

## 2021-2022 New York State Rental Supplement Program Plan

**District:**

ERIE

**Contact Person:**

Daniel Szewc

**Telephone:**

716-858-8720

**Email:**

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**RSP Implementation Date:**

XX/XX/XXXX

**Indicate whether the program will be administered using district mechanisms (e.g., direct administration or transfer of funds to county agencies) or by another public agency, contractor or non-profit organization. Administration of the RSP may be delegated in full or in part. Also indicate whether districts will coordinate with the local HUD-funded Continuum of Care, if applicable.**

The program in Erie County will be administered by a vendor selected through an RFP process. The RFP (See attached RFP) is in process now and should be completed approximately 8/15/2022. The RFP process was delayed by a lack of comprehensive responses. Through the RFP process and post RFP submission interviews with local agencies, DSS has determined at least one local agency that has the skill and capacity to serve the clients as needed. DSS continues to refine some details and has another interview set for 7/28/2022. A final selection is likely to be made shortly thereafter. The selected partner will be responsible to receive referrals, verify eligibility, address any and all issues around supplement issues. The Department of Social Services will provide administrative oversight, review of the program and address programmatic issues. The selected provider will invoice the Department on a monthly basis for rent supplements paid out. The selected provider will invoice the Department quarterly for payroll and administrative expenses.

The RSP in Erie County will coordinate with the CoC to be sure it assists a greater number of clients than are assisted directly. Clients in receipt of RSP funds will not need Rapid Re-Housing services. The CoC will be notified of clients who are approved to receive RSP assistance. With this coordination, the CoC is able to eliminate the chance for duplicative

services and focus on clients who are either not eligible for RSP for whom funding is not available.

**Indicate the anticipated RSP supplement amount and the number of households expected to be served in the initial 12-month period. RSP supplement amounts are set at 85% of the local Fair Market Rent (FMR) values with a district option to pay up to 100% of FMR using local funds.**

**RSP Supplement Amount:** Assuming renters acquire apartments at or below FMR, Erie County will provide supplements from \$657.90 for an efficiency apartment up to \$1133.90 for a 4-bedroom unit. These values reflect 85% of the FMR's in the region. Erie County will not subsidize the RSP with local funds.

Explanation of the calculations below:

The numbers the annual payments are derived from an estimated percentage(weight in line 8) of the funds will be used for each type of apartment. The monthly amount paid is line 9 / line 12.

The number of families in each category is derived from the monthly amount/ the FMR(85%, line 7)

**Anticipated Number of Households to be Served: 340**

FMR Buffalo- Cheektowaga- Niagara*							
Total Allocation	\$3,874,658						
Admin 15%	\$581,198.70						
Supplement Funds available	\$3,293,459.30						
<b>Year</b>	<b>Efficiency</b>	<b>One-Bedroom</b>	<b>Two-Bedroom</b>	<b>Three-Bedroom</b>	<b>Four-Bedroom</b>	<b>Totals</b>	<b>avg monthly payment</b>
Household size**	1	1 or 2	2 to 4	3 to 6	4 to 8		
FY 2022 FMR	\$774	\$812	\$963	\$1,190	\$1,334		
85% of FMR	\$657.90	\$690.20	\$818.55	\$1,011.50	\$1,133.90		
weight	0.10	0.30	0.30	0.20	0.10		
annual payment per type	\$329,345.93	\$988,037.79	\$988,037.79	\$658,691.86	\$329,345.93	\$3,293,459.30	
monthly	\$27,445.49	\$82,336.48	\$82,336.48	\$54,890.99	\$27,445.49	\$274,454.94	\$807.05
number of indiv or families assisted per type	42	119	101	54	24	340	
* Source	<a href="https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/2022summary.odn">https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/2022summary.odn</a>						
** depending on family makeup							

**Describe the outreach mechanisms that will be used. Receipt of TA is not a requirement for determining eligibility for the RSP, but at least 50% of the supplements shall be allocated for households who are currently in shelter or experiencing homelessness (unless sufficient demand does not exist for such households within a district).**

Erie County expects that excess demand exists for a Rental Supplement Program. The demand exists across many types of households and income situations. We believe the needed outreach will be minimal and handled in-house based on internal data. As a result of the limited number of recipients and the high demand, Coordinated Entry will not be used as an outreach mechanism. The County proposes to offer shelter supplements to 3 distinct groups of renters.

Group 1. 50% of the supplements will be provided to renters currently in shelter for 30 days or more and placed by our Homeless Services team. These individuals or families will be referred to our contracted agency by our Homeless Team Case Workers.

Group 2. 25% of the supplements will be provided to renters receiving SSI/SSD.

Group 3. 25% of the supplements will be provided to renters receiving TA for more than 1 year and have earned income in their budget.

Recipients in Group 1 will be selected on a First Come, First Served basis with a lookback to 4/1/2022.

Recipients in Group 2 will be referred as they present to Emergency Services for eviction assistance.

Recipients in group 3 will be selected by lottery

**Describe the application and determination process, including the length of time within which applications will be approved or denied. OTDA encourages districts/contractors to make decisions regarding applications within 30 days of the application date.**

The application for rental supplement will be provided and reviewed by our RFP process selected provider. Applicants in all groups will be referred to our provider to complete an application and determination. Referred applicants will have been determined to be programmatically eligible by a case worker in DSS and instructed to complete an application. The application will likely be available in an online format as well as a paper format. It is expected that determinations will be made by the contracted agency in 30 days or less in an effort to reduce the rental burden of current renters, ensure landlord satisfaction and increase permanent housing success rates among those in shelters.

Please see Exhibit A for a draft application as designed by ECDSS. Modification and improvement will be made with the selected provider.

Information gathered from ECDSS records and from the client application will be entered into a calculation worksheet to determine if the individual/ family is financially eligible for an RSP award.

See Exhibit B for a draft eligibility determination calculation worksheet.

**Describe the forms and/or notices that will be used to facilitate the application and determination process. When households requesting a supplement do not meet the criteria established by the district, the denial/discontinuance letter must support the decision by explaining the criteria and the district's decision that the household does not meet such criteria. When a supplement is approved, an award letter must be provided to both the tenant and landlord and must detail the amount approved to be paid on a monthly basis and the months/term included.**

See Exhibit C for a combined/ universal use approval/denial/ Landlord notification letter. The forms will be generated and sent via our contracted agency.

**Indicate the anticipated target population, including prioritization of certain households (e.g., those with children under the age of six, single individuals, veterans, individuals and families experiencing domestic violence (DV) and non-DV victims of violence). Eligible participants include individuals and/or families, regardless of immigration status, who are experiencing homelessness or facing an imminent loss of housing, including individuals and families with or without children.**

The target population will be individuals and families who have an active relationship with DSS. That is, 50% of the recipients will currently be housed in shelter by DSS for 30 days or more and appropriately working toward permanent housing. These recipients could be singles or families, DV victims or victims of other violence etc. Twenty-five percent of the funding will provide support to clients actively working toward self-sufficiency and having earned income in their TA budgets. The remaining 25% will serve SSI/SSD recipients on an ongoing basis. All recipients will be referred to our selected agency based on a case review and the fact that they are experiencing homelessness or facing a loss of housing due to a tenuous ability to cover the rent.

As these clients are involved with DSS and the demand will exceed the supply of funds, the district will prioritize client referrals internally.

**Indicate how the following eligibility standards will be met:**

- **Households must earn no more than 50% of area median income (AMI) at the time of application (using current monthly income for the household and excluding earned income of a minor child; adoption/foster care payments; one-time loans, gifts, lump sum payments or other non-recurring income; and childcare subsidy payments) based on location and household size, with initial priority given to households who earn no more than 30% of AMI;**
  - **A household's financial contribution will be limited to 30% of their households' total earned and/or unearned income; and**  
See exhibit B below. This form or a version of it will be used by our selected vendor to determine and monitor the 30% threshold.
  - **Supplements are to be provided until the household's income reaches 30% or more of their monthly rent, at which point the housing will be considered affordable for the individual/family and the supplement will end.**  
See exhibit B below. This form or a version of it will be used by our selected vendor to determine and monitor the 30% threshold.

Financial Eligibility requirements will be tested using the previously described Eligibility Calculator (Exhibit B). Recipients will be required to report changes in income and will also be recertified on an annual basis. The Eligibility Calculator provides an easy to use eligible/ not

eligible result. Any version created or modified by a selected vendor will include the built-in formulas and results field. The considerations and requirements noted above are included in the Eligibility Calculator.

**List any other established eligibility criteria and indicate how each criterion will be determined and documented. Include the following:**

- **Will leases be required of all tenants?**
  - No, many of our clients and landlords do not use leases in their business practices. Requiring leases would likely decrease the opportunity for our clients to benefit from this program.
- **How will the district/contractor ensure that the rental costs are legitimate and the responsibility of the recipient if a lease is not required?**
  - The Department will require signed Landlord statements, and proof of ownership, which will include a property search to be certain the payment recipient is the Landlord of record. The property search will be conducted via: <https://www3.erie.gov/ecrpts/real-property-parcel-search>
- **Will there be any health and safety standards regarding the housing that must be met prior to paying the supplement at a specific location?**
  - Erie County will employ a pre-tenancy checklist and agreement strategy. (See Exhibit D)The checklist will be completed and signed by both parties that show the status of the apartment prior to the tenant moving in as a way to document whether the unit is in “fair/good/poor” condition. Substandard housing will not be approved. Our Case Management team will help to address and resolve discrepancies or concerns.
- **How will the district handle modifications (e.g., moves, rent increases, changes in household composition, etc.)?**
  - Recipients are required to report changes to the Department within 10 days. The Department will notify the RSP vendor of the change and contact the client to recertify eligibility. Appropriate changes to RSP amounts, denials, or other changes will be communicated by the vendor.
- **What standards will be followed in determining whether supplementation will continue following a move?**
  - The recertification process, whether annual or event based, will follow the same original certification process; determined within 30 days, notification made by letter.
- **Will the district/contractor require the recipient household to report changes related to the supplement within a set timeframe as a condition of continued eligibility for the supplement?**
  - Yes, 10 days.
- **How will contributions towards rental costs from individuals outside the household be verified and what standards will be applied in determining whether such contributions can be sustained in the future?**
  - We will require the individuals who are assisting the applicant to pay the landlord directly with any financial assistance and also provide an official statement that

includes a durational period for the assistance. The landlord will be required to report the assistance to the Department prior to assistance being provided.

- o Signed statements regarding gift or loan payments or direct assistance to the landlord will be verified and maintained in the case record. Only net out of pocket shelter expenses for the applicant will be considered when determining subsidy assistance.

**Indicate the length of time the supplement will be offered to households (e.g., three months, six months, indefinitely, etc.) and whether there is a recertification process for the supplement.**

The supplement will be offered indefinitely, if the household maintains other eligibility requirements, such as timely recertification, reporting income and living situation changes. For SSI/SSD recipients as there is little likelihood of an increase in income that would provide sufficient funds for rent.

The supplements for the clients currently in shelter or in receipt of TA, will be offered indefinitely or until the recipient no longer meets financial eligibility requirements. At minimum an annual recertification and determination for all RSP recipients process will occur.

**Indicate the payment mechanism (e.g., check, transfer of funds, etc.) and whether the supplement will be paid to the tenant or the landlord.**

Payments will be made directly to landlords.

Payments will be made by paper checks or electronic methods based on landlord preference and RFP selected vendor capability. TBD

**Indicate how fraudulent and/or cases determined to otherwise be ineligible will be handled, including the procedure for recouping funds, if necessary.**

Ineligible households will receive a denial letter. Case determined to be fraudulent will be closed and future rent payments stopped. Cases will be closed and payments will be stopped within 10 days. Suspect cases will be referred to the Special Investigations Unit for follow-up. If over grants are determined, civil recoveries will be executed as payments cannot be recouped through a case.

**Describe how the district/contractor will ensure that households do not receive duplicate benefits from other sources that may assist with paying future rent/ongoing rental supplements.**

Our application requires an indication of income and other supplements. If applicants are found to have a duplicative supplement subsequent to their approval, the process for handling fraudulent cases will be initiated.

The Department will share program participant names with HMIS through the Homeless Association of Western New York(HAWNY). Our partnership provides the ability to compare records and ensure households do not receive duplicate benefits. The Department and its selected vendor will have an agreement in place and obtain appropriate releases from each participant.

**Indicate how client records will be maintained (e.g., paper file cabinets, electronic records, or a combination of both) and whether any specific software or system will be used. Notifications regarding eligibility determinations (e.g., approvals, denials and discontinuances) must be maintained in the case record for a minimum of six years following submission of the final expenditure report.**

All records will be maintained electronically, both at the County and with our selected vendor. Internally, all pertinent documents will be entered electronically or scanned and stored according to established procedure. Records are stored indefinitely. Erie County uses OnBase to maintain and store client records. OnBase is our electronic records data system. It is used by all of DSS but its usage is defined by role and our confidentiality policy.

The selected vendor will store records for a minimum of six years. It is expected the records will be electronic and/or scanned into an electronic format. TBD

**Indicate how the progress of those served in the RSP will be monitored. Reports that describe the progress of RSP activities and those served will be required on at least a quarterly basis. A report template will be provided. Minimally, reports must include the amount of rental supplement payments provided, the number of households served and certain demographic information including receipt of TA and household composition.**

Reporting will be made available by the Department and/or the vendor. At minimum, the reports will contain:

- the name of clients who are in receipt of RSP benefits
- the address served
- the amount of the RSP benefit paid
- length of time on program

**To the fullest extent possible, RSP funding should not be used to supplement existing Shelter Supplement Programs. Districts who currently have an approved Shelter Supplement Plan must indicate the following:**

- **How the RSP will be different from their current approved Shelter Supplement Plan**
- **The process established to ensure funds are not duplicated**
- **How participating households will be distinguished**

Erie County does not have an existing shelter supplement program.

Exhibit A



**RSP Application**  
**Erie County Department of Social Services**  
 Division of Family Independence | TA  
 (DRAFT)

Name		Date of Birth	SSN / CIN (if applicable)		
Please list any other names known by		Do you own your own home or any other property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex	Telephone Number		Email		
Address		City	Zip Code		
Mailing Address		City	Zip Code		
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not homeless, do you pay rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of rent paid, if applicable \$	
Are you receiving any Rental Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list type of assistance and amount received \$			
<b>Please list all persons residing with you</b>					
Full Name	Relationship	Birth Date	Age	Sex	SSN (if applicable)
Name of landlord		Landlord's phone number		Do you have a current signed lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord's address					
Is the Landlord willing to accept a supplement <input type="checkbox"/> Yes <input type="checkbox"/> No		Is anyone in your household pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, list due date	
Is anyone in your receiving SSI or SSD? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, list Person Receiving SSI/SSD		Amount Received \$	



Please enter ALL income sources for everyone in the household and total gross amount received per month. (Gross amount means before any taxes or deductions are taken out.)		
Income Source	Recipient Name	Gross Monthly Amount
Wages	█	\$ █
Social Security	█	\$ █
SSI/SSD	█	\$ █
Child Support	█	\$ █
Pension	█	\$ █
Asset Income	█	\$ █
Other, specify: █	█	\$ █
█		
<p>I hereby certify that all the information on this application is true and accurate to the best of my knowledge and that the income for all household members has been reported.</p> <p>I authorize the Erie County Department of Social Services (ECDSS) and its staff to contact any individual, agency, office, group, or organization to obtain any information or materials, which are deemed necessary to complete my application.</p> <p>I understand that I am responsible to notify the ECDSS within 30 days of any change in information provided on this application.</p>		
Signature of Applicant		Date
█		█

**RETURN YOUR COMPLETED APPLICATION TO:**  
**Erie County Department of Social Services**  
**PO Box 120**  
**Buffalo NY 14201**  
**(716) 858-8000**

Exhibit B

HOUSEHOLD NAME  IDENTIFIER #

	HH MEMBER 1	HH MEMBER 2	HH MEMBER 3	HH MEMBER 4
Earned Income	<input type="text"/> Weekly Income	<input type="text"/> Weekly Income	<input type="text"/> Weekly Income	<input type="text"/> Weekly Income
	X \$ 4,333 Monthly Income	X \$ 4,333 Monthly Income	X \$ 4,333 Monthly Income	X \$ 4,333 Monthly Income
	<input type="text"/> Bi-Weekly Income	<input type="text"/> Bi-Weekly Income	<input type="text"/> Bi-Weekly Income	<input type="text"/> Bi-Weekly Income
	X \$ 2.17 Monthly Income	X \$ 2.17 Monthly Income	X \$ 2.17 Monthly Income	X \$ 2.17 Monthly Income
Unearned Income	<input type="text"/> SSI	<input type="text"/> SSI	<input type="text"/> SSI	<input type="text"/> SSI
	<input type="text"/> SSD	<input type="text"/> SSD	<input type="text"/> SSD	<input type="text"/> SSD
	<input type="text"/> UIB	<input type="text"/> UIB	<input type="text"/> UIB	<input type="text"/> UIB
	<input type="text"/> OTHER	<input type="text"/> OTHER	<input type="text"/> OTHER	<input type="text"/> OTHER
	\$ - TOTAL UNEARNED INCOME	\$ - TOTAL UNEARNED INCOME	\$ - TOTAL UNEARNED INCOME	\$ - TOTAL UNEARNED INCOME
TOTAL HH MEMBER	\$ -	\$ -	\$ -	\$ -

TOTAL HOUSEHOLD MONTHLY INCOME \$ -

applicant eligible for the program **YES**  If yes, proceed to Supplement Calculation Page.

AREA MEDIAN MONTHLY INCOME \$ 6,575.00

Is applicant eligible for priority consideration? **YES**

HH INCOME as a Percentage of AMI: 0%

100% FAIR MARKET VALUE RENTAL AMOUNT	85% FAIR MARKET VALUE (Maximum Rental Supplement)
Efficiency Apartment: ****	\$ 657.90
One Bedroom ****	\$ 690.20
Two Bedroom ****	\$ 818.55
Three Bedroom ****	\$ 1,011.50
Four Bedroom ****	\$ 1,133.90
Applicant's Rental Expense:	\$ 100.00
Number of Bedrooms Needed:	Two
Applicant's Monthly Income :	\$ -
Client's Rent as a Percent of Their Income:	#DIV/0!
Client Eligibility Based on Rent / Income Ratio:	#DIV/0!
Maximum Client Contribution (30% of Income):	\$ -
Rent Minus Client Max Contribution:	\$ 100.00
Maximum Potential Rental Supplement:	\$ 818.55
<b>Rental Supplement for this Applicant:</b>	<b>\$ 100.00</b>

## Exhibit C




**Rental Supplement Program Decision**  
 Department of Social Services  
 Division of Family Independence | TA  
 (DRAFT)

<u>Client Name</u>	<u>Landlord Name</u>
<u>Client Address</u>	<u>Landlord Address</u>
<u>Client Address</u>	<u>Landlord Address</u>

Notice Date _____	SSN / CN (if applicable) _____	Category <input type="checkbox"/> Shelter <input type="checkbox"/> SSI/SSD <input type="checkbox"/> TA
Worker Name _____	Phone _____	
State _____		
<input type="checkbox"/> Approved, time period: _____ to _____ Monthly Supplement Amount: \$ _____		
<input type="checkbox"/> Reauthorized, time period: _____ to _____ Monthly Supplement Amount: \$ _____		
<input type="checkbox"/> Denied, reason: _____ _____		
<input type="checkbox"/> Discontinued, effective: _____ Reason: _____ _____		
The following is an explanation of how your supplement amount was determined: Household's Gross Income, \$ _____, is less than 50% of the Area Median Income: \$ _____ Household's Financial Contribution (30% of household's gross income): \$ _____ Current Rent: \$ _____ Supplements shall be provided until the household's income reaches 30% or more of their monthly rent with a maximum supplement of \$500/month. All supplements are rounded to the nearest dollar.		
<ul style="list-style-type: none"> <li>• A supplement check will be issued monthly directly to the landlord within 60 days.</li> <li>• The supplement for SSI/SSD recipients will require an annual recertification. The supplement for clients currently in shelter or in receipt of TA, will be offered a supplement for a maximum of two years with an annual recertification.</li> <li>• Changes in household composition, address, landlord information, rent, income and any other changes that may affect your continued eligibility must be reported to the Erie County Department of Social Services within 30 days of any change in information. Failure to report changes timely may result in a delay in payments and/or possible discontinuance.</li> </ul>		

Exhibit D



**Pre-Tenancy Inspection**  
 Department of Social Services  
 Division of Family Independence | Temporary Assistance  
 B-5057(1-2019)

**PRE**

In an effort to prevent fraudulent activity, ECSSS reserves the right to inspect any dwelling prior to Security Agreement authorization.

Tenant/Client Name(s)		Tenant/Client Phone	
Landlord Name		Landlord Phone	
Dwelling Street Address		Dwelling City/Town	Dwelling Zip Code
Date of Inspection	Anticipated Move-In Date	Anticipated Monthly Rent \$	
Inspection conducted by: <input type="checkbox"/> Owner & Tenant <input type="checkbox"/> Property Manager & Tenant			
Has a cash security deposit been received from, or paid on behalf of, the above tenant/client?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
At the time the dwelling was inspected, were the utilities on?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were smoke detectors operational?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will anyone outside the tenant/client's household have access to any parts of the dwelling (halls, basement, etc.)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list name(s), relationship(s), and area(s) of access: _____			

**Directions:** Circle the corresponding letter (G=Good, F=Fair, P=Poor, N= Not applicable/ Not accessible by tenant/client household) to describe the present condition of the items listed below. See the reverse side of this document for guidance on determining condition. Use the Comments section to provide a detailed description of all items marked Poor, as well as any information not otherwise captured by the letter system. NOTE: FLARE claims will not be paid for damage to any items classified as Poor (with no details provided) or Not applicable.

Living Room and Dining Room						Bedroom(s): #					
Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N	Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N
Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N	Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N
Lights & Mirrors	G F P N	Doors & Jambes	G F P N	Doors & Jambes	G F P N	Lights & Mirrors	G F P N	Doors & Jambes	G F P N	Doors & Jambes	G F P N
Heating Unit/Vent	G F P N	Furniture*	G F P N	Other	G F P N	Heating Unit/Vent	G F P N	Furniture*	G F P N	Other	G F P N

Kitchen						Bathroom(s): #					
Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N	Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N
Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N	Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N
Lights & Mirrors	G F P N	Doors & Jambes	G F P N	Doors & Jambes	G F P N	Lights & Mirrors	G F P N	Doors & Jambes	G F P N	Doors & Jambes	G F P N
Heating Unit/Vent	G F P N	Furniture*	G F P N	Tub & Grout	G F P N	Heating Unit/Vent	G F P N	Sink & Faucet	G F P N	Tub & Grout	G F P N
Cabinets	G F P N	Sink & Faucet	G F P N	Grout/Regrout	G F P N	Cabinets	G F P N	Tub & Shower	G F P N	Counter Top	G F P N
Counter Top	G F P N	Appliances**	G F P N	Other	G F P N	Toilet	G F P N	Towel Bars	G F P N	Other	G F P N

\*Furniture may include, but are not limited to, tables, couches, chairs, and beds. \*\*Appliances may include, but are not limited to, refrigerators, stoves, washers and dryers.

External & Common Areas													
Doors & Locks	G F P N	Laundry*	G F P N	Fence & Yard	G F P N	Pool, Steps, Ramps	G F P N	Lights	G F P N	Screened/Ally	G F P N	General Shed	G F P N

**Summary of Dwelling Condition**

General Condition of Unit  Good  Fair  Poor      Level of Cleanliness  Good  Fair  Poor

Chipping/Peeling Paint  Yes  No

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOCUMENT IS NOT VALID UNLESS REQUIRED SIGNATURES ARE PRESENT AND BOXES CHECKED

<input type="checkbox"/> I have read the Notice to Tenant/Client on the reverse of this form and agree to the terms.	<input type="checkbox"/> I have read the Notice to Tenant/Client on the reverse of this form and agree to the terms.
Client/Tenant's Signature _____ Date _____	Client/Tenant's Signature _____ Date _____
<input type="checkbox"/> I have read the Notice to Landlord on the reverse of this form and agree to the terms.	<input type="checkbox"/> I certify that this dwelling has been inspected according to ECSSS standards.
Landlord/Agent's Signature _____ Date _____	Authorized ECSSS Representative Signature _____ Date _____

Distribution: Copy 1-ECSSS Copy 2-Landlord Copy 3-Client/Tenant  
 EDWARD A. BATH COUNTY OFFICE BLDG, 95 FRANKLIN STREET, BUFFALO, NEW YORK 14203-3658

**Notice to Client/Tenant**

Please read before signing

I hereby state that the property was inspected before moving in and found to be in good condition, with any exceptions noted. I understand that it is my responsibility to properly maintain the property and that I will be held liable for any damages occurring during my tenancy, even if someone I have over as a guest causes the damages. I also understand that it is my responsibility to pay my monthly rent and to give the landlord proper notice to vacate the premises and to sign the Post-Tenancy Inspection form when moving out of the property; otherwise I may be held responsible for repayment of not only damages but for the final month's rent as well. Furthermore, I understand that failure to do either may result in a recoupment from my future Temporary Assistance grant or recovery by any legal means necessary for damages or rent paid on my behalf to the landlord under this agreement.

I declare under penalty of perjury, pursuant to Penal Law section 210.45, that the above information is true and correct, and I also understand that the submission of this invoice to Erie County by any person who knows this invoice to contain false information, constitutes the additional crime of Offering a False Instrument for Filing in the first degree (Penal Law Section 175.35).

This document is submitted to Erie County for the purpose of verification of the facts contained herein. I understand that I may be required to repay any overpayment resulting from false or incorrect information and that I may be prosecuted for Larceny or attempted Larceny for knowingly submitting any such false information on this document.

**Notice to Landlord**

Please read before signing

Please retain one copy of the pre-inspection form for your records and provide a signed copy to the client/tenant. Please be aware that submitting a Pre-Tenancy Inspection form in no way guarantees eligibility for, or authorization of, a Security Agreement. Completion of the Pre-Tenancy Inspection Form is only the first step in the process. Once the form is submitted to ECDSS, the client/applicant must still be interviewed and provide appropriate verification for an eligibility determination to be made by the Erie County Department of Social Services. If the client/tenant is determined eligible, a Security Agreement will be initiated by ECDSS and provided to the client to obtain your signature and agreement to the terms.

I declare under penalty of perjury, pursuant to Penal Law section 210.45, that the above information is true and correct, and I also understand that the submission of this invoice to Erie County by any person who knows this invoice to contain false information, constitutes the additional crime of Offering a False Instrument for Filing in the first degree (Penal Law Section 175.35).

This document is submitted to Erie County for the purpose of verification of the facts contained herein. I understand that I may be required to repay any overpayment resulting from false or incorrect information and that I may be prosecuted for Larceny or attempted Larceny for knowingly submitting any such false information on this document.

**INSPECTION DEFINITIONS**

<b>Walls</b>	G	Freshly painted walls, new wallpaper, paneling free of defects. Few nail holes, marks or scratches. No washing, patching or repainting needed.
	F	Obvious marks, more than 5 small nail holes per wall, 0-5 holes less than 3 inches in diameter. Needs patching and touch-up.
	P	Peeling paint, one or more holes larger than 3 inches in diameter, 6 or more holes less than 3 inches in diameter, graffiti, stains. Needs patching and painting.
<b>Carpet</b>	G	New or nearly new; free of rips or stains. Does not need cleaning.
	F	Slight wear in traffic areas; moderate general soil, small stains. Needs routine cleaning.
	P	Large and/or multiple burns, tears, stains. Carpet destroyed, requires replacing.
<b>Floors</b>	G	New or nearly new vinyl or tile flooring; wood floor recently finished or repainted, free of defects.
	F	Slight wear, less than 5 small stains or tears, less than 5 damaged tiles, cleaning repair or touch-up needed.
	P	Multiple tiles damaged; multiple stains; replacement, repainting, refreshing needed.
<b>Ceilings</b>	G	Freshly painted, free of defects; all tiles in good condition; minor signs of wear, no repainting or repair needed.
	F	Small marks, water spots, or holes; 1 or 2 tiles need replacing; needs patching and touch up.
	P	Major stains and/or holes; 3 or more tiles need replacing. Patching and/or repainting required.
<b>Doors</b>	G	Minor cosmetic damage to door not affecting function or safety; appropriate locks operational.
	F	Interior doors off hinges but otherwise undamaged; minor damage, scratches and/or kicks to door frame.
	P	Exterior door unable to be secured; panels split or missing; excessive damage to door frame; locks destroyed.
<b>Cleanliness</b>	G	Free of trash and debris; appliances and bathroom fixtures clean; minor amount of cleaning upon move in required- "broom clean"
	F	Moderate amount of cleaning required, light trash and debris, less than one hour of cleaning required per room.
	P	Excessive trash and debris; in excess of one hour per room cleaning required throughout the unit.

For Office Use only:  
Case/ Reference # \_\_\_\_\_ Active TA  One-Time Assistance

Pre-Tenancy Inspection Form received by ECDSS on: \_\_\_\_\_  
(Date)

- Complete - All required signatures present.
  - Incomplete- ECDSS returned to Landlord on \_\_\_\_\_ for completion.
- Completed form received by ECDSS on \_\_\_\_\_

Distribution: Copy 1-ECDSS Copy 2-Landlord Copy 3-Client/Tenant