

WASHINGTON STATE DEPARTMENT OF HEALTH HOUSING OPPORTUNITIES FOR PERSONS WITH HIV/AIDS PROGRAM MANUAL

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What is the purpose of this Manual?

This manual contains a basic overview of the Washington State Department of Health (DOH) HOPWA Program, its eligible activities, requirements, and guidance to Project Sponsors. It is NOT intended to replace existing direction produced by HUD. DOH's integration of Ryan White case management and supportive services in conjunction with HOPWA housing assistance has reduced fragmentation and duplication of services for people living with HIV (PLWH.) The combined efforts of joining housing and health services reduces the risk of homelessness, increases the likelihood of obtaining and sustaining stable housing and improved health outcomes. Project Sponsors are encouraged to be innovative in the creation of housing plans that promote housing stability without fostering long-term dependency on program services. And lastly, to establish collaborations with Public Housing Authorities (PHA) and local community resources to improve client access to safe, clean, affordable long-term and permanent housing placements.

NOTE: Project Sponsors are required to establish written HOPWA Policy and Procedure that outline, describe, and track your agency's use of HOPWA funds. The required policies and procedures ensure that the HOPWA programs comply with the applicable federal regulations, in line with recognized best practices, and are administered consistently throughout Washington State.

What is HOPWA and who can apply?

The national HOPWA Program was established by the AIDS Housing Opportunity Act of 1990 and revised under the Housing and Community Development Act of 1992. Under the U.S. Department of Housing and Urban Development (HUD) HOPWA regulations, Section 24 C.F.R. Part 574, this program authorizes entitlement award grants for both competitive and formula funding. Housing Opportunities for Persons with AIDS (HOPWA) is a federally funded program established by the Department of Housing and Urban Development (HUD). The program provides grants to local communities, states, and nonprofit organizations to support activities that address the housing needs of persons living with HIV/AIDS and their families. Assistance is provided regardless of race, culture, language, gender, age, religion, national origin, disability, creed, socio-economic status, marital status, familial status, or sexual orientation. Services provided based on each eligible household's needs to support housing stability and improve their access to healthcare and supportive services. DOH's HOPWA Program is primarily responsible for dispersing funds to local government and nonprofit organizations throughout the State that we are contracted with. Seattle, King County and Clark County have separate HOPWA grants specifically designed to service residents of King and Clark County and it is anticipated that folks that reside in that region will ideally utilize those services. On a case-by-case basis, DOH will consider well documented requests for HOPWA housing services from King, Clark, and other counties in the state of Washington that we are not contracted with.

Program Rules

The HOPWA rules in 24 Code of Federal Regulation (CFR) §574 provide general standards for eligible activities such as determining program eligibility, housing quality standards, and standards regarding household rent payments as provided under the United States Housing Act of 1937. Standards for shared housing are referenced in 24 CFR §982.615 – §982.618. Other applicable CFRs include, but are not limited to:

- 2 CFR §200 are the regulations for uniform administrative requirements, cost principles, and audit requirements for Federal awards to non-Federal entities.
- 24 CFR §5.609 are the HUD regulations defining the elements of household annual gross income that must be counted in determining income eligibility for the HOPWA program.
- 24 CFR §5.611 are the HUD regulations defining deductions from a household's annual gross income that can be claimed in determining a rental assistance subsidy.
- 24 CFR §5.617 are the HUD regulations requiring a disallowance of earned income by persons with disabilities residing in TBRA- or TSH-assisted units upon returning to work after certain conditions have been met.
- 24 CFR §5, Subpart L are the HUD regulations for the Violence Against Women Act (VAWA), which provides protections for survivors of domestic violence, dating violence, sexual assault, or stalking.
- 24 CFR §574.430 are HOPWA regulations prohibiting fees. Other than rent, Project Sponsors cannot charge any fees to households to pay for program operations or supportive services.
- 24 CFR §574.530 are HOPWA record keeping requirements.
- 24 CFR §574.635 and §35 are regulations for Lead-Based Paint Poisoning Prevention Act (42 USC 4821-4846) and lead-based paint poisoning notification requirements.
- 24 CFR §574.625 relates to conflicts of interest. Project Sponsors should have policies in place that identify and handle real or potential conflicts of interest on the part of board members, staff persons, and other representatives of the organization, such as volunteers. HUD requires such a policy, which are often part of an organization's "code of conduct" for board, staff, and volunteers.
- Section 31 of the Federal Fire Prevention and Control Act of 1974 relates to Smoke alarm requirements.
- CPD Notice 22-15 CO alarm/detector: effective December 27, 2022:
 - 24 CFR §574.300(b)(5)- project or tenant-based rental assistance
 - 24 CFR §574.300(b)(6)- short-term rent, mortgage, and utility payments
 - 24 CFR §574.300(b)(7)-permanent housing placement
 - 24 CFR §574.300(b)(8)-operating costs.
- **24 CFR §574.603(b), Project Sponsors must develop local program policies to ensure that all persons who qualify for the assistance, regardless of their race, color, religion, sex (including gender identity and sexual orientation), age, national origin, familial status, or disability, know of the availability of the HOPWA program, including facilities and services accessible to persons with a disability, and maintain evidence of implementation of the procedures.**

What types of housing services can HOPWA provide?

- **Short-Term Rent, Mortgage, and Utility assistance (STRMU)**

STRMU provides households experiencing a financial crisis due to HIV or other health condition(s) and/or a change in their economic circumstances. STRMU is homeless prevention, with maximum 21 weeks of assistance in a 52-week period, designed to financially assist eligible participants remain in their residence.
- **Tenant-Based Rental Assistance (TBRA)**

TBRA is a rental subsidy used to help households obtain or maintain permanent affordable housing by paying the difference between the contractual rent to the owner and the household's calculated rent payment.
- **Permanent Housing Placement (PHP)**

PHP is assistance used to help households establish a permanent residence in which continued occupancy is expected. Eligible cost and requirements are listed on page 13 of this manual.
- **Housing Information Services (HIS)**

HIS includes, but is not limited to, counseling, information, and referral services to assist households with locating, acquiring, financing, and maintaining housing. This may also include fair housing guidance for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap. 80% AMI threshold does not pertain to this category.
- **Facility-Based Housing (FBH)**

Facility-based supportive housing assistance is one of the HOPWA program's unique elements, providing resources to develop and operate community residences and other supportive housing for a special need's population. The intention of the legislation that created the HOPWA program was to allow for the development of supportive housing that could serve as an alternative to skilled nursing facilities. With facility-based housing, the expectation is that participants will need some level of supportive services in order to maintain stability and receive appropriate levels of care. HOPWA regulations require the sponsor to certify that they will give residents an adequate level of support and work with qualified service providers, accessing such support in an ongoing manner.
- **Transitional Short-Term Facilities (TSTH)**

Temporary, stable housing units or housing arrangements (commonly in the form of hotel/motel vouchers) utilized as a placeholder or bridge while seeking permanent housing.
- **Supportive Services (SS)**

Supportive services are important tools to help program participants to stabilize their living situations and help address care needs of persons living with HIV. Supportive Services may be provided in conjunction with HOPWA housing assistance or as a stand-alone service. Assistance includes, but not limited to, housing counseling, resource identification services, nutritional services, transportation assistance, and assistance in gaining access to mainstream resources.

Please Share Program Information with Clients

Project Sponsor staff should assess client housing needs during intake and routine medical, psychosocial, or other appointments. When a client requests housing assistance, the Project Sponsor must inform them of the HOPWA program. At minimum, the information should include the types of housing assistance available; application process; documentation needed to determine household eligibility and satisfy other program requirements; qualifications for specific program services; reasons for denial and/or discharge from services; current waitlists and priority populations, if applicable; and potential interview dates and times.

Please avoid the use of jargon, abbreviations and/or acronyms that clients may not understand. Also ensure staff are inquiring about and providing any accommodation(s) needed to ensure the information is accessible for the households.

What is the eligibility process to apply for HOPWA services?

To establish household eligibility under HOPWA, you will need the following documentation:

- HIV/AIDS Diagnosis – a signed statement from the client’s health care professional on agency or healthcare provider official letterhead with the following:
 - Name of the person with an HIV+ diagnosis
 - Date of diagnosis

Note: No HOPWA services may be provided without proper Verification of HIV Status.

Note: If the client’s HIV documentation is from a healthcare provider outside of the HOPWA coverage area your agency provides, including out of state, you must follow-up with that provider to initiate authentication of documentation/diagnosis within seven (7) days of intake and/or prior to any services being rendered. In these instances, households must submit verification of diagnosis from a local healthcare professional within your agency’s coverage area within 30 days of intake.

- The household must reside in the Project Sponsor’s service area.
- Proof of income – you must document proof of household income (income includes every person over the age of 18 in the household) as at or below 80 percent of Area Median Income. HUD Income Limits are published on the HUD website at www.huduser.gov/portal/datasets/il.html.

Note 1: Documentation must be obtained and verified for each household prior to the provision of any HOPWA assistance and must be kept on file. In cases where a household member reports income, but refuses to produce documentation of income, the household must be determined ineligible for assistance. If a household reports zero income, the file must contain a documentation of no-income form. Project Sponsors must develop a tracking system/method in their agency HOPWA Policy & Procedures that routinely reviews/updates the no-income form at a minimum of every six months. Self- declaration should only be used as a last resort and every attempt made to verify the household has no other income. Documentation can include:

- Copies of pay stubs
- Social Security payment statements
- Grant award letters
- Print-out from the DSHS Benefits Verification System (BVS)
- Regular and reoccurring gifts or contributions – HUD considers regular and reoccurring gifts or contributions to be counted as income and should be considered so in determining income eligibility.

Note 2: HOPWA funds used to assist households who do not meet the eligibility requirements, or to lease units where an inspection has not been completed, or the rent is not reasonable, must be repaid to Washington State Department of Health (DOH).

Required documentation to establish eligibility:

- Verification of Income (or no income). Households must be at or below 80% of Area Median Income (AMI) to be eligible for all forms of HOPWA assistance, except for Housing Information Services (24 CFR 574.3)
- Verification of HIV Status
- Verification of residency in service area

Forms that need to be completed when applying for HOPWA assistance and prior to any financial assistance being rendered:

- DOH-issued HOPWA Program Agreement/Application for Assistance.
- DOH-issued Housing Plan. A good housing plan includes the following elements:
 - Short- and long-term goals
 - Information regarding instability of current housing situation
 - Information regarding homelessness and residential history
 - Identification of causes of housing instability
 - Identification of barriers to stability
 - Address barriers
 - Progress tracking
 - Linkages to appropriate HIV care
 - Housing plans should clearly detail the household's roles and Project Sponsor's roles. This list is not exhaustive.
- DOH-issued Budget Worksheet
- Consent to Release and/or Obtain Confidential Information **specific to the Housing Program**. Prior to exchanging information with any other agency or entity, Project Sponsors must first secure a release of information from the client. There may be exceptions to client disclosure as required by law. A Consent to Release and/or Obtain Confidential Information must be completed and signed by the client identifying specific individuals or organizations to which confidential information may be disclosed and must be re-signed annually. A statement that the client may revoke the Consent to Release and/or Obtain Information at any time must be included on the form as well. Official revocation must be in writing and becomes effective when it is received by staff/the agency.
- Required policies signed by client(s): **reasons for termination from program**, conflict of interest, confidentiality, program agreements, Fair Housing and Equal Opportunity, and grievance and appeal process.
- Program Year Reporting (APR/CAPER) Outcome Assessment.

What is Tenant-Based Rental Assistance (TBRA) and how do I help clients apply for it?

Tenant-Based Rental Assistance (TBRA) is a rental subsidy designed to alleviate the rent burden of low-income households. Eligible households pay 30% of their income and the remaining rent portion is paid in the form of a rent subsidy to the landlord. To receive TBRA a client/household must have a legal right to reside in a private unassisted unit/apartment/home and prove responsibility for paying the rent. TBRA is portable and moves with the client. The client selects a housing unit of his/her/their choice and can continue assistance when moving to another unit, if needed. Satisfactory evidence of tenancy includes a lease naming the eligible client as the leaseholder or occupant.

For those households seeking to establish eligibility for TBRA in a mobile or manufactured home please refer to **notice CPD-03-05** for guidance. This notice provides guidance when establishing eligibility for clients residing in a mobile or manufactured home. Review pages 4-5. Additionally, HOPWA Grantee Oversight Resource Guide page 80 provides guidance.

(Update as of June 16, 2023) TBRA may cover additional fees required for occupancy if the following requirements are met: fees must be legally allowable; fees are charged equally to **all** tenants (subsidized and non-subsidized); fees are **required**, meaning in **no way optional** for tenancy, gross rent (rent + plus fees + utility allowance amount, if applicable) must meet your HOPWA program rent standard and rent reasonableness.

For example, if a landlord requests a unit rent of \$795 and \$35 in fees that meet the above criteria, HOPWA will consider the gross unit rent to be \$830. Please note that optional fees, such as parking, optional amenity fees, and pet fees, cannot be included in gross rent since they are not required for tenancy. Please ensure that any lease or other documentation is clear regarding the gross rent used to determine eligibility. If the lease is not clear what the gross rent is, programs should follow up with the landlord and confirm the gross unit rent either as a note on the lease or as a note to file.

The following documentation is required for TBRA assistance:

- All required eligibility and assistance documentation listed on page 8
- [HOPWA HQS Habitability Standards](#). In accordance with CPD Notice 22-15, all HOPWA TBRA assisted unit must have functioning Carbon Monoxide (CO) alarms/detectors installed. A question regarding the presence of a functioning CO alarm/detector must be added to HQS inspection form.
- Resident Rent Calculation Form. Available at: www.hudexchange.info/resource/1835/hopwa-income-resident-rent-calculation/. Rent calculations must be certificated annually.
- Reasonable rent certification. For a guide to compliance, see **Appendix A**
- Case notes
- Zero Income. Households with zero income who are applying for TBRA assistance must also demonstrate that they have sufficient resources or expect to have sufficient resources to pay for basic living such as food, clothing, transportation, and utilities beyond the HOPWA subsidy and/or utility allowance credit provided with TBRA.
- Fair Market Rent (FMR) documentation. This must be the guideline in a client's search for housing. For exceptions to the FMRs policy, please contact the Department of Health (DOH) HOPWA coordinator to get approval. **UPDATE:** Effective June 16, 2023, 120% percent of HUD published FMR's for tenant's respective county can be used when calculating TBRA rental subsidy. The Department of Health will provide HOPWA current FMR's for TBRA 90 days after HUD publishes its FMR standards.
- Utility Allowance: Utilize the Local Housing Authority Standard to compute.

- Occupancy Standard: Utilize the Local Housing Authority Standard to determine unit size that client/household qualifies for.
- Absence from Unit Policy. Project Sponsors must develop an Absence from Unit Policy and document in your Agency HOPWA Policy & Procedure.
- Lease agreement. All lease agreements must have provisions covering Violence Against Women Act (VAWA) protections (in accordance with 24 CFR 574.604 part 5, Subpart L) and provisions addressing Lead-Based Paint (in accordance with 24 CFR 574.635) or have separate addendums in place (see Appendices C and G). **All initial TBRA leases must be for a minimum of one year in duration and allow for renewal after that period. DOH strongly recommends upon renewal TBRA households remain in long-term leases.**
- Lead Based Paint Requirements (see Appendix C)
- Units are required to have an operable hard-wired or battery-operated smoke detector installed in all HOPWA- assisted units. UPDATE: Effective 12/27/2022, in accordance with CPD Notice 22-15, all HOPWA TBRA assisted unit must have functioning Carbon Monoxide (CO) alarms/detectors installed. A question regarding the presence of a functioning CO alarm/detector must be added to HQS inspection form.
- **Carbon Monoxide Checklist (see Appendix F). Please attach to HQS Inspection.**
- W9- a formal written request for information only and is used solely for the purpose of confirming a person’s taxpayer identification number (TIN).
- Reasonable Accommodations. Generally, recipients of HOPWA are prohibited from renting from a family member. Exceptions may be approved if the unit would provide reasonable accommodation for a household member with disabilities. This reasonable accommodation requires a physician’s statement to be included in the client’s file (see Appendix B). The DOH HOPWA Coordinator may grant reasonable accommodation on a case-by-case basis for an increase of the rent standard by up to 10%.

NOTE: When possible, all HOPWA TBRA households should also apply for a Housing Voucher.

The Housing Plan for re-certification must show active retention and search of housing through all available federal, state, and local housing programs. Project Sponsor policy must state that failure of an eligible household to accept a Housing Voucher when offered, may result in termination of HOPWA assistance. If accepting a voucher would place undue burden on the household, the Project Sponsor in consultation with the DOH HOPWA Coordinator, may waive the requirement in special circumstances. Special circumstances may include but are not limited to:

- a) Household would have to move away from household who are necessary for the household’s care and well-being.
- b) The household would have to move but is too sick at the time to do so.
- c) Households cannot find a suitable residence that will accept a Housing Voucher.

If this requirement is waived, documentation must be included in the household file.

Project Sponsors must annually recertify TBRA households by income and household family composition. Additionally, HQS inspections must be performed. Project Sponsors must develop an Annual TBRA Recertification method and document in your agency HOPWA Policy & Procedures. **Effective February 1, 2024, HOPWA housing staff must perform and document quarterly check-ins for all TBRA households.**

Generic forms are available at www.hudexchange.info/resource/1025/hopwa-program-administration-toolkit/. For additional information, read chapter 4 of the HOPWA Oversight Guide available at: https://files.hudexchange.info/resources/documents/HOPWAOversightGuide_Aug2010.pdf.

What is Short-Term Rent, Mortgage, and Utility Assistance (STRMU) and how do I help clients apply for it?

STRMU Evidence of Need (from the STRMU Guidebook)

STRMU assistance is needs-based and intended to benefit HOPWA eligible households that are experiencing a financial crisis arising from their HIV/AIDS health condition or a change in economic circumstances. To be eligible for STRMU assistance, households must demonstrate that they do not have the resources to meet their rent, mortgage, or utility costs AND that they would be at risk of homelessness in the absence of STRMU assistance. Project sponsors are responsible for verifying and documenting a participating household's inability to make required housing payments. Project sponsors should assess that the household's needs are for actual costs, that other resources such as household income are not reasonably available to pay the housing costs, and that STRMU assistance will alleviate the payment delinquency to avoid the eviction and result in, at least, temporary stability for that household.

STRMU is a homeless prevention intervention and is intended to improve access to health care and other supportive services. STRMU assistance enables income-eligible individuals or families living with HIV/AIDS, and who are at risk of becoming homeless, to receive short-term rent, mortgage, and/or utility assistance for a period not to exceed 21 weeks in any 52-week period. STRMU funds can be used to pay past-due and ongoing rent payments, mortgage payments, and/or utility payments. Late and/or reconnect fees are allowable. **Deposits ARE NOT an allowable STRMU cost.**

Note: HOPWA cannot be used to pay for property taxes or condominium fees. Utility and rent security deposits and telephone service costs are not allowable under STRMU. HUD prohibits STRMU payments being made to an individual or household that is already receiving rental assistance through HOPWA or another federal, state, or local housing subsidy program, including Housing Choice Voucher or in a subsidized unit the client is occupying.

Eligibility examples of STRMU cases: The client may be unable to pay rent, mortgage, and/or utilities because (a) (he/she/they) are unable to work due to recent hospitalization and, therefore received significantly less pay and are unable to cover expenses (b) the client had to recently purchase unexpected costly HIV medication or pay for unexpected medical expenses out of pocket (c) the client was not hospitalized, but too ill to work in the recent past according to a physician's statement and the client did not have a position where sick and annual leave was accrued (d) the client left employment, has been declared presumptively eligible for disability benefits in writing and is pending commencement of benefits. This is not an exhaustive list.

The following documentation is required for STRMU assistance:

- All required eligibility and assistance documentation listed on page 8
- STRMU Tracking Sheet.
- Case notes
- **All leases must contain lead-based paint and VAWA addendum.**
- W9-formal written request for information only and is used solely for the purpose of confirming a person's taxpayer identification number (TIN).
- Zero Income. Households with zero income who are applying for STRMU assistance must also demonstrate that they have sufficient resources or expect to have sufficient resources in the near future to pay for basic living such as food, clothing, transportation, rent and utilities beyond the HOPWA subsidy and/or utility assistance provided through STRMU.
- Evidence of tenancy, ownership, or residency. For rental assistance, the applicant will need to demonstrate that they are either the named tenant on a lease, are a legal resident in the unit, or have responsibility to pay rent. Evidence of the latter can be a late notice in the applicant's name. For mortgage assistance,

documentation such as a deed, a late mortgage payment notice identifying the applicant, and a current insurance policy identifying the applicant or resident family members as the property owner. For utilities assistance, utility bills in the applicant's name or cancelled checks made by the applicant to a utility company for that account can serve as adequate documentation.

- There must be evidence of the need. Verify that STRMU assistance will meet identified need (e.g., terminate eviction or shut-off proceedings). Assess the applicant's ongoing housing needs and develop housing plans for more permanent or stable housing solutions. Although STRMU assistance does not require the participant to pay a portion of the rent or utility bill, it should not be used to relieve the household responsibility for their rent, mortgage, or utility payments if they have some ability to contribute. If a participant can pay some of their required payments, program staff may negotiate an appropriate amount of contribution. In general, STRMU should be used for reasonable and actual housing costs that a household cannot cover due to a crisis and a lack of other resources.
- **HOPWA housing staff must complete a housing plan review with household for each month of financial assistance provided.**
- Smoke/carbon monoxide safety declaration. The client can attest that smoke and carbon monoxide alarms are available in the unit and in functioning order through self-attestation. The attestation must be signed and included in the household's case file. Even though housing inspections are not required for STRMU, clients are required to ensure that an operable hard-wired or battery-operated smoke detector is installed in all HOPWA-assisted units. UPDATE: Effective 12/27/2022, in accordance with CPD Notice 22-15, all HOPWA STRMU assisted unit must have functioning Carbon Monoxide (CO) alarms/detectors installed. For STRMU, tenant or landlord may self-attest that unit meets (CO) requirement. Project sponsors must provide reasonable measures outlined in their policy and procedure related to CPD Notice 22-15 that owner and tenant understand and applies appropriate criteria when making self-attestations.
- **Complete Carbon Monoxide Checklist (see Appendix F)**

What are STRMU time limits?

Method 1: Calendar Days of Assistance

The statute limits STRMU assistance to no more than 21 weeks (147 days) in any 52-week period. STRMU limits can also be capped, based on program budgets, i.e., limiting funds to a specific amount per household per 21 weeks. However, the cap should be high enough to realistically assist the household in achieving stability with the STRMU payment.

Example: If a total utility bill was paid and the service period was April 17-May 16, 14 days would be attributed to April and 16 days to May for a total of 30 days of assistance.

Rent and utilities — Provided that the rent payment and utility bill are reasonably coincidental (e.g., at least 14 days overlap between rent and utility payment period) it can be considered one month of assistance. ([HOPWA Rental Assistance Guidebook \(hudexchange.info\)](https://www.hudexchange.info))

When calculating the limits, please use the following information:

- The 52-week timeframe of eligibility will be based on the date a STRMU payment is first made on behalf of a client;
- All beneficiaries must use the following method: — Count calendar days of assistance with max being 147 (21 x 7);
- Household client files must have the tracking sheet in Appendix N.

What is Permanent Housing Placement (PHP) and how to I help clients apply for it?

Permanent Housing Placement (PHP) is a supportive service that enables project sponsors to assist eligible individuals with establishing permanent residency when continued occupancy is expected. PHP may be used to provide assistance with the following costs:

HOPWA PHP Assistance Update (June 16,2023):

Eligible PHP **rental assistance** costs CANNOT EXCEED TWO TIMES MONTHLY RENT of unit and include the following:

- Security deposit*
- First month's rent (when required for occupancy and no ongoing housing subsidy, whether HOPWA or another program, is expected)

Please be advised: [Last month's rent is no longer allowable effective July 1, 2023.](#)

Eligible PHP **direct assistance** costs are not included in the above **rental assistance** costs. However, the combined total for any of the below costs **cannot exceed \$500** without DOH approval.

- One time utility hookup fees
- Utility and rent arrears (when determined to be a barrier to establishing new permanent housing) ** **This cost of arrears would need to be approved by DOH and **WILL NOT** count against the maximum two months' rent allowance.
- Application fees
- Credit check, if required
- Administrative fee (charged in lieu of or in addition to a security deposit)

*Project sponsors are required to have program income policies and procedures in place and security deposits must be returned to the project sponsor. Deposits are to be tracked (out-going and in-coming) and reported in quarterly HOPWA DOH meetings and on annual CAPER/APR. Project sponsors shall make a good faith effort to ensure that deposits are returned to the program while maintaining participant confidentiality. Returned funds should be recorded as program income and used to further program purposes. DOH still has the expectation of reasonable client contribution and/or other resources being vetted/leveraged. Staff will need to demonstrate that HOPWA is payor of last resort for refundable deposits.

UPDATE: Because shorter term leases do not promote the goal of PHP, the lease terms for PHP deposit assistance must be for a minimum of one year in duration.

The following documentation is required for PHP assistance:

- All required eligibility and assistance documentation listed on page 8
- Case notes (must show evidence of need and movement towards permanent, stable housing)
- Signed lease agreement (with client and landlord signatures)
- **All leases must contain lead-based paint and VAWA addendum.**
- Copy of application and/or receipt tying payment to client and/or household member
- Recovery of deposit form when refundable deposits are issued
- Documentation/statements of payor of last resort for refundable deposits
- W9-formal written request for information only and is used solely for the purpose of confirming a person's taxpayer identification number (TIN).
- Smoke/carbon monoxide safety declaration. The client can attest that smoke and carbon monoxide alarms are available in the unit and in functioning order through self-attestation. The attestation must be signed and included in the household's case file. Even though housing inspections are not required for PHP, clients are required to ensure that an operable hard-wired or battery-operated smoke detector is installed in all HOPWA- assisted units. **UPDATE:** Effective 12/27/2022, in accordance with CPD Notice 22-15, all HOPWA PHP assisted unit must have functioning Carbon Monoxide (CO) alarms/detectors installed. For PHP, tenant or landlord may self-attest that unit meets CO requirement. Project sponsors must provide reasonable measures outlined in their policy and procedure related to CPD Notice 22-15 that owner and tenant understand and applies appropriate criteria when making self-attestations.
- **Complete Carbon Monoxide Checklist (see Appendix F)**

What is the goal of HOPWA Support Services and what services are covered by it?

The following documentation is required for SS assistance:

- All required eligibility and assistance documentation listed on page 8
- Case note(s)

The primary goal of HOPWA is to provide housing assistance to eligible households to ensure housing stability. In general, the emphasis of HOPWA should be on housing assistance rather than supportive services. Supportive services provided with HOPWA funds should focus on supporting the housing stability of program participants and must be made available to persons receiving housing and must be optional for the household. Supportive services may include:

- **Health/medical/intensive care services.** This applies if they are approved by DOH Housing Coordinator and documentation of HOPWA being payor of last resort (may not be provided to household members). HOPWA regulations and additional HUD guidance place strong limitations on the direct use of HOPWA for health-related expenses. The limitations are:
 - Health services can only be provided to persons living with HIV or AIDS (24 CFR 574.300b(7)).
 - Payments for health services may not be made to the extent that payment can come from another public or private source (24 CFR 574.310a(2)).
 - Payments may not be made in substitution for AIDS Drug Assistance Program (ADAP) payments.
 - Any health services to be paid for by HOPWA must be approved directly by HUD.
 - Health-related payments can only be considered for approval on a case-by-case basis.
 - Organizations must document reasonable efforts to qualify beneficiaries for available types of health care support, including health insurance and other programs.

Project sponsors must contact DOH HOPWA coordinator on a case-by-case basis regarding whether costs for a specific health service can be allowed. Health and medical-related costs must be related to the household's illness or loss of income. Health expenditures are prohibited unless it can be directly related to housing stability through employment or school in some way. An example is if a household needs help paying for prescription glasses and will not be able to work or go to school without them. HOPWA may cover the cost if no other resource is available to cover it.

It must also be documented those other resources were contacted for help in paying these health/medical costs and were unable to assist. Documentation should include date of contact, name of organization and contact person. The results of the contact should be detailed in the household file.

- Adult day care and personal assistance
- Alcohol and drug abuse services
- Case management/household advocacy/coordination of benefits
- Childcare and other child services (because the parent(s) is actively working or seeking work that lends itself to improving their household stability)
- Education
- Employment assistance and training
- Some legal services
- Life skills management
- **Meals/nutritional services** (no gift cards or grocery vouchers). A non-facility housing program can purchase a limited amount of bulk nutrition products like Ensure, canned chicken, tuna, beans, etc., and if a freezer is available, fresh meat. This would be paid for as HOPWA Supportive Services. Another Supportive Service activity is to purchase "access slots" from a food bank/pantry that households can use for emergency nutritional needs, as long as you are sure the food bags provided contain sufficient nutritional items. Households should sign a confirmation each time they receive food. For non-facility housing programs, it is

important to make sure HOPWA funds are not paying for nutrition that is available through other means.

- Mental health services
- Outreach
- Transportation (no car repairs or gas vouchers)

Note: HOPWA funds may not be used for personal items such as clothing, grooming supplies, furniture, entertainment activities, pets, financial assistance, or consumer credit payments. DOH limits Supportive Services to 35 percent of the grant total. The Project Sponsors must develop a tracking system within their HOPWA housing policies and procedures to track HOPWA Supportive Services.

What are Housing Information Services (HIS) and under what circumstances do I need to provide these services to clients?

This is a search for housing service. Housing information services include, but are not limited to, counseling, information, and referral services to assist an eligible person to locate, acquire, finance, and maintain housing. This may also include fair housing guidance for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap. Some HIS may include exploring barriers to housing and advocating on behalf of households, landlord/tenant mediation, collaborating with local resource fairs to provide housing information, holding housing information classes/presentations. This list is not exhaustive. Any individual living with HIV or a family member regardless of income is eligible to receive housing information services, as described in §574.300(b)(1).

What is Facility-Based Housing and how do I help clients apply for it?

Facility-based housing is housing that is owned or leased by a project sponsor. This form of supportive housing facility serves as an alternative to a skilled nursing facility or other such institutional setting. With facility-based housing, the expectation is that participants need high level of supportive services in order to maintain stability and receive appropriate levels of care. HOPWA regulations require the Project Sponsor to certify that they will give residents an adequate level of support and work with qualified service providers, accessing such support in an ongoing manner. Some eligible reimbursable cost is:

- Facility repairs
- Operating costs – including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies and other incidental costs.

The following documentation is required for FBH assistance:

- All required eligibility and assistance documentation listed on page 8
- Case notes
- HOPWA HQS Habitability Standards. Units are required to have an operable hard-wired or battery-operated smoke detector installed in all HOPWA- assisted units. UPDATE: Effective 12/27/2022, in accordance with CPD Notice 22-15, all HOPWA TBRA assisted unit must have functioning Carbon Monoxide (CO) alarms/detectors installed. A question regarding the presence of a functioning CO alarm/detector must be added to HQS inspection form.
- **Complete Carbon Monoxide Checklist (see Appendix F)**
- Lease or occupancy agreement
- System to track resident rent payments/program income. Project Sponsors must develop a system to track resident rent payments/program income. Agency HOPWA Policy & Procedures must describe how this mechanism works.

What are Transitional Short-term Facilities, their time limits, and how do I help clients apply for this?

These are temporary, stable housing units or housing arrangements (commonly in the form of hotel/motel vouchers) utilized as a placeholder or bridge while seeking permanent housing. Transitional Short-term Facilities are intended to provide temporary shelter to eligible individuals to prevent homelessness and allow an opportunity to develop an individualized housing and service plan to guide the client's linkage to permanent housing. Clients must actively work with Project Sponsor and close alignment with a housing plan: Housing plan should regularly monitor and review/reflects short-term and long-term goals and needs as appropriate and as achieved.

Time Limits: "A short-term housing stay may not provide residence for any individual for more than 60 days in any 6-month period." 24 CFR 574.330 (a).

To help clients apply for a Transitional Short-term Facility, you need the following documentation:

- All required eligibility and assistance documentation listed on page 8
- Case notes
- Reasonable daily rents. Reasonable daily rents may be calculated based on the area regional per-diem cost (project sponsors must develop HOPWA policies and procedures that address most cost-efficient means for determining appropriate services provided.)

What are some key definitions and examples of administrative and program delivery costs?

Administrative costs are for general management, oversight, coordination, evaluation, and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities. Project sponsor administrative costs are limited to seven (7) percent of the grant amount they are awarded.

Allowable cost benefits the agency as a whole and cannot be attributed specifically to a program.

- Cost of staff time spent managing or tracking general HOPWA operations, grant agreements and contracts, etc.
- Staff time spent preparing the annual HOPWA APR/CAPER forms
- Certain office items, office space rental fees, or software fees that are not specific to one HOPWA activity, but rather support all/multiple HOPWA activities. This list is not exhaustive.

Direct Program Delivery Costs:

All costs associated with managing housing assistance payments. This is most commonly the cost of staff time for time spent supporting a program activity. For instance, for TBRA, typical direct program delivery costs would be:

- Time spent checking that clients qualify for TBRA and conducting initial and annual rent/income calculations and certifications.
- Time spent conducting unit inspections for TBRA units.
- Time discussing lease agreements with clients or landlords. This cost is to be tracked, billed and reported directly to the appropriate housing activity and time sheets must reflect the actual time spent.

This list is not exhaustive.

What are some costs that are unallowable under the HOPWA Program?

The following costs are **unallowable**:

- No gift cards or grocery vouchers.
- No car repairs or gas vouchers.
- No personal items such as clothing, grooming supplies, furniture, entertainment activities, financial assistance, or consumer credit payments.
- No pet fees or pet rent
- Entertainment costs, including social activities and directly associated costs such as food at staff meetings or trainings
- Contributions
- Fines or penalties
- Lobbying costs

What special responsibilities do I need to consider?

Confidentiality:

Project Sponsors must ensure the confidentiality of the identity of any person receiving HOPWA assistance. Personal participant eligibility documentation must only be accessible to HOPWA staff and the Project Sponsor. HOPWA household files must not be kept in the same location as other non-HOPWA or general files in an agency that serves other clients that are not HIV positive.

Project Sponsors must have written confidentiality policies and procedures in place that describe how a participant's confidentiality is protected. The policy, at a minimum, should address:

1. How staff will gather, record, and store confidential information.
2. The consent process for the release of confidential information.
3. Standards contained in relevant state and federal laws including HIPAA compliance and HIV confidentiality statutes.
4. Privacy standards related to data collection and use of participant information for program reporting.
5. Project sponsors must use a unique identifier for the household files that can be verified against a master list of UI codes during a site monitor visit. Household names must not be on the outside of a file.

Project sponsors must have written policies and procedures regarding client confidentiality. The policy, at a minimum, sets an expectation for yearly confidentiality training according to RCW 70.02.220 WAC 246 101 – 610 and address the following:

Training - How staff will be trained on confidentiality protocols – initial training and subsequent annual in-service updates. Each employee will sign a Memorandum of Understanding of Client Confidentiality stating that he or she has received training and understands that violation of confidentiality requirements may lead to disciplinary action, dismissal from employment and possible criminal prosecution.

Clients will be educated about the project sponsor’s confidentiality procedures including that access to confidential HIV information about clients will be restricted to those staff who “need to know” this information to deliver appropriate services. A “need to know” is present if the employee or agency, in order to perform properly normal job functions, must have access to the client’s medical background. A “need to know” list should be maintained by the project sponsor. Clients will also be informed about the agency’s policies regarding release of information to those outside the agency.

The AIDS Housing Opportunity Act of 1992 and the HOPWA regulations 24 CFR 574.440 require that grantees and project sponsors protect the privacy of those receiving HOPWA assistance. DOH is including the following provisions for each project sponsor agreement or contract outlining the confidentiality requirements for any recipient of HOPWA funds.

- Establishing a separate entity with non-HIV/AIDS specific names under a generic name to perform certain functions. For example, an agency might establish a separate entity with a separate name (e.g., Springfield Supportive Housing Program) to conduct housing inspections, designate a separate phone line for landlords to call, and/or set up a separate bank account with a generic program name;
- Maintaining distinct phone lines for certain purposes, such as receiving property owner calls;
- Using an agency post office box to receive written correspondence;
- Avoiding identifying the HOPWA program as a funding source when it would lead to disclosing the HIV status of clients served. For example, an agency might state that they receive a range of federal, state and local government funding to provide housing and services to people with disabilities.

HUD advises that agencies use unit numbers only or unique identifiers on each rental check. This practice may be particularly suitable if additional precautions are warranted as it provides a method to shield identifying information from agency staff who may not need to know participants’ HIV status.

Furthermore, if an agency or program name, logo, motto, or slogan identifies it as a provider of HIV/AIDS services, the organization must mask that information. It is prohibited to issue housing assistance checks from bank accounts that reference “HOPWA”, “HIV” or “AIDS” in the name.

For more information, see the [HOPWA Confidentiality User Guide](#), pp. 14-16.

Records Retention:

HOPWA related program and financial reports and information, including household files must be kept for six years after the grant period ends.

Fraud:

Commission of fraud, bribery, or any other corrupt or criminal acts by Project Sponsors will result in termination of the HOPWA grant. Per 24 CFR Part 85, DOH may direct the Project Sponsor to reimburse the HOPWA program for costs inappropriately charged to the HOPWA program. Project Sponsors should have a section in their HOPWA Policies and Procedures that warns clients that knowingly provide false documentation/information are ineligible to apply for or receive HOPWA services.

Reports:

The Project Sponsor is responsible for submitting required reports by the due dates:

REPORT	DUE DATE
CAPER (HOPWA Formula Funding)	On date requested by DOH
APR (HOPWA Competitive Funding)	On date requested by DOH

Reimbursement Requirement:

The Project Sponsor is responsible for submitting correct A19-1A invoice vouchers and backup documentation by the 25th day of the month following the month in which services were provided. Washington State Department of Health will pay late claims at its discretion, contingent upon the availability of funds.

Contract Amendments:

Any changes that are needed to amend contracts must be submitted to the HOPWA Specialist, Abby Gilliland, for approval. No amendments are allowed to contract that are within 60 days of expiration.

Mandatory Training:

All Project Sponsors will ensure that personnel responsible for financial management and oversight of HOPWA Funds complete the HUD HOPWA Financial Management Online Training:

- www.hudexchange.info/trainings/courses/hud-hopwa-financial-management-online-training/

This requirement must be included in the Agency HOPWA Policy & Procedures. Project Sponsor must devise system to document staff members name, title and date training was completed.

Monitoring:

DOH will monitor every Project Sponsor on a schedule determined from the results of a grant risk assessment. While some monitoring may be done remotely (through Provide), all annual monitoring visits are planned to be in person.

Required Policies and Procedures:

All Project Sponsors are required to have the following written Policies/Policies and Procedures:

1. Written Confidentiality Policies and Procedures
2. Written Termination Policies and Procedures (see Appendix D)
3. Written Conflict of Interest Policies and Procedures
4. Written Fair Housing and Equal Opportunity Policies and Procedures
5. Written Plan for Record Retention
6. Written Program Income Policies and Procedures
7. Written Absence from Unit Policy
8. Written Annual Recertification of Income & Household Eligibility Policies and Procedures
9. Written Interim Recertification Policies and Procedures
10. Written Grace Periods for Surviving or Remaining Household Member (see Appendix E)
11. Written Verbal Signature HOPWA guidelines (if applicable)
12. Faith-Based Organization policy that separates HOPWA activities from religious influences (if applicable)
13. HUD Notice CPD-22-15; Checklist).

DOH recommends combining the above HOPWA policies and procedures into a file or binder, along with additional information that explains HOPWA Program operations, to include at minimum client eligibility, intake/assessment, client participation/expectations and housing plans. This would ensure that each agency has their own HOPWA Program Manual to be utilized as a specific guide that defines and assures consistency and can also be used to onboard new staff to the HOPWA practices.

Equal Access for Transgender People: Supporting Inclusive Housing and Shelters

All Project Sponsors must make sure their HOPWA Policies & Procedures and Program documents & follows HUD's Equal Access Rule which ensures equal access to individuals in accordance with their gender identity in programs and shelters. See Resource Link: [Equal Access in Accordance with Gender Identity Final Rule – 2016](#) (PDF) [Equal Access to Housing Final Rule – 2012](#) (PDF)

Appendix A – Rent Reasonableness

When to Conduct a Rent Reasonableness Assessment

Program staff are required to assess rent reasonableness of a unit when establishing eligibility of rental unit for TBRA:

- Before increasing the rent to a landlord
- When FMR *decreases* by 5 percent or more from the previous year's FMR.

Example form located at: www.hudexchange.info/resource/1828/hopwa-rent-reasonableness-checklist-and-certification/.

Determining Rent Reasonableness

HOPWA Project Sponsors must establish and maintain a policy and procedure for determining rent reasonableness. Program staff must document the rent reasonableness assessment in the household file.

Determining Rent Reasonableness

Program staff should not assume that if the rent of an assisted unit is within the established rent standard Before entering into an agreement with a landlord (usually FMR) that the unit's rent is reasonable. It is possible that a unit may be within the rent standard established by the Project Sponsor and still not be reasonable.

Program staff must document for each unit that a reasonable rent is being charged compared to other units in the private market and must verify, if applicable, that the rent of a unit is reasonable compared to the rent of other comparable unassisted units owned by the same landlord. There are two acceptable methods for determining rent reasonableness:

- **Using a market study.** A market study conducted by a local Public Housing Agency (PHA) or other entity in conducting their rent reasonableness assessment may be used. In some cases, Project Sponsors have worked in partnership with their local PHA to gain access to rent reasonableness assessments conducted by, or for, the PHA. Such information can provide the necessary data needed to complete the rent reasonableness assessment in the household file.
- **Review of comparable units.** A Project Sponsor may also choose to conduct their own periodic review of comparable units (performed quarterly at a minimum). This is usually the best option for smaller programs or for programs that serve a large or varied geographic region that may be different than any one PHA. A review of rent reasonableness can often be completed during the HOPWA habitability standards review. The rental assistance program should develop clear policies detailing how the reviews will be completed. The policies should include resources regarding factors to consider when comparing units, finding comparable units, and methods of documentation. The periodic market study can provide the necessary data needed to complete the rent reasonableness assessment in the household file.

Comparison factors. Factors to consider in conducting the assessment, include the following:

- Location of the unit: in what neighborhood is the unit located? What are the distances to public transportation, shopping, work, and other services?
- Size of unit: how many bedrooms does the unit have?
- Type of unit: is the unit attached or unattached? Is it in a large or small complex?
- Age of unit: when was the unit built?
- Utilities: which utilities, if any, are included in the rent of the unit?

These first five factors are often the most important for determining variances in rent. The following factors usually do not create substantial differences in rent, although they are addressed in the lease and can affect how quickly a unit lease:

- Amenities: is a washer/dryer, dishwasher, or new carpet provided in the unit? Do tenants need to pay for washing clothes and linens?
- Housing services: are services provided to tenants?
- Maintenance: does the lease specify some form of tenant responsibility for maintenance of the unit (i.e., lawn care)?

Locating Units for Comparison

There are a variety of methods for locating units for comparison, internet sites (e.g., www.craigslist.org), and apartment guides. Additionally, some communities have developed 211 systems that include affordable housing as a part of their listed services. Based on the factors discussed above, each unit should be reviewed with at least three other comparable units. When comparable units are not available, best efforts should be made to find similar units in other complexes or in similar geographic areas that are comparable to the location of the unit to be assisted.

Appendix B – Reasonable Accommodations

24CFR 982.306 (d) states:” The Public Housing Authority (PHA) must not approve a unit if the owner is the parent, child, grandparent, grandchild, sister, or brother of any member of the household, **unless** the PHA determines that approving the unit would provide reasonable accommodation for a household member who is a person with disabilities.”

Because People Living with HIV/AIDS often rent from family members when they need care and support for their illness, and because low-income families may need the rental income to help support the additional household member, a waiver of this rule may be requested. In this case a written rental agreement from the household must be obtained and maintained in the household file for documentation purposes. An inspection of the unit is also required.

Further, HOPWA prohibits renting a room, apartment, or home from a household member – whether the household member lives in the unit, or not. This also applies to renting from an unmarried partner who resides at the same residence. If a household lives with a household member and the total household income falls under the 80% AMI, then HOPWA may assist the entire household. In rare cases HUD will allow renting from a household member under “Reasonable Accommodation.”

Information to consider when reviewing a reasonable accommodation request

“A housing provider may not ordinarily inquire as to the nature and severity of an individual's disability. However, in response to a request for a reasonable accommodation, a housing provider may request reliable disability-related information that (1) is necessary to verify that the person meets the Fair Housing Act's definition of disability (i.e., has a physical or mental impairment that substantially limits one or more major life activities), (2) describes the needed accommodation, and (3) shows the relationship between the person's disability and the need for the requested accommodation. Depending on the individual's circumstances, information verifying that the person meets the Act's definition of disability can usually be provided by the individual himself or herself (e.g., proof that an individual under 65 years of age receives Supplemental Security Income or Social Security Disability Insurance benefits or a credible statement by the individual). A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability.

In most cases, an individual's medical records or detailed information about the nature of a person's disability is not necessary for this inquiry. Once a housing provider has established that a person meets the Act's definition of disability, the provider's request for documentation should seek only the information that is necessary to evaluate if the reasonable accommodation is needed because of a disability. Such information must be kept confidential and must not be shared with other persons unless they need the information to make or assess a decision to grant or deny a reasonable accommodation request, or unless disclosure is required by law (e.g., a court-issued subpoena requiring disclosure).”

Any exception must be approved by DOH. There is no limit to the number of reasonable accommodations that can be requested or granted; it depends on disability-related needs.

Appendix C – Lead-Based Paint

To prevent lead-poisoning in young children, Lead/Subgrantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R.

Disclosure Requirements

For ALL properties constructed prior to 1978, landlords must provide tenants with:

- Disclosure form for rental properties disclosing the presence of known and unknown lead-based paint
- A copy of the “Protect Your Family from Lead in the Home” pamphlet

Note: Both the disclosure form and pamphlet are available at:

- <https://iproertymanagement.com/templates/lead-based-paint-disclosure>

Information on lead-based programs in Washington State can be found at:

- www.commerce.wa.gov/building-infrastructure/housing/lead-based-paint/

Appendix D – DOH Termination & Grievance Policy

Washington State Department of Health HOPWA Termination & Grievance Policy

When HOPWA Services are terminated Per 24 CFR 575.310(2) Project Sponsors must provide a formal process that recognizes the rights of households receiving assistance to due process of law. The process must consist of the following elements:

1. Serve the program participant/household a written notice containing a clear statement of the reason(s) for termination.
2. Permit the program participant/household 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.
3. Provide prompt written notification of the final decision to the program participant/household; offer Supportive Services and document in the program participant/household file.

Termination of services should only occur in the most severe cases. Project Sponsors must offer Supportive Services and document in household file.

Appendix E – Grace Periods for Surviving or Remaining Household Members

With respect to surviving or remaining household members living in the assisted unit at the time of the eligible individual's death, incarceration, lease bifurcation, enrollment in substance use treatment, or entry to hospice/long-term health care, Project Sponsors must provide surviving and remaining household members a reasonable grace period to find alternative housing (no less than 90 days and no more than (1) one year.) Per 24 CFR 574.310€ Project Sponsors Policy & Procedure should contain the following elements:

- Notify the survivor and remaining household members of the duration of the grace period
- Provide supportive services to the survivor and remaining household members
- Offer survivors and remaining household members information on other available housing programs

Appendix F – CO2 Checklist Template

Section 1: In this section, enter the date, unit address, and name and title of the person completing the inspection or self-certification.

Date: _____ Unit Address: _____

Check one: Program Inspection Self-Certification

Name of person completing the inspection: _____

Title of the person completing the inspection: _____

(Case manager, program staff, property manager, landlord, tenant, etc.)

Definitions:

- Fuel-burning appliance or fireplace - Any appliance or fireplace that burns combustible fuel. Examples include, but are not limited to, fireplaces, cooking stoves, heaters, furnaces, boilers, hot water heaters, clothes dryers, or refrigeration units that burn natural gas/propane, wood/pellets, or petroleum-based fuels such as diesel, kerosene, or oil.
- Dwelling Unit – A unit that provides complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking, and sanitation. A dwelling unit can be a single-family home, a multi-unit apartment building, or an efficiency (zero-bedroom).
- Sleeping Unit – A unit that provides rooms or spaces for one or more persons, includes permanent provisions for sleeping, and can include provisions for living, eating, and either sanitation or kitchen facilities **but not both**. Such rooms and spaces that are also part of a dwelling unit are not sleeping units. A sleeping unit can be a single room occupancy (SRO) or hotel/motel room.
- Private Garage – An enclosed or partially enclosed structure for the storage of one or more vehicles, in which structure no business or service is conducted for profit or otherwise.
- Communicating opening – An opening through which CO gas can enter the unit. Examples include, but are not limited to, doors, windows, vents, hallways, stairways, pass-throughs, etc.
- Open-ended Corridor - An interior corridor that is open on each end and connects to an exterior stairway or ramp at each end with no intervening doors or separation from the corridor.
- CO Alarm - A self-contained, single or multiple-station alarm intended to detect carbon monoxide gas and alert occupants by a distinct audible signal. It incorporates a sensor, control components, and an alarm notification appliance in a single unit. A CO alarm may be hard-wired, plugged into an electrical outlet, or battery-operated. A combination smoke/CO alarm is acceptable in place of a CO alarm.
- CO Detector - A device with an integral sensor to detect carbon monoxide gas and transmits an alarm signal to a connected alarm control unit. It is usually part of a larger, central detection and alarm system that is monitored by a central control unit and is most commonly seen in larger multi-unit occupancies.

Section 2: Conditions for CO detection requirements. Complete this section as it pertains to the conditions present in the dwelling or sleeping unit.

To correctly answer the questions below and ensure compliance with CO detection requirements, present and properly installed CO detection is defined as follows:

- CO detection (either alarm or detector) is present in the immediate vicinity of all bedrooms/sleeping units if the fuel-burning appliance is outside of the bedroom/sleeping unit and its attached bathroom. Note: Immediate vicinity is not defined in Chapter 9/11 of the 2018 International Fire Code. Grantees must define "immediate vicinity" and utilize the definition consistently throughout their service area. A common interpretation of immediate vicinity is within 10 feet. Whatever definition the grantee adopts must be consistent with any State or local requirements.
- CO detection (either alarm or detector) is present in sleeping units and bedrooms where a fuel-burning appliance or fireplace is located within the sleeping unit/bedroom or its attached bathroom.
- All required CO alarms and/or combination smoke/CO alarms have been tested and appear to be functioning properly.
- All required CO alarms are listed in accordance with UL 2034 and required combination smoke/CO alarms must be listed in accordance with UL 2034 and UL 217.
- All required CO alarms and/or combination smoke/CO alarms are hard-wired with a battery backup for power outages UNLESS the unit is in a building without commercial power and a battery-powered CO alarm or combination smoke/CO alarm is an acceptable alternative.
- If a CO **detector** is present to satisfy detection requirements, it must be properly located, signal to a central control unit, ring an alarm to an approved location, and appears to be part of a properly functioning system.

Column 1	Column 2
<p>Check boxes as directed based on your answers to questions in Column 2.</p>	<p>Answer each question regarding the various conditions that may be present in the unit and follow guidance to complete Column 1 for each question. Definitions are provided in Section 1 and the description of properly installed CO detection is listed above to assist with answering the questions and ensuring the requirements are met.</p>
<p>Question 1:</p> <p><input type="checkbox"/> Requirement met.</p> <p><input type="checkbox"/> Action needed to meet requirement.</p> <p><input type="checkbox"/> Not Applicable.</p> <p>Type(s) of detection present:</p> <p><input type="checkbox"/> CO Alarm</p> <p><input type="checkbox"/> CO Detector</p> <p><input type="checkbox"/> Combination CO/Smoke Alarm</p> <p><input type="checkbox"/> None</p>	<p>1a. Is there a fuel-burning appliance or fireplace located <u>within</u> the dwelling/sleeping unit?</p> <p><input type="checkbox"/> Yes - CO detection is required in the unit: no exception. Proceed to Question 1b.</p> <p><input type="checkbox"/> No - This condition does not apply. Check “Not Applicable” in Column 1 and go to Question 2.</p> <p>1b. Is properly installed CO detection present in the unit as defined above?</p> <p><input type="checkbox"/> Yes - CO detection is present in the unit and meets the requirements for this condition. Check “Requirement met” and select the type of detection present in Column 1 and then proceed to Question 2.</p> <p><input type="checkbox"/> No – CO detection is not present and/or it does not meet the requirements. Check “Action needed to meet requirement” and select the type of detection present in Column 1 and then proceed to Question 2.</p>
<p>Question 2:</p> <p><input type="checkbox"/> Requirement met.</p> <p><input type="checkbox"/> Action needed to meet requirement.</p> <p><input type="checkbox"/> Not Applicable.</p> <p>Type(s) of detection present:</p> <p><input type="checkbox"/> Alarm</p> <p><input type="checkbox"/> Detector</p> <p><input type="checkbox"/> Combination CO/Smoke Alarm</p> <p><input type="checkbox"/> None</p>	<p>2a. Is the dwelling/sleeping unit served by a fuel-burning, forced-air furnace?</p> <p><input type="checkbox"/> Yes – CO detection is required in the unit unless an exception applies. Proceed to Question 2b.</p> <p><input type="checkbox"/> No - This condition does not apply. Check “Not Applicable” in Column 1 and go to Question 3.</p> <p>2b: Is properly installed CO detection present in the unit as defined above?</p> <p><input type="checkbox"/> Yes - CO detection is present in the unit and meets the requirements for this condition. Check “Requirement met” and select the type of detection present in Column 1 and then proceed to Question 3.</p> <p><input type="checkbox"/> No, BUT <i>the first room or area served by each main heating duct leading to the unit has a CO detector</i>. Check “Requirement met” and select the type of detection present in Column 1 and then proceed to Question 3.</p> <p><input type="checkbox"/> No – CO detection is not present or installed in the approved location(s). Check “Action needed to meet requirement” and select the type of detection present in Column 1 and then proceed to Question 3.</p>
<p>Question 3:</p> <p><input type="checkbox"/> Requirement met.</p> <p><input type="checkbox"/> Action needed to meet requirement.</p> <p><input type="checkbox"/> Not Applicable.</p> <p>Type(s) of detection</p>	<p>3a. Is the dwelling/sleeping unit located in a building that contains a fuel-burning appliance or fireplace that is <u>located outside of the unit</u>?</p> <p><input type="checkbox"/> Yes – CO Detection is required in the unit unless an exception applies. Proceed to Question 3b.</p> <p><input type="checkbox"/> No - This condition does not apply. Check “Not Applicable” in Column 1 and go to Question 4.</p>

<p>present:</p> <p><input type="checkbox"/> Alarm</p> <p><input type="checkbox"/> Detector</p> <p><input type="checkbox"/> Combination CO/Smoke Alarm</p> <p><input type="checkbox"/> None</p>	<p>3b: <i>Are there any communicating openings between the fuel-burning appliance or fireplace and the unit?</i></p> <p><input type="checkbox"/> Yes - CO Detection is required in the unit unless an exception applies. Proceed to Question 3c.</p> <p><input type="checkbox"/> No - This condition does not apply. Check “Not Applicable” in Column 1 and go to Question 4.</p> <p>3c: <i>Is properly installed CO detection present in the unit as defined above?</i></p> <p><input type="checkbox"/> Yes - CO detection is present in the unit and meets the requirements for this condition. Check “Requirement met” and select the type of detection present in Column 1 and then proceed to Question 4.</p> <p><input type="checkbox"/> No, BUT there is a CO detector installed in an approved location between the fuel-burning appliance or fireplace and the dwelling/sleeping unit OR on the ceiling of the room that contains the fuel-burning appliance or fireplace. Check “Requirement met” and select the type of detection present in Column 1 and then proceed to Question 4.</p> <p><input type="checkbox"/> No - CO detection is not present or installed in the approved location(s). Check “Action needed to meet requirement” and select the type of detection present in Column 1 and then proceed to Question 4.</p>
<p>Question 4:</p> <p><input type="checkbox"/> Requirement met.</p> <p><input type="checkbox"/> Action needed to meet requirement.</p> <p><input type="checkbox"/> Not Applicable.</p> <p>Type(s) of detection present:</p> <p><input type="checkbox"/> Alarm</p> <p><input type="checkbox"/> Detector</p> <p><input type="checkbox"/> Combination CO/Smoke Alarm</p> <p><input type="checkbox"/> None</p>	<p>4a: <i>Is the dwelling or sleeping unit located in a building that contains or is attached to a private garage?</i></p> <p><input type="checkbox"/> Yes - CO detection is required in the unit unless an exception applies. Proceed to question 4b.</p> <p><input type="checkbox"/> No - This condition does not apply. Check “Not Applicable” in Column 1 and proceed to Question 5.</p> <p>4b: <i>Is the unit located <u>within 1 story directly</u> above or below the garage?</i></p> <p><input type="checkbox"/> Yes - CO detection is required in the unit. Proceed to question 4c.</p> <p><input type="checkbox"/> No - This condition does not apply. Check “Not Applicable” in Column 1 and proceed to Question 4c.</p> <p>4c: <i>Is properly installed CO detection present in the unit as defined above?</i></p> <p><input type="checkbox"/> Yes - CO detection is present in the unit and meets the requirements for this condition. Check “Requirement met” and select the type of detection present in Column 1 and then proceed to Question 5.</p> <p><input type="checkbox"/> No – CO detection is not present and/or it does not meet the requirements. Check “Action needed to meet requirement” and select the type of detection present in Column 1 and then proceed to Question 5.</p>

Question 5:

- Requirement met.
- Action needed to meet requirement.
- Not Applicable.

Type(s) of detection present:

- Alarm
- Detector
- Combination CO/Smoke Alarm
- None

5: *Are there any communicating openings between the garage and the unit?*

- Yes - CO detection is required in the unit unless an exception applies. Proceed to Question 5a.
- No- This condition does not apply. Check "Not Applicable" in Column 1.

5a: *Is properly installed CO detection present in the unit as defined above?*

- Yes –CO detection is present in the unit and meets the requirements for this condition. Check "Requirement met" and select the type of detection present in Column 1.
- No, BUT a CO **detector** is installed in the approved location between the garage and the unit. Check "Requirement met" and select the type of detection present in Column 1.
- No, BUT the garage is connected to the unit via an open-ended corridor. Check "Requirement met" and select the type of detection present in Column 1.
- No – CO detection is not present or installed in the approved location(s). Check "Action needed to meet requirement" and select the type of detection present in Column 1.

Section 3: Final Determination. Based on the answers in the above Sections, select whether the unit meets CO detection requirements.

Based on the inspection of the unit for CO detection requirements and responses to the questions on this checklist, does the unit meet CO detection requirements?

- Yes – This unit meets CO detection requirements/ is exempt from CO detection requirements. *This box should only be checked if ALL questions in Column 1 are marked "Requirement met" and/or "Not Applicable".*
- No – This unit does not meet CO detection requirements. **Assistance cannot be provided until CO detection requirements are met.** *This box should be checked if any of the questions in Column 1 are marked "Action needed to meet requirement".*

NOTES, including actions needed to meet CO detection requirements if applicable:

LEASE ADDENDUM
VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy, or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

 Tenant

 Date

 Landlord

 Date

[Enter a neutral provider and/or housing assistance program/fund name]

VIOLENCE AGAINST WOMEN ACT: EMERGENCY TRANSFER PLAN

Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation. Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Emergency Transfers

The [Enter a neutral provider and/or housing assistance program/fund name] (“Program”) is concerned about the safety of its beneficiaries, and such concern extends to beneficiaries who are survivors of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), the Program allows beneficiaries who are survivors of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the beneficiary's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of the Program to honor such request for beneficiaries currently receiving assistance, however, may depend upon a preliminary determination that the beneficiary is or has been a survivor of domestic violence, dating violence, sexual assault, or stalking, and on whether the owner or the Program has another dwelling unit that is available and is safe to offer the beneficiary for temporary or more permanent occupancy. This plan identifies beneficiaries who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to beneficiaries on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the Program is in compliance with VAWA.

Eligibility for Emergency Transfers

A beneficiary who is a survivor of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: The beneficiary reasonably believes that there is a threat of imminent harm from further violence if the beneficiary remains within the same unit. If the beneficiary is a survivor of sexual assault, the beneficiary may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A beneficiary requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Beneficiaries who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the beneficiary shall notify the Program's management office and submit a written request for a transfer to the Program. The Program will provide reasonable accommodations to this policy for individuals with disabilities. The beneficiary's written request for an emergency transfer should include either:

1. A statement expressing that the beneficiary reasonably believes that there is a threat of imminent harm from further violence if the beneficiary were to remain in the same dwelling unit assisted under the Program;

OR

2. A statement that the beneficiary was a sexual assault survivor and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the beneficiary's request for an emergency transfer.

Confidentiality

The Program will keep confidential any information that the beneficiary submits in requesting an emergency transfer, and information about the emergency transfer, unless the beneficiary gives the Program written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the unit or the Program. This includes keeping confidential the new location of the dwelling unit of the beneficiary, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the beneficiary. See the Notice of Occupancy Rights under the Violence Against Women Act for more information about the Program's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

The Program cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The Program will, however, act as quickly as possible to move a beneficiary who is a survivor of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a beneficiary reasonably believes a proposed transfer would not be safe, the beneficiary may request a transfer to a different unit. If a unit is available, the transferred beneficiary must agree to abide by the terms and conditions that govern occupancy in the unit to which the beneficiary has been transferred. The Program may be unable to transfer a beneficiary to a particular unit if the beneficiary has not or cannot establish eligibility for that unit.

If the Program has no safe and available units for which a beneficiary who needs an emergency transfer is eligible, the Program will assist the beneficiary in identifying other housing providers who may have safe and available units to which the beneficiary could move. At the beneficiary's request, the Program will also assist beneficiaries in contacting the local organizations offering assistance to survivors of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

[Enter a neutral provider and/or housing assistance program/fund name]

VIOLENCE AGAINST WOMEN ACT: EMERGENCY TRANSFER FORM

Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation. Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Purpose of this Form

If you are a survivor of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all survivors of domestic violence, dating violence, sexual assault, or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See the [Enter a neutral provider and/or housing assistance program/fund name]'s ("Program's") emergency transfer plan for more information about the availability of emergency transfers.

Emergency Transfer Criteria

1. *You are a survivor of domestic violence, dating violence, sexual assault, or stalking.* If the Program does not already have documentation that you are a survivor of domestic violence, dating violence, sexual assault, or stalking, the Program may ask you for such documentation, as described in the documentation section below.
2. *You expressly request the emergency transfer.* The Program may choose to require that you submit a form, or may accept another written or oral request.

AND

3. Either:

- a. *You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.* This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

- b. *You are a survivor of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.* If you are a survivor of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Submission of Documentation

If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to the Program if it is safe for you to do so. Examples of third party documentation include, but are not limited to: A letter of other documentation from a survivor service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or household members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality

All information provided to the owner or the Program concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of the owner or the Program are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is:

1. Consented to by you in writing in a time-limited release;
2. Required for use in an eviction proceeding or hearing regarding termination of assistance; or
3. Otherwise required by applicable law.

**Emergency Transfer for Survivors of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
VAWA Form**

This form may be completed by or on behalf of the survivor of domestic violence, dating violence, sexual assault or stalking.

Certification

Name of the survivor requesting an emergency transfer: _____

Your name (if different from the survivor's): _____

Name(s) of the other household member(s) on the lease: _____

Name(s) of the other household member(s) who would transfer with the survivor: _____

Physical address from which the survivor seeks to transfer: _____

Name of the perpetrator (if known and can be safely disclosed): _____

Relationship of the perpetrator to the survivor: _____

Date(s) and time(s) of the incident(s) (if known): _____

Location of the incident(s): _____

Survivor contact information: _____

If voluntarily provided, list any third-party documentation you are providing with this form: _____

Is the person requesting the transfer a survivor of sexual assault that occurred within 90 days on the premises of the property from which the survivor is seeking a transfer? If *yes*, skip the section below. If *no*, answer the section below.

Yes No

Briefly describe why the survivor believes there is an actual and imminent threat if they remain in their current unit:

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 1 is or has been a survivor of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Survivor/Representative Name: _____

Survivor/Representative Signature: _____ Date: _____

Appendix H – OTHER RESOURCES

Resources and Guidance: The following list of resources is not exhaustive. Local, state, and federal mandates, guidance and updates must be adhered to as applicable.

- [HOPWA HUD Exchange Home page](#) – Contains information on HOPWA Eligibility Requirements, Laws, Regulations and Technical assistance.
- [HOPWA Program Administration Toolkit - HUD Exchange](#) – Blank forms and checklist to set up HOPWA Program & Client Files
- www.hudexchange.info/resource/1003/hopwa-grantee-oversight-resource-guide/ – Provides detailed guidance of HOPWA Grant management & Project Sponsor responsibilities
- <https://files.hudexchange.info/resources/documents/HOPWARentalAssistanceGuidebook.pdf> – Provides tools and reference materials useful for operating Rental Assistance Programs.
- [eCFR :: 24 CFR Part 574 -- Housing Opportunities for Persons with AIDS](#) – HOPWA Definitions and Code of Federal Regulations (CFR).
- www.hudexchange.info/resource/2269/notice-cpd-03-05-guidance-manufactured-housing-under-home-program/ – Identifies use of HOPWA Funds for Manufactured Housing.
- [HOPWA Short Term Rent Mortgage and Utility Assistance \(hudexchange.info\)](#) – Provides guidance on eligibility and use of Short -Term Rent, Mortgage and Utility Payments.
- [CPD Monitoring Handbook \(6509.2\) | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#) – Guide for Review and Monitoring of HOPWA Programs/Activities.

Appendix I– Fair Housing and Equal Opportunity

Fair Housing and Equal Opportunity laws are federal statutes that protect all of us from illegal discrimination in housing. Federal laws include:

- **The Federal Fair Housing Act of 1968 and 1988 Amendments (FHA)** – Federal laws passed in 1968 and 1988 that prohibit discrimination in the sale, rental and financing of dwellings on the basis of race, color, religion and national origin. The 1988 amendments prohibit discrimination based on disability and familial status (the presence of children under 18 in a household). These amendments also expanded the Justice Department’s enforcement authority and established HUD’s ability to bring actions on behalf of the victims of housing discrimination.
- **Americans with Disabilities Act of 1990 (ADA)** – Federal law that prohibits discrimination against persons with disabilities in all services, programs and activities made available by state and local governments (Title I) and in all buildings open to the public (Title III).
- **Title IV of the Civil Rights Act of 1964** – Federal law that prohibits all recipients of federal financial assistance from discriminating based on race, color or national origin.
- **The Housing and Community Development Act of 1974** – Federal law that prohibits recipients of federal funding from discriminating on the basis of sex or gender (42 USC 5309).
- **Executive Order 13166: Limited English Proficiency** – Federal mandate that requires recipients of federal financial assistance to provide “meaningful access” to applicants and beneficiaries of their programs who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.
- **Section 504 of the Rehabilitation Act of 1973** – Federal law that prohibits discrimination against persons with disabilities in any program or service receiving federal financial assistance. In addition, this law requires providers to take additional steps to accommodate people with disabilities, such as paying for certain structural changes to increase the accessibility of housing and common areas.

Washington State Fair Housing Resources:

[NWFHA \(nwfairhouse.org\)](http://nwfairhouse.org)

[Microsoft Word - 4 - Text.doc \(kingcounty.gov\)](http://kingcounty.gov)

Appendix J – Definition of Family: Key Elements

Family Member

Anyone who is determined to be important to each other's care and well-being. Income **included** to determine eligibility and rental calculations. Includes survivor's benefits.

Household Member

Live-In Aides, Foster Children, and Foster Adults

Income **excluded** to determine eligibility and portions of rent.

Does **not** include survivor's benefits.

If you are a family or household member, you cannot be a roommate.

Roommate

Living arrangement **solely** to split housing costs (not a family or household member*)

Income **excluded** to determine eligibility and portions of rent.

Assistance **is** pro-rated (Shared Housing)

Does **not** include survivor's benefits.

Reference:

<https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:3f4b0d91-d16d-367d-bbb7-0baca1d079be>

PPT is also attached to Program Manual email.

Appendix K- Program Agreement Example

YOUR AGENCY HOPWA Program Agreements

Client Name/ID Number _____

HOPWA Staff Name _____

The HOPWA Program helps eligible persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services. YOUR AGENCY provides the following services, funded by grants from the U.S. Department of Housing and Urban Development (HUD) and Washington State Department of Health:

Tenant-Based Rental Assistance
Housing Case Management
Supportive Services

Permanent Housing Placement
Short-Term Rent, Mortgage, and Utility

Minimum Eligibility Requirements:

At least one of your household members must live with HIV.
Your household annual income cannot exceed 80% of area median income per your county of residence.
Your household must reside in the Project Sponsor's HIV Service Delivery Area.

To receive Tenant-Based Rental Assistance (TBRA) services

Your household can be housed or homeless; Your gross rent must be at or below the lower of the rent standard or the reasonable rent; At least one of your household members must be named on the current lease or utility bill; Initial lease must be for a term no less than one year; lease must include a Violence Against Women Act (VAWA) Lease Addendum, Lead-based paint addendum; and your unit must pass all HQS inspections, to include CPD Notice 22-15 CO2 requirements.

To receive Short-Term Rent, Mortgage, or Utility (STRMU) services

Your household must already be housed; Your household must provide proof of a recent short-term emergency event that jeopardizes your housing stability; At least one of your household members must be named on the current lease, mortgage, or utility bill; Be able to demonstrate housing/financial stability is not on-going; and Your household can receive only 21 weeks of assistance in a 52-week period.

To receive Permanent Housing Placement (PHP) services

Your household can be housed or homeless; Your household must locate housing; and
At least one of your household members must be named on the signed lease for initial move-in costs.

To receive any form of housing assistance services

You must provide proof of HIV, demographic and income information for your household; and Project Sponsor must obtain the owner's Internal Revenue Service Form W-9 before issuing any payments.

Client Rights:

To receive services in a non-discriminatory manner without regard to race; color; religion; sex; national origin; disability; familial status; actual or perceived sexual orientation, gender identity, or marital status; or whether you are a survivor of domestic violence, dating violence, sexual assault, or stalking; to have your records and communications kept confidential; to be informed of the terms and expectations of your housing and any consequences for refusing to comply with them; to be informed of Project Sponsor policies and procedures and any consequences for refusing to comply with them; to use Project Sponsor grievance procedures and/or file a fair housing complaint with HUD if your rights have been violated.

Client Responsibilities:

Provide timely, true, and complete eligibility information and engage in honest and regular communication with your case manager; report changes in income, residency, or household composition to your case manager in writing within 10 business days of change, heed the terms of your lease and pay housing costs on time; maintain the safety and sanitation of your housing; apply for Housing Choice Voucher and other, applicable affordable housing programs, renew applications as required, and accept assistance as offered if you receive rental assistance; collaborate with your case manager to develop and comply with a comprehensive housing plan to achieve permanent sustainable housing and adhere to medical care.

Program Responsibilities:

Create and adhere to policies and procedures that ensure that all persons who request assistance, regardless of race, color, religion, sex, age, national origin, familial status, sexual orientation, or disability, know of the availability of the HOPWA program, including facilities and services accessible to persons with a disability, and maintain evidence of implementation of the procedures.

Comply with the nondiscrimination and equal opportunity requirements set forth in 24, CFR, Part 5, all Fair Housing requirements, and all applicable provisions of the Americans with Disabilities Act as well as 28, CFR, Part 35 and 36 regarding accommodations for persons with disabilities. Provide participants with information on Fair Housing requirements and/or Americans with Disabilities Act upon request.

Participation Acknowledgement:

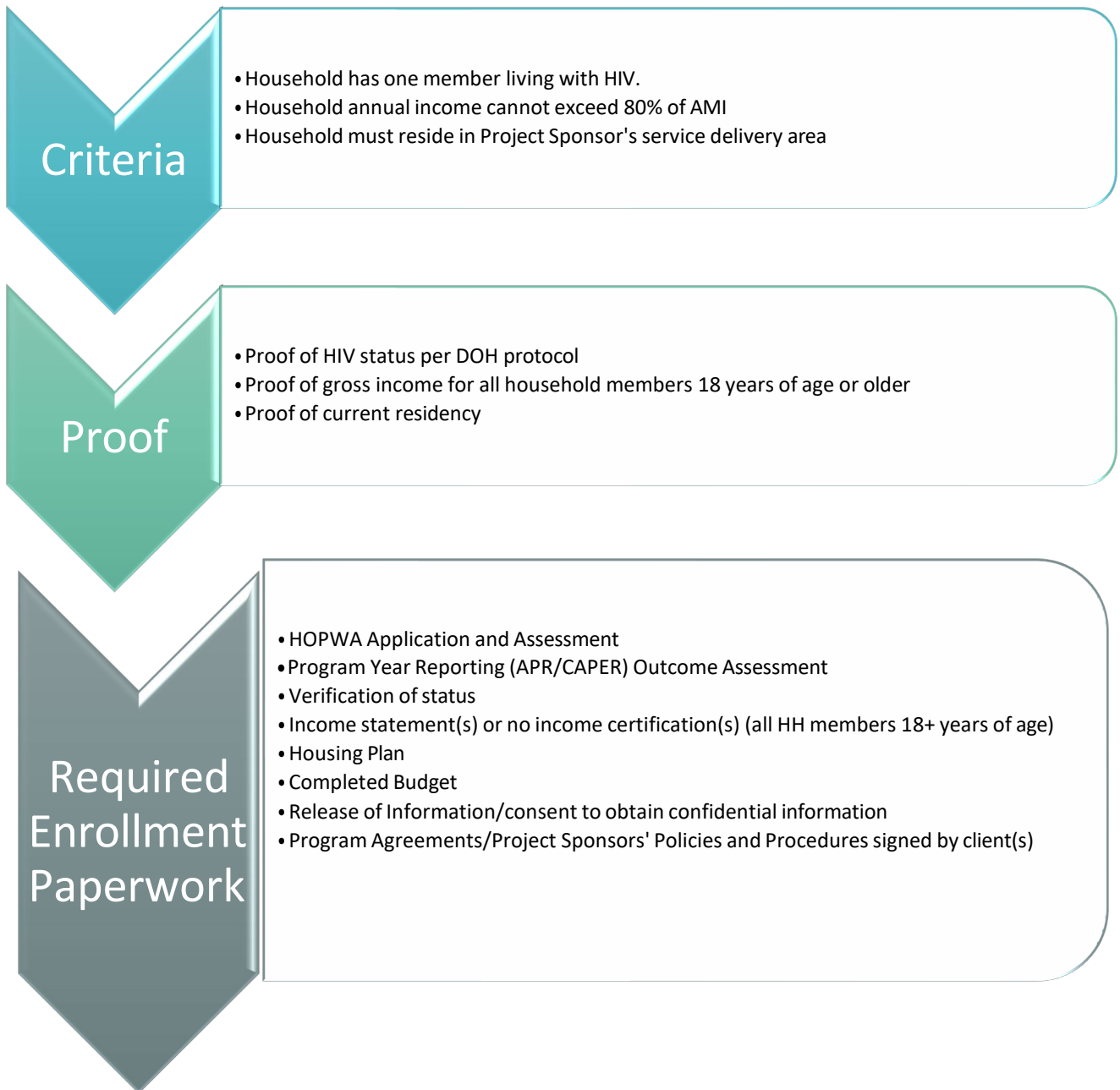
I have read and understand this HOPWA Program Agreement. I understand that HOPWA is a voluntary program and that my household must meet basic eligibility requirements to be considered for enrollment. I understand that financial assistance may vary from one household to another. I understand that services depend on my needs, funding availability, agency capacity, and adherence to my housing plan. To gain housing stability, I agree to consider ways of increasing income and decreasing non-essential expenses. I understand that non-compliance with the Responsibilities listed above may result in termination of services.

I received the project sponsor's termination and grievance policies, or I know the location of these policies.

If yes, client initials: _____

Client Signature: _____ Date: _____

Appendix L – Eligibility Flowchart



Appendix M – Activities and Eligible Costs Matrix

Program Activities and Eligible Costs	A. Tenant Based Rental Assistance (TBRA)	B. Short-Term Rent. Mortgage and Utility Assistance (STRMU)	E. Permanent Housing Placement (PHP)	F. Supportive Services (SS)	G. Housing Information Services (HIS)
1. Rent payments (for households with a lease)	Yes, if the unit meets Housing Quality Standards and rent standard/reasonableness. The amount of assistance is based on household income. Assistance is tenant-based and does not have a cap.	Yes, if within 21-week limit. The amount of assistance is based on household need and subject to negotiation.	No	No	No
2. Mortgage payments (but not down-payment support for new units)	No	Yes, if within 21-week limit	No	No	No
3. First/last month's rent; credit checks; utility deposits, hookup fees, and processing costs; security deposits	Yes, security deposit.	No	Yes. Total rent payment (security deposit + first month) is capped at two month's rent.	No	No
4. Utility payments (gas, electric, water and sewer)	Yes, if part of the rental payment and provided in the form of a utility reimbursement.	Yes, if within 21-week limit. The amount of assistance is based on household need and subject to negotiation.	Yes, but only for hookup fees and processing costs.	No	No
5. Information and/or support to locate and apply for housing assistance	No	No	Yes, such as support and help to complete housing applications and eligibility screenings for tenancy or utilities for these units.	Yes, such as counseling to develop a housing service plan to establish stable permanent housing.	Yes, such as costs for providing materials that inform households of available housing and housing assistance programs.
6. Move-in support, such as supplies, furnishings, incidental costs, and minor repairs of housing units	No	No	No, but programs may coordinate with leveraged resources and donations for these purposes.	No	No
7. Other elements	No	Yes. Late fees and other penalties if, in the event of nonpayment, the household would be at risk of eviction or loss of housing.	Yes. Tenant counseling, reviewing leases with households, and mediation of disputes with owners at the time of placing the household into the unit.	Yes. Help to access other benefits, such as healthcare and other supportive services.	Yes. Searching for and referring households to housing assistance and supportive services. Assisting with locating, acquiring, financing, and maintaining housing.

Appendix N – STRMU Tracking Sheet

STRMU Tracking Sheet
Service Start Date:

Client Name:

Provide ID#:

Month-Date-Year Paid by STRMU	Amount of Actual Monthly Rent (plus applicable late fees)	Amount of STRMU Rent Payment	Amount of Actual STRMU Utility Payment (plus applicable late fees)	Amount of STRMU Utility Payment	Amount of Actual STRMU Mortgage Payment (plus applicable late fees)	Amount of STRMU Mortgage Payment	Total # of Actual Days of Assistance
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
TOTAL							