

### Challenge Request Documentation Checklist

A completed packet including all necessary documentation and verification of client's current case management status must be provided before a Challenge request can be approved.

**Please note:** HHA can only approve Challenge requests for clients who may not need continued case management or can continue with a current, active case manager.

#### NEW SUBMISSION PROCEDURE AS OF SEPTEMBER 2024:

- Navigate to [www.hhalliance.org](http://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. ACH requests can be submitted in 3-5 days.



## **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	
<input type="checkbox"/>	Staff obtained telephonic consent from client and dependents under 18 as listed above
<input type="checkbox"/>	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)
<b>Assets:</b>				
<b>Household Member #:</b>	<b>Asset Type:</b>	<b>Cash Value of Asset/ Interest Rate</b>	<b>Actual Annual Income</b>	<b>Notes</b>

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See 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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership) > _____ <small>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.</small> <input type="checkbox"/> Other (see instructions) > _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts established outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (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	
OR	
Employer identification number	

## 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

3. I am a U.S. citizen or other U.S. person (defined below); and

4. 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](http://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.



## DIRECT DEPOSIT AUTHORIZATON FORM

### Instructions

#### Contractors: Fill out and return.

This document must be signed by contractors requesting automatic deposit of payments; this will be retained in the organization's files. Contractors ***must attach a voided check*** for each of their accounts to help verify their account numbers and bank routing numbers.

### Account

Account type: \_\_\_\_Checking \_\_\_\_Savings

Bank Name: \_\_\_\_\_

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

### Authorization

This authorizes Homelessness & Housing Alliance to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach a voided check for each account.*



## **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: \_\_\_\_\_

# RENT REASONABLE CHECKLIST AND CERTIFICATION

(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: