**FINANCIAL ASSISTANCE Checklist**

**Program: HCRP RRH HMIS#:**

|  |  |  |
| --- | --- | --- |
| **Participant Name:** | **Date Completed** | **Staff Initials**  |
| Direct Client Assistance- UPDATE MONTHLY |  |  |
| Rental Assistance Agreement- UPDATE MONTHLY |  |  |
| Rental Calculation *(completed at move in)* |  |  |
| W-9 |  |  |
| Purchase Orders  |  |  |
| Check Requests |  |  |
| Completed tab uploaded in HMIS |  |  |

**Direct Client Assistance**

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| --- | --- | --- | --- |
| **Participant Name:** |  | **Case Manager:** |  |
|  |
| **P.O. Request Date** | **Amount Leveraged** |  **Funding Source** (Ex: RRH, PSH, HP) | **Assistance Type**(ex: App Fee, Deposit, Rental Assistance, Utility, Rental Arrears) |
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|  |  |  |  **Total Amount Leveraged** $ \_\_\_\_\_\_\_\_\_ |
| **Check** **Request****Date** | **Amount Spent** | **Funding Source**(Ex: RRH, PSH, HP) | **Assistance Type**(ex: App Fee, Deposit, Rental Assistance, Utility, Rental Arrears) |
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|  **Total Amount Spent** $ \_\_\_\_\_\_\_\_\_ |

**Rental Assistance Agreement**

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| --- |
| **Participant Name** **& Address:** |
| **Landlord Name:** |
| **Mail Payments to:****(if different from W9,** **specify on Check Request!)** |
| **Security** **Deposit:****RRH PAY?**  | **Monthly** **Rent:** | **Rent** **Due Date:** | **Grace** **Period:** |
| **Month 1** | **RRH Share:** | **Participant Share:** | **Month 7** | **RRH Share:** | **Participant Share:** |
| **Month 2** |  |  | **Month 8** |  |  |
| **Month 3** |  |  | **Month 9** |  |  |
| **Month 4** |  |  | **Month 10** |  |  |
| **Month 5** |  |  | **Month 11** |  |  |
| **Month 6** |  |  | **Month 12** |  |  |

**This client is participating in the Rapid ReHousing Program, of which, assistance is being provided on their behalf. By accepting RRH assistance, and participating in the program, all parties agree to the following:**

1. **Rapid ReHousing is conditional on program participant complying with Rapid ReHousing Requirements. If Rapid ReHousing participant is non-compliant with program, terminated from program for any reason, or exited from program this rental assistance agreement becomes invalid. Rapid ReHousing staff will inform landlord within 24 hours of participant termination.**
2. **Rapid ReHousing requires that the unit of Rapid ReHousing participant MUST pass inspection PRIOR to Rapid ReHousing participant signing lease or moving into unit. The Rapid ReHousing participant (Tenant) and Landlord/Property Manager agree to an inspection of rental unit by Rapid ReHousing staff, and that the initial payment will result in the Rapid ReHousing participant’s (Tenant’s) continued residence at approved unit for, at least, the next 30 days. (If Rapid ReHousing participant signs lease, or moves into unit, PRIOR to unit inspection and completion of Rental Assistance Agreement, the Rapid ReHousing participant will *no longer qualify* for Rapid ReHousing Program assistance.)**
3. **Rapid ReHousing staff *must* have a copy of the signed lease between the Rapid ReHousing participant and landlord, a completed W9 from Landlord/Property Manager, & a completed Lease Review form *prior* to agency issuing payment.**
4. **Rapid ReHousing staff will issue rental payments on behalf of Rapid ReHousing participant (Tenant), consistent with the due dates outlined in the lease and this rental agreement, contingent on RRH participant compliance with program. The first payment may take up to 30 days. By signing this form, it is agreed that the Rapid ReHousing Program Purchase Order (voucher) will act as receipt of payment until check is received.**
5. **Rapid ReHousing Program may pay rent (up to 3 months), based on Rapid ReHousing participants monthly ISP/Subsidy Calculation. Beginning at month 4, eligibility for continued financial assistance will be based on HH income (must be less than 30% AMI) and participant will be required to pay 30% of their income towards their rental obligation. Participant will pay their portion of the rental obligation directly to the landlord/property manager. RRH staff will provide a copy of the updated rental assistance agreement to landlord/property manager upon completion.**

**Rental Assistance Agreement**

1. **Landlord/Property Manager will provide Rapid ReHousing staff with a copy of any notice issued to Rapid ReHousing participant (Tenant) to vacate the unit, or any complaint issued under state or local law to initiate an eviction action against the Rapid ReHousing participant.**

1. **At completion of lease agreement, any remaining security deposit funds would be returned to the issuing agency, NOT the participant.**
2. **Fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under federal laws to include, but not limited to; 18 U.S.C. 1001 and 18 U.S.C. 641. It is understood by all participating parties that if any of the provided information is found to be false, all parties are subject to criminal, civil and administrative penalties, and sanctions.**

**Lease Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lease End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_** \_\_\_\_ \_\_\_\_

**Participant (Tenant) Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_** \_\_\_\_ \_\_\_\_

**Landlord Signature Date**

\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_ \_\_\_ \_ \_\_\_\_

**Staff Signature Date**

**PURCHASE ORDER REQUEST**

**COMMUNITY ACTION COMMISSION OF FAYETTE COUNTY**

|  |  |
| --- | --- |
| **Vendor**    | **Program Information** |
| Name:  | Purchaser:  |
| Address:  |  Employee’s Name DateApproved By: |
| City/State/Zip:  |  Supervisor’s Name DateProgram:  |
| VID: Date:  |  |

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| --- | --- | --- | --- | --- |
| **QUANTITY** | **DESCRIPTION** | **PRICE EACH** | **ELEMENT** | **TR #** |
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**Additional Explanation for Purchases if needed:**

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Executive or Deputy Director Date

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fiscal Officer Date

**COMMUNITY ACTION COMMISSION OF FAYETTE COUNTY**

**1400 U.S. Rt. 22 NW**

**WASHINGTON COURT HOUSE, OHIO 43160**

**CHECK REQUEST**

Date: Amount:

To:

Purpose:

Requested By:

Charge to Grant:

Element # / Transaction #:

Approved for Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Executive Director or Deputy Director Signature)