

MHDC COMMUNITY PROGRAMS EVICTION RELIEF ELIGIBILITY FORM

*Head of Household Name (First, Last): _____

*Head of Household Social Security Number (Last 4 digits): _____

*Agency Name: _____

*Agency Representative Name (First, Last): _____

This form is to certify the Eviction Relief eligibility for the above named individual's household:

- All information must be completed and assessed by the agency representative to confirm household eligibility for direct assistance benefits.
- If household is determined eligible, this form **must** be signed by both the Head of Household (HoH) and agency representative and be included in the client's on-site file, along with all required supporting documentation before any payment can be made on the client's behalf.
- If client is determined ineligible for Eviction Relief, but meets all other eligibility requirements (CP-101) they may still receive Housing Stability Services as outlined in the HSED Desk Guide.

Household Eligibility

* Indicates a required field.

Before an Eviction Relief payment can be made on behalf of the household, an Agency Representative must ensure eligibility in accordance with the HSED Desk Guide and U.S. Treasury Guidance. **Eviction Relief payments cannot be made directly to clients under any circumstances.** The following must be included and verified in the on-site client file:

***Include in All Eviction Relief Files:**

- HoH Government Issued ID. If Government Issued ID is not available, detailed notes of the staff member's attempt to obtain this requirement must be detailed in the client's case notes.
- HSED Eligibility Form (CP-101) signed by the Head of Household (HoH). AMI Eligibility must be verified by an Agency Representative;
- HSED Consent Form (CP-102) signed by the Head of Household;
- HSED Eviction Relief Eligibility Form (CP-112) signed by Head of Household and verified/signed by Agency Representative.
- Clearinghouse Eligibility verified by an Agency Representative.
- Detailed case notes of services provided.

***Rental Judgement Eligibility:**

- If HoH is experiencing an **active eviction**;
 - Copy of eviction filings from the corresponding court (dated after March 13, 2020) and;
 - Copy of ledger from landlord/property manager showing the months of assistance included in the judgement and total balance due and;
- If HoH experienced a **prior eviction**;
 - Copy of judgement from the corresponding court (dated after March 13, 2020) and;
 - Copy of ledger from landlord/property manager showing the months of assistance included in the judgement and total balance due and;
- Proof of cleared payment (not to exceed \$15,000) as listed in the HSED Desk Guide.

***Forward Rent Eligibility:**

Please see the Forward Rent Eligibility certification on page 5.

***Security Deposit Eligibility:**

- Landlord/owner W-9;

- Proof of Ownership of Landlord/Property Manager;
 - Copy of mortgage bill, homeowner’s insurance policy, or property tax statement.
- Fully Executed Lease Agreement that includes:
 - Landlord’s name, address and phone number
 - Address of rental property
 - Amount of monthly rent and security deposit
 - Rent due date and grace period (if any)
 - Term of lease (must be at least 6 months)
 - Signed by both landlord and tenant.
- Proof of prior eviction (see Rental Judgement Eligibility)
- Proof of cleared payment to landlord as listed in the HSED Desk Guide.

***Utility Arrears Eligibility:**

- Copy of utility bill including:
 - Tenant name and subject property address
 - Billing Date
 - Billing/payment history to ensure months of assistance
 - Total delinquent amount
- Proof of prior eviction (see Rental Judgement Eligibility)
- Proof of cleared payment to landlord as listed in the HSED Desk Guide.

It is the responsibility of the Agency to verify the eligibility of each household requesting Eviction Relief Assistance before payment is made. Failure to meet the above documentation/eligibility requirements may result in a re-capture of funds.

***Agency Certification:**

I certify, under penalty of perjury, that I have verified the Eviction Relief eligibility of this household, and that all required documentation is included in the household file. I understand that a failure to comply with these requirements may result in automatic household ineligibility and a re-capture of funds by MHDC.

*Agency Representative Name

*Date

*Agency Representative Signature

***Household Certification:**

I certify, under penalty of perjury, that all of the information provided in this certification is true and correct. I understand that failure to provide accurate information may result in automatic household ineligibility and a re-capture of funds by MHDC.

*Head of Household Name

*Date

*Head of Household Signature

** indicates a required field*

***Head of Household (HoH) Information:**

*** Current Address:**

_____ (Street)

_____ (City/State) _____ (County) _____ (Zip Code)

Address of Assistance Request:

**(if different than Current Address)*

_____ (Street)

_____ (City/State) _____ (County) _____ (Zip Code)

*** HoH Gender:**

Male Female Trans. Male Trans. Female Gender Non-Conforming

*** HoH Ethnicity:**

Not Hispanic/Latino Mexican Mexican American Chicano
 Puerto Rican Cuban Another Hispanic/Latino/Spanish Origin Did Not Disclose

***Race:**

White/Caucasian Black/African American American Indian/Alaskan Native Asian
 Pacific Islander/Native Hawaiian Other Did Not Disclose

***Income Range:**

(As verified on CP-101)

0-30% 30-50% 50-80%

***HoH Contact Information:**

_____ (Cell Phone)

_____ (Work Phone)

_____ (Email)

***Assistance Request Information:**

***Type of Financial Assistance Requested** *(Select all that apply)*

Rental Judgement Forward Rent Security Deposit Utility Arrears (up to 6 months)

***Amount of Financial Assistance Requested**

Rental Judgement:	\$ _____	Months of Assistance:	_____
Forward Rent 1:	\$ _____	Months of Assistance:	_____
		<i>(3 months)</i>	
Forward Rent 2:	\$ _____	Months of Assistance:	_____
		<i>(3 months)</i>	
Security Deposit:	\$ _____	Months of Assistance:	_____
		<i>(1 month)</i>	
Utility Arrears:	\$ _____	Months of Assistance:	_____

** indicates a required field*

***Forward Rent Eligibility Checklist:**

Agency Representative must complete this section for each instance of Forward Rent provided. Forward Rent can be provided in 3 month increments, up to a total of 6 months if the client attests to ongoing hardship via CP-101 and will not exceed the maximum benefit of 18 months of total assistance, verified through the MHDC Clearing House.

The following must be verified and completed before providing Forward Rent payments. All documentation must be stored on-site in the client's file:

- Updated CP-116 Clearing House Verification Tool:** Updated to include the additional months of assistance (client must remain under 18 months).
- Recertified CP-101 HSED Eligibility:** Forward rent payments can only be remitted in increments of 3 months. CP-101 HSED Eligibility form must be completed within 90 days before the date of payment. If 90 days has passed and/or this is the client's 2nd time receiving forward rent assistance, a new CP-101 must be included in the client's file.
- Landlord/owner W9
- Proof of ownership of landlord/property manager
 - Copy of mortgage bill, homeowner's insurance policy, or property tax statement.
- Proof of cleared payment to landlord (see HSED Desk Guide)
- Proof of prior eviction (see HSED Desk Guide)
- Fully executed Lease Agreement that includes;
 - Landlord's name, address and phone number
 - Address of rental property
 - Amount of monthly rent and security deposit (forward rent cannot exceed rent amount stated in Lease)
 - Rent due date and grace period (if any)
 - Term of lease (**forward rent must fall within lease term**)
- Forward rent recipient received Rental Judgement assistance via HSED 2024.
- Months of assistance have been added to the MHDC Clearing House.

Complete the following section(s) for each instance of Forward Rent (3 month increments).

Date of Forward Rent Payment #1: _____

Amount of Forward Rent Payment #1: _____

Cannot exceed rent amount stated in Lease Agreement.

Months Included in Forward Rent Payment #1: _____

Ex. April '24, May '24, June '24

Date of Forward Rent Payment #2: _____

Amount of Forward Rent Payment #2: _____

Cannot exceed rent amount stated in Lease Agreement.

Months Included in Forward Rent Payment #2: _____

Ex. July '24, August '24, September '24

If Forward Rent is not being requested at this time, move onto Clearing House Eligibility on next page.

***Clearinghouse Eligibility:**

Agency Representative must complete these sections before payment is made to ensure that the household does not receive a Duplication of Benefits. Payments that are found to be a duplication of benefits are not eligible for HSED Eviction Relief assistance.

Duplication of Benefits (DOB) Criteria:

- A DOB occurs when:
 - An Eviction Relief applicant requests assistance after they have exhausted their maximum benefit (18 months of combined rental/utility assistance) under other ERA programs, (SAFHR, ERAP etc.).
 - An Eviction Relief applicant requests assistance for months that have already been paid through a previous ERA award, (SAFHR, ERAP, etc.).

Completed Before Funding By: _____
Agency Representative Name (First, Last)

What months of assistance are being requested under Rental Judgements? *(ex. June '23, July '23, Aug '23)*

What months of assistance are being requested under Utility Arrears? *(ex. June '23, July '23, Aug '23)*

What months of assistance are being requested under Forward Rent? *(ex. June '24, July '24, Aug '24)*
NOTE: IF Forward Rent is being requested, complete the Forward Rent Eligibility Checklist in the previous section.

Is the household applying for a Security Deposit? Yes No
IF YES, add one additional month of assistance to total.

When searching by address/name in MHDC's Clearing House, how many months of rental and utility assistance have been received by the household? *(ex. Rent: 10 mo., Utility 3 mo.)* _____

Use the above information to count the months of assistance received, using the Clearing House Eligibility Verification Tool.

How many total months of assistance (past and current) are being requested by the household? *(ex. 16 months)* _____

Examples:

- **IF** John Doe received 10 months of rental assistance (January-October 2023) and 3 months of utility assistance (January-March 2022), he would have utilized a total of 10 months of his total award because the months of utility/rental assistance overlap. If John meets all other qualifying criteria, he would be eligible for 8 additional months of eviction relief within the parameters of eligible expenses listed in the HSED Desk Guide.
- **IF** John Doe received 10 months of rental assistance (January – October 2023) and 3 months of utility assistance (October-December 2022), he would have utilized a total of 13 months of his total award because the months of utility/rental assistance **do not** overlap. If John meets all other qualifying criteria, he would be eligible for 5 additional months of eviction relief within the parameters of eligible expenses listed in the HSED Desk Guide.

Is the household within the maximum allowable benefit of 18 months combined rental/utility assistance? Yes No

*****IF NO, household is not eligible for additional Eviction Relief assistance.***



***Clearinghouse Certification:**

***Completed Before Funding By:** _____
Agency Representative Name (First, Last)

The Agency Representative must confirm all required documents are included in the household file, and must enter household and payment information into the MHDC Clearing House right before payment is made. In the event the payment does not get made after the entry has been made into the CH, please notify your Program Administrator to delete/correct the entry.

***Please complete the following checklist before an Eviction Relief payment is made on behalf of a household:**

Head of Household/Months of Assistance are entered into MHDC’s Clearinghouse and a Duplication of Benefits check has been completed.

- Date entered into Clearing House: _____
- Total Amount of Rental Judgement Assistance: _____
- Total Amount of Forward Rent Assistance: _____
- Total Amount of Security Deposit Assistance: _____
- Total Amount of Utility Arrear Assistance: _____
- TOTAL AMOUNT OF EVICTION RELIEF ASSISTANCE:** _____

***Please complete the following checklist after an Eviction Relief payment is made on behalf of a household:**

- Head of Household is added to the Eviction Relief tab on CP-106 HSED Expense Detail.
- Copy of cleared payment is included in client file.
- Date payment made: _____

Clearinghouse Certification

I certify, under penalty of perjury, that I have completed a Duplication of Benefits check in MHDC’s Clearing House and found the household to be eligible for the assistance outlined above. I understand that a failure to comply with these requirements may result in automatic household ineligibility and a re-capture of funds by MHDC.

*Agency Representative Name

*Date

*Agency Representative Signature

End of CP-112 Eviction Relief Eligibility