

Challenge Request Documentation Checklist

Completed packet, PLUS all required documents pertaining to the client's current situation must all be submitted for approval.

*Please update HHA on any client's subsequent effects of Challenge
(Any increases in income or benefits after receiving Challenge grant assistance)*

NEW SUBMISSION PROCEDURE AS OF SEPTEMBER 2024:

- **Navigate to www.hhalliance.org Click on Member Resources tab at the top of the web page. Scroll down to "Submit a Challenge Request" and fill out the online form and upload documents.**

Required Documents for Deposit, First Month Rent, and Rental Assistance:

- Landlord agreement - Amounts on landlord agreement MUST match rental amount listed on lease and the check amount.
- W-9 from landlord or property owner.
- Landlord Agreement
- Signed Lease reflecting dates, amounts, & signatures.

Required Documents for Utility Deposit/Assistance:

- Copy of Utility Bill stating "past due."
- Letter from Utility Company or Bill stating:
 - Address
 - Connection Date (if new account)
 - Client's Name
 - Disconnection Notice (past due)
 - Lease agreement

Required Documents for Past Due Rent:

- Signed Lease
- Eviction Notice/Late notice (for past due rent only)
- Landlord Agreement

Required Documentation for Outreach (Greyhound Bus Tickets, Birth Certificates, etc.):

- A completed request must be submitted and approved BEFORE purchase.
- Receipt

Required Documents for Application Fee:

- Copy of Completed Application Letter from Landlord or Agency stating application fee amount (this letter can also state online application fee).

Required Documentation for Motel Stays:

- Credit card authorization form reflecting client's name, length of stay, and amount due minus taxes
- W-9 from motel
- Motel Contact Person Name and Phone Number

Checks will only be prepared once all required documentation is submitted and a request has been submitted and approved. Checks will be mailed to landlords directly from HHA staff. Please allow 2-3 weeks processing time.



PromiseSE Release of Information (ROI)

Continuum of Care (CoC) Program Management Information System of the Southeast (PromisSE)

Client's Last Name _____ **First Name** _____ **MI** _____ **Date of Birth** _____ **Social Security Number** _____

* The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary under this record-keeping System. This System was authorized pursuant to directives from Congress and the Department of Housing and Urban Development (HUD). The Social Security number is used to verify identity, assure timely delivery of services, prevent duplication of services, and generate accurate required reports to HUD.

PromisSE is a shared, electronic record keeping System that captures information about people experiencing homelessness or near homelessness, including their service needs. Our Agency is participating in PromisSE, a database that collects information on clients served by its member agencies and the services they provide.

I understand that all information gathered about me is personal and private and that I do not have to share information collected in PromisSE. It has been explained to me that all information collected will serve for reporting purposes and as a precaution to prevent duplication of services to ineligible individuals and families. I have had an opportunity to ask questions about PromisSE and to review the identifying information, which is authorized by this release for the PromisSE Member Agencies to share. I also understand that information about non-confidential services provided to me by human service agencies in the CoC may be shared with other participating in PromisSE agencies. This Release of Information will remain in effect for 5 (five) years and will expire on _____ unless I make a formal request to this Agency that I no longer wish to participate in PromisSE. Upon a life-threatening emergency or death, my System information will be used for identification purposes. Upon written consent, a community partner that is a non-System participating agency, including many state or local service agencies can utilize your System information to provide additional services. This is dependent upon the receipt of a signed document verifying your consent to release your information to a Community Partner.

_____ I authorize sharing my data.

_____ I do not authorize sharing my data,

The CoC, as PromisSE Member Agency, to share my information between all participating PromisSE agencies.

I authorize the use of a copy of this original document to serve as a verification for the purposes stated above.

Client's (Head of Household) Printed Name _____ **Date (mm/dd/yy)** _____

Client's (Head of Household) Signature _____

Other Adult in HH Printed Name _____ **Date (mm/dd/yy)** _____

Other Adult in HH Signature _____

Based on the information on the previous page:

I authorize sharing my dependent's data.

I do not authorize sharing my dependent's data.

The CoC, as PromiseSE Member Agency, to share my information between all participating PromiseSE agencies. I authorize the use of a copy of this original document to serve as a verification for the purposes stated above.

_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB
_____ Dependent's Name	_____ DOB	_____ Dependent's Name	_____ DOB

Legal Guardian's Authorizing Signature

Date (mm/dd/yy)

Agency Representative's Authorizing Signature

Agency Representative's Printed Name

Date (mm/dd/yy)

FOR STAFF USE ONLY	
_____	Staff obtained telephonic consent from client and dependents under 18 as listed above
_____	Staff did not obtain telephonic consent from client and dependents under 18 as listed above.



Eligibility Screening Needs and Assessment

Contact Information:

Name: _____ DOB: ___/___/___ (Month/Date/Year)

SSN#: _____ Phone Number (____) _____ - _____

Alternate Contact: _____

Referral Source/Site: _____ Transportation: Vehicle/Bus/Bicycle/Cab (Uber)

Car payment amount: \$ _____ Vehicle Insurance Payment: \$ _____

Current address/Most frequent location: _____

Emergency Contact Person: _____ Relation: _____

Emergency Contact Phone: (____) _____ - _____ Location: _____

Housing Information / Barriers

Where do you sleep most often? _____

- Housed
- Literally Homeless
- At risk of homelessness
- DV

Household makeup: # of Adults _____ # of Children _____

Hx of Evictions: _____

Hx of Felony charges/Convictions: _____

What keeps you from locating and maintaining stable housing?

Financial information

Are you currently employed? Yes/No (circle one) Where? _____

How often are you paid? Bi-weekly/ Weekly/ Monthly Hour Rate: \$ _____

Other income: _____ Total Monthly Income: _____

Service Enrollment

- Rapid Rehousing
- Homelessness Prevention
- Outreach Services/ Case Mgmt.

Eligible Program: _____

Homeless Verification/ Certification

(continued)

- Category 1- Literally Homeless
- Category 2 – Imminent Risk of Homelessness
- Category 3 – Homeless under federal statutes
- Category 4- Fleeing Domestic Violence

Certified by:

- Self-report
- CM certification
- Third-part certification

Notes:

Client Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____



Exchange/ Release of Information

To facilitate current and future housing stability, Homelessness and Housing Alliance. HHA will work with outside agencies and vendors to advocate for the client's best housing outcome. This document will allow HHA staff to communicate on the client's behalf. By signing this document,

I, _____, authorize HHA staff to communicate regarding my case management to the following agencies and or vendors.

AGENCY/VENDOR/PURPOSE	CLIENT INITIAL/DATE
Housing Authority	
Shelter	
Veteran Affairs	
Landlord	
Mental Health Provider	
Medical Health Provider	
Referring Provider	
Other (specify)	
Other (specify)	

(Above to be validated by the client, all agencies/vendors must be specified prior to initial/date.)

I understand that, if applicable, my alcohol and or drug treatment records are protected under the Federal regulation governing confidentiality about Alcohol and Drug Abuse Patients Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and cannot be disclosed without my written consent.

I can terminate this authorization at any time, I understand that by cancelling this agreement, the cancellation does not affect my information shared prior to the written cancellation. I understand that personal information is confidential and protected by state and federal laws.

I understand that by signing this document, I authorize HOA staff to act, exchange or release personal information in an effort to stabilize housing. This authorization will remain valid for five years or at which time I provide written termination of this agreement.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

HHA Staff: _____ Date: _____

INCOME AND ASSET CALCULATION WORKSHEET

CLIENT NAME: _____ **DATE:** _____ **HMIS/ DV ID #:** _____

This worksheet is to be utilized by Rapid Rehousing and Prevention providers. Acceptable replacement for this form, is use of the HUDExchange CPD Income Calculator. The income calculator can be accessed through this link:

<https://www.hudexchange.info/incomecalculator/>. If the Subrecipient uses the CPD Income Calculator, the income calculation must be printed and added to the client file. Additional information and training webinar on how to use the CPD Income Calculator can be found here:

<https://www.hudexchange.info/trainings/courses/using-the-incomecalculator-to-determine-annual-income-webinar1/>

- For Rapid Rehousing income certification must be completed after financial assistance has been provided for one year.
- For Prevention, income certification is to be completed at intake as a part of eligibility screening, and as part of the re-evaluation process every three months.
- For Rapid Rehousing and Prevention, the client’s household income must be at or below 50% of AMI.
 - Under the ESG program, income eligibility is based on the HUD income limits in effect at the time of income verification. Income eligibility is not based on HUD income limits that correspond with the grant year under which the ESG funds were awarded. Income limits can be found here: <https://www.huduser.gov/portal/datasets/il.html>
 - Source documentation of income and assets must be attached to this worksheet (e.g., wage statement, unemployment compensation statement, public benefits statement, bank statement). To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period for which representative data is available. To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income the program participant received for the most recent period representative of the income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.

Income				
Household Member	Source of Income	Calculation: Gross Amount x Pay Period/Frequency =	Annual Income	Notes

				(continued)
Assets:				
Household Member #:	Asset Type:	Cash Value of Asset/ Interest Rate	Actual Annual Income	Notes

1. Total Income \$ _____
 2. Total Income from Assets \$ _____
 3. Imputed income from assets \$ _____
 4. Total Annual Income (add Line 1 plus the greater of Lines 2 or 3) \$ _____
 5. 80% of AMI for your area \$ _____ Household is income ineligible if line 3 is greater than line 4.
- Verified by: _____ Date: _____

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 Give Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Apply to account established outside the U.S.

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Notes: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	Employer identification number																								
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶
	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



Landlord Agreement- *Rapid Rehousing*

This is to verify that a lease has been signed between:

_____ (Landlord) and _____ (Tenant)

For the following address: _____

City: _____ State: _____ Zip code: _____

If the tenant(s) is/are eligible for services. I understand that the Homelessness & Housing Alliance will pay the initial deposit amount of \$_____ and/or first month's rent amount of \$_____ within the first 30 days of the date of this agreement and voucher.

Total amount of Assistance Voucher: \$_____. Furthermore, I understand that the future payments will be the responsibility of the tenant(s) listed on this document.

Please Print Clearly:

Landlord address: _____

City: _____ State: _____ Zip code: _____

Name of contact: _____ Position: _____

Phone #: _____ Email: _____

Landlord signature: _____ Title: _____ Date: _____

Social security or Federal Tax ID#: _____

(Social security or Federal Tax ID information is confidential and only used for the purpose of this agreement.)

Case manager Signature: _____ Date: _____

Office Use Only:

Check Delivery Date: _____

- Mailed
- Landlord Pick-up
- Drop-off

Client Notified on (date): _____ CM Initials: _____



Landlord Agreement – Homeless Prevention

Please Print Clearly

This is to certify that _____ (Tenant) resides at:

Address: _____

City: _____ State: _____ Zip code: _____

The rent is \$ _____ per month. The late fees are \$ _____.

Tenant owes rent on the following month(s): _____ Year _____.

Total amount owed: \$ _____

An eviction or foreclosure notice will be served if the account is not paid by ____ / ____ / ____.

If the tenant is eligible for assistance, I understand that the payment will be received within 30 days of the date of this voucher. Further, I understand that any balance remaining on the rent after the authorized amount has been paid by Homelessness & Housing Alliance is the responsibility of the tenant.

Upon receipt of payment in the amount of \$ _____, I agree that the eviction dated ____ / ____ / ____ is no longer in process.

Make check payable to:

Address:

City: _____ State: _____ Zip code: _____

Name of Contact: _____ Position: _____

Phone #: _____ Email _____

Signature: _____ Title: _____ Date: _____

Social security or Federal Tax ID#: _____

(Social security or Federal Tax ID information is confidential and only used for the purpose of this agreement.)

Case manager Signature: _____ Date: _____

Office Use Only:

Check Delivery Date: _____

- Mailed
- Landlord Pick-up
- Drop-off

Client Notified on (date): _____ CM Initials: _____

(attach comparisons, if applicable)

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Footage				
Type of Unit/Construction				
Housing Condition				
Location/Accessibility				
Amenities Unit: Site: Neighborhood:				
Age in years:				
Utilities (type)				
Unit Rent Unit Allowance Gross rent				
Handicap Accessible?				

CERTIFICATION:

A. Compliance with Payment Standard

_____ + _____ = _____
Proposed Contract Rent Utility Allowance Proposed Gross Rent

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

B. Rent Reasonableness

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

Name:	Signature:	Date:
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