Continuum of Care Rapid Re-Housing



(COC RRH) Program

**Tenant Briefing Form**

The purpose of the Rapid Re-housing Program Tenant Briefing is ensure that the household (1) understands its responsibilities, as well as those of the program and the landlord; and (2) has sufficient guidance to make an informed choice of housing.

**Housing First**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_participates in Housing First- an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.

**Limitations on Rent**

* The unit must meet rent reasonableness standard.
* Rent reasonableness is a standard designed to ensure that rents being paid by COCRRH are reasonable in relation to rents being charged for comparable unassisted units in the same market.
* The COCRRH subsidy may not exceed the difference between the established Rent Standard and the Household Contribution.
* Landlords cannot collect extra or “side” payments from tenants in excess of the household’s share of rent.
* Landlords cannot require the tenant to perform extraordinary services in lieu of rent.
* Landlords cannot charge tenants for utilities that are the owner’s responsibility.
* Participating households cannot receive COCRRH funds if they are receiving rental assistance under another federal, state, or local rental assistance program **IF** the COCRRH subsidy would result in duplicative subsidies.
* COCRRH rental subsidy can be used to pay for a rental unit that is owned by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
	+ \*\*\*please consult with Balance of State staff regarding specifics before executing

**Subsidy Calculation**

* Changes in income and benefits must be reported to the program staff
* Earned and unearned income for all household members will be used in calculating rent. Income for any dependent age 18 and older that provides documentation of full-time student status will be excluded.
* Participants will pay 30% of their household adjusted gross income to the landlord, which is due and payable on the first day of each calendar month.
* If the household moves into housing between the 1st and 15th of the month, that month will be considered “first month.” If the household moves into housing between the 16th and the end of the month, the following month will be considered the “first month.” In this situation, the program will provide 100% of the pro-rated rent in addition to the first month’s rent.
* Participants will receive a 100% subsidy for month 1. Clients will be required to pay 30% of their adjusted gross income towards their rent starting at month 2 and continue until case is closed. In addition, clients will be evaluated via an *Recertification* every (AGENCY POLICY HERE). At this *Recertification*, clients are required to provide all income and benefit verification to determine that they continue to meet eligibility for the program.
* An Interim Review will be conducted when there is a change in household income/benefits.
* Rental assistance will not exceed 24 months.
* Prior to the 12 month mark in the COC RRH Program, case managers will conduct an Annual Assessment to determine continued eligibility beyond 12 months and are also required to have the unit re-inspected prior to any additional assistance beyond 12 months.

**Security Deposit**

* The security deposit shall be paid in full by the agency.
* The deposit, if applicable, **must be returned to the tenant.**

**Housing Search and Placement Policies**

* After the participant has completed the COCRRH Briefing, the case manager and client will begin the search for an appropriate unit.
* Length of housing search and placement details are adaptable by agency

**Guidance on Selecting a Unit**

* Household composition and family size will be used to determine the dwelling size as follows:
	+ Housing Quality Standards allows two persons per bedroom.
	+ Children of the opposite gender over the age of 5 may not be required to occupy the same bedroom.

|  |  |  |
| --- | --- | --- |
| **Unit Size (# Bedrooms)** | **Minimum # of Persons in Household** | **Maximum # of Persons in Household** |
| 0-bedrooms1-bedrooms2-bedrooms3-bedrooms4-bedrooms5-bedrooms | 112345 | 1246810 |

* The Case Manager or Housing Navigator will assist the participant in locating housing. This includes providing information on open units, calling landlords, and assisting the participant in understanding leases and tenant responsibilities. The Case Manager and participant will discuss barriers to obtaining housing such as evictions, poor credit history and poor income history. Clients cannot be denied services due to background, income, disability status, or criminal or eviction history.
* The participant will decide what unit is best for them and their household.
* The unit must meet rent reasonableness.
* All utilities not included in the rent are the responsibility of the tenant.
	+ If the tenant does not have income, a utility allowance will be factored in and paid directly to the utility company on behalf of the tenant.
* The unit must pass a Housing Quality Standard (HQS) inspection before the Case Manager will sign the Housing Assistance Payment Agreement with a landlord.
* Do not sign a lease until the unit has been approved by your Case Manager. **Signing a lease before this approval may deem someone ineligible for assistance.**
* **Lead-Based Paint**

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| --- | --- | --- | --- | --- |
|  |  |  |  | *I have been offered the booklet “Lead Paint in Your Home” by the Case Manager. I* ***did/did not*** *take a copy of the booklet. I have had the opportunity to ask questions and I understand my responsibilities and the program’s responsibilities in my COCRRH program.* |

* **Health Care Information**

\_\_\_\_\_\_ \_\_\_\_\_\_*\_ I have received the booklet, “A Roadmap to Better Care and a Healthier You.”*

**Case Management Expectations**

* The participant will be asked to maintain contact with the Case Manager through home visits and phone calls as needed to monitor progress on the program.
* Case manager will review available resources at entry into the program. Each client will discuss needed resources with their case manager who can provide additional referrals as necessary.

**Other things that you Should Know**

* The RRH project can pay up to 1 month in damages to your landlord after security deposit has been used. Though we expect you to be a good tenant, accidents happen, and we can assist in paying towards some damages.
* If you are away from your unit due to incarceration or treatment, the project can pay your rent for up to 90 days in your absence.
* You can receive supportive services for up to 6 months after your rental assistance ends.

**Fair Housing**

* + No one may take any of the following actions based on race, color, national origin, religion, sex, familial status or handicap:
	+ Refuse to rent or sell housing
	+ Refuse to negotiate for housing
	+ Make housing unavailable
	+ Deny a dwelling
	+ Set different terms, conditions or privileges for sale or rental of a dwelling
	+ Provide different housing services or facilities
	+ Falsely deny that housing is available for inspection, sale, or rental
	+ For profit, persuade owners to sell or rent (blockbusting) or
	+ Deny anyone access to or membership in a facility or service (such as a multiple listing service) related to the sale or rental of housing.
* If you or someone associated with you:
	+ Have a physical or mental disability (including hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex and mental retardation) that substantially limits one or more major life activities
	+ Have a record of such a disability or
	+ Are regarded as having such a disability
* Your landlord may not:
	+ Refuse to let you make reasonable modifications to your dwelling or common use areas, at your expense, if necessary for the disabled person to use the housing *(where reasonable, the landlord may permit changes only if you agree to restore the property to its original condition when you move).*
	+ Refuse to make reasonable accommodations in rules, policies, practices or services if necessary for the disabled person to use the housing.
* Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)

 1-800-927-9275 (TTY)

U.S. Department of Housing and Urban Development

Assistant Secretary for Fair Housing and Equal Opportunity

Washington, D.C. 20410

I/we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have met with a program Case Manager to review my/our responsibilities and rights, my landlord’s responsibilities, and the program’s responsibilities in the COC RRH Program.

I/we fully understand the terms of my/our COCRRH Program Family Participation Agreement.

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| --- | --- | --- |
|  |  |  |
| Participant |  | Date |
|  |  |  |
|  |  |  |
| Participant |  | Date |
|  |  |  |
|  |  |  |
| Program Representative |  | DateUPDATED 12/2023 |