



# ***OHCS Homeless Services Training***

May 19, 2015



**Presenter:**  
**Melody Henricks, OHCS Compliance Officer**



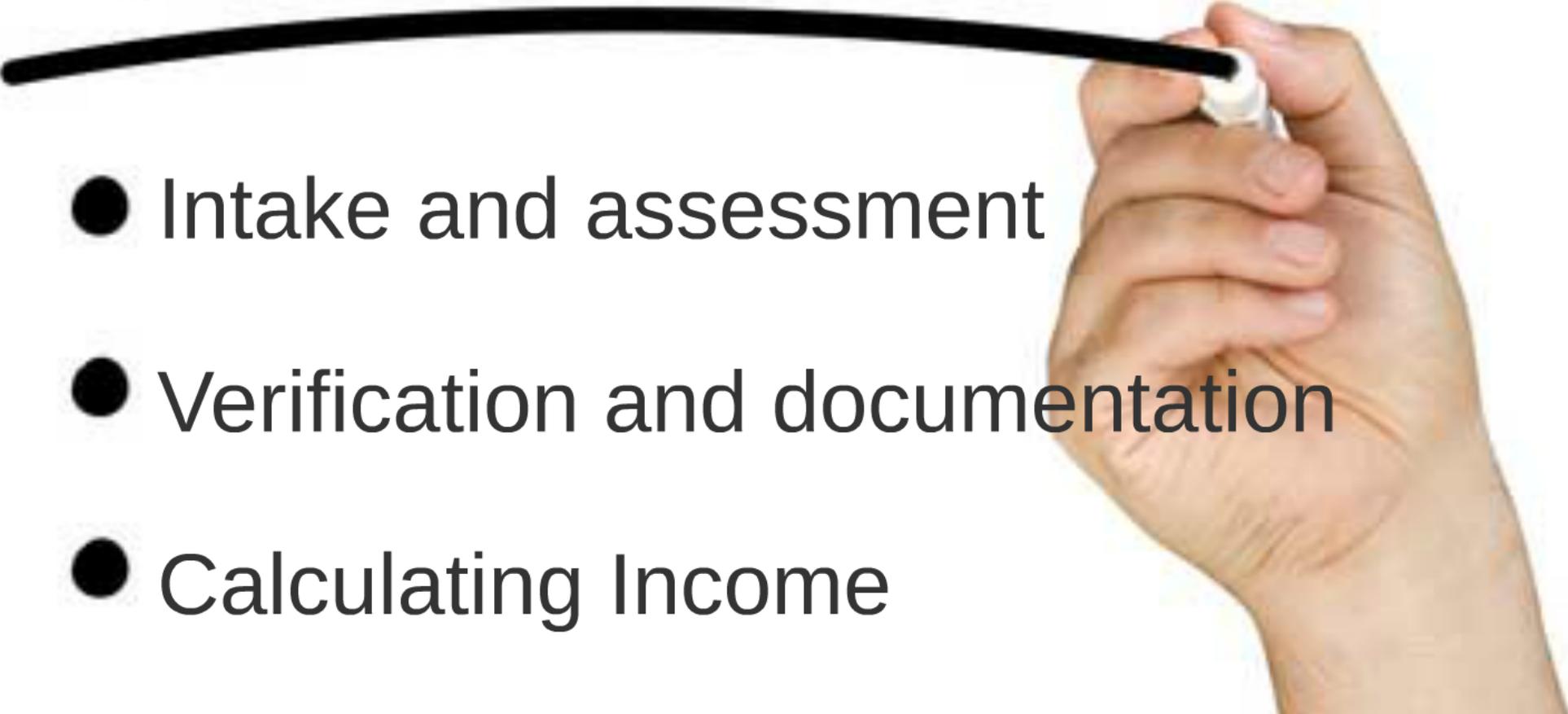
# ***OHCS Homeless Services Training***

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# AGENDA



- Intake and assessment
- Verification and documentation
- Calculating Income

# Objectives

- 1 Consistency in program guidance
- 2 Understanding of program objectives
- 3 Cooperative Learning



# Intake and Assessment



**Applicant  
Eligibility**

- Income
- Housing Status
- Other qualifying factors
- Assessments

Eligibility

# INCOME

All amounts, monetary or not, that go to or are received on behalf of the family head, spouse or co-head (even if the family member is temporarily absent), or any other family member.

Annual income includes amounts derived (during the 12-month period) from assets to which any member of the family has access.

With EHA/SHAP/LIRHF, assets should be identified to determine if resources are available to the client, however they generally are not counted as income.



# ESG

Current circumstances at time of program intake that will be anticipated during coming year.

# HSP

Income in the month of application

# HTBA

HTBA requires at least two months of source documentation to determine eligibility.

This verification is valid up to six months, however current income must be reviewed prior to rent assistance determination to assure rent is in accordance with ability to pay.

WCE  
Phone: (310) 440-9698  
West Coast Extras, Inc.  
EARNINGS

DESCRIPTION	DATE	HOURS	RATE	AMOUNT
		8.00		5,000

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DESCRIPTION	DATE	HOURS	RATE	AMOUNT
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# ESG

1. Homeless Prevention -  $\leq 30\%$  of AMI
2. Rapid Re-Housing
  - no income requirements at initial
  - $\leq 30\%$  of AMI at recertification.
3. Street Outreach, Emergency Shelter or transition housing services and assistance - no income requirements.

# HTBA

$\leq 50\%$  of AMI at intake  
 $\leq 80\%$  of AMI at annual re-examination

The income of a participating household must be verified and documented before assistance is provided.

Income Targeting - 90% of households assisted with HTBA must have annual incomes at or below 60% of the AMI

# HSP

=< 150% of FPG  
in the month of application

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# EHA

=< 80% of AMI

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# LIRHF

=< 50% of AMI

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# CSBG

=< 125% of FPG

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# SHAP

no income requirements

# Housing Status

## 1. Homeless

- Literally Homeless
- Imminent Risk of Homeless
- Homeless under other federal statutes
- Fleeing/attempting to flee domestic violence

## 2. At Risk of Homelessness

## 3. Chronically Homeless

## 4. Unstably Housed

#1 is applicable to ESG, HSP, EHA, SHAP and LIRHF.

#2 is applicable only to ESG

#3 is required for ESG only

# 4 is used for HSP, EHA, SHAP, and LIRHF

Categories are not applicable to HTBA, unless Agency has stipulated a priority to serve homeless or at risk clients.

# Eligibility Factors

Categorically Eligible by receipt of TANF benefits

Eligible Group requires:

- Dependent child(ren); AND
- Parent or caretaker relative living with dependent child
  - The parent or relative of an unborn child may be eligible when the mother's pregnancy has reached the one month prior to due date.
- Must document reasonable return, within 30 days, of qualifying child's return to household from foster care.
- Citizenship of qualifying child
  - except in situations of domestic violence and a signed statement attesting to citizenship or qualified non-citizen status must be in the file.
- Social Security Number of qualifying child
- Oregon residency



DSH

# Eligibility Factors

## Student Eligibility

An individual does not qualify as a low-income family if the individual is a student who is not eligible receive Section 8 assistance under 24 CFR 5.612

24 CFR 5.612

No assistance shall be provided under section 8 of the 1937 Act to any individual who:

- Is enrolled as a student at an institution of higher education, as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002);
- Is under 24 years of age;
- Is not a veteran of the United States military;
- Is unmarried;
- Does not have a dependent child;
- Is not a person with disabilities, as such term is defined in section 3(b)(3)(E) of the 1937 Act and was not receiving assistance under section 8 of the 1937 Act as of November 30, 2005; and
- Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive assistance under section 8 of the 1937 Act.



A  
B  
T  
H

# Eligibility Factors

## EHA DRF Vet

Served on active duty with the Armed Forces of the U.S. for a specified period of time and was discharged or released from active duty under honorable conditions.

- A period of more than 90 consecutive days beginning on or before January 31, 1955
- A period of more than 178 consecutive days beginning after January 31, 1955
- For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability.
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions



# CLIENT FILES



# Application

At the very least, an application should address:

- Date of application
- Household composition
- Income
- Housing Status
- Applicant signature
- Any program specific eligibility requirements

HUD Entry/Exit form or other data collection form that addresses same components.

ESG

Document use of centralized or coordinated assessment system once one is established.

HTBA

Sample application is available on the OHCS website

If developing your own application, Include question re: student eligibility



# Determination of Eligibility/Ineligibility

## ESG

The reason for a determination of ineligibility must be documented in the client file.

## HTBA

- All applicants must be notified in writing whether or not they qualify for HTBA.
- Persons denied HTBA assistance must be provided with a copy of the Agency's written appeal process.



- If determined ineligible, the file must contain:
  - the documentation used for determination
  - copy of the written notification provided to the applicant
  - any correspondence related to a denial and appeal process.

# Release of Information

# ROI

Consider with whom personal information may be shared with and determine if your ROI form covers use.

Has client given informed consent for OHCS to review information?

Refusal to sign an ROI cannot be the basis for denying program service to otherwise eligible clients.



Valid release of information covering program exit data six months after program exit.

Findings/Concerns have been given in the past for not having all adults in the assisted household sign a ROI. In the future this will only be necessary if other adult household members information will be shared with any other source.

ESG - ROI must be time-limited and specific as to with who and what information will be shared.

EHA/SHAP/LIRHF - ROI's must be time-limited and specific as to with who and what information will be shared.

HSP - The Release of information form created must include the option of alternative formats...The MSC2099 form from DHS meets this obligation.

The image shows a small, partially visible form titled "Authorization for Use and Disclosure of Information". A blue circle highlights a section of the form, likely the "Release of Information" section, which contains a checkbox for "Yes" and "No". The form also includes fields for "Date of Release" and "Date of Expiration".

## Authorization for Use and Disclosure of Information

***This form is available in alternative formats including Braille, large print, computer disk and oral presentation.***

Legal last name of client/applicant:	First:	MI:	Date of birth:
Other names used by client/applicant:			Case ID number:

By signing this form, I authorize the following record holder to disclose the following specific confidential information about me:

Section A	Release from one record holder: <i>(individual, school, employer, agency, etc. or other provided)</i>	Specific information to be disclosed:	Mutual exchange: Yes/No

If the information contains any of the types of records or information listed below, additional laws relating to use and disclosure may apply. I understand that this information will not be disclosed unless I place my initials in the space next to the information:

HIV/AIDS:  Mental health:  Genetic testing:   
 Alcohol/drug diagnoses, treatment, referral:

Section B	Release to: <i>(address required if mailed)</i> If releasing to a team, list members.	Purpose:	Expiration date or event*:

**\*This authorization is valid for one year from the date of signing unless otherwise specified.**  
 I can cancel this authorization at any time. The cancellation will not affect any information that was

# LEASE DOCUMENTS



## ESG

- Required for short and medium term rental assistance.
  - Copy of landlord lease that is signed by all adult household members
- 
- Each program participant receiving rental assistance must have a legally binding, written lease for the rental unit.
  - An oral agreement may be used in place of a lease when assistance is solely for rental arrears.
    - Rent owed must be sufficiently documented.
  - A Rental Assistance Agreement between Landlord and Agency is required.

# HTBA

Tenant and landlord are required to enter into both the landlord's lease and HTBA contract.

There must be a written lease for every unit rented in part or in whole with HTBA funds.

- Use of the Rental Assistance Lease Agreement is not necessary if tenant and landlord have signed a private lease.
- Addendum is required if landlord's lease contains any prohibited lease provisions, or used to match dates with Contract lease term.

## Rent Assistance Program Contract

- Addendum can be used for any changes in term or agreement or rent.
- The Lease and Contract must begin and end on the same day.

Client Files

# INSPECTIONS

ESG

Rent Reasonableness  
Habitability Standards  
Lead Based Paint

HTBA

Rent Reasonableness  
Housing Quality Standards  
Lead Based Paint



# Rent Reasonableness

Reference three comparables using market rent of other unit of similar:

- location
- type
- size
- amenities within the community
- quality
- age of unit

The Rent Reasonableness review must be documented in client file.

Rent Reasonableness standards must be reviewed periodically and adjusted to align with rent market changes.



# CASE MANAGEMENT

## Self-Sufficiency Plan

Clients are required to participate in self-sufficiency plans as condition of selection for HTBA assistance.

Requirement can be waived based on assessment if the household would not benefit from participation.

Self-Sufficiency Plan must state:

- Goals to address the household's needs
- activities to accomplish each goal
- timeline for each activity.

Not all household adults are required to participate in the self-sufficiency efforts.

# HTBA



If client refuses to continue with his/her self-sufficiency plan, subgrantee may not terminate assistance based solely on client's choice to stop participating in the self-sufficiency program.

## Housing Stability Case Management

Clients receiving short- and medium-term rental assistance are required to be case-managed and have a housing stability service plan in place.

# ESG



# HSP

A Housing Stability Plan is required for those clients receiving more than one time only services



Existing assessments and active case plans with other providers may be used and included in the client file.

# RECERTIFICATIONS

## ESG

- Homeless Prevention - recertification required every three months.
- Rapid Re-housing - recertification required at least one per year.
- Reverify income and that client lacks resources or support to retain permanent housing.

## HTBA

- Recertification process should begin 60-90 days in advance of clients one-year anniversary date.
- Use the same procedures as used at initial certification:
  1. two months current income documentation
  2. release of information
  3. HQS inspection
  4. household size and composition
  5. renewed contact and lease

# TERMINATION OF ASSISTANCE

## HTBA

- Termination notice must provide the specific reason(s) for the action
- Must state the process the aggrieved person must follow to request a review
- The aggrieved person has a minimum of 30 days, from the date they had knowledge of the action, to file an appeal.



ESG  
OTHER FILE DOCUMENTS

- Fair Market Rents
  - Gross rent (rent + utilities) must be same or less than the FMR
  - FMR and rent reasonableness do not apply when a program participant received only financial assistance or services.
- Intake form and assessment of household needs
- Homeless or at risk of homelessness verification/certification
- Evidence of referrals
- Amount and type of essential emergency shelter services provided
- Documentation of payments made on client's behalf
- Documentation of the reason for determination of program ineligibility.

# Certification of Homelessness

Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

**This is to certify the above individual or household is currently homeless based on the category checked and required documentation. THE GENERAL HOMELESS CERTIFICATION MUST BE COMPLETED FOR EACH HOUSEHOLD.**

## CHRONICALLY HOMELESS CERTIFICATION

**CHRONICALLY HOMELESS: (Check, if appropriate, and continue to the General Homeless Certification)**

- Individual or family:
- (i) Homeless and lives or resides in a place not meant for human habitation, a safe haven or in an emergency shelter; **or**
  - (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years; **and**
  - (iii) Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions

## GENERAL HOMELESS CERTIFICATION

### CATEGORY 1: Literally Homeless

- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
  - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)
- To certify homeless status for the above, must provide documentation of 1 of the following:**
- Written referral by another housing or service provider; **or**
  - Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; **or**
  - Written observation by the outreach worker; **or**
- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (iii) Is exiting an institution where (s)he has resided for 90 days or less **and** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (**documentation must include one of the above forms of evidence AND 1 of the following**).
- Discharge paperwork **or** written/oral referral; **or**
  - Written record of intake worker's due diligence to obtain above evidence **and** certification by individual that they exited institution

### CATEGORY 2: Imminent Risk of Homelessness

- Individual or family who will imminently lose their primary nighttime residence, provided that:
- (i) Residence will be lost within 14 days of the date of application for homeless assistance;
  - (ii) No subsequent residence has been identified; **and**
  - (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.
- Documentation must include 1 of the following:**
- A court order resulting from an eviction action notifying the individual or family that they must leave; **or**
  - For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; **or**
  - A documented and verified oral statement
- In addition to 1 of the above, documentation must include BOTH of the following:**
- Certification that no subsequent residence has been identified; **AND**
  - Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing

# HTBA

- Applicant Notification
- HUD Entry/Exit form, or agency form developed with similar data
- Grievance/Appeal Procedure
- Acknowledgment, signed by client
- Appendix 3 - HOME TBA subsidy calculation.



# HSP



- Case Allocation Plans are required for all HSP clients.
- When client is an active TANF client, include evidence of initial contact with DHS worker to ensure services are aligned.

A decorative border consisting of two symmetrical, curved branches of stylized leaves and flowers, framing the central text. The leaves are solid black, while the flowers are white with black outlines and centers. The branches are connected by thin, swirling lines.

**VERIFICATION and  
DOCUMENTATION**



# Preferred Order of Documentation

## 1. Third Party Verification

- Written verification directly to program staff or via the applicant.
- Employer has signed and dated.

## 2. Intake/Case Manager Worker Observation

- Use of oral statements is allowable when third-party documentation is not available
- HTBA states staff must record in the client's file due diligence in attempting to obtain third party verification.

## 3. Participant Self-certification

- Permitted only when documented staff efforts verify that third-party or worker observation is not available.

# Assessment



Evidence applicant has no subsequent housing options and lacks sufficient resources to retain housing, but is not homeless.

## **Housing Options**

Assess with applicant all other appropriate (i.e. safe, affordable, available) subsequent housing options.

Verify that no other appropriate subsequent housing options are available.

Assessment Must:

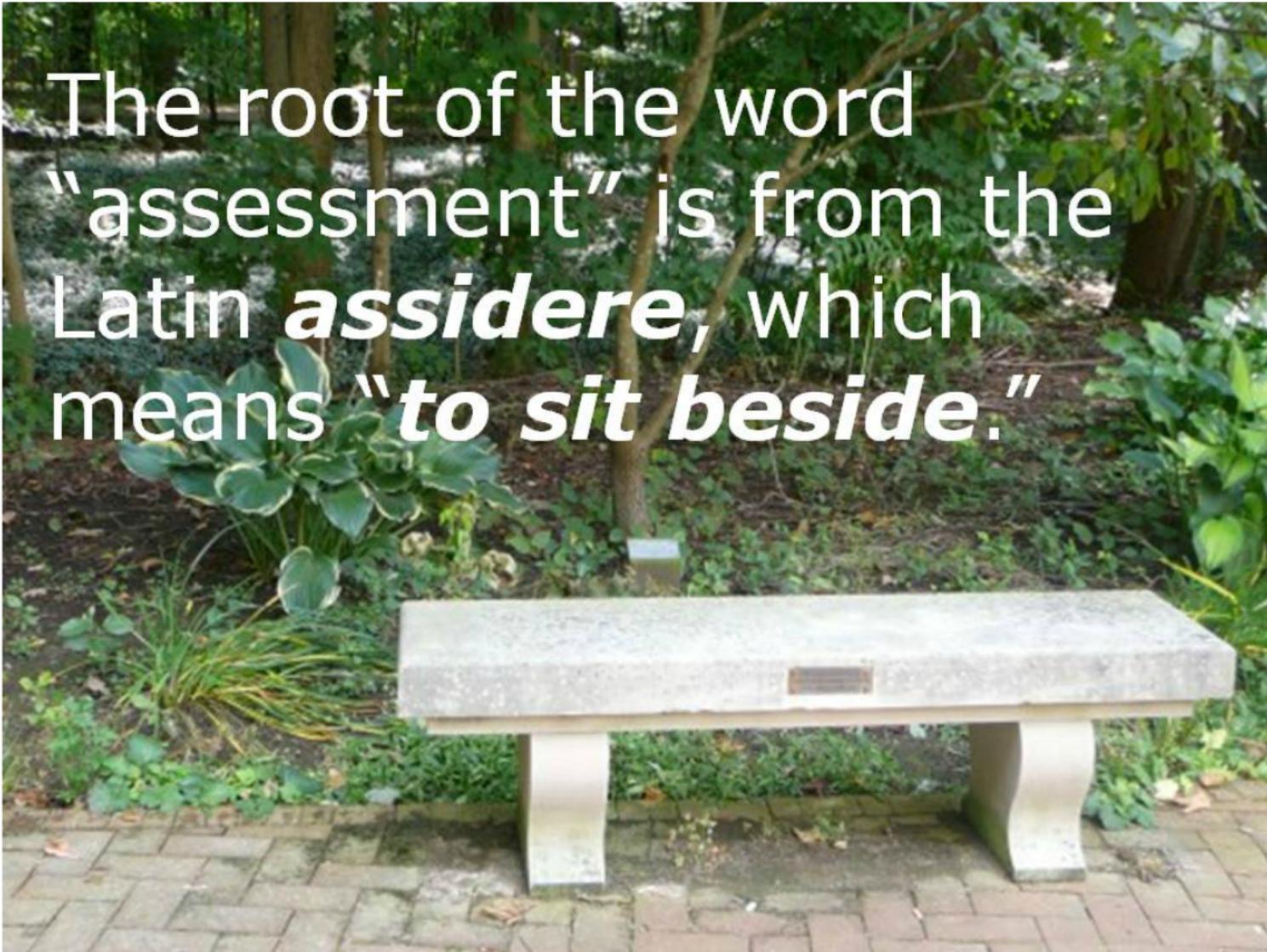
- Be documented by case manager or other authorized staff
- Include assessment summary or other statement indicating that applicant has no other appropriate housing options
- Be signed and dated by case manager or other authorized staff

**AND**

## Financial Resources and Support Networks

- Assess with applicant all financial resources and support networks (i.e. friends, family or other personal sources of financial or material support).
- Verify that applicant lacks financial resources and support networks to obtain other appropriate subsequent housing or remain in existing housing.
- Assessment Must:
  - Be documented by case manager or other authorized staff
  - Include review of current account balances in checking and savings accounts held by applicant household
  - Include assessment summary or other statement indicating that applicant lacks financial resources and support networks to obtain other appropriate subsequent housing or remain in existing housing
  - Be signed and dated by case manager or other authorized staff.

The root of the word  
"assessment" is from the  
Latin *assidere*, which  
means "*to sit beside.*"



# Verifying Housing Status

## Homeless

- Literally Homeless
- Imminent Risk of Homelessness
- Homeless under other Federal Statutes
- Fleeing/Attempting to Flee DV



# LITERALLY HOMELESS

Sleeping in an Emergency Shelter  
Place Not Meant for Human Habitation  
Hospital or Other Institution  
Transitional Housing  
Domestic Violence

Rapid Re-Housing



# Sleeping in an Emergency Shelter

This only includes Emergency Shelter program identified in the Continuum of Care's most recent Housing Inventory Chart submitted to HUD or otherwise recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelters)

- Obtain HMIS/SP record showing shelter stay concurrent with program entry date, and include record in participant file. OR
- If HMIS/SP record cannot be obtained, obtain signed and dated original *Homeless Certification* from shelter provider, and include in participant file. OR
- If HMIS/SP record and *Homeless Certification* cannot be obtained, obtain a letter from emergency shelter provider.

The letter must:

- Be on shelter provider letterhead
- Identify shelter program :
- Include statement verifying current shelter occupancy of ESG participant, including most recent entry and exit (if applicable) dates
- Be signed and dated by shelter provider.



## Place Not Meant for Human Habitation

cars, parks, abandoned buildings, street/sidewalks

- Obtain signed and dated original *Homeless Certification* from homeless street outreach provider
- If *Homeless Certification* cannot be obtained then obtain letter from homeless street outreach provider. The letter may be from the ESG-funded rapid re-housing provider if the provider also provides outreach to persons on the street as part of engagement and admission activities.

### The Letter Must:

- Be on outreach provider letterhead
- Identify outreach program
- Include statement verifying current homeless status of ESG participant
- Be signed and dated by outreach provider



## Hospital or Other Institution

Individual or family who is exiting an institution where they have resided for 90 days or less;

**AND**

Who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

For individuals exiting an institution:

- Discharge paperwork or written/oral referral,
  - The letter must:
    - Be on hospital or other institution letterhead,
    - Include statement verifying current hospital/institution stay of participant,
    - Include hospital/institution admission and discharge dates verifying that stay has been for 90 days or less,
    - Be signed and dated by hospital/institution representative.

**or**

- Written record of intake worker's due diligence to obtain evidence below and certification by individual they exited institution.

**AND**

- Written observation by the outreach work; or
- Written referral by another housing or service provider; or
- Certification by the individual or head of household seeking assistance stating that they were living on the streets or in shelter.



# TRANSITIONAL HOUSING



This only includes Transitional Housing programs serving homeless persons (per HUD's definition) and listed in the Continuum of Care's (CoC) most recent Housing Inventory Chart submitted to HUD or otherwise recognized by the CoC as part of the CoC inventory (e.g. newly established Transitional Housing programs)

# Transitional Housing

- Obtain signed and dated original *Homeless Certification* from transitional housing provider, OR
- If *Homeless Certification* cannot be obtained, obtain letter from transitional housing provider.

The letter must:

- Be on transitional housing provider letterhead,
  - Identify transitional housing program,
  - Include statement verifying current transitional housing occupancy
- Include statement verifying that applicant is graduating from or timing out of transitional housing program,
  - Include statement verifying applicant was residing in emergency shelter or place not meant for human habitation immediately prior to transitional housing admission.
  - Be signed and dated by transitional housing provider

## FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE

Rapid Re-Housing



### **Victim Service Providers**

An oral statement by the individual or head of household seeking assistance that states:

- They are fleeing
- They have no subsequent residence

They lack financial resources which is documented by caseworker or self-certification.

### **Non-Victim Service Providers**

Oral statement by the individual or head of household seeking assistance that they are fleeing.

- This statement is documented by a self-certification or by the caseworker.
- Where the safety of the individual or family is not jeopardized, the oral statement must be verified, **and**
- Certification by the individual or head of household that no subsequent residence has been identified; **and**
- Self-certification or other written documentation, that the individual or family lack resources and support networks to obtain other permanent housing.

# ESG

## At-Risk of Homelessness

- Has annual income below 30% of AMI.

AND



- Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place identified under the "homeless" definition; and meet one of the following conditions:

- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance;
- Is living in the home of another because of economic hardship;
- Has been notified in writing their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
- Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals;
- Lives in a SRO or efficiency apartment unit in which there reside more than two person or lives in a larger housing unit in which there reside more than one and a half persons per room;
- Is exiting a public funded institution or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in OHCS's approved Consolidated Plan.

# IMMINENT RISK or AT RISK OF HOMELESSNESS



Acceptable documentation depends on what factors Subgrantee Agency/Subrecipient select to determine whether an applicant will lose their housing but for assistance.

- Eviction
- Foreclosure
- Shared Housing
- Hospitalization/Institution
- Condemned Housing
- Utility Assistance
- Hotel/Motel



# EVICTIION

## IMMINENT RISK

- The residence will be lost within 14 days of the date of application for homeless assistance; and
- No subsequent residence has been identified; and
- The household lacks the resources or support networks needed to obtain other permanent housing.

## AT RISK

- Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance
  - Obtain copy of eviction notice or court order, **and**
  - Copy of lease

### Eviction Notice/Court Order Must:

- Identify the applicant and unit where applicant is the leaseholder
- Indicate that applicant must leave their housing
- Be signed and dated by owner/landlord or court

Eligible only if without assistance household will lose housing and become homeless (i.e. require emergency shelter or sleep in a place not meant for human habitation.)

# FORECLOSURE

## **Rented by Applicant**

Copy of notice indicating building in which applicant is renting or otherwise residing is being foreclosed on,  
**and**

Copy of lease naming applicant as leaseholder.



## Foreclosure Notice Must:

- Identify the building or unit where applicant is the leaseholder or is otherwise residing,
- Indicate that housing is being foreclosed on
- If written notice to applicant, be signed and dated by the landlord or property manager

## Owned by Applicant



Obtain copy of foreclosure notice from lending institution.

Foreclosure Notice Must:

- Be on financial institution letterhead.
- Identify the ESG applicant and residence where ESG applicant is the homeowner.
- Indicate that applicant must leave their housing.
- Be signed and dated by financial institution.

Occupied by applicant without paying rent (including housing shared with friends or family)

Copy of eviction letter from host family or friend who owns or rents the housing that notifies the applicant that they must leave

**AND**

Copy of lease naming host family/friend as leaseholder.

Eviction Letter Must:

- Identify the applicant and unit where applicant is residing .
- Indicate that applicant must leave owner's/ renter's housing .
- Be signed and dated by the host owner/renter.

# Shared Housing



## Condemned Housing

- Obtain copy of notice (may include notice published in local newspaper or government jurisdictions' website; AND
- Copy of lease naming applicant as leaseholder.



## Hotel/Motel

- Applies to hotels or motels not paid for by Federal, State or local government or charitable programs
- For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
- A documented and verified oral statement

## Utility Assistance

Copy of utility shut-off notice from utility company

Shut-Off Notice Must:

- Identify the applicant and unit where applicant is the leaseholder.
- Indicate that utility shut off/disconnection is imminent (e.g. within XX days) will be shut-off.
- Be signed and dated by utility company representative and/ or include utility company contact information.

# Hospital or Other institution

Obtain letter from hospital or other institution

The letter must:

- Be on hospital or other institution letterhead
- Include statement verifying current hospital/ institution stay of applicant



- Indicate the individual has no other housing (other than emergency shelter) to return to upon discharge
- Indicate the institution has followed all appropriate discharge procedures and cannot find housing for the individual
- Be signed and dated by hospital/ institution representative

## Hospitalization/Institution

If HMIS record, *Homeless Certification*, or provider letter cannot be obtained, obtain signed and dated original self-declaration from applicant.

Self-declaration must verify homelessness (residing in shelter or place not meant for human habitation) immediately prior to (i.e. the day before or same day as) hospital/institution admission date.

- Case worker must document attempt to obtain written third party verification and sign Self-Declaration form.
- Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution.
- Use self-certification ONLY if previously sleeping in place not meant for human habitation

## Other At-Risk Categories

### Unaccompanied Children and Youth

- A child or youth who does not qualify as homeless under the homeless definition, but qualified as homeless under another Federal Statute

### Families with Children and Youth

- An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 752(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

## **Chronically Homeless**

Chronically homeless is defined as a person or family who:

- is homeless and lives or resides in a place not meant for human habitation, a safe haven, or an emergency shelter
- has been homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter continuously for at least 1 year or on a least 4 separate occasions in the last three years
- has an adult head of household who has at least one of the following:
  - a diagnosable substance use disorder
  - serious mental illness
  - developmental disability
  - post-traumatic stress disorder
  - cognitive impairments resulting from a brain injury
  - chronic physical illness or disability.

**HSP/EHA/SHAP/LIRHF**

# Unstably Housed

Is at risk of losing their housing, and does not otherwise qualify as homeless under categories, 1-4 of homeless definitions (literally homeless, imminent risk of homeless, homeless under other federal statutes, or fleeing DV), provided that:

- They have been notified to vacate current residence or otherwise demonstrate high risk of losing current housing; AND
- Lack the resources or support networks to obtain other permanent housing.

# Verifying Preferences/Policy

## *HTBA related*

Agency must verify Applicant's eligibility for tenant selection preferences.

Does your agency have a HTBA preference for households who are:

- homeless
- at-risk of becoming homeless
- leaving institutions
- other

Include documentation of preference in tenant file.

# OCCUPANCY STANDARDS

## *HTBA Related*

The HUD Housing Choice Voucher Program Housing Subsidy Standards are the HOME TBA program guide for determining appropriate number of bedrooms for the household size.

The Standards set a basic calculation of two persons per living-sleeping area.

If an additional bedroom is allowed for an individual who would normally be required to share a room, the reason must be documented in the file by the case manager.

- different generations
- persons of opposite sex (than spouse/couples)
- unrelated adults
- live-in care attendant and his/her children who are not a member of the family
- Medical problems and chronic illness necessitate separate bedrooms for household members or accommodation of specialized medical equipment.
- child in foster care
- unborn child.

Occupancy Standards are not addressed in the ESG or HSP manuals.

## Verifying Live-in Aide Status

Live-in aide means a person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who:

- Is determined to be essential to the care and well-being of the persons;
- Is not obligated for the support of the persons; and
- Would not be living in the unit except to provide the necessary supportive services.



## Verifying Income



Consistent with 24 CFR Part 5

§ 5.609 Annual income.

Annual income means all amounts, monetary or not, which:

- Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or
- Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- Which are not specifically excluded in paragraph (c) of this section.
- Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access

Count income of all adults in the household

- Exception of SSI income for the HSP program.
- Exception of live-in aide income

Persons under the age of 18 who have entered into a lease under state law are treated as adults, and their annual income must be counted. These persons will be either the head, spouse, or co-head; they are sometimes referred to as emancipated minors.



- Source documents (pay stubs, DHS printout, Social Security award letter, and bank statements, etc.) are considered 3rd party verification.
- HTBA requires two months of source documents.
- Base annual income on circumstances at the time of program intake and assessment.
- When obtaining oral verification, include name and phone number of person providing information.

## **Employment**

1. Copy of most recent check stub(s), or written verification of income sent directly to employer.
2. Record of verbal contact with employer.
3. Self-certification

For those whose annual employment is less stable or does not conform to a twelve-month schedule (e.g. seasonal laborers, construction workers, teachers), Agencies should examine income documentation that covers the entire previous twelve-month period.

## **Income From A Business**

1. Copy of most recent federal or state tax return showing net business income, or copies of clients bookkeeping records.

## **Alimony or Child Support**

1. Printout showing payment history from Child Support Program, or copy of divorce/custody documents indicating amount of support awarded.
3. When no documentation of child support, divorce, or separation is available, either because there was no marriage or for another reason, the family may be sign a certification stating the amount of child support received.

## **Social Security Payments**

1. Copy of Social Security award letter or current benefit letter.
  - HTBA income verification must be dated no earlier than six months prior to receipt of assistance.
  - Suggest date stamping verifications upon receipt by agency.
  - Bank statements may not show the gross amount, before medicare deduction.
  - If the document predates COLA increase, apply the increase to verified amount.

# ASSETS



Current  
passbook rate  
is 1.35%

Checking - verify 6 months average balance

- HTBA only requires 2 months average

Savings - verify current balance

Real Property

- Assessed value minus cost to dispose of property.
- Verify with tax assessments, mortgage documents, documented broker fees.

# ASSETS

- Stocks, bonds, treasury bills, Certifications of Deposit
- Individual retirement, 401K, & Keogh accounts
  - Lump sum receipts or one-time receipts (i.e. inheritances, capital gains, lottery winnings, settlements on insurance claims
  - Mortgage or Deed of Trust held by applicant.



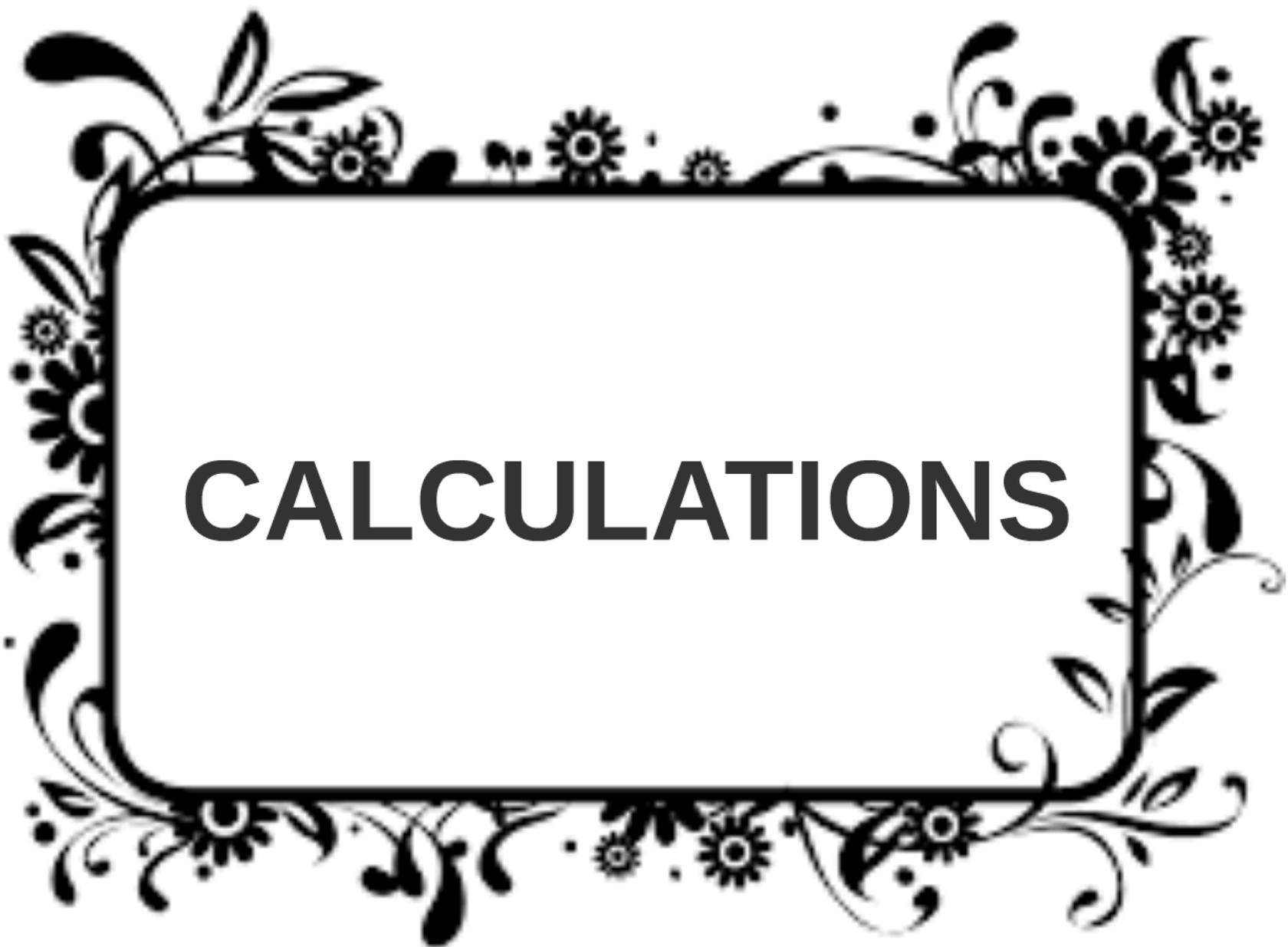
## TRUSTS

**Revocable trusts** - If any member of the tenant family has the right to withdraw funds from a trust account, the trust is considered to be an asset and is treated as any other asset.

The cash value of the trust (amount the family member would receive if they withdrew all that could be withdrawn) is added to total net assets.

**Non revocable trusts** - If no family member has access to either the principal or income of the trust at the current time, the trust is not included in the calculation of income from assets or in annual income.

If only the income (and none of the principal) from the trust is currently available to a family member, the income is counted in income, but the trust is not included in the calculation of income from assets.

A decorative black and white floral border surrounds the central text. The border features stylized flowers, leaves, and swirling vines. The central text is in a bold, sans-serif font.

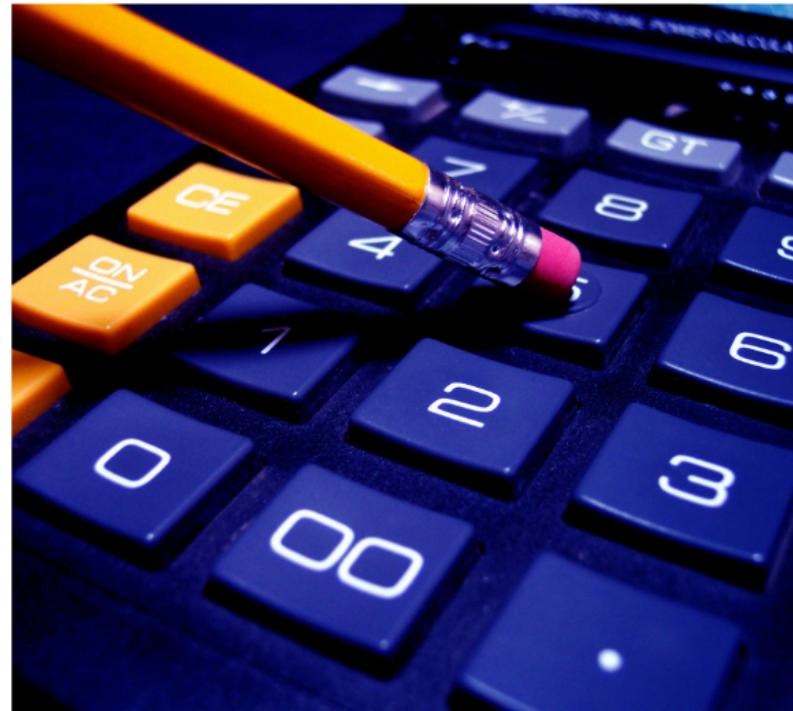
# **CALCULATIONS**

## Methods for Projecting and Calculating Annual Income

Determining whether a family is eligible for assistance, and/or the amount of rent they will pay, will require an agency to project or estimate the annual income that the family expects to receive.

Two methods for calculating the annual income anticipated for the coming year:

- Calculate projected annual income by annualizing current income.
- If information is available on changes expected to occur during the year, use that information to determine the total anticipated income from all known sources.



# Calculating Income

Once all sources of income are known and verified, convert the reported income to an annual figure.

- Hourly wages by the number of hours worked per year (2080 hours for full-time employment with a 40-hour week and no overtime)
- Weekly wages by 52;
- Bi-weekly wages (paid every other week) by 26;
- Semi-monthly wages (paid twice each month) by 24; and
- Monthly wages by 12.

When annual income is less stable or does not conform to a twelve-month schedule (e.g. seasonal laborers, construction workers, teachers), agencies should examine income documentation that covers the entire previous twelve-month period.

In all instances, make a reasonable judgement as to the most reliable approach to estimating what the client will receive during the year.

# HTBA Related

## Adjustments to Income When Calculating Rent

### **Standard Deductions**

- \$480 per dependent in the household
  - Do not provide deduction for unborn children
- \$400 for elderly/disabled households

### **Medical expense**

Deductions apply to elderly/disabled households only.

- If the head or spouse are elderly/disabled the entire household's expenses are allowed.

### **Child Care Expense**

### **Disability Assistance Expense**

# EXPENSES

## HTBA related

### Medical Expenses

- The medical expense deduction is permitted only for families in which the head, spouse, or co-head is at least 62 years of age or is a person with disabilities.
- Medical expense include all expenses the family anticipates to incur during the 12 months following program entry or recertification.
- Verify actual out of pocket expenses that will not be reimbursed.
- Obtain copies of recent medical bills indicating amount paid.
- Obtain copy of promissory note if payments are being made on balance owing.



Common medical expenses that may be deducted.

- Services of doctors and health care professionals'
- Service of health care facilities;
- Medical insurance premiums or cost of an HMO
- Prescription/nonprescription medicines that have been prescribed by a physician;
- Transportation to treatment;
- Dental expenses, eyeglasses, hearing aids, batteries;
- Live-in or periodic medical assistance such as nursing services, or costs for an assistance animal and its upkeep

# **EXPENSES**

## HTBA only

### Child Care Expenses

Anticipated expenses for the care of children under age 13 (including foster children) may be deducted from annual income of all of the following are true:

- The care is necessary to enable a family member to work, seek employment, or further his/her education (academic or vocation).
- The family has determined there is no adult family member capable of providing care during the hours care is needed.
- The expenses are not paid to family member living in the household.
- The amount deducted reflects reasonable charges for child care.

- The expense is not reimbursed by an agency or individual outside the family.
- Child care expenses incurred to permit a family member to work must not exceed the amount earned by the family member made available to work during the hours for which child care is paid.
  - Child care expenses needed to attend school or look for work is not limited.
  - Obtain written verification from child care provider that indicates the hours of care and amount paid.





Any questions, comments, or concerns please contact:

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503-986-0977

The End

A stylized sign that reads "The End". The word "The" is on the left, with "T" in pink, "h" in white, and "e" in orange. The word "End" is on the right, with "E" in blue, "n" in yellow, and "d" in orange. The letters are set against a dark blue background and are framed by a black grid pattern. The sign is supported by a black vertical post.