



Kentucky Housing Corporation

HOME Investment Partnership Tenant Based Rental Assistance (HOME TBRA)

COVID19 - Tool Kit

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Notice

This toolkit serves as a reference for the Kentucky Housing Corporation's administration of the HOME Investment Partnership Tenant Based Rental Assistance (HOME TBRA) program. The purpose of this toolkit is to provide tools and resources to partner agencies to assist in achieving and maintaining compliance with applicable laws and program regulations and to administer programs more effectively and efficiently.

To the best of our knowledge, the information in this publication is accurate; however, neither Kentucky Housing Corporation nor its affiliates assume any responsibility or liability for the accuracy or completeness of, or consequences arising from, such information. Changes, typos, and technical inaccuracies will be corrected in subsequent publications. This publication is subject to change without notice. The toolkit contains resources and forms used to implement the HOME TBRA program. The toolkit is not inclusive of all resources needed to successfully administer this project.

Please contact a KHC program representative if you have questions or need additional assistance with materials within this toolkit.

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About This COVID19 Toolkit

Due to the COVID19 Pandemic, The United States Department of Housing and Urban Development (HUD) issued a HOME Tenant Based Rental Assistance (TBRA) Waiver and Suspension memorandum on April 10, 2020. This memo contained 9 waivers for the administration of the HOME TBRA program during this national crisis and up to the waiver end date of December 31, 2020. Two waivers apply to the Participating Jurisdiction administration of the program funds and 7 waivers apply to agencies administering the HOME TBRA. This Toolkit was created to supply the necessary information and forms needed to apply and properly document the waived regulations within the HOME TBRA client files.

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Basic HOME TBRA Overview

About HOME TBRA

The HOME TBRA Program provides temporary assistance to individual households to help them afford the housing costs of market-rate units. HOME TBRA assistance helps the individual households, rather than subsidizing a particular rental unit. The assistance moves with the client/tenant. If the household no longer wishes to rent a particular unit, the household may take its HOME TBRA and move to another rental property. The level of HOME TBRA subsidy varies. The subsidy is based on the income of the household, the unit the household selects, and the payment standards. HOME TBRA may also be used to help pay for security deposit and utility deposits.

**** Refer to 24 CFR Part 92 for all eligible costs and requirements.***

The HOME TBRA Program provides funding for:

- Rental Assistance
- Security Deposits
- Utility Deposits (must be in conjunction with Security Deposit or Rental Assistance)
- Utility Assistance Payments in conjunction with Rental Assistance
- Project Administration (also known as the Admin Fee)

Except for the waivers and suspensions mentioned in this toolkit, all other HOME and KHC HOME TBRA requirements are **NOT WAIVED** and must be properly documented.

Determining Anticipated Income Tips:

1. Clients may have a hard time indicating the income they anticipate. For these instances, agencies can offer guidance to the client on what to consider when self-certifying their income.
2. When determining annual income, use the income received today and project forward 12 months. While including income that you can legitimately anticipate. Such as, they have returned to work, but have not received their first paycheck.
3. If someone in the household has been approved for unemployment and knows the amount they will be receiving, then count that income as anticipated income.
4. If the client has applied for unemployment, but has not been approved, does not know the amount and has not received a disbursement, then don't count as anticipated income.

Re-evaluating Income due to Income Changes

The HOME TBRA rule only requires re-evaluation of income every 12 months

Income ***increases*** prior to that 12-month anniversary date can be reported at the annual recert, should the client still be receiving HOME TBRA assistance at that time. This will lessen the paperwork burden on agencies.

Income ***decreases*** during the time of assistance can be processed prior to annual recert if the income decrease would result in a lower payment for the client. If the client is not being charged a portion of the rent or utilities because of waiver # 19 which allows subrecipients to pay 100% of the rent and utilities, then there is no reason to process an interim income decrease re-evaluation.

Helpful Links

1. HCA Help Desk - <https://kyhmis.zendesk.com/home>
2. KHC's HOME TBRA webpage – [http://www.kyhousing.org/Development/Single-](http://www.kyhousing.org/Development/Single-Family/Pages/HOME-TBRA-Application-Attachments.aspx)

[Family/Pages/HOME-TBRA-Application-Attachments.aspx](http://www.kyhousing.org/Development/Single-Family/Pages/HOME-TBRA-Application-Attachments.aspx)

KHC Emergency Record Keeping and COVID-19 Waiver Documentation Policy for HOME TBRA

Waiver No.	Requirement	KHC (Recipient) Documentation*	Required Subrecipient Client Level Documentation*
18	Rent Reasonableness 24 CFR 92.209(f)	1) Copy of mega waiver request submitted to HUD field office; 2) Copy of agency waiver notification submitted to KHC; 3) Emergency recordkeeping policies and procedures	1) Documentation on form KHC CVD19 HCA-209 for each client file assisted with this waiver; 2) Maintain an executed HOME TBRA Rental Assistance Contract and HOME TBRA Lease Addendum with owner/landlord for a term mutually agreed upon by all parties, but not to exceed the December 31, 2020 waiver period; 3) Maintain an executed VAWA Lease Addendum with owner/landlord
19	Eligible TBRA Costs and Maximum TBRA Subsidy 24 CFR 92.209(a) and (h)	1) Copy of mega waiver request submitted to HUD field office; 2) Copy of agency waiver notification submitted to KHC; 3) Emergency recordkeeping policies and procedures	1) Documentation on form KHC CVD19 HCA-210 for each client file assisted with this waiver; 2) Maintain an executed HOME TBRA Rental Assistance Contract and HOME TBRA Lease Addendum with owner/landlord for a term mutually agreed upon by all parties, but not to exceed the December 31, 2020 waiver period; 3) Maintain an executed VAWA Lease Addendum with owner/landlord; 4) Maintain copies of utility bills (paid by HOME TBRA) submitted for the assisted unit (either by mail or electronically); 5) If utility payment made directly to utility companies, subrecipient must maintain records of the program participant's permission to pay the utility company directly and the notification(s) to the program participant of the amount(s) paid on their behalf
20	Initial Housing Quality Standards (HQS) Physical Inspection 24 CFR 92.209(i)	1) Copy of mega waiver request submitted to HUD field office; 2) Copy of agency waiver notification submitted to KHC; 3) Emergency recordkeeping policies and procedures	1) Documentation on form KHC CVD19 HCA-213; 2) For units built prior to 1978, Lead Safe Housing requirements of 24 CFR 35 subpart M cannot be waived, consequently those units must undergo a visual evaluation and paint repair in accordance with 24 CFR 35 subpart M, use KHC Form HCA 203 to document the visual evaluation; 3) Documentation of written procedures that establish how the subrecipient will: a) Minimize the risk that tenants are in housing that does not meet HQS; AND b) Conduct physical inspections within 120 days following the end of the December 31, 2020 waiver period.
21	Annual HQS Re-Inspections of Currently Occupied HOME TBRA units 24 CFR 92.504(d)(1)(iii)	1) Copy of mega waiver request submitted to HUD field office; 2) Copy of agency waiver notification submitted to KHC; 3) Emergency recordkeeping policies and procedures	1) Documentation on form KHC CVD19 HCA-214; 2) Documentation of written procedures that establish how the subrecipient will: a) Minimize the risk that tenants are in housing that does not meet HQS; AND b) Conduct physical inspections within 120 days following the end of the December 31, 2020 waiver period.
22	Term of Rental Assistance Contract 24 CFR 209(e)	1) Copy of mega waiver request submitted to HUD field office; 2) Copy of agency waiver notification submitted to KHC; 3) Emergency recordkeeping policies and procedures	1) Documentation on form KHC CVD19 HCA-211 for each client file assisted with this waiver; 2) Maintain an executed HOME TBRA Rental Assistance Contract and HOME TBRA Lease Addendum with owner/landlord for a term mutually agreed upon by all parties, but not to exceed the December 31, 2020 waiver period; 3) Maintain an executed VAWA Lease Addendum with owner/landlord
23	Tenant Protections – Lease 24 CFR 92.209(g)	1) Copy of mega waiver request submitted to HUD field office; 2) Copy of agency waiver notification submitted to KHC; 3) Emergency recordkeeping policies and procedures	1) Documentation on form KHC CVD19 HCA-211 for each client file assisted with this waiver; 2) A copy of the executed lease between the tenant and the owner/landlord; 3) Maintain an executed HOME TBRA Rental Assistance Contract and HOME TBRA Lease Addendum with owner/landlord for a term mutually agreed upon by all parties, but not to exceed the December 31, 2020 waiver period; 4) Maintain an executed VAWA Lease Addendum with owner/landlord
24	Income Determinations 24 CFR 92.203(a)(2)	1) Copy of mega waiver request submitted to HUD field office; 2) Copy of agency waiver notification submitted to KHC; 3) Emergency recordkeeping policies and procedures	1) Documentation on form KHC CVD19 HCA-205 for each client file assisted with this waiver

*Documentation may be electronic.

PERSONAL DECLARATION

Please complete all information requested in ink. Do not leave blanks, if the question does not apply, enter N/A, if you do not understand a question, or if you need help completing this form, please ask. This agency may be unable to recertify your eligibility for continued assistance, if it is incomplete. If information submitted on this declaration, changes, please contact the office to update as soon as possible. Please print clearly.

Effective Date: _____

COVID-19 Certification of financial Hardship

The household has experienced the following changes due to COVID-19 Pandemic (please circle all that apply):

- (1) Job Loss (2) Reduced Hours/Wages (3) Additional Expenses (4) Other (Please Specify): _____ (5) None

I. Household Information

Head of Household Name _____ Date of Birth _____
Unit Address _____ Telephone _____
City _____ State _____ Zip Code _____ Email _____

II. Household Member Information: Please list all persons who will live in the assisted unit beginning with the applicant.

Table with 7 columns: Name, Sex, Relationship to Applicant, Date of Birth, Place of Birth, Social Security Last four, *Race

*Race: White, Black, American Indian/Alaska Native, Asian or Pacific Islander, Hispanic, Other

You are not required to report if someone in your household has a disability, however, if a household member has a disability you may qualify for additional deductions in your rent amount. Does any household member have a disability?

Yes No Prefer not to answer If yes, list name(s): _____

Is there any specific accommodation you would like to request that would allow you to fully utilize our programs? Yes No

If yes, please explain: _____

You can voluntarily provide information on an alternate contact person. If we are unable to contact you, we will try to contact the alternate person on your behalf. NAME: _____ TELEPHONE NUMBER: _____ ADDRESS: _____

III. Household Income

Please provide all income information below for all household members. This income may include but is not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Social Security, K-TAP, Disability Income, Child Support, Pensions, Baby-Sitting Income, etc. If you have no income, write NONE below. ***DO NOT INCLUDE COVID-19 STIMULUS MONEY OR TEMPORARY UNEMPLOYMENT INCREASE OF \$600/PER WEEK DUE TO COVID-19 PANDEMIC***

Table with 7 columns: Name of Household Member Receiving Income, Employment or Self-Employment Gross Weekly Income and Employer Name, Weekly Unemployment Benefits, Social Security/SSI Monthly Benefits, K-TAP Monthly Income, Child Support Monthly Income, Other Income List-Type and Monthly Amount

Does anyone in your household have any other earnings/income or receive any money not listed above? Yes No
If yes, list type and amount monthly: _____

Does anyone help you pay your bills? Yes No If yes, list name and monthly amount: _____

WARNING: Section 1001, of Title 18 of the U.S. code, makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

IV. Household Assets:

Does anyone in your household have a checking account? Yes No
 Balance \$ _____ Bank Name: _____

Does anyone in your household have a savings account? Yes No
 Balance \$ _____ Bank Name: _____

Does anyone in your household own real estate or property? Yes No
 Type _____ Value _____ Address _____

Does anyone in your household have any of the following: Money Market Account? Yes No; Certificate of Deposit? Yes No; IRA Account? Yes No; Stocks? Yes No; Bonds Yes No; Other (list) _____

Has anyone in your household disposed of an asset for less than Fair Market Value in the past two years? Yes No
 If yes, please list _____

V. Potential Deductions

A. Childcare

Does your household have un-reimbursed child care expenses? Yes No If yes, please give details:
 Provider Name: _____ Provider Phone Number: _____
 Provider Address: _____
 List of Children in Care: _____
 Monthly Amount Paid by Household: \$ _____

B. Medical/disability expenses

Does your household have un-reimbursed medical/disability expenses? Yes No If yes, please give details:
 (1) Provider Name: _____ Provider Phone Number: _____
 Provider Address: _____
 Monthly Amount Paid by Household: \$ _____
 (2) Provider Name: _____ Provider Phone Number: _____
 Provider Address: _____
 Monthly Amount Paid by Household: \$ _____ (If additional space is needed, attach an additional sheet.)

VI. Conflict of Interest

Are you an employee or board member of this agency? Yes No
 Are you related to an employee or board member of this agency? Yes No
 If yes to either question above, please explain:

This is a declaration for federally subsidized housing assistance. Upon the return of this completed form, this agency will begin the process of certifying your eligibility for continued assistance.

VII. Signatures/Certification of True and Correct Information

I/We understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me/us from consideration for participation in the assistance program, and may be grounds for termination of assistance.

All adult members of household, 18 years old or older, must sign this declaration.

I/We hereby certify all information given on this declaration is true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect my/our recertification unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this declaration.

 (Applicant Signature)

 (Date)

 (Spouse Signature)

 (Date)

WARNING: Section 1001, of Title 18 of the U.S. code, makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Waiver of Rent Reasonableness Provisions

Agency Name: [_____]

Agency Representative Name: [_____]

Agency Representative Email: [_____]

Date: [_____]

Tenant: [_____]

Address of Unit: [_____] [_____]

Mailing Address: [_____] [_____]

To facilitate the provision of rental assistance to individuals and households facing financial hardship during the COVID-19 pandemic our agency is waiving the assessment of rent reasonableness for:

- An income eligible individual/family currently not in stable housing.**
- An income eligible individual/family currently in housing but unable to pay rent and/or utilities due to job lost/reduced wages.**

Rental assistance contracts with the owner or tenant must be executed.

Signature of Agency Representative:

X

Agency Representative



Waiver of Subsidy Standards

Agency Name: _____

Agency Representative Name: _____

Agency Representative Email: _____

Date: _____

Tenant: _____

Address of Unit: _____

Mailing Address: _____

To facilitate the provision of assistance to individuals and households facing financial hardship during the COVID-19 pandemic our agency is assisting:

- An individual/household currently being assisted by our TBRA program
- A new individual/household that will be assisted by our TBRA program

Our Agency is asking to waive the requirement of 24 CFR 92.209(h) that states that the maximum amount of monthly assistance that may be paid to, or on behalf of, a tenant, may not exceed the difference between our agency rent standard and 30% of the tenants monthly adjusted income and that our assistance be no longer limited by our established utility allowance per 24 CFR 92.209(a). We are asking, as a result of this waiver, to:

- Pay full cost of utilities – regardless of established utility allowances
- Rental assistance (including up to 100% subsidy)
- Security Deposits (up to 100% subsidy)

These actions will allow our agency to ensure these individuals/families can remained housed in decent, safe and sanitary housing. Rental assistance contracts with the owner or tenant must be executed for a term mutually agreed upon by all parties but not to exceed December 31, 2020. If utility payments are made directly to utility companies, subrecipient must maintain records of the program participant's permission to pay the utility company directly and the notification(s) to the program participant of the amount(s) paid on their behalf.

Signature of Agency Representative:

X

Agency Representative



Waiver of Provisions of Legal Instruments

Agency Name: [_____]

Agency Representative Name: [_____]

Agency Representative Email: [_____]

Date: [_____]

Tenant: [_____]

Address of Unit: [_____] [_____]

Mailing Address: [_____] [_____]

To facilitate the provision of rental assistance to individuals and households facing financial hardship during the COVID-19 pandemic our agency is waiving:

- The regulations at 24 CFR 209(e) that state that the term of the rental assistance contract must begin on the first day of the term of the lease. This will allow our agency to assist tenants that are currently housed, including existing TBRA clients, but have experienced sudden financial hardship.**

HOME TBRA Rental Assistance Contracts, HOME TBRA Lease Addendums, and VAWA Lease Addendums with the owner/landlord are still required (for both new and existing clients/households) and must be for a term mutually agreed upon by all parties not to exceed December 31, 2020.

- The regulations at 24 CFR 92.209(g) that require HOME-assisted tenant have a lease that complies with the tenant protection requirements of 24 CFR 92.253(a) and (b) so that we can assist individuals/families currently housed but facing financial hardship where an executed lease is already in place.**

HOME TBRA Rental Assistance Contracts, HOME TBRA Lease Addendums, and VAWA Lease Addendums with the owner/landlord are still required (for both new and existing clients/households) and must be for a term mutually agreed upon by all parties not to exceed December 31, 2020.

Signature of Agency Representative:

X

Agency Representative



Waiver/Suspension of the Initial Housing Quality Standards (HQS) Physical Inspection

Agency Name: [_____]

Agency Representative Name: [_____]

Agency Representative Email: [_____]

Date: [_____]

Tenant: [_____]

Address of Unit: [_____] [_____]

Mailing Address: [_____] [_____]

To facilitate the provision of assistance to individuals and households during the COVID-19 pandemic our agency certifies the following:

- The tenant household being assisted with HOME TBRA is experiencing financial hardship; and

The unit being assisted was built:

- Post 1978
- Pre 1978. Lead Safe Housing requirements of 24 CFR 34 subpart M cannot be waived, consequently units built pre-1978 must undergo a visual evaluation and paint repair in accordance with 24 CFR 35 subpart M; Use KHC form HCA 203 to document the visual evaluation.

The Initial Housing Quality Standards (HQS) Physical Inspection is suspended until December 31, 2020. This agency has developed written procedures to minimize the risk that tenants are in housing that does not meet HQS, and the agency will conduct a physical inspection within 120 days following the end of the December 31, 2020 waiver/suspension period.

Signature of Agency Representative:

X

Agency Representative

Waiver/Suspension of Annual Re-Inspection of Occupied HOME TBRA units

Agency Name:

Agency Representative Name:

Agency Representative Email:

Date:

Tenant:

Address of Unit:

Mailing Address:

To facilitate the provision of assistance to individuals and households during the COVID-19 pandemic and to protect the health of both inspectors and tenants by observing physical distancing recommendations to limit the spread of COVID-19, our agency has suspended the Annual HQS Re-Inspections of HOME TBRA units required to occur from April 10, 2020 through December 31, 2020.

This agency has developed written procedures to minimize the risk that tenants are in housing that does not meet HQS, and the agency will conduct a physical inspection within 120 days following the end of the December 31, 2020 waiver/suspension period.

Signature of Agency Representative:

Agency Representative