

BRIDGING RENTAL ASSISTANCE PROGRAM MANUAL
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Section 1

Introduction

BRIDGING RENTAL ASSISTANCE PROGRAM INTRODUCTION

The Bridging Rental Assistance Program (BRAP) is a transitional rental subsidy program developed by the Department of Health & Human Services (DHHS). It was established in recognition that people with psychiatric disabilities are often unable to afford to rent decent, safe, and sanitary housing of their choice in the community. BRAP provides funding to help prevent homelessness and enhance consumer housing choices by increasing the number of rental options available, while promoting the provision of community supports necessary to help eligible recipients succeed in the housing of their choice. BRAP assistance cannot be contingent upon the engagement in services. Although DHHS programs are not permitted by statute to enter into commitments beyond one year, it is the intent of the BRAP program to assist an individual up to 24 months or until they are awarded a Section 8 voucher or other Federal rental assistance, whichever comes first. For this reason, units subsidized by BRAP must meet Section 8 requirements so the recipients are able to continue residing in their apartments once awarded a Section 8 or other type of certificate or voucher.

The Bridging Rental Assistance Program consists of four components:

1. **Rental Assistance** – This is the subsidy provided for the recipient for up to two years contingent upon funding. The tenant’s portion of the rent is based on 51% of his or her gross income. The rental subsidy amount is the difference between the tenant’s share of the rent and the total rent amount, including utilities, up to the HUD Fair Market Rent or the local PHA standard whichever is higher.
2. **Rent-up Assistance** – This is intended to assist the recipient when he or she first rents an apartment. Rent-up assistance may cover such things as paying the security deposit.
3. **Emergency Assistance** – These funds may be available via the waiver process to provide emergency funds to existing recipients when re-hospitalized and in danger of losing their apartment for a period not to exceed 120 days.
4. **Waivers** - Waivers are intended to provide for flexibility within the administration of the BRAP program. Waivers must be approved, conditionally approved, or denied by the Regional Housing Coordinator.

Note: Other unmet housing needs, dependent upon funding levels and extenuating circumstances, may be obtained by accessing wrap-around funds. Wrap-around funds are discretionary funds that may be available to meet urgent needs of mental health consumers that cannot be met through the regular system. Use of these funds is not a substitute for effective program planning or provision, but rather is intended to supplement existing programming to alleviate hardship brought on by the economic disadvantages inherent with severe and prolonged mental illness, and to address existing unmet needs. For individuals who receive community support services, the community support provider will be the source of wrap-around funds except the regional office will be the source of wrap-around funds for individuals whose requests are extreme, or beyond the resources of the agency. The regional office will also be the source of wrap-around funds for individuals who receive intensive case management services (state ICM) and for some individuals who do not receive community support services. Wrap-around funds may be used for individuals who meet the DHHS's eligibility criteria for community support services, whose needs meet the guidelines set forth in the DHHS's Wrap-around policy, and for whom there are no other resources to meet those needs.

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BRAP ELIGIBILITY

I. DHHS requires that recipients of BRAP meet the following criteria:

1. Class Members of the AMHI Consent Decree; OR
2. Adults with Severe and Disabling Mental Illness who meet Eligibility For Care Criteria for Community Support Services as defined in Section 17.02 of the MaineCare Benefits Manual (see [Appendix 1](#) and 1A).

II. DHHS requires that all recipients of BRAP also meet the following conditions:

- a. Adults who are receiving or are in the process of being (re-)instated for Supplemental Security Income (SSI) and/or Social Security Disability Income (SSDI)—in cases where applicants have no current SSI/SSDI or other income source, documentation of General Assistance or another source of income (TANF, Employment, etc) must be in place or documentation of conditional approval must be present; and
- b. Applicants must have previously applied for Federal Section 8 Rental Assistance through their local Public Housing Authority or other local Section 8 administering agency. If the wait list is closed, the applicant may be eligible for a waiver of this eligibility criterion provided that he/she agrees to and completes a Section 8 application at time of opening. Section 8 wait list status must be maintained to continue to receive BRAP assistance.

Note: Providing eligibility criteria has been met, any previous BRAP recipient may re-apply for subsidy, as long as he or she is in good standing with any housing subsidy program administered by DHHS (Bridging Rental Assistance Program &/or Shelter Plus Care) and has not exceeded the maximum 24-month allocation. Applicants who owe any DHHS subsidy program for back rent, damages, security, etc., may be considered for readmission providing that at least one of the following minimum criteria have been met:

- a) 50% of account balance must be paid before move in. The remaining balance must be paid over a term not to exceed 12 months; or
- b) Establishment of a Representative Payee and a documented payment plan not to exceed 12 months; or
- c) Charges have been adjudicated through the BRAP Appeals or DHHS Grievance Process.

PRIORITIES

BRAP funds will be provided on a priority basis to eligible individuals only within each priority level on a ranked basis, as indicated below:

1. Eligible people who are leaving State psychiatric institutions (AMHI, BMHI); and individuals in private psychiatric hospital beds; or those who have been discharged in the last six months from any of these institutions.
2. Eligible people who are homeless as defined by the Stewart B. McKinney Homeless Assistance act as funded by the U.S. Department of Housing and Urban Development (See Appendix 2).
3. Eligible people who are living in Substandard Housing in the community, as defined by U.S. Department of Housing and Urban Development (See Appendix 3).
4. Eligible people who are moving from community residential programs and other behavioral health facilities, to more independent living arrangements.

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Section 2

Methods of Operation

METHODS OF OPERATION

DHHS identifies three regions within the state and distributes funds based on regional need and funding availability.. Within each region, there are mental health agencies responsible for the local administration of the BRAP program. Currently, the ten (10) Local Administering Agencies are:

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Shelter Plus Care DHHS Local Administrative Agents		
Penobscot, Washington, Hancock, Piscataquis Counties	Aroostook County	Lincoln, Sagadahoc Counties & Brunswick, Harpswell, Freeport
Cindy Cookson Community Health and Counseling 42 Cedar St., PO Box 425 Bangor, ME 04402 207-947-0366 ext 222	James McClay AMHC SkyHaven 2 Airport Drive Presque Isle, Maine 04769 207-764-0759	Rita Defio Sweetser MH 329 Bath Road #1 Brunswick, Maine 04011 207-373-3049
Franklin, Oxford, Northern Cumberland Counties	Androscoggin County	Somerset, Northern Kennebec Counties
Billie Cereste Tri-County MH 1155 Lisbon St. PO Box 2008 Lewiston, Maine 04142 207-353-4100	Karen Bate-Pelletier Common Ties 140 Canal Street PO Box 1319 Lewiston, ME 04240 207-795-6051	Barbara Worthley Kennebec Valley Mental Health 67 Eustis Parkway Waterville, Maine 04901 207-873-2136
Waldo, Knox, Lincoln Counties	Southern Kennebec County	Cumberland County
Bonnie VersbonCoeur Mid-Coast Mental Health 12 Union St. PO Box 526 Rockland, Maine 04841 207-594-2541	Susane Thomas Motivational Services PO Box 229 Augusta, Maine 04332 207-626-3465	Kyra Walker Shalom House, Inc., 106 Gilman Street PO Box 560 Portland, Maine 04112 207-874-1080
York County	Central Administering Agent	
Ginny Dill Counseling Services, Inc. PO Box 1010 Saco, ME 04072 207-282-6126	Melany Mondello Shalom House 106 Gilman Street PO Box 560 Portland, Maine 04112 207-874-1080	
<i>Housing Coordinator</i>	<i>Housing Coordinator</i>	<i>Housing Coordinator</i>
Lori Nicholas DHHS 175 Lancaster Street Portland, Maine 04101 207-822-0184	Jim Jaroz Greenlaw Bldg. AMHI Campus Augusta, Maine 04333 207-287-9151	Pam Godin DHHS 176 Hogan Road Bangor, Maine 04401 207-941-4311
		<u>Updated 10/1/2006</u>

DHHS contracts with one Central Administering Agency (CAA) responsible for the oversight of the BRAP program. Shalom House, Inc. is the current CAA.

The LAA's are encouraged to develop and work with a network of providers, service professionals, DHHS, and consumers in the maintenance and ongoing development of a local service partnership. This collection of individuals and organizations is further encouraged to meet at least on a monthly basis. Although the LAA is

ultimately the responsible party for ensuring compliance with local, state, and federal regulations and guidelines regarding the administration of units under BRAP, the tasks of a local service partnership may include:

- a. providing outreach to mental health consumers to alert them to the availability of services;
- b. assessing consumer needs at the local level;
- c. targeting locally appropriate priorities;
- d. issuing proposals establishing a procedure for the selection of recipients;
- e. assisting recipients in locating, securing, and establishing themselves in safe and decent housing;
- f. assisting in the arrangement and the provision of community support services;
- g. establishing and maintaining relations with local landlords, public housing authorities, and property managers;
- h. providing other services aimed at maintaining adults with serious mental illness in mainstream housing in the community;
- i. proposing modifications to the above procedures to increase access to housing options with approval of DHHS.

The Local Administering Agency:

1. LAA receives a BRAP application from the Client or Caseworker or local service partnership, verifies income and eligibility requirements, and approves or denies the application. In circumstances where an applicant has no income, General Assistance must be utilized until benefits from the Social Security Administration or other income is obtained, whichever is sooner.
 - a. If approved, LAA sends a letter to the applicant, informing the applicant that he/she has 60 days in which to initiate subsidy (See Sample Letter, Appendix 4)
 - b. If denied, LAA sends a letter to the applicant, stating the reason for denial and informing the applicant of DHHS Housing Subsidy Appeals Procedure. (See Sample Letter, Appendix 5)
 - c. If an applicant does not meet eligibility or priority criteria, LAA may request a waiver (See Section 4, "Waiver").
2. LAA completes initial Housing Quality Standards (HQS) inspections on units located by recipients (See Section 7, "Housing Quality Standards"), informs the landlord and/or property manager of any deficiencies and/or needed repairs, and establishes a timeline for completion of repairs and/or deficiencies. (See Sample Letter, Appendix 6)
 - a. All households must receive a lead paint pamphlet, *Protect Your Family from Lead in Your Home* published jointly by the United States Environmental Protection Agency, Consumer Product Safety Commission, and HUD. (See Appendix 7)
 - b. All households are encouraged to sign a lead paint disclosure form with their respective landlord, **not the LAA**. (See Appendix 8)
3. LAA negotiates rent with landlord and/or property manager, if applicable. The rent is based on the FMR(Fair Market Rent) which is updated annually each October-refer to your local Public Housing Authority (PHA) or Section 8 Administering Agency to see what the local standard is.
4. LAA conducts initial certification with recipient. (See Appendix 11)
 - a. Rental Calculation Form completed (See Section 8, "Rental Calculations") and;
 - b. Release of Information/Additional Forms signed (See Sample Release, Appendix 9) and;
 - c. Tenant Responsibility Form signed and attachments distributed (See Section 9, "Tenant Responsibility Agreement") and;
 - d. Household Composition/Fraud Statement (See Section 9) and;
 - e. Section 8 wait list verification and;
 - f. Housing Quality Standard form completed and signed; and

g. Income Verification forms obtained

5. LAA executes Housing Assistance Payments Contract with the landlord/property manager. (See Section 10, "Sample Housing Assistance Payments Contract")
6. It is recommended that all BRAP recipients enter into a Lease or Rental Agreement with their landlord.
7. LAA prepares the Monthly Request Form to request funds from the Central Administering Agency (CAA). (See Section 16, "Monthly Request Form")
8. LAA disburses monthly HAP to landlords/property managers in accordance with HAP Contracts.
9. LAA completes interim certifications with recipients, as necessary. (See Section 17, "Annual and Interim Re-Certifications")
10. LAA completes annual re-certification:
 - a. Rental Calculation Form completed (See Section 8, "Rental Calculations") and;
 - b. Release of Information/Additional Forms signed (See Sample Release Appendix 9) and;
 - c. Tenant Responsibility Form signed (See Section 9, "Tenant Responsibility Agreement") and;
 - d. Household Composition/Fraud Statement (See Section 9) and;
 - e. Section 8 wait list verification and;
 - f. Housing Quality Standard form completed and signed; and
 - g. Income Verification forms obtained
11. LAA executes special request agreements including rent-up and emergency assistance.
12. LAA receives payments (i.e., loan, security, damage) from recipients and issues receipts.
13. LAA reports to the CAA on the payment activities of recipients on a monthly basis.
14. LAA updates Applicant List: Applicants who have not initiated subsidy within 60 days of program acceptance may request, in writing, up to two extensions of 30 days each demonstrating good cause. Applicants who have not initiated subsidy within 120 days of program acceptance must reapply.
15. LAA requests waiver renewals, if applicable.
16. LAA processes move-out inspections, as applicable. (See Appendix 10)
17. LAA processes Transfers. (See Section 11, "Portability")
18. LAA processes Termination of Subsidy Forms, as applicable, to include a copy of the DHHS Subsidy Appeals Procedure. (See Section 14, "BRAP Subsidy Termination Form" and Appendix 5, "Sample Termination Notice and DHHS Housing Subsidy Appeals Procedure")
19. LAA assures that staff members receive HQS and other HUD certified relevant training.
20. LAA establishes and maintains relations with local landlords, property managers, General Assistance Offices, and Public Housing Authorities.
21. LAA maintains BRAP files on all recipients.

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The Central Administering Agency

1. Coordinate with DHHS to develop forms and procedures for use in the disbursement and accounting of funds to the LAA and to the DHHS.
2. Provide training to LAA's involved in the administration of rental assistance.
3. Assure that LAA's receive notification of HQS and other relevant training.
4. Provide consultation and assistance to LAA's and DHHS to maintain compliance with local, state, and federal housing related policies, rules, regulations, and statutes.
5. Disburse rental subsidy funds to LAA's on a monthly basis.
6. Process waivers when requested on a monthly basis, as approved by the DHHS.
7. Report and reconcile to each LAA and the DHHS on a monthly basis on all activity.
8. Receive and consolidate information from each of the regional LAA's on a monthly basis.
9. Report and reconcile to the DHHS monthly on activities for each LAA and on a consolidated basis.
10. Maintain files of all activities related to BRAP.
11. Comply with additional priorities and requests from the DHHS.

Section 3

Application Information

APPLICATION

The purpose of the BRAP Application is to collect relevant applicant information necessary to assist in determining eligibility and select participants. The Application must be complete, containing verifications that are no older than 90 days. Applications that are accepted should be filed at the housing office of the LAA, separate from any clinical record(s); Applications that are denied should be retained and filed together by the LAA.

All applicants for BRAP are subject to the HUD Income Limits for Very Low Income. HUD Income Limits are specific to geographical areas and number of persons in the family. The Income Limits are updated every year. Income for each applicant must fall at or below the Very Low Income Limit in order to be eligible for BRAP.

BRAP Enrollment Form--All applications must include a completed BRAP Enrollment Form.

1. Applications for persons who are already *Enrolled* in Section 17 or Section 97 Adult Mental Health Services, as determined by documentation of *DHHS Adult Mental Health Services Enrollment Form* on file at DHHS, do not need to submit additional supporting documentation of the clinical diagnosis to the Regional Mental Health Team. Complete *BRAP Enrollment Form* and check applicable boxes.
2. Applications from Riverview must be routed to a Regional Housing Coordinator. Regional Housing Coordinator will process entire application including *BRAP Enrollment Form* in accordance with this protocol and the BRAP program manual and copy entire completed application to appropriate LAA for inclusion into LAA's log—if approved.
3. All other Applications (persons new to the Adult Mental Health System of Care) must include the *BRAP Enrollment Form* and copies of the tools utilized in support of the Mental Health diagnosis to the Regional Housing Coordinator. The Regional Housing Coordinator will process clinical information with the Mental Health Team Leader or their designee as needed. Regional Housing Coordinator will review the application and inform the appropriate LAA for inclusion into LAA's log—if approved.

GENERAL INFORMATION ON COMPLETING THE APPLICATION

ITEM 1. Consent Decree Check Yes/No to indicate if applicant is an AMHI Class Member.

ITEM 2. Eligibility For Care for Community Support Services. Applicant has been verified to be eligible to receive Community Support Services as documented on the **BRAP Enrollment Form** within the BRAP Application.

ITEM 3a. Representative Payee or Guardian: Applicant to list name of Rep Payee and/or Guardian and to sign release to contact same in Item 10a.

ITEM 3b. Additional Contact Person: Applicant to list name of additional contact person and to sign release to contact same in Item 10b.

ITEM 4. Receipt or Active Reinstatement of SSI/SSDI Benefits Verification includes, but is not limited to: Statement of Benefits Form from Social Security indicating Receipt of SSI/SSDI, Copy of Benefit Check, Copy of Application to Social Security Administration and Confirmation of Status of Application.

ITEM 5. Waiting List Check Yes/No to indicate whether applicant is on a waiting list for Section 8 or other subsidized housing and state the status on waiting list. **ATTACH VERIFICATION FROM THE HOUSING AUTHORITY OR MANAGEMENT COMPANY.**

ITEM 6. Priority Ratings Indicate and verify any and all that apply (#1-#4). **ATTACH VERIFICATION OF PRIORITY .**

ITEM 7. Family Composition List everyone that will occupy the unit, and include relationship to Applicant, Date of Birth and Social Security Number.

ITEM 8 Financial Information List all income sources and amounts received per month for all household members, as defined in the income section. **ATTACH VERIFICATION FOR ALL INCOME AMOUNTS.**

ITEM 9. Past Rental Subsidies Indicate whether or not the Applicant has received BRAP or other rental assistance in the past, and if so, where, when, and reason for leaving assistance program.

ITEM 10. Certifications Applicant and/or legal guardian should initial all applicable paragraphs. Applicant and any adult member of the household should sign the application. A sample release of information is contained in Appendix 9.



Application 10.06

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Section 4

Wait list protocol

Wait list protocol for BRAP
Revision January 1st 2006

1. All eligible applicants, class and non-class members, will be recorded on an applicant wait list.
2. Procedures for determining assistance awards.
 - a. **BRAP assistance is designed for those individuals without any other viable housing option. BRAP funds will be provided on a priority basis to eligible individuals only.**
 - b. The determination of new BRAP awards shall be issued by the Director of Housing Resource Development which may include consultation with the regional Mental Health Team Leader, Local Administrative Agencies, and Central Administrative Agency.
 - i. Factors to be considered in making award determinations include: date and time of completed application, determination of eligibility status, priority ranking and, if applicable, a waiver as submitted by the Regional Mental Health Team Leaders.
 1. BRAP PRIORITIES: Priorities #1 through #4 shall be considered in order of ranking.
 - i. Priority #1: Eligible people who are leaving State psychiatric institutions (Riverview, BMHI); and individuals in private psychiatric hospital beds; or those who have been discharged in the last six months from any of these institutions.
 - ii. Priority #2: Eligible people who are homeless as defined by the Stewart B. McKinney Homeless Assistance act as funded by the U.S. Department of Housing and Urban Development.
 - iii. Priority #3: Eligible people who are living in Substandard Housing in the community, as defined by U.S. Department of Housing and Urban Development.
 - iv. Priority #4: Eligible people who are moving from community residential programs and other behavioral health facilities, to more independent living arrangements.
 - ii. The Local and Central Administrative Agents will be informed of the determination and will follow existing procedures in the BRAP manual to enroll the individuals into the program.

- c. When the program is able to assist applicants, DHHS-Adult Mental Health Services will notify the Local Administrative Agents and the Central Administrative Agent. At such time:
 - i. LAA to make determination of BRAP priority status and eligibility at time of award.
 - ii. For example, if a person was homeless at time of application, however at time of assistance award that person was housed, then he/she is no longer considered homeless and therefore not eligible for assistance under the homeless priority.
 - iii. Follow procedures in BRAP manual to enroll applicant

- d. Waivers:
 - i. During the wait list period, waivers will be considered for:
 - 1. Persons requesting an extension to the two-year time limit requirement due to unavailability of Section 8.
 - 2. Applicants utilizing alternative income sources (other than SSI/SSDI)
 - 3. Applicants from jurisdictions with closed Section 8 wait lists
 - ii. During the wait list period, the Regional Mental Health Team Leaders may request a waiver based upon the following conditions:
 - 1. Applicants with the following two specific circumstances ONLY:
 - a. Mental Health Team Leaders may request a waiver under the following circumstances:
 - i. A person from Riverview or BMHI is awaiting discharge to a DHHS-Adult Mental Health Services funded residential bed; AND
 - ii. The particular DHHS-Adult Mental Health Services funded residential bed is currently occupied by an eligible individual on the BRAP Wait List with a Priority #4 ranking; AND
 - iii. The resulting vacancy of the DHHS-Adult Mental Health Services funded residential bed must be filled by an identified individual being discharged from Riverview or BMHI. OR;
 - 2. Necessity as determined by the regional Mental Health Team Leader
 - iii. Existing BRAP Wait List Protocol and BRAP Program Manual guidelines will remain in effect. Where discrepancies may exist, the Wait List Protocol will supersede the BRAP Program Manual guidelines.
 - iv. All waivers will be reviewed on a case-by-case basis and are subject to available funding.

3. Procedures for managing a wait list:
 - e. LAA to forward completed applications and appropriate backup documentation to the Regional Housing Coordinator for review and approval before applicant may be placed on wait list log.
 - i. Completed application includes all information requested in the application including but not limited to:
 1. Verification of eligibility for Community Support Services as described in section 3 below; income (Employment, GA, SSI/SSDI, other); Section 8 status; and priority identification
 2. Signed releases and certifications contained in the application
 3. Copy of *BRAP Enrollment Form*. Verification of current *Enrollment* into services covered by Section 17 and/or Section 97 (copy of *DHHS Adult Mental Health Services Enrollment Form* on file with DHHS); OR if person is new to the Adult Mental Health System of Care then a copy of *BRAP Enrollment Form* plus diagnostic assessment(s) used in determining Eligibility for Community Support Services
 - f. Enrollment
 - i. Applications for persons who are already *Enrolled* in Section 17 or Section 97 Adult Mental Health Services, as determined by documentation of *DHHS Adult Mental Health Services Enrollment Form* on file at DHHS, do not need to submit additional supporting documentation of the clinical diagnosis to the Regional Mental Health Team. Complete *BRAP Enrollment Form* and check applicable boxes.
 - ii. Applications from Riverview must be routed to a Regional Housing Coordinator. Regional Housing Coordinator will process entire application including *BRAP Enrollment Form* in accordance with this protocol and the BRAP program manual and copy entire completed application to appropriate LAA for inclusion into LAA's log—if approved.
 - iii. All other Applications (persons new to the Adult Mental Health System of Care) must include the *BRAP Enrollment Form* and copies of the tools utilized in support of the Mental Health diagnosis to the Regional Housing Coordinator. Regional Housing Coordinator will process entire application in accordance with this protocol and the BRAP program manual and copy entire completed application to appropriate LAA for inclusion into LAA's log—if approved.
 - g. Regional Housing Coordinator to verify Enrollment status and share application documents with Regional Mental Health Team for screening and determination of priorities and/or waivers.
 - i. Regional Housing Coordinator to communicate approval/denial or request for additional information to LAA by completing applicable Regional Office Section on application and faxing back to LAA:
 1. If Approved:
 - a. ***Wait List Notification*** letter issued by LAA to all eligible applicants ***after*** Regional Mental Health Team approval of completed application. See Sample below, ***Wait List Notification letter***

- b. LAA to Create a log of approved applications utilizing sample (below) in Excel:
 - i. Region
 - ii. Name of LAA
 - iii. Date of Completed Application
 - iv. Time of Completed Application
 - v. Unique Application Number
 - vi. Lname
 - vii. Fname
 - viii. Address
 - ix. City
 - x. State
 - xi. Zip
 - xii. Cc: Name
 - xiii. Class Mbr (Y/N)
 - xiv. BRAP Priority (1-4)
 - xv. MHTL Regional Waiver (Y/N)
 - xvi. BRAP Waiver (Y/N)
 - xvii. Date Voucher awarded by DHHS
 - xviii. Date Removed from Wait List
 - xix. Reason for removal from Wait List
 - xx. Notes
 - c. LAA to forward reviewed and approved log to Housing Director for purposes of awarding vouchers and managing a statewide wait list.
- 2. If Denied
 - a. Regional Housing Coordinator to communicate denial in writing--include *BRAP Appeals Procedure* in letter.
 - 3. If Additional information is necessary
 - a. Regional Housing Coordinator to communicate in writing to LAA the need for additional information before further processing
- 4. DHHS Over 90 Day Review
 - a. On a monthly basis, DHHS Housing Director shall compile a list of all applicants who have been on the wait list for more than 90 days and distribute that list to the Regions for follow-up. The Regions will be asked to: 1) check the safety and well being of each person on the list in their region; 2) provide outreach to these persons to help facilitate the provision of other necessary services; 3) determine if the person wishes to remain on the wait list or has found another housing resource; 4) if the person has not found another housing resource, flag this as an unmet need for system development.
 - b. The Regions will document the results of their follow-up work for each person and forward those to the Housing Director for inclusion on the BRAP wait list. The Housing Director will refer any identified resource needs to the Director of Adult Mental Health Services.
 - c. LAA will be notified of any updates to list based upon this over 90 day review.

Section 5 Waivers

WAIVERS

The Waiver form is used for individuals who do not fit the general program eligibility and/or priority criteria, but due to extenuating circumstances, may receive BRAP assistance. This form is also used to request special funds for tenants who may need special Rent-Up Assistance and/or Emergency Assistance. Waivers are prepared by the LAA and are presented to the Regional Housing Coordinator for approval. If approved, it is attached to the Monthly Request Form and sent to Shalom House, Inc. Copies of approved and denied waivers should remain on file.

Waivers are typically approved for a period not to exceed twelve months. Additional waivers must be submitted if consumer is to remain on program. Waivers may be granted with conditions which include, but are not limited to: payment plan, following through with General Assistance for tenant's share of rent, getting on and remaining on wait lists for federally assisted housing, length of stay, amount of subsidy. All waivers are contingent on program funding and availability.

Electronically submitted Waiver requests must be password protected to ensure confidentiality is maintained.

Waiver Codes:

Waiver Code 1: Extension of 24 month length of stay program limit

Waiver Code 2: Allow the use General Assistance and/or Income other than SSI/SSDI

Waiver Code 3: Class member with no priority rating

Waiver Code 4: Section 8 Waitlist is closed

Waiver Code 9: Other conditions as necessary

LAA Administered Waiver Conditions

Due to an increased wait time for both Section 8 awards and Social Security benefits in many parts of the State of Maine the following waivers have been standardized to ensure program consistency. The following waiver categories and conditions are administered by the LAA as directed by this manual. All waivers for the following reasons must include the following conditions and be signed by both the LAA and the tenant in order to maintain good standing in the BRAP program.

Waiver Code 1: Extension of 24 month length of stay program limit

Conditions:

- Maintain current active status on Sec 8 waitlists, remain in good standing, accept first voucher offered.
- Maintain a Release of Information for Rental office staff to assure compliance with Sec 8 waitlist policies provide documentation of current waitlist status to LAA
- Maintain compliance with all other BRAP program requirements

Waiver Code 2: Allow the use General Assistance and/or Income other than SSI/SSDI

Conditions:

- Apply for and follow through with Social Security appeals
- Apply for and document the use of General Assistance to obtain tenant share of rent

- Provide documentation of SS application and appeals procedures to LAA
- Maintain compliance with all other BRAP program requirements

Waiver Code 4: Section 8 Waitlist is closed

Conditions:

- Submit application as soon as the local Section 8 waitlist opens
- Respond to requests by LAA to submit application to local Section 8 waitlists that open
- Provide documentation of Section 8 application to LAA when the waitlist opens
- Maintain compliance with all other BRAP program requirements



Waiver 10.06

Effective 10/01/06

Section 6

Extensions

EXTENSIONS

The applicant has 60 days from the time of assignment to use a slot. If the slot is not utilized the applicant or their service provider(s) may request up to two 30-day extensions. Extensions must be submitted in writing to the LAA. Extensions will be granted to applicants when it is shown that housing is actively being sought or for other good cause (i.e. hospitalization, family emergencies, etc). If an extension is not requested or approved, then the slot will be re-assigned.

Current tenants moving between units will have 30 days to find a new unit. If the slot is not utilized the applicant or their service provider(s) may request up to three 30-day extensions. Extensions must be submitted in writing to the LAA. Extensions will be granted to applicants when it is shown that housing is actively being sought or for other good cause (i.e. hospitalization, family emergencies, etc). If an extension is not requested or approved, then the slot will be re-assigned.

Revised 10/2006

Section 7
Household Definition and Unit Selection

Household Definition and Unit Selection

I Household Definition

A 'household' is all persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. In calculating annual household income, income from each member of the household is to be considered. (CPD – Community Development – Rules and Regulations – Policy Memoranda – Income Guidelines 12/2/03)

BRAP understands that there may be extenuating circumstances where persons want to share housing without combining financial activities. Requests to be considered as roommates instead of a household will be reviewed on a case-by-case basis and may be granted as a 504 ADA waiver if applicable.

II Household Composition

Upon application and entry into the BRAP program, all persons expected to reside in the household must be identified. At any time, changes in household composition must be reported to the LAA within 10 days of such change.



Household
Composition Form

III Live-in Aide

A live-in aide is a person who resides with an elderly, handicapped or disabled person who:

- Is determined essential to the care and well-being of the person **and**
- Is not obligated for the financial support of the person **and**
- Would not be living in the unit except to provide the necessary supportive services

The household must provide a licensed professional's certificate that the live-in aide is essential to the care or well-being of the tenant.

A relative may be a live-in aide but must meet all of the requirements listed above.

A live-in aide qualifies for occupancy only so long as the individual needs support services and may not qualify for continued occupancy as a remaining household member.

The income of a live-in aide is not counted as a part of the household income.

Effective 10//2006

IV Unit Size

The following factors will be considered in determining the unit size:

- Number of persons
- Relationship of persons
- Gender and age of persons
- Need to avoid overcrowding, maximize the use of space, and minimize the subsidy costs

Generally, no more than two persons are required to occupy a bedroom. Children may share a bedroom with a parent, if the parent so wishes. This decision is made by the parent.

- All children expected to reside in the unit must be counted (e.g. unborn children, children in the process of being adopted, children who are subject to a joint custody agreement and live in the unit at least 50% of the time) A copy of the custody agreement or other equivalent document must be retained in the tenant file.
- Live-in attendants, foster children, and children who are temporarily absent due to placement in a foster home are also counted when determining unit size
- Children who are away at school, who live with the family when school recesses, may be counted
- Adult children on active military duty and permanently institutionalized family members are not included in the bedroom count

The maximum number of bedrooms allowed are:

- 1BR for head of family/spouse/partner
- 1BR for every two children of the same gender (not including adult children of the family)
- 1BR for an only child
- 1BR for multi-generation member or other adult not covered in above bullets
- 1BR for approved live-in aides

A participant may request to be assigned a larger unit as a reasonable accommodation(See Section 19). Such requests must be made in writing to the LAA and approved by DHHS.

In all cases, local, state, or federal rules, regulations, or ordinance will take precedence over the above stated policies should a conflict arise.

Section 8

Income Information

VERIFICATION OF TENANT INCOME

All Income received by the tenant and any household members (See following pages, “Definition of Income”) must be verified by the Local Administrative Agency (LAA) prior to move in and at annual certification. All verifications must be documented in the tenant’s file. Two methods of verifications are acceptable. They are, in the order of acceptability:

- a. Written documentation by a verifiable third party
- b. Tenant certification or affidavit when third party verification is not possible

Verifications are valid for 90 days from the date of the verification. For interim re-certifications, only those factors that have changed must be re-verified.

Sample Release forms for Verification of Income can be found in Appendix 9.

DEFINITION OF INCOME

INCOME INCLUDES:

1. The gross amount of wages and salaries, overtime pay, commissions, fees, tips, bonuses, and other compensations for personal services of all household members.
 - a. Net income, salaries and other amounts distributed from a business.
2. The gross amount (before deductions for Medicare, etc.) of periodic social security payments. Includes payments received by adults on behalf of minors or by minors for their own support. Note: If Social Security is reducing a family's benefits to adjust for a prior overpayment, use the amount remaining after the adjustment.
 - a. Annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts.
 - b. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay.
3. Alimony and child support, as awarded as part of a divorce or separation agreement unless the tenant certifies the income is not being provided and tenant takes all reasonable legal actions to collect amounts due, including filing with appropriate courts or agency responsible for enforcing payment.
4. Interest, dividends and other income from net family assets (including income distributed from trust funds). On deeds of trust or mortgages, only the interest portion of the monthly payments received by the tenant is included.
5. Amount by which education grants, scholarships or Veterans Administration benefits are intended as a subsistence allowance to cover rent, utility costs, and board of a student living away from home.
6. Lottery winnings paid in periodic payments. (Winnings paid in a lump sum are included in net family assets – not in Income.)
7. Recurring monetary contributions or gifts regularly received from persons not living in the unit. (Includes rent or utility payments regularly paid on behalf of the tenant.)

INCOME DOES NOT INCLUDE:

1. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and workers' compensation) capital gains and settlement for personal or property losses.
2. Amounts received that are specifically for, or in the reimbursement of, the cost of medical expenses for tenant.
3. Deferred periodic payments of SSI or Social Security benefits regardless of when they were received.
4. Amounts of educational scholarships paid directly to the student or to an educational institution, and amount paid by the government to a veteran for use in meeting the costs of tuition, fees, books, equipment, materials, supplies, transportation and miscellaneous expenses of a student.
5. Special pay to Tenants serving in the Armed Forces who are exposed to hostile fire.
6. Amounts received by a disabled person that are disregarded for a limited time for purposes of supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
 - a. Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of pocket expenses incurred (special equipment, clothing, transportation, child care) and which are made solely to allow participation in a specific program.
7. Temporary, non-recurring or sporadic income (including gifts).
8. Income of a live-in aide.
9. Income from employment of children including foster children under the age of 18 years.
10. Amounts specifically excluded by Federal Statute:
 - a. Relocation payments made pursuant to Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
 - b. The value of the allotment provided to a person for Food Stamps.
 - c. Payments to volunteers under the Domestic Volunteer Act of 1973 (employment through VISTA, Retired Senior Volunteer Program, Foster Grandparent Program, youthful offenders incarceration alternatives senior companions).
 - d. Payments or allowances made under the Department of Health and Human Services' Low Income Home energy Assistance Program.
 - e. Payments received under programs funded whole or in part under the Job Training Partnership Act.
 - f. Payments received from programs funded under Title V of the Older Americans Act of 1965, including Older Americans Community Service Employment Program, Green Thumb and Senior Aides Program.
11. Income for households receiving payments for the care of adopted children to the extent the payments exceed \$480 per child per year.
12. All amounts of income received from student financial assistance.
13. Earned income by full-time students age 18 and older in excess of \$480 per year, with the exception being when the full-time student is the Head of Household or spouse.
14. Income earned from qualified employment training programs in which there are clearly defined goals and objectives, a limited period is determined in advanced, and it is clearly an employment training program.
15. Homecare payments paid by a state agency to families that have developmentally disabled children or adult family members living at home, rather than in an institution.
16. State rent credits and rebates for property taxes paid on a dwelling unit.
17. Payments received under the Holocaust Reparations Program.

Section 9
Fair Market Rent/Utility Allowance/Security Deposit

FAIR MARKET RENTS

All rental units subsidized by BRAP must fall within the Fair Market Rents (FMR). The FMR's are established by HUD and are updated on an annual basis. The FMR is the maximum allowable rent for a unit, including all utilities. DHHS expects the LAAs to be aggressive in negotiating the best rent. Securing the lowest possible rents will result in savings for the program and thus allow more people to be served by BRAP. Fair Market Rent schedules are published by HUD and are widely available from your local Public Housing Authority, administrative agent, or the Maine State Housing Authority. BRAP will allow for rents up to 110% of applicable FMR's provided the Local Public Housing Authority allows the same standard.

UTILITY ALLOWANCE

Local Administrative Agencies (LAA's) are encouraged to work with landlords to include the utilities in the rental amount. If a landlord is willing to include the utilities in the rental amount, the Utility Allowance is **\$0**. If, however, a landlord is not willing to do so, a Utility Allowance can be included in the rental calculations when determining Tenant Rent and Assistance Payment. Utility Allowances must be obtained from your jurisdictional local housing agency, Public Housing Authority, or the Maine State Housing Authority.

Either the tenant or the LAA may assume responsibility for the payment of the utility allowance to the respective utility company. It is the responsibility of the LAA to develop a written policy regarding this issue to ensure consistency with all BRAP recipients under the LAA's jurisdiction.

Once a tenant has selected an apartment, and the apartment has passed a certified HQS inspection and is within Fair Market Rent, the Rental Calculation Form must be completed.

Example:

- Round to the nearest whole dollar. For example at .49 cents and below round down to the nearest whole dollar, at .50 cents and above round up to the nearest whole dollar.
- Mary has selected an apartment that is \$400/month.
- Electricity is not included.
- Given her household size, the jurisdictional Utility Allowance is \$30 per month for electricity.
- The unit has an electric stove, giving an additional allowance of \$10. The total Utility Allowance in this case is \$40 (\$30.00+\$10.00).
- Her income is \$550 per month.
- The Total Tenant Rent (51% of her income) is \$281.00, therefore, her rent payment after the Utility Allowance is: \$241 (\$281.00-\$40.00).
- The Housing Assistance Payment (HAP) is \$159 (\$400.00-\$241.00).

***Note:** The gross rent (rent plus utility allowance) should be no greater than 110% of the Fair Market Rent for the unit size and location, provided that the unit rent is comparable to area rents and the local Public Housing Authority allows the same standard.*

SECURITY DEPOSIT

BRAP may pay the full security deposit on a unit. A security deposit will be issued to eligible participants who do not owe previous debt to any DHHS administered subsidy program upon entry.

If the Landlord does not return the Security Deposit paid by BRAP after tenant moves out due to some fault of the Tenant (i.e. damages, breaking the lease, unpaid rent), the participant is responsible for the repayment of the amount withheld. Transfers to another DHHS sponsored subsidy source and/or Section 8 requires repayment of Security Deposit and/or other charges, including but not limited to past due rent and damages.

No more than one security deposit may be outstanding to any participant at a given point in time.

Tenants will not be held responsible for the repayment of a security deposit if it is shown that is being unlawfully withheld. The LAA, with support from DHHS, must make all attempts to recover the security deposit from the landlord.

If a tenant is forced to move because a landlord will not make necessary HQS repairs then the LAA may issue another security deposit to help tenant make a smooth transition. This does not apply to deficiencies resulting from the action of the tenant.

Revised 10/2006

Section 10

Housing Quality Standards

HOUSING QUALITY STANDARDS

The U.S. Department of Housing and Urban Development (HUD) has developed Housing Quality Standards (HQS) that define the minimum health and safety regulations that must be met in order to PASS inspection.

INITIAL

An Inspection must be conducted by an HQS trained inspector or co-signed by an HQS trained inspector prior to a tenant moving into a unit. Assistance will not be provided for units that fail to meet the initial HQS.

Assistance will begin on the day the unit passes inspection or the day the tenant signs a lease (takes possession of the unit), whichever is later.

The condition of the unit must also be noted on the inspection form for purposes of determining normal wear-and-tear and damage after a tenant moves from the unit.

All inspections should be done with the landlord or management agent present.

The HQS long form 52580-A must be utilized on initial inspections (see below).



HQS 52580-a Long
Form

ANNUAL

Inspections must occur at least annually for all BRAP subsidized units. (Annual must be started within 365 days of the last inspection) If the unit fails the annual inspection landlord or tenant will be given 30 days to correct the deficiencies. Landlord, tenant and service providers will be given written notification of deficiencies and a re-inspection must be scheduled prior to the 30th day to check for compliance. If repairs have not been made HAP must be withheld from the landlord. If repairs have not been made by the 60th day following the inspection then the tenant must find another unit which meets HQS standards to continue on the program. See Section 6 for policy on extensions.

If there is an immediate health and safety violation the LAA may withhold rent prior to the 30 day deadline.

The HQS short form 52580 can be utilized on subsequent annual inspections (see copy this section). The short form should also be utilized for re-inspections resulting from referrals or requests made by persons including but not limited to: the BRAP recipient, landlord, case workers, ICM's, or other service and/or housing providers.



HQS 52580 Checklist

MOVE-OUT

A HQS inspection must be conducted after a tenant moves out of a unit to determine the condition of the unit. This will aid an agreement with the landlord about what is considered damage or what is considered to be normal wear and tear.



Sample Move out
Inspection

HQS forms expire periodically as HUD does updates. If the form below is expired please check HUDCLIPS (www.hudclips.org) for the most recent form.

Section 11

Lead Paint

LEAD PAINT POLICY

Overview

All households regardless of composition will be given the brochure “Protect Your Family from Lead in the Home” and be provided with the form “Disclosure on Lead-Based Paint” to complete with their landlord if the landlord has not already provided such form. (See Appendix 4)

Inspections

The Lead-Based Paint section of the HQS applies only to dwelling units occupied or to be occupied by families or households that have one or more children of less than 6 years of age, common areas servicing such dwelling units, and exterior painted surfaces associated with such dwelling units or common areas. Common areas servicing a dwelling unit include those areas through which residents pass to gain access to the unit and other areas frequented by resident children of less than 6 years of age, including on-site play areas and child care facilities. (24 CFR 35.1200)

All units as described above will be inspected for Lead-Based paint deterioration as defined in HQS form 52580-A. Procedures as written in section 1.9 of HQS form 52580-A will be followed for needed corrections.

Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

Please refer to 24 CFR 35.1200 and the “Interpretive Guidance, The HUD Regulation on Controlling Lead-Based Paint Hazards in Housing Receiving Federal Assistance and Federally owned housing being sold (24 CFR Part 35)” if further information is needed.

Staff Training

The following information must be reviewed whenever a new LAA staff is hired and/or whenever households with children ages six and under enter the BRAP program.

- Lead hazards are found not only in peeling paint but also in dust from window sashes and around door jambs, plumbing fixtures, water flowing from lead pipes, marine painted surfaces, costume jewelry, pottery and in residue on shoes or clothing of people who work with car radiators and batteries (see brochures).
- Lead dust, often found in window sashes, can be a greater hazard than peeling paint.
- Children in Maine households who are members of a “high risk population group” i.e., those that receive MaineCare, TANF, Head Start and/or WIC, receive routine screenings at 12 and 24 months. If not previously screened, children ages 36 to 72 months that are in a high-risk group will also be screened (see brochures provided by the Maine Childhood Lead Poisoning Prevention Program).

New Households

If the dwelling unit occupied or to be occupied by families or households will have or expect to have one or more children of less than 6 years of age:

- Inform the head(s) of household about lead hazards often present in housing in the State of Maine.
- Provide the subsidy recipient with “Protect Your Family from Lead In Your Home”
- Advise family to look for housing in buildings built after 1978 or housing that has been recently rehabilitated.
- Advise family to look for housing that is free from peeling, chipped paint not only inside the unit, but also in building common areas and outside where children will play.
- Pay particular attention when conducting initial and also annual HQS inspections in units that will be (or are) occupied by households with children ages six and under. LAA staff performing the HQS inspection must evaluate not only the interior of the unit, but also the exterior and common areas of the building, especially areas where children may play.
- Obtain copy of signed “Lead Disclosure Statement” from the Landlord to keep in the tenant file, both initially and at the annual re-certification. In accordance with Maine State Law, Landlords are required to provide tenants with the brochure “Protect your Family from Lead in Your Home”, and have them sign a lead disclosure statement.

If a child living in the unit becomes lead poisoned, as soon as a lead hazard is identified (at any point in the household’s tenancy) the LAA must ask the landlord to remedy the hazard within 30 days. If a reasonable effort is being made to remedy the hazard but it takes more than 30 days, the LAA has the discretion to stop the HAP until the unit meets HQS.

Children with Elevated Blood Levels

If a child living in a BRAP subsidized unit develops an elevated lead level, refer the family as directed in the information attached with this policy statement. In addition, the LAA must notify the Regional Housing Coordinator of lead hazard in the subsidized unit. It is the responsibility of the LAA to make sure that lead hazard deficiency is corrected by the landlord within 30 days so the unit comes back into compliance with HQS requirements or subsidy payment will be discontinued. Families that choose to stay in a failed unit will no longer be subsidized.

- The Maine Childhood Lead Poisoning Prevention Program receives the results of all blood lead screenings for children in the State of Maine

HUD has an extensive website with the history and regulations surrounding lead based paint. Please see website below.

[Welcome to the Office of Healthy Homes and Lead Hazard Control - HUD](http://www.hud.gov/offices/lead/)
(<http://www.hud.gov/offices/lead/>)

<http://www.epa.gov/lead/>

Effective 10/1/2006

Section 12

Rental Calculations

RENTAL CALCULATION & CERTIFICATION FORM

OVERVIEW

The Rent Calculation Form is used to determine the Tenant Rent, the BRAP Assistance, and the total dollar amount anticipated to be committed to an individual for a one-year period depending on available funding. Tenant Rent is calculated at fifty-one percent (51%) of a tenant's gross income. All income must be verified, as described in Section 5, "Income Verification."

Rent Calculation Forms are to be completed by the Local Administrative Agency *before* the tenant moves into an apartment. Rent Calculation Forms are also completed if the tenant has a change of income, moves into a different apartment, or the rent for the apartment changes. The Rent Calculation form must be reviewed and updated at least annually.

COMPLETING THE RENTAL CALCULATION & CERTIFICATION FORM

The Rental Calculation and Certification form should be kept in tenant files and be updated on a minimum of an annual basis. If, however, the tenant has a change of income of \$200 or more each month, then the **tenant is required** to contact the LAA to complete an Interim Re-certification or Rent Calculation Form to adjust for the change. **Failure to do so may result in the immediate suspension of BRAP payments.** Note: On Interim Re-certifications, only those factors that have changed must be verified.

COMPLETING THE RENTAL CALCULATIONS

ITEM 1. Effective Date of Certification Enter the date for which the new rent calculations are effective.

ITEM 2. Date Tenant Moved In Enter the day the tenant moved into the current apartment.

ITEM 3a. Action Processed Place a check next to the appropriate certification process being completed:

- Move In (MI) – The Tenant is moving into an apt. and receiving BRAP for the 1st time
- Annual Re-certification (AR) – The tenant has been in the Program one year and the financial information is being reviewed & updated.
- Interim (IR) – The Tenant has a change in income since the last report or the apartment rent paid to the landlord has changed (GR), or the tenant has transferred to a new unit within the same region.
- Transfer to New Region (TR) – The tenant has moved for one BRAP region to another and is continuing with the BRAP Program.

ITEM 3b. Date of Original Certification This date should remain static regardless of any action processed. This field refers to the initial date the tenant entered the program.

ITEM 4. Unit Size Circle the unit size.

ITEM 5a. Tenant Address List current address & telephone for tenant and landlord. The Tenant Address is the apartment being subsidized by BRAP funds.

ITEM 5b. Landlord Address List current address & telephone for landlord.

ITEM 6. Total Monthly Income: List the total gross MONTHLY INCOME for the entire household, as listed under INCOME on APPLICATION and verified by LAA. Note: If a tenant is required to utilize General Assistance as a condition of BRAP, the total monthly income (ITEM 6) should be the anticipated minimum SSI monthly payment. [This amount is attainable through the Social Security Administration and is adjusted each January.] The total tenant payment is ITEM 6 multiplied by 51%.

ITEM 7. Apartment Rent Per Month: The total amount the Landlord receives for rent, according to the HAP agreement.

ITEM 8. Utility Allowance: If landlord pays all utilities, enter 0. If tenant pays any utility bills for the current apartment, enter the amount of Utility Allowance as defined by either the Maine State Housing Authority or local Public Housing Authority, depending upon where the unit is located. (See Section 9, “Utility Allowances”)

ITEM 9. Total Rent: The Apartment Rent plus Utility Allowance, or Item 7 + Item 8. This amount should be *no greater than 110%* the Fair Market Rent for the unit size and location provided the unit rent is comparable to area rents and provided the local Public Housing Authority adopts the same standard.

ITEM 10. % Adjusted Charged: **51%**, as set by the DHHS.

ITEM 11. Total Tenant Payment: Total Monthly Income (Item 6) multiplied by 51%. Round to the nearest whole dollar. For example at .49 cents and below round down to the nearest whole dollar, at .50 cents and above round up to the nearest whole dollar.

ITEM 12. Tenant Rent: Total Tenant Payment less Utility allowance, or Item 11 minus Item 8.

ITEM 13. Assistance Payment: Enter Apartment Rent Per Month less Tenant Rent, or Item 7 minus Item 12.

ITEM 14. Date Next Annual Re-certification: One year from the date of the original certification effective on the 1st day of the month that the tenant moved in.

ITEM 15. Tenant Total HAP \$'s Committed: This item is to be completed with each rent calculation. List the monthly rental assistance or HAP for each tenant. List the initial Rent Up Costs the tenant requested and/or expended. Calculate the dollars expended to date for current admission if applicable. Multiply the monthly HAP by the number of months the client has been granted or has left in the program to get the Projected amount. Sum \$'s Expended and \$'s Projected to calculate 1yr total commitment for both Rent Up Costs and Rental Assistance Costs. Add the Total Rent Up Costs and the Total Rental Assistance Costs to determine the Tenant Total HAP \$'s Committed.

ITEM 16. Tenant Certification: Applicant should initial all applicable paragraphs. The tenant must sign the form and certify that the information presented is true and complete.

Revised 10/1/2006



Rental Calculation

Section 13
Tenant Responsibility Agreement

The Tenant Responsibility Agreement form must be completed during the initial certification and at the annual re-certification.



Tenant Responsibility



DHHS Subsidy
Appeals procedure

Section 14
Housing Assistance Payments

HOUSING ASSISTANCE PAYMENT CONTRACTS

The following Housing Assistance Payment Contract is an optional sample to be used at the discretion of the LAA. This contract helps to define the relationship between the LAA, the BRAP recipient, and the landlord, explaining the specific responsibilities of each.



BRAP HAP.doc

Section 15
Subsidy Portability

BRAP PORTABILITY

Assistance is committed to a recipient on a yearly basis dependent upon funding availability for a maximum of two years. The rental assistance subsidy is portable within the State of Maine.

The LAA in the region for which the tenant is transferring FROM (Originating LAA) must coordinate various issues with the LAA in the region for which tenant is moving TO (Receiving LAA).

In order to maintain accurate files and “track” a Transferred Tenant the following steps are necessary:

- 1) Tenant must be in good standing with the current landlord and LAA.
- 2) Originating LAA sends copy of tenant’s Application/Certification and Rent Calculation Form to the Receiving LAA for their records.
- 3) Originating LAA submits to the CAA a BRAP Monthly Request, noting the Transfer (TR) has taken place and when it occurred.
- 4) Receiving LAA submits to the CAA a BRAP Monthly Request, noting the Transfer (TR) has taken place and when it occurred. A copy of the Rent Calculation Form with Transfer information is attached to the BRAP Monthly Request.
- 5) The CAA will also include BRAP Transfers from one region to another on the report to DHHS by Region.
- 6) If a transferred tenant leaves the Program for any reason, and there are unspent funds committed for the tenant, the unspent Balance Remaining will return to the Statewide Allocation.

Revised 10/2006

Section 16
Housing Assistance Payment Monthly Request Information

MONTHLY REQUEST FORM

The Monthly Request Form is used by a Local Administrative Agency (LAA) to make funding requests to the CAA, Shalom House, Inc. The request may be for rental assistance, rent-up expenses, and written directives from the Housing Director of DHHS, and should include any adjustments for previous months.

LAA's need to send the Request Form to Shalom House, Inc. by the 10th of the month preceding the month for which funding is requested. This will help to ensure that payments get to the LAA's by the 1st of the month for rent payments. For example, Shalom House, Inc. must receive the Rental subsidy Request Form by June 10th for July Rental Assistance.

When submitting the Monthly Request to Shalom House, Inc. make sure to send with it the following in alphabetical order:

- All Applications for New BRAP Participants including verification documents
- All Rental Calculation Forms for New BRAP Participants and verification documentation
- All Household Composition form (new and updated)
- All Waivers relating to that Month
- All Re-certifications or Rental Calculation updates and verification documentation
- All HQS cover sheets and summary pages
- All DHHS/Shalom/LAA release of information forms
- All Termination Forms

Revised 10/2006

COMPLETING THE MONTHLY REQUEST FORM

REQUEST FOR MONTH: Enter the month for which the request for funding is being made. The CAA needs to receive this request by the 10th of the month preceding the month for which funding is requested.

SECTION I

All current tenants should be reported in alphabetical order in Section I. Please list under TENANT NAME all tenants for which you are requesting BRAP funds for the month listed above. For each tenant, list the Monthly Apartment Rent, Monthly Tenant Rent, Monthly BRAP Housing Assistance Payment (HAP). List all applicable entry status codes. Remember: Apartment Rent= Tenant Rent + BRAP HAP. After all current tenant information is listed, add the individual BRAP HAPs and enter the total on the SUBTOTAL line. See entry status codes below:

Entry Codes:

- N= applicant in non class member
- C= applicant class member
- W= applicant has a waiver
- 1= applicant is leaving an institution or private psychiatric hospital within the last 6 months
- 2= applicant is homeless as defined by HUD
- 3= applicant is living in substandard housing
- 4= applicant is moving from a community residential program

Waiver Codes:

- 1= applicant has been on the program in excess of 24 month maximum
- 2= applicant is using General Assistance or income other than SSI/SSDI
- 3= applicant is a class member with no priority rating
- 4= applicant is not a Section 8 waitlist because the lists in their area are closed
- 9= other

SECTION II

Any adjustments eligible for G&A requests made during the previous month(s) should be listed in Section II. Please list the names of the tenants for which there were adjustments and the month the change was effective. For each tenant, list the appropriate Change Code, Date of the Change, and the HAP ADJUSTMENTS and list the total on the SUBTOTAL line. The Codes to be listed are as follows:

- | | |
|-------------------------------|--|
| MI - Tenant Move In | MO – Tenant Move Out |
| AR - Annual Re-certification | TR – Tenant Transferred to/from
a different LAA |
| IR – Interim Re-certification | |
| TM- Termination | |

An administrative fee should be calculated for the following types of adjustments:

- | | |
|-----------------|--|
| MI-move-in | MO-move out |
| TM- Termination | TR- Tenant Transferred to/from a different LAA |

Administrative fees may be claimed for only the number of actual days the tenant received subsidy assistance from the administrating LAA. A partial month's administrative fee is based upon \$1 per day, calculated on a 30- day month.

For example, if a tenant moves in to a unit on the 15th day of the month, the appropriate administrative fee would be \$15, regardless of whether it is a 28- or 31-day month.

If the LAA terminates subsidy for a unit on the 15th day of the month, the LAA must return the pro-rated administrative fee of \$1 per day, or \$15- in this example.

SECTION III

All Security Deposits and other-than-usual expenses should be listed in this Section. Subtotal this section.

SECTION IV

Returned security deposits, loan payments, payment plans, and other non-eligible G&A requests should be listed in this Section. List the names of associated individuals and applicable amount. Total the Section. The form must be signed and dated.

SUBTOTAL SECTIONS I, II, III, and IV

Add Section I, II, III, IV

ADMINISTRATIVE FEE

The LAA may take an administrative fee of \$30 per occupied unit, per month. Administrative fees may be claimed for only the number of actual days the tenant received subsidy assistance from the LAA. A partial month's administrative fee is based upon \$1 per day, calculated on a 30- day month, regardless of whether it is a 28- or 31-day month.

TOTAL REQUEST

Add the administrative fee to the Subtotal of Sections I, II, and III

Submit Monthly Requests electronically to:

Melany Mondello, Grant Coordinator (mmondello@shalomhouseinc.org)

SHALOM HOUSE, INC.
PO BOX 560
PORTLAND, ME 04112



"BRAP Monthly
Request Form 7-05 tr

Section 17
Annual and Interim Re-Certifications

ANNUAL RE-CERTIFICATIONS

All BRAPtenants must be reviewed and re-certified for BRAP assistance annually. The re-certification date for an annual certification is one year from the original certification date, effective the first day of the month that the tenant began receiving BRAP assistance. For example if the tenant was admitted October 11, 2005 then the re-certification effective date is October 1, 2006. When processing re-certifications, the LAA needs to complete re-certification in a timely and efficient manner. The steps are as follows:

- I. 1st Notice - send 90 days in advance of the re-certification anniversary date. The notice must state that the tenant has until the 10th of the month preceding the anniversary date to contact the office to begin re-certification. (See Appendix 11, Sample Letter)
- II. 2nd Notice – send approximately 30 days after the previous notice to tenants who have not responded. Content is the same as the 1st notice in addition to stating that if the tenant does not respond by the 10th of the month preceding the anniversary date, the owner may suspend assistance payments on the re-certification date. (See Appendix 12, Sample Letter)
- III. 3rd Notice/Notice of Intent to Terminate –is give on the first of the month preceding the anniversary date to tenants who have not yet responded. The Notice must state that the tenant has 10 days to re-certify. If the tenant does not respond within those ten days, assistance may be suspended or terminated, and the rent may be increased to market effective on the re-certification anniversary date, with no 30-day notice of increase. (See Appendix 13, Sample Letter)
- IV. Meet with the tenant and obtain information on their current income.
- V. Verify all information in writing, via third party or tenant affidavit.
- VI. Calculate tenant’s rent and assistance payment by completing the *RENT CALCULATION FORM*. (See Section 12, Rental Calculations)
- VII. Provide written notice to tenant of any change in rent, giving at least 30 days notice for rent increases unless the tenant is late in responding to re-certification notices. (See Chart)
- viii. Perform an annual inspection of the unit to ensure HQS compliance. (See Section 10, Housing Quality Standards)
- IX. If LAA and tenant both comply with requirements, changes in tenant rent and assistance payment are both effective on the anniversary date.
- X. Send a HAP Amendment to the landlord, tenant and applicable providers. (See Appendix 14, HAP Amendment)

LAA LATE

If the LAA is late in completing the re-certification, a thirty-day notice of any rent increase must be given, regardless of the anniversary date. For rent decreases, the LAA must apply the change retroactively to the anniversary date. (See Chart)

TENANT LATE

Tenants who respond after the cut-off date in the 3rd Notice may have their assistance suspended or terminated as of the scheduled effective date.

If the tenant complies with the re-certification requirements after the 10 day period stated in the 3rd Notice, but before the anniversary date, the tenant is considered late but may be re-certified effective retroactively to the anniversary date.

Tenants who respond after the 10th of the month preceding the anniversary date but before the anniversary itself should be asked why there was a late response. If there are extenuating circumstances such as hospitalization or

family emergency which prevented the re-certification then the assistance may not be suspended. The new tenant rent is effective on the date noted in the 30-day notice.

If the LAA denies extenuation circumstances, then no 30-day notice is required and the new tenant rent amount is due on the anniversary date. The tenant must be informed in writing of the decision and their right to appeal through the DHHS Housing Appeals Procedure. (See Chart)

EFFECTIVE DATES FOR INCREASE AND DECREASE IN TENANT RENTS AND ASSISTANCE PAYMENT AT RECERTIFICATION

	<u>LAA and Tenant Are Both On Time</u>	<u>LAA and/or Third Party Are Late</u>	<u>Tenant Responds After Final Notice</u>
Tenant Rent Increase	Recertification Anniversary Date	After 30 Days Notice	Recertification Anniversary Date
Assistance Payment Decrease	Recertification Anniversary Date	Recertification Anniversary Date	Recertification Anniversary Date
Tenant Rent Decrease	Recertification Anniversary Date	Recertification Anniversary Date	Recertification Anniversary Date
Assistance Payment Increase	Recertification Anniversary Date	Recertification Anniversary Date	Recertification Anniversary Date

INTERIM RECERTIFICATIONS

A tenant may be terminated if an increase in income is not reported or if a decrease in income was caused by a deliberate action of the tenant to avoid paying rent.

Tenants are required to report any income changes within 10 days from the date of such change. The LAA must process an interim adjustment when the income increase is \$200 or more per month. The LAA may refuse to process an interim re-certification only when the LAA receives confirmation that the decrease/increase will last two months or less. The LAA must process all requests for decrease in household income regardless of amount.

The steps in processing interim adjustments:

- 1) Meet with tenant to obtain new information on income.
- 2) Verify only those factors that have changed.
- 3) Complete a new *RENT CALCULATION FORM*.
- 4) Send HAP Amendment to the tenant, landlord (indicating the tenant and HAP rent changes), payee (if applicable), Community Support Worker or ICM (if applicable) of rent or assistance payment changes and their effective date:
 - For rent increases: first day of the month following required 30-day notice.
 - For rent decreases: first day of the month following the date of the change.(See Appendix 14, HAP Amendment)

TENANT FAILURE TO COMPLY

Procedures for Tenants who Fail to Meet Recertification Requirements:

- 1) Tenant may be immediately terminated from BRAP; OR
- 2) Tenant may be given the opportunity to retroactively repay his/her portion of the rent to the LAA in lieu of immediate termination. For example:
 - a. 50% of account balance paid. The remaining balance must be paid over a term not to exceed 12 months with a documented payment plan; or
 - b. Establishment of a Representative Payee and a documented payment plan not to exceed 12 months; or
 - c. Issue has been adjudicated through the BRAP Appeals or DHHS Grievance Process.

Revised 10/1/2006

Section 18
Subsidy Termination

Termination

Rental Assistance may be terminated if a participant violates conditions of occupancy. Program regulations recommend however that the LAA exercise judgment and take into consideration extenuating circumstances so that participants are only terminated for the most serious rule violations and or multiple minor violations.

If termination is necessary, the LAA must provide a 30-day written notice to the landlord and client, containing a clear statement regarding the reason for termination and an opportunity for appeal. If an individual chooses to appeal, assistance must continue through the entire appeals procedure. (See Appendix 8, Termination Letter)

A termination form must be completed for each participant leaving the program. Ideally, this form is done within 30 days of the participant's exit.



Termination form

Revised 10/2006

Section 20

Reasonable Accommodations

REASONABLE ACCOMODATION

Section 504 of the Fair Housing Act enables individuals with disabilities the ability to request a “reasonable accommodation” in rules, polices, practices or services in order to participate fully in a program.

Requests must be submitted in writing to the CAA and will be forwarded to the Director of Housing at DHHS for decision.

A written request for a reasonable accommodation must include reliable disability related information that:

- Verifies that the individual has a disability that falls under the Fair Housing Act and
- Describes the needed accommodation and
- Shows an identifiable relationship between the requested accommodation and the individual’s disability

Depending upon the circumstance this information may be provided by the individual him or herself, a doctor or medical professional, a peer support group, a social service provider, or a reliable third party.

DHHS may refuse to provide a requested accommodation if providing the accommodation would constitute an undue financial and administrative burden or fundamental alteration of the providers’ housing program.

Section 20 Appendices

APPENDIX 1
MaineCare Benefits Manual



"Chapter 17
Final.pdf"

APPENDIX 2

Homeless Definition

The BRAP program specifically targets **homeless persons** who:

- Are sleeping in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned or condemned buildings; or are sleeping in emergency shelters.

[This may include persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a hospital or other institution.]

The BRAP program also recognizes others **considered homeless** if they:

- Are graduating from transitional housing specifically for homeless persons;
- Are being evicted within the week from private dwelling units and
 - (1) no subsequent residences have been identified; and
 - (2) they lack the resources and support networks needed to obtain access to housing;
- Are persons being discharged within the week from institutions in which they have been residents for more than 30 consecutive days; and
 - (1) no subsequent residences have been identified; and
 - (2) they lack the resources and support networks needed to obtain access to housing.

Note: Not all persons being evicted from private dwelling units or all persons being discharged from institutions are homeless. Persons are eligible only if they have no subsequent residence identified and lack the resources and support networks needed to access housing.

In summary, a person is homeless if, without the BRAP assistance, they would have to spend the night in a homeless shelter or in a place not meant for human habitation.

APPENDIX 3

Substandard Housing

Substandard Housing Definition:

- Dilapidated;
- Does not have operable indoor plumbing;
- Should, but does not, have a usable flush toilet inside the unit for the exclusive use of the family;
- Should, but does not, have a usable bath tub or shower inside the unit for the exclusive use of the family;
- Does not have electricity, or has inadequate or unsafe electrical service;
- Does not have a safe or adequate source of heat;
- Should but does not have a kitchen; and/or
- Has been declared unfit for habitation by an agency or unit of government

APPENDIX 4

Sample Approval Letter

[LAA Letterhead]

[Date]

[Applicant Name]

[Applicant Address]

Dear [Applicant Name]

Thank you for your recent application for the Bridging Rental Assistance Program (BRAP). Your application for rental subsidy was reviewed on [date] and you appear to be eligible. Please contact this office by mail or call at ###-#### to discuss the next step in the process.

If after 60 days from the date of this letter no written extension has been requested by you and approved by this office, you must re-apply for assistance.

If you have any questions regarding this notification please do not hesitate to call me at ###-####.

Sincerely,

[signed name and date]

[printed name, title]

Revised 112003

**APPENDIX 5
SAMPLE DENIAL LETTER**

[LAA Letterhead]

[Date]

[Applicant Name]

[Applicant Address]

Dear [Applicant Name]

Thank you for your application dated _____ for the Bridging Rental Assistance Program (BRAP). Your application for rental subsidy was reviewed on [date] and has been denied. The reason for denial is [insert reason—be specific and brief, ie. eligibility criteria/priorities]

You have the right to appeal this decision. Should you choose to appeal this decision, you must follow the BRAP Appeals Process (on the reverse side of this notice). Address the written appeal within 10 working days from the date of this letter to:

*Name of designated person in your agency other than
person (or subordinate of the person) who made the denial decision
Address*

A formal written response from this agency to your appeal must be made to you in writing within ten (10) working days from the date of receipt of your letter.

If you have any questions regarding this notification please do not hesitate to call me at ###-####.

Sincerely,

[signed name and date]

[printed name, title]

Revised 082003

APPENDIX 6
SAMPLE TERMINATION LETTER

[LAA Letterhead]
Certified Mail

[Date]

[Tenant Name]
[Tenant Address]

Dear [Tenant Name]:

We are writing you today to inform you that your Bridging Rental Assistance Program (BRAP) subsidy is being terminated effective _____. The reason for subsidy termination is:

- You have vacated your apartment without proper notice
- You have not responded for requests for information for _____
- You no longer meet the eligibility criteria because _____
- You have failed to make your payments as scheduled
- Other: [insert reason—be specific and brief: also, insert specific violation of lease and/or tenant responsibility agreement here]

As a result of this termination your current balance due to the BRAP program is \$_____, in addition to any other charges (example: damages and/or security deposit) incurred after this date. This balance will be reported to the State of Maine, Behavioral & Developmental Services and its Administering Agents.

You have the right to appeal this decision. Should you choose to appeal this decision, you must follow the BRAP Appeals Process (on the reverse side of this notice). Address the written appeal within 10 working days from the date of this letter to:

*Name of designated person in your agency other than
person (or subordinate of the person) who made the denial decision
Address*

A formal written response from this agency to your appeal must be made to you in writing within ten (10) working days from the date of receipt of your letter. During the appeal process your subsidy will be continued. If the appeal decision is not in your favor you will be responsible for repayment of any previous monies owed plus all monies incurred during the appeal process.

If you have any questions regarding this notification please do not hesitate to call me at ###-####.

Sincerely,

[signed name and date]
[printed name, title]
cc: Landlord

Revised 082003

Appendix 7
Sample Inspection Letter

[Date]

[Landlord and/or Managing Agent Name]

[Landlord and/or Managing Agent Address]

Dear [Landlord and/or Managing Agent]

A Housing Quality Standard inspection was completed recently on the apartment located at [Address] where [Applicant Name] would like to reside. This inspection was conducted to determine if the unit meets the minimum standards established by the U.S. Department of Housing & Urban Development. These standards have been established to ensure that tenants who receive assistance are living in housing that is decent, and sanitary.

The inspection indicates that the unit [does/does not] meet these standards. I have enclosed a copy of the inspection for your records [and I have highlighted items that require correction. I will perform an inspection in thirty-days to ensure that necessary repairs have been completed].

Remedy of the deficiencies will continue the contract and non-action will result in termination of the unit from the subsidy program. If these repairs have not been made the HAP portion of the rent for this unit will be withheld.

If you should have any questions, please do not hesitate to contact me at ###-####.

Sincerely,

[signed name and date]

[printed name, title]

Revised 10/2006

APPENDIX 8
EPA Pamphlet
PROTECT YOUR FAMILY FROM LEAD IN THE HOME



Adobe Acrobat
Document

**APPENDIX 9
SAMPLE RELEASE OF INFORMATION**

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize release of personal identified information, regarding the person named below, within the following specified limits:

1) Name: _____ SSN: _____ DOB: _____

2) Specific information to be released: _____

3) The purpose for which the information is to be released: _____

4) Organization/Address/Person to which this information is to be released:

5) Organization/Address/Person releasing the information:

6) I wish to review this information before it is released: (*Initial one of these*) Yes _____ No _____

7) The benefits, risks, and consequences of the alternatives in releasing or not releasing this information have been explained to me: (*Initial one of these*) Yes _____ No _____

8) If this released information contains any reference to any of the following, the release of that information is/is not authorized by my initials:

HIV Yes _____ AIDS Yes _____ STDs Yes _____ TB Yes _____
No _____ No _____ No _____ No _____

9) Unless otherwise specified below, this authorization will expire in ninety (90) days.
Date this authorization will expire: _____

10) I understand that I may revoke this authorization in writing at any time.

****This information may not be further disclosed by the receiving person or organization
without my authorization.****

Authorization for Release of Above Information: (In order to be valid, this authorization must have the proper accompanying advisories and State and Federal citations on the reverse side of this page.)

Printed Name Of Person Authorizing Release

Relationship

Signature/Mark of Person Authorizing Release

Date

Witness (if Mark/Stamp): Printed Name

Witness Signature

Revocation of Release:

Signature (or mark & signature of witnessing person)

Date

Advisories:

- You may refuse to sign the authorization to disclose some or all of your health care information, but you should be aware that refusal may result in improper diagnosis or treatment, denial of coverage or a claim for health benefits, or other insurance or other adverse consequences.
- You may revoke this authorization at any time by a written revocation and by delivering it to the person or organization holding the release of information authorization. However, this revocation is subject to the right of any person who acted in reliance on the authorization prior to receiving notice of revocation.
- You are entitled to a copy of this authorization form.

For Persons/Organizations Receiving Substance Abuse Information:

This information has been disclosed to you from records protected by Federal confidentiality rules (*42 CFR Part 2*). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by *42 CFR Part 2*. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

(52 FR 21809, June 9, 1987; 52 FR 41997, November 2, 1987)

For Persons/Organizations Receiving Mental Health Information:

This information has been disclosed to you from records protected by State confidentiality laws (*34-B M.R.S.A. Section 1207; Rights of Recipients of Mental Health Services*). This information remains confidential and should not be disclosed any further except as expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by law.

APPENDIX 10
SAMPLE BRAP INITIAL CERTIFICATION GUIDE

This checklist is available for use as a guide for Local Administrative Agencies to ensure that the following verifications and necessary documents are included in the initial certification:

- Rental Subsidy Referral Form, if applicable
- BRAP Application & Tenant Certification
- Verification of Mental Health Diagnosis
 - Applicant is Eligible For Care for Community Support Services as determined by a Designated Community Support Provider (17.01-7)— an agency that is licensed by the Department of Behavioral and Development Services, holds a valid contract with that Department, and has received a rate-setting letter from that Department to provide community support services to persons eligible for covered services under Section 17.02; **OR**
 - Applicant is actively receiving Community Support Services from a Designated Community Support Provider-- as defined above. Name of Case Manager and agency _____; **OR**
 - Applicant has been determined otherwise eligible by the DHHS Adult Mental Health Team Leader and/or DHHS Utilization Review Nurse and/or DHHS Medical Director. Name of DHHS Designated Representative and Credentials _____
- Verification of Application with Federally Subsidized Housing Program
 - Signed Release of Information for PHA/Management Agency/Program
- Household Composition Form
- Verification of Income for all Household Members
 - Signed Releases of Information for all Income Sources Applicable to Household
- Statement of No Income, if applicable
 - Verification of Application for SSD/SSI Benefits
 - Verification of General Assistance Eligibility
- Determination of Eligibility Letter
- Waiver, if applicable
- HQS Inspection
- Rental Calculation and Certification Form
- Housing Assistance Payments Contract
- BRAP Appeals and/or DHHS Grievance Procedure—if requested
- BRAP Tenant Responsibility Agreement

APPENDIX 11
SAMPLE 1st ANNUAL CERTIFICATION NOTICE

Date

Tenant Name
Tenant Address
Tenant Address

Dear Tenant:

The Bridging Rental Assistance Program (BRAP) requires that all recipients of subsidy have their household certified for eligibility on an annual basis. We are required to verify relevant information so that tenant rents and assistance payments (if applicable) may be recomputed.

Your re-certification must be completed by the 10th of the month preceding your annual date. This means we must hear from you by _____. (Insert date)

To complete our review of your household income and family composition, you must supply me with the requested information checked below:

- Receipts or stubs for employment, unemployment, social security, supplemental security income, alimony/child support payments, etc.
- Information regarding savings and checking accounts, trusts, certificates of deposits, stocks/bonds, retirement/investment accounts, etc.

Please call me at (207) ###-#### to schedule an appointment as soon as possible. Failure to comply with this request may result in termination of your subsidy payments.

Sincerely,

Your name
Your Address

Cc: [applicable parties as permitted by releases of information]

APPENDIX 12
SAMPLE 2nd ANNUAL CERTIFICATION NOTICE

Date

Tenant Name
Tenant Address
Tenant Address

Dear Tenant:

The Bridging Rental Assistance Program (BRAP) requires that all recipients of subsidy have their household certified for eligibility on an annual basis. We are required to verify relevant information so that tenant rents and assistance payments (if applicable) may be recomputed.

Your re-certification must be completed by the 10th of the month preceding your annual date. This means we must hear from you by _____. (Insert date)

If we do not hear from your by the date stated above we may stop your payments effective _____.(anniversary date)

To complete our review of your household income and family composition, you must supply me with the requested information checked below:

- Receipts or stubs for employment, unemployment, social security, supplemental security income, alimony/child support payments, etc.
- Information regarding savings and checking accounts, trusts, certificates of deposits, stocks/bonds, retirement/investment accounts, etc.

Please call me at (207) ###-#### to schedule an appointment as soon as possible. Failure to comply with this request may result in termination of your subsidy payments.

Sincerely,

Your name
Your Address

Cc: [applicable parties as permitted by releases of information]

APPENDIX 13
SAMPLE 3rd ANNUAL CERTIFICATION NOTICE

Date

Tenant Name
Tenant Address
Tenant Address

Dear Tenant:

The Bridging Rental Assistance Program (BRAP) requires that all recipients of subsidy have their household certified for eligibility on an annual basis. We are required to verify relevant information so that tenant rents and assistance payments (if applicable) may be recomputed.

You have ten (10) days from the date of this letter to re-certify.

If we do not hear from your by the date stated above we may stop your payments or terminate you from the program effective _____.(anniversary date)

To complete our review of your household income and family composition, you must supply me with the requested information checked below:

- Receipts or stubs for employment, unemployment, social security, supplemental security income, alimony/child support payments, etc.
- Information regarding savings and checking accounts, trusts, certificates of deposits, stocks/bonds, retirement/investment accounts, etc.

Please call me at (207) ###-#### to schedule an appointment as soon as possible. Failure to comply with this request may result in termination of your subsidy payments.

Sincerely,

Your name
Your Address

Cc: [applicable parties as permitted by releases of information]

APPENDIX 14
HAP AMENDMENT LETTER



HAP Amendment
Letter

APPENDIX 15
Sample Move-Out Letter

Date

Address

Dear _____:

It has come to our attention that you are no longer living in the apartment we were subsidizing for you under the Bridging Rental Assistance Program. Since you left your apartment, you will need to contact _____ to remain eligible for BRAP assistance. You will have 30 days from _____, the date we became aware you left the unit, to contact us and find another apartment.

If we do not hear from you within 30-days, your BRAP subsidy will be terminated on _____ and you will have to reapply for the service in the future.

If the Security Deposit for _____ was retained by the landlord due to not giving 30 days notice, breaking the lease, damages, or unpaid rent, you will not be eligible for another Security Deposit. You will also be required to repay Shalom House for the lost Security Deposit and/or damages to _____.

Please call _____ your BRAP Housing Specialist immediately, at _____.

Sincerely,

Housing Specialist

cc: caseworker

Appendix 16
Wait List Notification
[LAA Letterhead]

[Date]

[Applicant Name]
[Applicant Address]

Dear [Applicant Name]

Thank you for your recent application for the Bridging Rental Assistance Program (BRAP). Your application for rental subsidy was reviewed on [date] and you appear to be eligible at this time.

However, due to a lack of funding in this statewide program, we must place your name on a wait list for this program.

What happens now?

- Your name will go on a statewide waiting list and as soon as a resource is available we will contact you.
- We periodically update our wait list information and will contact you in writing to help determine your continued interest in the program.
- It is important for you to respond to update letter(s) in writing and to provide us with any change of address and information requested so that we know whether or not you still need BRAP resources. If you do not respond to requests for information within 10 business days from the date of our letter(s), your name will be removed from the waiting list.
- When we are able to serve you, we will contact you and anyone else you have approved by phone (if we have your number) and in writing (to the most recent address on file that you have provided).
- At that time, we will talk with you to determine if you are still eligible for the BRAP program.

You have the right to appeal this decision. Should you choose to appeal this decision, you must follow the appeal process on the back of this page.

If you have any questions regarding this notification please do not hesitate to call me at ###-####.

Sincerely,
[signed name and date]
[printed name, title]

Appendix 17
Waitlist Update letter

[LAA Letterhead]

[Date]

[Applicant Name]

[Applicant Address]

Dear [Applicant Name]

We are currently updating our files. If you are still interested in remaining on the Bridging Rental Assistance (BRAP) statewide waiting list, please complete and return the bottom portion of this letter. It must be returned to our office within 10 days from the date of this letter, on _____, or your name will be removed from the waiting list. Return or deliver to:

Name of individual at your LAA

Street address

City, State, Zip

If you have any questions or concerns please do not hesitate to call me at ###-###-####.

Thank you,

Name of individual completing this form

_____ Keep my name on the waiting list

_____ I am no longer interested in the program and want my name taken off the waiting list

Please complete the following:

Your Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____