

Providers Name:

Date:

HOPWA Short-Term Rental, Mortgage and Utilities Assistance Client File Review Tool

ITEM REVIEWED	CLIENT FILE REVIEWED													
A. EMERGENCY ASSISTANCE (STRMU)														
1. Annual Gross and Adjusted income calculated correctly on the Gross & Adjusted Income Worksheet (Form A)														
2. Documents verifying income (including documentation of deductions and income from EID form), or Verification of No Income Form completed by client (Attachment 1)														
3. Evidence of the client's inability to make a monthly payment (Examples: medical bills, employment termination letter or a late payment notice)														
4. Income Exclusions form completed (Attachment 2)														
5. Earned Income Disregard (EID) (Form B) and Tracking, as needed (Attachment 3 - Instructions)														
6. Verification of No Income Completed (Form C), if applicable														
7. Signed Client Rights and Responsibilities Statement (Form D)														
8. Signed Consent to Release and/or Obtain Confidential Information (Form E), if applicable														
9. Client Demographic/Statistical Form completed (Form F)														
10. Correct backup documents (lease agreements, mortgage statement, and/or <u>utility bills</u>) in client's name														

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11. Housing Quality Standards (HQS) Certification (Form G) is completed																				
12. Rent Reasonableness Checklist and Certification is completed (Form H)																				
13. Shared Housing Rent Calculation Worksheet is completed, if applicable (Form J)																				
14. Acknowledgment client received the Lead-Based Paint and Fair Housing pamphlets																				
15. Client acknowledgment that a hard-wired or battery operated smoke detector is installed in client's residence (This is not required if client is receiving assistance with utilities only.)																				
16. Signed and completed HOPWA application																				
17. Comprehensive Housing Plan (Form K) that includes periodic contact with a case manager and a primary care physician.																				
18. Provider has assured that client's housing plan addresses long-term financial and housing stability after STRMU Assistance - Documented																				
19. Appropriate section on STRMU Worksheet (Form L) calculated correctly																				
20. STRMU Worksheet signed by client and the case manager																				
21. STRMU 21-Week Tracking Worksheet (Form M) is completed																				
22. HOPWA Termination Form N completed correctly each time client leaves the program																				
23. Documentation that client is on Housing Choice Voucher Program (Section 8) waiting list and has applied for any other affordable																				

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housing programs, or there is an Other Housing Waiver (Form O) completed and approved, if applicable																			
24. HOPWA Client File Checklist is completed																			
25. Description of client's emergency situation and housing plan fully documented on STRMU Worksheet and reassessed each time client applies for Emergency Assistance - Documented																			
26. Provider certified client for STRMU Assistance for a maximum of one month at a time																			
27. At recertification, new application is completed again, and Eligibility and documentation process begins again - Documented																			
B. CLIENT FILE																			
1. Evidence that case manager has explored other assistance that might be available to applicant. Includes: 1. Rental Assistance Program 2. Other community resources All referrals pertaining thereto have been documented. – Referral for assistance documented and on file.																			
2. Evidence that client is already in stable housing prior to receiving emergency assistance, and Emergency Assistance funds have/will not be used for first month's rent or security deposit.																			
3. Clear statement of reason for termination was provided to client (if client was terminated for violating program requirements or conditions of occupancy)																			
C. CORE SITE REVIEW ITEMS																			
1. HIV-positive status																			

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2. Case management and supportive services offered to client and are in line with DSHS Minimum Standards for Case Management Services.																			
3. Evidence of continuous re-assessment of client status.																			
4. Case notes are timely, legible, and complete																			
5. Housing is included in client-based needs assessment – Housing Stability																			
6. Documentation shows that provider offers the following options of taking applications: * Regular office Interviews * Special Office Interviews conducted outside of regular business hours for those unable to apply during these hours. * Home Visit Interviews																			

CLIENT FILE	COMMENTS
	Comments: Recommendations: Observations:

HOPWA Tenant Based Rental Assistance Client File Review Tool

ITEM REVIEWED	CLIENT FILE REVIEWED													
A. RENTAL ASSISTANCE (TBRA)														
1. Annual Gross and Adjusted income calculated correctly on the Gross & Adjusted Income Worksheet (Form A)														
2. Documents verifying income (including documentation of deductions and income from EID form), or Verification of No Income Form completed by client (Attachment 1)														
3. Income Exclusions form completed (Attachment 2)														
4. Earned Income Disregard (EID) (Form B) and tracking, as needed (Attachment 3 - Instructions)														
5. Verification of No Income (Form C) is complete, if applicable														
6. Signed Client Rights and Responsibilities Statement (Form D)														
7. Signed Consent to Release and/or Obtain Confidential Information (Form E), if applicable														
8. Client Demographic/Statistical Form is completed (Form F)														
9. Correct backup documents (lease agreements, mortgage statement, and/or utility bills) in client's name and W-9 Forms completed and on file.														
10. Housing Quality Standards (HQS) Certification is completed (Form G)														
11. Rent Reasonableness Checklist and Certification is completed (Form H) The proposed unit was not compared with any other units.														

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12. Shared Housing Rent Calculation Worksheet is completed, if applicable (Form J)															
13. Acknowledgment client received the Lead-Based Paint and Fair Housing pamphlets															
14. Client acknowledgment that a hard-wired or battery operated smoke detector is installed in client's residence *Note: this is not required if client is receiving assistance with utilities only.															
15. Signed and completed HOPWA application															
16. Comprehensive Housing Plan (Form K) that includes periodic contact with a case manager and a primary care physician.															
17. Provider has assured that client's housing plan addresses long-term financial and housing stability.															
18. TBRA Worksheet (Form I) calculated correctly															
19. TBRA Worksheet signed by client and the case manager															
20. HOPWA Termination Form (Form N) completed correctly each time client leaves the program. The HOPWA Termination is completed but is Not required annually to the next year. TBRA clients continuing															
21 Documentation that client is on Housing Choice Voucher Program (Section 8) waiting list and has applied for any other affordable housing programs, or there is an Other Housing Waiver (Form O) completed and approved, if applicable															
22. HOPWA Client File Checklist is completed															
23. Client's application updated annually or every time client's financial or household composition changes. Must include through reassessment of client's housing needs.															
24. At recertification, new application is completed again, and eligibility and documentation process begins again															

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B. CLIENT FILE																			
1. Notice containing clear statement of reason for termination provided to client was terminated for violating program requirements or conditions of occupancy.																			
2. If bills have been paid directly to utility company, provider has notified family in writing of amount paid to utility company on their behalf.																			
3. Documentation that case manager has made appropriate referrals and/or provided services to assist eligible person and family to locate, acquire, finance, and maintain housing.																			
C. CORE SITE REVIEW ITEMS																			
1. HIV-positive status																			
2. Case management and supportive services offered to client and are in line with DSHS Minimum Standards for Case Management Services.																			
3. Evidence of continuous re-assessment of client status.																			
4. Case notes are timely, legible, and complete																			
5. Housing is included in client-based needs assessment																			
6. Documentation shows that provider offers the following options of taking applications:																			
* Regular office Interviews																			
* Special Office Interviews conducted outside of regular business hours for those unable to apply during these hours.																			
* Home Visit Interviews																			

CLIENT FILE	COMMENTS
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