



Housing Stability & Eviction Diversion

HSED Eviction Relief Training

FY 2023

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Overview

- General Information
- Eligible/Ineligible Activities
- Client Eligibility
- Eviction Relief Eligibility
- Client File Forms
- Records to Maintain
- Required Training Documents

General Information

- Eviction Relief is intended to provide financial assistance to eligible households who have experienced/are experiencing an eviction after March 13, 2020.
- All HSED agency staff members who have attended this training and completed CP-114 Eviction Relief Certification are eligible to offer these services.
- HSED agency staff members who have not completed this training/certification can not offer Eviction Relief services, or sign Eviction Relief documents as an agency representative.
- Agencies are not bound to/limited by the amount of Eviction Relief funding originally requested. The total funding award may be used for eligible expenses in any category once requirements are fulfilled.

Eligible Activities: Eviction Relief

- **Rental Judgements:** Grantees may provide up to \$7,500 in payment to the court and/or its appropriate parties in order to satisfy eviction judgements/filings for eligible households.
- **Security Deposit:** Grantees may provide a security deposit that is less than or equal to one (1) months' rent, which secures a lease that is equal to or greater than six (6) months duration for clients who are experiencing/have experienced an eviction after March 13, 2020.
- **Utility Arrears:** Grantees may provide direct payment to utility companies in order to satisfy utility arrears on behalf of eligible households. Households must also receive Eviction Relief assistance via rental judgements and/or a security deposit **and** the arrearages must be preventing future housing.

Ineligible Activities: Eviction Relief

- Eviction relief assistance for clients not eligible for the HSED program;
- Eviction Relief for judgements in excess of \$7,500;
- Eviction relief for judgements occurring on or before March 13, 2020;
- Eviction relief for clients who have already received their maximum ERA benefit of 18 months of utility/rental assistance;
- Eviction relief for clients who have already received ERA benefits for overlapping months;
- Damage fees;
- Security deposits larger than one month's rent;
- Security deposits for leases that have less than 6 months duration;
- Security deposits for rent-to-own agreements where the renter has exercised ownership interest in the property;
- Rental insurance;
- Utility assistance exceeding 6 months of arrears;
- Utility assistance for arrearages that are not preventing future housing;
- Forward utilities;
- Forward rent;
- Client incentives (i.e., gift cards, bus passes etc.);
- Direct financial assistance outside of the parameters outlined in Eviction Relief, Security Deposit and Utility Assistance guidance.

Client Eligibility – Eviction Relief

- Recipients of Eviction Relief funding must first meet all HSED qualifying criteria, which is verified using form CP-101 HSED Eligibility.
- Must be accompanied by CP-112 Eviction Relief Eligibility.



CP-101

MHDC COMMUNITY PROGRAMS HSED Eligibility Form

Client Name: _____
Agency Name: _____

This is to certify the income status for the above named individual's household. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

I certify, under penalty of perjury, that my household currently receives the following income:

Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____

I certify, under penalty of perjury, that my household income falls within the following Area Median Income (AMI) range:

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

Client Signature: _____ Date: _____

I certify, under penalty of perjury, that my household does not have any income from any source at this time.

Client Signature: _____ Date: _____

COVID-19 Eligibility Certification

I certify, under penalty of perjury, that at least one (1) individual in my household has qualified for unemployment benefits AND/OR has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due, directly or indirectly, to the coronavirus pandemic.

I certify, under penalty of perjury, that at least one (1) individual in my household has experienced/are experiencing homelessness or housing instability during or due, directly or indirectly, to the coronavirus pandemic.

Client Signature: _____ Date: _____

EVICTON RELIEF ELIGIBILITY MUST BE VERIFIED USING FORM CP-112.

Effective: February 22, 2023



Eviction Relief Eligibility (CP-112)

- ALL on-site Eviction Relief recipient files must be accompanied by CP-112 Eviction Relief Eligibility Form.
- Recipients are only eligible for Eviction Relief if a certified Agency Representative completes CP-112 and verifies eligibility.
- Expenses for Eviction Relief recipient files that do not contain CP-112 showing certified eligibility and/or the required documentation will be deemed ineligible.



Section 1: Enter Head of Household Name, Last 4 Digits of SSN, Agency Name and the Agency Representative Name

Section 2: Follow the Eligibility Checklist to ensure you are prepared to provide Eviction Relief assistance. Documentation MUST be collected before eligibility is determined.



MHDC COMMUNITY PROGRAMS EVICTON 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 assistance benefits.
- If household is determined eligible, this form **must** be signed by both the Head of Household (HoH) and a representative and be included in the client's on-site file, along with all required supporting documentation and 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 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 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 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 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.

Eviction Relief Eligibility (CP-112)

- Section 2 (cont'd): Collect and verify all of the required documentation for each assistance category.

REMINDER:

- Section 3: Once all documentation has been collected, and CP-112 is completed, both the certified agency representative and the Head of Household will print, sign and date.

- 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



Eviction Relief Eligibility (CP-112)

- Section 4: Collect all of the required Head of Household Information.

REMINDER: HoH Information is required in your Monthly CP-107 HSED Demographic Reporting for all recipients of Eviction Relief Assistance.

- Section 5: Complete the type, amount, and months of assistance being requested.



* 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: 0-30% 30-50% 50-80%
(As verified on CP-101)

*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:	\$ <input type="text"/>	Months of Assistance:	<input type="text"/>
Security Deposit:	\$ <input type="text"/>	Months of Assistance:	<input type="text" value="1"/>
Utility Arrears:	\$ <input type="text"/>	Months of Assistance:	<input type="text"/>

Eviction Relief Eligibility (CP-112) Clearing House Eligibility Checklist

- Section 6: Enter first and last name of certified Agency Representative. →
- Section 7: Insert the months of Rental Assistance and/or Utility Assistance being requested. →
- Indicate whether the household is applying for a Security Deposit. →
- Use CP-116 Clearing House Verification Tool to count the number of months being requested by the applicant. →
- Use CP-116 Clearing House Verification Tool to count the total months of assistance (past and current) requested by the household. →



* 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.) _____

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 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 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.**

Clearing House Verification

EXAMPLE: 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 do overlap.

2022		Prior Assistance		Requested Assistance		Total Months of Assistance
#	Months	Rental Assistance	Utility Assistance	Rental Assistance	Utility Assistance	<i>Insert "1" for each line item that contains an "X", unless the request is a Duplication of Benefits.</i>
1	January	X	X			1
2	February	X	X			1
3	March	X	X			1
4	April	X				1
5	May	X				1
6	June	X				1
7	July	X				1
8	August	X				1
9	September	X				1
10	October	X				1
11	November					
12	December					
Total Months of Assistance (2022):						10
						<i>Insert the combined months of assistance from the column above.</i>

Clearing House Verification

John is requesting 3 additional months of Rental Judgement assistance, and two additional months of Utility Assistance under HSED Eviction Relief assistance.

2022		Prior Assistance		Requested Assistance		Total Months of Assistance
#	Months	Rental Assistance	Utility Assistance	Rental Assistance	Utility Assistance	<small>Insert "1" for each line item that contains an "X", unless the request is a Duplication of Benefits.</small>
1	January	X	X			1
2	February	X	X			1
3	March	X	X			1
4	April	X				1
5	May	X				1
6	June	X				1
7	July	X				1
8	August	X				1
9	September	X				1
10	October	X		X		1
11	November			X	X	1
12	December			X	X	1
Total Months of Assistance (2022):						12
						<small>Insert the combined months of assistance from the column above.</small>

Duplication of Benefits must be removed from Requested Assistance.

Clearing House Verification

2022		Prior Assistance		Requested Assistance		Total Months of Assistance
#	Months	Rental Assistance	Utility Assistance	Rental Assistance	Utility Assistance	Insert "1" for each box item that contains an "X", unless the request is a duplication of months.
1	January	X	X			1
2	February	X	X			1
3	March	X	X			1
4	April	X				1
5	May	X				1
6	June	X				1
7	July	X				1
8	August	X				1
9	September	X				1
10	October	X				1
11	November			X	X	1
12	December			X	X	1
Total Months of Assistance (2022):						12
						<small>Insert the combined months of assistance from the values above.</small>

2023		Prior Assistance		Requested Assistance		Total Months of Assistance
#	Months	Rental Assistance	Utility Assistance	Rental Assistance	Utility Assistance	Insert "1" for each box item that contains an "X", unless the request is a duplication of months.
1	January					
2	February					
3	March					
4	April					
5	May					
6	June					
7	July					
8	August					
9	September					
10	October					
11	November					
12	December					
Total Months of Assistance (2023):						
						<small>Insert the combined months of assistance from the values above.</small>

Is the client requesting a Security Deposit?
 Yes, insert "1" on this line and add one month to "Combined Months of Assistance" below. **NO**

COMBINED MONTHS OF ASSISTANCE:
Calculate the combined total months of assistance from 2021, 2022 and 2023. Insert the total at the end of CP-11.2 (under Prior) Eligibility. **12**



CP-112 Eviction Relief Eligibility



- Section 8: Enter first and last name of certified Agency Representative who is completing the Eviction Relief Eligibility. →
- Complete checklist to ensure the file is compliant with HSED Eviction Relief requirements. →
- Agency representative will print, sign and date the Clearing House Certification. →

*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 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

Eviction Relief – Client File Forms

All Eviction Relief Files:

- HSED Eligibility Form (CP-101)
- Eviction Relief Eligibility Form (CP-112)
- Clearing House Verification Tool (CP-116)
- HSED Consent Form (CP-102)
- Head of Household Government Issued ID
- Proof of cleared payment.
- Proof of prior eviction as listed in the HSED FY2023 Desk Guide.
- Case notes and/or service records detailing the required information as stated in the HSED FY2023 Desk Guide.

Rental Judgements:

- Copy of Eviction Filings or Rental Judgement from the corresponding court (dated after March 13, 2020) and;
- Copy of ledger from the landlord/property manager showing months of assistance included in the filing/judgement and the total balance due.

Security Deposit:

- Landlord Owner/W9
- Proof of Ownership of landlord/property manager.
- Proof of cleared payment to landlord.
- Proof of prior eviction.
- Fully executed lease agreement with all required information as listed in the HSED FY2023 Desk Guide.

Utility Arrears:

- Copy of utility bill(s) with all required information as listed in the HSED FY2023 Desk Guide.

Required Training Documents

- CP-114 Eviction Relief Certification
- Personnel Agreement to Comply with HSED Information Security Standards

Thank you!

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