

# HOMELESS INTERVENTION PROGRAM

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Operations Manual – Fiscal Year 2009



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## **BACKGROUND**

Homeless Intervention Program (HIP) grants are awarded by the Virginia Department of Housing and Community Development (DHCD) to nonprofit and local government service providers. HIP grants are comprised of both state and federal funds.

Approximately 88 percent of the HIP award is state funds and approximately 12 percent is federal funds. DHCD provides the state portion of the award through an allocation from the State General Fund. The federal portion of HIP is TANF (Temporary Assistance to Needy Families) funds which originate at the United States Department of Health and Human Services and are provided to the Virginia Department of Social Services (DSS). In turn, DSS allots a portion to DHCD to administer and distribute as a part of the HIP program.

## **PROGRAM YEAR**

Fiscal Year 2009 begins on July 1, 2008 and ends on June 30, 2009.

## **FISCAL YEAR 2010 FUNDING**

It is anticipated that funding appropriations for HIP for fiscal year 2010 will be comparable to those of fiscal year 2009. Therefore, a full application will not be required for fiscal year 2010 HIP funding. However, a grant renewal process will be required.

Renewal contracts will be contingent upon established grantees' compliance with program and grant guidelines, timely submission of reports, expenditure rates of allocations and renewal responses.

## **PROGRAM INTENT**

The purpose of the Homeless Intervention Program (HIP) is to provide temporary rental or mortgage assistance and supportive services related to housing and financial literacy issues for individuals and families experiencing a financial crisis due to unforeseen circumstances. Individuals and families residing in homeless shelters are also eligible for the program if their stay is due to unforeseen circumstances and they are able to demonstrate the capacity to be self-sufficient. Unforeseen circumstances may include, but are not limited to: unexpected job loss, illness or injury, loss of income, or structural damage to housing due to fire or other natural disasters.

The goal of HIP is to prevent homelessness by assisting individuals and families in maintaining permanent housing through financial assistance and education related to housing and financial literacy.

The Department of Housing and Community Development (DHCD) provides funding to local government or nonprofit agencies to ensure that HIP assistance and services are available to citizens in every jurisdiction in Virginia.

## **ELIGIBLE USE OF FUNDS**

**A minimum of 75 percent of state and TANF HIP funds** are available to provide short-term housing assistance to individuals and families. State funds may be used to provide short-term rental, mortgage or security and utility deposit assistance for clients within 80 percent of the area median income as published by the U.S. Dept. of Housing and Urban Development. TANF funds may be used to provide rental or security deposit assistance for families with children at or below 200 percent of the federal poverty guidelines as set by U.S. Dept. of Health and Human Services. Local HIP providers may set modified individual income guidelines for those clients served with HIP funds through their agency that fall within these parameters. Individual agency income eligibility parameters must be outlined through policy and available upon request.

State funds may be used for a maximum of nine months of assistance per client. TANF funds may be used for a maximum of four months of assistance per client. HIP sites are encouraged to set individual limits with clients based on need and circumstance. Partial payments for rental or mortgage assistance may be considered when working with clients. Sites are expected to outline the intended assistance level upon a client's initial intake.

**A maximum of 20 percent of state and TANF HIP funds** may be used to pay for supportive services. These include expenses associated with direct services staffing costs. Agencies are encouraged to require that direct service staff associated with the administration of the program have experience in housing counseling and related human services.

**A maximum of five percent of the state and TANF HIP funds** may be used for administrative costs associated with local HIP programs (including, but not limited to: office supplies, phone, internet, staff supervision).

## **GENERAL EXPECTATIONS**

1. The original Fiscal Year 2009 Grant Agreement must be signed and returned to DHCD by July 31, 2008. Payment will not be released until the signed agreement is received.
2. DHCD retains the right to redistribute HIP funds (both state and TANF allocations) if it appears the funds are not being spent at an appropriate rate. DHCD staff will communicate with the grantee if it appears the funds are not being expended properly.

## DISBURSEMENT OF FUNDS

### State and TANF Allocation:

- 33.3 percent (estimated to be four months of expenditures) of the state allocation will be released upon DHCD's receipt of the initial allocation form, budget, signed grant agreement and FY 08 HIP close-out form.
- Requests for Reimbursements must be submitted on an every other month basis in accordance with the following schedule:
  - September 10, 2008 for expenditure period July 1, 2008 - August 31, 2008
  - November 10, 2008 for expenditure period September 1, 2008 – October 31, 2008
  - January 10, 2009 for expenditure period November 1, 2008 - December 31, 2008
  - March 10, 2009 for expenditure period January 1, 2009 - February 28, 2009
  - March 10, 2009 for projected TANF expenditures\*
  - May 10, 2009 for expenditure period March 1, 2009 - April 30, 2009\*\*
  - May 10, 2009 for projected expenditures May 1, 2009-June 30, 2009\*\*

***\*All TANF funds must be spent by April 30, 2009!! Grantees that have not expended all TANF funds must project TANF expenditures for March and April along with the March 10, 2009 Request for Reimbursement.***

***\*\*This projection should be based on the 33 percent initial allocation of state award.***

### Requests for Reimbursements:

- HIP Requests for Reimbursements must be completed on the excel forms provided electronically by DHCD. State and TANF funds must be requested on the same form for the expenditure period. Once complete, the form should be printed, signed and mailed to:

Program Administrator  
Homeless and Special Needs Housing Unit  
Department of Housing and Community Development  
501 North Second Street  
Richmond, VA 23219-1312

***FAXES WILL NOT BE ACCEPTED. ALL REQUESTS FOR REIMBURSEMENTS MUST BE COMPLETED IN EXCEL, SIGNED AND MAILED (TO BE POST MARKED BY THE DATES INDICATED ABOVE)***

DHCD recommends receiving funds via electronic transfer. To establish an account go to the Virginia Department of Accounts web site (<http://www.doa.virginia.gov>) and select EDI (Electronic Data Interchange) from the menu of options on the left hand side of the page.

## REPORTING

Statistical reports are due on a quarterly basis. The reports must be submitted electronically to [HSNH@dhcd.virginia.gov](mailto:HSNH@dhcd.virginia.gov) in accordance with the following schedule:

<u>Time Period</u>	<u>Due Date*</u>
July 1, 2008 - September 30, 2008	October 10, 2008**
October 1, 2008 – December 31, 2008	January 10, 2009
January 1, 2009 – March 31, 2009	April 10, 2009
April 1, 2009 – June 30, 2009	July 10, 2009

***\*Each report, including that for the last quarter, should be based only on services provided during the quarter.***

***\*\*Existing FY 08 clients who receive services during the first quarter of FY09 should be reported as new clients on the first quarter report.***

Submission of the quarterly reports implies approval from the Executive Director and is considered final. Any changes to quarterly reports must be made by the fifteenth of the month in which the reports are due. DHCD reserves the right to withhold reimbursement payments if the grantee fails to submit the quarterly reports in accordance with the prescribed schedule. Repeated non-compliance with reporting requirements may result in further grant restrictions.

DHCD is required to submit quarterly reports to the Virginia Department of Social Services. Delays in reporting may cause delays in processing TANF payments. Therefore, it is imperative that each grantee submits all reporting information accurately and in a timely manner.

### **Performance Measure**

All agencies receiving HIP funds must be able to document that a minimum of 70 percent of households provided with HIP financial assistance are in permanent housing six months after the final HIP payment has been made on their behalf.

Additionally, grantees must ensure that 100 percent of households seeking HIP services are given information on the program and the opportunity to participate in the application process in a timely manner.

## **CONTACT INFORMATION**

Agencies receiving HIP grant funds are expected to work directly with the Program Administrator assigned to work with their region. For information related to regional assignments, contact the Program Manager for the Homeless and Special Needs Housing Unit at (804) 371-7113.

## **COMMUNICATION**

DHCD uses E-mail as the primary method of mass communication with grantees. It is incumbent upon grantees to notify DHCD of any changes in E-mail addresses. Further, it is the responsibility of the grantee to insure firewalls are configured to allow DHCD group messages to be received.

## **MONITORING**

DHCD staff will monitor the use of HIP funds through a thorough review of reports and back-up documentation submitted. In addition, DHCD staff may conduct on site reviews of administrative, financial and programmatic components. On site monitoring will be scheduled in advance. The on-site HIP monitoring may be conducted in conjunction with monitoring for other DHCD homeless services grant funds (State Shelter Grant, Emergency Shelter Grant, Child Services Coordinator Grant, Child Care for Homeless Children Program) for organizations that receive other DHCD homeless services grant funds.

# PROGRAM STANDARDS

## A. Marketing

A1	<p>Local Administrators (LA) <sup>1</sup> must develop, implement and maintain a Marketing Plan to ensure that all appropriate community agencies, service groups and organizations within the contracted service area are aware of HIP services and how to make appropriate referrals.</p> <ul style="list-style-type: none"> <li>• <i>At a minimum, the LA must develop and maintain working relationships with each appropriate emergency assistance and public social service agency in their service area. It is important that all local human service agencies and other appropriate organizations be informed and updated about HIP so they can make appropriate referrals.</i></li> <li>• <i>The LA will prepare, distribute and make available easy to read and understand basic information about HIP, i.e., who is eligible for services, the expectations of applicants, time frames, etc. This may be done through formal or informal community networking, the development and distribution of brochures or newsletters or through presentations to community groups and organizations.</i></li> <li>• <i>The LA is expected to ensure that information related to housing counseling and financial literacy is available through HIP</i></li> </ul>
A2	<p>Each LA must be an <b>active</b> contributing member of local Continuum of Care planning efforts.</p> <p><i>LAs or agency representatives must be active contributing members of local continuum of care planning efforts. HIP is an important component of the service continuum. LAs should stress the importance of prevention and early intervention services and attempt to maximize the use of available community resources and leveraging opportunities.</i></p> <p><i>The term active will be defined by each respective CoC. Generally speaking “active” means that a member is present at the majority of CoC meetings, participates on committees, assists with writing the application if asked, etc.</i></p>

<sup>1</sup> Agencies providing HIP services through DHCD support

## B. Referrals and Screening

B1	<p>The LA will ensure that any applicant <sup>2</sup>, upon request, receives necessary program information and referrals.</p>
B2	<p>The LA will develop and make available documents (brochures, information sheets, etc.) that will provide the potential applicant with basic information about:</p> <ul style="list-style-type: none"> <li>o HIP in an easy to understand manner;</li> <li>o The specific criteria for admission into the program;</li> <li>o The documents and verifications necessary for staff to make a determination</li> <li>o Client responsibilities and expectations</li> </ul>
B3	<p>The LA will ensure that no applicant is discriminated against because of race, religion, sex, or national origin.</p>
B4	<p>The LA will ensure that applicants have access to the program five days per week during normal business hours, excluding state or city/county holidays, and will ensure emergencies are handled expeditiously and all applicants are treated equitably and appropriately.</p>

B5	The LA will ensure that any agency staff person who is assigned to communicate with applicants or professionals about HIP are sufficiently trained to answer basic questions about the program.
B6	<p>The LA will ensure there are formal procedures that are consistently utilized to <u>screen</u> all applicants for eligibility.</p> <p>The screening process should be a simple and easy way for both the applicant and staff to determine if the applicant meets the minimum criteria for acceptance into the program.</p> <p>The screening process <b>cannot</b> be designed to substitute for the application process, denying the applicant the opportunity to appeal a final decision.</p>
B7	<p>The LA will ensure that no eligible applicant is denied permission to complete an application.</p> <p>However there may be limits on the number of times an applicant may apply to HIP within a defined time period. The limits, time frames and the re-application criteria are to be determined by the LA and are to be clearly stated in appropriate HIP documents and made available to applicants who have been denied acceptance into the program.</p>
B8	The LA will make available a listing of all other relevant community resources.
B9	The LA will advocate and assist the applicant in locating and accessing community resources if they are denied financial assistance and/or other services are needed, when appropriate.
B10	<p>The LA will ensure that each applicant is aware that HIP assistance is intended to be a one-time, time-limited, opportunity and that it is prohibited for a household or individual to receive HIP assistance more than once.</p> <p>However, in an exceptional situation, LAs have the option of submitting a formal request to their DHCD Program Administrator for a waiver to the once in a lifetime policy. The following criteria must have been met for the applicants to be considered for HIP assistance a second time.</p> <ul style="list-style-type: none"> <li>○ It has been at least 36 months since the last time the individual or household has received assistance.</li> <li>○ The client must have successfully completed the program the first time. Specifically they must have worked satisfactorily toward attaining the goals in their self-sufficiency plan, they must have paid back any loans on time, demonstrated a cooperative attitude, etc.</li> <li>○ The same eligibility criteria must be used to determine if an applicant is eligible.</li> </ul> <p>The DHCD Program Administrator must support a decision to provide assistance a second time. Documentation should be in client file.</p>
B11	The LA will ensure that if a client moves from one HIP jurisdiction to another,

	the respective LAs will work collaboratively on issues related to the case.
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2 Any individual or family who is or has applied to be accepted into the HIP but has not yet been approved to receive services.

### C. Eligibility Criteria

In order to be eligible for HIP, applicants must meet the following criteria.

C1	<p>Applicants must be in a temporary financial crisis due to unforeseen circumstances.</p> <p><b><u>The current financial crisis must not be part of an on going situation.</u></b></p> <p>Examples of unforeseen circumstances include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• A serious accident</li> <li>• A serious illness</li> <li>• A job lay off or reduction</li> <li>• Unexpected termination from employment</li> <li>• A delay in approved benefits</li> <li>• Loss of day care or transportation for employment</li> </ul>
C2	Applicants must be in danger of losing their residence.
C3	<p>Applicants who are homeless may be eligible for the program if they:</p> <ul style="list-style-type: none"> <li>• have demonstrated the capacity and willingness to be fully self-sufficient</li> <li>• are prepared to meet the challenges of self-sufficiency presenting evidence of employment or participation in job skills or training programs</li> <li>• are living in a shelter or are “doubled-up”</li> <li>• are recommended by a shelter/transitional housing administrator or the client’s case manager.</li> </ul>
C4	Applicants must have liquidated their personal financial assets and utilized other available sources of assistance.
C5	Applicants must be within the maximum income limits set for HIP funding sources. (For TANF funds, families with children at or below 200 percent of federal poverty guidelines, as set by HHS. For state funds, 80 percent of the area median income as set by HUD guidelines)
C6	Applicants must not have previously received HIP assistance from this LA or any other LA in Virginia. This includes co-applicants or other adults who lived in the household that has previously received HIP assistance. (See B10 for exceptions to this rule)
C7	Applicants must be willing to fulfill the expectations of HIP.
C8	Applicants who are experiencing serious legal difficulties that could result in a jail or prison sentence are considered a high risk and may be considered on a “case by case” basis. Issues of self-sufficiency should be considered in making this determination, agencies are encouraged to develop internal policies related to this issue.

**Key Points**

- *HIP is intended to be a homeless prevention and early intervention program. Sites are encouraged to set policy related to prevention (i.e. consider self-sufficiency indicators employment history, housing history, credit history) in reviewing applications. The focus of HIP is housing. Consideration should be given to the “temporary” nature of the client’s situation as it relates to housing.*
  
- *Applicants must demonstrate a commitment to work with the HIP staff and adhere to the program guidelines and expectations. Sites are expected to offer housing counseling and/or financial literacy services that are reasonably conducive to the client’s schedules in the form of group sessions and individual one-on-one meetings. Clients receiving monetary support are expected to participate in these services. Policy, expectations, meeting appointments, class schedules and individual service plans must be in writing and available upon request.*
  
- *When calculating an applicant’s income, the current gross income (earned and unearned) of all household members 18 years of age and older must be counted. The total household income cannot exceed the set income guidelines. If no member of the household is working at the time of application, and there is no form of benefit income, the household income is zero.*
  
- *LAs must verify the temporary nature of the financial crisis. Statements from physicians, employers, the Virginia Employment Commission, the Social Security Administration, Departments of Social Services and other third party sources are required.*

**D. Determining Eligibility**

D1	<p>LA must use the forms listed below (<i>comparable, modified forms may be substituted upon approval of DHCD Program Administrator</i>):</p> <ul style="list-style-type: none"> <li>○ Application Form</li> <li>○ HIP Eligibility Evaluation Form</li> <li>○ Current Month Budget Form</li> </ul> <p>Eligibility determinations must be made by a committee upon review and discussion of an application for HIP financial assistance. There must be written documentation of the committee’s decision in each case file and signed by the committee members.</p>
D2	<p>Required Verifications:</p> <p>LAs are required to provide HIP services for eligible individuals and households facing rental arrearages. Additional populations that may be served include those facing mortgage arrearages, those <u>in danger of</u> facing rental or mortgage arrearages and some populations of the homeless.</p>

	<p>LAs must establish policies that outline the criteria for HIP services and the specific documentation required for consideration.</p> <p>The following are ways in which an applicant’s claims and statements may be verified.</p> <p><u>For Renters in Arrearages:</u> A copy of an unlawful detainer or a Pay or Quit Notice, evidence of monthly rental or lease payment and documentation of the amount in arrears are required.</p> <p><u>For Homeowners in Arrearages:</u> A notice from the mortgagee stating the homeowner is at least 30 or 60 days behind in their mortgage payment is required. There must be clear evidence of the need, as well as scheduled monthly mortgage payment and the total amount of mortgage payments in arrears.</p> <p><u>For Renters or Homeowners in Danger of Arrearages:</u> Consideration of all available resources must be documented in addition to the temporary nature of the circumstance. Internal agency guidelines should be established to determine eligibility.</p> <p><u>For people who are homeless or victims of domestic violence residing in a shelter or in some other form of temporary housing:</u></p> <ul style="list-style-type: none"> <li>• If the applicant is living in a homeless facility or a domestic violence shelter, phone or written contact with the shelter is required.</li> <li>• If the applicant is staying with relatives or friends, a written statement from the relatives or friends is required. These applicants may only be considered eligible if they are putting the friend/relative at risk of losing their housing or the conditions are not appropriate for the number of persons residing in the residence.</li> <li>• An applicant living “on the street” without housing, choosing not to become involved with any area homeless programs, is not eligible.</li> <li>• Applicants residing in state-run programs/institutions are not eligible</li> <li>• The amount of security deposit(s) rental assistance must be verified with a written statement from the landlord or utility company.</li> <li>• Documentation of unforeseen circumstance should be made available when applicable. For example, in the case of an accident or illness, a physician’s statement describing the accident or illness and the length of time the patient will be incapacitated would be appropriate.</li> </ul>
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**E. Income Limits**

E1	Applicants must be within the maximum income limits set for HIP funding sources. (For TANF funds, families with children at or below 200 percent of federal poverty guidelines, as set by HHS. For state funds, 80 percent of the area median income as set by HUD guidelines)
E2	Income must be verified by copies of pay stubs, statements from employers,

	<p>income tax statements other reliable sources.</p> <ul style="list-style-type: none"> <li>• If no income was received during the crisis period, the applicant’s statement can be accepted unless there is reason to doubt the accuracy of the statement.</li> </ul>
E3	<p>In determining income, the current monthly gross income (earned and unearned) of all household members 18 and over will be counted.</p> <ul style="list-style-type: none"> <li>• If a household member just started working, convert the weekly income to monthly income to determine eligibility.</li> <li>• If no household member is working at the time of the application, and there is no type of benefit income, (i.e., SSDI or other) the household income is zero.</li> <li>• If the applicant is self-employed, use adjusted gross income from the latest tax return as the gross income.</li> </ul>

**F. Personal Resources**

F1	The applicant must have exhausted his/her own personal resources and all other forms of assistance such as energy assistance, local funds, etc.
F2	Both liquid and non-liquid resources, such as cash, checking and savings accounts, TSAs, real estate and personal possessions of all household members will be counted to determine eligibility.
F3	The total resources cannot exceed the amount needed to pay basic living expenses such as food, utility bills, loans or other necessities as determined by the applicant and the LA.

**Key Points**

- *LAs should communicate and coordinate with other agencies or groups that provide similar services to develop a referral system and appropriate procedures.*
- *LAs should become part of the local service network to verify other resources that the applicant has applied for are appropriate.*
- *Agency records can be used to verify that assistance was not previously received from the agency. The applicant’s statement can be accepted to verify that assistance was not previously received from other organizations.*
- *Applicants may present bank statements or other documents with zero balances for checking, savings or TSA accounts. The applicants statement can be accepted at the discretion of the LA.*
- *Applicants must have applied for all other reasonably accessible resources, such as energy assistance, local funds, etc.*
- *An applicant may present documents showing receipt of application for other types of assistance. The applicant’s statement can be accepted at the discretion of the LA.*
- *Applicants’ existing budgets should be considered. It should be clearly outlined in the LA’s guidelines that adjustments in personal spending habits may have to be made in order to access HIP monetary services. Applicants cannot be accepted when they are still making payments on non-essential expenses. The LA must make a determination based on the applicant’s situation, and what is*

*deemed to be reasonable and appropriate expenses given the circumstances.*

**G. Type and Amount of Assistance**

There are three types of financial assistance: rental, mortgage and security deposit. A HIP recipient may receive both rental and security deposit assistance.

Housing counseling and/or financial literacy services may be made even if no financial assistance is offered. These services (to the degree deemed appropriate by LAs) should be a requirement of accessing financial assistance.

**Rental Assistance:**

G1	The maximum amount of rental assistance that can be approved is the client’s monthly rent up to 150 percent of the Fair Market Rent.
G2	A minimum of 80 percent of total households receiving HIP financial assistance must be provided with rental and/or security deposit assistance.
G3	HIP state funds can be used for a maximum of nine months of rental assistance per client. TANF funds may be used for a maximum of four months of assistance per client. State funds can be used to supplement TANF funds if additional support is appropriate.  LAs are encouraged to set individual limits for clients based on need and circumstance. Partial payments are encouraged to be used in partnership with clients in order to maximize the number of clients served and promote self-sufficiency. Sites are expected to outline intended assistance level upon client’s initial intake. This information must be documented in the case file.
G4	Payments for arrearages may be provided in a lump sum. Future payments depend on a recipient’s compliance with her/his self-sufficiency plan and agreed upon expectations of contact with the LA and other agencies. These expectations should be arrived at co-operatively with the client and be documented in the case file.
G5	All recipients of rental assistance must have a written lease agreement.
G6	All rental assistance is provided as a grant only.
G7	Payments may be made to relatives who are landlords under the following conditions. <ul style="list-style-type: none"> <li>○ The relative must legitimately be in the apartment rental business, have two or more rental units and the units cannot be in the place of the residence of the landlord.</li> <li>○ The client must sign the formal lease and be subject to the same eviction process as any other person/family renting from the landlord.</li> </ul> The LA can request a waiver to this policy for exceptional situations from their DHCD Program Administrator. This request must be made in writing and a copy included in the client file.

G8	All payments must be made to a vendor and under no circumstances will payments be made directly to clients.
G9	Rental assistance and security deposit assistance applications must be processed within 15 working days from the receipt of all necessary documents and other information necessary to determine eligibility for HIP assistance. If the process unavoidably takes more than 15 days, then the reasons should be clearly documented in the case file.

### **Mortgage Assistance**

G10	The maximum amount of mortgage assistance that can be provided is the clients monthly mortgage amount up to 150 percent of the Fair Market Rent
G11	HIP state funds can be used for a maximum of nine months of mortgage assistance per client. LAs are encouraged to set individual limits for clients based on need and circumstance. Partial payments are encouraged to be used in partnership with clients in order to maximize the number of clients served and promote self-sufficiency. Sites are expected to outline intended assistance level upon client's initial intake. This information must be documented in the case file.  TANF funds cannot be used for mortgage assistance.
G12	Payments for arrearages may be provided in a lump sum. Future payments depend on a recipient's compliance with her/his self-sufficiency plan and agreed upon expectations of contact with the LA and other outlined agencies. These expectations should be arrived at co-operatively with the client and be documented in the case file.
G13	HIP mortgage assistance is restricted to the recipient's primary residence and must be occupied by the recipient.
G14	Mortgage assistance <u>may</u> be provided in the form of a no interest loan that may be deferred for a period of time. The set period should be defined by the LA and must be made available upon request.
G15	Payment schedules for loans should be based on client's ability to repay.
G16	LAs must provide all appropriate loan documentation in order to secure loans. Copies of any relevant materials must be included in the case files. LAs should adopt internal guidelines and documents related to this process.
G17	LAs may secure a lien on the property and record the debt with the Clerk of the Court in order to ensure loan repayment upon the sale of the home. This process should be established internally and in compliance with local, state and federal regulations.
G21	Mortgage assistance applications must be processed within 30 working days from the receipt of all necessary documents and other information necessary to determine eligibility for HIP assistance.
G22	Mortgage assistance for HIP households must be limited to no more than 20 percent of the total households receiving HIP financial assistance annually.

## **Security Deposits**

G23	The maximum amount of security deposit assistance that can be provided is the amount of the rent deposit, utility deposit and the key deposit (any one or a combination) that is needed to secure permanent housing, providing the total security deposit assistance does not exceed 150 percent of the Fair Market Rent.
G24	The costs of credit reports may be included as part of HIP financial assistance. <i>(Application fees for apartments cannot be paid with any type of HIP assistance).</i>
G25	LAs may determine internal policies for rental deposit returns. This policy must be made known to the client prior to any payments being made and should be available upon request.

## **H. Collections**

H1	The LA will develop and maintain a formal written procedure for collecting loans that will be made available to clients upon request.
H2	If a forbearance (agreement to temporarily discontinue payments) or altered payments schedule is agreed upon, it must be put in writing and signed by both parties.
H3	“Debt set-off” or garnishment of wages may not be used to recapture loan funds.
H4	Loan money that is collected is to be retained by the LA and tracked separately from other program funds.
H5	Any funds collected as the result of loans must follow the same programmatic budget requirements as the original HIP award (a minimum of 75% for direct service assistance, a maximum of 20% for supportive services, a maximum of 5% for administration).
H6	The amounts of assistance provided using recaptured funds cannot exceed the aforementioned maximums for rent/mortgage or security deposit payments

### Key Points

- *The LA may write off delinquent loans as soon as 60 days from the termination of services, provided the procedure is documented, and applied consistently to all clients.*
- *Foreclosure is not an option that will be pursued under the HIP program. If a lien is secured on the property it may remain in effect in order for the agency to receive full or partial repayment when the property is transferred.*

## **I. Self Sufficiency Plan**

I1	<p>Once an applicant has been determined eligible, direct service staff must complete a self-sufficiency plan with the active participation of the client. Follow-up activities, modifications and updates should be included. This process should be documented in the client file and available upon request.</p> <p><i>This is a negotiated process that should take place between supportive services staff and the client. Realistic goals, objectives and timelines should be set during this process.</i></p>
I2	<p>LAs should not obligate HIP assistance on a month to month basis, but should obligate the total amount of funds needed, up to the program limits, to assist the client to become self sufficient. Modifications to the initial amount obligated may be only done “for good cause” and documented in the case file.</p>
I3	<p>Each month the housing counselor, together with the client, must review the recipient’s self-sufficiency plan and financial status prior to releasing funds for the next month’s rent or mortgage payment. More frequent meetings may be conducted if necessary.</p>
I4	<p>Clients who are not cooperating with staff and not complying with the self-sufficiency plan should be terminated from the program.</p> <p><i>Clients must be notified in writing that their case has been closed and that they are no longer eligible for HIP financial assistance. Explanation of cause must be outlined in the notification.</i></p>

## **J. Appeals Procedure**

J1	<p>There must be a multi-level formal appeals procedure for HIP available for review upon request.</p>
J2	<p>All applicants who are denied HIP assistance must be informed in writing why they were denied service, their right to appeal and the process by which they may appeal.</p> <p><i>An appeal is not appropriate until a complete application for HIP assistance has been submitted, reviewed and denied. If an applicant has completed a preliminary screening and submitted an application for HIP assistance, there is no denial of HIP assistance until a team or committee has reviewed the application and denied assistance.</i></p>
J3	<p>Individuals who have taken part in the eligibility decision cannot be responsible for making a final determination.</p>
J4	<p>DHCD Program Administrators are not to be considered as a part of the appeals process. Applicants must be permitted to speak to management staff within the LAs office regarding the decision.</p>

**K. Payments**

K1	All assistance must be paid to vendors (landlords, financial assistance, and utility companies) on behalf of HIP recipients.  <i>No assistance will be paid directly to HIP recipients.</i>
K2	A Vendor Authorization of Payment form must be signed by the landlord or mortgage company before payment of arrearages, late fees, current rent or mortgage payments and/or security deposits.  <i>Landlords must agree not to evict the tenant for nonpayment or late payment of rent for the period of time for which the payment is being made. Landlords receiving a deposit must agree to accept the tenant, execute a lease and return the balance of any security deposit plus accrued interest to the LA.</i>
K3	All arrearages may be paid in one lump sum, but all future rental and mortgage payments may only be paid one month at a time, with the next payment contingent on the HIP recipient’s compliance with his/her self-sufficiency plan.
K5	LAs must establish a payment system that will track obligated funds and payments, will account for all programs funds and will generate accurate reports on a timely basis.
K6	HIP financial assistance cases must be closed within 90 days of the date of the final payment. Recipients should be notified in writing that no additional HIP financial assistance will be forthcoming.
K7	Rental and security deposit assistance applications must be processed within 15 working days from the receipt of all necessary documents and other information necessary to determine eligibility for HIP assistance.  Mortgage assistance applications must be processed within 30 working days from the receipt of all necessary documents.

Key points

- *For agencies serving more than one jurisdiction, there is no required “set-aside” funding amount for any jurisdiction. Local HIP agencies may make a decision to budget funds based on land boundaries with the understanding that each jurisdiction is to be treated equitably.*

**L. Record Keeping and Reporting**

L1	LAs must develop and maintain individual client files that must be secured to assure privacy and confidentiality. Sites are encouraged to develop unique identifiers for reporting purposes.
L2	Client files will contain: <ul style="list-style-type: none"> <li>• The self-sufficiency plan</li> </ul>

	<ul style="list-style-type: none"> <li>• Documentation of contacts and case notes</li> <li>• Documentation of referrals to other sources</li> <li>• Records for all funds disbursements and collections of loan payments if applicable.</li> </ul>
L3	Client files must be secured and maintained for five years after termination of services to the client or after a clean audit.
L4	LAs must maintain all records for funds disbursements and collections of loan payments if applicable. Financial statements including independent audits, as available must be submitted to DHCD on an annual basis. A separate set of accounts for tracking HIP funds is required.
L5	LAs must complete and submit the HIP reports as required in the Grant Agreement. Information on both TANF and non-TANF eligible clients must be reported. Failure to submit these reports in a timely manner may result in a delay in a financial disbursement or in extreme cases a change, suspension or termination of the Contract Agreement.
L6	All financial records must be maintained according to generally accepted accounting methods. DHCD will require the submission of the agency audit or audited financial statements for the years in which the program operates, which includes a separate set of accounts for tracking HIP funds.

*• Each LA will be monitored according to a schedule set by DHCD. Monitoring will include programmatic, administrative and financial elements.*

**M. Deadlines**

M1	HIP clients must be formally terminated (in writing) from the program within 90 days of the final payment.
M2	Rental assistance and security deposit assistance applications must be processed within 15 working days from the date of application.
M3	Mortgage assistance applications must be processed within 30 days from the date of application and required documents.
M4	LAs are expected to process all applications as quickly as possible

## ATTACHMENTS

# Homeless Intervention Program

## Application Form

The Homeless Intervention Program (HIP) is a housing program designed to prevent homelessness for individuals or families in temporary financial crisis due to unavoidable circumstances. The current financial difficulties cannot be part of a chronic or long-term pattern regarding the management of personal finances. Individuals or families must be able to demonstrate self-sufficiency prior to the time of application submission and be willing to take the steps necessary to become fully self-sufficient again.

The information provided will be used to determine eligibility for financial and counseling assistance.

### General Information

Applicant	Co-Applicant
Name:	Name:
<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi-Racial	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi-Racial
<u>Nationality</u> <input type="checkbox"/> Hispanic	<u>Nationality</u> <input type="checkbox"/> Hispanic
Age:	Age:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
SSN:	SSN:
Phone number:	Phone number:
Marital Status:	Marital Status:
U.S. Veteran <input type="checkbox"/> yes <input type="checkbox"/> no	U.S. Veteran <input type="checkbox"/> yes <input type="checkbox"/> no

Address where you currently live

Street:
City: <span style="float: right;">State</span> <span style="float: right;">Zip Code</span>

Current Mailing Address

Street or PO Box #:
City: <span style="float: right;">State</span> <span style="float: right;">Zip Code:</span>

Current financial crisis

My/our financial crisis is the result of:

- A serious accident     A serious illness     A delay in receiving approved benefits
- An unexpected job lay off, reduction in hours or termination of employment
- An unexpected loss of day care or transportation     Homelessness     Other:

Please describe the nature of your crisis in detail. Please use other side if this page if additional space is needed:

**Employment Information**

Applicant	Co-Applicant
<b>Employment Status:</b> <input type="checkbox"/> Work Full Time <input type="checkbox"/> Laid Off <input type="checkbox"/> Work Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other	<b>Employment Status:</b> <input type="checkbox"/> Work Full Time <input type="checkbox"/> Laid Off <input type="checkbox"/> Work Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other
<b>Income</b> Annual:                      Monthly: Hourly: Hours worked per week:	<b>Income</b> Annual:                      Monthly: Hourly: Hours worked per week:
<b>Income Source ( List all)</b> <input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Ins. <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other, please describe:	<b>Income Source ( List all)</b> <input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Ins. <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other, please describe:
<b>If you are laid off or unemployed, for how long?</b> <input type="checkbox"/> 1- 4 Weeks <input type="checkbox"/> 5- 12 Weeks <input type="checkbox"/> 13 – 26 Weeks <input type="checkbox"/> 27 Weeks or more	<b>If you are laid off or unemployed, for how long?</b> <input type="checkbox"/> 1- 4 Weeks <input type="checkbox"/> 5- 12 Weeks <input type="checkbox"/> 13 – 26 Weeks <input type="checkbox"/> 27 Weeks or more

<p>If you are unemployed, describe your efforts to get another job:</p>	<p>If you are unemployed, describe your efforts to get another job:</p>
<p>List Employers for the Previous 3 Years</p> <p>Employer:</p> <p>Dates of Employment: _____ to _____</p> <p>Reason for leaving:</p> <p>Amount Earned:</p> <hr/> <p>Employer:</p> <p>Dates of Employment: _____ to _____</p> <p>Reason for Leaving</p> <p>Amount Earned:</p> <hr/> <p>Employer:</p> <p>Dates of Employment: _____ to _____</p> <p>Reason for Leaving</p> <p>Amount Earned:</p>	<p>List Employers for the Previous 3 Years</p> <p>Employer:</p> <p>Dates of Employment: _____ to _____</p> <p>Reason for leaving</p> <p>Amount Earned:</p> <hr/> <p>Employer:</p> <p>Dates of Employment: _____ to _____</p> <p>Reason for Leaving</p> <p>Amount Earned:</p> <hr/> <p>Employer:</p> <p>Dates of Employment: _____ to _____</p> <p>Reason for Leaving</p> <p>Amount Earned:</p>

<p>What is the highest school grade completed? 1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Degree:</p> <p>College 1 2 3 4 5 6</p> <p>Degree:</p>	<p>What is the highest school grade completed? 1 2 3 4 5 6 7 8 9 10 11 12</p> <p>Degree:</p> <p>College 1 2 3 4 5 6</p> <p>Degree:</p>
<p>Are there any physical, mental, or other health conditions that limit the kind of work you can do?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please describe:</p>	<p>Are there any physical, mental, or other health conditions that limit the kind of work you can do?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, please describe:</p>
<p>Are you currently receiving any disability Income: <input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p>Have you ever been denied? <input type="checkbox"/> yes      <input type="checkbox"/> no</p>	<p>Are you currently receiving any disability Income: <input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p>Have you ever been denied? <input type="checkbox"/> yes      <input type="checkbox"/> no</p>

Household Information

Other people living in the household

Name:	Age:	Monthly income:

Housing

What best describes your current housing arrangement:

- Own my house/trailer     Rent my house/apartment/trailer
- Live with relative or friends and being asked to leave.
- Live in a shelter or transition living program for people who are homeless
- Live in a shelter for victims of domestic violence
- Homeless, live outdoors, in car, other.

Have you ever lost your housing before:     yes     no

If yes, please describe the date and the reasons:

Have you or another household member ever received HIP or other rental, mortgage and/or security deposit assistance from this agency or other agencies?

yes     no

If yes, please describe the date, the name of the agency and reasons:

Type of assistance needed

<p>RENTAL</p>	<p>___ Number of months behind in my rent payments</p> <p>___ Yes ___ No Received a legal notice of eviction.</p> <p>\$_____ Total amount owed in back rent and late fees</p> <p>\$_____ Total amount of rental assistance requested</p> <p>\$_____ Regular amount paid in rent</p>
<p>HOMELESS ASSISTANCE</p>	<p>\$ _____ Amount needed for deposits. (security and/or first month rent)</p> <p>\$ _____ Amount requested for rental assistance</p> <p>If currently living with friends or family members, describe why must move out:</p>
<p>MORTGAGE <i>(optional service for HIP agencies)</i></p>	<p>___ Number of months behind in mortgage payments</p> <p>___ Yes ___ No Received a legal notice that home will be in foreclosure.</p> <p>\$_____ Total amount owed in back mortgage and late fees</p> <p>\$_____ Total amount of mortgage assistance requested</p> <p>\$_____ Regular mortgage payment</p>
<p>Endanger of becoming in housing arrearage <i>(optional service for HIP agencies)</i></p>	<p>Date of anticipated arrearage:</p> <p>\$_____ Regular monthly amount paid</p> <p>\$_____ Total amount of housing assistance requested</p> <p>Reason facing arrearages:</p>

<p>How did you learn about the Homeless Intervention Program:</p> <p><input type="checkbox"/> Newspaper      <input type="checkbox"/> A friend or family member      <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Referred by:</p>
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If you choose to complete this application before having a meeting with staff, you do not need to sign the application until you fully understand the program guidelines and expectations.

- 
- Yes  No I have been provided with information about the program and expectations.
  - Yes  No I understand if I am accepted into for this program that I will be required to comply with the self-sufficiency plan I will help to create and that continued financial assistance is contingent upon my compliance with this plan.
  - Yes  No If the financial assistance is given to me in the form of a loan, I understand I will be expected to repay the loan.
  - Yes  No  N/A I agree that I will not ask for discharge of this loan in any bankruptcy proceeding without prior written approval from: \_\_\_\_\_
  - Yes  No I understand that a credit report may be required.
  - Yes  No I understand that if my personal and/or financial circumstances change significantly, I must contact the HIP staff as soon as possible.
  - Yes  No I give the HIP staff permission to make the necessary contacts to verify my eligibility for participation in the program.

By signing this document I indicate that the information provided in this application is accurate, that I understand the requirements of the program and that I agree to cooperate with the Homeless Intervention Program staff. If I have willfully provided false information or choose not to cooperate with staff, I understand I will be terminated from the program immediately.

_____ Applicant	_____ Date
_____ Co-Applicant	_____ Date
_____ HIP Staff Member	_____ Date

# Homeless Intervention Program

## Monthly Budget Statement

### Clients Current Financial

#### Applicant

Income Source	Monthly Net Income
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
<b>Total Amount</b>	

#### Co-Applicant

Income Source	Monthly Net Income
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
<b>Total Amount</b>	

#### Other Household Members > 18 yrs.

Income Source	Monthly Net Income
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
<b>Total Amount</b>	

### Income/Expense Summary

<b>Total Income</b>	
<b>Total Expenses</b>	
Monthly difference	

### Situation

#### Essential Monthly Living Expenses

Expense	Amount
Rent/mortgage	
Property Taxes	
Property Insurance	
Gas/Elec./Utility	
Water/Sewage/Garbage	
Telephone	
Groceries	
Work/school Expenses	
Health Insurance	
Prescriptions	
Health care other	
Car Payment (s)	
Gas/Vehicle Repairs	
Tolls/bus fare/parking	
Auto Insurance	
Taxes/Registration	
Child Day Care	
Alimony/Child Support	
Credit Card Loans	
Other Loans	
Other:	
<b>TOTAL</b>	

#### Discretionary Monthly Expenses

Beauty/Barber Shop	
Cable	
Entertainment	
General Recreation	
Clothing Purchases	
Laundry/Dry cleaning	
Pet Care	
Pager/Cell Phones	
Cigarettes/Alcohol	
Religious Organizations	
Gifts	
Other:	
<b>TOTAL</b>	



**HOMELESS INTERVENTION PROGRAM  
ELIGIBILITY EVALUATION**

**A. HOUSING ELIGIBILITY** (Check those applicable to case)

<input type="checkbox"/> Unlawful Detainer	<input type="checkbox"/> Housing within Fair Market Guidelines
<input type="checkbox"/> Pay or Quit Notice	<input type="checkbox"/> Verification of Homelessness
<input type="checkbox"/> 30 Day Mortgage Notice	<input type="checkbox"/> Security Deposit Verification
<input type="checkbox"/> 60 Day Mortgage Notice	<input type="checkbox"/> Other : _____

**B. FINANCIAL ELIGIBILITY** (Check those applicable to case)

<input type="checkbox"/> Proof of Monthly Income
<input type="checkbox"/> Total Household Monthly Income within Program Guidelines

**C. RESOURCES**

<input type="checkbox"/> Verification that there are no other resources available (or that all other resources have been exhausted)
<input type="checkbox"/> Monthly surplus/deficit within Program Guidelines (All applicants must complete the Monthly Living Expenses and Resources form.)

**D. ELIGIBILITY SUMMARY**

Briefly describe the applicants situation, the nature of the temporary crisis, explain why this situation was unavoidable, and the applicants ability to become self sufficient.

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Determination:        \_\_\_\_\_ Approved        \_\_\_\_\_ Denied

If denied, was decision appealed?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Outcome of appeal:

Person Completing Eligibility Evaluation:

Date:

**Department Of Housing And Community Development**  
Homeless Intervention Program

**PROMISSORY NOTE**

DATE: \_\_\_\_\_ AMOUNT: \$

To repay this loan, I (meaning borrower and all co-borrowers signing below) will pay the Local Administrator at its principal office at Virginia \_\_\_\_\_, all money loaned to me under the above agreement up to \_\_\_\_\_ Dollars (\$ \_\_\_\_\_).

I understand the Local Administrator shall demand repayment in monthly installments which shall be based on Local Administrator's determination of my ability to repay. All monthly payments are due and payable by the tenth of the month. If monthly installments are not paid when due the Local Administrator, at its sole option, shall have the right to declare the entire amount still unpaid on this Promissory Note due and owing.

The Local Administrator, in its sole discretion, may suspend, modify, or forgive any monthly installment; however, such action shall in no way alter or amend Recipient's obligation to pay future installments.

I understand that repayment shall commence on (date) \_\_\_\_\_ after I receive my last assistance payment under this Agreement. If more than one person signs this Note, we understand that either or any of us can be made to pay the full amount due.

\_\_\_\_\_  
Recipient/Co-Borrower

\_\_\_\_\_  
Recipient/Co-Borrower

**REPAYMENT PLAN:**

\$ \_\_\_\_\_ @ \_\_\_\_\_ = \$

\$ \_\_\_\_\_ @ \_\_\_\_\_ = \$

**TOTAL: \$**

**HOMELESS INTERVENTION PROGRAM  
Landlord Vendor Authorization For Payment**

This authorization is a promise by the agency that payment described below will be made to the Landlord on behalf of the client when this form is signed and returned to the agency.

**TO:** LANDLORD: \_\_\_\_\_ **FROM:** Agency: \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

**FOR:** Client's Name \_\_\_\_\_ Case # \_\_\_\_\_  
Address of Property \_\_\_\_\_

I authorize and will make the following payment(s) when this form is signed by the above landlord and returned to this agency. In addition, future rental assistance payments may be made to the above landlord by this agency depending on the client's needs, circumstances, and Program compliance.

Security Deposit of \$ \_\_\_\_\_ .  
Back rent/late fees of \$ \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_ .  
Current rent of \$ \_\_\_\_\_ for partial/full payment for \_\_\_\_\_ .  
Total Payment to be made \$ \_\_\_\_\_ .

\_\_\_\_\_  
Signature and Title of Authorized Agency Representative \_\_\_\_\_  
Date

If this Authorization is for a security deposit, I agree to accept the above client as a tenant and to execute a lease if that is my normal practice. I agree to return the security deposit (less any deductions for damages or unpaid rent) plus any interest to the above agency when the tenant moves out of the property.

If this Authorization is for back rent/late fees and /or current rent, I certify that I am owed the above amount in back rent and late fees. I agree that in return for payment of that amount, I will stop any pending or active eviction action and will not evict the above client for late or non-payment of that rent. I further agree I will continue to rent the above property to the above client for the period of time for which payment by the agency is or will be made. If the agency is making partial payments, I understand I may pursue eviction for nonpayment of rent if the above client does not make his/her share of the payment in a timely manner. I also understand that in any case, I may pursue eviction if the above client does not comply with any other terms of the rental agreement.

\_\_\_\_\_  
Signature of Landlord \_\_\_\_\_  
Date

**HOMELESS INTERVENTION PROGRAM  
Mortgagee Vendor Authorization For Payment**

This authorization is a promise by the agency that payment described below will be made to the Mortgagee on behalf of the client when this form is signed and returned to the agency.

**TO:** **FROM:**  
MORTGAGEE: \_\_\_\_\_ Agency:  
Address: \_\_\_\_\_ Address:  
Phone # \_\_\_\_\_ Phone #

**FOR:**  
Client's Name \_\_\_\_\_ Case #  
Address of Property

I authorize and will make the following payment(s) when this form is signed by the above mortgagee or mortgagee authorized representative and returned to this agency. In addition, future mortgage assistance payments may be made to the above mortgagee by this agency depending on the client's needs, circumstances and/or Program compliance.

Back mortgage/late fees of \$ \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_.  
Current mortgage payment of \$ \_\_\_\_\_ for partial/full payment for \_\_\_\_\_.  
Total Payment to be made \$ \_\_\_\_\_.

\_\_\_\_\_  
Signature and Title of Authorized Agency Representative

\_\_\_\_\_  
Date

The undersigned certifies that he/she is an authorized representative for the mortgagee on the above-mentioned property and is owed the amounts listed for delinquent payments and late fees. The mortgagee agrees to accept payments made on behalf of the mortgagor and discontinue any pending or active collection and foreclosure actions for the period of time payments are made. Mortgagee understands that foreclosure procedures may be initiated if the mortgagor does not meet his/her obligations or does not comply with other terms of the mortgage agreement. The mortgagee agrees to provide the agency listed above a copy of any notice to the mortgagor regarding or effecting the status of the mortgage.

\_\_\_\_\_  
Signature and Title of Authorized Mortgagee Representative

\_\_\_\_\_  
Date