

HOME Tenant-Based Rental Assistance (TBRA) Basic Training

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California Department of Housing and Community Development By Jay Cortese October 15, 2014

Cell Phones on "Stun" please!



WHO'S HERE?

Raise your hand if you:Have no experience with TBRA

Have experience with TBRA but not recently

Understand Section 8 Voucher Program

- WHAT WE'LL COVER TODAY:
- What is TBRA?
- What are the basic eligibility requirements?
- What are the forms to use?
- When do I submit the forms to HCD?

IMPORTANT TERMS:

- Rent Standard: you set at 90-110% of HUD FMR's, for maximum approvable rent
- Rent Reasonableness: Unit's rent is fair given amenities, location, comparables
- Gross Rent: unit rent plus Utility Allowance

IMPORTANT TERMS:

- Utility Allowance: A figure off of a local Utility Allowance Schedule (from the PHA) to figure in estimated cost of nonincluded utilities.
- Lease Addendums: HOME documents that must be added to modify unit lease

IMPORTANT TERMS:

- Housing Quality Standards (HQS): HUD checklist standards for minimum requirements regarding Health and Safety
- Payment Standard: Maximum allowable housing cost (rent plus utility allowance)

ELIGIBLE TBRA USES

- Rent subsidy when housing costs are over 30% of household's adjusted income; and/or
- Security deposit up to 2x monthly rent
- Utility deposit (only with one or both of the above)

ELIGIBLE HOUSEHOLDS

At least 90% of the families you serve under a contract must have incomes at or below 60% of AMI

Up to 10% may have incomes up to 80% AMI

ELIGIBLE HOUSEHOLDS

Household must have the need for rental subsidy and/or utility deposit assistance.

For rental subsidy, this means rental housing costs exceed 30% of adjusted monthly income

ELIGIBLE UNITS

- Must meet HQS standards, as evidenced by signed and dated HW|QS inspection form
- Are "Rent Reasonable"
- Rent plus Utility Allowance doesn't exceed Rent Standard





HOME REPORTING FORMS

Form fields on each of the documents listed below may be completed while open in your brow entered.

- HOME-2—Quarterly Performance Report Revised 4/2013 (Microsoft Excel)
- HOME-2A—Quarterly Program Income Statement Report Revised 10/2013 (Micro
- HOME-3—Project Funding Source Detail Listing Revised 6/12/09 (Microsoft Word)
- HOME-3A—County Code Listing Revised 10/29/09 (Microsoft Word)
- HOME-4—Administrative Drawdown Request Revised 1/29/14 (Microsoft Word)
- HOME-5—Project Drawdown Request Revised 1/29/14 (Microsoft Word)
- HOME-6—Homeownership Project Set-Up and Completion Report Revised 1/29/14 (
- HOME-7—Homeownership Assistance Rental Housing Project Set-up Report Revise
- HOME-8—Tenant Based Rental Assistance Project Set-up Report Revised 1/29/14 –
- HOME-10—FTHB Project Set-Up/Completion Report Revised 1/29/14 (Microsoft E)
- HOME-11—Rental Project Set-Up/completion Report Revised 4/1/14 (Microsoft Experimental Project Set-Up/completion Report Revised

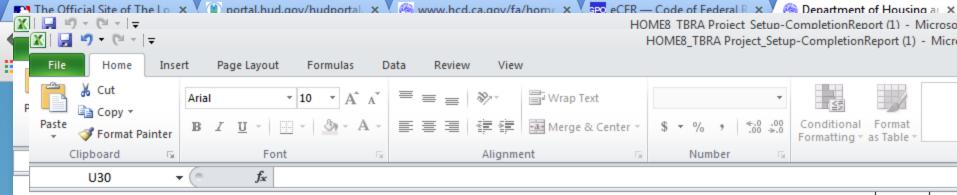
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HOME Program		<u>Rep</u>	Initial & Date	FOR FISCAL USE ONLY		
Tenant Based Rental As	sistance Program	<u>Mgr</u>	Initial & Date	□IDIS □CSS □CAPES		
Project Setup Report / 0	Completion Report					
Complete this form as a Setup Rep	art a Completion Penartera Setu	<u>Setu</u>	Þ	Completion		
and Completion Report and submit			riginal Setup	Original Completion		
Department of Housing and Comm	unity Development		evised Setup	Revised Completion		
HOME Program. 2020 W. El Camino Ave., Ste. 650 Sacramento, CA 95833	OR P.O. Box 952054 Sacramento, CA 94252-	lf Re	vised, Why?			
	-		Cancel, Why?			
Part A: Contractor & Activity In 1. Project Number (HCD Assigned)	formation 2. HUD Activity Number (HCD Ass	in a d	3. HOME Recipien	t Nama		
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Name of Person Completing F	orm	5. HOM	5. HOME Recipient Street Address			
5a. City	5b. State	5c. Zip Code		5d. County		
5e. Phone	5f. Fax	5g. e-m	ail			
6. Project Name	11		7. County Code	8. HOME funds (Contract Allocation)		
TENANT BASED RENTAL ASSISTA	NCE PROGRAM					

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	Contract Number HOME Recipient Name HOME Funds Requested HOME																			
No.	Tenant's Last Name	Tenant Payment (a)	твра (b)	Total Rent a+b	Secur Utili depo paid perio	ties osit this	Amount of Security/ Utilities Deposit Paid this period	to	nge urred heeds	changed	Month January Year	Month February Year	Month March Year	Month April Year	Month May Year	Month June Year	Month July Year	Month August Year	Month September Year	N 0
1					No	•		No	•											
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Project Drawdown Request State of California HOME Program							
		-					
Contractor Name:							
HOME Contract Number	HOME	HOME Project Number:					
State Recipients are requir funds ("Balance"). Please		t least once per month, their undisturbed balance of f wing information:	Program Income/Recaptured				
a) Date of Balance:		, b) Balance (if Balance is zero enter 0, do not lea	ve blank):				
		(Funding Source Codes 01, and 11) on this request. request less than \$100 unless it is your final drawdow					
the nearest dollar (no cent							
<u>the nearest dollar (</u> no cen							

Code		Amount	
		\$0	
01	HOME Funds Requested-		\$0

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Draw monthly, if desired

- If no additional families and no changes to income or rents, etc., no need for Revised Project Setup and Completion Report with next draw
- Never remove families from form
- Use File → Save As whenever drawing, with or without Setup/Completion changes

For More Information

Department of Housing and Community Development Financial Assistance Division <u>www.hcd.ca.gov/fa/home</u>

(916) 263-