

Idaho Housing and Finance Association
Housing Opportunities for Persons with AIDS
Policy Manual Contents

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INTRODUCTION

Housing Opportunities for Persons With Aids is authorized by the AIDS Opportunity Act (42 U.S. Code, Sections 129010-012912 in particular). This manual of policy and procedure reflects both the federal regulations of Title 24 Code of Federal Regulations Part 574 that govern the HOPWA grant, and the procedures used by Idaho Housing and Finance Association in administration of this grant as directed by by the U.S. Department of Housing and Urban Development (HUD). In addition, standards for financial management and internal controls reflect federal regulations at 24 CFR Part 85 and OMB Circulars A-87, A-110, and A-122. IHFA is also responsible to cooperate with HUD in the event that an environmental review should ever be required when funds under this program are used to acquire, rehabilitate, convert, lease, repair or construct properties to provide housing. IHFA has not applied to HUD for HOPWA funds to be used in this way, but the environmental regulations of 24 CFR Part 50 provide this authority, should it be needed in future grants. These federal laws and regulations are hereby included by reference as part of these policies and procedures.

Changes may occur as statutory interpretations and clarifications become available from HUD or when IHFA rules, procedures or guidelines are revised. No part of this policy guide shall override the rules set forth by the federal oversight of the Department of Housing and Urban Development. These policies supersede any previous HOPWA policies and may only be updated by changes made after the date of this edition, effective **August 30, 2005.**

In addition to the Policy and Procedure sections, this manual includes *IHFA Grant Forms* and an *Index of Reference Information* in order to facilitate easy access in a format that will accommodate the users' needs and contribute to the proper implementation of the grant.

Questions and comments regarding this material may be referred to Idaho Housing and Finance Association, Department of Grant Programs, HOPWA Administration, P.O. Box 7899, Boise, ID 83707-1899 or by telephone, 1-877-4GRANTS.

PURPOSE AND DEFINITIONS

Policy Section 1**Page 1****Adopted:****January 1, 2002****Revised:****August 30, 2005**

1.1 Applicability and Purpose

The Idaho Housing and Finance Association (IHFA) Housing Opportunities for Persons with AIDS (HOPWA) project is authorized by the AIDS Opportunity Act (42 U.S.C. §12901 et seq). The purpose of this project is to provide resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with HIV/AIDS. The program provides long-term rental assistance, short-term emergency assistance, resource identification, and other limited Supportive Services.

IHFA policies govern all contracted and non-contracted HOPWA Service Providers. No Service Provider shall put in place any HOPWA policies inconsistent with this policy and without prior approval of IHFA or HUD. No Service Provider shall require any information from HOPWA program recipients, or prospective clients of HOPWA assistance, other than what is required by this policy or by HUD.

1.2 Definitions

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

Administrative Costs: costs for general management, oversight, program evaluation, activity reporting, and coordination of eligible activities. These do not include direct costs related to services.

Applicant: a person who is completing the necessary paperwork to be certified to receive services under this program. The Applicant must be HIV positive in order to apply for services. If the Applicant is a minor, a legal guardian may make an application on his/her behalf.

Case Management: services provided by a licensed or experienced caseworker. These include assessing client needs, making referrals to health care providers, facilitating access to other mainstream resources, and advocating on behalf of clients for essential services. HOPWA uses rates determined by the Idaho STD/AIDS program for Ryan White case managers.

Child Care: Child Care provided to Eligible Persons while they are involved in eligible HOPWA activities. Child Care MAY NOT be provided to HOPWA participants while they work, attend personal activities or recreational events.

Client: a person who has been certified to receive services under this program.

Client Transportation: the transportation provided to Eligible Persons or Families to and from eligible HOPWA activities. Transportation (of any type) to work, retail outlets or recreational events is not an eligible activity.

Contract Rent: the total monthly rent payable to the owner of the contract unit. The contract rent is the sum of the tenant rent plus the rental assistance paid to the owner by IHFA under the HOPWA program.

Eligible Person: an individual who is either HIV positive or has AIDS and has a gross income of 80% of median income (for that area as determined by HUD) or less.

Family: a household composed of two or more related persons. The term family also includes one or more Eligible Person(s) who are established as being important to the client's care and well being (this also includes the surviving member or members who were living in a unit assisted under the HOPWA program at the time of his or her death).

Feasibility Research: activities performed by an organization relating to determining the feasibility of housing related initiatives.

Grantee: Idaho Housing and Finance Association is the direct HUD grantee for the HOPWA program.

HAP: Housing Assistance Payment

Health Services: services provided by licensed medical practitioners that cannot otherwise be covered by any other insurance or assistance program. Eligible activities under this grant are limited to medical appointments and assessments, medical prescriptions, dental services, psychiatric services, drug and alcohol treatment, nutritional services, personal assistance and intensive care. These health services may only be provided to the qualified HOPWA client and NOT to their family members.

Homeless Prevention (STRMU): short-term rent, mortgage, and utility payments made to prevent the homelessness of a tenant or mortgagor whose name is on the rent/mortgage agreement. Housing owned by a client's family member, caregiver or partner may not be assisted through the HOPWA grant. (See Policy Section 3.11) Security deposits and first month's rent are **NOT** allowable.

Housing Assistance Payment (HAP): The subsidy (or portion of the rent) paid by the Public Housing Authority (PHA) that is figured by a formula involving the Payment Standard (see definition), the gross rent cost and the applicant's income information.

Housing Counseling: services provided by caseworkers or housing professionals regarding housing options. Services include discussing housing options or homeless prevention assistance, making application for rental assistance programs, assisting with eligibility requirements, and providing fair housing counseling to persons that may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status or disability.

Housing Opportunities for Persons With AIDS (HOPWA): as defined in Policy Section 1.1

Housing Placement: services provided by Case Managers or special needs housing managers. Eligible activities include completing the final paperwork and documentation necessary to immediately place an individual or family in Section 8 Housing or permanent housing. Other eligible activities include coordinating the activation of utilities, relocation efforts when applicable, and mileage for caseworkers verifying HQS criteria for housing placement.

Housing Quality Standards (HQS): set by HUD, the requirement that a place of residence be “decent, safe, and sanitary at an affordable cost.” HUD form 52580 identifies the minimum standards and criteria for housing quality.

Housing Referrals: services provided by caseworkers relating to housing referrals. Services include making referrals to landlords, realtors, IHFA branch offices, or HUD-sponsored housing programs. Eligible activities also include scheduling meetings for clients and/or attending meetings with housing providers on behalf of clients.

Human Immunodeficiency Virus (HIV): the AIDS virus.

Identifying Resources: services provided by any employee of a contracted Service Provider that conducts activities related to creating and maintaining housing directories and identifying housing options.

Low-Income: any individual or family whose income does not exceed 80% of median income for the area, as determined by HUD (Income Guidelines Chart may be requested from IHFA).

Occupancy Agreement: the lease agreement between the tenant and the landlord that includes the specific provisions of the HOPWA program.

Payment Standard: the maximum monthly assistance payment for a family before deducting the family’s portion. The Payment Standard is set between 90% and 110% of the Fair Market Rent set annually by HUD for each county of the State of Idaho.

PHA: Public Housing Authority

Policy: a set of governing regulations designed to manage course or methods of action in achieving a desired outcome.

Procedure: specific (step-by-step) instructions to be followed in order to establish a normal or traditional way of conducting business.

Psychiatric Services: services (dealing with mental, emotional or behavioral disorders) provided by licensed psychiatric practitioners. Eligible activities include psychiatric assessment, diagnosis and treatment of persons with HIV/AIDS. Other eligible costs include medication and psychiatric therapy.

Rental Assistance: the Rental Assistance component of the HOPWA program provided by HUD on behalf of an eligible program participant. The tenancy under the occupancy agreement will be subsidized with rental assistance under the HOPWA program.

Service Provider: a Service Provider that is contracted by IHFA to provide HOPWA services identified by this policy. Non-contracted Service Providers are referred to as “non-contracted Service Providers” or “third-party Service Providers.”

Short-term Rent, Mortgage, Utility Assistance (STRMU): See definition for “Homeless Prevention”

Source Documentation: original unduplicated or translated information or documents directly from a Service Provider used to verify the provision of, and/or payment for, eligible HOPWA activities.

Supportive Services: includes Case Management, eligible Health Services, Housing Placement, childcare and client transportation for persons not receiving these services under Medicaid or Ryan White Title II or III. An eligible person does not have to reside in assisted housing to obtain Supportive Services.

Tenant Rent: the portion of the contract rent payable by the tenant, as determined by IHFA or its contractors in accordance with HUD requirements.

GRANT APPLICATION AND FUNDING

Policy Section 2**Page 1****Adopted:****January 1, 2002****Revised:****August 30, 2005**

2.1 Application Process

Idaho Housing and Finance Association submitted a grant project proposal in 1999 to the United States Department of Housing and Urban Development (HUD) for HOPWA funding and received an award from that application process. IHFA submits a renewal application every three years to support the continuance of the HOPWA program in Idaho. The first renewal grant was received in January 2004 and implemented statewide on July 1, 2004. IHFA is the direct grantee for the HOPWA program in Idaho, which includes seven Service Providers across all state regions to which HOPWA funds are allocated each program year for the provision of HOPWA services to eligible program participants in their service area.

2.2 Funding Mechanism

HOPWA funds are split into four major budget categories; Rental Assistance, Supportive Services, Service Provider Administration, and IHFA administration. HUD sets limits on each category to adhere to IHFA's grant proposal. Limits on the budget categories cannot be changed without approval from HUD. The grant is set up in a three year spending format that shows approximately how much funding should be spent statewide during each of the program years.

2.3 Awards and Agreements

The original grant is awarded to the applicant, IHFA, which in turn provides funding to the Service Providers represented in the application. Upon receipt of HUD funding, IHFA prepares individual Service Provider budgets in one-year formats and distributes these to each of the seven regional HOPWA Service Providers at the beginning of each grant program year. These budgets include eligible line items under each main spending category. Service Providers sign a Grant Agreement, which dictates the rules of implementation as well as budget amounts and grant period time lines. This Grant Agreement includes by reference all federal regulations governing the HOPWA program as well as guidelines provided by IHFA to ensure eligible activities and expenditures.

PROGRAM ACTIVITIES AND REQUIREMENTS

Policy Section 3

Page 1

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3.1 Eligible Activities

Eligible activities for the HOPWA program are listed at 24 CFR 574.300. The Idaho program includes three broad spending categories: Rental Assistance, Supportive Services and Administration. Each of these categories includes activities that will be addressed in the sections that follow. Only Eligible Persons (Section 3.2) may be assisted by these services.

(a) General Application Procedure: Persons interested in applying for Long Term Rental Assistance and/or Supportive Services through the HOPWA program must complete the Official IHFA Application form with the assistance of a case manager or housing counselor/specialist who can certify Client Eligibility, described in section 3.2 below. Applications may be obtained from any IHFA Branch office or any regional HOPWA service provider. HOPWA-eligible clients may contact IHFA's Housing Information and Referral Center (HIRC) at 1-877-438-4472 for a referral to the HOPWA provider(s) in their area. The completed application form must be certified by qualified agency staff persons and submitted to IHFA before any services can be provided to the applicant.

The *Official IHFA Application* for HOPWA services consists of the following forms:

- AHS-1001 Use of Applicant Information
- AHS-02 Applicant Information
- AHS-03 Income Verification
- AHS-04 Statement of No Income
- AHS-05 Service Provider Information and Certification

Applicant Requirements:

Applicants are encouraged to thoroughly read the application prior to completing the form for assistance. The Applicant must provide the Service Provider with any necessary information to complete the official HOPWA application form, showing that the Applicant has been determined eligible to receive services. If any of the forms needed for the types of services requested are missing, incomplete, or are not signed by the appropriate personnel, the application for services will be referred back to the Applicant or the serving agency.

Service Provider Requirements:

The Service Provider must complete an official IHFA application form for every new Client requesting services. *For clients who have received services previously and have an old application form on file at IHFA, the Income Certification must be renewed. If more than two pages require updates because of changes that have taken place since the last application was made, the Service Provider should complete a new application form and submit it to IHFA.*

The Service Provider must review the policies and procedures governing the HOPWA program with the Applicant prior to completing the application. The Applicant must be present in the Service Provider's office when completing the application in order for the Service Provider to assist the Applicant in completing all necessary forms. The Service Provider is also responsible for clearly communicating the eligibility requirements and activities of the HOPWA program to each client. Service Providers may ask for information in addition to the information on the application. However, the Applicant need only provide the information on the Official IHFA Application before receiving services. Any additional information provided is at the Applicant's discretion. An application cannot be rejected, or HOPWA services denied, to any person who refuses to provide information that is additional to what is required on the official application form.

The Service Provider must sign the application. Case Managers or housing counselors/specialists assisting the applicant may sign if they have been authorized as representatives of the serving agency. If not, the executive director or manager must sign the application.

Prior to providing services to the applicant, the Service Provider must photocopy the application for the Client's file and send the original application with original signatures to:

Rental Assistance/HOPWA Program
Idaho Housing and Finance Association
P.O. Box 7899
Boise, Idaho 83707-1899

Applications requesting housing services are time and date sensitive. Applications may be hand-delivered to:

Rental Assistance Program, 4th Floor
IHFA
565 W. Myrtle, Suite 400
Boise, Idaho 83702

IHFA Requirements:

IHFA will date stamp all applications. General (non-identifying) information may be used to satisfy HOPWA reporting requirements. See Section 3.33(b) on Use of Personal Information.

IHFA will place the original application in a confidential file with access granted to no one except authorized HOPWA Program staff. IHFA will only notify the Applicant, via the Service Provider, if the application is incomplete or the person is not eligible for services. Notification will occur within two (2) working days of receipt of the application. The Service Provider may also request notification of ineligibility in writing, which will be mailed within ten (10) working days.

3.11 Rental Assistance

HOPWA Rental Assistance may only be used to provide tenant-based rental assistance for low income-Eligible Persons and their families. It is designed to allow Eligible Persons to select a suitable apartment or house to rent and have a portion of the rent paid directly to the landlord or property owner. The housing selected must be decent, safe, and sanitary and must be inspected prior to occupation. This component of the HOPWA program is administered by IHFA Branch offices and the Boise City/Ada County Housing Authority.

(a) Maximum Subsidy: The amount of grant funds used to pay monthly assistance for an Eligible Person or Family may not exceed the difference between the lower of the rent standard or reasonable rent for the unit; and the resident's rent payment calculated under this program.

(b) Rent Standard: The subsidy for any selected unit cannot exceed the established Payment Standard for the county in which the unit is located. Rent standard information is available from IHFA or on HUD's website.

(c) Rent Reasonableness: The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently charged by the owner for comparable unassisted units.

(d) Shared Housing Arrangements: Eligible Persons or Families may voluntarily choose to reside in a shared housing arrangement. The rent charged for such persons shall be in relation to the size of the private space for that assisted individual or family in the shared unit. The ratio and size is defined by the square footage of the bedrooms. Rental Assistance will not pay for common space (i.e. shared bathrooms, shared dining areas, shared living areas, etc.).

Shared housing may include situations in which a HOPWA participant rents a room from a non-related homeowner who resides in the unit, as long as the homeowner is **not** a family member or considered the Eligible Person's significant other or partner and is not responsible for the care and well-being of the Eligible Person. In the case of an Eligible Person renting a room from a homeowner, the home still has to meet HQS. If the homeowner owns a three-bedroom house (all three rooms are equal in size) and the Eligible Person rents one room, the client's maximum assistance is the lesser of the FMR for a one-bedroom unit or one-third (1/3) the cost of the total housing expense.

(e) Housing Quality Standards (HQS): Each participating Branch office or Public Housing Authority will inspect units for compliance with applicable HQS standards prior to occupation. All inspections must be completed using the Inspection Checklist Form, HUD # 52580 prior to signing a lease agreement.

(f) Exclusions: Persons with HIV/AIDS who already receive long-term rental assistance from Section 8 or other subsidized housing programs are **NOT** eligible for the long-term rental assistance through the HOPWA program, although they may be eligible for all other Supportive Services They may receive minimal Short Term Rent, Mortgage and Utility (STRMU) assistance in the event of a financial hardship, please refer to the STRMU policy section 3.12.

(g) Application Procedure for Rental Assistance: Following the completion of the Official IHFA Application form for HOPWA assistance, applicants will await notification from IHFA regarding availability. When an opening for Rental Assistance becomes available the Applicant/Client will receive a letter stating that they have been conditionally selected for the program, in the Boise City/Ada County Housing Authority or an IHFA Branch Office will contact them to schedule an appointment with a housing specialist to obtain other necessary forms and complete the housing assistance portion of the application. (PHA or Branch Office Instructions are located in Section 7 of this policy manual – Reference Information).

The Applicant/Client must assist Boise City/Ada County Housing Authority or IHFA in completing the forms, providing the housing specialist with the necessary information to complete the application, including monthly or annual income verifications as necessary.

It is the Applicant/Client responsibility to locate appropriate housing. The housing specialist may review the rental agreement with the Applicant/Client and the property owner/landlord if necessary.

The housing specialist must complete the Housing Quality Standard inspection prior to occupation.

The housing specialist is responsible to request reimbursement from IHFA on behalf of the Client and to disburse voucher payments to landlords or property managers.

- ❖ Section 8 Applicability: Eligible Persons or Families applying for rental assistance will be placed on IHFA's HOPWA voucher waiting list. Since HOPWA is a federal grant and renewal is not guaranteed, applicants are encouraged to apply separately for the Section 8 waiting list. Persons with HIV/AIDS may be given preference on the Section 8 waiting list under the *Terminal Illness Preference* upon verification by a physician that their terminal condition is in the final or end stages of the illness. When a participant is transitioned to the Section 8 program, an Exit form (SNH-11) will be completed by the Branch Office or PHA that issued the HOPWA voucher.

- ❖ Application Deadlines: There is no application deadline for Rental Assistance or other services offered under the HOPWA program. Any Eligible Person or Family can apply for rental assistance and Supportive Services at any time providing there are funds available for these activities.
- ❖ Housing Voucher Awards: Funds will be awarded on a first-come, first-served basis. Incomplete applications will be returned to the Applicant, and will not be considered received until all required information is provided.
- ❖ Application Status: An Eligible Person or Family that has previously completed a HOPWA application for Rental Assistance but was removed from the program or left the program voluntarily must complete a new application to return to the Rental Assistance voucher list.

3.12 Supportive Services

The HOPWA program offers a variety of Supportive Services to Eligible Persons. HOPWA participants may receive these services in addition to rental assistance, or separately if rental assistance is not needed. It is the policy of IHFA that contracted Service Providers and designated non-contracted Service Providers document, to the maximum extent practicable, how the services assisted Eligible Persons to gain and/or maintain permanent housing. Supportive Services under Idaho's HOPWA program include Case Management, Health Services (including psychiatric services), Housing Placement, limited Child Care, Client Transportation and emergency Short Term Rental, Mortgage, or Utility Assistance (STRMU). In addition to the descriptions below, definitions of these terms can be found in section 1.2 of this policy manual.

(a) Case Management: The HOPWA program defines Case Management as a budget line item that incorporates a number of eligible activities listed at 24 CFR 574.300 (b) (7). A "Case Management" session with a HOPWA client may include assessment of client needs; referrals to agencies where clients may gain access to local, State, and/or Federal government benefits/services; housing counseling/placement to provide clients with information, application materials, and/or referrals to housing providers who can assist clients in acquiring permanent housing. HOPWA uses Case Management rates determined by the Idaho STD/AIDS program for Ryan White Case Managers. The rates are \$40/hr for face-to-face sessions and \$32/hr for non-face-to-face sessions.

(b) Health Services: HOPWA allows assistance with some health services in cases where no other dedicated funds or likely means of compensation for these payments is available to the client. Costs that can be met by State compensation programs, insurance policies, Federal or State health benefits programs, etc. do not qualify for HOPWA assistance. However, in cases where all other funding sources have been explored and HOPWA is the only option remaining, eligible activities in this category would include medical appointments and assessments, lab costs, transportation to health service sites, drug/alcohol treatment programs, medical prescriptions, dental services, psychiatric services, nutritional services, and personal assistance or intensive care when necessary. *Health services may only be provided to qualified HOPWA applicants and not their family members.*

(c) Housing Placement: This activity may include completing the final paperwork for placing qualified HOPWA applicants in permanent housing. Activating utilities, relocation efforts where applicable and mileage for Case Managers verifying Housing Quality Standards in placement units are eligible as well.

(d) Housing Information Services: The Idaho HOPWA grant defines Housing Information as activities performed by IHFA in creating and updating the statewide directory of available rental housing, subsidized housing, Section 8 approved housing and housing voucher partners. The Housing Information and Referral Center (HIRC) in the Boise office of IHFA will carry out this portion of the HOPWA program.

(e) Resource Identification: This budget item pays for the costs of HOPWA Service Providers for activities associated with identification of housing options within a community for the benefit of eligible HOPWA clients. Preliminary research and making expenditures necessary to determine the feasibility of housing initiatives is also eligible.

(f) STRMU: Short-term rent, mortgage or utility assistance is allowable for qualified HOPWA clients who have experienced a financial emergency requiring immediate assistance in order to remain in their current housing. The applicant must be able to document that failure to make payments would result in homelessness. Eligible Persons or Families may only receive twenty-one (21) weeks of assistance during a 12-month grant period.

(g) Application Procedure for HOPWA Supportive Services

- ❖ Application Form: The eligibility requirements and application procedures are the same for HOPWA Supportive Services as described in Section 3.1(a) *General Application Procedure* above. The Applicant must be HOPWA-qualified according to HUD standards in Section 3.2 below and must have a completed Official IHFA Application Form on file with their service provider.
- ❖ Application Status: An Eligible Person or Family who has previously completed a HOPWA application and is eligible for assistance but has experienced a lapse of a year or less, in HOPWA services needs only to update their family and income status in order to continue Supportive Services. The Service Provider must provide updated eligibility information to IHFA before services are resumed.
- ❖ STRMU Assistance Procedure: In addition to the *Official IHFA Application* (AHS 1001-05) for HOPWA services, clients may complete the STRMU *Homeless Prevention Worksheet* (RDF-03) for STRMU assistance. Homeless Prevention (emergency assistance) services will only be granted to Applicants who can show that homelessness is imminent by providing appropriate documentation such as: an eviction notice, a foreclosure letter, or a notice of utility termination. These documents must be from the landlord/property manager, mortgage company, or utility company. The notification must include the address of the Applicant and the Applicant's name. Assistance cannot be provided unless a lease agreement is in effect between the Applicant and the

landlord/property manager. The Applicant must provide a statement explaining how the assistance will change the current situation and will enable him/her make payments independent of financial assistance.

The Service Provider must assist the Applicant in completing the STRMU *Homeless Prevention Worksheet* (RDF-03), attaching all necessary documentation to verify that the Client is in imminent danger of becoming homeless as a result of delinquent rent/mortgage or utilities. The STRMU *Homeless Prevention Worksheet* (RDF-03) must accompany the *Request for Funds Face Sheet* (RDF-01) when requesting reimbursement.

Since housing and residency circumstances are often complicated, Service Providers may ask for an exemption, in writing, of this policy requiring notice of eviction or foreclosure. Requests should be made to the HOPWA program administrator. The program administrator at IHFA will make exemptions on a case-by-case basis, based on criteria prepared by IHFA.

Homeless Prevention, or Short-term Rent, Mortgage, or Utility (STRMU) payments are NOT intended to provide on-going assistance. Clients are only eligible to receive STRMU assistance for 21 weeks out of every one-year period. A *Notice of 21-week Limit* will be sent to Service Providers when a client has reached his/her STRMU assistance limit.

A new STRMU *Homeless Prevention Worksheet* (AHS 1001-05) must be completed every time additional Homeless Prevention assistance is requested.

IHFA will only review the application for clarity and to ensure that the appropriate documentation is attached. IHFA will process homeless prevention (STRMU) requests when accompanied by a *Request for Funds Face Sheet* (RDF-01) from Service Providers who are contracted to provide this type of assistance.

3.2 Client Eligibility

An Eligible Person must be diagnosed with AIDS or related diseases, including HIV-positive status and must be low-income (meaning that the individual or household income does not exceed 80% of the area median income). The low-income guidelines are available from IHFA, or on HUD's website, under Section 8 income limits. This policy requires that both the HIV/AIDS status and the income be verified by the case manager or housing counselor/specialist. An Eligible Family must have one member of the family who is HIV-positive or with AIDS and must be income qualified by total wage earners and not only head of household to be eligible for services. The individual or family member with HIV/AIDS must be the Applicant. *Only the HIV/AIDS qualified Applicant is eligible for Supportive Services. Family or household members may not receive supportive service assistance.*

3.21 Certification and Verification of Information

Each application requires verification and/or certification of information. The Case Manager, housing counselor, or medical professional must provide certification that the applicant has HIV/AIDS and that he/she qualifies according to HOPWA income limits. All certifications and/or verifications must come from source documentation, i.e. SSI statements, pay-stubs, medical diagnosis, etc. Applicants will not be eligible to receive services unless appropriate certifications and/or verifications are made.

(a) **Income Verification Procedure:** The Applicant must provide appropriate documentation requested by the Service Provider or housing specialist such as: the most recent tax return, the most current SSI statement, the most current pay stubs (3 months), the most current court judgment or ruling regarding child support, the most current Unemployment Insurance statement.

If the Applicant has no income, the *Statement of No Income* (AHS-04) form must be completed every three months with the assistance of the Service Provider.

The Applicant must provide income verification (and supporting documentation) for every person in the household 18 years of age or older.

The Applicant must provide income verification to IHFA annually (and approximately one year from the original application) if federal assistance is provided to the Client on an ongoing basis, such as Rental Assistance.

The Service Provider, PHA or branch office must retain copies of the documents provided by the Applicant. Services cannot be authorized or provided to persons that cannot verify their income. If the Service Provider or PHA is not provided with the required documentation from the Applicant, the Service Provider or PHA must document in the Applicant's file the extent of their efforts to verify income. Providers of Supportive Services must obtain annual income verification for all persons receiving services on an on-going basis.

Only as a last resort can the *Statement of No Income* (AHS-04) be used. The Service Provider may require the Client to complete the *Statement of No Income* (AHS-04) every three months, however, the provider should at no time assume that the Applicant's income status is current and should make regular attempts to verify income in order to maintain client eligibility for all clients currently being served.

Time spent verifying applicant income is an eligible activity under Supportive Services (Case Management) and may be included on reimbursement requests.

3.22 Accessing Services

All eligible HOPWA Clients can access Rental Assistance services through any of the contracted Service Providers, any IHFA Branch Office, and through designated non-contracted Service Providers. Supportive Services can be accessed through any of the contracted Service

Providers and designated non-contract Service Providers Eligible persons or families needing service may contact IHFA's Housing Information and Referral Center (HIRC) at 1-877-438-4472 for a list of Service Providers in their area.

All Eligible Persons or families must be provided with HOPWA services, providing HOPWA funds are available. Service Providers cannot deny service to any Eligible Person providing the Service Provider has federal funding available from the HOPWA program. HOPWA Service must provide service to the qualified individual when proof of their eligibility is provided. Proof of eligibility for all HOPWA clients must be included in an official IHFA application that is complete and accurate.

(a) **Service Billing Procedure:** If the Client is not receiving services provided directly by the contracted Service Provider the Client must provide the original billing statement from a third-party service to the contracted Service Provider to document the expense. Any additional billing information such as rate adjustments or explanation of benefits (EOB) that pertain to the service must also be given to the contracted Service Provider.

3.3 Documentation and Confidentiality

3.31 Client Files

Client files should be maintained at appropriate Service Provider locations where clients have received assistance through the HOPWA grant program. In addition to client eligibility documentation, providers should maintain a detailed record of the services provided to each client and the program funds that supported the activities. In order to document efficient grant management as well as program success and outcomes, all demographic and/or service information that is requested on the Annual Performance Report should be a regular part of record keeping procedures for HOPWA Service Providers.

3.32 Application Verification

Service Providers who need to verify a person's eligibility (when such Applicant indicates his/her application is on file at IHFA) may send a letter to IHFA – HOPWA Program Administrator requesting the eligibility status of a person by name and date of birth IHFA will respond in writing informing the Service Provider of the Applicant/Client's eligibility. No other information about the Applicant/Client will be provided.

3.33 Privacy Statement

Idaho Housing and Finance Association (IHFA) respects the privacy of individual program participants and Service Providers. All personal information will be kept secure and private. Idaho Housing and Finance Association will not disclose, nor does IHFA reserve the right to disclose, any nonpublic personal information to any non-affiliated third-party except as required by law or with the Client's written permission. All personal Client information will be kept confidential and will not be accessible to any persons other than authorized HOPWA personnel from IHFA or HUD. Additionally, IHFA does not share information with other agencies or organizations, nor does IHFA give any other Service Provider access to confidential material.

(a) Applicable Laws

- ❖ United States Code, Section 552A states that “no agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency pursuant to a written request by, or prior written consent of, the individual to whom the records pertain.”
- ❖ 24 CFR 574.440 requires the Service Provider to ensure the confidentiality of persons requesting assistance. However, a Service Provider must provide IHFA and HUD access to all information deemed necessary to verify appropriate expenditures and other information required under applicable law. Service Providers may use client release forms for this purpose.

(b) Use of Personal Information

IHFA may use general information (age, sex, etc.) provided on the application to monitor non-identified demographics for program and HUD reporting requirements. Identified information (name, HIV/AIDS status, clinical notes, service specifics, etc.) will not be included in such reports.

3.4 Program Requirements

3.41 Contracted Service Providers

IHFA may from time to time or when necessary, enter into contract with different agencies or organizations to provide services to HOPWA-Eligible Persons. Contracts will be made to qualified Service Providers to perform activities identified in this policy. IHFA will reimburse contracted Service Providers for services provided to Eligible Persons not to exceed the amount stated in the contract. All contracted Service Providers will be paid an administrative fee for administering eligible programs; but providers shall ensure that no fee, except rent, will be charged to an Eligible Person for any housing or services provided under the HOPWA grant. IHFA may designate non-contracted Service Providers to perform services on a limited basis. Non-contracted Service Providers may not be paid an administrative fee for providing services. Both contracted and non-contracted Service Providers are required to perform activities consistent with this policy, and in accordance with 24 CFR 574.

3.42 Grant Agreements

Contracted Service Providers will be given terms and conditions of their award. The contract must be in place and signed by the Executive Director of the contracting agency/organization and the appropriate IHFA personnel before grant-supported services may begin. Contracts for services are for one year only and are renewable at the discretion of IHFA.

3.43 Qualifications of Service Providers

Persons providing Case Management or housing counseling services under a HOPWA contract must have a degree in Social Work or equivalent work experience. Agencies or organizations that want contracts with IHFA to provide HOPWA services must demonstrate that their staff has the experience and the capacity to perform services. Case managers and housing counselors will determine HOPWA eligibility and will decide whether or not the participant can access other resources such as private medical insurance, Medicaid, Medicare or other such sources prior to billing HOPWA-funded health services. Service Providers must demonstrate knowledge of social programs and experience in connecting Eligible Persons or Families with mainstream resources.

3.44 Termination of Supportive Services

Persons receiving Supportive Services from HOPWA may have services terminated for cause including but not limited to one or more of the following reasons:

- The Client has falsified information on the application;
- The Client or family is no longer income-qualified for services;
- A member of the household is arrested and/or convicted for manufacturing, using or selling controlled substances while receiving Supportive Services; or
- The Client or family fails to follow through with assignments by case managers or make measurable progress toward gaining and maintaining permanent housing.

3.45 Termination of Rental Assistance

Persons receiving Rental Assistance from HOPWA who violate program requirements or conditions of occupancy may have services terminated for cause including but not limited to any of the following reasons:

- The Client has falsified any information given to the PHA;
- The Client or family is no longer income-qualified for services;
- Non-payment of tenant's share of the rent;
- Severe destruction of property;
- Possession of weapons or illegal substances; or if a member of the household is arrested and/or convicted for manufacturing, using or selling controlled substances from the public subsidized housing unit;
- Criminal activity or violent behavior;
- The Client or family moves to another state;
- The Client or family voluntarily vacates housing and stops communicating with the case manager or housing counselor;
- The Client cannot find suitable housing within the required time; or
- The Client fails to actively pursue housing.
- Deterioration of the Client's health that requires a move to assisted-living accommodations or more appropriate housing

Any person listed on the State Sex Offender Registry will be denied admittance or terminated from the program

(a) Surviving Family Members: Family members who are living in a unit assisted under the HOPWA program with an eligible participant at the time of his/her death, shall be ensured that housing services shall continue for a grace period not to exceed six (6) months following the death of the HOPWA client. If the remaining family member(s) is otherwise eligible for the program due to their own HIV/AIDS status, the assistance will continue uninterrupted upon receipt of the Certification of HIV/AIDS from the referring agency or another qualified professional.

(b) Termination Procedures: PHA or branch offices must comply with the following procedures in the event that a HOPWA participant must be terminated from the program:

- ❖ Provide written notice to the participant that contains a clear statement of the reasons for termination via SNH-10, *Notice of Right to a Review of Adverse Decision* form. Provide the participant with two copies of the completed SNH-10 so that one can be sent to the PHA to request a hearing and the other copy may be retained for the participant's records.
- ❖ Form SNH-10 informs the participant of their right to a hearing and provides an opportunity to request a hearing. A copy of the notice (SNH-10) must be sent to IHFA's Boise Office. The PHA will schedule hearings with their hearing officer.
- ❖ The hearing officer will provide a written response within 30 days from the date of the hearing.

3.46 Complaints

It is the policy of IHFA that the contracted and designated non-contracted Service Providers cooperate and coordinate their service delivery activities. All Service Providers must accept and process referrals from other agencies in an attempt to provide the best level of service possible to Eligible Persons and Families. IHFA will investigate all complaints in an expeditious and timely manner. IHFA may conduct monitoring visits or request HUD's assistance in conducting investigations into policy violations. IHFA requires full cooperation from Service Providers when investigating complaints.

(a) Service Provider complaints

Service Providers that have legitimate (documented) information regarding the mis-performance, mal-performance, or non-performance of any contracted Service Provider may send their written complaint to:

HOPWA Programs
c/o IHFA
P.O. Box 7899
Boise, Idaho 83707-1899

(b) Applicant/Client complaints

Applicants/Clients that have legitimate (documented) information regarding the mis-performance, mal-performance, or non-performance of any contracted Service Provider may send their written complaint to:

HOPWA Programs
 c/o IHFA
 P.O. Box 7899
 Boise, Idaho 83707-1899

Applicants/Clients may also call 1-877-4GRANTS or 1-800-438-4472 for assistance.

3.5 Administration

3.51 Billing Requirements

IHFA only pays for costs on a reimbursement basis. All contracted Service Providers and designated non-contracted Service Providers determine eligibility, provide services (or pay for services if performed by third-party), and then request reimbursement. All services must be provided prior to receiving reimbursement. Agencies or organizations requesting reimbursement must complete:

- ***Request for Funds Face Sheet***
- ***Client Billing Sheet***
- ***STRMU Assistance Form for Homeless Prevention*** (emergency assistance only)

A Service Provider may only request reimbursement for clients whose complete and accurate applications are on file at IHFA. IHFA will also only reimburse for activities that have been billed no more than 60 days from the time services were provided.

(a) Billing Procedure:

- ❖ Documentation of Services: HOPWA funds will reimburse Service Providers, once the services have been performed. HUD funds cannot pay for any services or expenses in advance.
- ❖ Service Providers: The Service Provider must document that the services were performed and paid for prior to requesting reimbursement from IHFA. The Client files must have specific reference to the date the services were provided, the types of services provided, and the hours of service provided. Hours of service billed to IHFA for reimbursement may be documented by entries in Client files that show direct hours (face to face appointments) or indirect hours (follow-up phone calls, etc.). Documentation of services can be accomplished by entries in a Client activity sheet, medical or clinical charts, appointment calendars, caseworker activity sheets, billing statements, or any other documentation that is necessary to verify provision of said services.

The Service Provider will only be reimbursed for services (or service referrals) appropriate to the grant activities identified in their HOPWA grant agreement.

- ❖ Reimbursement Forms: The Service Provider must fill out a ***Client Billing Sheet*** (RDF-02) that includes direct services provided to all Clients (excluding homeless prevention which requires a separate form) during the billing period.

The billing sheet must include date of service, Client name (or confidential I.D.#), activity code, hourly rate, time spent with Client, and a total for the service.

The Service Provider must ONLY use the activity codes listed on the *Client Billing Sheet* (RDF-02): **CM**-Case Management **CT**-Client Transportation, **HP**-Housing Placement, **HC**-Housing Counseling, **IR**-Identifying Resources, **FR**-Feasibility Research.

Homeless prevention (STRMU) services must be identified on the *STRMU Homeless Prevention Worksheet* (REF-03). Do not list homeless prevention services on the *Client Billing Sheet* (RDF-02).

Health Services do not need to be entered on the Client Billing Sheet. These services are documented instead by actual billings from third-party health Service Providers attached to a *HOPWA Health Service Form* (RDF-04) for each client. The total amount of all Health Services is then entered on the *Request for Funds Face Sheet* (RDF-01) in the appropriate space provided.

The Service Provider must have documentation accessible in Client files to verify all services for which reimbursement is requested from the grant.

- ❖ **Reimbursement Schedule:** When the Service Provider has completed a *Request for Funds Face Sheet* (RDF-01) with *Client Billing Sheet* (RDF-02), *STRMU Homeless Prevention Worksheet* (RDF-03), *Health Services Forms* (RDF-04), and other appropriate billing documentation attached, the reimbursement packet must be submitted to IHFA within sixty (60) days of providing the services. If a third party provider has not provided the Service Provider with the appropriate billing statements within a sixty-day (60) period, the Service Provider may submit the bill for reimbursement within sixty (60) days of receiving the bill for services.

Service Providers may request a quarterly reimbursement schedule if monthly or bi-monthly reimbursements are not compatible with their agency's accounting system.

- ❖ IHFA will process all accurate and complete requests within ten (10) working days, and will reimburse for eligible activities within twenty (20) days of receiving the reimbursement request.

3.52 Administrative Billing

HOPWA Service Providers will be reimbursed for Administrative Costs at the rate identified in the contract. Administrative reimbursement is automatically calculated on each reimbursement request.

IHFA Branch Offices perform Housing Information services that are calculated on an hourly rate, including transportation or mileage expenses. In addition to costs of services, administrative cost reimbursement is made at three percent (3%) of the total service expense and paid on a quarterly basis.

Non-contracted Service Providers working with IHFA to provide area services to HOPWA clients may receive a Document Fee instead of the administrative reimbursement that is paid to contracted providers.

3.53 Forms and Paperwork

IHFA may, as necessary, change a form, create a new form, or dispose of an old form when the need to collect additional information arises or for other reasons deemed necessary by IHFA. All the forms necessary to receive HOPWA services may not be listed in this policy, but are available through any IHFA office or contracted Service Provider. The following forms are used to receive assistance, and samples may be found in Section Six of this manual.

(a) Application for HOPWA Services (AHS)

- | | |
|--------------------------------|----------|
| ▪ Information Notice | AHS-1001 |
| ▪ Applicant Information | AHS-02 |
| ▪ Income Verification | AHS-03 |
| ▪ Statement of No Income | AHS-04 |
| ▪ Service Provider Information | AHS-05 |

(b) Reimbursement Documentation Forms (RDF)

- | | |
|---------------------------------|--------|
| ▪ Request for Funds Face Sheet: | RDF-01 |
| ▪ Client Billing Sheet | RDF-02 |
| ▪ Homeless Prevention Worksheet | RDF-03 |
| ▪ HOPWA Health Services Form | RDF-04 |

(c) Special Needs Housing Forms (SNH)

- | | |
|---------------------------------------------|----------------|
| ▪ Statement of No Income | SNH-04 |
| ▪ Rental Assistance Authorization | SNH-05 |
| ▪ Occupancy Agreement | SNH-06 |
| ▪ Rental Assistance Contract | SNH-07 |
| ▪ Funds Draw Request & Disbursement | SNH-08 |
| ▪ Change of Contract/Occupancy Agreement | SNH-09 |
| ▪ Notice of Termination or Change | SNH-09A |
| ▪ Notice of Right to Review Decision | SNH-10 |
| ▪ Housing Assistance Exit Form | SNH-11 |
| ▪ Initial Payment Assistance Request (IPAR) | SNH-12 |
| ▪ Initial Payment Reimbursement Assurance | SNH-13 |
| ▪ Administrative Cost Submittal | SNH-20/ SNH-21 |
| ▪ Waiting List Notification Letter | SNH-22 |
| ▪ Confirmation of Income Eligibility | SNH-23 |
| ▪ Notification of Conditional Selection | SNH-24 |
| ▪ Request for Tenancy Approval & Inspection | SNH-25 |

3.54 Conformance to Policy

Agencies or organizations that fail to follow the policies and procedures outlined in this document will not be eligible to receive reimbursement for HOPWA activities. Failure to follow these policies and procedures may result in contract termination and may be used in determining program compliance and considered as a factor for future contractual agreements.

(a) Policy Failure

The policies and procedures contained in this document were assembled as an attempt to standardize the HOPWA service delivery system. Policies or procedures missing from this document are not a result of deliberate omission. If the policies or procedures of this document fail to address a critical element of service delivery, please contact the Department of Grant Programs at 1-877-4GRANTS for assistance and guidance. All HOPWA requirements of 24 CFR 574 are incorporated as part of this policy.

(b) Policy Updates

Except for modifications made during a program year by HUD requirements, the Policies and Procedures of this document will be updated annually, prior to or concurrent with the distribution of the new contracts.

COMPLIANCE MONITORING AND REPORTING

Policy Section 4**Page 1****Adopted:****January 1, 2002****Revised:****August 30, 2005**

4.1 Annual Performance Reporting

The HOPWA grant is a three-year renewal project. Each year of the program runs from July 1 through June 30 of the following year. At the end of each program year HUD requires IHFA to submit the Annual Performance Report (APR), which is due 90 days after the close of the grant period (September 30). IHFA is responsible to collect reporting information from each contracted Service Provider that was involved in assisting HOPWA participants throughout the State.

IHFA will mail APR form (HUD 40110-C) to all HOPWA Service Providers for completion. A notice is mailed with the report forms with appropriate due dates included, as well as an additional instruction sheet to assist the agencies in completing their reports.

IHFA will compile the data from all regions of the State into a conglomerate report that will represent the progress, outcomes and statistics for Idaho's HOPWA program. HUD will review the conglomerate report and will notify IHFA with any findings or concerns. IHFA must respond to HUD's review with appropriate corrections within 30 days.

4.2 Compliance Monitoring

IHFA may monitor each contracted agency annually or more frequently, if necessary. The monitoring visit is to determine if eligible services were provided to Eligible Persons, and is often coupled with technical assistance in areas where guidance would be helpful to the Service Provider.

IHFA will notify the Service Provider in writing of a scheduled audit or monitoring visit no less than fifteen (15) working days prior to the date of the visit. The notification will include a list of documents to be viewed by IHFA during the monitoring visit. IHFA may periodically request files to be mailed to the Boise office for a desk audit when a full-scale onsite visit is not warranted.

The Service Provider must make available to IHFA and/or HUD any information requested regarding services that were provided with HOPWA funding. All information necessary to complete audits or monitoring visits must be available on site. Additionally, the Service Provider must make accessible all necessary files at the time of the audit or monitoring visit and be prepared to assist IHFA and/or HUD in conducting the review by making available the necessary staff to provide information in a timely manner during the visit. In the case of a desk audit, the Service Provider must provide the materials requested by IHFA and mail them to the Boise office for review.

IHFA will notify the Service Provider of any findings within 10 working days of the audit completion, monitoring visit, or desk review. The Service Provider must respond in writing to IHFA correcting any findings as a result of the review.

OTHER FEDERAL REQUIREMENTS

Policy Section 5**Page 1****Adopted:****January 1, 2002****Revised:****August 30, 2005**

5.1 Non-Discrimination

Project Sponsors of the HOPWA program shall comply with the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101-12213), the regulations in 28 CFR parts 35 and 36 regarding fair housing requirements and the provisions of the Limited English Proficiency (LEP), Executive Order 13166.

Project Sponsors must adopt affirmative outreach procedures to inform all eligible persons regardless of race, color, religion, sex, age, national origin, familial status or handicap of the availability of the HOPWA program. [CFR 574.603]

5.2 Conflict of Interest

Regulations at CFR 574.625 prohibit anyone who is an employee, officer or person in a position involving decision-making of the project sponsoring agency from financial benefit or personal interest in a HOPWA-funded activity, either for himself or herself or for those with whom he/she has business or family ties. For exceptions and/or more detailed information, see 574.625.

5.3 Minimizing Displacement

If any HOPWA-assisted project causes relocation or displacement of program participants, project sponsors must take all reasonable steps to adhere to the guidelines at CFR 574.625. See the regulation for definitions and more detailed information regarding relocation assistance for displaced persons.

5.4 Environmental Requirements

Activities under this program are governed by the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and other regulations listed at 24 CFR Section 574.635.

Properties assisted by HOPWA funds cannot be located in an area that has been identified by the Federal Emergency Management Agency (FEMA) as prone to flood hazards, unless the community is participating in the National Flood Insurance Program and is subject to its regulations. See 24 CFR 574.640 for more information.

5.5 Applicability of OMB Circulars and Audit Requirements

In addition to IHFA policies and procedures set forth in the administration of this grant, units of State and local government must adhere to the guidelines and requirements of 24 CFR part 85, and OMB Circulars A-102 and A-87 with respect to the acceptance and use of HOPWA funds. Circulars A-110 and A-122 apply to use of HOPWA funds by private non-profit organizations. For more information on the applicability of other federal guidelines to this program, see CFR 574.605.

Project sponsors are responsible to ensure that their financial management systems are in accordance with federal regulations at 24 CFR parts 44 and/or 45, and that they provide for regularly scheduled audits as required by those laws.

IHFA GRANT FORMS**Policy Section 6****Page 1****Adopted:****January 1, 2002****Revised:****August 30, 2005****6.1 Forms for Application to HOPWA Services**

The forms on the following pages are sample copies for your reference. These forms are changed or updated from year-to-year and should not be copied from this manual for actual use in the grant program. Current forms may be obtained from IHFA offices and/or the offices of HOPWA Supportive Service Providers in various areas of the state.

(a) Application for HOPWA Services (AHS): IHFA's official HOPWA application form is a five-page document with a two-page instruction sheet. This application form is used for both Rental Assistance voucher program and HOPWA Supportive Services. The elements of the application are as follows:

- | | |
|--------------------------------|----------|
| ▪ Information Notice | AHS-1001 |
| ▪ Applicant Information | AHS-02 |
| ▪ Income Verification | AHS-03 |
| ▪ Statement of No Income | AHS-04 |
| ▪ Service Provider Information | AHS-05 |

(b) Reimbursement Documentation Forms (RDF): Service Providers contracting with IHFA to provide HOPWA services use the following forms in the reimbursement process to draw funds from their grant:

- | | |
|---------------------------------|--------|
| ▪ Request for Funds Face Sheet: | RDF-01 |
| ▪ Client Billing Sheet | RDF-02 |
| ▪ Homeless Prevention Worksheet | RDF-03 |
| ▪ HOPWA Health Services Form | RDF-04 |

(c) Special Needs Housing Forms (SNH): These forms are used in the Rental Assistance Housing Voucher program, in addition to the official HOPWA application listed above:

- | | |
|---------------------------------------------|---------|
| ▪ Statement of No Income | SNH-04 |
| ▪ Rental Assistance Authorization | SNH-05 |
| ▪ Occupancy Agreement | SNH-06 |
| ▪ Rental Assistance Contract | SNH-07 |
| ▪ Funds Draw Request & Disbursement | SNH-08 |
| ▪ Change of Contract/Occupancy Agreement | SNH-09 |
| ▪ Notice of Termination or Change | SNH-09A |
| ▪ Notice of Right to Review Decision | SNH-10 |
| ▪ Housing Assistance Exit Form | SNH-11 |
| ▪ Initial Payment Assistance Request (IPAR) | SNH-12 |
| ▪ Initial Payment Reimbursement Assurance | SNH-13 |
| ▪ Administrative Cost Submittal | SNH-20 |
| ▪ Waiting List Notification Letter | SNH-22 |
| ▪ Confirmation of Income Eligibility | SNH-23 |
| ▪ Notification of Conditional Selection | SNH-24 |
| ▪ Request for Tenancy Approval & Inspection | SNH-25 |

A. APPLICATION MATERIALS

**IDAHO HOUSING AND FINANCE ASSOCIATION
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS APPLICATION INSTRUCTIONS**

APPLICATION INSTRUCTIONS—Please read the instructions on this page very carefully before completing the application.

This is the Idaho Housing and Finance Association (IHFA) official application for services offered under the Housing Opportunities for Persons With AIDS (HOPWA) program. This application consists of five different forms that need to be completed according to the instructions and signed in the appropriate places by both the Applicant and the Service Provider. When completed, the case manager must send the original application to:

***Rental Assistance, HOPWA Program
Idaho Housing and Finance Association
P.O. Box 7899
Boise, ID 83707-1899***

Please read the following instructions very carefully and complete each form as appropriate. Failure to complete these forms correctly may delay services. The Household with HIV/AIDS (Applicant) must complete the application. If the Applicant is a minor, the legal guardian must sign and date the application in lieu of the minor.

AHS 1001—Information Notice

This form is a notification to the Applicant regarding reporting requirements for the grant and confidentiality of applicant information. The Service Provider should present this notice to the Applicant to read. The Service Provider may answer any questions that the Applicant may have regarding this notice. The Applicant may request a signed copy from the Service Provider.

Place the Applicant signature and Social Security Number in the appropriate spaces on the Information Notice. If the Applicant is a minor, both the Legal Guardian's name and Social Security Number and the Applicant's name and Social Security Number are required. The applicant may use a Tax Identification Number or an Alien Registration Number in lieu of a Social Security Number (SSN) if a SSN has not been issued to the Applicant or Legal Guardian. The applicant signature acknowledges receipt of this notice.

The Service Provider should also sign and date the form to acknowledge completion of this step. A confidential identification number for future reference may be inserted in the space provided.

AHS 02—Applicant Information

This form is required. The Applicant (or Legal Guardian if applicable) must provide all of the information requested in the **General Information** section.

The Applicant must then choose the type of service(s) by checking the appropriate box in the **Services Requested** section. The Service Provider should be able to identify and explain the different services offered under the HOPWA program.

The Applicant must then complete the **Household Composition** section by placing his/her name in the first row (indicated by "SELF"). Any other Household family members who are requesting services under this application must place their names on the following rows. If this application is requesting Housing Assistance, the Applicant must include all members of the family who will live in the residence.

Finally, complete the question regarding your **Most Recent Living Arrangement**. This information is requested by the U.S. Department of Housing and Urban Development (HUD) and is part of their Annual Performance Report on demographic information. This information will not be used to determine eligibility.

A. APPLICATION MATERIALS

☐ AHS 03—Income Verification

This form is required unless the Applicant has absolutely no income, in which case AHS-04 will be submitted instead. All forms of income must be reported. Place the Applicant name and Social Security Number at the top of the page. If the Applicant is a minor, both the Legal Guardian's name and Social Security Number and the Applicant's name and Social Security Number are required.

Indicate in the appropriate spaces all sources of income for both the Applicant and each applicable Household family member. The information on this page must include the salary of every Household family member 18 years of age or older listed in the Household Composition section on form AHS-02.

The Applicant (or Legal Guardian if applicable) must sign and date the form in the appropriate place certifying that the information provided is truthful and accurate.

**** See Service Provider Requirements below**

☐ AHS 04—Statement of no Income

This form is only required if the Applicant and the Applicant Household has no income.

The Applicant (or Legal Guardian if applicable) must sign and date the form in the appropriate place certifying that the information provided is truthful and accurate.

☐ AHS 05—Service Provider Information and Certification

This form is required. This form should be completed by the Service Provider and must include all of the requested information about the Service Provider.

The Service Provider must complete the HIV/AIDS certification for the Applicant and sign and date the form in the appropriate places.

**** See Service Provider Requirements below**

SERVICE PROVIDER REQUIREMENTS:

On page **AHS-1001** THE SERVICE PROVIDER MUST CERTIFY the applicant's awareness of HUD's reporting requirements. The certification shows IHFA that the signing provider has presented the information notice to the applicant and has verified that this applicant understands the reporting requirements for HOPWA grant assistance.

Income and HIV/AIDS certifications are paramount to your client's eligibility for HOPWA services. On page **AHS-03** THE SERVICE PROVIDER MUST CERTIFY THE **APPLICANT'S INCOME**. The certification shows IHFA that the Service Provider has verified a qualifying income by county of residence and number in household using HUD's income limits chart (attached) to determine each applicant's eligibility for the program.

On page **AHS-05**, THE SERVICE PROVIDER MUST CERTIFY **HIV/AIDS** status. The certification shows IHFA that the signing provider is qualified to verify HIV/AIDS status and has determined this status as positive in determining each applicant's eligibility for the program.

Supporting documentation for these certifications **MUST BE ON FILE** at the certifying agency.

INCOMPLETE FORMS WILL DELAY CLIENT SERVICES

AHS-Instructions

Revised July, 2004

A. APPLICATION MATERIALS

IHFA HOPWA APPLICATION
USE OF APPLICANT INFORMATION
NOTICE

The U.S. Department of Housing and Urban Development (HUD) and its grantee, Idaho Housing and Finance Association (IHFA) that distributes the HOPWA funds in Idaho, are responsible under federal law (AIDS Housing Opportunity Act, 42 U.S.C. § 12901 et seq. and 24 C.F.R. § 574 et seq.) to determine proper accounting and disbursement of HOPWA funds.

An Applicant for HOPWA assistance under the Housing Opportunities for Persons with AIDS (HOPWA) grant must provide verification of HIV status and qualifying income by completion of this application. This information is sufficient to qualify an applicant for housing assistance.

If the Service Provider offers other types of assistance eligible under the HOPWA grant, HUD/IHFA must review documentation verifying payments made on behalf of an Applicant before reimbursements can be made.

Further verification demonstrating provision of these services may also be required for review by HUD/IHFA. HUD and IHFA do not make copies of this documentation as a part of the verification. Information reviewed during the verification included in any database by HUD or IHFA as a result of such verification. Demographic information that does not identify the Applicant may be used to satisfy HOPWA reporting requirements.

HUD and IHFA are compelled by federal law to maintain the privacy of all confidential information reviewed in the verification process.

SAMPLE

YOUR SIGNATURE BELOW IS ONLY TO ACKNOWLEDGE RECEIPT OF THIS NOTICE. YOU MAY REQUEST A COPY FROM YOUR SERVICE PROVIDER.

Applicant Signature: _____ Social Security # _____

Legal Guardian Signature: _____ Social Security # _____
(if applicant is a minor)

Service Providers/Case Managers Certification

By signing below, the case manager hereby certifies that this Information Notice has been presented and that the applicant understands the reporting requirements by HUD for this grant assistance.

Service Provider/Case Manager

Date

Please assign this Applicant a Confidential I.D. Number to be used for all billing purposes: # _____

A. APPLICATION MATERIALS

**IHFA HOPWA APPLICATION
APPLICANT INFORMATION**

General Information

First Name _____ Middle Init. _____ Last Name _____
 Social Security Number _____ Date of Birth _____
 Street Address _____ City, State, and Zip _____
 Telephone Number _____ Emergency Contact # _____
 Name of Guardian (if applicable) _____

Services Requested

Please indicate the Housing or Supportive Service requested with this application

<input type="checkbox"/> Supportive Services (includes Case Management, housing placement & limited health services)
<input type="checkbox"/> Housing Information <input type="checkbox"/> Resource Identification <input type="checkbox"/> Homeless Prevention
<input type="checkbox"/> Housing Assistance (tenant-based rental assistance/housing voucher)

Household Composition

The HOPWA program requires that the Applicant have HIV/AIDS in order to be eligible for Housing or Supportive Services. Please place the Applicant's name in the first row and place any Household family member living in the Household where services are provided under this application on the following rows.

Name	SSN	Relationship to Applicant	Date of Birth	Gender		Ethnicity		Race (see codes below)
				M	F	Hispanic	Non-Hisp.	
SAMUEL		SELF						

RACE CLASSIFICATIONS: A = Asian/Pacific Islander B= Black C= Native American or Alaskan Native D= White

Most Recent/Current Living Arrangement

For applicants requesting long-term rental assistance, please check the box which best describes your most recent or current living arrangement:

<input type="checkbox"/> Homeless from the Streets	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Psychiatric Facility*	<input type="checkbox"/> Substance Abuse Facility*	<input type="checkbox"/> Hospital*
<input type="checkbox"/> Jail or Prison	<input type="checkbox"/> Domestic Violence Shelter**	<input type="checkbox"/> Friend or Relative
<input type="checkbox"/> Rental Housing	<input type="checkbox"/> Applicant-Owned Housing	<input type="checkbox"/> Other (specify):

* These categories can only be checked if the applicant was in an in-patient facility for 30 days or longer. If the applicant was an in-patient for less than 30 days, please identify the living arrangement prior to hospitalization.

** Applicant need not spend any time in a Domestic Violence Shelter to qualify for housing. The applicant(s) must prove they are fleeing a domestic violence situation that is typically verified through DV shelters.

A. APPLICATION MATERIALS

**IHFA HOPWA APPLICATION
INCOME VERIFICATION**

Applicant Name _____

Social Security # _____

Legal Guardian Name _____
(if Applicant is a minor)

Social Security # _____

Household Income

NOTE: Income verification must be completed for all family members over 18 years of age living in the household.

Sources of Income or Assistance	Gross Monthly Income (all necessary persons)	
	Applicant	Family Member(s)
Disability Insurance, SSI, SSDI, VA Benefits	\$	\$
Public Assistance /TAFI/ AABD/ Refugee	\$	\$
Child Support	\$	\$
Wages/Tips/Earnings	\$	\$
Retirement/ Social Security/ Savings/ Investments	\$	\$
Unemployment Insurance	\$	\$
Regular/frequent gifts of money from family/friends	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
TOTAL (each column)	\$	\$
Grand TOTAL (both columns combined)	\$	\$
No Financial Resources	Must complete "Statement of No Income" form (AHS-04) quarterly.	

Falsifying or deliberately omitting information regarding your income (or household income) may result in immediate termination from the program and/or criminal charges or civil suit(s) to repay the amount of assistance received. By signing below, the applicant hereby certifies that the information above is correct and true to the best of his/her knowledge.

Applicant Signature _____

_____ Date

Legal Guardian Signature (if Applicant is a minor) _____

_____ Date

NOTE: The Service Provider must complete the INCOME CERTIFICATION and document it in client files.

Service Provider/Case Manager Certification

Applicant and Applicant Household income must be 80% or less of area median income to qualify for HOPWA services. The case manager must complete income verification. **Source documentation** (copy of SSI check, child support order, pay stubs, etc.) must be made available in the client's file. This must be completed prior to the client receiving services. Income verification must be completed for every person 18 years of age or older living in the household.

Area median income in _____ County or MSA is \$ _____ monthly for a family of _____

By signing below, the Service Providers/case manager hereby certifies that appropriate third-party documentation verifying the statements made above has been collected on all required persons in the Household, is correct to the best of his/her knowledge, and is available in the Client's file.

Service Provider/Case Manager _____

_____ Date

A. APPLICATION MATERIALS

IHFA HOPWA APPLICATION
STATEMENT OF NO INCOME

[DO NOT COMPLETE IF INCOME WAS REPORTED ON PREVIOUS FORM AHS-03]

Applicant Name _____ Social Security # _____

Legal Guardian Name _____ Social Security # _____
(if Applicant is a minor)

I, _____ (applicant's name), do hereby state that I am not presently receiving any type of income.

Income is defined as follows:

1. gross amount of wages, salaries, overtime pay, commissions, fees, tips and bonuses;
2. net income from operation of business profession or from rental or real property;
3. interest, dividends and other net income of any kind for real and personal property;
4. full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts; including a lump sum payment for the delayed start of periodic payments;
5. payment in lieu of earnings, such as unemployment and disability compensation, workman's compensation and severance pay;
6. public assistance;
7. alimony and child support payments;
8. regular pay, special pay and allowance of a member of the Armed Forces (whether or not living in the dwelling) head of family or spouse;
9. education scholarships and veteran's educational benefits which exceed the cost of tuition, fees, books and expenses;

Falsifying or deliberately omitting information regarding your income (or household income) may result in immediate termination from the program and/or criminal charges and/or civil suit(s) to repay the amount of assistance received. By signing below, the applicant hereby certifies that the information above is correct and true to the best of their knowledge.

Applicant Signature

Date

Legal Guardian Signature (if Applicant is a minor)

Date

By signing below, the Service Providers/case manager hereby certifies that third-party documentation verifying this statement has been collected on all persons in the Household, that the information is correct to the best of his/her knowledge, and is available in the client's file.

Service Providers/Case Manager Signature

Date

A. APPLICATION MATERIALS

**IHFA HOPWA APPLICATION
SERVICE PROVIDER INFORMATION AND CERTIFICATION**

Service Provider Information

Service Provider's Name:
Agency or Organization:
Agency's Executive Director
Physical address where services are provided:
Phone number(s):
Address or PO Box of Executive Director:
Official use only

SAMPLE

Applicant HIV/AIDS Certification

NOTE: The Service Provider must complete the HIV/AIDS certification for the Applicant.

Certification of HIV/AIDS Status

By signing below I certify that _____ has AIDS or is HIV-positive.

Name of Applicant	
Certifying Person (typed or printed name)	Title/Occupation
Address: _____	
City: _____ State: _____ Zip: _____	
Phone Number: _____	
Credential (MD, RN, MSW, etc): _____	
Signature of Certifying person	Date

B. REIMBURSEMENT FORMS

REQUEST FOR FUNDS FACESHEET

2004 HOPWA Program Period

Service Provider «Agency» Contract Number: «ContractNo»
 Contact Person: Telephone: «Phone»
 Address: «Address1» Fax: «FAX»
 City: «City»

State: IDAHO
 Zip Code: «PostalCode» Request Number:

Budget Category	Amount Requested	Amount IHFA Approved
Client Support Services		
Case Management		
Transportation to Services		
** @ 37.5 cents/mile. Detailed mileage log must be attached		
Total Client Support Services:	a) \$	
Health Services		
Bills must be attached to document actual services with dates		
Total Client Health Services:	b) \$	
Housing Information Svc		
Housing Counseling and/or Placement		
Mileage for Hsg Placement		
** @ 37.5 cents/mile. Detailed mileage log must be attached		
Total Housing Information Services:	c) \$	
Resource I.D. Services		
Identifying Resources		
Feasibility Research		
Total Resource I.D. Services:	d) \$	
Homeless Prevention		
Rent/Mortgage/Utility Assist		
Hotel/Motel Vouchers		
Total Homeless Prevention:	e) \$	

TOTAL SERVICES: (a+b+c+d+e) \$

Administrative Fees @ 7% :

TOTAL FUNDS REQUESTED: \$

Attach completed Client Billing Sheets, Mileage Logs, Homeless Prevention Worksheets, and Health Services documentation for all expenses listed for reimbursement. COMPLETE DOCUMENTATION IS REQUIRED BEFORE PAYMENT.

CERTIFICATION: I certify that the above data is correct based on the Service Provider's official accounting system and records, and the expenditures shown have been made for the purposes stated, and are in accordance with the contract terms and conditions. I further certify that the funds requested are for reimbursement of actual expenses and have not been previously requested.

Project Sponsor		IHFA USE ONLY	
Authorized Signature	Date	Reviewed by	Date
Print Name & Title		Approved by	Date

B. REIMBURSEMENT FORMS

HOPWA *STRMU Assistance Form
for Homeless Prevention
*[Short-Term Rent, Mortgage, Utility]

Name of Organization: «Agency»
Client Name or I.D. #: _____

Date of Determination: _____
Total Assistance: \$ _____

CHECK ALL THAT APPLY TO THE ASSISTANCE REQUESTED. ONE CLIENT PER FORM

Type of Assistance	Documentation of Need [give an answer for each number]	Proof of Payment: [give an answer for each number]
<input type="checkbox"/> Rental Assistance <input type="checkbox"/> Mortgage Assistance	1. <input type="checkbox"/> Eviction Notice <input type="checkbox"/> Default payment notice <input type="checkbox"/> Court proceedings-foreclosure 2. How long has client lived at the assisted address? _____ 3. Service period covered by this assistance? _____	1. Landlord Name: _____ SSN - _____ Property Mgmt Co: _____ Tax I.D. - _____ Mortgage Holder: _____ Tax I.D. - _____ (Cannot be a relative, partner, or caregiver) 2. Disbursed on Date: _____ Ck #: _____
Utility Assistance <input type="checkbox"/> Water <input type="checkbox"/> Sewer/Garbage <input type="checkbox"/> Power <input type="checkbox"/> Gas <input type="checkbox"/> Other : _____	1. <input type="checkbox"/> Utility Termination Notice <input type="checkbox"/> Default payment notice 2. <input type="checkbox"/> Client is shown as utility account holder on submitted bill	1. <input type="checkbox"/> Copy of agency check to utility co. attached <input type="checkbox"/> Agency check number and date notated on submitted utility notice <input type="checkbox"/> Agency assessment form describing type of assistance given with amount and date
Hotel/Motel Voucher	1. <input type="checkbox"/> Client is on HOPWA or Section 8 voucher waiting list <input type="checkbox"/> Client was evicted/discharged from previous dwelling and is looking for permanent housing 2. <input type="checkbox"/> Client will be homeless without this assistance.	1. <input type="checkbox"/> Copy of agency check to hotel/motel <input type="checkbox"/> Agency check number/date notated on hotel/motel bill showing date & client I.D. 2. <input type="checkbox"/> Hotel/Motel name & address are shown Tax I.D. - _____

Check each Assurance below to verify that all requirements are met and documented in agency files:

Client has submitted evidence that an **unexpected situation** is the cause for inability to make payments.
 Client has a **reasonable plan to remedy** the situation and to **resume payments independently** as soon as possible
 Client has submitted evidence that he/she is a **named tenant** on the lease agreement OR is the **legal mortgagee** of the assisted address
 Assistance **does not supplant** funding from sources such as CSBG, county assistance, or Low-Income Energy Assistance (LIEAP)
 If assisted unit is **already subsidized** by Section 8 or HOPWA vouchers, STRMU assistance has been pre-approved by IHFA staff: _____
 Funds were **not disbursed directly to the client**, but to a landlord or property management company, a mortgage holder, or a utility company.
HUD REPORTING REQUIREMENT FOR SIZE OF ASSISTED HOUSING
 1 BEDROOM 2 BEDROOMS 3 BEDROOMS 4 BEDROOMS 5+ BEDROOMS
 SRO (Single Room Occupancy) OTHER: (describe) _____

By signing below, you are assuring IHFA that the information collected is correct to the best of your knowledge and that the person requesting assistance is qualified under 24 CFR 574 (the HOPWA program). **Your certification also ensures that the Official IHFA Application for HOPWA services has been completed and submitted to IHFA for this client.** Any other verification will be kept in your agency client files.

Authorizing Signature of Service Provider

Date

B. REIMBURSEMENT FORMS

HOPWA HEALTH SERVICES FORM – 2005 -2006

This form is for the documentation of the ELIGIBLE health services listed below in cases where no other dedicated funds or other likely means of compensation for these purposes remain available to the client. Services dates must be between July 1, 2005 and June 30, 2006. Activities may not stray from the categories listed and may not include costs for cosmetic procedures or any health-related activities that are not diagnosed by a health service professional as medical necessities. Payments for health insurance deductibles greater than \$300 per year may be made for clients who are unemployed, or where special circumstances preventing the client’s ability to meet the deductible can be clearly documented. A copy of the Explanation of Benefits (EOB) should be attached to the bill to document eligibility.

By signing below, the Case Manager or HOPWA Service Provider agrees that the payment submitted:

- Has not been made by the client
- Has not been made or cannot reasonably be expected to be made
 - Under any State compensation program
 - Under an insurance policy
 - Under any Federal or State health benefits program such as ADAP or Ryan White CARE
 - By an entity that provides health services on a prepaid basis

The authorized signature below also ensures that all other forms of assistance for health care costs have been exhausted and HOPWA funding is a payer of last resort in order to accommodate the client’s medical needs. The service provider must retain documentation in individual case files that justifies this payment with evidence that the client would not otherwise receive this form of assistance.

This form must be submitted for each client receiving eligible HOPWA medical services including the Dental and/or Psychiatric services approved by the original 1999 grant. These activities are subject to all elements of the contractual agreement for this grant.

Client Name or Confidential Identifier: _____

[Client must be identified on attached medical services statement as the recipient of services rendered]

Reimbursement is requested for client health services in the following eligible category:

[Check one, unless multiple billings are submitted for the same client; then check all that apply]

- _____ Medical appointments, assessments, lab costs, including transportation to site
- _____ Drug/alcohol treatment programs, inpatient or outpatient when referred by physician as a medical necessity
- _____ Medical prescriptions
- _____ Dental services
- _____ Psychiatric services
- _____ Nutritional services
- _____ Personal assistance—care services provided to clients who, for medical reasons, are unable to care for themselves
- _____ Intensive care when necessary

Total Assistance for this Client: (Service Billings Attached) \$ _____

Service Provider Certification: (required for reimbursement)

_____	_____	_____
Authorized Signature	Title	Date

C. HOUSING FORMS

Special Needs Housing Program

STATEMENT OF NO INCOME

Applicant's Name _____ SNN _____

I, _____ (applicant's name), do hereby state that I am not presently receiving any type of income.

Income is defined as follows:

1. gross amount of wages, salaries, overtime pay, commissions, fees, tips and bonuses;
2. net income from operation of business profession or from rental or real property;
3. interest, dividends and other net income of any kind for real and personal property;
4. full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts; including a lump sum payment for the delayed start of periodic payments;
5. payment in lieu of earnings, such as unemployment and disability compensation, workmen's compensation and severance pay;
6. public assistance;
7. alimony and child support payments;
8. regular pay, special pay and allowance of a member of the Armed Forces (whether or not living in the dwelling) head of family or spouse;
9. education scholarships and veterans educational benefits which exceed the cost of tuition, fees, books and expenses;

WARNING: SECTION 1001 OF THE TITLE 18 OF THE US CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION. THIS INFORMATION IS COLLECTED ON BEHALF OF THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

Signature of Applicant

Date

Case Manager

Office Location

Case Manger Phone Number

RETURN TO: Branch/PHA

C. HOUSING FORMS

SNH-04
Special Needs Housing Program
RENTAL ASSISTANCE AUTHORIZATION
(Issued from IHFA Boise Office)

APPLICANT NAME: _____ DATE: _____

UNIT SIZE: _____ ISSUE DATE: _____ Expiration Date: _____

^{1st} Extension Expiration Date: _____ ^{2nd} Extension Expiration Date: _____

IHFA AUTHORIZED REPRESENTATIVE

DATE

The Special Needs Housing Program (SNHP) is a cooperative program between the Idaho Housing and Finance Association (IHFA) and by contract with Boise City/Ada County Housing Authority.

1. SNHP RENTAL ASSISTANCE AUTHORIZATION

- A. IHFA has determined that the individual/family indicated above is eligible to participate in the SNHP. Under this program, the participant chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the participant under the SNHP, and if IHFA approves the unit, IHFA will enter into a Special Needs Rental Assistance (SNRA) Contract with the owner to make monthly payments to the owner to help the individual/family pay the rent.
- B. IHFA determines the amount of the monthly housing assistance payment to be paid. Generally, the monthly housing assistance payment by IHFA is the difference between the Payment Standard, set by IHFA in accordance with the HUD Fair Market Rents, minus the Total Tenant Payment, that is based on the participant's income and is usually 30% of the family's monthly adjusted income.

2. AUTHORIZATION

- A. When issuing this Authorization, IHFA expects that if the individual/family submits a Request for Tenancy Approval for a unit, IHFA will have the money available to enter into a Special Needs Rental Assistance (SNRA) contract with the owner. However, IHFA is under no obligation to the individual/family to any owner, or to any other person, to approve any unit or lease. IHFA does not have any liability to any party by the issuance of this Authority.
- B. The Authority does not give the participant any right to participate in the SNHP. The applicant becomes a participant in SNHP when the SNRA contract between IHFA and the owner takes effect.

3. IHFA APPROVAL OR DISAPPROVAL OF UNIT LEASE

- A. When the participant finds a suitable unit where the owner is willing to participate in the program, the participant and the owner must sign and return a Request for Tenancy Approval to the IHFA office.

C. HOUSING FORMS

B. After receiving the signed Request for Tenancy Approval, IHFA will inspect the unit. IHFA may not give approval for the participant to lease the unit or execute the SNRA contract until IHFA or contracting PHA has determined that all of the following program requirements are met:

- the unit is eligible
- the unit has been inspected by IHFA or the contracting PHA and passes the Housing Quality Standards (HQS)
- the rent is reasonable and does not exceed any fair market rent limitations
- the occupancy agreement is signed

C. If IHFA approves the unit IHFA will notify the participant and the owner and will furnish two copies of the SNRA contract to the owner.

1. The owner and the participant must execute the SNHP Occupancy Agreement, provided by IHFA
2. The owner must sign both copies of the MHRA contract and must furnish to IHFA both copies of the MHRA contract.
3. IHFA will execute the SNRA contract and return an executed copy to the owner.

D. If IHFA determines that the unit cannot be approved for any reason IHFA will notify the owner and the participant that:

1. The proposed unit is disapproved for specific reasons and
2. If the conditions requiring disapproval are remedied to the satisfaction of IHFA or before the date specified by IHFA, the unit will be approved.

4. OBLIGATIONS OF THE PARTICIPANT

A. When the participant's unit is approved and the SNRA contract is executed, the participant must follow the rules listed below in order to continue participation in the Special Needs Housing Program:

1. Supply any information that IHFA or HUD determines to be necessary, including evidence of citizenship or eligible immigration status, and information for use in a regularly schedules re-examination or interim re-examination of family income and composition.
2. Disclose and verify social security numbers, and sign and submit consent forms for obtaining information.
3. Supply any information requested by IHFA to verify that the participant is living in the unit, or information related to the participant's absence from the unit.
4. Promptly notify IHFA in writing when the participant is away from the unit for an extended period of time.
5. Allow IHFA to inspect the unit at reasonable times and after reasonable notice.
6. Notify IHFA and the owner in writing before moving out of the unit or terminating the Occupancy Agreement.
7. Use the assisted unit for residence by the participant. The unit must be the participant's only residence.
8. Promptly notify IHFA in writing of the birth, adoption, or court-awarded custody of a child.

C. HOUSING FORMS

9. Request IHFA's and the landlord's written approval to add any other family members as occupants to the unit.
10. Promptly notify IHFA in writing if any family member no longer lives in the unit.
11. Give IHFA a copy of any owner eviction notice.
12. Pay utility bills and supply appliances that the owner is not required to supply under the Occupancy Agreement.

B. Any information the family supplies must be true and complete.

C. The participant must not:

1. Own or have any interest in the unit
2. Commit any serious or repeated violation of the Occupancy Agreement
3. Commit fraud, bribery or any other corrupt or criminal activity
4. Participate in illegal drug or violent criminal activity in connection with the program
5. Sublease, sublet, assign the lease or transfer the unit
6. Receive SNHP rental assistance while receiving another housing subsidy for the same unit or a different unit under any other Federal, State or local housing assistance program
7. Damage the unit or the premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive SNHP rental assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister, brother, significant other or partner, of any member of the family unless IHFA determines that approving the unit would provide a reasonable accommodation for a family member who is a person with disabilities, documented by a health professional or service provider.
9. Engage in illegal use of a controlled substance; or abuse of alcohol that threatens the health and safety or right to peaceful enjoyment of the premises by other residents.

5. ILLEGAL DISCRIMINATION

If the participant has reason to believe that, in his search for suitable housing, he or she has been discriminated against on the basis of age, race, color, religion, sex, disability, national origin, or familial status, the participant may file a housing discrimination complaint with any HUD Field Office in person, b mail or by telephone. IHFA will give the participant information on how to fill out and file a complaint.

6. EXPIRATION AND EXTENSION OF SNHP RENTAL ASSISTANCE AUTHORITY

The SNHP Rental Assistance Authority will expire on the date stated on page one (1) unless the family requests an extension in writing and the HA grants a written extension of the Authority in which case the Authority will expire on the date stated in the extension. At it's discretion, the HA may grant a family's request for one or more extensions of the initial term.

C. HOUSING FORMS

Special Needs Housing Program (SNHP)

OCCUPANCY AGREEMENT

SNH-06

Special Needs Housing Program

SPECIAL NEEDS RENTAL ASSISTANCE (SNRA) CONTRACT PART A

SNH-07

SAMPLE

These multi-page forms have not been reproduced for this manual, but current versions are available from IHFA for HOPWA housing Service Providers.

C. HOUSING FORMS

**SPECIAL NEEDS HOUSING PROGRAM
(HOPWA)
FUNDS DRAW REQUEST/FUNDS DISBURSEMENT INSTRUCTIONS**

GENERAL ACCOUNT INFORMATION						
HUD Grant Number:	ID-H99-0025	ID-H99-0025	ID-H99-0025	ID-H99-0025	ID-H99-0025	
IHFA GL Account #:						
Voice Response #:						
Location:	Idaho Falls	Twin Falls	Lewiston	Coeur d'Alene	<i>Boise City/Ada County Housing Authority</i>	
Mark Box with X						

LANDLORD INFORMATION	
Property Owner or Company Name:	_____
Federal Tax ID/Social Security #:	_____
Address:	_____ City _____ State <u>Idaho</u> Zip _____
Contact Person:	_____ Telephone _____

TENANT INFORMATION	
Tenant Name:	_____
Unit Address:	_____ City _____ State <u>Idaho</u> Zip _____
Case Worker:	_____ Telephone _____

Unit Bedroom Size (Check one): SRO 0 1 2 3 4 5

PAYMENT INFORMATION			
	Month	Pay to Landlord	Pay to Tenant
Contract Rent		\$	
Tenant Portion		\$ ()	
HAP		\$	
Pro-rated Rent(Indicate # days)		\$	
Security Deposit		\$	
UAP (Paid directly to Tenant)			\$
Pro-rated UAP(Indicate # days)			\$
Total Payment		\$	

<input type="checkbox"/> Initial
If HAP amount has changed, indicate reason:
<input type="checkbox"/> Annual
<input type="checkbox"/> Move
<input type="checkbox"/> Other
Effective Date of Occupancy Agreement: _____

Prepared by _____	Date _____
IHFA Authorized Signature or Contracting PHA Authorized Signature _____	Date _____
Approved by Rent Assistance Program Manager _____	Date _____

For IHFA Use Only:	
Draw Down Funds _____	Date _____
Payment Issued _____	Date _____

C. HOUSING FORMS

Special Needs Housing Program

CHANGE/TERMINATION OF SNHP CONTRACT OR OCCUPANCY AGREEMENT

The Special Needs Housing SNRA Contract entered into between the Owner _____ and the _____ (PHA) dated _____ on behalf of the resident _____ and the Occupancy Agreement between the resident and the owner for the following described unit _____ is ___ changed ___ terminated.

It is agreed between the PHA identified below and the resident that the change(s) as stated above are accurate.

EFFECTIVE DATE

This change to the SNRA Contract and the Occupancy Agreement will be effective _____.

NOTE: Whenever the Special Needs Housing Program rental assistance is changed or terminated, a tenant has the right to participate in the review of the decision. This request must be written and returned to the public housing authority identified below within 10 days of the date this change is signed. A form called **"Notice of Right to Review of Adverse Decision"** is available for your convenience.

This NOTICE is presented to you in accordance with the terms and conditions of the SNRA Contract and /or Occupancy Agreement; therefore, this NOTICE shall be attached to and made part of your SNRA Contract and/or Occupancy Agreement.

All other terms and conditions of Lease and Contract as signed and dated on _____, except those conditions therein modified, remain in effect.

PUBLIC HOUSING AUTHORITY: _____

Address: _____, _____ ID, Zip _____

By: _____ (Authorized signature) _____ (Date signed)

Official Title

OWNER

(Print or type name of owner)

By: _____ (Authorized signature) _____ (Date Signed)

(Print or Type Name and Title of Signatory)

C. HOUSING FORMS

Special Needs Housing Program

Notice of Change to Occupancy Agreement

Today's Date: _____	
Tenant: _____	Landlord: _____
Address: _____	Address _____
City _____ ID Zip _____	City _____ ID Zip _____

REASON FOR CHANGE OR TERMINATION:

- Re-determination
 Interim
 Termination
 Correction

CHANGE IN RATES:

Contract Rent:	\$ _____	Elderly	_____
New SNHP Payment	\$ _____	Disabled	_____
Previous Tenant Rate	\$ _____	Bedroom Size	_____
New Tenant Rate	\$ _____		
Date new rate begins	_____		
Utility Payment to Tenant	\$ _____		

CHANGE IN HOUSEHOLD COMPOSITION:

Type of Change Add or Delete	Name of person being added or deleted	Social Security Number	Birth date	Relationship

UTILITY CHANGE: THE PARTIES AS INDICATED BELOW WILL PAY THE UTILITIES:

UTILITY	LANDLORD PAYS	TENANT PAYS	UTILITY	LANDLORD PAYS	TENANT PAYS
Water			Heat		
Garbage			Electricity		
Sewer			Cooking Fuel		
Range			Water heating		
Refrigerator					

TYPE OF FUEL

TYPE OF FUEL	NATURAL GAS	ELECTRICITY	WOOD	OIL
Heating Fuel				
Lights/ Appliances				
Cooking Fuel				
Water Heating				

SNH-09A

C. HOUSING FORMS

Date:

Special Needs Housing Program

NOTICE OF RIGHT TO A REVIEW OF ADVERSE DECISION

(Name):
(Address)

You have been denied continued participation in the Special Needs Housing Program for the following reason(s):

- 1)
- 2)

Your rental assistance will be terminated as of _____.

This decision will be reviewed prior to termination. You have the right to be present for the review and will be given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision.

If you wish to appeal the decision, sign and return this Notice no later than ten (10) working days from the date of this Notice.

When you request a Special Needs Housing Review, you will be notified by the PHA of the date and place of the review. Reasonable requests for rescheduling the review will be considered, **prior to the hearing date.** Prior to the review, you will have the right to inspect the contents of your file and examine all information relevant to the decision to terminate your participation in the Program.

During the review you have the right to represent yourself or be represented by someone else; to have an interpreter present; to present your arguments or evidence and to confront or cross-examine witnesses or testimony giving during the review. Free legal services may be available through Idaho Legal Aid Service offices.

A written decision will be made by the Hearing Officer within thirty (30) days of the review.

(PHA Representative):
(PHA Address):

(PHA Telephone Number):

I HEREBY APPEAL the decision of the PHA cited above and request a Review.

Name

Date

SNH-10

Page 1 of 1

C. HOUSING FORMS

Special Needs Housing Program
EXIT FORM FOR PARTICIPANTS OR APPLICANTS APPLYING FOR OR RECEIVING HOUSING ASSISTANCE

To be completed and mailed to Boise Office, when applicant/participant leaves the program

Today's Date: _____ PHA Jurisdiction: _____

Participant Name: _____ Social Security Number: _____

Unit Address: _____ City: _____, ID Zip: _____

*Primary Case Manager's Name: _____ Phone #: _____

Case Manager's Address: _____ City: _____, ID Zip: _____

*Primary Case Manager is funded by Ryan White CARES or HOPWA

Type of Housing Assistance Received

Long term tenant based rental assistance

Short term housing assistance or Homeless Prevention (not to exceed 21 weeks of any 52 week period)

- Rental Assistance
- Mortgage Assistance
- Utility Assistance

Number of months in the Special Needs Housing Program _____ (cumulative)

Please Check the Primary Reason the Participant/Applicant Left the Program:

- Exhausted short-term/Emergency assistance time limits
- Voluntary Departure
- Found alternative housing, other than Section 8
- Transferred to Section 8 program
- Non-Payment of rent
- Non-compliance with Supportive Services requirements
- Unknown/disappeared
- Criminal Activity
- Destruction of property
- Violence
- No longer able to live independently; needs higher level of care
- Death
- Other (please specify) _____

Signature Date
CC: Vicki Schaffer

C. HOUSING FORMS

INITIAL PAYMENT ASSISTANCE REQUEST (IPAR)
Special Needs Housing Program (SNHP)

The IPAR is designed to provide financial assistance in the form of 1st month's rent and security deposit for eligible persons or families that have a voucher, that have selected an acceptable rental unit, and have an occupancy agreement in place. An IPAR payment can only be made for persons receiving long-term rental assistance under the HOPWA Program.
An Initial Payment can only be made if the Landlord/Owner signs the Initial Payment Reimbursement Assurance.

Applicant Name: _____ Applicant SSN #: _____

Housing Counselor: _____ Phone Number: _____

The following have been completed:

- Official IHFA Application on File with IHFA
- Rental Assistance Authorization
- Voucher Issued and Request for Tenancy Approval
- Housing Inspection
- Rental Agreement/HAP

First month rent amount: \$ _____ Security deposit amount: \$ _____

Total amount requested: \$ _____ First day of Occupancy: ____/____/____

Owner/Landlord Name: _____ Owner/Landlord Phone: _____

Name of Apartment Complex (if applicable): _____

Owner/Landlord Address: _____

By signing below, the Case Manager or Housing Counselor assures IHFA that all necessary applications, authorizations and agreements are in place (or will be immediately after payment) between the Applicant, the PHA, and the Owner/Landlord.

Case manager Name Case Manager Signature Date

Reviewed By (IHFA) Reviewers Signature Date

C. HOUSING FORMS

Initial Payment Reimbursement Assurance

1. The Landlord/Owner understands that Idaho Housing and Finance Association (IHFA) is paying the Security Deposit and the 1st and/or last month's rent for: _____ (voucher recipient).
2. The Landlord/Owner agrees to reimburse IHFA any amount due according to the following procedure and Idaho Code, Title 6 governing rental housing leases: Within twenty-one days after termination of the tenancy and delivery of possession of the unit, the owner must return the unused balance of the security deposit paid by the program with a written list of all items charged against the security deposit and the amount of each item, as well as receipts to substantiate the deductions. After deducting the amount, if any, used as reimbursement, the owner must promptly refund the full amount of the unused balance to IHFA.

3. The Landlord/Owner agrees to send reimbursement payment to:
Rental Assistance Programs
Idaho Housing and Finance Association
P.O. Box 7899
Boise, Idaho 83707-1899

4. The pre-paid amounts:
Security Deposit \$ _____
1st months rent \$ _____
Last months rent \$ _____

Name of Landlord/Owner _____

E.I.N. or Social Security Number _____

Name of Apt. Complex _____

Landlord/Owner Address _____

City, State, Zip (NO P.O. Boxes) _____

Phone Number _____

Fax Number _____

By signing below, I agree to the conditions mentioned above.

Signature _____

Date _____

C. HOUSING FORMS

**HOPWA / Special Needs Housing Program
CONFIDENTIAL**

ID-H99-0025

Coeur d'Alene

Lewiston

Idaho Falls

Twin Falls

For the month and year: _____

Administrative Costs

Allowable Activities	(1) Time Spent (For Branch Office Use)	(2) Staff Member performing function (For Branch Office Use)	(3) Total Cost (For HR Use Only)
1) Providing briefing sessions, explaining rules and procedures, and other information.			
2) Collection and verification of participant income and family composition			
3) Calculation of rental assistance amounts			
4) Inspecting units for compliance with HQS			
5) Processing rental assistance payments to landlords			
6) Annual Re-determinations and assisting with the completion of Housing Stability Assessments			
7) Maintenance of program files and submitting necessary documentation to IHFA's Boise Office			
TOTAL MONTHLY COST			

SAMPLE

⁽¹⁾ 15 minutes = .25, 30 minutes = .50, 45 minutes = .75, 1 hour = 1.00 and so on.

⁽²⁾ Hourly rate is determined by taking annual rate divided by 2080. Then multiply hourly rate by .315 to determine the cost of fringe benefits. So hourly rate + fringe benefit amount equals the hourly cost by staff person.

⁽³⁾ Hours x Hourly Cost by staff person = Total Cost

Branch Office Supervisor

Mail by the first of each month for the previous months billing to: Janet Howe

C. HOUSING FORMS

HOPWA / Special Needs Housing Program

- Branch Office**
- Coeur d'Alene
 - Lewiston
 - Idaho Falls
 - Twin Falls

Sub Account Number

Administrative Costs

For the Month and Year: _____

To be completed by IHFA's HR Department

Total Time Spent	Total Staff Costs

HR Representative

Please return this form to the Rental Assistance Program Administrator for payment authorization.

Approved by

Date

SAMPLE

C. HOUSING FORMS

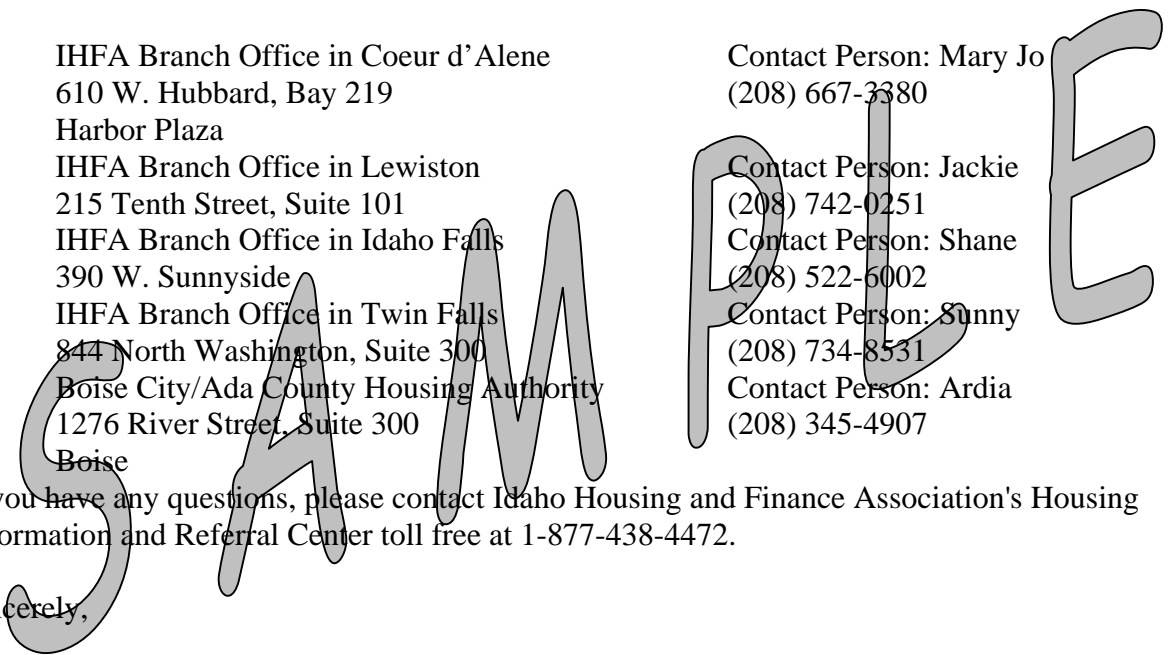
September 2, 2005

Dear

Please be advised that you have been placed on the waiting list for Long Term Rental Assistance funded by HOPWA. In the event funding becomes available you will be notified and your application will be forwarded to the IHFA Branch Office or Public Housing Authority serving the jurisdiction in which you reside to determine your income eligibility.

You may want to contact your local housing authority listed below because you may qualify for **other** long term rental assistance programs, such as Section 8 or Low Rent Public Housing due to your documented disability. These other rental assistance programs require that you apply directly with your local housing authority.

- | | | |
|--------------------------|----------------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> | IHFA Branch Office in Coeur d'Alene
610 W. Hubbard, Bay 219
Harbor Plaza | Contact Person: Mary Jo
(208) 667-3380 |
| <input type="checkbox"/> | IHFA Branch Office in Lewiston
215 Tenth Street, Suite 101 | Contact Person: Jackie
(208) 742-0251 |
| <input type="checkbox"/> | IHFA Branch Office in Idaho Falls
390 W. Sunnyside | Contact Person: Shane
(208) 522-6002 |
| <input type="checkbox"/> | IHFA Branch Office in Twin Falls
844 North Washington, Suite 300 | Contact Person: Sunny
(208) 734-8531 |
| <input type="checkbox"/> | Boise City/Ada County Housing Authority
1276 River Street, Suite 300
Boise | Contact Person: Ardia
(208) 345-4907 |



If you have any questions, please contact Idaho Housing and Finance Association's Housing Information and Referral Center toll free at 1-877-438-4472.

Sincerely,

Vicki Schaffer
Idaho Housing and Finance Association

cc: Branch Office SNHP Specialist
Case Manager

*****NOTE: DUE TO THE FACT THAT THERE IS CURRENTLY A WAITING LIST FOR THE SPECIAL NEEDS HOUSING PROGRAM, YOU ARE STRONGLY ENCOURAGED TO CONTACT YOUR LOCAL BRANCH OFFICE AS LISTED ABOVE AND APPLY TO THE SECTION 8 HOUSING VOUCHER PROGRAM.**

Special Needs Housing Program
Confirmation of Income Eligibility

SNHP Applicant Name _____ SSN _____

Indicate the appropriate jurisdiction:

IHFA Branch Offices

- Coeur d'Alene
- Lewiston
- Idaho Falls
- Twin Falls

Contracting PHA's

- Boise City/ Ada County Housing Authority

The above referenced Branch Office or Contracting PHA certifies the applicant meets all of the following criteria:

- Applicant meets income eligibility guidelines
- Qualifies for a Housing Assistance Payment of at least \$1.00

Comments:

Authorized Signature

Date

Mail to:
Vicki Schaffer
Idaho Housing and Finance Association
PO Box 7899
Boise, Idaho 83707-1899

C. HOUSING FORMS

SPECIAL NEEDS HOUSING PROGRAM REQUEST FOR TENANCY APPROVAL AND INSPECTION

Please complete the following information and return to the Idaho Housing and Finance Association (IHFA) branch office, Boise City/Ada County Housing Authority or Nampa Housing Authority for approval and to schedule an inspection.

Landlord: Please note we have not screened the tenant for behavior or suitability for tenancy. Such screening is the landlord's responsibility. Any landlord lease must be reviewed and approved by IHFA, BCACHA or NHA and must have as an attachment the HUD required Tenancy Addendum.

HUD regulations prohibit approval of a lease if the landlord/owner of the unit is the parent, child, grandparent, grandchild, sister, or brother of any member of the participant family except as a reasonable accommodation for a person with disabilities.

The Landlord will advise IHFA, BCACHA or NHA and the participant family of any lead-based paint on the surfaces of which the landlord has knowledge, prior to or during the initial Housing Quality Standards inspection of the unit.

If this unit is difficult to locate, or in one of the outlying areas, please draw a map on the back of this form

Address of Unit (must include street address, apartment number, city, state and zip code)		Program Type: Special Needs Housing Program	
		Requested Beginning Date of Lease (mo/day/yr)	
		# of Bedrooms:	
		Most Recent Rent Charged: \$	
Proposed Rent: \$	Security Deposit: \$	Sq. Footage:	Year Constructed:
Unit Type: <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex <input checked="" type="checkbox"/> Triplex <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> 4-Plex <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Apartment Complex <input type="checkbox"/> Elevator/High-Rise <input type="checkbox"/> Other			
Type of Windows: <input type="checkbox"/> Single Pane <input type="checkbox"/> Double Pane <input type="checkbox"/> Storm Windows		Name of Electric Company being used:	
Is the Unit weatherized? <input type="checkbox"/> Yes <input type="checkbox"/> No		If electric heat, is it <input type="checkbox"/> Baseboard <input type="checkbox"/> Forced Air	
Utilities and Appliances: Insert O if furnished by the Owner or T if furnished by Tenant			
Item	O/T	Electric	Natural Gas
Heating (Specify type)			
Cooking (Specify type)			
Other Electric -- lights, refrigeration,			
Water Heating (Specify type)			
Other			
Water		Water Company:	
Sewer		Sewer Company:	
Trash Collection		Trash Company:	
Who Provides Refrigerator?			
Who Provides Range?			
AMENITIES: Please indicate if your unit has any of the following:			
<input type="checkbox"/> Additional Baths	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Washer/Dryer Connections	<input type="checkbox"/> Garage
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Microwave	<input type="checkbox"/> Laundry Facility on Property	<input type="checkbox"/> Carport
<input type="checkbox"/> Fireplace or Woodstove	<input type="checkbox"/> Air Conditioner	Other:	Other:

Are you offering free or reduced rent (lease up incentive), and if so, what type? _____

Does this unit have other types of subsidies, and if so, what type? _____

Print or Type Name of Owner or Other Party Authorized to Execute Lease		Print or Type Name of Family	
Signature		Signature(s)	
Telephone Number	Date	Telephone Number	Date
Mailing Address		Present Address of Family (street address, Apt. #, City, State, & zip code)	

REFERENCE INFORMATION

Policy Section 7 Page 1
Adopted: January 1, 2002
Revised: August 30, 2005

7.1 PHA or IHFA Branch Office Instructions:

1. IHFA notifies the applicant of the conditional selection for long-term rental assistance or placement on the HOPWA waiting list, and provides a copy of the notification to the caseworker. If conditionally selected, the notification will indicate the appropriate contact person at the PHA or Branch Office in the jurisdiction of the applicant's residence. A copy of the *Notification of Conditional Selection* (SNH-22) will be mailed to the PHA or Branch Office, the Applicant, and the applicant's caseworker. PHAs and branch offices will not receive information about persons on the statewide waiting list until there is funding available for an individual on the waiting list.
2. Applicant's *Notification of Conditional Selection* (SNH-22) is sent to the appropriate PHA or Branch Office to complete the required third-party income verifications. (Applications within IHFA's jurisdiction will be stamped confidential and sent to the Branch supervisor for distribution to the appropriate staff member.)
3. PHA or Branch Office will assist the applicant in applying for Section 8 Rental Assistance in the PHA's or Branch Office's jurisdiction.
4. Upon determination that the applicant is income-eligible and would qualify for any housing assistance payment, the PHA notifies IHFA's Boise Office through a *Confirmation of Income Eligibility* (SNH-23) and a *Rental Assistance Authorization* (SNH-05) is issued by IHFA Boise Office. The PHA notifies the participant of acceptance into the program and provides briefing sessions to instruct the participant regarding SNHP rules and procedures, how to locate housing, rights to due process of law (informal hearing) if terminated from the program, and the required annual re-determinations. The PHA or Branch office will issue the *SNHP Rental Assistance Authorization* (SNH-05) after the completion of the above process.
5. Participant selects unit. Participant submits a *Request for Lease Approval* (SNH-25) to the PHA or Branch office. The PHA or Branch verifies the owner of record, determines utility allowance, calculates the total tenant payment and H.A.P. portion of the rent, then forwards the information to the Housing Inspector for HQS Inspection.
6. PHA or Branch Office performs Housing Quality Standards (HQS) inspection.
7. Once unit passes HQS, the PHA or Branch executes *SNRA Contract* (SNH-07) with landlord and the tenant and the landlord execute the *Occupancy Agreement* (SNH-06).
8. PHA or Branch office notifies IHFA Boise office of the execution of the *Occupancy Agreement* (SNH-06) and the *SNRA Contract* (SNH-07) by checking *Initial* on the *Funds Draw request/ Funds Disbursement Instruction* (SNH-08). The landlord will also need to complete a W-9 for Social Security Number or Tax Identification .

REFERENCE INFORMATION

Policy Section 7 **Page 2**
Adopted: **January 1, 2002**
Revised: **August 30, 2005**

9. PHA or Branch Office submits *SNHP Fund Draw Request* (SNH-08) indicating the rental assistance payment to be paid to the landlord by IHFA by the 15th day of the month for initial lease-ups and the 25th of each month for payment of the next month's housing assistance.
10. PHA or Branch Office performs annual re-certification (including the inspection).

7.2 Waiting List Development and Management

Once IHFA has filled the estimated 50 slots provided by HOPWA, the remaining potential eligible applicants will be placed on a waiting list in the order received as determined by the postmark on the applicant's **completed** application. As funding becomes available, the person on the top of the waiting list will be served first. IHFA Rental Assistance programs will manage the statewide waiting list through the Boise Office.

The Housing Stability Assessment also will be mailed annually to each person on the waiting list so that persons on the waiting list may demonstrate their continued interest in the long-term rental assistance component. The responses gathered from these annual mailings will be as a control group for the research component that is exploring the role of rental assistance in stabilizing persons who are at risk for homelessness or other crisis situations.

FEDERAL REGISTER

Policy Section 8 Page 1
Adopted: January 1, 2002
Revised: August 10, 2005

Title 24: Housing and Urban Development

PART 574—HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Section Contents

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§ 574.650 Audit.

§ 574.655 Wage rates.

Authority: 42 U.S.C. 3535(d) and 12901–12912.

Source: 57 FR 61740, Dec. 28, 1992, unless otherwise noted.

Subpart A—General

§ 574.3 Definitions.

The terms *Grantee* and *Secretary* are defined in 24 CFR part 5.

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

Administrative costs mean costs 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.

Applicant means a State or city applying for a formula allocation as described under §574.100 or a State, unit of general local government, or a nonprofit organization applying for a competitive grant as described under §574.210.

City has the meaning given it in section 102(a) of the Housing and Community Development Act of 1974 (42 U.S.C. 5302).

Eligible Metropolitan Statistical Area (EMSA) means a metropolitan statistical area that has a population of more than 500,000 and has more than 1,500 cumulative cases of AIDS.

Eligible person means a person with acquired immunodeficiency syndrome or related diseases who is a low-income individual, as defined in this section, and the person's family. A person with AIDS or related diseases or a family member regardless of income is eligible to receive housing information services, as described in §574.300(b)(1). Any person living in proximity to a community residence is eligible to participate in that residence's community outreach and educational activities regarding AIDS or related diseases, as provided in §574.300(b)(9).

Eligible State means a State that has:

- (1) More than 1,500 cumulative cases of AIDS in those areas of the State outside of eligible metropolitan statistical areas that are eligible to be funded through a qualifying city; and
- (2) A consolidated plan prepared, submitted, and approved in accordance with 24 CFR part 91 that covers the assistance to be provided under this part. (A State may carry out activities anywhere in the State, including within an EMSA.)

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

Low-income individual has the meaning given it in section 853(3) of the AIDS Housing Opportunity Act (42 U.S.C. 12902).

Metropolitan statistical area has the meaning given it in section 853(5) of the AIDS Housing Opportunity Act (42 U.S.C. 12902).

Nonprofit organization means any nonprofit organization (including a State or locally chartered, nonprofit organization) that:

- (1) Is organized under State or local laws;
- (2) Has no part of its net earnings inuring to the benefit of any member, founder, contributor, or individual;
- (3) Has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated an entity that will maintain such an accounting system; and

(4) Has among its purposes significant activities related to providing services or housing to persons with acquired immunodeficiency syndrome or related diseases

Non-substantial rehabilitation means rehabilitation that involves costs that are less than or equal to 75 percent of the value of the building after rehabilitation.

Population means total resident population based on data compiled by the U.S. Census and referable to the same point in time.

Project sponsor means any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to carry out eligible activities under this part. The selection of project sponsors is not subject to the procurement requirements of 24 CFR 85.36.

Qualifying city means a city that is the most populous unit of general local government in an eligible metropolitan statistical area (EMSA) and that has a consolidated plan prepared, submitted, and approved in accordance with 24 CFR part 91 that covers the assistance to be provided under this part.

Rehabilitation means the improvement or repair of an existing structure, or an addition to an existing structure that does not increase the floor area by more than 100 percent.

State has the meaning given it in section 853(9) of the AIDS Housing Opportunity Act (42 U.S.C. 12902).

Substantial rehabilitation means rehabilitation that involves costs in excess of 75 percent of the value of the building after rehabilitation.

Unit of general local government means any city, town, township, parish, county, village, or other general purpose political subdivision of a State; Guam, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia and Palau, the Marshall Islands, or a general purpose political subdivision thereof; and any agency or instrumentality thereof that is established pursuant to legislation and designated by the chief executive to act on behalf of the jurisdiction with regard to provisions of the National Affordable Housing Act.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17199, Apr. 11, 1994; 60 FR 1917, Jan. 5, 1995; 61 FR 5209, Feb. 9, 1996; 61 FR 7963, Feb. 29, 1996]

Subpart B—Formula Entitlements

§ 574.100 Eligible applicants.

(a) Eligible States and qualifying cities, as defined in §574.3, qualify for formula allocations under HOPWA.

(b) HUD will notify eligible States and qualifying cities of their formula eligibility and allocation amounts and EMSA service areas annually.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17199, Apr. 11, 1994; 60 FR 1917, Jan. 5, 1995]

§ 574.110 Overview of formula allocations.

The formula grants are awarded upon submission and approval of a consolidated plan, pursuant to 24 CFR part 91, that covers the assistance to be provided under this part. Certain states and cities that are the most populous unit of general local government in eligible metropolitan statistical areas will receive formula allocations based on their State or metropolitan population and proportionate number of cases of persons with AIDS. They will receive funds under this part (providing they comply with 24 CFR part 91) for eligible activities that address the housing needs of persons with AIDS or related diseases and their families (see §574.130(b)).

[61 FR 7963, Feb. 29, 1996]

§ 574.120 Responsibility of applicant to serve EMSA.

The EMSA's applicant shall serve eligible persons who live anywhere within the EMSA, except that housing assistance shall be provided only in localities within the EMSA that have a consolidated plan prepared, submitted, and approved in accordance with 24 CFR part 91 that covers the assistance to be provided under this part. In allocating grant amounts among eligible activities, the EMSA's applicant shall address needs of eligible persons who reside within the metropolitan statistical area, including those not within the jurisdiction of the applicant.

[60 FR 1917, Jan. 5, 1995]

§ 574.130 Formula allocations.

(a) *Data sources.* HUD will allocate funds based on the number of cases of acquired immunodeficiency syndrome reported to and confirmed by the Director of the Centers for Disease Control, and on population data provided by the U.S. Census. The number of cases of acquired immunodeficiency syndrome used for this purpose shall be the number reported as of March 31 of the fiscal year immediately preceding the fiscal year for which the amounts are appropriated and allocated.

(b) *Distribution of appropriated funds for entitlement awards.* (1) Seventy-five percent of the funds allocated under the formula is distributed to qualifying cities and eligible States, as described in §574.100, based on each metropolitan statistical area's or State's proportionate share of the cumulative number of AIDS cases in all eligible metropolitan statistical areas and eligible States.

(2) The remaining twenty-five percent is allocated among qualifying cities, but not States, where the per capita incidence of AIDS for the year, April 1 through March 31, preceding the fiscal year of the appropriation is higher than the average for all metropolitan statistical areas with more than 500,000 population. Each qualifying city's allocation reflects its EMSA's proportionate share of the high incidence factor among EMSA's with higher than average per capita incidence of AIDS. The high incidence factor is computed by multiplying the population of the metropolitan statistical area by the difference between its twelve-month-per-capita-incidence rate and the average rate for all metropolitan statistical areas with more than 500,000 population. The EMSA's proportionate share is determined by dividing its high incidence factor by the sum of the high incidence factors for all EMSA's with higher than average per capita incidence of AIDS.

(c) *Minimum grant.* No grant awarded under paragraph (b) of this section shall be less than \$200,000. Therefore, if the calculations under paragraph (b) of this section would result in any eligible metropolitan statistical area or eligible State receiving less than \$200,000, the amount allocated to that entity is increased to \$200,000 and allocations to entities in excess of \$200,000 are proportionately reduced by the amount of the increase.

§ 574.190 Reallocation of grant amounts.

If an eligible State or qualifying city does not submit a consolidated plan in a timely fashion, in accordance with 24 CFR part 91, that provides for use of its allocation of funding under this part, the funds allocated to that jurisdiction will be added to the funds available for formula allocations to other jurisdictions in the current fiscal year. Any formula funds that become available as a result of deobligations or the imposition of sanctions as provided for in §574.540 will be added to the funds available for formula allocations in the next fiscal year.

[57 FR 61740, Dec. 28, 1992, as amended at 60 FR 1918, Jan. 5, 1995]

Subpart C—Competitive Grants

§ 574.200 Amounts available for competitive grants.

(a) The Department will set aside 10 percent of the amounts appropriated under this program to fund on a competitive basis:

- (1) Special projects of national significance; and

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Adopted:	January 1, 2002
Revised:	August 10, 2005

(2) Other projects submitted by States and localities that do not qualify for formula grants.

(b) Any competitively awarded funds that become available as a result of deobligations or the imposition of sanctions, as provided in §574.540, will be added to the funds available for competitive grants in the next fiscal year.

(c) The competitive grants are awarded based on applications, as described in subpart C of this part, submitted in response to a Notice of Funding Availability published in the Federal Register. All States and units of general local government and nonprofit organizations are eligible to apply for competitive grants to fund projects of national significance. Only those States and units of general local government that do not qualify for formula allocations are eligible to apply for competitive grants to fund other projects.

(d) If HUD makes a procedural error in a funding competition that, when corrected, would warrant funding of an otherwise eligible application, HUD will select that application for potential funding when sufficient funds become available.

[57 FR 61740, Dec. 28, 1992, as amended at 61 FR 7963, Feb. 29, 1996]

§ 574.210 Eligible applicants.

(a) All States, units of general local government, and nonprofit organizations, may apply for grants for projects of national significance.

(b) Only those States and units of general local government that do not qualify for formula grants, as described in §574.100; may apply for grants for other projects as described in §574.200(a)(2).

(c) Except for grants for projects of national significance, nonprofit organizations are not eligible to apply directly to HUD for a grant but may receive funding as a project sponsor under contract with a grantee.

§ 574.240 Application requirements.

Applications must comply with the provisions of the Department's Notice of Funding Availability (NOFA) for the fiscal year published in the Federal Register in accordance with 24 CFR part 12. The rating criteria, including the point value for each, are described in the NOFA, including criteria determined by the Secretary.

[61 FR 7963, Feb. 29, 1996]

§ 574.260 Amendments.

(a) After an application has been selected for funding, any change that will significantly alter the scope, location, service area, or objectives of an activity or the number of eligible persons served must be justified to HUD and approved by HUD. Whenever any other amendment to the application is made, the grantee must provide a copy to HUD.

(b) Each amendment request must contain a description of the revised proposed use of funds. Funds may not be expended for the revised proposed use of funds until:

- (1) HUD accepts the revised proposed use; and

- (2) For amendments to acquire, rehabilitate, convert, lease, repair or construct properties to provide housing, an environmental review of the revised proposed use of funds has been completed in accordance with §574.510.

Subpart D—Uses of Grant Funds

§ 574.300 Eligible activities.

(a) *General.* Subject to applicable requirements described in §§574.310, 574.320, 574.330, and 574.340, HOPWA funds may be used to assist all forms of housing designed to prevent homelessness including emergency housing, shared housing arrangements, apartments, single room occupancy (SRO) dwellings, and community residences.

Appropriate supportive services, as required by §574.310(a), must be provided as part of any HOPWA assisted housing, but HOPWA funds may also be used to provide services independently of any housing activity.

(b) *Activities.* The following activities may be carried out with HOPWA funds:

(1) Housing information services including, but 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 counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap;

(2) Resource identification to establish, coordinate and develop housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives);

(3) Acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services;

(4) New construction (for single room occupancy (SRO) dwellings and community residences only).

(5) Project- or tenant-based rental assistance, including assistance for shared housing arrangements;

(6) Short-term rent, mortgage, and utility payments to prevent the homelessness of the tenant or mortgagor of a dwelling;

(7) Supportive services including, but not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals;

(8) Operating costs for housing including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs;

(9) Technical assistance in establishing and operating a community residence, including planning and other pre-development or pre-construction expenses and including, but not limited to, costs relating to community outreach and educational activities regarding AIDS or related diseases for persons residing in proximity to the community residence;

(10) Administrative expenses:

(i) Each grantee may use not more than 3 percent of the grant amount for its own administrative costs relating to administering grant amounts and allocating such amounts to project sponsors; and

(ii) Each project sponsor receiving amounts from grants made under this program may use not more than 7 percent of the amounts received for administrative costs.

(11) For competitive grants only, any other activity proposed by the applicant and approved by HUD.

(c) *Faith-based activities.* (1) Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to participate in the HOPWA program. Neither the Federal government nor a State or local government receiving funds under HOPWA programs shall discriminate against an organization on the basis of the organization's religious character or affiliation.

(2) Organizations that are directly funded under the HOPWA program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded under

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this part. If an organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services funded under this part, and participation must be voluntary for the beneficiaries of the HUD-funded programs or services.

(3) An organization that participates in the HOPWA program will retain its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that it does not use direct HOPWA funds to support any inherently religious activities, such as worship, religious instruction, or proselytization. Among other things, faith-based organizations may use space in

their facilities to provide HOPWA-funded services, without removing religious art, icons, scriptures, or other religious symbols. In addition, a HOPWA-funded religious organization retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

(4) An organization that participates in the HOPWA program shall not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

(5) HOPWA funds may not be used for the acquisition, construction, or rehabilitation of structures to the extent that those structures are used for inherently religious activities. HOPWA funds may be used for the acquisition, construction, or rehabilitation of structures only to the extent that those structures are used for conducting eligible activities under this part. Where a structure is used for both eligible and inherently religious activities, HOPWA funds may not exceed the cost of those portions of the acquisition, construction, or rehabilitation that are attributable to eligible activities in accordance with the cost accounting requirements applicable to HOPWA funds in this part. Sanctuaries, chapels, or other rooms that a HOPWA-funded religious congregation uses as its principal place of worship, however, are ineligible for HOPWA-funded improvements. Disposition of real property after the term of the grant, or any change in use of the property during the term of the grant, is subject to government-wide regulations governing real property disposition (see 24 CFR parts 84 and 85).

(6) If a State or local government voluntarily contributes its own funds to supplement federally funded activities, the State or local government has the option to segregate the Federal funds or commingle them. However, if the funds are commingled, this section applies to all of the commingled funds.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994; 68 FR 56405, Sept. 30, 2003]

§ 574.310 General standards for eligible housing activities.

All grantees using grant funds to provide housing must adhere to the following standards:

(a)(1) *General.* The grantee shall ensure that qualified Service Providers in the area make available appropriate supportive services to the individuals assisted with housing under this subpart. Supportive services are described in §574.300(b)(7). For any individual with acquired immunodeficiency syndrome or a related disease who requires more intensive care than can be provided in housing assisted under this subpart, the grantee shall provide for locating a care provider who can appropriately care for the individual and for referring the individual to the care provider.

(2) *Payments.* The grantee shall ensure that grant funds will not be used to make payments for health services for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service:

(i) Under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(ii) By an entity that provides health services on a prepaid basis.

(b) *Housing quality standards.* All housing assisted under §574.300(b) (3), (4), (5), and (8) must meet the applicable housing quality standards outlined below.

(1) *State and local requirements.* Each recipient of assistance under this part must provide safe and sanitary housing that is in compliance with all applicable State and local housing codes, licensing requirements, and any other requirements in the jurisdiction in which the housing is located regarding the condition of the structure and the operation of the housing.

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(2) *Habitability standards.* Except for such variations as are proposed by the locality and approved by HUD, recipients must meet the following requirements:

(i) *Structure and materials.* The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.

(ii) *Access.* The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.

(iii) *Space and security.* Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.

(iv) *Interior air quality.* Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.

(v) *Water supply.* The water supply must be free from contamination at levels that threaten the health of individuals.

(vi) *Thermal environment.* The housing must have adequate heating and/or cooling facilities in proper operating condition.

(vii) *Illumination and electricity.* The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliance while assuring safety from fire.

(viii) *Food preparation and refuse disposal.* All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.

(ix) *Sanitary condition.* The housing and any equipment must be maintained in sanitary condition.

(c) *Minimum use period for structures.* (1) Any building or structure assisted with amounts under this part must be maintained as a facility to provide housing or assistance for individuals with acquired immunodeficiency syndrome or related diseases:

(i) For a period of not less than 10 years, in the case of assistance provided under an activity eligible under §574.300(b) (3) and (4) involving new construction, substantial rehabilitation or acquisition of a building or structure; or

(ii) For a period of not less than 3 years in the cases involving non-substantial rehabilitation or repair of a building or structure.

(2) *Waiver of minimum use period.* HUD may waive the minimum use period of a building or structure as stipulated in paragraph (c)(1) of this section if the grantee can demonstrate, to the satisfaction of HUD, that:

(i) The assisted structure is no longer needed to provide supported housing or assistance, or the continued operation of the structure for such purposes is no longer feasible; and

(ii) The structure will be used to benefit individuals or families whose incomes do not exceed 80 percent of the median income for the area, as determined by HUD with adjustments for smaller and larger families, if the Secretary finds that such variations are necessary because of construction costs or unusually high or low family incomes.

(d) *Resident rent payment.* Except for persons in short-term supported housing, each person receiving rental assistance under this program or residing in any rental housing assisted under this program must pay as rent, including utilities, an amount which is the higher of:

(1) 30 percent of the family's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of family and child care expenses and are described in detail in 24 CFR 5.609). The calculation of the family's monthly adjusted income must include the expense deductions provided in 24 CFR 5.611(a), and for eligible persons, the calculation of monthly adjusted income also must include the disallowance of earned income as provided in 24 CFR 5.617, if applicable;

(2) 10 percent of the family's monthly gross income; or

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(3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments, adjusted in accordance with the family's actual housing costs, is specifically designated by the agency to meet the family's housing costs, the portion of the payment that is designated for housing costs.

(e) *Termination of assistance*—(1) *Surviving family members*. With respect to the surviving member or members of a family who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death, housing assistance and supportive services under the HOPWA program shall continue for a grace period following the death of the person with AIDS. The grantee or project sponsor shall establish a reasonable grace period for continued participation by a surviving family member, but that period may not exceed one year from the death of the family member with AIDS. The grantee or project sponsor shall notify the family of the duration of their grace period and may assist the family with information on other available housing programs and with moving expenses.

(2) *Violation of requirements*—(i) *Basis*. Assistance to participants who reside in housing programs assisted under this part may be terminated if the participant violates program requirements or conditions of occupancy. Grantees must ensure that supportive services are provided, so that a participant's assistance is terminated only in the most severe cases.

(ii) *Procedure*. In terminating assistance to any program participant for violation of requirements, grantees must provide a formal process that recognizes the rights of individuals receiving assistance to due process of law. This process at minimum, must consist of:

(A) Serving the participant with a written notice containing a clear statement of the reasons for termination;

(B) Permitting the participant to have a review of the decision, in which the participant is given the opportunity to confront opposing witnesses, present written objections, and be represented by their own counsel, before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and

(C) Providing prompt written notification of the final decision to the participant.

(Paragraph (c) approved by the Office of Management and Budget under control number 2506-0133)

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994; 61 FR 7963, Feb. 29, 1996; 66 FR 6225, Jan. 19, 2001]

§ 574.320 Additional standards for rental assistance.

(a) If grant funds are used to provide rental assistance, the following additional standards apply:

(1) *Maximum subsidy*. The amount of grant funds used to pay monthly assistance for an eligible person may not exceed the difference between:

(i) The lower of the rent standard or reasonable rent for the unit; and

(ii) The resident's rent payment calculated under §574.310(d).

(2) *Rent standard*. The rent standard shall be established by the grantee and shall be no more than the published section 8 fair market rent (FMR) or the HUD-approved community-wide exception rent for the unit size. However, on a unit by unit basis, the grantee may increase that amount by up to 10 percent for up to 20 percent of the units assisted.

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

(b) With respect to shared housing arrangements, the rent charged for an assisted family or individual shall be in relation to the size of the private space for that assisted family or individual in comparison to other private space in the shared unit, excluding common space. An assisted family or individual may be assigned a pro rata portion based on the ratio derived by dividing the number of bedrooms in their private space by the number of bedrooms in the unit. Participation in shared housing arrangements shall be voluntary.

[57 FR 61740, Dec. 28, 1992, as amended at 61 FR 7963, Feb. 29, 1996]

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§ 574.330 Additional standards for short-term supported housing.

Short-term supported housing includes facilities to provide temporary shelter to eligible individuals as well as rent, mortgage, and utilities payments to enable eligible individuals to remain in their own dwellings. If grant funds are used to provide such short-term supported housing assistance, the following additional standards apply:

(a) *Time limits.* (1) A short-term supported housing facility may not provide residence to any individual for more than 60 days during any six month period. Rent, mortgage, and utilities payments to prevent the homelessness of the tenant or mortgagor of a dwelling may not be provided to such an individual for these costs accruing over a period of more than 21 weeks in any 52 week period. These limitations do not apply to rental assistance provided under §574.300(b)(5).

(2) *Waiver of time limitations.* HUD may waive, as it determines appropriate, the limitations of paragraph (a)(1) and will favorably consider a waiver based on the good faith effort of a project sponsor to provide permanent housing under subsection (c).

(b) *Residency limitations—(1) Residency.* A short-term supported facility may not provide shelter or housing at any single time for more than 50 families or individuals;

(2) *Waiver of residency limitations.* HUD may waive, as it determines appropriate, the limitations of paragraph (b)(1) of this section.

(c) *Placement.* A short-term supported housing facility assisted under this part must, to the maximum extent practicable, provide each individual living in such housing the opportunity for placement in permanent housing or in a living environment appropriate to his or her health and social needs.

(d) *Assistance to continue independent living.* In addition to the supportive services provided when an individual is relocated to a short-term supported housing facility, supportive services may be provided to individuals when they remain in their residence because the residence is appropriate to the needs of the individual. In the latter case, a rent, mortgage and utilities payments program assisted under this part shall provide, when reasonable, supportive services specifically designed to maintain the individual in such residence.

(e) *Case management services.* A program assisted under this section shall provide each assisted individual with an opportunity, if eligible, to receive case management services from the appropriate social service agencies.

(Paragraph (b) approved by the Office of Management and Budget under control number 2506–0133)

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994]

§ 574.340 Additional standards for community residences.

(a) A community residence is a multiunit residence designed for eligible persons to provide a lower cost residential alternative to institutional care; to prevent or delay the need for such care; to provide a permanent or transitional residential setting with appropriate services to enhance the quality of life for those who are unable to live independently; and to enable such persons to participate as fully as possible in community life.

(b) If grant funds are used to provide a community residence, except for planning and other expenses preliminary to construction or other physical improvement for a community residence, the grantee must, prior to the expenditure of such funds, obtain and keep on file the following certifications:

(1) *A services agreement.* (i) A certification that the grantee will itself provide services as required by §574.310(a) to eligible persons assisted by the community residence; or

(ii) A certification that the grantee has entered into a written agreement with a project sponsor or contracted service provider to provide services as required by §574.310(a) to eligible persons assisted by the community residence;

(2) *The adequacy of funding.* (i) A certification that the grantee has acquired sufficient funding for these services; or

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(ii) A certification that the grantee has on file an analysis of the service level needed for each community residence, a statement of which grantee agency, project sponsor, or service provider will provide the needed services, and a statement of how the services will be funded; and

(3) *Capability.* (i) A certification that the grantee is qualified to provide the services; or

(ii) A certification that the project sponsor or the service provider is qualified to provide the services.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994]

Subpart E—Special Responsibilities of Grantees and Project Sponsors

§ 574.400 Prohibition of substitution of funds.

Amounts received from grants under this part may not be used to replace other amounts made available or designated by State or local governments through appropriations for use for the purposes of this part.

§ 574.410 Capacity.

The grantee shall ensure that any project sponsor with which the grantee contracts to carry out an activity under this part has the capacity and capability to effectively administer the activity.

§ 574.420 Cooperation.

(a) The grantee shall agree, and shall ensure that each project sponsor agrees, to cooperate and coordinate in providing assistance under this part with the agencies of the relevant State and local governments responsible for services in the area served by the grantee for eligible persons and other public and private organizations and agencies providing services for such eligible persons.

(b) A grantee that is a State shall obtain the approval of the unit of general local government in which a project is to be located before entering into a contract with a project sponsor to carry out an activity authorized under this part.

(c) A grantee that is a city receiving a formula allocation for an EMSA shall coordinate with other units of general local government located within the metropolitan statistical area to address needs within that area.

§ 574.430 Fee prohibitions.

The grantee shall agree, and shall ensure that each project sponsor agrees, that no fee, except rent, will be charged of any eligible person for any housing or services provided with amounts from a grant under this part.

§ 574.440 Confidentiality.

The grantee shall agree, and shall ensure that each project sponsor agrees, to ensure the confidentiality of the name of any individual assisted under this part and any other information regarding individuals receiving assistance.

§ 574.450 Financial records.

The grantee shall agree, and shall ensure that each project sponsor agrees, to maintain and make available to HUD for inspection financial records sufficient, in HUD's determination, to ensure proper accounting and disbursing of amounts received from a grant under this part.

Subpart F—Grant Administration

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§ 574.500 Responsibility for grant administration.

- (a) *General.* Grantees are responsible for ensuring that grants are administered in accordance with the requirements of this part and other applicable laws. Grantees are responsible for ensuring that their respective project sponsors carry out activities in compliance with all applicable requirements.
- (b) *Grant agreement.* The grant agreement will provide that the grantee agrees, and will ensure that each project sponsor agrees, to:
- (1) Operate the program in accordance with the provisions of these regulations and other applicable HUD regulations;
 - (2) Conduct an ongoing assessment of the housing assistance and supportive services required by the participants in the program;
 - (3) Assure the adequate provision of supportive services to the participants in the program; and
 - (4) Comply with such other terms and conditions, including recordkeeping and reports (which must include racial and ethnic data on participants) for program monitoring and evaluation purposes, as HUD may establish for purposes of carrying out the program in an effective and efficient manner.
- (c) *Enforcement.* HUD will enforce the obligations in the grant agreement in accordance with the provisions of 24 CFR 85.43. A grantee will be provided an opportunity for informal consultation before HUD will exercise any remedies authorized in paragraph (a) of that section.

§ 574.510 Environmental procedures and standards.

- (a) Activities under this part are subject to HUD environmental regulations in part 58 of this title, except that HUD will perform an environmental review in accordance with part 50 of this title for any competitive grant for Fiscal Year 2000.
- (b) The recipient, its project partners and their contractors may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project under this part, or commit or expend HUD or local funds for such eligible activities under this part, until the responsible entity (as defined in §58.2 of this title) has completed the environmental review procedures required by part 58 and the environmental certification and RROF have been approved (or HUD has performed an environmental review and the recipient has received HUD approval of the property). HUD will not release grant funds if the recipient or any other party commits grant funds (*i.e.*, incurs any costs or expenditures to be paid or reimbursed with such funds) before the recipient submits and HUD approves its RROF (where such submission is required).
- (c) For activities under a grant to a nonprofit entity that would generally be subject to review under part 58, HUD may make a finding in accordance with §58.11(d) and may itself perform the environmental review under the provisions of part 50 of this title if the recipient nonprofit entity objects in writing to the responsible entity's performing the review under part 58. Irrespective of whether the responsible entity in accord with part 58 (or HUD in accord with part 50) performs the environmental review, the recipient shall supply all available, relevant information necessary for the responsible entity (or HUD, if applicable) to perform for each property any environmental review required by this part. The recipient also shall carry out mitigating measures required by the responsible entity (or HUD, if applicable) or select alternate eligible property.

§ 574.520 Performance reports.

(a) *Formula grants.* For a formula grant recipient, the performance reporting requirements are specified in 24 CFR part 91.

(b) *Competitive grants.* A grantee shall submit to HUD annually a report describing the use of the amounts received, including the number of individuals assisted, the types of assistance provided, and any other information that HUD may require. Annual reports are required until all grant funds are expended.

[60 FR 1918, Jan. 5, 1995]

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§ 574.530 Recordkeeping.

Each grantee must ensure that records are maintained for a four-year period to document compliance with the provisions of this part. Grantees must maintain current and accurate data on the race and ethnicity of program participants.

[57 FR 61740, Dec. 28, 1992, as amended at 60 FR 1918, Jan. 5, 1995]

§ 574.540 Deobligation of funds.

HUD may deobligate all or a portion of the amounts approved for eligible activities if such amounts are not expended in a timely manner, or the proposed activity for which funding was approved is not provided in accordance with the approved application or action plan and the requirements of this regulation. HUD may deobligate any amount of grant funds that have not been expended within a three-year period from the date of the signing of the grant agreement. The grant agreement may set forth other circumstances under which funds may be deobligated or sanctions imposed.

[61 FR 7963, Feb. 29, 1996]

Subpart G—Other Federal Requirements

§ 574.600 Cross-reference.

The Federal requirements set forth in 24 CFR part 5 apply to this program as specified in this subpart.

[61 FR 5209, Feb. 9, 1996]

§ 574.603 Nondiscrimination and equal opportunity.

Within the population eligible for this program, the nondiscrimination and equal opportunity requirements set forth in 24 CFR part 5 and the following requirements apply:

(a) *Fair housing requirements.* (1) Grantees and project sponsors shall comply with the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101–12213) and implementing regulations at 28 CFR part 35 (States and local government grantees) and part 36 (public accommodations and requirements for certain types of short-term housing assistance).

(2) Executive Order 11246, as amended by Executive Orders 11375, 11478, 12086, and 12107 (3 CFR, 1964–1965 Comp., p. 339; 3 CFR, 1966–1970 Comp., p. 684; 3 CFR, 1966–1970 Comp., p. 803; 3 CFR 1978 Comp., p. 230; and 3 CFR, 1978 Comp., p. 264) (Equal Employment Opportunity) does not apply to this program.

(b) *Affirmative outreach.* A grantee or project sponsor must adopt procedures to ensure that all persons who qualify for the assistance, regardless of their race, color, religion, sex, age, national origin, familial status, or handicap, know of the availability of the HOPWA program, including facilities and services accessible to persons with a handicap, and maintain evidence of implementation of the procedures.

§ 574.605 Applicability of OMB circulars.

The policies, guidelines, and requirements of 24 CFR part 85 (codified pursuant to OMB Circular No. A-102) and OMB Circular No. A-87 apply with respect to the acceptance and use of funds under the program by States and units of general local government, including public agencies, and Circulars Nos. A-110 and A-122 apply with respect to the acceptance and use of funds under the program by private non-profit entities. (Copies of OMB Circulars may be obtained from E.O.P. Publications, room 2200, New Executive Office Building, Washington, DC 20503, telephone (202) 395-7332. (This is not a toll-free number.) There is a limit of two free copies.

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§ 574.625 Conflict of interest.

(a) In addition to the conflict of interest requirements in OMB Circular A-102 and 24 CFR 85.36(b)(3), no person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee or project sponsor and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.

(b) (b) *Exceptions: Threshold requirements.* Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (a) of this section when it determines that the exception will serve to further the purposes of the HOPWA program and the effective and efficient administration of the recipient's program or project. An exception may be considered only after the recipient has provided the following:

(1) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and

(2) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(c) *Factors to be considered for exceptions.* In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (b) of this section, HUD will consider the cumulative effect of the following factors, where applicable:

(1) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

(2) Whether the person affected is a member of a group or class of eligible persons and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;

(3) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decisionmaking process with respect to the specific assisted activity in question;

(4) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (a) of this section;

(5) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and

(6) Any other relevant considerations.

§ 574.630 Displacement, relocation and real property acquisition.

(a) *Minimizing displacement.* Consistent with the other goals and objectives of this part, grantees and project sponsors must assure that they have taken all reasonable steps to minimize the displacement of persons (families, individuals, businesses, nonprofit organizations, and farms) as a result of a project assisted under this part.

(b) *Relocation assistance for displaced persons.* A displaced person (defined in paragraph (f) of this section) must be provided relocation assistance at the levels described in, and in accordance with the requirements of, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4601–4655) and implementing regulations at 49 CFR part 24.

(c) *Real property acquisition requirements.* The acquisition of real property for a project is subject to the URA and the requirements described in 49 CFR part 24, subpart B.

(d) *Appeals.* A person who disagrees with the grantee's or project sponsor's determination concerning whether the person qualifies as a "displaced person," or the amount of relocation assistance for which the person is eligible, may

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file a written appeal of that determination with the grantee. A low-income person who is dissatisfied with the grantee's determination on his or her appeal may submit a written request for review of that determination to the HUD Field Office.

(e) *Responsibility of grantee.* (1) Each grantee shall certify (i.e., provide assurance of compliance as required by 49 CFR part 24) that it will comply with the URA, the regulations at 49 CFR part 24, and the requirements of this section, and shall ensure such compliance notwithstanding any third party's contractual obligation to the grantee to comply with these provisions.

(2) The cost of required relocation assistance is an eligible project cost in the same manner and to the same extent as other project costs. Such costs also may be paid for with funds available from other sources.

(3) The grantee shall maintain records in sufficient detail to demonstrate compliance with these provisions.

(f) *Definition of displaced person.* (1) For purposes of this section, the term "displaced person" means a person (family, individual, business, nonprofit organization, or farm) that moves from real property, or moves personal property from real property, permanently, as a direct result of acquisition, rehabilitation, or demolition for a project assisted under this part. This includes any permanent, involuntary move for an assisted project including any permanent move for an assisted project, including any permanent move from the real property that is made:

(i) After notice by the grantee, project sponsor, or property owner to move permanently from the property, if the move occurs on or after the date that the grantee submits to HUD an application for assistance that is later approved and funded;

(ii) Before the submission of the application to HUD, if the grantee, project sponsor, or HUD determines that the displacement resulted directly from acquisition, rehabilitation, or demolition for the assisted project; or

(iii) By a tenant-occupant of a dwelling unit, if any one of the following three situations occurs:

(A) The tenant moves after the "initiation of negotiations" and the move occurs before the tenant has been provided written notice offering him or her the opportunity to lease and occupy a suitable, decent, safe and sanitary dwelling in the same building/complex, under reasonable terms and conditions, upon completion of the project. Such reasonable terms and conditions include a monthly rent and estimated average monthly utility costs that do not exceed the greater of:

(1) The tenant's monthly rent before the initiation of negotiations and estimated average utility costs, or

(2) 30 percent of gross household income; or

(B) The tenant is required to relocate temporarily, does not return to the building/complex and either:

(1) The tenant is not offered payment for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation, or

(2) Other conditions of the temporary relocation are not reasonable; or

(C) The tenant is required to move to another unit in the same building/complex but is not offered reimbursement for all reasonable out-of-pocket expenses incurred in connection with the move, or other conditions of the move are not reasonable.

(2) Notwithstanding the provisions of paragraph (f)(1) of this section, a person does not qualify as a "displaced person" (and is not eligible for relocation assistance under the URA or this section), if:

(i) The person has been evicted for serious or repeated violation of the terms and conditions of the lease or occupancy agreement, violation or applicable Federal, State or local law, or other good cause, and HUD determines that the eviction was not undertaken for the purposes of evading the obligation to provide relocation assistance;

(ii) The person moved into the property after the submission of the application and, before signing a lease and commencing occupancy, was provided written notice of the project, its possible impact on the person (e.g., the person may be displaced, temporarily relocated, or suffer a rent increase) and the fact that the person would not qualify as a "displaced person" (or for any assistance provided under this section), if the project is approved;

(iii) The person is ineligible under 49 CFR 24.2(g)(2); or

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(iv) HUD determines that the person was not displaced as a direct result of acquisition, rehabilitation, or demolition for the project.

(3) The grantee or project sponsor may request, at any time, HUD's determination of whether a displacement is or would be covered under this section.

(g) *Definition of initiation of negotiations.* For purposes of determining the formula for computing the replacement housing assistance to be provided to a residential tenant displaced as a direct result of privately undertaken rehabilitation, demolition, or acquisition of the real property, the term "initiation of negotiations" means the execution of the agreement between the grantee and the project sponsor.

§ 574.635 Lead-based paint.

The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821–4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851–4856), and implementing regulations at part 35, subparts A, B, H, J, K, M, and R of this part apply to activities under this program.

[64 FR 50226, Sept. 15, 1999]

§ 574.640 Flood insurance protection.

No property to be assisted under this part may be located in an area that has been identified by the Federal Emergency Management Agency (FEMA) as having special flood hazards, unless:

(a)(1) The community in which the area is situated is participating in the National Flood Insurance Program and the regulations thereunder (44 CFR parts 59 through 79); or

(2) Less than a year has passed since FEMA notification regarding such hazards; and

(b) The grantee will ensure that flood insurance on the structure is obtained in compliance with section 102(a) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001 et seq.).

§ 574.645 Coastal barriers.

In accordance with the Coastal Barrier Resources Act, 16 U.S.C. 3501, no financial assistance under this part may be made available within the Coastal Barrier Resources System.

§ 574.650 Audit.

The financial management system used by a State or unit of general local government that is a grantee must provide for audits in accordance with 24 CFR part 44. A nonprofit organization that is a grantee or a project sponsor is subject to the audit requirements set forth in 24 CFR part 45.

§ 574.655 Wage rates.

The provisions of the Davis-Bacon Act (40 U.S.C. 276a–276a–5) do not apply to this program, except where funds received under this part are combined with funds from other Federal programs that are subject to the Act.