

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-102) they may still receive Housing Stability Services as outlined in the HSED Desk Guide.

Household Eligibility

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. 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)
 - 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 \$7,500) as listed in the HSED Desk Guide.

***Security Deposit Eligibility:**

- Landlord/owner W-9;
- Proof of Ownership of Landlord/Property Manager;
 - Copy of mortgage bill, homeowner's insurance policy, 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.

** indicates a required field*

***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 Security Deposit (equal to one month's rent) Utility Arrears (up to 6 months)

***Amount of Financial Assistance Requested**

Rental Judgement: \$ _____

Months of Assistance: _____

Security Deposit: \$ _____

Months of Assistance: 1

Utility Arrears: \$ _____

Months of Assistance: _____

** indicates a required field*

***Clearinghouse Eligibility Checklist:**

Agency Representative must complete these sections before and after 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 '22, July '22, Aug '22)*

What months of assistance are being requested under Utility Arrears? *(ex. June '22, July '22, Aug '22)*

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.)* _____

Do any of these months overlap with the months of assistance being requested? Yes No

IF YES, count the overlapping months as one month of assistance.

IF NO, count each month of utility and rental assistance as their own separate month.

Examples:

- **IF** John Doe received 10 months of rental assistance (January-October 2022) 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 2022) and 2 months of utility assistance (November-December 2022), he would have utilized a total of 12 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 6 additional months of eviction relief within the parameters of eligible expenses listed in the HSED Desk Guide.

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

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.**

***Completed After 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 Clearinghouse no later than 3 business days after payment date.

***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 SP-106 HSED Expense Detail.
- Head of Household/Months of Assistance are entered into MHDC's Clearinghouse (*within 3 business days of payment date(s)*).

- Date payment made: _____
- Date entered into Clearinghouse: _____

- Total Amount of Rental Judgement Assistance: _____
- Total Amount of Security Deposit Assistance: _____
- Total Amount of Utility Arrear Assistance: _____
- TOTAL AMOUNT OF EVICTION RELIEF ASSISTANCE:** _____

- Copy of cleared payment is included in client file.

Clearinghouse Certification

I certify, under penalty of perjury, that I have completed a Duplication of Benefits check in MHDC's Clearinghouse 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