

Transforming
Lives

AL TSA Rental Subsidy

Contracted Provider Training
December 7, 2021



Washington State Department of Social and Health Services

General Overview

- **Interim support between institutionalization and permanent, affordable/subsidized housing**
- **ALTSA contracts with Spokane Housing Authority (SHA) for subsidies provided statewide**
- **ALTSA Rental Subsidy is modeled on HUD's Section 8 Housing Choice Voucher Program**
- **Only current ALTSA clients are able to access the ALTSA Rental Subsidy, and clients must remain on ALTSA services in order to continue receiving the subsidy. Please review the document "Keeping Your ALTSA Subsidy" with your client as this explains this important policy in detail.**

Acronyms

- **ALTSA = Aging and Long-Term Support Administration**
- **LTSS = Long Term Services & Supports**
- **HCS = Home & Community Services**
- **AAA = Area Agency on Aging**
- **CCG = Community Choice Guide**
- **SHP = Supportive Housing Provider**
- **CM = Case Manager (HCS/AAA)**
- **HPM = Housing Program Manager**
- **HSP = Housing Search Packet**

Acronyms continued

- **SHA = Spokane Housing Authority**
- **RFTA = Request for Tenancy Approval**
- **HAP = Housing Assistance Payment**
- **FMR = Fair Market Rents**
- **LL = Landlord**
- **WSH = Western State Hospital**
- **ESH = Eastern State Hospital**
- **SNF = Skilled Nursing Facility**
- **FCS-SH = Foundational Community Supports - Supportive Housing**

Qualifying for ALTSA Subsidy - Bridge

- **The ALTSA “Bridge” subsidy is focused on transitioning clients out of Skilled Nursing Facilities. Clients must be in a SNF at time of application.**
- **Only current ALTSA clients are able to access the ALTSA Rental Subsidy, and clients must remain on ALTSA services in order to continue receiving the subsidy.**
- **Clients need to be aware that this subsidy is an interim support between institutionalization and permanent, affordable/subsidized housing.**

Qualifying for ALTSA Subsidy - GOSH

Individual must:

1. Meet ALTSA Functional and Financial Eligibility.
2. Discharging from or being diverted from Western or Eastern State Hospitals.
3. Want to live independently in their own apartment and is willing to work with a Supportive Housing Provider.

Communication

Key to a smooth and timely process

- If there are other people cc'd in an email regarding a voucher, please "reply all."
- Always use secure email when sending any client information. Attachments are secure, but the name of any attached file/s and the email subject line are not.
- When sending important documents, please request a confirmation from the person you sent it to that the email was received.
- Communication with SHA must always include the ALTSA Housing Program Manager. *No other outside parties (such as CM's, client relatives or other advocates) should be communicating with SHA in regards to the ALTSA Rental Subsidy.*

What Is DSHS Region 1?

FCS-SH & Bridge Subsidy Program Manager

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GOSH Program Manager

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GOSH Program Manager

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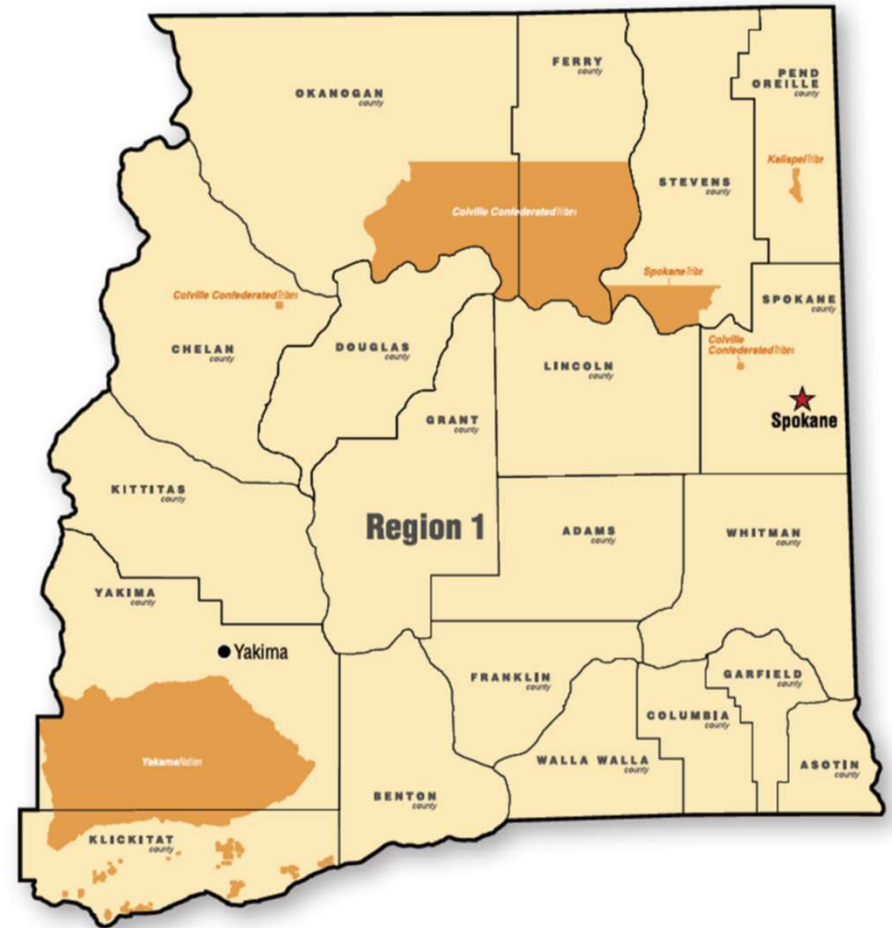
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Housing Program Manager

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What Is DSHS Region 2?

Lead Supportive Housing Program Manager

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Lead Housing Program Manager

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GOSH Program Manager

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What Is DSHS Region 3?

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FCS-SH & Bridge Subsidy Program Manager

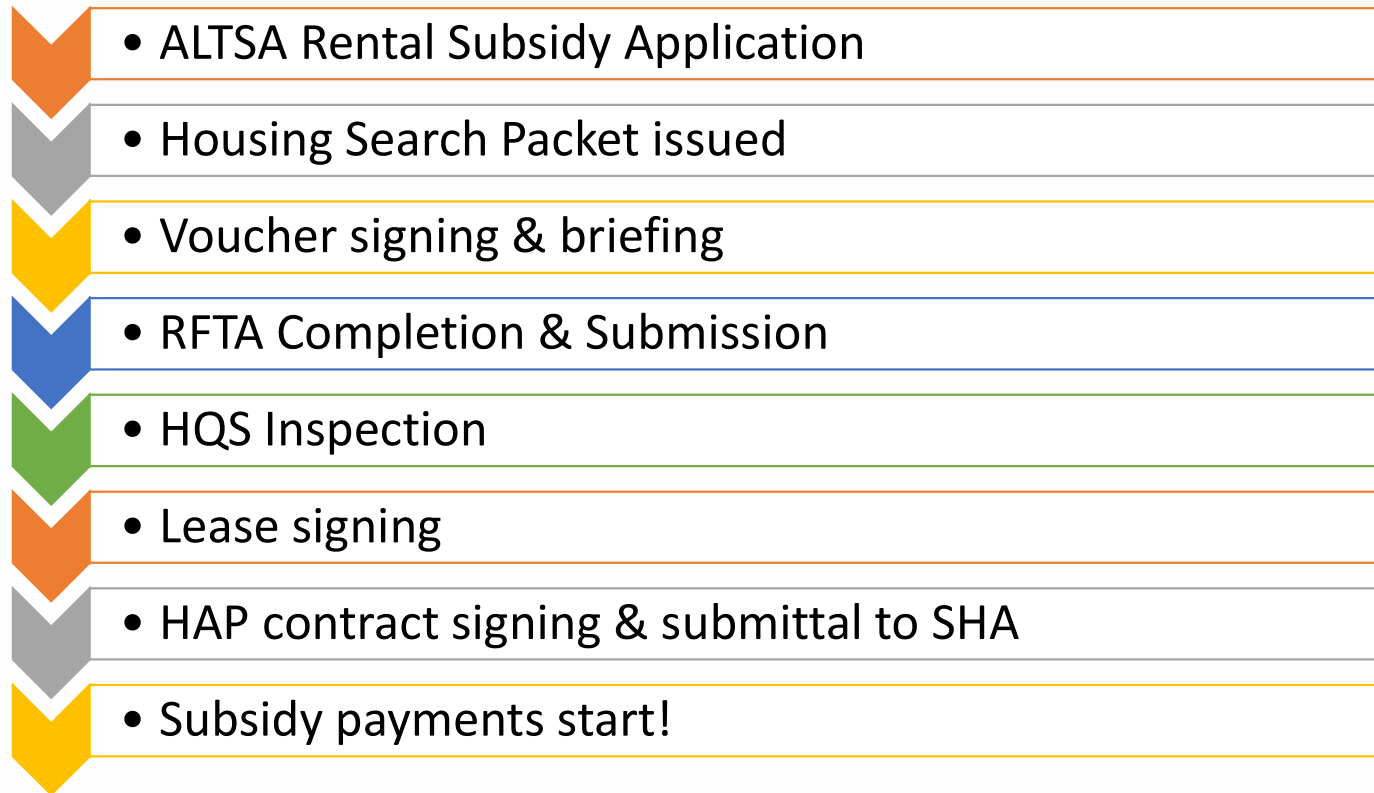
John Kistner

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John.Kistner@dshs.wa.gov



Rental Subsidy Process



Subsidy Application Packet

- **The application process for the subsidy should start at the beginning of housing search. **DO NOT WAIT TO START THIS PROCESS UNTIL A RENTAL UNIT IS AVAILABLE.****
- **Application Packet includes:**
 - Cover Sheet
 - Participant Agreement
 - Application
 - SHA Consent to Release Information
 - Client's current photo ID, Social Security card and income verification
- **The Subsidy Application Packet is submitted to the Housing Program Manager (HPM). Do not submit it directly to SHA.**
- **ALTSA Housing Needs Assessment**

Subsidy Application Packet continued

- **Incomplete ALTSA Subsidy Applications or failure to include necessary documents will result in the application not being processed.**
- **Please include copies of valid and current ID, SS card, and SSA Benefits Award Letter (if applicable) that has the client's Date of Birth and Social Security Number! HPM's will create the Income Verification Letter.**
- **If you cannot get the client's ID and/or SS card, please discuss this with HPM.**
- **Contact information must be *legible*. This can be especially troublesome if email addresses are not written clearly.**

Application Packet

DSHS AL TSA RENTAL SUBSIDY APPLICATION COVER SHEET

Applicant Name	ACES ID:	Number of Bedrooms
Housing Search DSHS Region Region 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		County Client Wants to Live In:

CCG/FCS-SH/GOSH Provider Agency: _____ Name: _____

Phone: _____ Email: _____

APPLICATION CHECKLIST: Assemble & Submit Materials in Order <i>(please check boxes to indicate completion)</i>	HoH	Other Adult	Children <18
Referral Cover Page and checklist (this form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AL TSA Rent Subsidy Participant Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AL TSA Rent Subsidy Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHA Consent to Release Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Verification (only required for additional household members)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTS: <i>AL TSA does not need client copies, but they are required for securing housing.</i>	HoH	Other Adult	Children <18
Current ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AL TSA Housing Team Contacts:

	BRIDGE	GOSH
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R2	Mara Odalovic (mara.odalovic@dshs.wa.gov)	Anne Palach (anne.palach@dshs.wa.gov) Christina Cricchio (christina.cricchio@dshs.wa.gov)
R3	John Kistner (john.kistner@dshs.wa.gov)	Tammy Stewart (tammy.stewart@dshs.wa.gov) <u>QA</u> Emily Prather (emily.prather@dshs.wa.gov)

DSHS Staff Use Only:

AL TSA Housing Fgm Mgr:	Phone:	Email:
AL TSA HOUSING PROGRAM: <input type="checkbox"/> BRIDGE <input type="checkbox"/> GOSH		

Revised: 10/2021

- Application cover sheet
- List county where client will be looking for housing
- 1-person or 2-person households qualify for a 1-bedroom voucher. Talk with HPM for exceptions

Application Packet continued

Aging and Long-Term Support Administration (AL TSA) RENTAL SUBSIDY PARTICIPANT AGREEMENT

AL TSA subsidies are funded for clients who meet AL TSA eligibility determined through the CARE assessment and agree to the AL TSA Rights and Responsibilities outlined in DSHS form 16-172. AL TSA eligibility requires a need for services based on your CARE assessment. Please refer to the document: *Keeping your AL TSA Subsidy provided in your application packet.*

The AL TSA subsidy provides you, the AL TSA client/head of household, with an interim rental subsidy until you find permanent affordable housing. The purpose is to help you pay rent while you search for housing you can afford. Subsidy timeframes are flexible to fit permanent affordable housing/waiver requirements in your area. Time limits will be reviewed by the AL TSA Housing Team on a case-by-case basis.

The Spokane Housing Authority (SHA) administers the AL TSA subsidy. SHA calculates your share of the rent (HUD) guidelines. Your portion of rent will apply to household income. The amount of the subsidy and your calculated portion of the rent.

The AL TSA Rental Subsidy is a voluntary program. You will not be penalized in any way or lose any other benefits if you do not accept the subsidy.

A. To receive and keep the AL TSA subsidy

Please initial where indicated to show that you have read and understand the requirements of this agreement.

- 1) Maintain an ongoing search for permanent affordable housing.
- 2) Comply with the terms of your lease.
- 3) Complete the subsidy Annual Recertification.
- 4) Complete an annual CARE assessment.
- 5) As a part of the subsidy recertification process, you must meet minimum housing standards (HQS) unit inspections every 12 months.

B. Financial and Eligibility Requirements

Please initial where indicated to show that you have read and understand the requirements of this agreement.

- 1) You must be functionally and financially able to manage your own household.
- 2) The subsidy will be paid directly to your landlord.
- 3) The AL TSA subsidy will not affect any other benefits you may receive.

- 4) Funds spent on your behalf for the AL TSA subsidy may be subject to recovery from your estate.
- 5) This Agreement does not give you a right to request an administrative hearing. If the subsidy is reduced or terminated, you will have the right to ask for an informal review of the decision. You can inquire with an AL TSA Housing Program Manager about those steps.
- 6) Receiving the subsidy will not affect your right to request an administrative hearing related to other program services.

C. When the AL TSA Rental Subsidy will end:

Please initial where indicated to show that you have read and understand what the requirements of this agreement.

- Subsidies will end when:
- a) You move into a permanently subsidized unit.
 - b) You accept a permanent subsidy.
 - c) You enter a skilled nursing facility, state hospital, or other long-term care facility for 180 days or more.
 - d) You fail to complete the Annual Recertification.
 - e) Your long-term care services are terminated.
 - You did not complete an annual assessment.
 - The CARE assessment has determined you are not eligible for long-term care services.
 - A Public Benefits Specialist has determined you are not eligible for long-term care services.
 - You refuse services or you cannot provide a safe environment.
 - If you do not submit a signed service assessment.

Authorization:
I have read, understand, and agree to the terms of this Participant Agreement. I understand that if I fail to comply with the terms of this Agreement, the subsidy may be terminated and I will be responsible for the entire cost of my housing.

Client Name (Printed) _____ Co-Applicant Name (Printed) _____

Client Signature _____ Date _____ Co-Applicant Signature _____ Date _____

(Printed) Legal Guardian/Durable Power of Attorney or Client representative name (if applicable) _____

Legal Guardian/Durable Power of Attorney or Client representative name (if applicable) _____ Date _____

I certify that I have reviewed this document with the client.

Name _____ Date _____

Agency _____ Job Title _____

Certified by:

AL TSA Housing Program Manager _____ Date _____

Page 1

Page 2

- To be signed, initialed, and dated by client, any adult co-applicants and HPM
- Contains policy information that is important for the client to understand
- HPM submits to Spokane Housing Authority
- CCG's or SHP's should also sign the PA below where it says "I certify that I have reviewed this document with the client."

Application Packet continued

DSHS ALISA RENTAL SUBSIDY APPLICATION

A) HEAD OF HOUSEHOLD INFORMATION: The client is the Head of Household.

LAST NAME: _____ FIRST NAME: _____ MI: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____ PREFERRED PRONOUN: _____

B) HOUSEHOLD INFORMATION: List each person that will be included in the household. Any added household members beyond HOH must be approved by ALISA Housing Program Manager.

For Example:

Head of Household (client) (H) Spouse/Partner Dependent Children
Live-In Caregiver (designate paid/unpaid) Roommate (has own lease) Other

	LAST	FIRST	RELATIONSHIP	SSN#	DOB
H					
1					
2					
3					

C) CURRENT INCOME: List the income of all household members. Income verification must be provided for additional household members, except roommates who will have their own lease.

	HOUSEHOLD MEMBER NAME	SOURCE	Amount/ Month	VERIFICATION INCLUDED
H				
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>

Head of Household Signature _____ Date _____ Co-applicant Signature _____ Date _____

Other Adult Signature _____ Date _____ Other Adult Signature _____ Date _____

SHA Representative _____ Date _____

Revised: 10/2021

- 1-page application to be completed and signed/dated by client
- Submit to HPM
- Housing Program Manager will submit to Spokane Housing Authority

Income Verifications for Landlords

DSHS ≠ SSA!

Housing Search Packet (HSP)

Let's look at the forms in more detail...

Housing Search

- **Assist client in locating housing that fits the client's preferences based upon Housing Assessment.**
- **The housing search can be a time-intensive process that may take many months, depending on the client's situation.**
- **Potential landlords must agree to accept the AL TSA Rental Subsidy and receive payment from SHA.**



Do not allow a lease to be signed UNTIL the rental unit has passed a Housing Quality Standards (HQS) inspection. Signing a lease prior to inspection can result in denial of the subsidy and obliges the signer for all lease requirements.

Housing Search Packet (HSP)

SHA will issue a Housing Search Packet, including the following documents:

- **Cover Sheet**
- **ALISA Rent Subsidy Voucher valid for 180 days**
- **Voucher Calculation Form**
- **Utility Allowance Form**
- **Lease Addendum**
- **Sample Request for Tenancy Approval (RFTA)**
- **Request for Tenancy Approval (RFTA)**
- **Additional landlord documents**
- **Letter to landlord**



Search Packet Cover Sheet

Spokane Housing Authority (SHA) Search Packet Cover Sheet

The AL TSA Subsidy Search Packet contains the following documents:

- The *voucher*. Please review and explain the information on these pages as they describe important information about using the subsidy and serves as an orientation/briefing to the rental subsidy. The client needs to sign this voucher in box 6 and include the date. This signed voucher should be scanned and emailed to the AL TSA Housing Program Manager as soon as possible – even before a unit is identified.
- The *rent calculation worksheet*. This sheet does not need to be signed or returned. It provides rent payment standards to the client and provider, which is then used to search for an apartment. The value entered to the right of *Payment Standard* is the maximum rent amount a client is allowed to have for the unit type they are looking for.
- The *rent burden worksheet*. This also does not need to be signed or returned. This worksheet calculates an estimate of what the client's rent portion would be should the maximum payment standard be used. This calculation is just an ESTIMATE; the final rent to be paid by the client to the landlord will be calculated at the end of the lease-up process.
- The *Fair Market Rental Rates for the county/area* the client is searching for housing in. This sheet does not need to be signed or returned. It is provided for informational purposes only.
- The *utility allowance sheet*. Depending on the type of unit selected by the client, the amounts listed here will be added to the unit's total rent for the final rent calculation.
- The *AL TSA Rental Subsidy Lease Addendum*. This addendum must be signed and dated by the client and also given to the landlord of the identified unit for their review and signature at the time of lease signing. This completed 3 page addendum MUST be returned to the Housing Program Manager so that it can be submitted to SHA along with the clients lease with the landlord.
- Specific *instructions/samples for the landlord on how the RFTA needs to be completed* in order for an inspection to be scheduled. If the RFTA is not completed correctly, SHA will send it back to the landlord for additions/corrections and this will delay the inspection process.
- The *RFTA* that the landlord needs to complete and sign. The client also needs to review and sign this document. Once completed with signatures, the provider must submit it to the HPM for review, and then it will be submitted to SHA.
- Once the RFTA is completed, *SHA will schedule an inspection* to take place, and once the unit passes inspection, the client can sign the lease and set a move-in date.
- Once the client has signed a lease, it must be sent to the HPM along with the signed Lease Addendum so that SHA can generate the Housing Assistance Payment (HAP) contract and send to the landlord for approval and signature. Other supporting documents, listed in the Letter to the Landlord, must also be submitted to SHA.

ALTSA Rent Subsidy Voucher

- The information on the voucher (front and back) must be reviewed with the client.
- The voucher must be signed and dated by the client.
- A copy of the signed voucher must be returned to the HPM. They will forward to SHA.
- Vouchers are issued for 180-day periods. If an extension is needed, HPM will reach out to provider.
- Signed vouchers: SHA doesn't always get these; send them along w/ completed RFTA at the very latest.

DSHS/ALTSA Rent Subsidy Program

Please read entire document before completing form.		Voucher Number
Spokane Housing Authority		Bridges
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size 1 bedroom	
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy) 12/12/2018	
3. Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date of Voucher is issued. (See Section 6 of this form)	3. Expiration Date (mm/dd/yyyy) 05/10/2019	
4. Date Extension Expires (if applicable (mm/dd/yyyy) (See Section 6 of this form)	4. Date Extension Expires (mm/dd/yyyy)	
5. Name of Family Representative	6. Signature of Family Representative	Date Signed (mm/dd/yyyy)
7. Name of Public Housing Agency (PHA) Spokane Housing Authority		
8. Name and Title of PHA Official Laurie Twining, Eligibility Specialist	9. Signature of PHA Official	Date Signed (mm/dd/yyyy)

ALTSA Rental Subsidy

This voucher gives you the opportunity to find housing for which a portion of the rent will be paid by the ALTSA rental subsidy program while you search for permanent affordable housing. The Housing Voucher is issued for a 180 day period. You must submit a Request for Tenancy Approval (RFTA) within the 180 day period.

You have the freedom to choose a unit that meets:

- Your income limit
- Housing Quality Standards (HQS) and
- A reasonable rent amount

SHA will arrange for an initial HQS inspection and every two years as per HUD standards.

You are responsible for paying the security deposit. There may be assistance available from ALTSA.

Damage claims cannot be filed with SHA/DSHS. You are responsible for any damage claims filed by the owner.

SHA and the owner/landlord sign a contract, allowing SHA to make a monthly Housing Assistance Payment (HAP, or subsidy payment) to the owner on behalf of the tenant.

Any rent increase must be reasonable and approved by ALTSA & SHA prior to going into effect.

If you have not signed a lease in 180 days, you may re-apply for the subsidy. You must submit a request for in writing to the ALTSA Housing Program Manager two weeks prior to the expiration date on your voucher.

This subsidy is tied to the lease. It terminates when the lease ends.

Utility Allowance Sheet

- The Utility Allowance Sheet indicates the average monthly cost for utilities.
- The Utility Allowance Sheet is different depending on where the unit is located.

U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT SECTION 8 EXISTING HOUSING ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES																	
Spokane County Utility Rates Effective 5/01/18																	
	Houses, Duplexes, Triplexes						2 Story Apartments					3 Stories or more					
	0BR	1BR	2BR	3BR	4BR	5+BR	0BR	1BR	2BR	3BR	4BR	5+BR	0BR	1BR	2BR	3BR	4BR
HEATING																	
Natural Gas	47	59	78	93	109	124	36	44	59	69	81	92	29	36	46	52	63
Electric	48	63	90	110	130	150	29	36	52	83	98	112	17	21	28	35	43
Oil	78	100	140	172	202	234	56	74	102	124	146	168	-	-	-	-	-
Wood	65	84	118	144	169	188	-	-	-	-	-	-	-	-	-	-	-
COOKING																	
Natural Gas	5	6	7	8	9	11	5	6	7	8	9	11	5	6	7	8	9
Electric	5	6	8	10	13	14	5	6	8	10	13	14	5	6	8	10	13
Electricity- General Use																	
	22	24	28	33	35	37	22	24	28	33	35	37	22	24	28	33	35
Water Heating																	
Natural Gas	8	11	13	15	18	20	8	11	13	15	18	20	8	11	13	15	18
Electric	14	19	28	45	60	73	14	19	28	45	60	73	14	19	28	45	60
Water - Inside City																	
	26	28	31	33	43	43	26	28	31	33	43	43	26	28	31	33	-
Water - Outside City																	
	24	25	27	29	35	35	24	25	27	29	35	35	24	25	27	29	-
Sewer																	
	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60
Trash Collection																	
	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
Range*																	
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Refrigerator*																	
	4	4	5	5	6	8	4	4	5	5	6	8	4	4	5	5	-
*If Tenant Provides																	
INCOME LIMITS (Effective 4/01/2018)																	
Family Size	30% of Median	50% of Median	Family Size	30% of Median	50% of Median												
1	13,700	22,850	7	38,060	40,450												
2	16,460	26,100	8	42,380	43,050												
3	20,780	29,350															
4	25,100	32,600															
5	29,420	35,250															
6	33,740	37,850															
FAIR MARKET RENTS (Effective 10/01/17)																	
0BR	1BR	2BR	3BR	4BR	5BR	6BR											
\$553	\$652	\$867	\$1,240	\$1,431	\$1,646	\$1,860											
Voucher Payment Standards																	
Moves/New Participants/VoucherChange Effective 1/01/18																	
\$500	\$660	\$830	\$1,130	\$1,288	\$1,482	\$1,674											
Annual Recertifications Effective 1/01/18																	

Lease Addendum

- **SHA sends Lease Addendum along w/ Search Packet.**
- **The Lease Addendum is to be completed when signing lease.**
- **When sending the Lease Addendum with Search Packet, SHA will instruct the CCG/SHP to give this Addendum to landlord with instructions to fill it out when client is signing lease.**

HOUSING BRIDGES RENTAL SUBSIDY PROGRAM LEASE ADDENDUM

TENANT	LANDLORD	UNIT NO. & ADDRESS

This lease addendum adds the following paragraphs to the Lease between the Tenant and Landlord referred to above.

A. Purpose of the Addendum. The lease for the above-referenced unit is being amended to include the provisions of this addendum because the Tenant has been approved to receive rental assistance under the Housing Bridges Rental Subsidy Program. Under the Housing Bridges Rental Subsidy Program, the Spokane Housing Authority will make monthly payments to the Landlord on behalf of the Tenant.

The Lease has been signed by the parties on the condition that the Spokane Housing Authority and Landlord will promptly execute a BRIDGES Rental Assistance Contract. This Lease shall not become effective unless the Contract has been executed by both the Landlord and the Spokane Housing Authority, effective the first day of the term of the Lease.

B. Conflict with Other Provisions of the Lease. In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

C. Terms of the Lease. The term shall begin on _____ and shall continue until: (1) the Lease is terminated by the Landlord in accordance with applicable state and local Tenant/Landlord laws; (2) the Lease is terminated by the Tenant in accordance with the Lease or by mutual agreement during the term of the Lease; or (3) termination of the BRIDGES Rental Assistance Program Contract by the Spokane Housing Authority.

D. Rental Assistance Payment. Each month the Spokane Housing Authority will make a rental assistance payment to the Landlord on behalf of the Tenant. This payment shall be credited by the Landlord toward the monthly rent payable by the Tenant. The balance of the monthly rent shall be paid by the Tenant.

E. Security Deposit

(1) The Tenant has deposited \$ _____ with the Landlord as a Security Deposit. The Landlord will hold this security deposit during the period the Tenant occupies the dwelling unit under the Lease. The Landlord shall comply with state and local laws regarding interest payments on security deposits.

Letter To Landlord

- **Informs the potential landlord what must be submitted to SHA to set up Housing Assistance Payment (HAP) Contract.**



Do not allow a lease to be signed UNTIL the rental unit has passed a Housing Quality Standards (HQS) inspection.



55 W. Mission Ave.
Spokane, WA 99201
www.spokanehousing.org

TIME SENSITIVE INFORMATION FOR LANDLORDS

Thank you for working with our team to provide affordable housing to our DSHS Aging and Long-Term Support Administration (AL TSA) client. **After the unit has passed inspection**, these are your next steps:

- The client is now able to sign the lease and the lease addendum, and a copy must be given to the provider or directly to Spokane Housing Authority (SHA).
- SHA will review the signed lease agreement and lease addendum for any necessary corrections.
- If no lease corrections are needed, SHA will send you the Housing Assistance Payment (HAP) contract and the Owner Landlord Certification for your signature. Please return the signed HAP Contract to SHA along with the following documents as soon as possible, but no later than **60 days** from the date the lease was signed:
 1. W-9 Form(s) for the Owner of the Property and the Management Company
 2. Electronic Funds Transfer Form
 3. A Voided check or banking ACH approval letter
 4. Proof of property ownership (parcel search, tax affidavit, or deed)
 5. Management agreement or a completed Representative Authorization form (if applicable)

The subsidy payments will not begin until the landlord provides the HAP contract and above documents to SHA.

Once payment has been initiated, a formal notice will be created and sent by SHA to the landlord, the tenant and AL TSA indicating the subsidy and tenant rent portions to be paid monthly.

Thank you,

Eligibility Specialist Name
Eligibility Specialist
Spokane Housing Authority
Office: (509) 252- Fax: (509) 327-5246
Email:

Request for Tenancy Approval (RFTA)

- Once a client is approved for an apartment, the landlord must complete the RFTA in addition to the other landlord documents. The client must also sign the RFTA.
- This form provides the information needed for SHA to determine if the unit meets the rent requirements that the client will need to remain below in order for the maximum rent and utilities to be allowed.



DO NOT COPY THE RFTA FOR FUTURE USE!



- The RFTA must be submitted in order for the Housing Quality Standards (HQS) inspection to be scheduled.

Request for Tenancy Approval (RFTA)

- We are soon going to be issuing a new, revised RFTA form that will be simplified and (hopefully) easier to use!
- Utility service fees are becoming common. If your client encounters this fee, add to “Other” on this page as “Utility Fee.” This will help client with the rent portion that SHA pays.

Bridges/Gov's Initiative
OMB Approval No. 2577-0169
exp. 7/31/2022

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Request for Tenancy Approval
Housing Choice Voucher Program

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) 2. Address of Unit (street address, unit #, city, state, zip code)

Spokane Housing Authority 200 Main St #8
Ahtahkopa, WA 99000

3. Requested Lease Start Date 4. Number of Bedrooms 5. Year Constructed 6. Proposed Rent Amt 7. Security Deposit Amt 8. Date Unit Available for Inspection

7/15/2019 2 1986 750 200 6/15/2019

9. Structure Type 10. If this unit is subsidized, indicate type of subsidy:

Single Family Detached (one family under one roof)
 Semi-Detached (duplex, attached on one side)
 Rowhouse/Townhouse (attached on two sides)
 Low-rise apartment building (4 stories or fewer)
 High-rise apartment building (5+ stories)
 Manufactured Home (mobile home)

Section 202 Section 221(d)(3)(BMR)
 Tax Credit HOME
 Section 236 (insured or uninsured)
 Section 515 Rural Development
 Other (Describe Other Subsidy, including any state or local subsidy)

11. Utilities and Appliances
The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	T
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Other	T
Water Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	T
Other Electric		T
Water		O
Sewer		O
Trash Collection		O
Air Conditioning		T
Other (specify)		—
Refrigerator		O
Range/Microwave		O

Previous editions are obsolete 1 HUD-52517 (7/2019)

Request for Tenancy Approval (RFTA) continued

- A word about lead paint: it's **bad!**
- The RFTA and other Landlord Documents that need to be filled out and included when submitting the package to HPM's are **4 pages**
- Some of these pages have to do with lead paint
- Those pages are not optional, no matter when the building or house was built
- **CLIENT MUST SIGN RFTA**
- **If the landlord does not complete all 4 pages, the RFTA will not be considered incomplete and will not be processed**

Housing Quality Standards (HQS) Inspection

- Once the RFTA is approved, SHA will arrange for an HQS inspection directly with the local housing authority.
- The local housing authority will contact the landlord to schedule the inspection.
- The unit must pass the HQS inspection prior to a lease being signed.



The CCG/SHP (or any other outside parties) must not contact the local housing authority to schedule the inspection. If there are questions/concerns in regards to the HQS Inspection, direct the HPM.

What If the HQS Inspection Fails?

- If a unit does not pass inspection, the landlord has the option to correct the failing items. If they do so, a re-inspection will be scheduled.
- One way the landlord can get help correcting failed items is to use the Landlord Mitigation Fund. To access Landlord Mitigation Funds, ask HPM, or see link below:
<https://www.commerce.wa.gov/building-infrastructure/housing/landlord-mitigation-program/>
- If the landlord is unwilling to make the necessary correction/s to the unit, the client is unable to lease this unit using the subsidy. Housing search should resume. SHA will provide a new RFTA to use in the ongoing housing search.

Leasing Up



- Once the unit has passed inspection, the client is able to sign lease **and lease addendum** with landlord and arrange a move-in date.
- Leases should be 1 year in length.
- CCG/SHP can pay move-in costs with prior HCS or AAA CM authorization -- and may be able to provide other financial move-in supports.



What do I do if a landlord is unwilling to sign a 1-year lease?

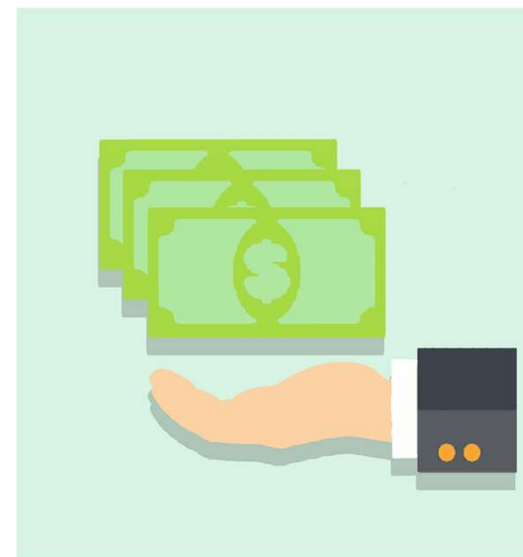
If the landlord is unwilling to sign a 1-year lease, the CCG/SHP must receive approval from the ALTA Housing Program Manager for a different lease term.

Move-In Date – Copy of Lease

- **CCG/SHP should provide a copy of the lease to Spokane Housing Authority and communicate move-in date to ALTSA HPM. However, the LL can also submit a copy of the lease to ALTSA/SHA.**
- **At this point, a copy of the signed and dated Lease Addendum should be sent as well.**

HAP Contract Execution / Subsidy Payments

- After SHA has received a copy of the signed lease, they will send the HAP (Housing Assistance Payment) Contract to the landlord.
- The landlord must sign the HAP Contract and return it to SHA in order for subsidy payments to begin. Once the signed HAP Contract is received, it could take up to 60 days for the first subsidy payment to be issued.
- The initial payment will include any subsidy owed to date.



The HAP Contract **prohibits** landlords from charging a late rent fee to the client if the subsidy payment has not been received. If this occurs, the CCG/SHP should inform the landlord that this is not permitted. If there are additional questions/concerns, the landlord should contact the ALTSA HPM or SHA.

Subsidy Payments

- **ALTSA Community Transition Funds (*not* SHA) will pay for the first month's rent, whether pro-rated (less than a full month) or a full month.**
- **These Community Transition Fund payments are authorized via the client's HCS or AAA CM.**
- **SHA subsidy payments begin on the *second* month of tenancy according to the lease – but only after the HAP contract and supporting documents are submitted in a timely manner.**
- **Please do not request funds for first month's rent until you know how much it will be! It will likely not be for a full month.**

Loose Ends

- If a client in tenancy has a change in income, HPM will write updated Income Verification Letter and send to SHA.
- Housing Search Extensions: AL TSA subsidy vouchers are valid for 180 days. If a housing search goes beyond this, the HPM will initiate an extension by asking SHA to update the client's voucher to reflect that it's been extended for another 180 days. HPM will send extended voucher to CCG/SHP.

Loose Ends

- **Annual Recertification**

Annual recertification of a client's income is required for the ALTSA subsidy. The HPM will initiate the process with the client and the provider or HCS/AAA CM by sending a small Annual Recertification packet with instructions.

- **Rental Property Change of Ownership or Management**

If the property changes owner or management company, SHA will send a brochure on how to address this to the LL or Manager.

AL TSA HOUSING TEAM

AL TSA HQ

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Questions?

Thank you!