

2021
HOME TBRA
Implementation Training



Presented by:

**Housing Contract Administration (HCA) Department
of Kentucky Housing Corporation**



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Certificate of Achievement

This Certificate is awarded to

Jane Doe

For the successful completion of

2021 HOME TBRA Implementation Training



Date

Signature

1994



Years of HOMIE TBRA

2021

Tools and Resources



HCA Help Desk

<https://kyhmis.zendesk.com/hc/en-us>

The screenshot shows the HCA Help Desk portal. At the top left is the KHC logo (Kentucky Housing Corporation) with the tagline 'providing quality housing solutions'. Below the logo is the title 'Housing Contract Administration Help Desk'. A welcome message follows: 'Welcome to the Housing Contract Administration Help Desk Portal. If you have any questions, please submit a request and a Training and Development Specialist or KYHMIS Specialist will respond.' To the right of the welcome message are two buttons: 'Submit a request' and 'Sign in'. Below the welcome message is the 'Hours of Operation' section, stating office hours are Monday-Friday from 8:00 am to 5:00 pm, and providing a phone number: 502-564-7630; (800) 633-8896 (KY only), ext. 446. A search bar is located below the hours of operation. The main content area is divided into two columns. The left column has a sub-heading 'Coronavirus (COVID-19) Information' and lists 'HUD COVID-19 FRAUD BULLETINS' with sub-items 'Fraud Prevention Tips for Homeowners' and 'Fraud Prevention Tips for Renters'. Below this is another sub-heading 'COVID-19 HOPWA WAIVER DOCUMENTS' with a 'Webinar' link. The right column has a sub-heading 'COVID-19 HOPWA FORMS FOR PROJECT & CLIENT FILES' and lists several documents: 'HOPWA Program CARES Act Eviction Moratorium FAQs Now Available', 'Flyer for HOPWA Participants on CARES Act Eviction Moratorium', 'Acknowledgement of Waiver of Adequate Space & Security Provisions', 'Rent Reasonableness Checklist and Certification', and 'Income and Status Certification'. Below this is another sub-heading 'COVID-19 ESG FORMS FOR PROJECT & CLIENT FILES' with a link to 'Agency/Owner Acknowledgement Provisional Inspection (Use to Inform...)'. Red annotations include: a box around the 'Submit a request' button labeled 'Submit Questions'; a box around the 'Submit a request' button labeled 'Submit Questions'; a box around the 'Coronavirus (COVID-19) Information' sub-heading; a box around the 'HUD COVID-19 FRAUD BULLETINS' section labeled 'Articles'; a box around the 'COVID-19 HOPWA WAIVER DOCUMENTS' sub-heading; and a box around the 'COVID-19 HOPWA FORMS FOR PROJECT & CLIENT FILES' section labeled 'Articles'. A box around the 'Submit a request' button is also labeled 'Submit Questions'.

Section Header

Coronavirus (COVID-19) Information

Submit Questions

Articles

Sub Heading

TIP

Start Your question with

My question is about _____ *Insert funding source here*

“My question is about HOME TBRA.”

HOME TBRA Toolkit



Kentucky Housing Corporation

HOME Investment P
Tenant Based Rental
(HOME TBR

Tool Kit

Revision Date July 2020

June 2020

**The
Updated
Toolkit
has:**

- KHC's HOME TBRA Policy Manual
- Step-By-Step Guide
- Sample Client File Checklist
- Conflict of Interest Guidance
- Fair Housing Guidance
- Mandatory Forms

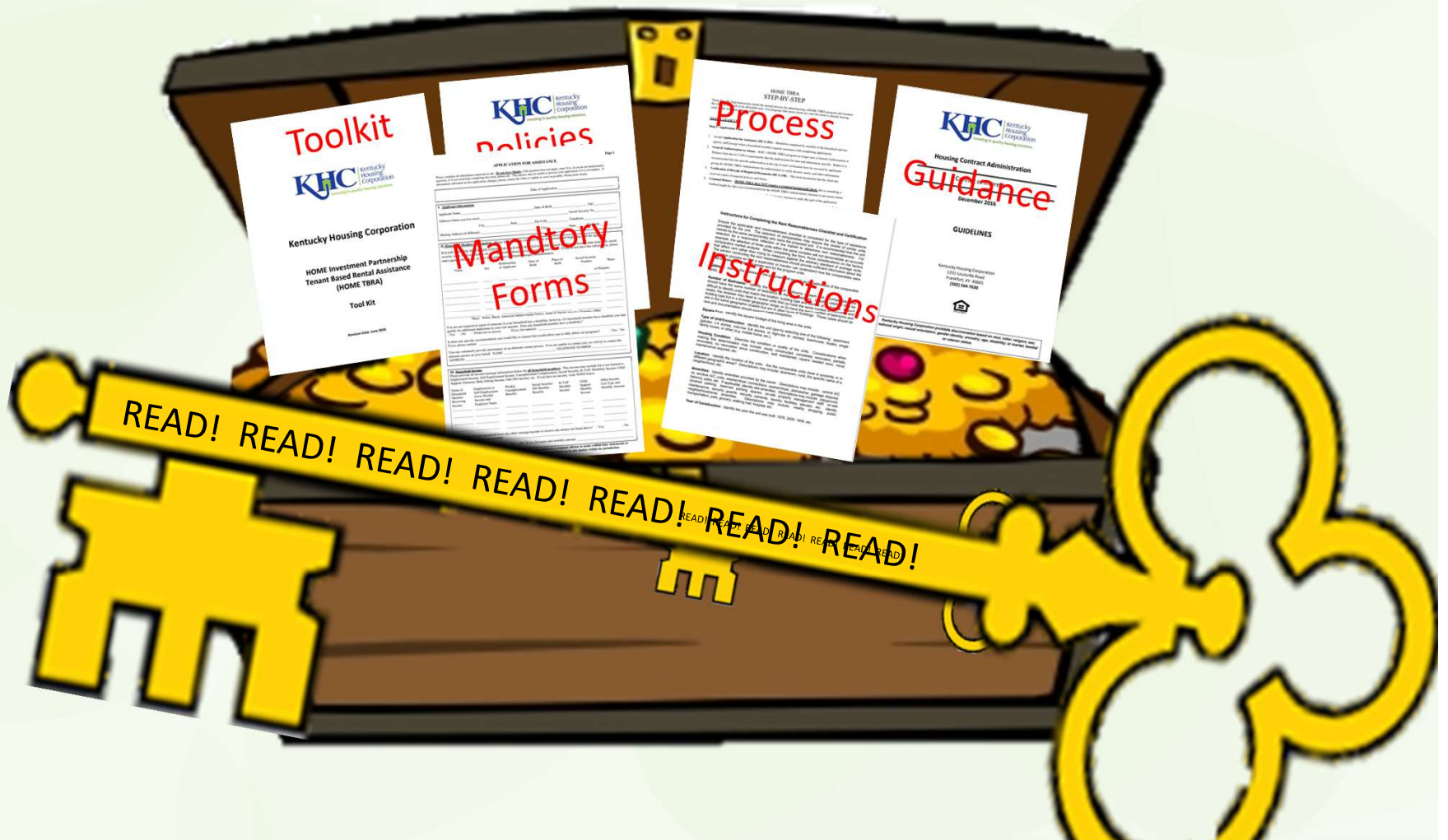
The Updated Toolkit has:

- KHC's HOME TBRA Policy Manual
- Step-By-Step Guide
- Sample Client File Checklist
- Conflict of Interest Guidance
- Fair Housing Guidance
- Mandatory Forms
- Rent Reasonableness Instructions
- Calculating Utility Allowance Instructions
- Lead Screening Worksheets & Instructions
- HQS Inspection Form
- VAWA Training Aid
- VAWA forms
- Sample PAR & PAR guidance

Unlocking the secrets to the TBRA program



Unlocking the secrets to the TBRA program



TBRA Program Annual Income Worksheet

Household Name: _____ Effective Date: _____

Agency Name / Project Number: _____

Agency Staff Member / Title: _____

For assistance, please review the Step 1 Instructions.

Annual Wages and Salary Income Calculator

Family Member	Earned and Unearned Income	Assets: As defined by 24 CFR 5.609 so assets, please enter "0" in Cash Value Column

Total family assets _____

Total actual income from assets _____
(Complete only if item 1 is greater than \$5,000)

Asset income to be considered (greater or less) _____

HOME TBRA Voucher Subsidy Worksheet

Recipient(s) Name: _____

Agency Name / Project Number: _____

Agency Staff Member / Title: _____

1. Certification Type	
2. Effective Date	10/19/2000
3. Annual Gross Income (Step 1, Line 6)	\$ -
4. Number of Dependents: Defined as household members under 18, or disabled (of any age), or fulltime students (of any age) (Excluding head, co-head of household, or fulltime students of any age)	-
5. Total Dependent Deductions (line 4 multiplied by \$480)	\$ -
6. Annual Child care deduction (Must be reasonable, for children age 12 and under or disabled. Applies only if childcare allows head or co-head to work or attend school)	\$ -
Elderly and/or Disabled Deductions & Allowances (Complete lines 7-12 as applicable, for households with elderly or disabled head or co-head of household)	
Deductions	
7. Enter total annual Medical Expenses	
8. Disability Assistance Expenses (Annual amount of disability expense for the head or co-head of household that allow that household member to work)	
9. Total of annual Disability Assistance Expenses and annual Medical Expenses (total of lines 7 and 8)	\$ -
10. 3% of Annual Income (line 3 multiplied by 0.03)	\$ -
11. Total Annual Deduction (line 10 subtracted from line 9)	\$ -
Allowances	
12. Elderly/Disabled Allowance (choose \$400.00 if head or co-head is elderly or disabled)	\$ -
Adjustments	
13. Total Annual Deductions/Expenses/Allowances (total of lines 5, 6, 11, 12)	\$ -
Adjusted Annual Income (line 13 subtracted from line 3)	\$ -
Voucher Model	
14. Qualified Bedrooms (Enter # of bedrooms family qualifies based on agency occupancy standards in Admin Plan)	
15. Payment Standard	\$ -
16. 30% of Monthly Adjusted Income (line 14/ 12 x 0.30)	\$ -
17. Maximum Subsidy (line 17 subtracted from line 15)	\$ -
18. Actual Bedrooms Rented (enter # of bedrooms in unit that family selected)	
19. Rent Charged by Owner/Landlord	
20. Utility Allowance from Utility Calculation Chart (eligible client paid utilities based on # of bedrooms actually rented)	\$ -
21. Gross Rent (total of lines 20 and 21)	\$ -
22. Gross Rent Minus Maximum Subsidy (line 22 minus line 18)	\$ -
23. 10% of Monthly Gross Income (line 3/ 12 x 0.10)	\$ -
24. Minimum Tenant Paid Rent (Determined by Agency)	\$ -
25. Total Family contribution (higher of line 23, 24, or 25)	\$ -
26. Gross Rent minus Family Contribution (line 26 subtracted from line 22)	\$ -
27. Total Voucher Subsidy (lower of line 27 or line 18)	\$ -
29. AGENCY PAYS TO LANDLORD:	\$ -
30. FAMILY PAYS TO LANDLORD:	\$ -
31. AGENCY PAYS TO FAMILY OR UTILITY CO.:	\$ -

1. Estimated # of Units	2. Payment Standard	3. County	4. Estimated Family Rent	5. Maximum Subsidy
	\$ 0.00		\$ 0.00	\$ 0.00

6. Effectiveness

7. Effective Date	8. Expiration Date	9. Termination Date

10. Signature of Family Representative

11. Date Signed

12. Signature of Agency Representative

13. Date

Updated HOME TBRA SUBSIDY Calculation Worksheet

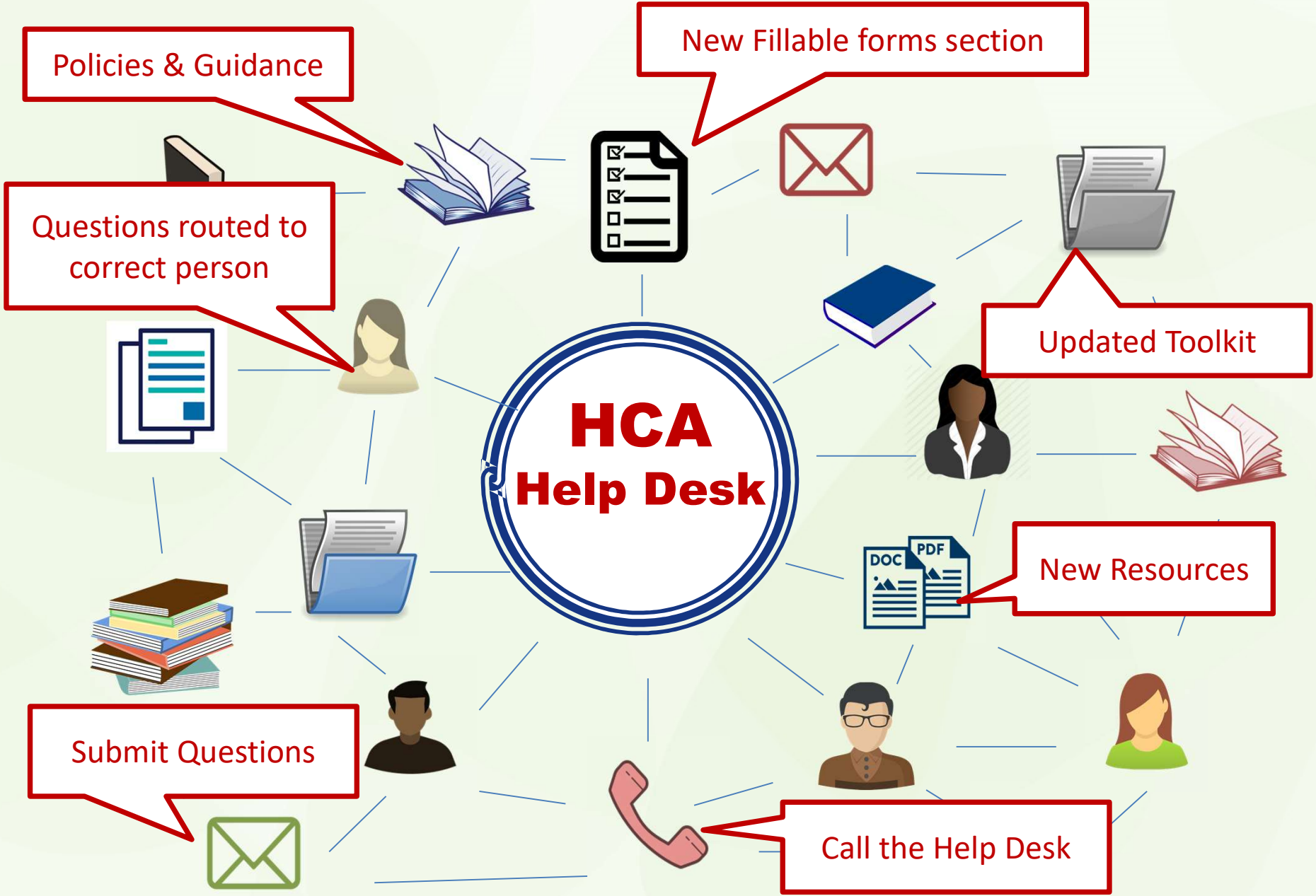
Step 1 - Annual Income Worksheet Step 2 - TBRA Sub

Newly Created Tool

HOME TBRA Program Quick Reference Guide

The HOME Tenant Based Rental Assistance (TBRA) Program provides temporary assistance to individual households to help them afford housing costs in market-rate units. HOME TBRA assistance helps the individual households, rather than subsidizing the unit. If the household no longer wishes to rent a particular unit, the household may take its HOME TBRA and move to another eligible unit.

Eligible Uses	<input type="checkbox"/> Rental Assistance (Rent + Tenant paid utilities) <input type="checkbox"/> Security Deposit Assistance <input type="checkbox"/> Utility Deposit Assistance (in conjunction with Rental Assistance or Security Deposit Assistance only) <input type="checkbox"/> Administrative Costs	Eligible Units	<input type="checkbox"/> Pass HQS inspection (at move-in & annual recertification) <input type="checkbox"/> Publicly or privately owned <input type="checkbox"/> Not already subsidized <input type="checkbox"/> Rent Reasonable
Initial Household Eligibility	<input type="checkbox"/> Income at/below 60% AMI	Annual Recertification Eligibility	<input type="checkbox"/> Income at/below 80% AMI <input type="checkbox"/> Households over 80% AMI no longer qualify for assistance
Income Targeting	<input type="checkbox"/> 100% at/below 60% AMI <input type="checkbox"/> 20% must be at/below 50% AMI	Payment Standards	<input type="checkbox"/> HUD's Fair Market Rent, OR <input type="checkbox"/> KHC payment standards (preferred)
Occupancy Standards	<input type="checkbox"/> Administering agency established, OR <input type="checkbox"/> Section 8 basic occupancy standard	Subsidy Calculation Methods	<input type="checkbox"/> Voucher Model (fixed subsidy payment)
Citizenship	<input type="checkbox"/> Not required to be a citizen	Income Verification Method	<input type="checkbox"/> 2 month's source documents, OR <input type="checkbox"/> Verify using HOME TBRA Toolkit Forms
Rent Limits	<input type="checkbox"/> Gross Rent must be reasonable	Other Assistance Limits	<input type="checkbox"/> Security Deposit: equal to 2 months rent or less <input type="checkbox"/> Utility Deposit: customary and reasonable <input type="checkbox"/> Utility payments: KHC or other local PHA established Utility Allowance <input type="checkbox"/> Administrative cost: 10% of award
Other Terms	<input type="checkbox"/> 1-year lease unless both parties agree to lesser term <input type="checkbox"/> Administering agency must review & approve lease <input type="checkbox"/> Start date of TBRA Contract must match lease start date <input type="checkbox"/> Agencies must develop written policies & procedures for administering the program <input type="checkbox"/> Violence Against Women Act (VAWA) requirements apply	Ineligible Uses	<input type="checkbox"/> Commitments to specific owners or properties <input type="checkbox"/> Overnight or temporary shelters <input type="checkbox"/> Cooperative housing that qualifies as ownership <input type="checkbox"/> To Prevent displacement/provide relocation assistance <input type="checkbox"/> A unit already receiving subsidy assistance <input type="checkbox"/> Utility deposit only assistance



Questions



TBRA BASICS



TBRA USES

Eligible

- Rental Assistance
 - Rent + Tenant Paid Utilities
 - Staff time for only:
 - TBRA Unit Approvals
 - TBRA Subsidy Calculations
- Security Deposit Assistance
- Utility Deposit Assistance
 - only*** when paired with:
 - Rental Assistance and/or
 - Security Deposit
- Administrative Costs
 - Management and oversight
 - Operations
 - All other TBRA Staff time
 - HMIS

Ineligible

- Application Fees
- Commitments to specific owners or properties
- Overnight or temporary shelters
- Coop housing that qualifies as homeownership
- Displacement or relocation assistance
- A unit already receiving the same type of subsidy assistance
- Utility Deposit only assistance
- Telephone, Cable or Internet deposits

HOUSEHOLD ELIGIBILITY

Initial / Move-in

Income at/or below

60%

Area Median Income
(AMI)

Annual Recert

Income at/or below

80%

Area Median Income
(AMI)

Other Household Eligibility

HOME TBRA...

- Does not require citizenship
- Does not require criminal background checks
- Does not require credit checks

Unit Eligibility

- Rent reasonable
- Not already subsidized
- Can be publicly or privately owned
- Must pass an HQS inspection
(at move-in and annual recertification)

Income Targeting

**100% of Assisted
Clients at move-in
Must be**

Income at/or below

60%

Area Median Income
(AMI)

**20% of
Assisted Clients
At move-in Must be**

Income at/or below

50%

Area Median Income
(AMI)

Occupancy Standards

New

Change for 2021

Must use KHC's Occupancy Standards

Annual Income Requirements

Regulation: 24 CFR 5.609

Income Documentation

2 months of Source
Documents

OR

HOME TBRA Toolkit
Verification Forms

Rent Limits

Gross Rent

(rent + tenant paid utilities)

Must Be Reasonable

Document rent reasonableness using Guidance and Form in Toolkit

READ THE INSTRUCTIONS!

Instructions for Completing

Ensure the applicable rent reasonableness form is completed and submitted to the owner of the proposed unit. The selection of comparable units is recommended. For a reasonable reflection of the market, the reviewer should not demonstrate an accurate owned by the same person or persons within the same complex will not demonstrate an accurate reflection of the market. Considerations on the factors used to determine rent for program purposes include:

Address: Identify the address of the proposed unit as well as the addresses of the comparable units.

Number of Bedrooms: Identify the number of bedrooms of each unit. Comparable units should have the same number of bedrooms as the proposed unit. In some cases, it may be difficult to identify units that match the location, building type and number of bedrooms and cases, the reviewer may need to review units that (a) have the same number of bedrooms and are in the same geographic location but are in other types of buildings. These cases should be rare and documentation should support these exceptions.

Square Feet: Identify the square footage of the living area in the units.

Type of Unit/Construction: Identify the unit type by selecting one of the following: apartment (garden: 1-4 stories, mid-rise 5-8 stories, or high-rise 9+ stories), townhouse, duplex, single family house, or other (e.g. mobile home, etc.).

Housing Condition: Describe the condition or quality of the units. Considerations when making this determination may include: newly constructed, renovated, partially renovated, no renovation since construction, well maintained, etc.

Reasonableness Checklist and Certification

When calculating utility allowance

Proposed Unit	Unit #1 if possible, same owner as proposed unit	Unit #2	Unit #3
Address			
Number of Bedrooms			
Square Feet			
Type of Unit/Construction			
Housing Condition			
Location/Accessibility			
Amenities			
Unit:			
Site:			
Neighborhood:			
Year of Construction			
Which Utilities are Provided by the Owner (Type: Gas, Electric, etc.):			
Unit Rent			
Utility Allowance**			
Gross Rent			
Handicap Accessible?			
Most Recent Rent Charged For Proposed Unit			
Reason For Change:			

This household qualifies for a payment standard of: _____

_____ This unit is less than the payment standard

_____ This unit is more than the payment standard

CERTIFICATION: Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit _____ is _____ is NOT reasonable.

Name: _____ Date: _____

Signature: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

KHC Form HCA-202 (Rev. 6/15)

Payment Standards

Subrecipient Agency Choice Between

KHC Payment
Standards
(preferred)

OR

HUD's
Fair Market Rents
(FMR)

- Must be clearly written into the HOME TBRA Administrative Plan
- Compliance monitoring will ensure adherence to the chosen standard
- Changes to this policy should correspond with funding allocations.

Remember: Gross rent **DOES NOT** have to be less than payment standard

Voucher Method



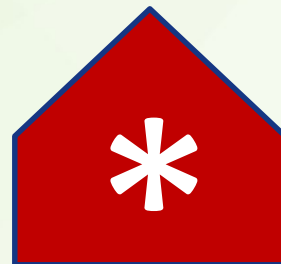
Gross rent (rent + tenant paid utilities)

IS NOT limited by the payment standard



Clients can choose a unit that is:

- Higher or Lower than the payment standard
- More or less bedrooms than the occupancy standard



Clients will bare any costs over the payment standard

Other Assistance Limits

- **Security Deposit Limit:**
 - Equal to two (2) month's rent or less
 - Granted to the client
- **Utility Deposit Limit:**
 - Reasonable and customary, no arrearages
 - Granted to the client
- **Utility Payment Limits:**
 - Based on KHC or Local PHA established Utility Allowance Calculation
- **Administrative Cost Limit:**
 - 10% of award

Utility Allowance

Step 1

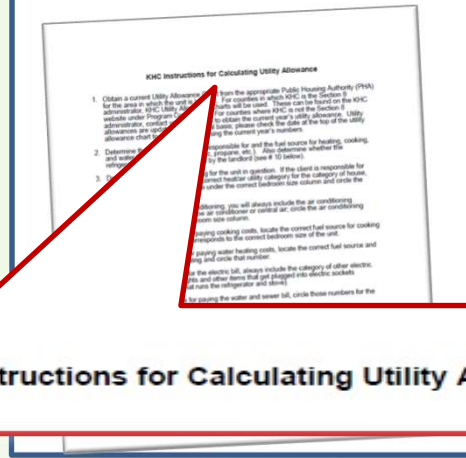
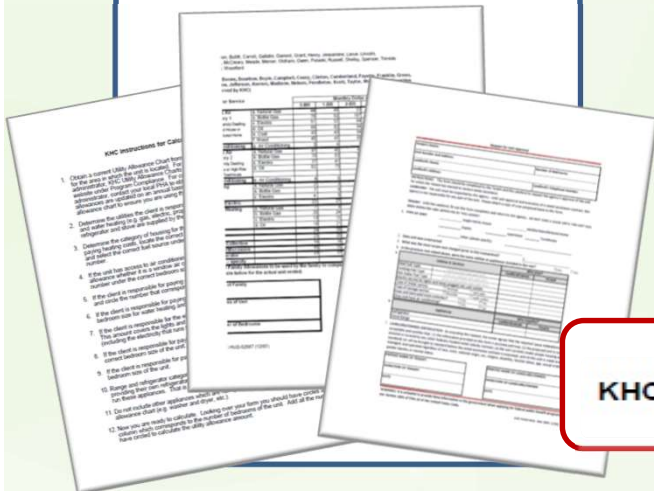
Gather
The
Info

Step 2

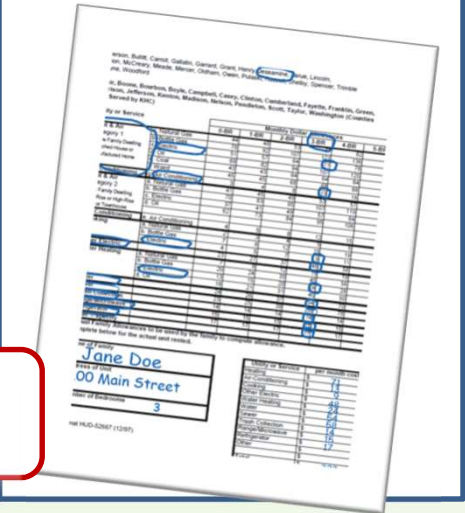
Read
&
Review

Step 3

Calculate
&
Document



KHC Instructions for Calculating Utility Allowance



Utility Allowance Errors

Not reading this...

KHC Instructions for Calculating Utility Allowance

1. Obtain a current Utility Allowance Chart from the appropriate Public Housing Authority (PHA) for the area in which the unit is located. For counties in which KHC is the Section 8 administrator, KHC Utility Allowance Charts will be used. These can be found on the KHC website under Program Compliance. For counties where KHC is not the Section 8 administrator, contact your local PHA to obtain the current year's utility allowance. Utility allowances are updated on an annual basis; please check the date at the top of the utility allowance chart to ensure you are using the current year's numbers.
2. Determine the utilities the client is responsible for and the fuel source for heating, cooking, and water heating (e.g. gas, electric, propane, etc.). Also determine whether the refrigerator and stove are supplied by the landlord (see # 10 below).
3. Determine the category of housing for the unit in question. If the client is responsible for paying heating costs, locate the correct heat/air utility category for the category of house, and select the correct fuel source under the correct bedroom size column and circle the number.
4. If the unit has access to air conditioning, you will always include the air conditioning allowance whether it is a window air conditioner or central air; circle the air conditioning number under the correct bedroom size column.
5. If the client is responsible for paying cooking costs, locate the correct fuel source for cooking and circle the number that corresponds to the correct bedroom size of the unit.
6. If the client is responsible for paying water heating costs, locate the correct fuel source and bedroom size for water heating and circle that number.
7. If the client is responsible for the electric bill, always include the category of other electric. This amount covers the lights and other items that get plugged into electric sockets (including the electricity that runs the refrigerator and stove).
8. If the client is responsible for paying the water and sewer bill, circle those numbers for the correct bedroom size of the unit.
9. If the client is responsible for paying for garbage pickup, circle the number for the correct bedroom size of the unit.
10. Range and refrigerator categories will only be circled if the tenant is responsible for providing their own refrigerator or stove appliance, these categories are not for the utilities to run these appliances. That is covered under other electric.
11. Do not include other appliances which are not specified on the applicable PHA's utility allowance chart (e.g. washer and dryer, etc.).
12. Now you are ready to calculate. Looking over your form you should have circles all in one column which corresponds to the number of bedrooms of the unit. Add all the numbers you have circled to calculate the utility allowance amount.

Utility Allowance Errors



Questions

TERMS OF ASSISTANCE

Length of assistance: 1- 24 months

Lease Term: 1 – year unless agreed (in writing) by client & landlord to a lesser term

TERMS OF ASSISTANCE

Length of assistance: 1- 24 months

Lease Term: 1 – year unless agreed (in writing) by client & landlord to a lesser term

End of Assistance:

Give a 60-day notice of assistance term/grant ending

Give a minimum 30-day notice if terminating assistance due to:

- Client ineligible at recertification
- Violation of agency policy
- Eviction or lease violation

Extending Assistance:

Subrecipient can choose to allow clients to roll onto new grant

Clients rolled to new grant treated like new client with new paperwork and new client file

TERMS OF ASSISTANCE



5 years

Safe & Secure



RECORDKEEPING REQUIREMENTS

Lease Requirements

- Subrecipient agency must review and approve the lease
 - Read the lease to ensure appropriate language & terms

Lease Requirements

- Subrecipient agency must review and approve the lease
 - Read the lease to ensure appropriate language & terms
 - Review the lease with client
 - Client should not sign lease until Agency approves

Lease Requirements

- Subrecipient agency must review and approve the lease
 - Read the lease to ensure appropriate language & terms
 - Review the lease with client
 - Client should not sign lease until Agency approves
- Executing the HOME TBRA Lease Addendum
 - Corrects / nullifies inappropriate language
 - Changes the lease start date
 - Adds requirements to adhere to Fair Housing

Lead Screening

Lead Screening Worksheet

About this Tool
The Lead Screening Worksheet is intended to guide agencies through the lead-based paint inspection process to ensure compliance with the rule. The recipient agency can use this worksheet to document any potential hazards that have been identified, and if safe work practices and clearance are required and used. A copy of the Lead Screening Worksheet and the Lead Visual Assessment Worksheet (if applicable) along with any related documentation must be kept in the client file.

Instructions
To prevent lead-poisoning in young children, the recipient agency must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, parts A, B, H, J, K, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed.

Note: All pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

Agency name: _____
 Client household name: _____
 Property address:
 Street address and apt # (if applicable)
 City, State, Zip: _____

Additional Exemptions
If the answer to any of the following questions is "yes," the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and all supporting documentation for each exemption in the client file.

- Is this unit a zero-bedroom or SRO unit? Yes No
- Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint? Yes No
- Has this unit had all lead-based paint identified and removed in accordance with HUD regulations? Yes No
- Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher)? Yes No
- Does this property meet any of the other exemptions described in 24 CFR 35.115(a)? Yes No

STOP If the answer to any of the above questions is "yes," stop. No further action is needed.
 If the answer to all of these questions is "no," then continue on to the Visual Assessment Worksheet.

Staff signature: _____ Date: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

KHC Form HCA-203 (Rev. 9/15)



Page 1

Visual Assessment Worksheet

Instructions
If there are any identified problems with paint surfaces. The recipient agency financial assistance to the unit.
Client agency staff responsible for conducting assessments must visit <https://lead/training/visualassessment#00101.htm>
 At the same time the inspection of the unit is conducted, with the surfaces. Once the assessment has occurred, complete the section below documentation.
 After the initial visual assessment, then continue to Page 2 to determine if:

Follow-up Visual Assessment & Certification

Is there any deteriorated paint in the unit during the visual assessment? Yes No

Is there any lead-based paint in the unit during the visual assessment? Yes No

Are you a HUD-certified visual assessor?

Is the above inspection/assessment date:

Were any lead-based paint problems identified in the unit/common areas.

Date: _____

If the answer is "no," stop. No further action needed. Place this worksheet

in the client file. If the answer is "yes," then determine if the client should choose another unit or if repairs are needed, continue to the De Minimus Level Worksheet.

It is unlawful to provide false information to the government when applying for federal Title 18 of the United States Code.

KHC Form HCA-203 (Rev. 9/15)



Page 2

De Minimus Level Worksheet

Instructions
If the deteriorated paint must be repaired prior to clearing the unit for assistance. However, if the paint is at "de minimus levels", as defined below, the use of lead safe work practices and clearance are not required.
 If the deteriorated paint does not exceed the "de minimus levels", then the paint must be repaired and clearance are not required.
 If the deteriorated paint exceeds the "de minimus levels" and place this worksheet, in the client file.

Is there at least 20 square feet in area? Yes No

Is there deteriorated paint at least 2 square feet in area? Yes No

Is there deteriorated paint at least 10% of the total surface area on a window sill, baseboard, door, handrail, or trim? Yes No

Date: _____

If the answer is "yes," then stop, place a copy of this worksheet and any supporting documentation in the client file. If the client should choose another unit or if repairs will be made, conduct a follow-up visual assessment, and complete the worksheet.

If the answer is "yes," then place a copy of this worksheet and any supporting documentation in the client file. If the client should choose another unit or if repairs will be made, conduct a follow-up visual assessment, and complete the worksheet.

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KHC Form HCA-203 (Rev. 9/15)



Page 3

Confirmation Worksheet

Instructions
If the deteriorated paint must be repaired prior to clearing the unit for assistance. However, if the paint is at "de minimus levels", as defined below, the use of lead safe work practices and clearance are not required.
 If the deteriorated paint does not exceed the "de minimus levels", then the paint must be repaired and clearance are not required.
 If the deteriorated paint exceeds the "de minimus levels" and place this worksheet, in the client file.

Is there any deteriorated paint in the unit during the visual assessment? Yes No

Is there any lead-based paint in the unit during the visual assessment? Yes No

Date: _____

Supporting documentation should be placed in the client file.

It is unlawful to provide false information to the government when applying for federal Title 18 of the United States Code.

KHC Form HCA-203 (Rev. 9/15)



Page 4

Lead Screening Worksheets

Read The Instructions!

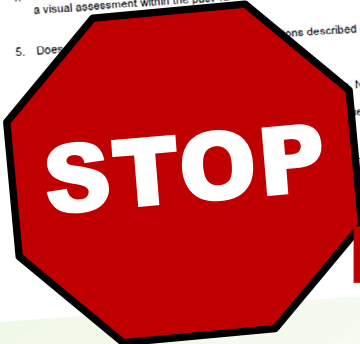
Screening questions

Note: All pre-1978 properties are subject to the visual assessment requirements unless they are exempt from the visual assessment requirements.

Agency name: _____
Client household name: _____
Property address:
Street address and apt # (if applicable)
City, State, Zip: _____

Additional Exemptions
If the answer to any of the following questions is "yes," the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet in the client file.

1. Is this unit a zero-bedroom or SRO unit?
2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?
3. Has this unit had all lead-based paint identified and removed in accordance with HUD regulations?
4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher)?
5. Does this property meet any of the other exemptions described in 24 CFR 35.115(a)?



The Lead-Based Paint Poisoning Prevention Act of 1991 requires that HUD-funded housing programs use the Visual Assessment Worksheet to document whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the Lead Screening Worksheet and the Lead Visual Assessment Worksheet (if applicable) along with any related documentation must be kept in the client file.

Instructions
To prevent lead-poisoning in young children, the recipient agency must comply with the Lead-Based Paint Poisoning Prevention Act of 1991 and its applicable regulations found at 24 CFR 35, parts A, B, H, J, K, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed.

Note: All pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

Agency name: _____
Client household name: _____
Property address:
Street address and apt # (if applicable)
City, State, Zip: _____

Additional Exemptions
If the answer to any of the following questions is "yes," the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and all supporting documentation for each exemption in the client file.

1. Is this unit a zero-bedroom or SRO unit? Yes No
2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint? Yes No
3. Has this unit had all lead-based paint identified and removed in accordance with HUD regulations? Yes No
4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher)? Yes No
5. Does this property meet any of the other exemptions described in 24 CFR 35.115(a)? Yes No

STOP If the answer to any of the above questions is "yes," stop. No further action is needed.
If the answer to all of these questions is "no," then continue on to the Visual Assessment Worksheet.

Staff signature: _____ Date: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

Confirmation Worksheet

Actions
Managers to ensure that all deteriorated paint identified during the stabilization does not exceed the "de minimus level"; safe work practices are always recommended. In these cases, the unit has been repaired by conducting a follow-up assessment.
Program staff should ensure that the clearance inspection is performed by a lead professional who has been certified by the state, the clearance inspection cannot be conducted by the same person who performed the initial assessment.
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Date: _____
Supporting documentation should be _____
When applying for federal assistance Code.
KHC Form HCA-203 (Rev. 9/15)
Page 4

Required Training!

Lead Visual Assessment Worksheet

Instructions

The lead visual assessment is used to determine if there are any identified problems with paint surfaces. The recipient agency must conduct a visual assessment prior to providing financial assistance to the unit. **Prior to conducting visual assessments, the recipient agency staff responsible for conducting assessments must complete training on HUD's website at:** <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>

The initial visual assessment should be conducted at the same time the inspection of the unit is conducted, with the inspector/assessor noting any problems with painted surfaces. Once the assessment has occurred, complete the section below and place in the client file along with any additional documentation.

If any problems with paint surfaces are identified during the initial visual assessment, then continue to Page 2 to determine whether safe work practices and clearance are required.

Agency name: _____

Client household name: _____

Property address:
Street address and apt # (if applicable)
City, State, Zip: _____

Street address and apt # (if applicable): _____

City, State, Zip: _____

Date of inspection/assessment: _____

- Initial Visual Assessment & Certification Follow-up Visual Assessment & Certification
1. Has a visual assessment of the unit been conducted? Yes No
2. Were any problems with paint surfaces identified in the unit during the visual assessment? Yes No

I certify the following:

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment on the above unit, on the above inspection/assessment date.
- ___ Yes, or ___ No problems with paint surfaces were identified in the unit/common areas.

Lead assessor's name (print): _____ Date: _____

Lead assessor's signature: _____ Date: _____

STOP If no problems with paint surfaces were identified, stop. No further action needed. Place this worksheet in the client file.
If problems with paint surfaces were identified, then determine if the client should choose another unit or if repairs will be attempted. If repairs will be attempted, continue to the De Minimus Level Worksheet.

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

Confirmation Worksheet

managers to ensure that all deteriorated paint identified during the stabilized does not exceed the "de minimus level"; safe work practices are always recommended). In these cases, the unit has been repaired by conducting a follow-up assessment. program staff should ensure that the clearance inspection is performed by a lead professional who is certified in lead-based paint. If a lead professional may go by various titles, including a certified lead painter, the clearance inspection cannot be conducted by the same person.

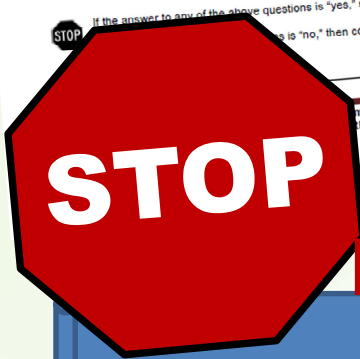
confirmation worksheet and gather supporting documentation including inspector's credentials, and documentation safe work practices.

- Is the unit certified? Yes No
- Is the unit repaired? Yes No N/A
- Is the unit certified lead professional? Yes No N/A
- Is the unit repaired by a lead professional? Yes No N/A

Date: _____

supporting documentation should be _____

Government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



De Minimus Level Worksheet

Instructions

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the "de minimus levels", as defined below, the use of lead safe work practices and clearance is also required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed the "de minimus levels", then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

Complete the information below to determine if the deteriorated paint exceeds the "de minimus levels" and place this worksheet, along with any supporting documentation, in the client file.

Agency name:	
Client household name:	
Property address	
Street address and apt # (if applicable):	
City, State, Zip:	
Date of inspection/assessment:	

1. For exterior surfaces, is the deteriorated paint at least 20 square feet in area? Yes No
2. For interior surfaces, in one room or space, is the deteriorated paint at least 2 square feet in area? Yes No
3. For both exterior and interior surfaces, is the deteriorated paint at least 10% of the total surface area on a component with a small surface area, such as a window sill, baseboard, door, handrail, or trim? Yes No

Lead assessor's name (print): _____

Lead assessor's signature: _____ Date: _____

If the answer to all of the above are "no," then, stop, place a copy of this worksheet and any supporting documentation in the client file, and determine if the client should choose another unit or if repairs will be attempted. If repairs are attempted, paint must be repaired and/or stabilized; however safe work practices and clearance are not required. Once repairs are made, conduct a follow-up visual assessment, and complete the Paint Stabilization Confirmation Worksheet.

If the answer to any of the above questions is "yes," then place a copy of this worksheet and any supporting documentation in the client file, and determine if the client should choose another unit or if repairs will be attempted. If repairs are attempted, safe work practices and a clearance inspection must be conducted by an independent certified lead professional. Please note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint. Once repairs are made and clearance inspection is complete, conduct a follow-up visual assessment, and continue to the Paint Stabilization Confirmation Worksheet.

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Lead Screening Work

About this Tool

The Lead Screening Worksheet is intended to guide agencies through the lead screening process. The recipient agency can use this worksheet to document any potential lead hazards. The recipient agency can use this worksheet to document whether any potential lead hazards are present. A copy of the Lead Screening Worksheet and any related documentation must be kept in the client file.

Instructions

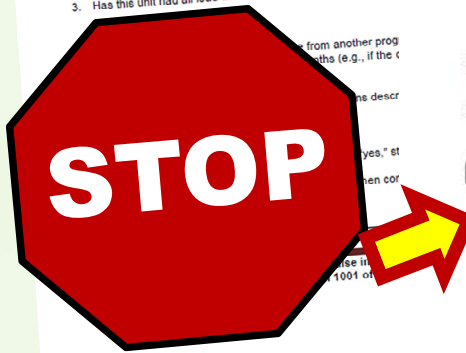
To prevent lead-poisoning in young children, the recipient agency must comply with the Act of 1973 and its applicable regulations found at 24 CFR 35, parts A, B, H, and I. This screening worksheet will help the recipient agency determine if a visual assessment, and if so, how to proceed.

Note: All pre-1978 properties are subject to the disclosure requirements of the Act of 1973 and its applicable regulations found at 24 CFR 35, parts A, B, H, and I. This screening worksheet will help the recipient agency determine if a visual assessment, and if so, how to proceed.

Agency name:	
Client household name:	
Property address:	
Street address and apt # (if applicable):	
City, State, Zip:	

Additional Exemptions
If the answer to any of the following questions is "yes," the property is exempt from the visual assessment requirements. Place this screening exemption in the client file.

1. Is this unit a zero-bedroom or SRO unit?
2. Has X-ray or laboratory testing of all painted surfaces by certified lead professional been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?
3. Has this unit had all lead-based paint identified and removed?



Confirmation Worksheet

Managers should ensure that all deteriorated paint identified during the visual assessment is repaired prior to clearing the unit for assistance. If the area of paint to be stabilized does not exceed the "de minimus levels", safe work practices are always recommended. In these cases, the unit has been repaired by conducting a follow-up assessment.

Program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. Please note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

Confirmation worksheet and gather supporting documentation (including inspector's credentials, and documentation safe work practices) in the client file.

- Is the unit repaired? Yes No
- Is the unit certified lead professional? Yes No N/A
- Is the unit repaired? Yes No N/A
- Is the unit certified lead professional? Yes No N/A

Date: _____

Supporting documentation should be _____

Government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Lead Screening Worksheet

About this Tool
 The Lead Screening Worksheet is intended to guide agencies through the lead-based paint in the rule. The recipient agency can use this worksheet to document any exemptions that are with the rule. The recipient agency can use this worksheet to document whether any potential hazards have been identified and whether any potential hazards have been repaired. A copy of the Lead Screening Worksheet and any related documentation must be kept in the client file.

Instructions
 To prevent lead-poisoning in young children, the recipient agency must comply with the Lead-based Paint Rule, 24 CFR 35, parts A, D, H, J, K, M, and R. Assessment of the unit is not required. This screening worksheet will help program staff determine if a visual assessment, and if so, how to proceed.

Note: All pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35.102. Properties that are exempt from the visual assessment requirements are:

Agency name: _____
 Client household name: _____
 Property address: _____
 Street address and apt # (if applicable): _____
 City, State, Zip: _____

- Additional Exemptions**
 If the answer to any of the following questions is "yes," the property is exempt from the rule and no further action is needed at this point. Place this screening sheet and all related documentation in the client file.
- Is this unit a zero-bedroom or SRO unit? Yes No
 - Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint? Yes No
 - Has this unit had all lead-based paint identified and removed in accordance with HUD regulations? Yes No N/A
 - Is the client receiving Federal assistance from another program, where the client has had a visual assessment within the past 12 months (e.g., if the client has a Section 8 contract)? Yes No N/A
 - Does this property meet any of the other exemptions described in 24 CFR 35.102? Yes No N/A

STOP If the answer to any of the above questions is "yes," stop. No further action is needed at this point. If the answer to all of these questions is "no," then continue on to the next page.

Staff signature: _____ Date: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

Paint Stabilization Confirmation Worksheet

Instructions

Recipient agency staff should work with property owners and/or managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the "de minimus level", safe work practices and a clearance inspection are not required (though safe work practices are always recommended). In these cases, the recipient agency should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the "de minimus level", program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

Complete a follow-up lead visual assessment and then complete this confirmation worksheet and gather supporting documentation such as a copy of the clearance inspection report, a copy of the certified inspector's credentials, and documentation safe work practices were used in the stabilization efforts and place them in the client file.

Agency name:	_____
Client household name:	_____
Property address:	_____
Street address and apt # (if applicable):	_____
City, State, Zip:	_____
Date of initial inspection/assessment:	_____
Date of follow-up inspection/assessment:	_____

- Has a follow-up visual assessment of the unit been conducted? Yes No
- Have all identified problems with the paint surfaces been repaired? Yes No
- Were paint surfaces repaired using safe work practices? Yes No N/A
- Was a clearance inspection conducted by an independent, certified lead professional? Yes No N/A
- Did the unit pass the clearance inspection? Yes No N/A

Lead assessor's name (print): _____
 Lead assessor's signature: _____ Date: _____

Note: This worksheet, as well as all other lead worksheets, and all supporting documentation should be maintained in the client file.

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Confirmation Worksheet

Instructions
 Managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized does not exceed the "de minimus level", safe work practices are always recommended. In these cases, the recipient agency should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

Program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

Complete a follow-up lead visual assessment and then complete this confirmation worksheet and gather supporting documentation such as a copy of the clearance inspection report, a copy of the certified inspector's credentials, and documentation safe work practices were used in the stabilization efforts and place them in the client file.

- Has a follow-up visual assessment of the unit been conducted? Yes No
- Have all identified problems with the paint surfaces been repaired? Yes No
- Were paint surfaces repaired using safe work practices? Yes No N/A
- Was a clearance inspection conducted by an independent, certified lead professional? Yes No N/A
- Did the unit pass the clearance inspection? Yes No N/A

Date: _____
 supporting documentation should be _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Questions

Other Requirements



Violence Against Women Act (VAWA)

- General regulations at:
 - 24 CFR 5.2001 thru 5.2011
- HOME specific regulations at:
 - 24 CFR 92.35



Give out Notices

HUD 5380
HUD 5383

Establish & Post

Emergency
Transfer Plan
HUD 5381

Take Action

Upon
Requests

Fair Housing





**EQUAL HOUSING
OPPORTUNITY**

Other Requirements



2-minute Break



Elements of

HOME TBRA Administrative Plan *

- Tenant Selection Plan
- Agency Preferences
- Application Process
- Waiting list Process

*** Not an all-inclusive list**

Elements of

HOME TBRA Administrative Plan *

- Tenant Selection Plan
- Agency Preferences
- Application Process
- Waiting list Process
- Eligibility process
- TBRA Briefing process
- Occupancy Standards
- Payment Standards
- Unit and Leave Approval
- Subsidy Calculations
- Security/Utility Deposit Policy

*** Not an all-inclusive list**

Elements of

HOME TBRA Administrative Plan *

- Tenant Selection Plan
- Agency Preferences
- Application Process
- Waiting list Process
- Eligibility process
- TBRA Briefing process
- Occupancy Standards
- Payment Standards
- Unit and Leave Approval
- Subsidy Calculations
- Security/Utility Deposit Policy
- Recertification process
- Interim changes
- Landlord Rent Adjustments

*** Not an all-inclusive list**

Elements of

HOME TBRA Administrative Plan *

- Tenant Selection Plan
- Agency Preferences
- Application Process
- Waiting list Process
- Eligibility process
- TBRA Briefing process
- Occupancy Standards
- Payment Standards
- Unit and Leave Approval
- Subsidy Calculations
- Security/Utility Deposit Policy
- Recertification process
- Interim changes
- Landlord Rent Adjustments
- Move & Transfer Policy
- Denials & Terminations
- Appeals & compliant procedures
- Monitoring program performance
- Record keeping Policy
- Other policies (conflict of Interest, Fair Housing, VAWA)

*** Not an all-inclusive list**

Elements of a HOME TBRA Administrative Plan Checklist

	ELEMENTS OF A HOME TBRA ADMINISTRATIVE PLAN CHECKLIST	COMMENTS
v	Tenant Selection Plan including agency preferences	
	Application Process	
	Waiting List Process	
	Eligibility Process	
	Length of Assistance	
	TBRA Briefing Process	
	Occupancy Standards (KHC mandated)	
	Payment Standards (KHC numbers preferred or HUD Fair Market Rents)	
	Housing Search - How long will a client have to search for a unit? What if they are unable to find a unit? Will you offer extensions? if so, how long? and etc.	
	Lease Approval Process	
	Unit Approval Process - Including documenting rent reasonableness, documenting HQS & your inspection policy and processes. What if a unit does not pass, will you give the landlord an opportunity to repair, if so, how much time? Or will you ask the client to find another unit?	
	Subsidy Calculation Process	
	Security Deposit Process	
	Utility Deposit Process	
	Recertification Process	
	Interim Change Process	
	Landlord Rent Adjustment Process (when landlord wants to raise the rent)	
	Move & Transfer Process	
	Denial & Termination Process	
	Appeals Process	
	Complaint Process	
	Agency self monitoring of program performance process	
	Record keeping Process	
	Conflict of Interest Process	
	Fair Housing Processes	
	VAWA Processes	
	Contingency Plans - Some of these can be foreseen, some cannot. For instance, how will your agency handle a situation in which the tenant's unit is damaged by fire, flood, storm, burglar, etc. This should be addressed in your admin plan. How will your agency handle a situation in which the tenant is arrested for a crime and is able to return to the unit in a short amount of time (2 weeks)? What if it is longer (2 months)? How will you handle it if the tenant cannot ever return? What if the next door neighbor to your tenant is discovered to have been running a meth lab, how will you handle that? What if you discover that your tenant has not been notified their portion of rent on the 1st of the month? Other - Any and all other areas where situations arise and they are not already addressed by your admin plan, you should develop your policy and add those to your admin plan so that next time the situation occurs you can handle it in the same manner. HUD is looking for consistency with the manner in which you handle situations as they arise, writing it into your admin plan helps to assure that.	

PLEASE NOTE: This list is not all inclusive, there may be other areas that should be addressed by your HOME TBRA Administrative Plan, this is just a list to help you begin the process of putting your Admin plan together.

Portability

1. Clients may move to other units in the subrecipient's service area if allowed in TBRA Admin Plan

2. Clients may **NOT** take HOME TBRA assistance outside the agency's service area

1. Agency develops policies on how moves are handled

2. If client has good reason to move, allow the move

3. For victims of domestic violence, follow VAWA procedures

& Moves

Questions



TBRA PROCESS



7 – STEP PROCESS

Initial Lease Up (move-in)



Application Phase



Eligibility Phase

7 – STEP PROCESS

Initial Lease Up (move-in)



Application Phase



Eligibility Phase



Voucher & Briefing



Unit/Lease Approval



Final Subsidy Calculation



Contract/Lease Execution



Initiation of Payment

3 – STEP PROCESS

Annual Recertification



Personal Declaration & household updates



Household Eligibility & Unit Eligibility



Notifications to household and Landlord

Interim Changes

INCREASES in Income

Not required to
report until the
Annual
Recertification

DECREASES in Income

Encouraged to
report prior to
Annual
Recertification

Questions

Subsidy Calculation

Enter Name or client identifier

TBRA Program Annual Income Worksheet

Enter effective date

Household Name:

Agency Name / Project Number:

Agency Staff Member / Title:

Effective Date:

Enter agency, project and staff information

review the Step 1 Instruction tab.

Salary Income Calculator: Income as defined by 24 CFR 5.609

Family Member	Earned and Unearned Income Source	Rate of Pay	No. of Pay Periods or Total Annual Hours	Annual Income	Comments
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
1. TOTAL ANNUAL INCOME:				\$0.00	

Assets: As defined by 24 CFR 5.609

no assets, please enter "0" in Cash Value Column to confirm Asset verification.

Family Member	Description of Asset	Cash Value	Actual or Disposed	Actual Income
Total family assets		\$0.00		
Total actual income from assets				\$0.00
(Complete only if Item 1 is greater than \$5,000.) Imputed income from assets (Item 1 x passbook rate of 2%)				\$0.00
Asset income to be considered (greater of Item 2 or Item 3)				\$0.00

TBRA Program Annual Income Worksheet

Household Name: Effective Date:
 Agency Name / Project Number:
 Agency Staff Member / Title:

For assistance, please review the Step 1 Instruction tab.

Annual Wages and Salary Income Calculator: Income as defined by 24 CFR 5.609

Family Member	Earned and Unearned Income Source	Rate of Pay	No. of Pay Periods or Total Annual Hours	Annual Income	Comments
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
1. TOTAL ANNUAL INCOME:				\$0.00	

Identify the source of the income

List family members with income

Rate of pay

Indicate the multiplier

Assets: As defined by 24 CFR 5.609
 no assets, please enter "0" in Cash Value Column to confirm Asset verification.

Family Member	Description of Asset	Cash Value	Actual or Disposed	Actual Income
Total family assets			\$0.00	
Total actual income from assets				\$0.00
(Complete only if Item 1 is greater than \$5,000.) Imputed income from assets (Item 1 x passbook rate of 2%)				\$0.00
Asset income to be considered (greater of Item 2 or Item 3)				\$0.00

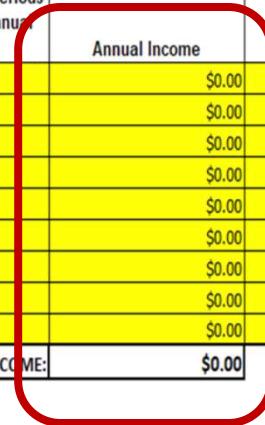
TBRA Program Annual Income Worksheet

Household Name:	Effective Date:
Agency Name / Project Number:	
Agency Staff Member / Title:	

For assistance, please review the Step 1 Instruction tab.

Annual Wages and Salary Income Calculator: Income as defined by 24 CFR 5.609

Family Member	Earned and Unearned Income Source	Rate of Pay	No. of Pay Periods or Total Annual Hours	Annual Income	Comments
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
1. TOTAL ANNUAL INCOME:				\$0.00	



Auto
calculate

Assets: As defined by 24 CFR 5.609

no assets, please enter "0" in Cash Value Column to confirm Asset verification.

Family Member	Description of Asset	Cash Value	Actual or Disposed	Actual Income
Total family assets		\$0.00		
Total actual income from assets				\$0.00
(Complete only if Item 1 is greater than \$5,000.) Imputed income from assets (Item 1 x passbook rate of 2%)				\$0.00
Asset income to be considered (greater of Item 2 or Item 3)				\$0.00

TBRA Program Annual Income Worksheet

Household Name:	Effective Date:
Agency Name / Project Number:	
Agency Staff Member / Title:	

For assistance, please review the Step 1 Instruction tab.

Annual Wages and Salary Income Calculator: Income as defined by 24 CFR 5.609

Family Member	Earned and Unearned Income Source	Rate of Pay	No. of Pay Periods or Total Annual Hours	Annual Income	Comments
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
1. TOTAL ANNUAL INCOME:				\$0.00	

Assets: As defined by 24 CFR 5.609

no assets, please enter "0" in Cash Value Column to confirm Asset verification.

Family Member	Description of Asset	Cash Value	Actual or Disposed	Actual Income
Total family assets			\$0.00	
Total actual income from assets				\$0.00
(Complete only if Item 1 is greater than \$5,000.) Imputed income from assets (Item 1 x passbook rate of 2%)				\$0.00
Asset income to be considered (greater of Item 2 or Item 3)				\$0.00

List family members with assets

Describe the asset

Give cash value

Actual or Disposed?

Income generated from Asset

TBRA Program Annual Income Worksheet

Household Name:	Effective Date:
Agency Name / Project Number:	
Agency Staff Member / Title:	

For assistance, please review the Step 1 Instruction tab.

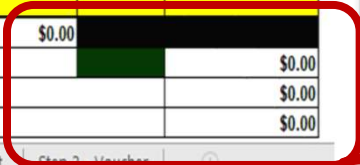
Annual Wages and Salary Income Calculator: Income as defined by 24 CFR 5.609

Family Member	Earned and Unearned Income Source	Rate of Pay	No. of Pay Periods or Total Annual Hours	Annual Income	Comments
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
1. TOTAL ANNUAL INCOME:				\$0.00	

Assets: As defined by 24 CFR 5.609

If no assets, please enter "0" in Cash Value Column to confirm Asset verification.

Family Member	Description of Asset	Cash Value	Actual or Disposed	Actual Income
Total family assets			\$0.00	
Total actual income from assets				\$0.00
(Complete only if Item 1 is greater than \$5,000.) Imputed income from assets (Item 1 x passbook rate of 2%)				\$0.00
Asset income to be considered (greater of Item 2 or Item 3)				\$0.00



Auto calculate

HOME TBRA Voucher Subsidy Worksheet

Auto populates

Select certification type

Recipient(s) Name:
Agency Name / Project Number:
Agency Staff Member / Title:

Auto populates

Enter # of Dependents

1 Certification Type
2 Annual Income (line 3)
3 Annual Income (line 3)
4 Number of Dependents: Defined as household members age 18 or disabled (of any age), or fulltime students (of any age) (Excluding head, co-head of household, or spouse)
5 Total Dependent Deductions (line 4 multiplied by \$480)
6 Annual Child care deduction (Must be reasonable, for children age 12 and under or disabled. Applies only if childcare allows head or co-head to work)

Dependent Deduction auto calculates

Enter verified child care expense

Elderly and Disabled Deductions & Allowances (Complete if applicable, for households with elderly or disabled head or co-head of household)

Deductions
7 Enter total annual Medical Expenses
8 Disability Assistance Expenses (Annual amount of disability expense for the head or co-head of household that allow that household member to work)
9 Total of annual Disability Assistance Expenses and annual Medical Expenses (total of lines 7 and 8)
10 3% of Annual Income (line 3 multiplied by 0.03)
11 Total Annual Deduction (line 10 subtracted from line 9)

Allowances
12 Elderly /Disabled Allowance (choose \$400.00 if head or co-head is elderly or disabled)

Adjustments
13 Total Annual Deductions/Expenses/Allowances (total of lines 5, 6, 11,12)
14 Adjusted Annual Income (line 13 subtracted from line 3)

Voucher Model

15 Qualified Bedrooms (Enter # of bedrooms family qualifies based on agency occupancy standards in Admin Plan)
16 Payment Standard
17 30% of Monthly Adjusted Income (line 14/ 12 x 0.30)
18 Maximum Subsidy (line 17 subtracted from line 16)
19 Actual Bedrooms Rented (enter # of bedrooms in unit that family selected)
20 Rent Charged by Owner/Landlord
21 Utility Allowance from Utility Calculation Chart (eligible client paid utilities based on # of bedrooms actually rented)
22 Gross Rent (total of lines 20 and 21)
23 Gross Rent Minus Maximum Subsidy (line 22 minus line 18)
24 10% of Monthly Gross Income (line 3 /12 x 0.10)
25 Minimum Tenant Paid Rent (Determined by Agency)
26 Total Family contribution (higher of line 23, 24, or 25)
27 Gross Rent minus Family Contribution (line 26 subtracted from line 22)
28 Total Voucher Subsidy (lower of line 27 or line 18)

29 AGENCY PAYS TO LANDLORD:
30 FAMILY PAYS TO LANDLORD:
31 AGENCY PAYS TO FAMILY OR UTILITY CO:

HOME TBRA Voucher Subsidy Worksheet

Recipient(s) Name:

Agency Name / Project Number:

Agency Staff Member / Title:

0

1	Certification Type	
2	Effective Date	1/0/1900
3	Annual Gross Income (Step 1, Line 6)	\$
4	Number of Dependents: Defined as household members under 18, or disabled (of any age), or fulltime students (of any age) (Excluding head, co-head of household)	
5	Total Dependent Deductions (line 4 multiplied by \$480)	\$
6	Annual Child care deduction (Must be reasonable, for children age 12 and under or disabled. Applies only if childcare allows head or co-head to work or	

Elderly and/or Disabled Deductions & Allowances

(Complete lines 7-12 as applicable, for households with elderly or disabled head or co-head of household)

Deductions

7	Enter total annual Medical Expenses (line 5)	
8	Disability Assistance Expenses (Annual amount of disability expense for the head or co-head of household that allow that household member to work)	
9	Total of annual Disability Assistance Expenses and annual Medical Expenses (lines 7 and 8)	\$ -
10	3% of Annual Income (line 3 multiplied by 0.03)	\$ -
11	Total Annual Deduction (line 10 subtracted from line 9)	\$ -

Allowances

12	Elderly /Disabled Allowance (choose \$400.00 if head or co-head is elderly or disabled)	\$ -
----	---	------

Adjustments

13	Total Annual Deductions/Expenses/Allowances (total of lines 5, 6, 11,12)	\$ -
14	Adjusted Annual Income (line 13 subtracted from line 3)	\$ -

Voucher Model

15	Qualified Bedrooms (Enter # of bedrooms family qualifies based on agency occupancy standards in Admin Plan)	
16	Payment Standard	
17	30% of Monthly Adjusted Income (line 14/ 12 x 0.30)	\$ -
18	Maximum Subsidy (line 17 subtracted from line 16)	\$ -
19	Actual Bedrooms Rented (enter # of bedrooms in unit that family selected)	
20	Rent Charged by Owner/Landlord	
21	Utility Allowance from Utility Calculation Chart (eligible client paid utilities based on # of bedrooms actually rented)	
22	Gross Rent (total of lines 20 and 21)	\$ -
23	Gross Rent Minus Maximum Subsidy (line 22 minus line 18)	\$ -
24	10% of Monthly Gross Income (line 3 /12 x 0.10)	\$ -
25	Minimum Tenant Paid Rent (Determined by Agency)	
26	Total Family contribution (higher of line 23, 24, or 25)	\$ -
27	Gross Rent minus Family Contribution (line 26 subtracted from line 22)	\$ -
28	Total Voucher Subsidy (lower of line 27 or line 18)	\$ -
29	AGENCY PAYS TO LANDLORD:	\$ -
30	FAMILY PAYS TO LANDLORD:	\$ -
31	AGENCY PAYS TO FAMILY OR UTILITY CO:	\$ -

Enter verified Medical/disability expenses

Enter elderly/disabled allowance

Medical expense Deduction auto calculates

All adjustments auto calculate

HOME TBRA Voucher Subsidy Worksheet

Recipient(s) Name:

Agency Name / Project Number:

Agency Staff Member / Title:

1	Certification Type	
2	Effective Date	1/0/1900
3	Annual Gross Income (Step 1, Line 6)	\$ -
4	Number of Dependents: Defined as household members under 18, or disabled (of any age), or fulltime students (of any age) (Excluding head, co-head of household)	
5	Total Dependent Deductions (line 4 multiplied by \$480)	\$ -
6	Annual Child care deduction (Must be reasonable, for children age 12 and under or disabled. Applies only if childcare allows head or co-head to work or	

Elderly and/or Disabled Deductions & Allowances (Complete lines 7-12 as applicable, for households with elderly or disabled head or co-head of household)

Deductions		
7	Enter total annual Medical Expenses	
8	Disability Assistance Expenses (Annual amount of disability expense for the head or co-head of household that allow that household member to work)	
9	Total of annual Disability Assistance Expenses and annual Medical Expenses (total of lines 7 and 8)	\$ -
10	Annual Income (line 3 multiplied by 0.03)	\$ -
11	Total Annual Deduction (line 10 subtracted from line 9)	\$ -
Allowances		
12	Elderly /Disabled Allowance (only \$400.00 if head or co-head is elderly or disabled)	\$ -
Adjustments		
13	Total Annual Deductions/Expenses/Allowances (total of lines 5, 6, 11,12)	\$ -
14	Adjusted Annual Income (line 13 subtracted from line 3)	\$ -

Voucher Model		
15	Enter # of bedrooms (must qualify based on agency standards in Admin Plan)	
16	Adjusted Income (line 14 x 0.30)	\$ -
17	Maximum Subsidy (line 16 subtracted from line 10)	\$ -
18	Actual Bedrooms Rented (enter # of bedrooms in unit that family selected)	
19	Rent Charged by Landlord	
20	Utility Allowance from Utility Calculation Chart (eligible client paid utilities based on # of bedrooms actually rented)	
21	Gross Rent (total of lines 20 and 21)	\$ -
22	Gross Rent Minus Maximum Subsidy (line 22 minus line 18)	\$ -
23	10% of Monthly Gross Income (line 3 /12 x 0.10)	\$ -
24	Total Family Contribution (higher of line 23, 24, or 25)	\$ -
25	Gross Rent minus Family Contribution (line 26 subtracted from line 22)	\$ -
26	Total Voucher Subsidy (lower of line 27 or line 18)	\$ -

29	AGENCY PAYS TO LANDLORD:	\$ -
30	FAMILY PAYS TO LANDLORD:	\$ -
31	AGENCY PAYS TO FAMILY OR UTILITY CO:	\$ -

Enter Qualified Bedrooms

Enter payment standard

Enter Actual Bedrooms rented

Enter rent charged by landlord

Enter your agency's minimum tenant rent #

Subsidy numbers auto calculated

30% of income and maximum subsidy auto calculate

Enter Utility Allowance

Enter county

Enter Agency's expiration date

Enter Agency's extension date

Enter Family contact name

Family Contact Signature

Agency Staff Signature

Date of Signature

Date of Signature

1. # of Qualified	2. Payment Standard	3. County	4. Estimated Family Rent	5. Maximum Subsidy
0	\$0.00		\$0.00	\$0.00
6. Effective Date:				1/0/1900
7. Expiration Date:				
8. Extension Date:				
9. Name of Family Representative		10. Signature of Family Representative		11. Date Signed
12. Agency Staff Member Name and Title:		13. Signature of Agency Representative		14. Date Signed

3. Family and the Agency share of the rent.
 A. The portion of the rent payable by the family to the landlord ("family share") is calculated based upon the family's ability to pay. The family must provide the Agency with information about income, assets and other family circumstances that affect the amount the family will pay. The family share of the rent may change as a result of changes in income or other family circumstances. The family is also responsible for payment of all

Calculating Subsidy

If the correct numbers are entered,

The subsidy will be
correct!

Questions



Charging Time to TBRA

Rent

Staff time for:

1. TBRA Unit Approvals
 - HQS Inspections
 - Lead Assessments
 - Communicating with Landlord

2. TBRA Subsidy Calculations
 - Utility Allowance Calculation
 - Initial Certifications and Recertifications

Admin

Staff time for:

1. Client Intake
2. Client Eligibility
3. Client Counseling
4. HMIS
5. Management & Oversight
6. Any other staff time spent administering the TBRA program

Billing TBRA

In space at the bottom of project setup report:

- Description of work performed
- Client identifier (partial name, initials, or HMIS #)
- Date work performed
- Staff person identifier (partial name or initials)
- The dollar amount being billed

Pro Tip:

Mileage may also be billed to the rent category

Billing Time to TBRA

Tenant Based Rental Assistance Project Set-Up Report

Note: Per HUD HOME Regulations, every question must be answered for each tenant receiving TBRA assistance. If questions are left unanswered, the draw may not be processed.

Instructions: Fill in the requested information for each tenant you are assisting. If the family is new on this month's report, the subsidy amount has changed, or if the family is no longer on your program, please make the appropriate selection in column B. If the family is being deleted from your program, only fill in their name. Click on the red triangles for information about each column. Please use the drop down boxes where applicable. Once you have finished, make sure you save this report to your computer so that you do not have to start over next month.

Fill in all boxes in light blue.

Select type of TBRA provided from the drop-down list below.

New (N) on Report/ Subsidy Change (C)/Delete	Tenant's Last Name	Date of Lease Up	Number of BR's	Tenant Payment	Subsidy Amount	Total Rent	Utility Reimbursement	Security Deposit	Utility Deposit	Subsidy Adjustment	Utility Reimbursement Adjustment	% of Area Median Income	Hispanic? Y/N	Race/Ethnicity of Head of Household	Size of Household	Head of Household	HAP Payment is made to Owner (O)/Tenant (T)	Is HOME assisted tenant in a previously HOME assisted household
	Sturgis	000-04-3800	3	\$0	\$0	\$0	\$0			\$0								
	Martin	000-04-3982	2	\$68	\$582	\$650												
										\$0								
										\$0								
										\$0								
										\$0								
										\$0								
										\$0								
										\$0								
										\$0								
										\$0								
										\$0								
										\$0								
										\$0								

Pro Tip: Don't forget to include fringe when billing staff time

Inspection, Moore, 11/24/2020 by KL - \$29.34
Mileage (18 miles), Moore, 11/24/2020 by KL - \$ 9.90

Questions



COVID19

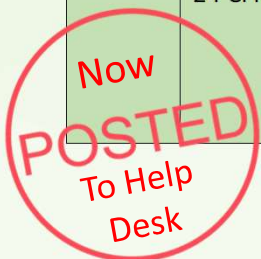


Waivers Affecting Subrecipients

- Rent Reasonableness
- Eligible TBRA Costs and Maximum TBRA Subsidy
- Term of Rental Assistance Contract
- Tenant Protections – Lease
- Housing Quality Standards
- Annual Re-Inspection of Occupied TBRA Units
- Income Determination

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 34 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.



KHC Emergency Record Keeping and COVID-19 Waiver Documentation Policy For HOME TBRA (cont.)

21	<p>Annual HQS Re-Inspections of Currently Occupied HOME TBRA units 24 CFR 92.504(d)(1)(iii)</p>	<p>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</p>	<p>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.</p>
22	<p>Term of Rental Assistance Contract 24 CFR 209(e)</p>	<p>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</p>	<p>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</p>
23	<p>Tenant Protections – Lease 24 CFR 92.209(g)</p>	<p>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</p>	<p>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</p>
24	<p>Income Determinations 24 CFR 92.203(a)(2)</p>	<p>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</p>	<p>1) Documentation on form KHC CVD19 HCA-205 for each client file assisted with this waiver</p>



INCOME TIPS

Determining Anticipating Income

Tips:

1. Clients may have a hard time indicating the instances, agencies can offer guidance to self-certifying their income.
2. When determining annual income, use the forward 12 months. While including income anticipate. Such as, they have returned to first pay check.
3. If someone in the household has been applying the amount they will be receiving, then count as anticipated income.
4. If the client has applied for unemployment does not know the amount and has not received 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 the waivers that allow the subrecipients to pay 100% of the rent and utilities, then there is no reason to process an income decrease interim re-evaluation.

Waiver Request Form

Agencies must notify KHC of which waivers they intend to implement

COVID-19 Waiver Request – HOME TBRA

Organization: _____
Grant #: _____
Date: _____
Agency Contact: _____
Agency Address: _____
Email: _____

Please accept this as our request for a regulatory waiver of the following regulations of the HOME TBRA program due to complications of administering the program during COVID-19 pandemic. Below (or attached) appears the written justification for each request.

- Waive Rent Reasonableness:** For new households and those currently housed who need assistance due to COVID-19. Rental assistance contracts must be executed. Expires December 31, 2020.
- Waive established minimum tenant rent/subsidy contributions:** Allow entities to pay the full cost of monthly utilities in addition to rental assistance and security deposit payments for new and existing TBRA households affected by a reduction or loss of income from COVID-19 pandemic. Rental assistance contracts must be executed. Expires December 31, 2020.
- Waiver to eliminate the requirement that the rental assistance contract must begin on the first day of the term of the lease.** Allows entities to assist households currently housed. Expires December 31, 2020.
- Waiver of the requirement that assisted households have a lease with a term of not less than one year that does not contain any of the prohibited lease terms:** Lease waiver will permit entities to assist households currently housed where an executed lease is already in place. Entities must still comply with all VAWA requirements contained in 24 CFR 92.359 by including, at a minimum, a lease addendum that addressed all VAWA requirements. Waiver expires December 31, 2020.
- Waive the HQS Initial Physical Inspection of Unit:** The Lead-safe housing requirements of 24 CFR 34 subpart M made applicable to units leased by recipients of HOME TBRA by the HOME regulation at 24 CFR 92.355 and cannot be waived. Units built before 1978 must undergo visual evaluation and paint repair in accordance with 24 CFR 35 subpart M. Entities using this waiver authority must establish procedures to minimize the risk that tenants are in housing that does not meet HQS, as well as procedures for conducting physical inspections within 120

days following the end of the 31, 2020.

- Waive – Re-Inspection** property inspections are suspended during the waiver period entities must physical inspections during the waiver
- Waive source document** allows entities to obtain a written anticipated annual income and information is complete and expires December 31, 2020.

Written Justification: _____

Now
POSTED
To Help
Desk

The process to submit a waiver request

1. Agencies should request waivers ASAP
2. Download the form, complete the form, and Submit your waiver request document to the HCA Help Desk
3. Use the following subject line when submitting your request:
“Insert Your Agency Name”: COVID-19 Waiver – HOME TBRA
4. KHC will respond via the help desk with approval

HOME TBRA Waiver Documentation Forms

KHC Kentucky Housing Corporation
Investing in quality housing solutions.

Waiver of Best Reasonableness Provider
Agency Name: _____
Agency Representative Name: _____
Agency Representative Email: _____
Tenant: _____
Address of Unit: _____
Mailing Address: _____

Waiver of Substantive Standards
Agency Name: _____
Agency Representative Name: _____
Agency Representative Email: _____
Tenant: _____
Address of Unit: _____
Mailing Address: _____

Waiver/Suspension of the Initial Housing Quality Act
Agency Name: _____
Agency Representative Name: _____
Agency Representative Email: _____
Tenant: _____
Address of Unit: _____
Mailing Address: _____

Waiver/Suspension of Annual Inspection
Agency Name: _____
Agency Representative Name: _____
Agency Representative Email: _____
Tenant: _____
Address of Unit: _____
Mailing Address: _____

Waiver of Provisions of Local Ordinance
Agency Name: _____
Agency Representative Name: _____
Agency Representative Email: _____
Tenant: _____
Address of Unit: _____
Mailing Address: _____

PERSONAL DECLARATION
Please consider all information received in this form, review and sign. This agency may be unable to verify your eligibility for continued assistance, if it is provided, if information submitted on this declaration, changes, change correct the office or initiate as soon as possible. Please print clearly.
Effective Date: _____

COVID-19 Certificate 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.
Name Sex Relationship to Applicant Date of Birth Place of Birth Social Security Number *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
If yes, please explain: _____
If there are any specific accommodations 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: _____

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, Pension, Day-Sitting Income, etc. If you have no income, write NONE below. **DO NOT INCLUDE COVID-19 STIMULUS MONEY OR TEMPORARY EMPLOYMENT INCREASES WHICH ARE NOT DUE TO COVID-19 PANDEMIC****
Name of Household Member Employment or Self-Employment Gross Weekly Income and Employer Name Weekly Employment Benefits Social Security/SSI Monthly Income K-TAP Monthly Income Child Support Monthly Income Other Income Life-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 101, of Title 18 of the U.S. Code, makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States or to any member within its jurisdiction.

Now POSTED To Help Desk

KHC CVD19 HCA-205 (Rev.4/20)
KHC CVD19 HCA-205 (Rev.4/20)

Questions?





That's all Folks!