Kentucky Housing Corporation

Investing in quality housing solutions.

HOME TBRA* Program

*Tenant Based Rental Assistance



Kathy Lykins

Technical and Quality Assurance Specialist II <u>klykins@kyhousing.org</u> 502-564-7630 ext. 243

Kentucky's TBRA Program Setup

Subrecipient partner agencies administer program

- Community Action Agencies
- Comprehensive Care Agencies
- Other non-profit social service providers

Annual competitive funding applications

- Grants are on a two year cycle
- Subrecipients can only be funded every other year
- $\frac{1}{2}$ of our partners funded one year, $\frac{1}{2}$ the next year

Are given authority to design and implement certain program criteria:

- Local preferences such as:
 - Special needs
 - Homeless
 - Disabled
 - Veterans
 - Survivors of domestic violence
- The amount of the minimum tenant rent (must be reasonable)
- Written Occupancy Standards (must be reasonable)
- Choose between Fair Market Rents or KHC Payment Standards
- Length of time client has to seek housing (must be reasonable)

Some program criteria is dictated by KHC:

- 100% of Households must be 60% AMI or less at move-in (Home rule requires 90%)
- 20% of households must be 50% AMI or less at move-in (KHC Rule)
- Must use voucher method for subsidy calculation (HOME rule also allows certificate method)
- Must use KHC Toolkit forms and legal documents such as
 - KHC's HOME TBRA Contract
 - KHC's HOME TBRA Lease Addendum
 - KHC-specified VAWA documents
- Must run program on a reimbursable basis

Must perform certain functions on behalf of KHC:

- Perform HQS Inspections (Move-in and annual re-inspections)
- Must perform Lead Visual Assessments for units built prior to 1978
- Must ensure units are rent reasonable

- KHC shares administrative fee with agency
 - 7.5% of grant award
- KHC requires agencies to sign up and read eGrams
- KHC monitors agencies for compliance using:
 - Annual Program Compliance Report
 - Onsite compliance reviews every 3 years or less based on an annual risk assessment
 - Desk reviews of draw/financial documentation



HOME TBRA Toolkit

- Step-By-Step guide
- Client File Checklist
- Conflict of Interest Guidance
- Fair Housing Information
- List of Helpful Links
- VAWA Information
- Forms

Type of Forms included in Toolkit

- Application & Personal Declaration
- Receipt of required documents
- Eligibility verification forms
 - Income
 - Assets
- Adjustment verification forms
 - Disability
 - Child care expenses
 - Medical & disability expenses
- Program requirement forms & instructions
 - Rent reasonableness documentation & instructions
 - Utility allowance calculation instructions
- Sample Personnel Activity Report (i.e. time & activity sheet)

Our HOME TBRA Subsidy Calculation worksheet

- Not included in the toolkit,
- Available on our Help Desk
- Instructions, Income & Asset Calculator, Subsidy & Rent

Calculator and a Voucher to give to client & landlords

TBRA Program Annual Income Worksheet Instructions	For assistance, please review the Step 1 Instruction tab.					HOME TBRA Voucher Subsidy Worksheet	HOME TENANT-BASED RENTAL ASSISTANCE (TBRA) VOUCHER
						,	חטווב ובואחוןיסאפט גבוואג אפאנאועב ווסגאן עטערובא
(updated 5/20/2020)						Recipient(s) Name:	1 4. Estimated
Step 1 - Enter information for Income and Assets (as indicated in the instructions below) into the	I. Annual Wages and Salary Incom	ne Calculator: Income as defined	by 24 CFR 5.609			2	Qualified 7. Payment Standard 3. County Family Boot 5. Maximum Subsidy
calculator on "Step 1 Annual Income" Worksheet tab. This information worksheet will calculate	No, of Pay Periods				Agency Name / Project Number:		
the annual income and transfer it to the "Step 2 - TBRA Subsidy Worksheet" tab.		Earned and Unearned or Total Annual			2	Insert actual date the voucher is issued to the Family in Issue Date box to the right 6. Effective D 10/1900	
Step 2 -Complete the yellow highlighted cells on the "Step 2- TBRA Subsidy Worksheet" Tab,					Comments	Agency Staff Member / Title:	Insert actual date the volucher is issued to the namity in issue Date box to the right 6. Effective D into 1000
paying close attention to the instructions for each guestion. The other cells will automatically	Family Member	Income Source	Rate of Pay Hours	Annual Income			Incert the number of days the giren for an extension (if applicable)
populate from formulas. If you enter the correct numbers into the vellow cells the subsidy				\$0.0	0	1 Certification Type Initial	9 D 18 (E 1
calculations, as indicated in rows 29, 30 and 31, will be correct.				\$0.0	10	2 Effective Date 1/0/1900 3 Annual Gross Income (Step 1 Line 6) \$ -	5. Printed Name of Family 10. Signature of Family Representative Signed
Step 3 - Complete the yellow highlighted cells on the "Step 3- Voucher" tab. The other cells will						Annual Gross Income (Step 1, Line b) Annual Gross Income (Step 1, Lin	
automatically populate to give you a completed voucher to give to the client/landlord.				\$0.0	10	 (of any age), or fulltime students (of any age) (Excluding head, co-head of 	11. Agency Name: 0
Print one copy of step 1 and 2 for the client file and print 2-3 copies of step 3, one for the client				\$0.0	10	5 Total Dependent Deductions (line 4 multiplied by \$480) \$	
file, one for the client and possiblev one for the client to give the landlord.						6 Annual Child care deduction (Must be reasonable, for children age 12 and	and Title: 13. Signature of Agency Representative Date
The, one for the client and possibley one for the client to give the landioru.				\$0.0		under or disabled. Applies only if childcare allows head or co-head to work or	0
I. Annual Wages and Salary Income Calculator				\$0.0	0	Elderly and/or Disabled Deductions & Allowances	
Under the column titled "Family Member," enter each family member's name that has some sort				\$0.0	10	(Complete lines 7-12 as applicable, for households with elderly or disabled head or	1. HOME TBRA Program 3. Family and the Agency share of the rent.
 Order the column titled "ramity member," enter each ramity member's name that has some sort of income. 						co-head of household)	A. The vencher has been instead by Agency (item 11) to the A. The portion of the rent psyable by the family to the landlord family (item 3) who is eligible to participate in the HOME ("Yamily share") is calculated based upon the family's ability to
of income.				\$0.0	10	Deductions	TBRA Program. Under this program, the Agency makes pay. The family must provide the Agency with information about
				\$0.0	10	7 Enter total annual Medical Expenses	nonthly payments to a landlord on buhalf of the family. The income, assets and other family circumstances that affect the family selects a decent, safe and sonitary dwelling unit the amount the family will pay. The family slore of the rent may
 Under the column titled "earned and unearned income source", enter the employer name, or the 						8 Disability Assistance Expenses (Annual amount of disability expense for the	Again makes psyments to the leadlord to help the family change as a result of changes in income or other family
source of income (i.e. social security, SSI, K-Tap, etc. or enter N/A or none, if that member has no			1. TOTAL ANNUAL INCOME:	\$0.0	0	head or co-head of household that allow that household member to work	to afford the rest. When the Agency issues the voucher, it circumstances. The family is also responsible for payment of all fully expects to have measury available to provide sessistance.
income)					_	9 Total of annual Disability Assistance Expenses and annual Medical Expenses (total of lines 7 and 8)	However, the Agrees is under no obligation to the family or
						total of lines / and 8) \$ -	the landlord or say other party until the Agency had B. Each month the Agency will make a restal payment to the approved the unit and entered into an Agreement with the landlord on behalf of the family. The monthly payment will be
 Under the column titled "Rate of Pay" enter the amount of pay such as: 	II. Assets: As defined by 24 CFR 5	5.609				11 Total Annual Deduction (line 10 subtracted from line 3)	landlord and the family. equal to the difference between the approved rest the landlord is
o If paid by the hour enter the hourly rate in this column			-turnifi - tinn			Allowances	charging and the family's share of the rent.
o If paid by the day enter the daily rate in this column	If no assets, please enter "0" in Ca	ash value Column to commin Ass	et verification.			12 Elderly / Disabled Allowance (choose \$400.00 if head or co-head is elderly or dis \$	2. Key steps in using this voucher.
o If paid on a weekly salary, enter the weekly salary amount in this column				Actual or		Adjustments	A. The family nust select a restal unit within the County 4. Requirements for Participating families inits of: The family nust select a restal unit within the County 1. A select and the family select select
o If paid on a monthly salary, enter the monthly salary amount in this column	Family Member	Description of A	Asset Cash Va	lue Disposed	Actual Income	13 Total Annual Deductions/Expenses/Allow ances (total of lines 5, 6, 11, 12) \$	imits of: The family must: • supply information about the family's income assets, and other
o If paid on an annual salary, enter the annual salary amount in this column						14 Adjusted Annual Income (line 13 substracted from line 3) Voucher Model	that meets the program's housing quality standards and as family circumstances that affect eligibility and the amount of the
on para on an annuar salary, enter the annuar salary annuar in this corann						Voucner model Voucner model 15 Qualified Bedrooms (Enter # of bedrooms family gualifies based on agency	a reasonable roat. When the family finds a suitable unit, the family's share, and cooperate fully with annual and interim re- family must give the Agency a "Request for Uait Approval" azaminitions; and
Under the column titled "Number of pay periods or total annual hours" enter the appropriate pay						occupancy standards in Admin Plan)	form signal by the landlord and ulco provide a copy of the
Onder the column titled "Number of pay periods or total annual nous" enter the appropriate pay						16 Payment Standard	allow the Agency to inspire the unit on an annual basis and at reasonable times and after giving reasonable notices; and
basis:						17 30% of Monthly Adjusted Income (line 14/ 12 x 0.30) \$ -	(Note: The family has 0 days to use notify the Agency when any person moves in or out of the unit
o If paid hourly - calculate the number of hours worked each week and multiply that by 52 to get						18 Maximum Subsidy (line 17 substacted from line 15)	the voucher. If the "Request for Unit Approval" form has and before vacating the dweining unit; and
the annual hours and enter the total annual hours in this column						19 Actual Bedrooms Rented (enter # of bedrooms in unit that family selected) 20 Rent Charged by Owner/Landlord	not been submitted by the expiration date (Rem 7), the sees the dwelling unit as the family's principal place of residence youther will expire unless the Agency approves an and calda as a participant for the family. The family must not sub-
o If paid by the day – enter the number of days worked in a year						20 Hent Charged by Ownerr Landiord 21 Utility Allowance from Utility Calculation Chart felicible client paid utilities based	voucher will expire unless the Agency approves an and solely as a residence for the family. The family nust not sub- lease or ussign the lease.
o If paid on a weekly salary – enter 52 in this column						on # of bedrooms actually rented)	B. After the Agency receives the "Request for Unit
o If paid on a monthly salary – enter 12 in this column						22 Gross Rent (total of lines 20 and 21)	Approval [®] form, the Agency will inspect the unit and review 5. Length of voucher assistance the landlord's lease. If the unit mosts the program's
o If paid on a yearly salary - enter 1 in this column						23 Gross Rent Minus Maximum Subsidy (line 22 minus line 18) 4 -	standards as the rest for the unit is reasonable, the Agency Assistance under the NOVIE I DAVA Program is not guaranteed.
						24 10% of Monthly Gross Income (line 3/12 x 0.10) \$	will notify the landlord and the family that the unit has been at any re-symination the family's income is greater than the
The column of Annual Income is a formula and will automatically calculate based on the						25 Minimum Tenant Paid Rent (Determined by Agency) 26 Total Family contribution (higher of line 23, 24, or 25) \$	 at any re-examination the family's income is greater than the (Note: If the unit or lease cannot be approved, the published income limit for the program; or
information entered into the other columns.	2. Total family assets			\$0.00		20 Total Family contribution (higher or line 23, 24, or 25) 3 4 - 27 Gross Bent minus Family Contribution (line 26 substracted from line 22) 4 -	Agency will give the landlord an opportunity to correct the the fundluic existent from the assisted unit or
internation entered into the other columns.	3. Total actual income from ass	- otc			\$0.00	28 Total Voucher Subsidu (lover of line 27 or line 18)	problem, or the family can begin to look for another unit. • the family provides false information or commits any frond in
 The comment field could be used to explain a unique pay situation 						C. The Agency will then work with the loadlord and the connection with the program, or fails to cooperate with required	
	4. (Complete only if Item 1 is greater than \$5,000.) Imputed income from assets (Item 1 x passbook rate of 2%) \$0.00				29 AGENCY PAYS TO LANDLORD: \$ -	family to execute all of the necessary documents as follows: re-examinations; or	
II Asset Calculator	5. Asset income to be considered (greater of Item 2 or Item 3) \$0.00			\$0.00	30 FAMILY PAYS TO LANDLORD: \$ -	The landlord and the family must sign an Agency Funding or the Agency's HOME TERA Program is terminated. approved lease.	
Under the column titled "Family Member," enter each family member's name that has some sort						31 AGENCY PAYS TO FAMILY OR UTILITY CO: \$ -	The landlord and the Agency must sign a HOME TBRA Agency will give the family at least 30 days' notice of termination
of asset.					40.00		contract. of assistance.
. 1			6. TOTAL ANNUAL INCOME	: (Total of Line 1 and Line 5): \$0.00		Once all necessary documents have been signed and the family morea into the unit, payments to the landlord will 6 Famal Houseing Opportunits
 Under the column titled "Description of Asset", enter the type of asset (i.e. checking account. 							fanily mores into the unit, payments to the landlord will 6. Equal Housing Opportunity

HOME TBRA COVID19 - Toolkit

- Tips on determining income
- Recordkeeping policy table
- Forms
- Waiver acknowledgments



HOME TBRA Quick Reference Guide

HOME TBRA Program Quick Reference Guide

The HOME Tenant Based Rental Assistance (TBRA) Program provides temporary assistance to individual households to help them afford housing costs in market-rate units. HOME TBRA assistance helps the individual households, rather than subsidizing the unit. If the household no longer wishes to rent a particular unit, the household may take its HOME TBRA and move to another eligible unit with PJ permission.

Eligible Uses	 Rental Assistance (Rent + Tenant paid utilities) Security Deposit Assistance Utility Deposit Assistance (in conjunction with Rental Assistance or Security Deposit Assistance only) Administrative Costs 	Eligible Units	 Pass HQS inspection (at move-in & annual recertification) Publicly or privately owned Not already subsidized Rent reasonable
Initial Household Eligibility	Income at/below 80% AMI	Annual Recertification Eligibility	 Income at/below 80% AMI Households over 80% AMI no longer qualify for assistance
Income Targeting	90% at/below 60% AMI	Payment Standards	 HUD's Fair Market Rent, OR PJ established payment standard based on market analysis
Occupancy Standards	 PJ established, OR Use Section 8 basic occupancy standard 	Subsidy Calculation Methods	 Certificate Model (fixed tenant payment & PJ established maximum rent) Voucher Model (fixed PJ payment)
Citizenship	Not required to be a citizen	Income Verification Method	2 month's source documents
Rent Limits	 Certificate Model: Gross rent (rent + utility allowance for tenant paid utilities) cannot exceed the PJ's payment standard, AND must be rent reasonable Voucher Model: Gross Rent must be reasonable 	Other Assistance Limits	 Security Deposit: equal to 2 months rent Utility Deposit: customary and reasonable Utility payments: PJ established Utility Allowance Administrative cost: HOME Rule 10%
Other Terms	 1-year lease unless both parties agree to lesser term Administering agency must review & approve lease Start date of TBRA Contract must match lease start date Agencies must develop written policies & procedures for administering the program Violence Against Women Act (VAWA) requirements apply 	Ineligible Uses	 Commitments to specific owners or properties Overnight or temporary shelters Cooperative housing that qualifies as ownership To prevent displacement/provide relocation assistance A unit already receiving subsidy assistance Utility deposit only assistance



https://kyhmis.zendesk.com/hc/en-us

May 26, 2020

Tenant-Based Rental Assistance





Community Housing Impact and Preservation (CHIP) Program

Program Overview

Funding

- Provide and preserve affordable housing stock
- Single-family Housing (1-4 units)
- Award recipients Cities and Counties
- Two-year award
 - Sources
 - HOME
 - Community Development Block Grant (CDBG)
 - Ohio Housing Trust Fund





CHIP Program Activities

Rehabilitation Assistance (HOME and CDBG)

• Owner or Renter Rehabilitation

Repair Assistance (CDBG and OHTF)

• Owner or Renter Repair

Homeownership (HOME)

- Down Payment Assistance
- New Construction w/ Habitat

Tenant Based Rental Assistance (HOME)





Tenant-Based Rental Assistance Partners





Community Action Agencies





Tenant-Based Rental Assistance Program Design

60% of Area Median Income

Maximum Limit of Assistance/Unit:

\$12,000/year

Grantee Program Design Submission

- Tenant Selection
- Portability
- Term of assistance





Tenant-Based Rental Assistance Program Design







COVID-19 Response

Amendments: move unobligated HOME Program funds to TBRA

TBRA HOME Waivers

2020 Applicants must submit TBRA needs assessment

- Historically: 2.5% of CHIP funding for TBRA
- Historical Hardships:
 - Affordable Housing
 - Unit meet Housing Quality Standards





TBRA Resources

Client File Checklist

Client File Monitoring







Barbara Richards

Manager, Residential Revitalization

Barbara.Richards@development.ohio.gov





California Department of Housing and Community Development

HOME TBRA PROGRAM COVID-19 WAIVERS SUMMARY

Jay Cortese HOME Program Manager

LIFOR

mantennin



Income Determination

NORMAL:

• 24 CFR 92.203(a)(2) requires examining at least 2 months of source documents evidencing annual household income, for everyone.

WAIVER:

- Permits use of self-certification of income per 24 CFR 92.203(a)(1)(ii), but for only those that have lost employment or income either permanently or temporarily due to the COVID-19 pandemic (written explanation required), and to homeless individuals and households, for assistance starting by 12/31/2020. Must count unemployment and emergency assistance, but not stimulus checks.
- Must conduct on-site rent and income reviews by 3/31/2021 if continuing with assistance beyond that time.

2



Term of Assistance

NORMAL:

- Per 24 CFR 209(e), assistance must begin on first day of lease (lease for those being assisted in-place can be reset via a lease addendum)
- Assistance commitment 12-24 months, or as few as 6 months if desired by tenant. Renewable.

WAIVER:

- Assistance not required to begin on first day of lease, for TBRA contracts ending by 12/31/2020.
- Assistance commitment can be less than 12 months, and must end by 12/31/2020.



Amount of Assistance

NORMAL:

• Per 24 CFR 92.209(h) and (a), tenant pays 30% of monthly adjusted household income ("AI") toward gross rent ("GR", = unit rent + non-included utilities from Utility Allowance Schedule), and Program pays the rest based on their Rent Standard ("RS" = 90%-110% of HUD FMR, unless based on local market conditions). Under Certificate version of TBRA, the RS caps maximum gross rent that can be approved, and monthly TBRA benefit is GR less 30% of AI. Under voucher version, monthly TBRA benefit is RS less 30% of AI, and tenant pays more or less than 30% of AI if GR <> the RS, with minimum tenant contribution of usually 10% x monthly gross income.

WAIVER:

• For TBRA contracts, tenants pay 0-30% of monthly adjusted income towards housing costs, with program paying up to 100% of rent plus actual utility bills. With Rent Standard waived, HUD FMRs are not a limitation.



Unit Inspection

NORMAL:

• Unit must pass program's Housing Quality Standards (HQS) inspection before assistance is provided, as well as lead-based paint visual inspection and remediation.

WAIVER:

- No upfront inspection is required, but units built before 1978 must undergo visual evaluation per 24 CFR Part 35, subpart M (20-minute online training with required cert. at <u>http://www.hud.gov/offices/lead/training/visualassessment/</u> <u>h00101.htm</u>) for lead-based paint, with repairs as needed.
- Must establish procedure to minimize risk that tenants are in substandard housing (would not pass HQS inspection) and have procedures for conducting inspections by 4/30/2021 for tenants being assisted beyond that date.



Rent Reasonableness

NORMAL:

• Requires program to document reasonableness of rent being considered, based on comparable unassisted rental units.

WAIVER:

• This requirement is waived for assistance that starts before 12/31/2020 to households experiencing financial hardship because of a reduction or loss of income.



Tenant Protections

NORMAL:

- 24 CFR 92.209(g) require that each HOME-assisted tenant have a lease that complies with the tenant protection requirements of 24 CFR 92.253(a) and (b).
- Lease cannot have prohibited items per 24 CFR 92.253(b)

WAIVER:

- Requirement removed for those already in units with job loss or reduced wages, but TBRA contract term must not go beyond 12/31/2020.
- VÁWA lease addendum must still be executed.