UNLESS either Tenants or Owners notify the other party in writing at least 30 days prior to expiration that they do not wish this Agreement to continue on any basis.

2. **RENT:**
   Tenant agrees to pay Landlord as base rent the sum of $_________ per month, due and payable monthly in advance on the 1st day of each month during the term of this agreement. The first month's rent is required to be submitted on or before move-in.

3. **FORM OF PAYMENT:**
   Tenants agree to pay their rent in the form of a personal check, a cashier's check, or a money order made out to the Landlord.

4. **RENT PAYMENT PROCEDURE:**
   Tenants agree to pay their rent by mail addressed to the Landlord (replace this with landlord's mailing address)____________________________, or in person at the same address, or in such other way as the Landlord will advise the Tenant in writing.

5. **RENT DUE DATE:**
   Tenant hereby acknowledges that late payment will cause Landlord to incur costs not contemplated by this Rental Agreement. We allow for a 3 day grace period. In the event rent is not received prior to the 4th of the month, Tenant agrees to pay a $25 late fee, plus an additional $5 per day for every day thereafter until the rent is paid. Neither ill health, loss of job, financial emergency, or other excuses will be accepted for late payment.

6. **BAD-CHECK SERVICING CHARGE:**
   In the event Tenant's check is dishonored and returned unpaid for any reason to Landlord, Tenant agrees to pay a returned check charge of $25 AND accept whatever consequences there might be in making a late payment. If for any reason a check is returned or dishonored, all future rent payments will be cash or money order.

7. **SECURITY DEPOSIT:**
   Tenants hereby agree to pay a security deposit of $_______ to be refunded upon vacating, returning the keys to the Landlord and termination of this contract according to other terms herein agreed. This deposit will be held to cover any possible damage to the property. No interest will be paid on this money and in no case will it be applied to back or future rent. It will be held intact by Landlord until at least thirty (30) working days after Tenants have vacated the property. At that time Landlord will inspect the premises thoroughly and assess any damages and/or needed repairs. This deposit money minus any necessary charges for missing/dead light bulbs, repairs, cleaning, etc., will then be

THE VAWA LEASE ADDENDUM

The VAWA lease addendum ensures that there are protections in place for the tenant in the event they may experience a domestic violence situation. This form is required regardless of the client's gender.

This form must be completed by anyone 18+ even if they're not the head of household and is required regardless of the client's gender.

VAWA LEASE ADDENDUM

<u>VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2013</u>

TENANT	LANDLORD	UNIT NO. & ADDRESS

This Lease Addendum adds the following paragraphs to the Lease between the above-referenced Tenant and Landlord.

1. Purpose of the Addendum

The Lease for the above referenced unit is being amended to include the provisions of the Violence Against Women Reauthorization Act of 2013 (VAWA).

2. Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

3. Effective Date; Term of the Lease Addendum

The effective date of this Lease Addendum is ____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

4. VAWA Protections

A. The Landlord may not consider incidents of domestic violence, dating violence, sexual assault or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.

B. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an affiliated individual of the tenant is the victim or threatened victim of that abuse.

C. The Landlord may request in writing that the victim or an affiliated individual of the tenant certify that the individual is a victim of abuse and that the tenant complete and submit documentation of abuse, using the Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking (Form HUD-50066 or HUD-91066), or other documentation as noted on the certification form, to receive protection under the VAWA. Failure to provide the documentation within 14 business days of request, or an agreed upon extension date, may result in eviction.

D. Any information submitted to the Landlord will be kept confidential and will not be disclosed to any other individual or entity except if disclosure is consented to by the victim, is required for an eviction or is otherwise required by law.

______________________________ ______________
Tenant (head of household) Date

______________________________ ______________
Landlord Date

RENT REASONABLENESS FORM

Rent reasonableness is required by HUD for all Public Housing Agencies (PHAs).

Intent:

- Ensures that government funds are put to best use and rent falls within Fair Market Rate (FMR)
- Ensures equal opportunity in selection of high quality housing
- Protects subsidy funds from price gouging

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.

Variables	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				

* Other local resources may be used to obtain information e.g.: GoSection 8 (HTTP://WWW.GOSECTION8.COM/INDEX.ASPX), market surveys, classified ads, CT housing search listings (DECD), HTTP://WWW.CTHOUSINGSEARCH.ORG/

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

Approved rent does not exceed applicable Payment Standard of $__________.

*(Payment Standard is average of Unit #1 and #2 *Most recently charged rent for Proposed Unit*)*

B. **Rent Reasonableness**

Based upon a comparison with rents for comparable unassisted units, I have determined that the proposed rent for the unit ____ IS ____ IS NOT reasonable.

Name: ________________ Signature: ________________ Date: __________

HOUSING HABITABILITY- INSPECTION CHECKLIST

CT Rapid Rehousing Programs are designated for homeless individuals and families only.

The homelessness verification form must be completed at the time the initial application is submitted.

Client must meet HUD'S definition of literally homeless

The Case Manager must submit proof of homelessness (i.e. letter from shelter staff (not needed if the shelter enters data into HMIS) or a letter from outreach or unsheltered populations.

*

Inspection Checklist
Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(Exp. 07/31/2022)

Public reporting burden for this collection of information is estimated to average 0.50 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

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of l937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

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 the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. 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 family participation.

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector	Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection: Initial ☐ Special ☐ Reinspection ☐	Date of Last Inspection (mm/dd/yyyy)	PHA

A. General Information

Inspected Unit — **Year Constructed (yyyy)**

Full Address (including Street, City, County, State, Zip)

Number of Children in Family Under 6

Owner

Name of Owner or Agent Authorized to Lease Unit Inspected — Phone Number

Address of Owner or Agent

Housing Type (check as appropriate)

- ☐ Single Family Detached
- ☐ Duplex or Two Family
- ☐ Row House or Town House
- ☐ Low Rise: 3, 4 Stories, Including Garden Apartment
- ☐ High Rise; 5 or More Stories
- ☐ Manufactured Home
- ☐ Congregate
- ☐ Cooperative
- ☐ Independent Group Residence
- ☐ Single Room Occupancy
- ☐ Shared Housing
- ☐ Other

B. Summary Decision On Unit (To be completed after form has been filled out

☐ Pass ☐ Fail ☐ Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms

Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					

Previous editions are obsolete — Page 1 of 8 — form HUD-52580 (7/2019)

HOMELESSNESS VERIFICATION

CT Rapid Rehousing Programs are designated for homeless individuals and families only.

The homelessness verification form must be completed at the time the initial application is submitted.

Client must meet HUDS definition of literally homeless

The Case Manager must submit 3rd party proof of homelessness (i.e. letter from shelter staff or counselor or notarized letter).

Shelter program enrollment will not suffice as Homelessness Verification

CT YHDP Program Participant Homelessness Verification Form

PART 1: INSTRUCTIONS	
☐ Use only for CT YHDP Projects	☐ Complete all fields in Part 3
☐ Complete all fields in Part 2	☐ Maintain this form & supporting docs in participant's file
☐ Attach all supporting documents to this form	☐ Ensure supporting documentation demonstrates eligibility as of project entry date
See Quick Guide for detailed instructions on supporting documentation requirements	

PART 2: GENERAL INFORMATION					
Participant Name:	Participant Date of Birth:				Participant HMIS #:
Staff Person Completing Form:	Agency Completing:				Date Form Completed:
Email & Phone Number for Staff Person Completing Form:					
Email:	Phone #:				
YHDP Program for which Homelessness is Being Certified:	CoC Program Type: *(Check One)*				CoC Project Entry Date:
	☐Diversion/ Rapid Exit	☐ Navigator	☐ RRH	☐ Crisis Housing	

PART 3: CURRENT HOMELESS STATUS	
Location Prior to YHDP Program Entry: *Indicate place where client was staying immediately prior to program entry (Check One):* *Required Documentation or Self-certification Must Be Attached (See Quick Guide).*	
☐ Unsheltered	☐ Emergency Shelter
☐ Hotel/Motel Paid by Govt or Charity	☐ Transitional/Crisis Housing
☐ Housed (Must be DV or Imminent Risk of Homelessness)	☐ Institution < 90 days & literally homeless prior
Is client fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions related to violence that has taken place in their housing or has made them afraid to return to their housing *(Check One)*? ☐ **YES (Category 4)** ☐ **NO** *Required Documentation or Self-certification Must Be Attached (See documentation requirements and additional examples of situations that qualify youth for Category 4 Eligibility in Quick Guide).*	
Homeless Status *(Check One – See Category Details in Quick Guide)*	
☐ Category 1 Literally Homeless (includes <90 days institution)	Category 1 applicants are eligible for all types of CT YHDP projects
☐ Category 2 Imminent Risk of Homelessness	Category 2 applicants are eligible for only Diversion/Rapid Exit and Navigator projects
☐ Category 4 Fleeing Domestic Violence	Category 4 applicants are eligible for all types of CT YHDP projects

Signature of Staff Person Completing Form:	Certification:	Date Certified:
	☐ CHECK BOX TO CERTIFY THAT ALL REQUIRED DOCUMENTATION VERIFYING HOMELESSNESS IS ATTACHED; OR ☐ CHECK BOX TO CERTIFY THAT THIRD PARTY DOCUMENTS ARE NOT AVAILABLE AND CLIENT IS SELF-CERTIFYING (MUST COMPLETE PAGE 2)	

HMIS RELEASE OF INFORMATION

The HMIS Release of Information allows ACT to input service data to process the client's request for assistance.

All sections of form must be filled out and no blank lines may remain for document to be complete.

CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

It is up to you whether you want to sign this form. The information you allow us to disclose could later be re-disclosed by the recipient and if that person or organization is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. Your decision whether to complete this form will not affect your eligibility for benefits, treatment, payment, or enrollment in other services.

- The Connecticut Homelessness Management Information System (CT HMIS) is a shared system. This means that authorized CT HMIS Participating Agencies will enter your information into the CT HMIS database. These participating agencies will have access to the information that is entered into HMIS. Sharing your data allows service providers to see if they have housing services that fit your needs. It does not guarantee that you will receive housing. The type of information collected in the system includes basic identifying information for you and each member of your household (including name, SSN, date of birth, gender, race, ethnicity, household information, phone number, military veteran status, phone numbers, military veteran status, and disability status). The information entered into HMIS may include information regarding your physical and mental health, including history of substance abuse or HIV/AIDs; whether you are currently receiving services or treatment; and about referrals for services and housing by participating agencies.

A list of participating agencies which will have access to your information is attached. To see a list of participating agencies please go to this website: http://www.cthmis.com/info/detail/general-hmis-info/23 and click the "CT HMIS - List of Participating Agencies" link at the bottom of the page.
Amendments and/or changes are made to this list from time to time. You may request an updated paper copy from The Connecticut Coalition to End Homelessness (860-721-7876) at any time.

NAME (LAST, FIRST): ______________________ DATE OF BIRTH: ______________

I authorize the agencies referenced above to input my information *described above* into CT HMIS and to access my information stored there for the purpose of ensuring effective coordination of services. Information entered into or accessed from CT HMIS will not be used in any way to diagnose or treat any physical or mental health conditions.

- I understand that my information may be used for research, evaluation, and advocacy. This may include research projects that seek to match my needs with other agencies or programs that may assist in providing housing, case management, or other health and/or homelessness-related services. I will always be protected by federal and state privacy laws. My personal identity will never be part of any research reports.
- A representative of the ***AGENCY NAME*** has explained my rights with regard to the CT HMIS Project to me and given me a written copy of the explanation.
- This release of information additionally covers all minor members of the household accessing services.
- I can ask to see a document which lists the persons who have updated my client record in the CT HMIS. If I have any concerns about how my personal data is being used or entered into the CT HMIS database I can contact ***DESIGNATED AGENCY CONTACT PERSON.***

I understand that if I need homeless assistance in the future, I will be asked to complete this consent form again.

NOTICE TO RECIPIENT OF CLIENT'S INFORMATION

All or part of this information may have been disclosed to you from records protected by Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s). A general authorization for the release of medical or other information is NOT sufficient for this purpose. In addition, Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that this form will expire two years from the date I signed it. I may revoke this authorization in writing at any time; however, I understand that revoking it cannot be change anything about information disclosures that have already occurred.

Client Signature: ______________________ Date: ______________

RRH EXCEPTION FORM

The RRH Exception form is used in the event a client has selected an apartment that is over the Fair Market Rate (FMR). In the event that this should happen, the program's leadership staff should approve the request before it is submitted to ACT.

This form is also used in the event a client may need assistance for more than the standard 12 month length of the RRH program.

CoC Rapid Re-Housing

Exceptions to Standard Practice

HMIS ID:

VI-SPDAT Score:

Type of Exception:

- ☐ Requested rental amount exceeds CoC maximums
- ☐ Participant requires assistance beyond 12 month maximum
- ☐ Other

Reason for Exception (provide as much factual detail as possible):

Requester Name:

Agency:

Phone/Email:

Notes:

Director of Housing Signature: ______________________

Date: ______________________

HOUSING STABILIZATION PLAN

The housing stabilization plan is essentially a service plan. The Case Manager will work with the client to identify goals and action steps they will work towards while in the RRH program.

By completing this form, the client will develop a long term strategy for maintaining their housing even after exiting the RRH program.

HOUSING STABILIZATION PLAN (7)

Participant Code or HMIS Number: ______________________ Date: ___________

PURPOSE OF THIS PLAN:

☐ Initial Plan ☐ Update ☐ Crisis plan to assure safety ☐ Re-Certification Plan

GOALS OF THIS PLAN INCLUDE:

☐ Housing Stability ☐ Income ☐ Substance Use ☐ Health

☐ Social Support ☐ Life Skills ☐ Safety ☐ Other ___________

Goal	Action Steps	Person Responsible	Date to be Completed	Completed Y/N?

Staff Name:		Date:	
Staff Signature/Witness:		Date:	
Participant Signature:	☐ Checking this box certifies as signature	Date:	

Give copy to program participant

DOCUMENT CHECKLIST

The Case Manager should utilize the document checklist to keep track of what has been completed and received from the client. This checklist must be submitted along with required request documents.

Funding Source - ☐ **ESG**

☐ Rental Assistance **Amount Requested:** $___________

☐ Rental Assistance is expected to be on-going

☐ Rental Arrears (one time up to 6 months, including late fees) **Amount Requested:** $___________

☐ Security Deposit Assistance (2 months max) **Amount Requested:** $___________

☐ Rental Application Fees **Amount Requested:** $___________

___ Lease indicating rental application fees ***OR*** letter from landlord documenting rental application fees

☐ Moving Cost Assistance *(3 months max storage)* **Amount Requested:** $___________

___Truck rental quote/bill, ***AND/OR*** ___ Storage fee quote/bill, ***AND/OR*** ____ Moving co. quote/bill

▫ W9 Form ▫ HMIS Release of Information

☐ Utility Assistance/Arrearage *(most recent six months arrearage and/or up to 12 months of payments-please indicate below)*

▫ 6 month arrearage ▫ 12 month payment

Amount Requested: $___________

___ Copy of bill for gas, electricity, oil, or propane; ***AND***

___ Billing & payment history on account in client's name (or proof of responsibility)

Maximum Rental Limits without an Exception Form:

- CoC / ESG – Month 1 (100% Rent); Month 2 (30% Net Income); Month 3-12 (60% Net Income)
- YHDP: Refer to Rental Calculation Tool

By signing this form, Case Manager and Supervisor certify that there is no conflict of interest between agency, client, and landlord/rental agency.

Name of Case Manager: ______________________________ Agency: ______________________________

Phone: ____________________ Email: ____

____ ________________

Signature of CT-RR Case Manager *Date*

____ ________________

Signature of Supervisor (or authorized individual) *Date*

REOCCURRING REQUEST FOR ASSISTANCE

A funds request form is required for reoccurring requests. The FSR informs ACT's finance department of the amount of rent that needs to be paid and who that rent is being paid to.

This should be uploaded into HMIS before emailing ACT about any reoccurring requests. The service request allows Case Managers to check the status of their request.

RECERTIFICATION

Recertification determines whether or not a client is still eligible for services as their situation may change from the time they initially applies for assistance.

This form needs to be completed every 90 days from the time the client is initially approved.

Re-Assessment

** Complete this re-assessment every 90 days after the household begins receiving rental assistance*
**At each re-assessment include this document in household file, together with:*

- *Rapid Re Re-Housing Subsidy & Re-Assessment Calculation Form (Excel Workbook), after move-in*
- *Documentation of household income, after move-in*

Head of Household Name: ____

Move-in Date: ______________________ **Re-Assessment Date:** ______________________

Housing Stabilization Goals:			
☐ Achieved and complete	☐ Making adequate progress	☐ Not making adequate progress	
Employment or Income Goals:			
☐ Achieved and complete	☐ Making adequate progress	☐ Not making adequate progress	☐ Does not apply
Other stability goals:			
☐ Achieved and complete	☐ Making adequate progress	☐ Not making adequate progress	☐ Does not apply

Has anything changed in your family or situation that impacts your income, ability to work, or ability to find stable housing/stabilize in housing? Is there a change in the household composition? If so, please provide name, relation to head of households, and date of birth.

Have you found any housing that you could move to that would be appropriate and affordable for you? Where have you been looking? Where do you need support?
Summary of assessment:

Do you have any other resources that you could use to help you gain housing or remain in your housing? (This would include any assets that can be converted to cash, family or friends who can lend or give money, someone with whom the person could stay, etc.)?
Summary of assessment:

IMPORTANT SERVICE REQUEST FORM FIELDS

Enrollment

The program that the client is enrolled into (i.e.YHDP, ESG ODFC)
***The enrollment must match the provider in order to be processed**

Service

What the service request is for. This includes rental assistance, security deposit

Payee

Is the Landlord to be paid. The payment portion of the FSR is important because its where the check will be mailed

Reference

Refers to the service type. For example, if the request is for April then the reference name would be "April's Rent" or if it's in initial request it would labeled *"Aprils Initial Rent"* or *"April's Initial Security Deposit"*

AFTER DOCUMENTATION IS COLLECTED

All documentation for initial requests should first be submitted to ACT via email at **Community_Assistance@Act-CT.Org**. Emails should specify the type of application, month, year and HMIS ID of the client in the body or subject line. Any Case Manager planning to fax documentation should email first to advise that documentation is being sent over.

Once and initial request is approved, the Case Manager will submit a reoccurring request on a monthly basis.

IMPORTANT FSR FIELDS (CONT.)

Reference Date

The date the service request referring to

Due Date

The day the rent is due. Which is usually the first of the month. Ex: Aprils rent due date would be 04/01/2020

Unit Quantity

Should always be "1", unless you are paying for additional months' of security

I.E. the unit rate would be "2" if the client lease is requiring two months' security.

Unit Amount

The actual amount of rent/security deposit

REQUEST STATUS

ACT has created a google spreadsheet to track initial and ongoing applications. When an Advocate submits a request, ACT will update the spreadsheet to reflect the status in real time requests can be listed as:

Approved

Once payment is made the RRH coordinator will go in and release the FSR and the status will change to Approval-Accepted.

Pending

Indicates that there is an issue. The Advocate will get an email from ACT RRH team advising of what is needed to move forward with processing.

Rejected

If your submission is rejected, it is because you have incorrectly submitted the application (missing type, HMIS, or month).

SUBMITTING REOCCURRING REQUEST FOR ASSISTANCE

Reoccurring requests should be submitted before the 20th of every month to ensure timely payment of rent for the following month and should be emailed to

Community_Assistance@Act-CT.Org

RRH TICKETING SYSTEM PROVIDER WORKFLOW

Submitting Applications

Beginning with **October 2020** Rents

- Send only **ONE** email per HMIS ID
  - EMAIL ADDRESS: **community_assistance@act-ct.org**
  - Subject Line = HMIS ID + type of Application (**Initial**, **Ongoing, Recert**) + Month of assistance
- You will receive a confirmation email that your submission has been received and a ticket number will be automatically generated
- ACT Staff will assign your ticket to team member for review
- You will receive an email stating who your submission has been assigned to

RRH TICKETING SYSTEM PROVIDER WORKFLOW

If approved (no errors)

- ○ When your submission has been reviewed and approved, you will receive another update that your submission has been forwarded to our finance department

If pending (errors/missing information)

- ○ If your submission is pending, for whatever reason, you will receive an email that your submission is pending with detailed information requesting further information to complete the application

- ○ You will receive an email every 48 hours until the information has been received

If Rejected Applications

Incorrectly submitted applications (no client ID/month/type of application) will be returned to sender and can be resubmitted

FINAL STEPS/PAYMENTS

If pending (errors/missing information)

- If there is a problem with the application: for example, TIN mismatch, FSR mismatch with W9, etc. you will receive an email with detailed information and your ticket will be placed in pending status

- You will receive an email every 48 hours until the information has been received

- When information is received, finance will review documentation, cut checks. Once payments are mailed, you will receive an update email stating that your ticket has been closed

- ACT Staff will upload checks to HMIS & Release FSR

FINAL STEPS/PAYMENTS

If approved (no errors)

- Finance will review documentation, cut checks. Once payments are mailed, you will receive an update email stating that your ticket has been closed
- ACT Staff will upload checks to HMIS & Release FSR

INITIAL REQUEST PROCESS FLOW (RRH,YHDP)

Ideal Timeline: Five Business Days

Case Manager(CM)/Housing Specialist(HS) emails single application to Community_Assistance@Act-CT.Org

- Subject Line = HMIS ID + type of Application (**Initial, Ongoing, Recert**) + Month of assistance

- CM/HS receives confirmation email with Ticket number.
- RRH Staff assigns application to processor

Completed Application delivered to Finance Department (CM/HS notified via email)

Finance Department verifies TIN* (new vendors)

Applicant is contacted and notified to contact landlord to obtain corrected documents

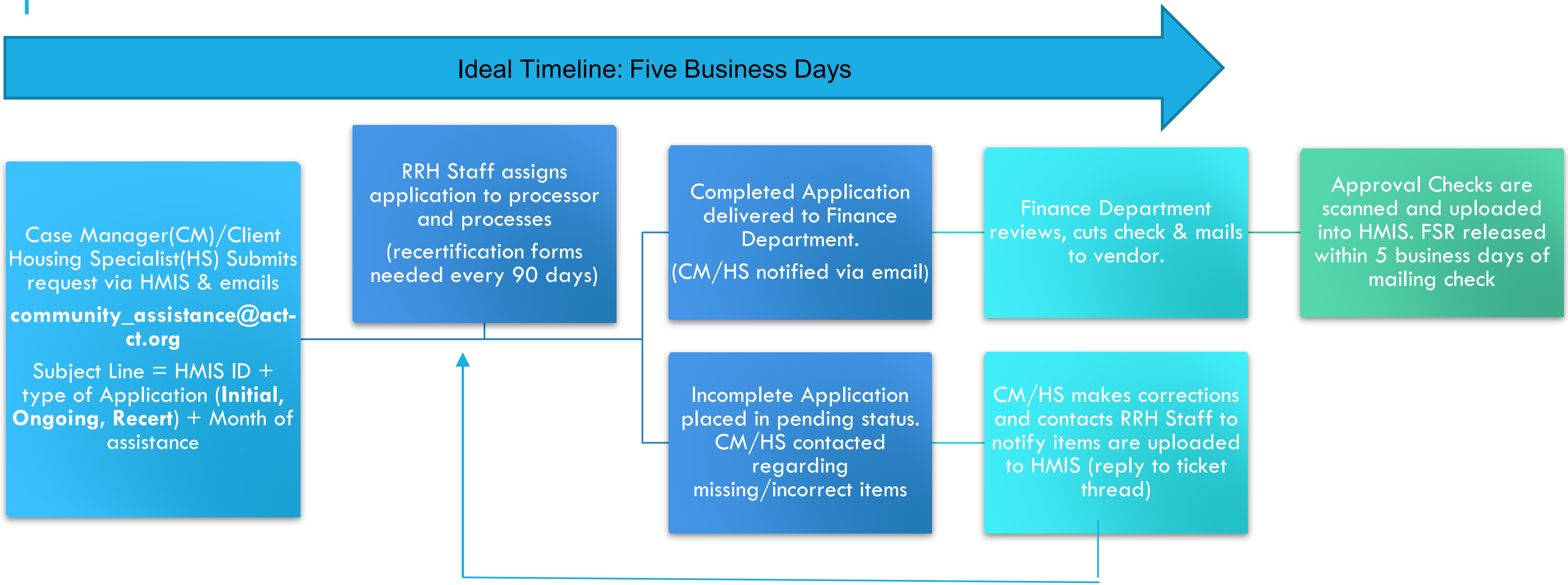
TIN Match: Checks are scanned and uploaded into HMIS. FSR released within 5 business days of mailing check. Applicant notified when check is mailed via email

Incomplete Application placed in pending status. CM/HS contacted regarding missing/incorrect items

CM/CA makes corrections and contacts RRH Staff to notify items are completed/uploaded/uploaded to HMIS

*TIN = Tax ID Number – if this number is incorrect, it can delay processing request. All TIN's must match IRS Records

ONGOING REQUEST PROCESS FLOW (RRH,YHDP)



SPECIAL CONSIDERATION FOR COVID-19

Paperwork Requirements for Initial Lease-Up

Until the State of CT lifts the Declaration of Public Health and Civil Preparedness Emergency enacted by Governor Lamont on March 10, 2020, the following paperwork will be required:

- Rapid Re-Housing Fund Request Checklist (page 1 only)
- Homeless Verification
- HQS Inspection
- If in a coastal community, complete the CBRS Map
- Rent Reasonableness Checklist
- Lead Disclosure
- Lease
- Landlord W-9
- (YHDP) DOB Documentation
- Complete program enrollment in HMIS ("Statewide ESG Emergency Rapid Exit")
- Complete Financial Service Request (FSR) in HMIS

In the event that staff are required to work from home by their agency of employment, electronic signatures are acceptable.

SPECIAL CONSIDERATION FOR COVID-19

Exception Forms

For clients who are nearing their 1 year program enrollment anniversary, providers do ***not*** need to submit an Exception Form to continue to serve households with income at or below 50% AMI beyond 12 months. However, HUD continues to require that annual assessments (based on program enrollment date) be completed in HMIS and that annual HQS inspections be conducted for clients who are receiving rental assistance beyond.

ACT CONTACTS

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860-247-2437 x 316

RESOURCES

https://www.cceh.org/provider-resources/rapid-rehousing/

http://www.ctcadv.org/projects-initiatives/housing-advocacy/

https://www.hudexchange.info/homelessness-assistance/domestic-violence/

https://www.justice.gov/ovw

https://www.hud.gov/sites/dfiles/PIH/documents/HCV_Guidebook_Rent_Reasonableness.pdf

https://www.justice.gov/ovw/blog/transitional-housing-programs-and-empowering-survivors-domestic-violence

https://cceh.org/wp-content/uploads/2019/06/PIT_2019.pdf