

Housing Opportunities for Persons with AIDS



Table of Contents

HISTORY OF THE HOPWA PROGRAM AND PURPOSE.....	3
PROGRAM ADMINISTRATION.....	3
MONITORING	3
PROJECT SPONSOR ROLES AND RESPONSIBILITIES	4
CONFIDENTIALITY	7
CLIENT ELIGIBILITY	7
PROVISION OF ASSISTANCE TO SURVIVORS	8
TERMINATION OF ASSISTANCE	8
SHORT-TERM RENT, MORTGAGE, AND UTILITY (STRMU) ASSISTANCE	9
TENANT BASED RENTAL ASSISTANCE (TBRA)	10
FACILITY BASED HOUSING	11
SUPPORTIVE SERVICES AND CASE MANAGEMENT	11
PERMANENT HOUSING AND RESOURCE IDENTIFICATION	12
HOUSING INFORMATION AND REFERRAL SERVICES	12
HOUSING QUALITY STANDARDS (HQS)	13
PROGRAM REPORTING REQUIREMENTS	14
FAIR HOUSING ACT	15
COMPLIANCE WITH HOUSE BILL HB (87)	16
ENVIRONMENTAL REVIEW AND OPEN RECORDS	16-17
FEDERAL REPORTING REQUIREMENTS	17
PROGRAM DEFINITIONS AND ACRONYMS	19
REOURCES AND FORMS	22

History of the HOPWA Program and Purpose

The Housing Opportunities for Persons with AIDS program was authorized by the National Affordable Housing Act of 1990 and revised under the Housing and Community Development Act of 119, to provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low-income persons with Acquired Immunodeficiency Syndrome (AIDS) or related diseases and their families. This program authorizes entitlement grants and competitively awarded grants for housing assistance and services. 24 C.F.R. 574.1 *Final Rule for Housing Opportunities for Persons with AIDS*.

Program Administration

The Georgia Department of Community Affairs through the Georgia Housing and Finance Authority (GHFA) is responsible for ensuring that grants are administered in accordance with the requirements of applicable laws. DCA is further responsible for ensuring that their respective project sponsors carry out activities in compliance with all applicable requirements at 24 CFR, Part 574.

DCA receives about \$2 MD annually to provide HOPWA funding for the balance of state (127 counties). DCA will typically only consider HOPWA applications from within its HUD-designated 127 county service area. However, subject to availability of funds, and on a second priority basis, programs operating within the Atlanta and Augusta (Eligible Metropolitan Statistical Areas) EMSAs may be eligible to receive GHFA HOPWA funds.

DCA currently funds eight (8) regional programs:

1. Action Ministries, Inc.- Northeast Georgia Area
2. AIDS Athens, Inc.- Athens Area
3. Central City AIDS Network, Inc.- Macon Area
4. Comprehensive AIDS Resource Encounter, Inc.- Jesup/ Statesboro
5. Homeless Resource Network, Inc.- Columbus Area
6. Living Room, Inc.- Northwest Georgia Area-
7. South Health District- Valdosta/Albany/Tifton/Waycross Area
8. Union Mission, Inc.- Savannah/Coastal Area

DCA HOPWA Program Contact: Phillis Thomas, phillis.thomas@dca.ga.gov; 404.679.0651

Monitoring

DCA monitors the Project Sponsor's participation in the Program to ensure compliance with program regulations promulgated by HUD at 24 CFR, Part 574 for HOPWA programs designed to benefit persons with HIV related needs. Effective oversight and monitoring recipients is an important function of DCA.

DCA staff reserves the right to conduct monitoring visits with project sponsors. Visits may be scheduled as a matter of routine or based on project sponsor performance, fiscal reporting, program reporting or other areas of concern. Project Sponsors receiving HOPWA funding, will receive an on-site monitoring visit each contract year. After each monitoring visit is complete,

DCA will send correspondence documenting findings and/or concerns, project accomplishments, areas of deficiencies and technical assistance needs. These areas will be highlighted in the report and serves to confirm issues discussed during the on-site monitoring review process and to give grantees notice of deficient areas requiring attention.

DCA relies upon thorough application review and reimbursement of funds expended in lieu of advancing funds. Desk audits are often performed at DCA to test compliance. On-site monitoring, therefore, is largely limited to eligibility of beneficiaries and a comparison of program records with the programmatic claims of the applicant.

Project Sponsor Roles and Responsibilities

Grantees must comply with all applicable state and federal policies, standards, and guidelines as specified in the contract and is responsible for ensuring efficient, effective, and proper implementation of the HOPWA program in its geographic area of responsibility.

Project Sponsors must properly manage HOPWA funds in compliance with DCA and HUD regulations. Local HOPWA policies should be developed as needed and these policies may address, but are not limited to, issues surrounding moving clients into the Housing Choice Voucher Program (Section 8) or other affordable housing programs, setting financial caps for STRMU, charging to appropriate contracts (costs incurred in one contract year cannot be paid with funds from a different contract year), and setting stricter eligibility requirements beyond standard guidelines. Additionally, Project Sponsors' administrative costs shall not exceed seven (7) percent of the amount of funds received by the Project Sponsor. Administrative costs include all non-service costs and indirect costs.

Beginning in fiscal year (FY) 2012, HUD required as a condition of funding that Grantees ensure that each project sponsor agrees to either obtain a certificate of completion of HOPWA Financial Management Online Training ([see HOPWA Resources section for link to website](#)) by at least one of its employees, or to demonstrate financial management capacity by the use of other credentials related to Federal requirements at Title 24, Code of Federal Regulations (CFR), Part 85.20, as specified in a HUD-approved plan. To ensure compliance, DCA will require that at least one employee of each Contractor or sub-recipient has completed the online Financial Training. The HOPWA applicant must submit a copy of the certificate of completion during the application process.

Lead-based paint requirements apply. Specifically, lead-based paint rules apply when:

- Housing to be assisted was constructed before 1978;
- Residents will include a pregnant woman or a child six years of age or younger; and
- The rent or mortgage assistance payments will exceed 100 consecutive days.
- All housing meeting the above criteria must receive a lead-based paint visual assessment before assistance may be provided.
- Staff must complete an online training course before they are allowed to perform assessments. ([see HOPWA Resources section for link to website](#)). If applicable, the HOPWA applicant must submit a copy of the certificate of completion during the application process.

Absent disabilities, (as supported with completed disability verification form) the HOPWA TBRA Program must be a time-limited comprehensive program not to exceed five years designed to prevent homelessness and to help low-income people with HIV and AIDS to live independently. The HOPWA applicants must submit policies and procedures for this program during the application process. Policies and procedures must provide consideration for persons with a disability or other extenuating circumstances that will require ongoing assistance beyond five years.

Rent payments to individual landlords cannot exceed \$600 gross for the calendar year unless a tax identification number is provided. Sponsors are responsible for completing 1099's annually for individual landlords receiving rental payments in excess of \$600 annually. Mortgage companies, property management companies, and real estate companies are not required to provide these numbers.

Consumers participating in the HOPWA Program must receive the support of a qualified case manager whose primary responsibilities are to assist clients with accessing a variety of services, including Housing Choice vouchers and support services. Provide clients with appropriate referrals. Assist clients in the development of a Housing Stability Plan. Follow-up with clients, as needed, maintains detailed case notes, records, correspondence and telephone log and utilize a case tracking system maintenance and follow-up. Job descriptions must be submitted with your application.

Within fifteen (15) days of the start of any HOPWA assistance, the consumer with the help of the HOPWA case manager will develop and commit to an individualized Housing Plan. The primary goal of the Housing Plan is to assist the consumer in maintaining independence from HOPWA at the end of the time-limited assistance. Documentation of efforts to help the clients to maintain affordable housing must be maintained in the client's file. The HOPWA provider reserves the right to refuse further assistance if the consumer does not demonstrate an effort to implement all or portion of his or her Housing Plan. Policies and procedures addressing this requirement must be submitted with your application.

Periodic "Good Neighbor" Inspections for properties supported by HOPWA TBRA funds should be an asset to not only the program, but to its surrounding neighborhood. From time to time a DCA Housing Inspector may conduct a visual inspection of property participating in any of the HOPWA programs. Depending on that review, the DCA inspector may contact your agency to schedule a complete Housing Quality Standards Inspection of the property to ensure compliance.

Maximum Grant Amounts and Funding Factors

There are no minimum and maximum funding amounts established for this program. Applicants are advised to scale their requests based on housing need for eligible persons, organizational capacity, funding history, the types of activities proposed, number of counties served, participation in state or regional referral networks, DCA-established pro rata amounts for those counties (see handout), and other relevant factors as determined by the applicant and DCA. For HOPWA, absent extremely unusual circumstances, as determined by the Department of

Community Affairs, funding will be limited to programs located within the State's 127 county entitlement area.

Community Facilities, Off-site Housing Assistance, and Supportive Service funding decisions and funding amounts will be based upon the following factors:

- The availability of other HOPWA providers within the service area
- Performance Outcomes
- Consistency with local need, conformance to local plans, and service delivery strategy
- Other funding for programs available to the applicant from Federal, State and local government sources
- Amount of funds requested, prior award amounts and prior utilization of funds
- Degree of compliance demonstrated during DCA monitoring visits or in desk audits
- Relative quality of housing or standards for services to be provided
- Participation in the State's collaborative HMIS initiative (encouraged for HOPWA-only projects, but not "required")
- Level of service (numbers of persons, hours of service, etc.)
- Standard costs for housing and services
- Value of applicant's contributions (cash and in-kind)
- The complexity or nature of the request
- Organizational development and capacity
- The extent to which the organization operates under the authority of a diversified, involved, volunteer, community-based board of directors, professional management
- The consistency of the organization's identity or its mission to the provision of homeless or HIV (as applicable) services,
- The extent to which the organization utilizes networks to avoid duplication of housing and services
- Sound operating procedures and accounting policy
- Participation in appropriate Continuums of Care

Leveraging

All applicants are encouraged to provide 50% of the value of each program with other cash, in-kind services or donations. The matching requirement may be waived at the discretion of DCA on a case-by-case basis. Awards are made at the sole discretion of the Department of Community Affairs. Funding decisions are final and are not subject to an appeal.

Organizational Policies and Procedures

Written policies must be developed and approved by the Project Sponsors to address the following issues:

- Disability determination and documentation
- Housing Quality Standards
- Supportive Services and Case Management Activities
- Matching requirements
- Client rent

- Termination of Assistance
- Nondiscrimination and Equal Opportunity Requirements
- Records and Reports
- Determining eligibility to clients and scope of services to be provided
- Memorandum of Understanding with housing and supportive service providers

Conflict of Interest

Project Sponsors should have policies in place that identify and handle potential conflicts of interest on the part of board members, staff persons, and other representatives of the organization, such as volunteers.

Confidentiality

Confidentiality of all records is required. Project Sponsors are required to have a written confidentiality policy and assure confidentiality of client name, information, and records. All information obtained in connection with the examination, care, or services provided to any client shall not be disclosed without the client's signed consent. There may be exceptions to client disclosure as required by law. Particular care must be taken to ensure confidentiality by having the Project Sponsor's correspondence, envelopes, and checks to landlords, utilities, etc., not reveal that the client is receiving assistance due to HIV/AIDS. Confidentiality requirements are set forth under the HUD regulations, 24 CFR 574.440.

Consent to Release and Obtain Confidential Information

Prior to exchanging information with any other agency or entity, HOPWA Project Sponsors must first secure a release of information from the client. A Consent to Release and/or Obtain Confidential Information Form must be completed and signed by the client identifying specific individuals or organizations to which confidential information may be disclosed and must be re-certified annually. In the absence of specific written authorization, no information identifying an individual's HIV status may be disclosed by the HOPWA Project Sponsor to ANY individual or organization.

Determining Eligibility of Clients

Project Sponsors are responsible for determining the eligibility of applicants who seek HOPWA assistance. The minimum eligibility requirements are:

- Person with HIV/ AIDS- Verification from State Licensed Professional
- Low- income certification- "low-income individual" means any individual or family whose incomes do not exceed 80 percent of the median income for the area as determined by HUD.

DCA stipulates the use of specific processes and formats for HIV/AIDS, disability, and income verification. Required forms to determine client eligibility and additional regulatory references can be found on the DCA website at the HOPWA Grantee only webpage:

http://www.dca.ga.gov/housing/specialneeds/programs/HOPWA_GranteesOnly.asp, or in the forms section of the HOPWA Desk Guide.

Provision of Assistance to Survivors

With respect to the surviving member or members of a family who were living in a unit assisted under the HOPWA program with the person with HIV/AIDS at the time of his/her death, housing assistance under the HOPWA program shall continue for a grace period following the death of the person with HIV/AIDS. See HOPWA regulations 24 CFR Part 574.310(e). The Project Sponsor must establish a reasonable grace period for continued participation by a surviving family member.

TBRA- The grace period for the TBRA Program must be a minimum of one month from the end of the month in which the family member with HIV/AIDS died. The maximum grace period must not exceed 12 months from the time of death of the client. It is advisable to limit this benefit to 2-4 months assistance. The Project Sponsor must notify the family in writing of the duration of their grace period and should assist the family with information about other available housing programs and supportive services.

STRMU- The grace period for the STRMU Program must be a minimum of one month from the end of the month in which the family member with HIV/AIDS died. The maximum grace period cannot exceed 21-weeks (147 days) in a 52-week period for STRMU from the time of death of the client. It is advisable to limit this benefit to 2-4 months assistance. The Project Sponsor must notify the family in writing of the duration of their grace period and should assist the family with information about other available housing programs and supportive services.

ROOMMATES- If a participant resides in a roommate situation, where the roommate is not a beneficiary, then survivor benefits would not apply.

CASE MANAGEMENT- Case Management must be offered to assist the survivor(s) to resolve their housing related needs or to secure alternate housing solutions to the extent possible. Families who are continued on assistance for any period must receive case management monthly to assess the status of the need for continued assistance and this must be documented.

AMOUNT OF ASSISTANCE- When a client dies or other circumstances change, the case manager must reassess and recertify to determine the amount of assistance the family will receive.

OTHER CIRCUMSTANCES- The grace period also applies to remaining household members of clients entering incarceration, drug treatment and hospice/long term health care. A local written policy must be developed that states an acceptable absence from the housing unit must not exceed 90 days.

Termination of Assistance

Assistance to participants who reside in HOPWA assisted housing programs may be terminated if the client violates program requirements or conditions of occupancy. See HOPWA

regulations, 24 CFR Part 574.310(2). Project Sponsors must establish a written policy of termination policies and procedures. Project Sponsors must ensure that supportive services are provided, so that a participant's assistance is terminated only in the most severe cases. The Project Sponsor must document in the client's case file the supportive services that were offered and provided to the client.

In terminating assistance to any client for violation of HOPWA program requirements, which include but not limited to:

- Non-compliance with conditions of occupancy
- Income-eligibility
- Fraud

Project Sponsors must establish a formal written policy and procedure that recognizes the rights of individuals receiving assistance to due process of law. This policy at a minimum, must consist of:

- Providing the client with a written notice containing a clear statement of the reasons for termination;
- Permitting the client to have a review of the decision, in which the client is given the opportunity to confront opposing witnesses, present written objections, and be represented by their own counsel, before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
- Providing prompt written notification of the final decision to the client.

Eligible HOPWA Activities

Eligible activities are those named in current HUD regulations (24 CFR 574.300) for the HOPWA Program that include but are not limited to the following: housing, housing or fair housing information, acquisition, rehabilitation, limited new construction, rental assistance (including shared housing), homelessness prevention, supportive services (to include health, mental health, assessment, drug and alcohol, day care, personal assistance, nutritional services, etc.), general case management, housing operating subsidies, and technical assistance.

Short- Term Rent, Mortgage, and Utilities (STRMU) Program

STRMU payments are for eligible individuals and their household family members who are already in housing and who are at risk of losing that housing. STRMU should not be used to assist a client with locating a housing unit or with other move-in support, as the household should already have a housing arrangement.

Eligible STRMU Assistance Time Limits

The goal of STRMU assistance under the HOPWA program is to provide short-term interventions that help maintain stable living environments for households who are experiencing a financial crisis as a result of issues arising from their HIV/AIDS condition. STRMU assistance is a type of prevention that is intended to reduce the risks of homelessness, and, along with other HOPWA efforts, to improve access to health care and other needed support. This can be done by

the creation and use of individual housing service plans that include an assessment of current resources and establish long-term goals for recipient households along with access to other support, where needed.

Limit of 21 Weeks. STRMU assistance may not be provided for costs accruing over a period of more than 21 weeks in any 52-week period. Therefore, program staff are required to examine the periods of time covered by rental, mortgage and utility bills to assure that payments are not made in excess of amounts incurring over 21 weeks.

All STRMU costs may be equated to the actual calendar days of assistance provided; however, HOPWA allows other acceptable methods for equating and tracking the “benefits period” as most costs relate to monthly billing cycles for rent, mortgage or utility payments. Once a grantee selects the method it intends to use for calculating the maximum allowable period of benefits, the grantee must use that particular method for every project sponsor. The purpose of allowing these three methods is to help grantees establish clear procedures for tracking the application of this 21-week limit on such monthly costs.

The three standard methods are as follows:

- (1) **CALENDAR DAYS OF ASSISTANCE.** This method would be equal to the actual days for which housing and/or utility payments are made on behalf of the client household. The limit of 21 weeks is equated to 147 days of assistance in the year.
- (2) **ROUNDING A MONTH TO FOUR WEEKS.** This method rounds each month to four weeks, allowing for up to 21 weeks in the benefits period. Rental and mortgage costs generally cover a calendar month period consisting of slightly more than four full weeks. This method allows for 5 months and one week of assistance as the limit, regardless of the number of days in those months.
- (3) **COUNTING FULL AND PARTIAL WEEKS.** This method tracks twenty-one weeks of assistance based on 52 weeks per year, divided by 12 months, rounded to 4.3 weeks per month. A full month’s rent would be tracked as 4.3 weeks; 75% of a month’s rent would be tracked at 3.2 weeks, 50% of a month’s rent would be tracked as 2.2 weeks, and 25% of a month’s rent would be tracked at 1.1 weeks of assistance.

Tenant- Based Rental Assistance (TBRA) Program

The primary objective of the TBRA program is to assist eligible applicants to secure safe, decent, and sanitary housing in the private rental market in cities and counties in Georgia. This program allows individuals/families to choose a neighborhood in which they prefer to live and helps to upgrade and maintain the quality of neighborhoods.

DCA has updated the HOPWA TBRA program guidelines in order to facilitate the efficient and effective operation of all HOPWA programs with the primary objective to assist eligible applicants with secure safe, decent, and sanitary housing in cities and counties in Georgia.

Moving forward at annual recertification and for new HOPWA TBRA, a participating head of household will sign a self-sufficiency agreement that he/she will diligently pursue an educational or training program designed to maximize the participants' income or, when feasible, will pursue employment that will allow the participant to acquire market-rate housing or other permanent housing with long-term rental assistance. Individuals that are eligible for public benefits will also be encouraged to apply for those benefits and other mainstream resources to maximize their annual household income and further the program goal of self-sufficiency. These services are available through community service agencies and are not being provided directly by the DCA TBRA program. Each program participant with assistance from Sponsor will select their own support service provider to assist them with their self-sufficiency plan and with assistance with carrying out the steps of the plan.

Rent Payment

Each person receiving TBRA must pay a portion of the rent, including utilities. Each HOPWA client must pay the higher of:

- 30 percent of the family's monthly-adjusted income (adjustment factors include the age of the individual, medical expenses, size of family and child care expenses etc.)
- 10 percent of the family's monthly gross income
- The HOPWA Project Sponsor must pay the balance of the rent up to the lesser of the contract rent or the most current Fair Market Rent (FMR) value or reasonable rent for comparable units in the area. Any documentation used to determine TBRA assistance must be documented in the client's file. HOPWA funds must not be given directly to a client. Link to current Fair Market Rent table <http://www.huduser.org/portal/datasets/fmr.html>.

Utilities Under TBRA

When utilities are not included in the rent and the client is billed directly for utilities, an allowance for reasonable utility consumption must be subtracted from the client's rent portion (30% of the monthly adjusted income or 10% of the monthly gross income). The regulations at 24 CFR 982.514(b) state that, if paid directly to the utility, the Project Sponsor must notify the family in writing of the amount paid to the utility companies on their behalf. The client, however, is responsible for paying any utility costs in excess of the established local utility allowance. Use the TBRA Worksheet to calculate the rental subsidy and the client rent portion. The Project Sponsor must keep on file utility receipts or invoices.

Facility-Based Housing

Facility-based housing provides rental subsidies to residents of certain units within a specific building. If the client decides to move the rental subsidy remains with the unit to be used by the next eligible client. Facility-based housing can be emergency-based, transitional, or permanent housing.

Supportive Services and Case Management

Project Sponsors must make available appropriate supportive services to eligible individuals, either directly or through referrals. Supportive Services may be provided either in conjunction with HOPWA housing assistance or as a stand-alone service (Supportive Services Only) and all income-eligible, HIV positive individuals are eligible. Services and referrals must be documented and tracked in the client's Comprehensive Housing Plan.

HOPWA Supportive Services funds can be used to pay for appropriate portions of time for a HOPWA case manager or case worker. All income-eligible, HIV positive individuals are eligible to receive case management. To the extent possible, case management for HOPWA clients should be funded through some source other than HOPWA. HOPWA funds must not pay for a general psychosocial or medical case manager. Project Sponsors must document and track in the client's Plan which services are utilized and the amount of services received.

Supportive services include, but are not limited to, case management, mental health, assessment, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services.

Key case management activities include:

- Initial assessment of the client's needs
- Development of individual case plan for clients, including affordable stable housing, supportive services, and medical care
- Coordination of services to implement individual case plan.
- Routine client and case-manager engagement to monitor client progression with individual case plan
- Re-evaluation of client case plan as needed

Permanent Housing

Permanent housing placement services may be provided in the form of rent and utility deposits for clients who are risk of becoming homeless.

Resource Identification

Activities under this category are specific to:

- Identifying housing resources and does not include housing referral services;
- Establishing, coordinating, and/or developing housing assistance resources for eligible persons;
- Hiring staff or consultants to develop housing finance package for a specific housing project;
- Conducting preliminary research;
- Determining feasibility of specific housing-related initiatives; and
- Market studies

Housing Information and Referral services

Housing Information services include assistance with referrals to affordable housing resources, assistance in locating available, affordable, and appropriate housing units, working with property owners to secure units, homeless prevention, outreach, and other housing-related activities. It may also include fair housing counseling for people who have encountered discrimination on the basis of race, religion, sex, age, national origin, familial status, or handicap.

Housing Quality Standards

HOPWA-assisted housing must meet both state and local housing standards and HUD's habitability standards as outlined in 24 CFR Part 574.310(b). DCA Compliance Officers, as well as, case managers must certify that HOPWA assisted households are safe, decent, and sanitary by completing Housing Quality Standards (HQS) Inspections. Home visits should be conducted to determine the overall suitability of the property and certify that it meets the standards listed on the HQS form. Households must be re-inspected and re-certified annually when the client is re-certified for HOPWA assistance or when the client moves to a new residence.

Lead-based Paint

Many houses and apartments built before 1978 have paint that contains lead (called lead-based paint). The relevant regulations are found under 24 CFR 574.635. Lead from paint, chips and dust can pose serious health hazards. HUD requires Project Sponsors to give all HOPWA clients the lead-based paint pamphlet entitled *Protect Your Family from Lead in Your Home*. The client's case file must include documentation that a copy of the pamphlet was given to the client. The pamphlet was developed by the Environmental Protection Agency in response to concern about lead-based paint hazards in the home. Copies of the pamphlet are available at the following website address:

English version: <http://www.epa.gov/lead/pubs/leadpdf.pdf>

Spanish version: <http://www.epa.gov/lead/pubs/pyfcameraspan.pdf>

Smoke Detectors

Project Sponsors are required to ensure that an operable hard-wired or battery-operated smoke detector is installed in all HOPWA-assisted units. This applies to STRMU with one exception: if the utilities are the only service being subsidized, the requirement for smoke detectors does not apply. STRMU clients must self-certify that there is a working smoke detector in the residence. HOPWA funds may be used to purchase smoke detectors for clients receiving STRMU *only* if the clients cannot afford to purchase their own and have no other funds to pay for them. Provision of smoke detectors must be funded as a HOPWA Supportive Services activity. Units receiving TBRA must pass HUD's Housing Quality Standards which require the presence of smoke detectors. Standards for installation of smoke detectors may be obtained from your local fire safety officials.

Rent Reasonableness

Program staff should ensure that the rent of the unit does not exceed the rent of comparable unassisted units. Depending on the applicable rent standard, as discussed above, rent reasonableness will be determined as follows:

- 1) If the rent standard of the unit size is used, then rent reasonableness is conducted on this unit size. For example, if the rent standard of a two-bedroom was lower than the pro-rata shared rent, then rent reasonableness should be conducted using other two-bedroom units. OR
- 2) If a pro-rata rent was determined to be the lower amount, rent reasonableness is figured on the total unit, in this case the three-bedroom unit. The pro-rata percentage of the assisted unit's rent should be comparable to the pro-rata share of comparable unassisted units. If the rent is higher than the unit comparables, in either example, rental assistance cannot be given or the rent standard should be adjusted to the reasonable rent.

Program Reporting Requirements

Financial records should be maintained for a four-year period to ensure proper accounting and disbursing of amounts received from HOPWA funds and make the records available to HUD or DCA for inspection.

HOPWA grantees must provide performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families. HOPWA grantees must report the source(s) of cash or in-kind leveraged federal, state, local or private resources used in the delivery of the HOPWA program and the amount of leverage dollars.

Due to time constraints of submitting the State's Consolidated Annual Performance and Evaluation Report (CAPER), individual HOPWA CAPERs due each year from project sponsors, are **DUE to DCA no later than 5:00 PM on July 31st of each year.**

HUD's current *HOPWA Consolidated Annual Performance and Evaluation Report (CAPER): Form HUD-40110-D* has been updated, and this is the report that all project sponsors will be required to complete. The report is located at: <http://www.hudhre.info/index.cfm?do=viewResource&ResourceID=383>. Also included at the noted web page is an Annotated CAPER with notes and descriptions of the changes. Any previous report versions are expired.

Project sponsors must submit complete HOPWA data by the deadline, or risk having their reimbursement privileges suspended and/or the processing of contracts suspended until such time as DCA receives the data. Substantial errors or completeness issues within reports submitted can also result in the suspension of funds until such time that accurate data is submitted.

Please remember, as noted in the HOPWA Training, direct program delivery costs for STRMU (e.g., program operations staff time) is required to be reimbursed, and reported separately from staff costs that have been previously lumped in with general supportive service costs.

Fair Housing Act

All HOPWA project sponsors are expected to comply with the fair housing requirements including all applicable provisions of the Americans with Disabilities Act (Title 42, United States Code Sections 12101–12213) and implementing regulations at Title 28, CFR, Part 35 (States and local government grantees) and Part 36 (public accommodations and requirements for certain types of short-term housing assistance).

The Fair Housing Act prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin. Its coverage includes private housing, housing that receives Federal financial assistance, and State and local government housing. It is unlawful to discriminate in any aspect of selling or renting housing or to deny a dwelling to a buyer or renter because of the disability of that individual, an individual associated with the buyer or renter, or an individual who intends to live in the residence. Other covered activities include, for example, financing, zoning practices, new construction design, and advertising.

The Fair Housing Act requires owners of housing facilities to make reasonable exceptions in their policies and operations to afford people with disabilities equal housing opportunities. For example, a landlord with a "no pets" policy may be required to grant an exception to this rule and allow an individual who is blind to keep a guide dog in the residence. The Fair Housing Act also requires landlords to allow tenants with disabilities to make reasonable access-related modifications to their private living space, as well as to common use spaces. The Act further requires that new multifamily housing with four or more units be designed and built to allow access for persons with disabilities. This includes accessible common use areas, doors that are wide enough for wheelchairs, kitchens and bathrooms that allow a person using a wheelchair to maneuver, and other adaptable features within the units. For more information and resources about the Fair Housing Act: <http://www.hud.gov/offices/fheo/index.cfm>.

The *Fair Housing Equal Opportunity for All* Pamphlet can be downloaded at:

English: http://www.hudclips.org/sub_nonhud/html/pdfforms/1686.pdf

Spanish: http://www.hudclips.org/sub_nonhud/html/pdfforms/1686-1-FHEO-Spa.pdf

Affirmative Outreach

Project sponsor should adopt affirmative outreach procedures to ensure that all persons who qualify for assistance, regardless of race, color, religion, gender, age, national origin, familial status, sexual orientation, or handicap, know of the availability of the HOPWA Program, including facilities and services accessible to persons with a handicap, and maintain evidence of implementation of the procedures.

Faith Based Activities

Faith-based and religious organizations may not discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief. Organizations that are religious or faith-based are eligible on the same basis as any other non-profit organization. These organizations may not engage in inherently religious activities, such as worship, religious instruction or proselytization as a part of programs or services funded under the ESG or HOPWA programs. If an organization conducts such activities, the activities must be offered separately in time or location from the programs or services funded under the ESG and HOPWA programs. Participation in these programs must be voluntary for clients.

Faith-based or religious organizations will retain their independence from Federal, State and local governments, and may carry out their missions, including the definition, practice and expression of religious beliefs, provided that no ESG or HOPWA funds are used to support any inherently religious activities, such as worship, instruction or proselytization. Organizations may use space in their facilities to provide ESG or HOPWA services without removing religious art, icons, scriptures or other religious symbols. Organizations may also retain authority over internal governance, including terms in organization name, selection of board members on a religious basis, and religious references in mission statements and other governing documents.

The Federal Funding Accountability and Transparency Act of 2006

The Federal Funding Accountability and Transparency Act of 2006 requires sub-recipients receiving federal funds to register with Dun and Bradstreet (D & B) to obtain a D-U-N-S number and complete or renew their registration in the Central Contractor Registration. Completing these registration processes is free, but may take up to 10 days to complete. A D-U-N-S number and confirmation that your agency is active in CCR is required as part of this year's application. No awards will be made without this information.

Compliance with House Bill (HB) 87

Recently enacted Georgia State Law (House Bill (HB) 87, the "Illegal Immigration Reform and Enforcement Act of 2011" signed into law by Governor Nathan Deal on May 13, 2011, for contracts signed on or after July 1, 2011) requires DCA and the Georgia Housing and Finance Authority (GHFA) to only contract with entities that are registered with the e-verify program and to obtain an affidavit from the entity certifying participation in the e-verify program. Any subsequent subcontractors (or subcontractors of subcontractors) utilizing DCA or GHFA funds must also participate in the e-verify program and must provide a sworn Affidavit with the e-verify I.D. number. A copy of O.C.G.A. 13-10-91 is on the DCA website for reference. DCA-funded organizations must complete and execute a "*Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)*." Note that this Affidavit must be executed by the person that executes the DCA HOPWA Program Participation Agreement. It is necessary also that any subcontractors (and subcontractors of subcontractors) utilizing funds under the Agreement provide (to you, and then from you to DCA) the "*Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)*."

Level of Environmental Review

In 2001, DCA received authorization from HUD to perform the environmental review for proposed HOPWA projects in accordance with Title 24, CFR, Part 58. To comply with those requirements, DCA is requesting that all Sponsors provide a detailed description of the types of activities to be provided. HUD has determined that the following Categorical Exclusions are not subject to Part 58.5 since they would not alter any conditions that would require a review or compliance determination under Federal laws and authorities cited in Part 58.5, unless there are extraordinary circumstances. If you are carrying out an activity that is not listed below, then a more detailed level of review may need to be completed and you must contact DCA prior to carrying out those activities (e.g., minor rehabilitation of housing units, property acquisition or lease).

Georgia Open Records Act

All records created as a result of the submission of an Application to participate are subject to disclosure under the Georgia Open Records Act and the applicant expressly consents to such disclosure. The Applicant agrees to hold harmless the State Housing Trust Fund for the Homeless, the Georgia Housing and Finance Authority and the Georgia Department of Community Affairs against all losses, costs, damages, expenses, and liability of any nature or kind (including but not limited to attorney's fees, litigation and court costs) directly or indirectly resulting from or arising out of the release of any information pertaining to the Applicant's submission of an Application and implementation of any activities as a result of funding under this program, pursuant to a request under the Georgia Open Records Act.

State and Federal Financial Reporting/Audit Requirements for Nonprofit Agencies

On July 1, 1998 Senate Bill 474 became effective as law (OCGA Title 50, Chapter 20) in Georgia. This chapter is entitled Relations With Nonprofit Contractors. The law states that *"The intent of this chapter is to provide auditing and reporting requirements for nonprofit organizations which provide services and facilities to the state, to ensure the financial accountability of nonprofit contractors, and to develop adequate information concerning nonprofit contractors. The General Assembly finds that the state has a right and a duty to monitor nonprofit organizations which contract with the state to ensure that their activities are in the public interest and to ensure that public funds are used for proper purposes."*

According to the State law, *'nonprofit organization' means any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized primarily for profit; and uses its net proceeds to maintain, improve, or expand its operations. The term nonprofit organization includes nonprofit institutions of higher education and hospitals. For financial reporting purposes, guidelines issued by the American Institute of Certified Public Accountants should be followed in determining nonprofit status.*

As a result and among other requirements, DCA must obtain minimum organizational and financial information from nonprofit organizations in order to establish the viability of the

nonprofit organization and to report award and funding amounts to the State Department of Audits.

In return for funds, and among other requirements, nonprofit organizations must make appropriate reports to the state auditor and to each state agency from which it received funds for each fiscal year within 180 days from the close of the nonprofit organization's fiscal year. Reporting formats vary based upon the amount of "state funds" received by nonprofit organizations during the organization's fiscal year.

This law also sets forth responsibilities of the state auditor and covers measures to be taken by state agencies if there are matters of non-compliance. Copies of the law and associated guidance are available upon request by calling Patricia Wright of DCA at (404) 327-6856. For further compliance information nonprofit applicants are encouraged to first contact their own internal auditors.

Additional information may be obtained from the State Office of Audits as follows: Georgia Department of Audits, Non-Profit and Local Government Audits Division, 270 Washington Street SW, Suite 1-156, Atlanta, GA 30334-8400. The contact is Mr. Edward Blaha; phone (404) 651-5115, Email blahaef@audits.ga.gov.

Other State and Federal Requirements

To the extent practicable, as determined by DCA, grantees must comply with the HUD HOPWA Program Regulations at 24 CFR Part 574, as amended. Program requirements include, but are by no means limited to, the following:

- 1) All grants to non-profit organizations are subject to the administrative requirements and cost principals outlined in OMB Circulars A-110 and A-122. These requirements for local governments are outlined in 24 CFR, Part 85 and OMB Circular A-87.
- 2) Costs requested for reimbursement via automatic deposit by DCA must be "reasonable and justifiable," and are only eligible to the extent that they are consistent with the program approved by DCA.
- 3) All funds will be reimbursable to grantees based upon actual program expenses with supporting documentation (retained by grantee).
- 4) Expenses are only eligible to the extent that they benefit "eligible persons" under the HOPWA program, as defined herein.

Program Definitions & Acronyms

- ***Acquired Immunodeficiency Syndrome (AIDS):*** a medical diagnosis requiring a positive HIV test (Western Blot confirmed), and a CD4+ cell count below 200 cells per microliter OR CD4+ cells account for fewer than 14 percent of all lymphocytes OR a diagnosis of one or more of the AIDS-defining illnesses.
- ***Administrative Costs:*** Nonservice-related operating costs of administering the HOPWA program (may include salary, fringe, benefits, etc.) Project sponsor administrative costs are limited to 7% of the total project sponsor grant award.
- ***Beneficiary:*** The HOPWA Client and family members (see definition for Family) receiving HOPWA assistance. Any individual(s) residing with the HOPWA Client whose income is not considered in the HOPWA Client's income eligibility criteria is not considered a beneficiary, i.e. roommates, paid caregivers, and live-in aides.
- ***Chronically Homeless Person:*** "An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years." For this purpose, the term "homeless" means "a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter." This does not include persons temporarily staying or living in someone else's residence.
- ***Disabling Condition:*** "A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." In addition, a disabling condition may limit an individual's ability to work or perform one or more activities of daily living. *An HIV/AIDS diagnosis is considered a disabling condition.*
- ***Domestic Violence Survivor:*** A self-reported current or past victim of domestic violence.
- ***Duplicated Count:*** A household/client that received more than one HOPWA service in the same project year, e.g. a client received both STRMU and TBRA or a client received both STRMU and Supportive Services.
- ***Eligible Individual:*** A person with HIV or AIDS who meets the income eligibility criteria as defined by the Income-eligible definition.
- ***Emergency:*** A situation that is short-term in nature and one that the case manager has reason to believe will put the client at risk of becoming homeless.
- ***Family:*** A family may be composed of two or more related persons. A person who is not a relative by blood or marriage can also be considered a family member if they are important to the care or well-being of a person with HIV. This is not the same as a live-in aide who is compensated for providing care to the person with HIV. The status of a roommate or a live-in aide cannot change to that of being a family member after the death of a HOPWA client in order to receive survivor benefits.

- **Family Unit:** A household composed of a HOPWA Client and 1 or more other beneficiaries.
- **HOPWA Client:** A person with HIV/AIDS who qualifies for and receives HOPWA assistance.
- **HOPWA Project Sponsor:** An agency that contracts with DCA to directly provide HOPWA services.
- **Household:** Refers to a client and all other beneficiaries residing with that client. In situations where no other beneficiaries reside with the client, the client constitutes a household unto him/herself. Non-beneficiaries who reside in the shared unit are not part of the household.
- **Human Immunodeficiency Virus (HIV) Infection:** an infection caused by a virus that infects the body and destroys portions of the immune system and is documented by a positive serologic test (Western Blot confirmed).
- **Income-eligible:** Any individual or family whose income does not exceed 80 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. Project Sponsors MUST use the current HUD Income Limits Table (see Section 17 HUD Tables) to determine HOPWA program eligibility.
- **Non-HOPWA leveraged sources:** Refers to cash resources separate from the DCA HOPWA grant award, and may include: CDBG, HOME, ESG, SHP, S+C, Housing Choice Vouchers (Section 8), Low Income Housing Tax Credits (LIHTC), Historic Tax Credits, USDA Rural Housing Service, Ryan White programs, other federal programs, state funds, local government funds, and private philanthropy. While other HOPWA funds may be used in conjunction with this grant, the amounts are not counted as leveraged sources and performance is reported under the applicable HOPWA grant.
- **Non-HOPWA supportive services:** All other supportive services the HOPWA client receives related to HIV/AIDS and the client's well-being, including medical care, transportation, food, drug treatment, social services, etc.
- **Outcome Assessed:** The HOPWA assisted households who have been enabled to establish or better maintain a stable living environment in housing that is safe, decent, and sanitary (per the regulations at 24 CFR 574.310(b)), to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support.
- **Permanent Housing Placement (PHP):** Assistance for reasonable security deposits, not to exceed the amount equal to 2 months of rent, and related application fees and credit checks.
- **Short-term Rent, Mortgage, and Utility Assistance (STRMU):** A housing subsidy for short-term rent, mortgage, and utility payments to prevent homelessness of the tenant or

mortgagor of a dwelling. This program provides assistance for a period not to exceed 21 weeks (147 days) worth of assistance in any 52-week period. These payments are for eligible individuals and their household beneficiaries who are already in housing and who are at risk of becoming homeless. STRMU was previously known as Emergency Assistance in Texas.

- **Supportive Services:** Assistance for case management, basic telephone service, and provision of smoke detectors. Supportive Services may be provided in conjunction with HOPWA housing assistance or as a stand alone service (Supportive Services Only).
- **Tenant-based Rental Assistance (TBRA):** A housing subsidy for tenant-based rental assistance, including assistance for shared housing arrangements. It assists Income-eligible clients and their beneficiaries with rent and utilities until they are able to secure affordable, stable housing. TBRA was previously known as Rental Assistance in Texas.
- **Veteran:** Anyone who served or is currently serving in the military forces.

AIDS	Acquired Immunodeficiency Syndrome
CFR	Code of Federal Regulation
FMR	Fair Market Rent
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons with AIDS
HQS	Housing Quality Standards
HSDA	HIV Service Delivery Area
HUD	Housing and Urban Development (U.S. Department of)
PHP	Permanent Housing Placement
SHP	Supportive Housing Program
SSI	Supplementary Security Income
STRMU	Short Term Rent, Mortgage, and Utilities, formally known as Emergency Assistance
TANF	Temporary Assistance for Needy Families
TBRA	Tenant-Based Rental Assistance, formally known as Rental Assistance

HOPWA Resources

HOPWA Regulations

www.hud.gov/offices/cpd/lawsregs/index.cfm.

HOPWA Grantee Oversight Resource Guide

To assist grantees and projects sponsors in administering the HOPWA Program in accordance with HOPWA regulation and policy. The Guide can be downloaded from the following website: http://www.hudhre.info/documents/HOPWAOversightGuide_Aug2010.pdf as well as obtained from DCA's HOPWA website.

HOPWA Financial Management Online Training

<http://www.hudhre.info/index.cfm?do=viewHopwaFinancialTraining>

Lead-based paint requirement and training can be found at:

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

IRS form W-9 and 1099-Misc as well as detailed instructions on their completion can be obtained from the IRS website, www.irs.gov

Fair Housing Act

http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp

Fair Housing Equal Opportunity Brochure Webpage: <http://www.hud.gov/offices/fheo/lep.xml>

Fair Housing Equal Opportunity for All Pamphlet:

<http://portal.hud.gov/hudportal/documents/huddoc?id=2011EqualOppforall.pdf>

Fair Housing Equal Opportunity for All Pamphlet (Spanish version):

<http://portal.hud.gov/hudportal/documents/huddoc?id=FHEOBookletSpanishWeb.pdf>

D-U-N-S number and register in CCR please visit the following website: <http://www.dnb.com/>

The Department of Housing and Urban Development sets Median Income levels for communities across the country; these numbers vary significantly. This data can be found at:

<http://www.huduser.org/datasets/il.html>

Contractors must also comply with the policies, guidelines, and requirements of Title 24, CFR, Part 85 (codified pursuant to Office of Management and Budget [OMB] Circular No. A-102) and OMB Circular No. A-87 with respect to acceptance and use of funds under the program by states and units of general local government, including public agencies, and Circulars Nos. A-110 and A-122 with respect to the acceptance and use of funds under the HOPWA Program by private non-profit entities. These documents can be downloaded from the following website:

www.whitehouse.gov/omb/circulars/index.html.

GA DCA Summary of Required Documents for HOPWA Housing Assistance
(This form does not reflect all documents required for the HOPWA program.)

I. Basic Eligibility for all Housing Assistance

Included	N/A	Item	Agency Comments
<input type="checkbox"/>		Agency application for assistance	
<input type="checkbox"/>		HIV+ Verification from State-Licensed Professional	
<input type="checkbox"/>		Family Size & Income Certification ^{1,2}	
<input type="checkbox"/>		Income Verification Documentation ² (Includes -0- income statement, if applicable)	
<input type="checkbox"/>		Tenant Rent Calculation Worksheet ^{1,2}	
<input type="checkbox"/>	<input type="checkbox"/>	Homeless Verification, if applicable ¹ (for S+C requires homeless entering from streets or from shelter)	
<input type="checkbox"/>	<input type="checkbox"/>	Disability Verification, if applicable ¹	
<input type="checkbox"/>		Individualized Case Management / Housing Placement Plan (short and long term)	
<input type="checkbox"/> Yes <input type="checkbox"/> No - HOPWA Eligible?		<input type="checkbox"/> Yes <input type="checkbox"/> No - S+C Eligible?	

II. Additional Docs for (Transitional or Permanent – Agency Option)

Tenant-Based Rental Assistance

Included	N/A	Item	Agency Comments
<input type="checkbox"/>	<input type="checkbox"/>	Utility Allowance ^{1,2}	
<input type="checkbox"/>	<input type="checkbox"/>	Rent Subsidy and HQS Compliance Determination ^{1,2}	

III. Additional Docs for Short-Term Rent, Mortgage, and/or Utility Assistance for 'Housed' Persons

<input type="checkbox"/>	Client is currently "housed," holds a lease or a mortgage for unit to be assisted, and meets homeless STRMU standards established by HUD.	Comments:
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IV. Additional Docs for Permanent Housing Placement

<input type="checkbox"/>	Client meet established agency policy. Policy reference and documentation attached.	Comments:
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¹DCA Formats Required

²Annual Recertification Required (HQS Recommended!)

DCA/GHFA Prescribed - HUD McKinney Program - Disability Verification Form

DCA/GHFA Grantee or Sponsoring Agency: _____

Head of Household _____ SS# _____ DOB _____

Verification Requested

For Adult Household Member: _____ SS# _____ DOB _____

The person identified above is applying for Shelter Plus Care Assistance. We are required by HUD to verify information provided by the family. The applicant has claimed that the family member indicated above is disabled. To verify this status, please complete this form and return it to the Sponsor named below.

Check one of the 3 boxes below:

1. The person is disabled and is on SSI (current SSA award letter attached).
2. The person has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such a nature that ability to live independently could be improved by more suitable housing conditions.
3. The person has a developmental disability, which is a severe, chronic disability that-- (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) Manifested before the person attained age 22; (iii) Is likely to continue indefinitely; (iv) Results in substantial functional limitations in three or more of the following areas of major life activity: (A) Self-care; (B) Receptive and expressive language; (C) Learning; (D) Mobility; (E) Self-direction; (F) Capacity for independent living; and (G) Economic self-sufficiency; and (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

Complete the following information:

1. Describe disability(ies) - attach additional pages, if necessary:

2. Does this person need a live-in aide to provide supportive services essential to his/her care and well being?

Yes No . If yes, explain

IN MY PROFESSIONAL OPINION, I CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Type or Print Name of Professional:

Qualification:

- Licensed Clinical Social Worker Psychiatrist
 Clinical Nurse Specialist Licensed Professional Counselor
 Physician Psychologist

Signature of Licensed Certifying Professional:

License number:

Date:

THIS FORM IS INVALID WITHOUT APPLICABLE LICENSE NUMBER

Last Modified: December 1, 2011

**GA DCA Family/Household Size and Income Certification
HOPWA, S+C AND OTHER MCKINNEY PROGRAMS**

APPLICANT NAME: _____
 CURRENT ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 HOME PHONE: _____ ALTERNATE PHONE: _____

LIST THE HEAD OF FAMILY AND ALL OTHER PERSONS LIVING IN THE UNIT WHO ARE A PART OF THAT FAMILY. USE ADDITIONAL SHEETS TO SHOW ADDITIONAL FAMILY MEMBERS OR ADDITIONAL FAMILIES WITHIN THE HOUSEHOLD. REMEMBER - ELIGIBILITY IS BASED ON "FAMILY INCOME." LEVELS OF ASSISTANCE ARE BASED ON "HOUSEHOLD INCOME." FOR S+C EACH "FAMILY" MUST BE "VERY LOW-INCOME." FOR HOPWA, EACH "FAMILY" MUST BE "LOW INCOME."

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.

INCOME INFORMATION FOR EACH "FAMILY" - REFER TO HOPWA & S+C REGS FOR DEFINITIONS. USE ADDITIONAL SHEETS, IF NECESSARY, TO SHOW INCOME FROM ADDITIONAL FAMILY MEMBERS OR INCOME FROM ADDITIONAL FAMILIES WITHIN THE SAME HOUSEHOLD. SHOW TOTAL VERIFIED, PROJECTED 12 MO. INCOME OF ALL FAMILY MEMBERS FROM ALL SOURCES. INCLUDE WAGES, SALARIES AND TIPS; OTHER INCOME SUCH AS FOOD STAMPS, ALIMONY, CHILD SUPPORT, SOCIAL SECURITY, AFDC AND OTHER BENEFITS.

MEMBER'S FULL NAME	SOURCE OF INCOME	PAYMENT BASIS (WEEKLY, MONTHLY, ETC.)	VERIFIED ANNUAL AMOUNT (ATTACH DOCUMENTATION)
TOTAL FAMILY INCOME:	EXCLUDED AMOUNTS FROM 4B OF CPD NOTICE 96-03:	FAMILY INCOME FOR ELIGIBILITY DETERMINATION:	HOUSEHOLD INCOME :

CERTIFICATION: I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE IF I/WE ARE ELIGIBLE TO RECEIVE ASSISTANCE AND TO DETERMINE ASSISTANCE AMOUNTS. ANY CHANGES TO THIS INFORMATION WILL BE REPORTED TO THE AGENCY IN WRITING WITHIN 10 DAYS OF CHANGE. I/WE AUTHORIZE THE [PROGRAM ADMINISTRATOR] TO VERIFY ALL INFORMATION PROVIDED IN THIS APPLICATION.

HEAD OF HOUSEHOLD SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
Agency Use Only - Verification of Eligibility For S+C - Meets <input type="checkbox"/> "Very Low Income" <input type="checkbox"/> homeless from street or shelter and <input type="checkbox"/> adult with verified disability? Attach documentation! For HOPWA - Meets <input type="checkbox"/> "Low Income," and <input type="checkbox"/> AIDS or Related Diseases eligibility? Attach documentation!			

Determination Made By: _____	Date: _____
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3_DCA_FAMILY_SIZE_&_INCOME_CERTIFICATION(REV9-06)

Excerpts from HOPWA Regulations
Sec. 574.3 Definitions.

Acquired immunodeficiency syndrome (AIDS) or related diseases means the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Eligible person means a person with acquired immunodeficiency syndrome or related diseases who is a **low-income** individual, as defined in this section, and the person's family. A person with AIDS or related diseases or a family member regardless of income is eligible to receive housing information services, ... Any person living in proximity to a community residence is eligible to participate in that residence's community outreach and educational activities regarding AIDS or related diseases ...

Family means a household composed of two or more related persons. The term family also includes one or more eligible persons living with another person or persons who are determined to be important to their care or well being, and the surviving member or members of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death.

Excerpts from S+C Regulations
Sec. 582.5 Definitions.

Eligible person means a homeless person with disabilities (primarily persons who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have AIDS and related diseases) and, if also homeless, the family of such a person. To be eligible for assistance, persons must be very low income, ...

Person with disabilities means a household composed of one or more persons at least one of whom is an adult who has a disability. ... (see DCA disability verification form)

Very low-income means an annual income not in excess of 50 percent of the median income for the area, as determined by HUD, ...

Attachment B
Tenant Rent Calculation Worksheet

Head of Household Name: _____ Date: _____
(For guidance see Notice CPD 96-03)

- 1. Annual Income. (as described in section 4a) (1) _____
- 2. Income exclusion. (as described in section 4b) (2) _____
- 3. Annual Gross Income. (line 1 minus line 2) (3) 0

Calculation of Adjusted income

Dependent Allowance

- 4. Number of Dependents, i.e., number of family members, other than head or spouse, or in S+C, the person determined to be important for the care of the eligible person, who are under 18, disabled, handicapped or full-time students. (4) _____
- 5. Multiply line 4 by \$480 (5) 0

Child Care Allowance

- 6. Enter anticipated unreimbursed expenses for care of children age 12 and under which will allow a household member to work or pursue education. It may not exceed the amount of income from such work. (6) _____

IF RESIDENT DOES NOT HAVE HANDICAPPED ASSISTANCE EXPENSES AND HEAD OF HOUSEHOLD, SPOUSE, OR SOLE MEMBER IS NOT HANDICAPPED, DISABLED, OR AT LEAST 62 YEARS OF AGE, SKIP TO NUMBER 15.

Handicapped Assistance Allowance

- 7. Handicapped assistance expenses (7) _____
- 8. Multiply line 3 by 0.03 (8) 0
- 9. Subtract line 8 from line 7. If < 0 enter 0. (9) 0
- 10. Amount earned by family members which was dependent upon the handicapped assistance expense. (10) _____
- 11. Enter the lesser of lines 9 and 10. This is the handicapped assistance allowance. (11) 0

Attachment B
Tenant Rent Calculation Worksheet

IF HEAD OF HOUSEHOLD, SPOUSE, OR SOLE MEMBER IS 62 YEARS OF AGE OR OLDER, HANDICAPPED OR DISABLED, COMPLETE ITEMS 12 - 13. OTHERWISE, SKIP TO NUMBER 15.

Medical Expenses and Elderly or Disabled persons Family Allowance

- 12. Medical expenses (12)
- 13. If line 9 is > 0, enter the amount from line 12. Otherwise, add lines 7 and 12 and subtract line 8. (13) 0
- 14. Elderly or disabled family allowance. Note - All S+C households must meet "disability" test, so all are eligible for this allowance. Enter \$400 (14)

Adjusted Income

- 15. Total Income Adjustments
Add Lines 5, 6, 11, 13 and 14. (15) 0
- 16. Adjusted Income
Subtract Line 15 from Line 3 (16) 0

Resident Rent Determination

- 17. 30% of Adjusted Monthly Income.
Divide line 16 by 12 and multiply by 0.3 (17) 0
- 18. 10% of Monthly Income
Divide line 3 by 12 and multiply by 0.1 (18) 0
- 19. Welfare rent, if applicable (N/A to HOPWA and S+C) (19)
- 20. RESIDENT RENT
Enter the largest of lines 17, 18 and 19. (20) 0
For McKinney Homeless and HOPWA Programs, this amount may be \$0.

IF THE RENT INCLUDES UTILITIES STOP HERE. OTHERWISE PROCEED TO NO. 21

- 21. Utility Allowance (From DCA Utility Schedule) (21)
- 22. RESIDENT RENT IF UTILITIES ARE NOT INCLUDED IN RENT
Subtract line 21 from line 20 (22) 0
- 23. Utility Reimbursement. (If the amount on line 22 is less than 0, change the minus to a plus. In addition to the amount of the rent (payable to tenant or landlord), this is the amount that must be paid to the resident as a utility reimbursement. (23) 0

Rent Subsidy and HQS Compliance Determination
HOPWA TENANT-BASED RENTAL ASSISTANCE PROGRAM

(do not use for short term assistance)

CLIENT NAME:

Home Phone: Date:

UNIT TO BE ASSISTED (Initial Determination, Or Annual Update)

1 Address:
 City, State and Zip:

2 HQS Inspection – Pass Date:
 (Attach Inspection. Must be within previous 12 months.)

3 HQS or Housing Code Bedroom Size Necessary to Accommodate this Family:

4 Actual Bedroom Size:
 (If less than number shown on line 3, this unit may not be suitable for this family and should not be assisted for the long term.)

5 Allowable Bedroom Size (Per Local Agency Policy):

6 Current FMR
 Allowable or actual bedroom size, whichever is less. Attach table.
 Attach PHA letter/table if there is an exception rent.

7 Monthly Rental Cost:
 (Verified by lease, letter from landlord + cancelled check, etc. **Attach verification.**)

8 DCA Utility Allowance (do not include phone!):
 (Based on Actual Size of Unit. **Attach worksheet.**)

9 Total of Line 7 + Line 8 (This is the actual rent): \$0

10 Enter the lesser of Line 6 or line 9: \$0

11 Enter the "Resident Rent" amount from Line 20 of the
 Tenant Rent Calculation Worksheet (**Attach Worksheet**):
This is the maximum amount each month that the client is allowed to contribute!

12 Subtract Line 11 From Line 10: \$0
This is the maximum monthly HOPWA subsidy for this client for this unit.

13 Additional funds needed from third party (entity other than HOPWA
 or Client) needed to rent this unit. This represents the gap between
 the client rent (line 11) + the maximum subsidy (line 12): \$0

14 Additional monthly subsidy for this unit to be provided by HOPWA
 grantee from resources other than resident or HOPWA. If amount is
 entered, attached documentation from monthly source.

15 Balance of funds needed from 3rd parties (other than client or
 HOPWA) in order to proceed with rental assistance for this unit for
 this client: 0

Can the rental assistance proceed for this unit?

16 No, line 15 is greater than zero (-0-) **Yes**

If the answer to this question is "No," this resident/family cannot be assisted within the unit specified. Contact DCA for guidance.

CERTIFICATION: I certify that the above information is correct.

Agency Representative Signature:

Title: Date:

REQUIRED ATTACHMENTS: HQS Inspection, HUD FMR Schedule, Monthly Rental Cost Verification,
 DCA Utility Allowance Worksheet, and Tenant Rent Calculation Worksheet

Copy of 6_Rent_Assistance_Calc_HQS-REV5-07

**Subsidy Determination
HOPWA SHORT-TERM RENT, MORTGAGE & UTILITY (STRMU) ASSISTANCE**

CLIENT NAME: _____
Home Phone: _____ Date: _____

UNIT TO BE ASSISTED

1	Address: City, State and Zip:	_____
2	HQS Inspection -- Date: (Attach Inspection.)	_____
3	Bedroom Size Necessary to Accommodate this Family (local policy):	_____
4	Actual Bedroom Size:	_____
5	FMR for Bedroom Size, Line 3:	_____
6	Monthly Rental Cost: (Verified by lease, letter from landlord + cancelled check, etc. Attach verification.)	_____
7	DCA Utility Allowance (Include allowance for cost of local phone service. Attach worksheet.)	_____
8	Total of Line 6 + Line 7 (This is the actual rent):	_____ \$0
9	Greater of Line 5 (FMR) or Line 8 (Actual):	_____ \$0
10	Enter the "Resident Rent" amount from Line 20 of the Tenant Rent Calculation Worksheet (Attach Worksheet):	_____
11	Subtract Line 10 from Line 9 (if 10 > 9, enter 0): (This is the "Rent Burden" being experienced by the Household)	_____ \$0
12	Multiply Line 11 (the "rent burden amount") by (a factor of 5 months is recommended):	_____
13	Total of Line 11 x Line 12. This is the total funds this applicant may receive for any 21 weeks of assistance in 52 week period. If Line 13 = \$0, maximum assistance is the actual amount needed for rent, mortgage or utility assistance to prevent homelessness or utility disconnection.	_____ \$0

CERTIFICATION: I certify that the above information is correct.

Agency Representative Signature: _____
Title: _____ Date: _____

REQUIRED ATTACHMENTS: __ HQS Inspection, __ Monthly Rental Cost Verification, __ DCA Utility Allowance Worksheet, and __ Tenant Rent Calculation Worksheet

Schedule of Assistance
DCA HOPWA Shelter Voucher, Resettlement, or Short Term Rent,
Mortgage and Utility (STRMU) Payments

Client's Name: _____ Approved Assistance Amount: _____

Address: _____ \$ _____

Assistance Begin Date: _____ Next Eligibility Date: _____

Check One Box

Line No.	Week No.	Service Period Beginning	Service Period Ending	Assistance Payable to:	Check One Box			STRMUA (line 36)	Amount this Item:
					Shelter Vouchers (line 29)	Resettlement (line 30)	Rent or Utility Deposits (Line 31)		
1								\$0.00	
2								\$0.00	
3								\$0.00	
4								\$0.00	
5								\$0.00	
6								\$0.00	
7								\$0.00	
8								\$0.00	
9								\$0.00	
10								\$0.00	
11								\$0.00	
12								\$0.00	
13								\$0.00	
14								\$0.00	
15								\$0.00	
16								\$0.00	
17								\$0.00	
18								\$0.00	
19								\$0.00	
20								\$0.00	
21								\$0.00	
22								\$0.00	
23								\$0.00	
24								\$0.00	
25								\$0.00	
Cumulative Totals:					0.00	0.00	0.00	\$0.00	

Copy of 8_Schedule_of_Voucher_Resettlement_STRMU_Assistance, January 2004

Attachment 4-1: Rent Reasonableness Checklist and Certification

RENT REASONABLENESS CHECKLIST AND CERTIFICATION

24 CFR 574.320 (a)(3) Rent reasonableness. The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction				
Housing Condition				
Location/Accessibility				
Amenities Unit: Site: Neighborhood:				
Age in Years				
Utilities (type)				
Unit Rent Utility Allowance Gross Rent				
Handicap Accessible?				
Most Recently Charged Rent For Proposed Unit		Reason for Change		

* Other local resources may be used to obtain information, e.g.: market surveys, classified ads.

I certify that I am not a HUD certified inspector and I have evaluated the property located at the above address to the best of my ability and find the following:

CERTIFICATION:

A. Compliance with Payment Standard

$$\text{Contract Rent} + \text{Utility Allowance} = \text{Proposed Gross Rent}$$

Approved rent does not exceed applicable Payment Standard of \$_____

B. Rent Reasonableness

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

Name: _____ Signature: _____ Date: _____

SAMPLE FORM

UPDATED JULY 2006

Lead-Based Paint Visual Assessment

All units in which HPRP program participants reside are subject to Lead-Based Paint requirements. This form must be completed and included in each program participant file. Individuals completing this form must complete the online HUD <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm> training.

Program Participant Name: _____

Property Address: _____

Property Owner Name: _____

Check all that apply:

Property was built after 1978 Year Property Built: _____

No child under 6 lives with program participant

Property is zero bedrooms, SRO housing, elderly housing

Property has been tested and determined to not to contain lead-based paint (attach documentation)

Property has had lead-based paint hazards removed (attach documentation)

If any items are checked above, no visual assessment is required. Please include appropriate signatures (agency and program participant) and dated.

No items are checked above (Visual Assessment required)

Interior: Is there any peeling, chipping, chalking, or cracking paint?

YES NO

Interior: Deterioration exceeds the de minimis level?

YES NO NA

Exterior: Is there any peeling, chipping, chalking, or cracking paint?

YES NO

Exterior: Deterioration exceeds the de minimis level?

YES NO NA

Common Areas: Is there any peeling, chipping, chalking, or cracking paint?

YES NO NA

Common Areas: Deterioration exceeds the de minimis level?

YES NO NA

Describe Any Action Taken:

Program Participant: _____

Signature

Date

Property Owner Name: _____

Signature

Date

Program Staff Name: _____

Signature

Date

Georgia Department of Community Affairs
Office of Affordable Housing

UTILITY ALLOWANCES
Effective 9/1/2012

NORTHERN REGION

Unit Type	Use	Appliance Type	0 BR	1 BR	2 BR	3 BR	4 BR
MULTI-FAMILY	Heating	Natural Gas	24	34	43	53	68
		Electric	28	36	46	56	72
		Propane	51	71	91	110	142
		78%+ AFUE Gas	16	21	25	34	42
		Electric Heat Pump	9	10	13	18	22
		Electric Aquatherm	18	25	32	39	50
		Gas Aquatherm	16	24	30	37	48
	Cooking	Natural Gas	6	9	10	13	16
		Electric	6	9	11	13	17
		Propane	14	17	23	28	34
	Hot Water	Natural Gas	16	22	28	34	43
		Electric	19	26	34	41	53
		Propane	34	45	59	71	91
	Air Cond.	Electric	17	23	30	36	46
Lights/Refr.	Electric	17	24	31	38	49	
Sewer		15	20	24	32	39	
Water		10	13	16	22	28	
Trash Collection		20	20	20	20	20	
SINGLE FAMILY	Heating	Natural Gas	27	37	49	59	76
		Electric	28	40	51	62	80
		Propane	57	79	102	125	156
		78%+ AFUE Gas	25	33	42	49	62
		Electric Heat Pump	18	28	31	36	48
		Electric Aquatherm	20	28	36	44	56
		Gas Aquatherm	19	27	34	42	53
	Cooking	Natural Gas	6	9	10	13	16
		Electric	6	9	11	13	17
		Propane	14	17	23	28	34
	Hot Water	Natural Gas	16	22	28	34	43
		Electric	19	27	34	41	53
		Propane	34	45	59	71	91
	Air Cond.	Electric	18	26	33	40	51
Lights/Refr.	Electric	19	28	35	43	54	
Sewer		15	21	26	31	39	
Water		10	14	18	22	28	
Trash Collection		20	20	20	20	20	

Georgia Department of Community Affairs
Office of Affordable Housing

UTILITY ALLOWANCES
Effective 9/1/2012

MIDDLE REGION

Unit Type	Use	Appliance Type	0 BR	1 BR	2 BR	3 BR	4 BR
MULTI-FAMILY	Heating	Natural Gas	20	28	35	44	58
		Electric	23	33	42	51	65
		Propane	42	59	76	93	119
		78%+ AFUE Gas	13	16	20	26	32
		Electric Heat Pump	7	7	9	14	17
		Electric Aquatherm	16	23	29	36	46
		Gas Aquatherm	15	19	25	31	39
		Cooking	Natural Gas	6	9	10	13
	Electric		7	9	12	15	19
	Propane		14	17	23	28	34
	Hot Water	Natural Gas	16	22	28	34	42
		Electric	21	29	37	45	57
		Propane	34	45	59	71	91
	Air Cond.	Electric	23	33	42	51	65
Lights/Refr.	Electric	19	27	34	42	53	
Sewer		28	37	46	57	71	
Water		17	22	28	35	43	
Trash Collection		20	20	20	20	20	
SINGLE FAMILY	Heating	Natural Gas	22	31	39	48	61
		Electric	26	36	46	57	72
		Propane	48	65	85	102	130
		78%+ AFUE Gas	19	26	32	38	48
		Electric Heat Pump	14	22	24	28	38
		Electric Aquatherm	18	25	33	40	51
		Gas Aquatherm	16	22	28	34	42
	Cooking	Natural Gas	6	9	10	13	16
		Electric	7	9	12	15	19
		Propane	14	17	23	28	34
	Hot Water	Natural Gas	16	22	28	34	42
		Electric	21	29	37	45	57
		Propane	34	45	59	71	91
	Air Cond.	Electric	26	36	46	57	72
Lights/Refr.	Electric	21	30	38	46	59	
Sewer		27	37	47	58	71	
Water		17	23	28	34	43	
Trash Collection		20	20	20	20	20	

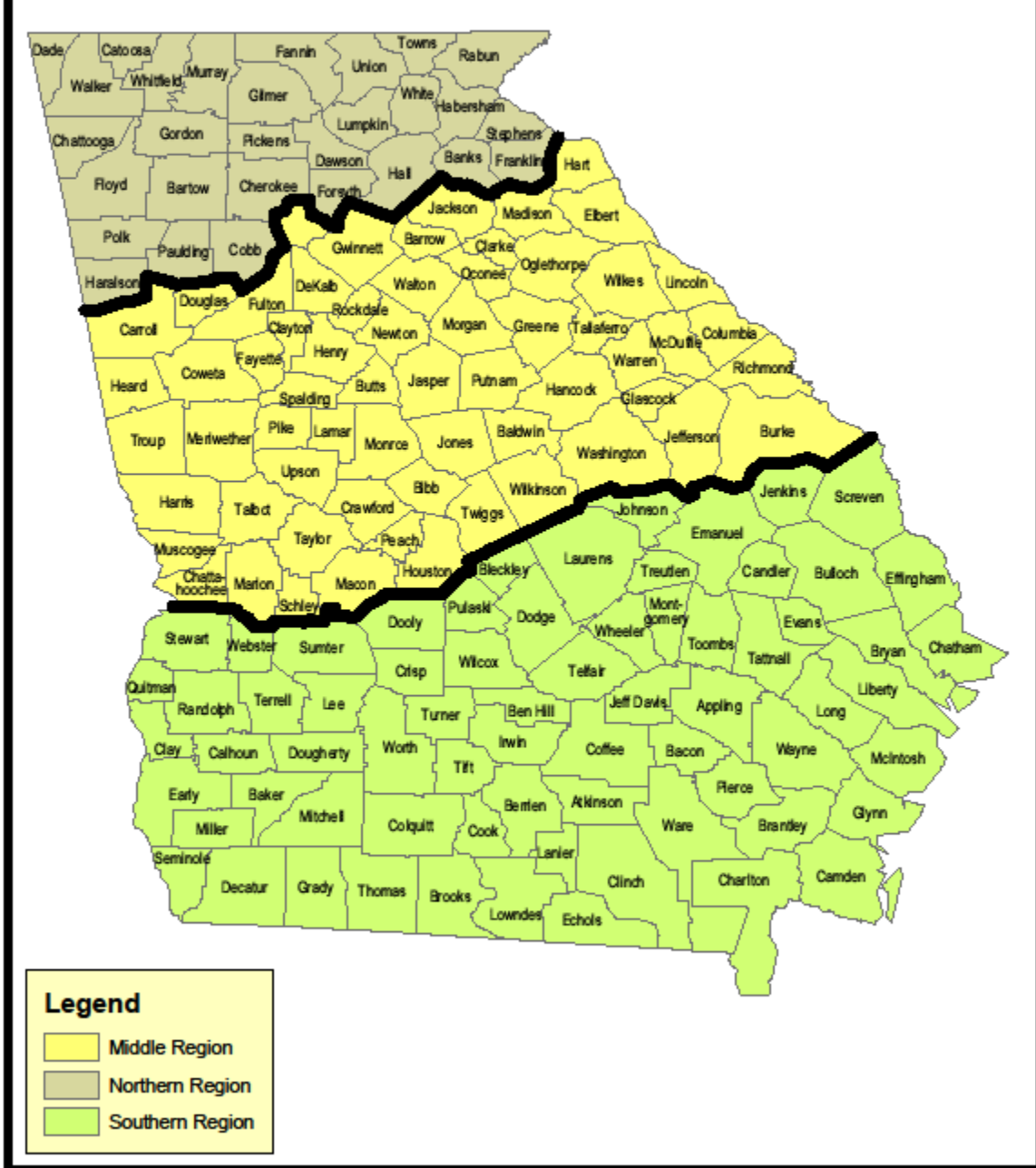
Georgia Department of Community Affairs
Office of Affordable Housing

UTILITY ALLOWANCES
Effective 9/1/2012

SOUTHERN REGION

Unit Type	Use	Appliance Type	0 BR	1 BR	2 BR	3 BR	4 BR
MULTI-FAMILY	Heating	Natural Gas	15	21	27	33	40
		Electric	17	23	30	36	46
		Propane	31	42	54	65	85
		78%+ AFUE Gas	7	9	12	15	18
		Electric Heat Pump	2	2	2	3	3
		Electric Aquatherm	12	16	21	25	32
		Gas Aquatherm	10	15	19	22	28
	Cooking	Natural Gas	6	9	10	13	16
		Electric	7	9	12	14	18
		Propane	14	17	23	28	34
	Hot Water	Natural Gas	16	22	28	34	43
		Electric	20	28	36	44	57
		Propane	34	45	59	71	91
	Air Cond.	Electric	28	36	46	56	72
Lights/Refr.	Electric	19	26	34	41	52	
Sewer		18	23	29	34	41	
Water		12	15	19	24	30	
Trash Collection		16	16	16	16	16	
SINGLE FAMILY	Heating	Natural Gas	16	22	30	36	45
		Electric	18	26	33	40	51
		Propane	34	48	59	74	93
		78%+ AFUE Gas	10	15	18	21	27
		Electric Heat Pump	4	6	6	7	10
		Electric Aquatherm	13	18	23	28	36
		Gas Aquatherm	12	16	21	25	31
	Cooking	Natural Gas	6	9	10	13	16
		Electric	7	9	12	14	18
		Propane	14	17	23	28	34
	Hot Water	Natural Gas	16	22	28	34	43
		Electric	20	28	36	44	57
		Propane	34	45	59	71	91
	Air Cond.	Electric	28	40	51	62	80
Lights/Refr.	Electric	21	29	37	46	58	
Sewer		18	24	29	34	41	
Water		11	16	20	24	30	
Trash Collection		16	16	16	16	16	

DCA UTILITY REGIONS



DCA Serving Agencies

