

BETHESDA HOUSE RENTAL SUPPLEMENT PROGRAM
APPLICATION FORM

2021-2022 New York State Rental Supplement Program Plan

District: Schenectady County

Contact Person: Kimarie A. Sheppard, Bethesda House Executive Director

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RSP Implementation Date: TBD based upon approval date of the plan.

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.

Schenectady County will delegate the administration of the RSP program, in full, to Bethesda House of Schenectady, Inc. A non-profit, 501 (c) 3, Agency who has provided housing, basic living and essential needs, and services designed to assist and support the homeless, vulnerable and working poor in Schenectady County for over 30-years.

Bethesda House is the lead Coordinated Entry Agency in Schenectady County CoC. Bethesda House will include and work with Schenectady County CoC to identify trends and data to assist in a successful implementation of this program.

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:

Please see the below calculation for the different units.

Anticipated Number of Households to be served: 43 households (annually)

FMR Chart, FY 2022 Albany-Schenectady-Troy, New York MSA FMRs for All Bedroom Sizes

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| Final FY 2022 & Final FY 2021 FMRs By Unit Bedrooms | | | | | |
|--|-------------------|-------------------------|-------------------------|---------------------------|--------------------------|
| Bedroom Sizes | <u>Efficiency</u> | <u>One- Bedroom</u> | Two- Bedroom | <u>Three- Bedroom</u> | <u>Four- Bedroom</u> |
| Household Size | 1 | 1-2 | 2-3 | 3-6 | 4 -8 |
| 100% FMR | \$890 | \$991 | \$1,207 | \$1,492 | \$1,637 |
| <u>85% FMR</u> | \$757 | \$842 | \$1,026 | \$1,268 | \$1,391 |

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).

Bethesda House will provide education and outreach and work closely with Schenectady County’s emergency shelters to identify families and singles who would benefit from the RSP in order to move out of the shelter and into permanent housing. Bethesda House is the lead Agency for the HUD funded Coordinated Entry Program. Bethesda House has a contract with Schenectady County DSS specific to Agency Intensive Case Managers working with singles in Emergency Shelters. ICM’s engage with individuals and process a Coordinated Entry Intake and Assessment, which is entered into the HMIS CE database. The ICM will address social determinants of health, offer stabilization services, while simultaneously securing housing options. Another area provider has a similar contract with Schenectady County DSS; however, their core work is with families. The RSP funding will refer to the Coordinated Entry wait-list regularly and work to assist singles and families.

Bethesda House will provide education and outreach to other community providers who work with homeless families and singles to identify individuals who are homeless or facing an eviction for not being able to pay rent, who may be potentially eligible for RSP.

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.

We propose a program specific application for applicants to complete and sign to apply for RSP funding. In addition to the application, there will be required documentation to submit such as lease or rental agreement, and proof of earned and unearned income.

Families or individuals who are in Schenectady County emergency contracted shelters can work with their shelter case managers to complete and file the application. It is understood that the RSP program recipient is not required to obtain Temporary Assistance (TA) through the County; however, Bethesda House Case Managers will refer program participants to Schenectady County DSS to complete a Temporary Assistance (TA) application.

Families or individuals who are not in one of our contracted shelters but are homeless and working with other Schenectady County community providers will be referred to Bethesda House

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who will then contact the applicant to assist with the completion and filing of an application and required documentation.

Once the application and required documentation is submitted, an eligibility review based on the eligibility parameters will be conducted. A determination will be made on all applications no later than 30 days but as soon as possible after an application is filed.

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.

Bethesda House proposes the following forms, which are attached to this application:

RSP Application Form:
RSP Letter of Intent
RSP Notification of Denial
RSP Notification letter to Landlord

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 following populations, regardless of immigration status or age of children, will be prioritized for the Rental Supplement Program:

- Single homeless individuals in Schenectady County contracted shelters
- Singles at risk of homelessness-referral from community providers
- Homeless families provided emergency shelter by Schenectady County family shelters
- Families that are at risk of being homeless – referral from community partners
- Families and/or singles moving out of a DV Shelter into an apartment

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**
- **Supplements are to be provided until the household's income reaches 30% or**

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more of their monthly rent, at which point the housing will be considered affordable for the individual/family and the supplement will end.

As part of our eligibility determination process:

- We will verify the applicant(s) household income from all sources by reviewing all documentation submitted. This review will verify that the household income is not over 50% of the Area Median Income. We will prioritize applications for households with income at or below 30% of the Area Median Income.
- Based on applicant's income and the 85% of rent paid by the program, the household contribution will be 30% of the household's total income. Households are eligible for the RSP until 30% of their income exceeds the monthly rent amount.
- Once the application has been approved, families/individuals and landlords will be notified in writing what their Rental Supplemental Funding will be and how much of their household income they are responsible to contribute/how much the tenant will pay to the landlord. Recipients will be informed that they must report any income or household composition changes, as soon as the change occurs, or during the monthly meeting with the case manager, in order to continue to receive the supplement. This notification will also remind them that any moves to a new apartment will require a new application to be submitted to be considered for Rental Supplemental funding.

NOTE: Schenectady County DSS receives income information on clients who receive TA on a monthly basis. Schenectady County DSS will work with Bethesda House to review program participant information as appropriate.

- We will verify income and rental support at recertification for the supplement.

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?

Yes, or the client will need to provide another form of documentation (e.g. rental agreement, receipts, etc.) that verifies they are legally residing at the address and are the responsible party.

How will the district/contractor ensure that the rental costs are legitimate and the responsibility of the recipient if a lease is not required?

If a Lease is not provided, we will ask for two forms of verification/documentation that proves rental amount and responsibility of payment. We may also consider calling the landlord for verification.

Will there be any health and safety standards regarding the housing that must be met prior to paying the supplement at a specific location?

No rental supplements will be approved unless the housing meets the appropriate village/town/city building codes. In the City of Schenectady, the landlord will also be required to have a valid Certificate of Occupancy. The Client will sign a Release Form so we can obtain a

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completed inspection report of the affordable housing unit from the landlord. We will also require a lead inspection prior to an individual or family moving into any apartment and payment of any rental supplemental funds.

How will the district handle modifications (e.g., moves, rent increases, changes in household composition, etc.)?

Individuals and families will be required to notify Bethesda House within 10 days whenever there is a move, rent increase or any change in household composition, etc. For moves to a new apartment, the individual/family will be required to reapply for the RSP funds so we can re-determine eligibility, ensure the housing is affordable and it meets the health and safety standards according to building codes, certification of occupancy and lead levels and to recalculate payment amounts. For individuals or families who have rent increases, decreases, or changes in household composition, Bethesda House will require the recipient to complete a reassessment form to confirm that they are still eligible for the shelter supplement. This reassessment form will be completed within 10 days of any rent or household composition change or at recertification, which will be no later than 6 months from the approved initial application or renewal date. NOTE: Program participants will meet with the Bethesda House Case Manager on a monthly basis to ensure housing stabilization; basic needs (food, clothing, and medical care) are being met. The program participant will be notified of the date that recertification will take place. Regular reminders will occur.

What standards will be followed in determining whether supplementation will continue following a move?

The RSP will not automatically continue if a recipient moves. A new application along with supporting documentation will be required for any new apartment location. As part of the new application, individuals or families will need to provide documentation of household income and verification of address and rental amount as well as new lease or landlord documentation. Individuals choosing to move for any reason other than health and safety issues outside of their control must move into a housing unit, which is affordable. Recipients will have to recertify every 6 months.

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, all changes will need to be provided and verified to Bethesda House within 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?

Contributions towards rent from members outside the household will be verified by a statement from the recipient and from the individual making the contribution. The statement must include whether it is a one-time payment or the anticipated frequency of this ongoing contribution. To determine whether such contributions can be sustained, we will require pay stubs or other income award letters to accompany a statement from the rent contributor with the amount being contributed, the relationship, address, and phone number of where they can be reached.

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

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for the supplement.

Households are eligible for the RSP until 30% of their income exceeds the monthly rent amount. Bethesda House Case Managers will conduct a recertification at which point changes in household composition will be reviewed.

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

Payment will be in the form of checks directly to the Landlord. Bethesda House staff will make every effort to ensure that the information on the application is true and that during the length of time the program participants housing any changes in the household composition and household income are identified as soon as reasonably possible. Bethesda House partners with The Legal Aid Society of NENY and will generate a formal MOU upon approval of this funding. The MOU list the funding expectations.

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

The Schenectady County Department of Social Services has an approved Front End Detection System (FEDS) Plan of Operation. It would be our intention to use the criteria established in that plan as indicators of cases which should be reviewed prior to opening. Current indicators include cases where financial obligations are current, but stated expenses exceed income without a reasonable explanation. Situations where an applicant states they are working off the books. If the applicant states, they are supported by loans or gifts from family or friends. If the information contained on the application is inconsistent or conflicting with prior information or statements.

The indicators as described above will generate a referral to the Social Services Special Investigative Unit for follow up and clarification. Applications will be screened in accordance with the criteria established and utilized by the Schenectady County Department of Social Services to maintain programmatic integrity.

The Schenectady County Department of Social Services will review applications that are referred pursuant to the established programmatic criteria to determine the veracity of the information provided by the applicant. In the event inconsistent or inaccurate information has been reported by the applicant, they will have an opportunity to provide supplemental information to explain the inconsistency.

If the information provided is not adequate, or if no response is received from the applicant a recommendation after review will be that the case is not opened. If upon review the information provide on the application is confirmed a recommendation will be made to open the case for RSP.

For cases that have been opened for RSP, any information reported to Bethesda House, or the Department of Social Services which may constitute fraud shall be referred to the Special Investigative Unit at the Department of Social Services for follow up.

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.

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We will work closely with our CoC and other community providers (Legal Aid Society of NENY, CARES, etc.) who have responsibility for administering ESG and STEHP funding or other rental assistance funding to verify recipients of those funding sources to ensure we are not duplicating funding or providing any RSP funding that would exceed the total rental amount for any individual or family.

Bethesda House Administration will work with CARES NY to generate a CoC HMIS report, which will show, for example, person A and the services they are receiving across the county and cross-counties.

In addition, Bethesda House is the lead agency for the HUD mandated Coordinated Entry program, Agency staff review HMIS data on a regular basis and working with CARES NY staff to fine-tune reports. Bi-weekly Coordinated Entry meeting include members from CoC and non-CoC entities. At the meetings, clients on the wait-list are discussed as well as other pertinent community information.

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 client data will be recorded in HMIS. Bethesda House is working to become paperless until the Agency reaches their goal of being 100% paperless, hard copy client files along with electronic files will be maintained. The Agency's goal is to be paperless by June 30, 2023. All records including applications, notifications of approvals, denials, discontinuances, will be maintained for six years following the submission of our final expenditure reports.

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.

Client data will be kept in HMIS. As such, reports will be generated to support stated outcomes and utilization of the program. We will be able to track the progress of RSP applicants and recipients to report on the key data elements NYS requires.

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**

The Schenectady County Department of Social Services does have an approved Shelter Supplement Plan which is limited in its scope. It has been approved for single and childless couples who are potentially eligible for SSI. The program is limited to twenty-five cases at any one time and is run in conjunction with Bethesda House as they have access to the SOAR Program to assist individuals apply for SSI. Eligibility for this program includes having a potential diagnosable disability.

In order to avoid duplication, cases will be screened at RSP intake for potential eligibility in the Shelter Supplement Plan. Bethesda House's process for screening includes an interview with their LCSW and

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Psychiatric Nurse Practitioner. If eligible they are determined to meet the criteria for the Shelter Supplement Program, they will be opened as a Safety Net case and proper coding will be entered into WMS to generate the Shelter Supplement payment. Bethesda will work with the individual(s) to pursue an SSI application the individual(s) will remain in the program until the SSI benefit is confirmed.

Bethesda House will keep the client data in a secure electronic file and will access the information to ensure that any potential RSP client is not already in a Shelter Supplement Plan.

For cases which do not meet the criteria for Shelter Supplement, or if the Shelter Supplement Program is at capacity the application would then progress to review for eligibility for RSP funding.

Clients who are eligible for RSP will be entered in HMIS. RSP clients will meet with Bethesda House staff who will ensure social determinants of health are addressed which include housing stabilization, landlord /tenant engagement is amicable, and food security. Interaction with the client is entered into HMIS as a case note. Regular review of client information as well as regular meeting with RSP participants will be confirmation that there will not be duplication of funds. In addition, Bethesda House generates HMIS client data reports monthly, the reports are reviewed by the Director of the program.

Because DSS is working in cooperation with Bethesda House on both programs, coordination and screening for each separate program can be completed seamlessly.

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DATE: _____

APPLICANT NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # (if applicable) _____

CURRENTLY RESIDING AT: _____

PHONE NUMBER/OTHER CONTACT: _____

EMAIL: _____

SINGLE INDIVIDUAL/COUPLE FAMILY WITH MINOR CHILDREN (under age 18)

FAMILY WITH MINOR CHILDREN (under age 6)

IN HOUSEHOLD _____ ADULTS _____ MINOR CHILDREN _____

HAS A POTENTIAL HOUSING UNIT IN SCHENECTADY COUNTY BEEN IDENTIFIED? Yes _____ No _____

POTENTIAL HOUSING UNIT

ADDRESS _____

NUMBER OF BEDROOMS _____ MONTHLY RENT _____

LANDLORD NAME _____ LANDLORD PHONE _____

SPECIAL HOUSING STATUS

| | |
|---|------------------------|
| Individual facing an imminent loss of housing | Yes _____ No _____ |
| Sleeping in an emergency shelter, on the street or in another temporary sleeping situation. | *Name of Shelter/Motel |
| Family with dependent children facing an imminent loss of housing | Yes _____ No _____ |
| Family with very young children (under 6) | Yes _____ No _____ |
| Individual is a Veteran | Yes _____ No _____ |
| Victim in need of assistance to leave domestic violence situation. | Yes _____ No _____ |

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HOUSEHOLD COMPOSITION

| Name | Relationship | Age | Sex | DOB |
|------|--------------|-----|-----|-----|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

EMPLOYMENT

Household Member #1: _____

1) Employment Type:
 Full-Time _____ Part-Time _____
 Name of Employer:
 Address of Employer:

 Gross Income Amount: \$ _____

2) Employment Type:
 Full-Time _____ Part-Time _____
 Name of Employer:
 Address of Employer:

 Gross Income Amount: \$ _____

Household Member #2: _____

3) Employment Type:
 Full-Time _____ Part-Time _____
 Name of Employer:
 Address of Employer:

 Gross Income Amount: \$ _____

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4) Employment Type:
Full-Time _____ Part-Time _____
Name of Employer:
Address of Employer:

Gross Income Amount: \$ _____

Household Member #3: _____

1) Employment Type:
Full-Time _____ Part-Time _____
Name of Employer:
Address of Employer:

Gross Income Amount: \$ _____

2) Employment Type:
Full-Time _____ Part-Time _____
Name of Employer:
Address of Employer:

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Gross Income Amount: \$ _____

TOTAL HOUSEHOLD MONTHLY GROSS INCOME: \$ _____

Household Gross Annual Income at or below Schenectady County 50% of Area Median Income as follows:

| Household Size | Annual Income | Household Size | Annual Income |
|----------------|---------------|----------------|---------------|
| 1 | \$33,500 | 5 | \$51,650 |
| 2 | \$38,250 | 6 | \$55,450 |
| 3 | \$43,050 | 7 | \$59,300 |
| 4 | \$47,800 | 8 | \$63,100 |

| OTHER INCOME | Monthly Amount |
|---|----------------|
| Social Security/SSI/SSDI | \$ _____ |
| Pension/Retirement | \$ _____ |
| Unemployment Insurance Benefits | \$ _____ |
| Workers Compensation | \$ _____ |
| Alimony Payments | \$ _____ |
| Foster Care Payments (exempt) | \$ _____ |
| Earned Income of a Minor Child (exempt) | \$ _____ |
| Child Support Payments | \$ _____ |
| Armed Forces Income | \$ _____ |
| Other (pls. specify): | \$ _____ |

TOTAL HOUSEHOLD MONTHLY INCOME: \$ _____

Income Levels

- | | |
|--|---------------------------|
| _____ Below 30% of Median Income | (Very Low Income) |
| _____ Between 30% & 50% of Median Income | (Low Income) |
| _____ Between 50% & 80% of Median Income | (Moderate Income) |
| _____ Over 80% of Median Income | (NOT Low/Moderate Income) |

| Family Size | less than | less than | less than | MORE THAN |
|-----------------|--------------|-------------|--------------|-------------------|
| 1 | \$18,900 | \$31,500 | \$50,350 | \$48,400 |
| 2 | \$21,600 | \$36,000 | \$57,550 | \$55,300 |
| 3 | \$24,300 | \$40,500 | \$64,750 | \$62,200 |
| 4 | \$26,950 | \$44,950 | \$71,900 | \$69,100 |
| 5 | \$30,170 | \$48,550 | \$77,700 | \$74,650 |
| 6 | \$34,590 | \$52,150 | \$83,450 | \$80,200 |
| 7 | \$39,010 | \$55,750 | \$89,200 | \$85,700 |
| 8 (and upwards) | \$43,430 | \$59,350 | \$94,950 | \$91,250 |
| | 1 - VLI - 30 | 2 - LI - 50 | 3 - Mod - 80 | 4 - Not L/M - 80+ |

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Other Rental Supplement(s) Received:

| Type of Supplement | Amount Received | Frequency (weekly, monthly, one time, etc.) | How long do you anticipate receiving? |
|------------------------|-----------------|--|---------------------------------------|
| ESG | \$ | | |
| STEHP | \$ | | |
| ERAP | \$ | | |
| Section 8 | \$ | | |
| Other (please explain) | \$ | | |

Total Other Rental Supplements Received: \$ _____

OTHER ELIGIBILITY QUESTIONS

- Are any household members currently employed full or part-time and reasonably expected to maintain or improve their income level? Yes _____ No _____
- Have any household members previously been in the workforce, defined as having worked full-time at least six months in the last two years prior to the application for rental assistance. Yes _____ No _____

Household Member #1

Name of Last Employer:
Date of Last Employment:

Household Member #2

Name of Last Employer:
Date of Last Employment:

Household Member #3

Name of Last Employer:
Date of Last Employment:

- Are any household members potentially eligible and willing to apply for SSI/SSDI, Veterans Administration or other similar benefits, which upon receipt would improve their income level. Yes _____ No _____

Specify Benefit Program they are willing to apply for:

- Are any household members on a waiting list for and reasonably expected to obtain, within the program time-limits, subsidized housing under another program? Yes _____ No _____

Specify Subsidy Program and Administrator:

- Are any household members in receipt of Temporary Assistance benefits through Schenectady

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County and are actively engaged in a specific job or skill training program Yes _____
No _____

Job/Skill Training or Other Approved Program:

- Has the applicant(s) lost their housing and entered homelessness due to circumstances beyond their control, including but not limited to domestic violence, sale or foreclosure of a building, fires, or code violations. Yes _____ No _____

Specify Cause(s) of Homelessness:

Outstanding Debts: Yes No

If yes, what payments are due on a regular basis?

Name _____ Amount \$ _____ Weekly Biweekly Monthly

Name _____ Amount \$ _____ Weekly Biweekly Monthly

Name _____ Amount \$ _____ Weekly Biweekly Monthly

Will utilities be included with the rent? Yes _____ No _____

If not, monthly utility cost? \$ _____

Who is responsible for utility bill? Self Other Household member SCDSS

Other (specify): _____

What type of heat? Gas Fuel Oil Electric Other (specify): _____

National Grid/Utility History:

Do you have an outstanding National Grid/Utility bill? Yes No

If yes what is the amount still outstanding? \$ _____

Address of outstanding Utility bill? _____

Does the National Grid/Utility bill include more than one address? Yes No

If yes, please list addresses? _____

Will the applicant need assistance with negotiating with National Grid/Utility Company when permanent housing is secured or to maintain service? Yes No

CERTIFICATION – To the best of my knowledge, the above information is accurate.

APPLICANT: _____
Signature Date

SHELTER OR PROVIDER STAFF:

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Signature

Date

ACDSS COMPLETION ONLY

Housing Affordability (To Be Completed by DSS)

Will the identified unit of housing be affordable to the applicant with the requested financial assistance? Demonstrate the affordability below.

Total Rent \$ _____

Proposed Rent Subsidy \$ _____
85% of FMR

Proposed Rent to Be Paid
by Tenant \$ _____

Applicant Income \$ _____

Other Housing Subsidy \$ _____

Other Source of Assistance \$ _____
Specify: _____

The applicant appears to have the potential capacity to sustain the targeted unit of housing with rent subsidy Yes No

Lease or Rental Agreement received? Yes No

HEALTH AND SAFETY REVIEW FOR HOUSING HAS BEEN MET: Yes No

Income Verification provided for all Household Members? Yes No

Household Approved for Rental Supplement Program? Yes No

Amount of Monthly Rental Supplement Approved: \$ _____

Approval Period: _____

Approved by: _____

Date: _____



Rental Supplement Program Letter of Intent to Apply

Letters of Intent may be submitted via email to:

rbrugeman@bethesdaahs.org

Please enter "RSP" in the subject line.

Individuals and families wishing to apply for a Rental Supplement Program funding must use this Letter of Intent to document eligibility requirements for this program.

Applicants who submit a completed and approved Letter of Intent will be notified by Bethesda House of Schenectady, Inc. that they are eligible to submit a final application.

Eligibility to submit a final application does not imply final rental supplement approval or funding.

APPLICANT ELIGIBILITY

| | | | |
|------------|--|--------|--|
| Applicant: | | Phone: | |
| Address: | | | |
| City, Zip: | | Email: | |

| | | | |
|-------------------|--|--------|--|
| Emergency Shelter | | Phone: | |
| Address: | | | |
| City, Zip | | | |
| Case Manager: | | Email: | |

Request for Assistance:

| |
|--|
| |
|--|

AGENCY LETTERHEAD

DATE:

APPLICANT
NAME
ADDRESS

RE: Application for Schenectady County Rental Supplement Program

Dear:

Your application for the Schenectady County Rental Supplement Program, which was filed on _____, _____, 2022, has been denied for the following reasons: (Check all that apply)

1. The rent exceeds 100% of the Fair Market Rental amount.
2. Income exceeds 50% of the Area Median Income.
3. Failure to document the application. Explain:
4. Rental unit does not meet Code requirements.
5. Denied after administrative review
6. Other. Explain

If you disagree with this determination, you can request an administrative review of the decision. Such request must be in writing and received within 30 calendar days of the date of this notice. The review request must be submitted to:

Bethesda House of Schenectady, Inc.,
Schenectady County Rental Supplement Program
834 State Street
Schenectady, New York 12307

You will be notified of the outcome of the administrative review in writing within 15 working days. Cases which have been denied after administrative review are not subject appeal.

Sincerely,

Agency Letterhead

Date

Dear :

After assessing CLIENT NAME situation, we have determined that S/he is eligible for assistance through the **New York State Rental Supplement Program** as of DATE OF ASSISTANCE. This means the program will be able to assist with rental support.

Financial Assistance:

- Security Deposit: \$620
- Monthly Rental Assistance: \$_____ (Rental Certificate required).
- Case Management: Continued Ongoing Case Management

I look forward to assisting CLIENT NAME in stabilizing their housing situation and supporting their housing goals. If you have any questions or concerns, please contact CASE MANAGER'S NAME at 374-7873 ext. CASE MANAGER'S EXETNSION.

Sincerely,

STAFF NAME AND TITLE

STAFF EMAIL ADDRESS

Bethesda House of Schenectady, Inc.

834 State Street

Schenectady, New York 12307

(518) 374-7873 ext. _____

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