

2021-2022 New York State Rental Supplement Program Plan

District: Seneca County

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RSP Implementation Date: _____

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.

This program will be administered in full locally.

The agency will be coordinating with the HUD-funded CoC.

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: \$100,000 minus administrative costs of \$10,000

The district intends to allow up to the 85% max reimbursement

Anticipated Number of Households to be Served: 15+ singles (SNA, or married couples)
15+ families with household sizes of 2 or more with children

Final FY 2022 & Final FY 2021 FMRs By Unit Bedrooms

Year	<u>Efficiency</u>	<u>One-Bedroom</u>	Two-Bedroom	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FY 2022 FMR 100%	\$682	\$686	\$851	\$1,095	\$1,284
FY 2022 FMR 85%	\$580	\$583	\$723	\$931	\$1091
<u>Max</u> HH Size	1-2	1-2	2-4	3-6	4-8

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).

The county will place information on the county website and outreach to local agencies such as Cayuga Action Agency that also assists with homeless individuals.

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.

Referrals will be made through the Temporary Assistance program for current homeless singles and families and determinations will be made within 30 days of request, regardless of ongoing Temporary Assistance eligibility. The Principal Welfare Examiners participate in the CoC meetings and works directly with Seneca Housing. Availability of the program will be discussed with CoC through Finger Lakes Housing Consortium.

Once allocations have been utilized for currently homeless individuals, the agency will allow applications to be received and processed for additional requests to prevent homelessness.

The agency will develop forms for notification for applicant and landlord.

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 attached forms

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 anticipated target population is household sizes ranging between 1 to 5 that are currently homeless or facing an imminent loss of housing with or without income. Coordinated entry will also be utilized.

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 household's total earned and/or unearned income; and**
- **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.**

The household will complete an application for RSP, and an interview will be completed by an eligibility worker. The worker will request documentation of identity, household composition, residence, verification of homelessness or risk of homelessness, and income using a documentation request form. The client will be given 10 days to provide the documentation. Once the documentation is received, the eligibility worker will determine the household's eligibility for the program. If the applicant does not have any income, the applicant will be encouraged to apply for Temporary Assistance.

If eligible and the applicant has income, the eligibility worker will calculate the household's financial contribution for the rent by determining the household's total income. The worker will issue the proper letters to the client and the landlord.

At the 6-month contact point with the client, the worker will determine if the household remains eligible for the program based on income and household composition.

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?**
- **How will the district/contractor ensure that the rental costs are legitimate and the responsibility of the recipient if a lease is not required?**
- **Will there be any health and safety standards regarding the housing that must be met prior to paying the supplement at a specific location?**
- **How will the district handle modifications (e.g., moves, rent increases, changes in household composition, etc.)?**
- **What standards will be followed in determining whether supplementation will continue following a move?**
- **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?**
- **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?**

1 -Year leases will be required for all tenants and the property will need to be approved as a rental unit through Local Code Enforcement with a current operating permit (if one is required).

Due to Local Law that requires taxes to be current on any apartment we assist a client to move into, Landlords must allow safety inspections by the local code enforcement agency at the beginning of a lease or at the renewal of a lease in order for rental payments to be issued/approved.

If a client moves, they will be required to report this change within 10 days to provide adequate time for the agency to stop rent payments to the previous landlord and engage in a new rental agreement with a new landlord. As long as the rent remains the same, the client's certification period will remain the same and benefits will continue as long as the landlord is willing to work with the agency for payment.

If a client has a change in circumstances, the agency will get documentation from the client and determine ongoing eligibility.

The agency will issue the client a letter of the change and if a negative action is imposed, the agency will issue a notice giving the client a 10-day notice of the negative change. The district will require the client to report changes within 10 days of the change to allow for timely and adequate adjustments in rental payments. If a household receives a contribution of rental costs from someone outside of the household, we will require a statement from that person.

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 to households continuously as long as the household continues to be eligible with contact at 6 months. The recertification process with a new application will be required yearly.

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

The supplement will be paid directly to the landlord through a check issued by the Department of Social Services.

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

The cases will be reviewed on a 6-month basis and referred to the worker for review if the case appears to be fraudulent. The overpayment will be calculated by the worker and the client will be requested to repay the funds using the repayment letter. If the client is still active, recovery of an overpayment can be generated through reduction in the next month's rent issued.

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.

Monthly phone contact will be made to landlords to ensure receipt of payment, and to ensure no duplication of rental payments from other agencies. The agency will compare and collaborate with TA to ensure duplicate payments are not authorized. HUD applications will also be submitted with the client if they are not already on the waitlist for assistance. Seneca County has an MOU with HUD to communicate on case changes, so if they get approved, HUD will notify the local agency of the rental stipend.

HMIS will be utilized to monitor payments and prevent duplication of benefits

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.

Files will be maintained in a locked file cabinet for 6 years. Information will be cross referenced by reviewing IEDR for applicants of Temporary Assistance to ensure no duplicate issuance of rent assistance.

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.

An excel spreadsheet will be maintained by a Principal Welfare Examiner. The spreadsheet will contain applicant information, landlord information, rental information, monthly rent amount paid to the landlord, and demographic information.

HMIS will be utilized to monitor payments to landlords and clients.

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**

n/a

RENTAL SUPPLEMENT PROGRAM APPLICATION / RECERTIFICATION

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	Apply	Recertify	Lang
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Legal Name: _____ Telephone Number: _____ Other phone where you can be reached: _____

Residence Address: _____ Apt.#_City _____ NY Zip Code _____

Mailing Address (if different) _____

L N	First Name	M I	Last Name	Social Security Number (SSN) of applying member (if none, write 'NONE')	Date of Birth	Marital Status	Sex Male Female Other Nonbinary	Applying ?		Are you a Veteran?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race* (Codes Defined Below)					
								Yes	No	Yes	No	Yes	No	A	B	P	W		
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2																			
3																			
4																			
5																			
6																			
7																			
8																			

*Race/Ethnic Codes: **I** - Native American or Alaskan Native, **A** - Asian, **B** - Black or African American, **P** - Native Hawaiian or Pacific Islander, **W** - White
 The provision of this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to ensure that program benefits are distributed without regard to race color or national origin.

INCOME

List **ALL** your income and the income of everyone living with you. This includes, but is not limited to wages, income from self-employment minus the cost of producing self-employment (for example: babysitting, cleaning, income from a roomer or boarder), child support, pensions, veteran's benefits, disability, social security or 551, grants or scholarships for rent or food, and income from friends or relatives.

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often is it Received? (for example, weekly, bi-weekly, monthly)	Gross Amount Received Before Deductions

LIVING ARRANGEMENTS AND EXPENSES

Check all the descriptions that apply to your household:

- Own home or paying for home
- Renting
- Migrant/seasonal farmworker
- No permanent residence
- Live with relatives or friends

List expenses:

Monthly rent \$ _____

Does anyone else pay any of these expenses for you (some examples are Section 8 or other subsidy program)?

- Yes No If yes, who pays what? _____
- Other (list) _____

CERTIFICATION: I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct. Your signature is required below to complete the application process.

APPLICANT SIGNATURE (or Responsible Adult Household Member)

DATE SIGNED

X

Authorized Representative SIGNATURE

DATE SIGNED

X

IF YOU HELPED COMPLETE THIS APPLICATION / RECERTIFICATION FOR SOMEONE ELSE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.

Name _____ Address _____ Phone _____

I CONSENT TO WITHDRAW MY APPLICATION/RECERTIFICATION. I understand that I may reapply at any time.

SIGNATURE

DATE

For Agency Use Only

Eligibility Determined by _____ Date _____

Signature of Person Who Obtained Eligibility Information: _____ Date _____

Reason _____ / _____ / _____ Withdrawal Denial Recert. Closing

Eligibility Approved by _____ Date _____

Authorization Period: From _____ To _____

IN-PERSON INTERVIEW TELEPHONE INTERVIEW

C Comments:

Tracy VanVleck
Commissioner

COUNTY OF SENECA
DIVISION OF HUMAN SERVICES
1 DIPRONIO DRIVE
WATERLOO, NEW YORK 13165
315-539-1800
1-800-688-7188
Fax: 315-539-9479



February 2, 2022

Client:
Address:

TO: Landlords in receipt of or to receive rent by voucher.

Payment by voucher is a convenience to the landlord in that the Department is merely directing some or all of the client's monthly rental stipend direct to the landlord. Please note that it is the tenant who is and remains legally responsible for the rent. This document does not create any landlord - tenant relationship between the Seneca County Department of Social Services and the landlord. This letter neither creates nor implies that there is any contractual relationship between the Seneca County Department of Social Services nor any legal obligation of any kind other than to pay rent for the time the client occupies the premises in question. Notwithstanding any other agreements, in the event the above client moves from your premises, it is your responsibility to notify us. It is the tenant's responsibility to notify you when vacating the premises. In the event payment to you is to be terminated or altered, you will receive written notice. The amount of payment to you can change if there are changes in the client's income, living arrangements, or circumstances. Any over payments or extra payments made to landlords through agency error or otherwise are to be returned to this Department. Failure to do so will result in either civil litigation or recoupment from monies owed. Read all boxes checked. The client is only eligible to receive one shelter/rent allowance per month which is based on the client's actual living/rental situation.

_____ The above client's rental allowance has been changed to \$_____ per month effective /22. The balance, if any, due is the responsibility of the client, your tenant.

_____ Beginning, effective /22, this agency will make direct payment to you for rent in whole or in part in the amount of \$_____ per month for the above-named client. The balance, if any, due is the responsibility of the client, your tenant.

_____ Beginning with the month of /22, **a partial payment of** rent for the above client will be sent directly to you in the amount of \$_____ per month. This payment will be made shortly after the first working day of the month.

_____ The above client's case will be closed. As of _____, you will no longer receive a rent check by voucher for this client.

These amounts may change if there are changes in the client's income, living arrangements, or circumstances.

CLIENT/TENANT RESPONSIBLE FOR ANY BALANCE UNPAID BY THIS PAYMENT.

*IF YOU OBSERVE THAT THE CLIENT TENANT IS NOT OCCUPYING THE PREMISES RENTED, PLEASE CONTACT US IMMEDIATELY. PLEASE ALSO CONTACT US IF YOU NOTE ANYONE OTHER THAN THE TENANT RESIDING AT THE PREMISES RENTED.
THANK YOU.*

Worker: Phone: 539-

copies: landlord; client/tenant; case record

ACTION TAKEN ON YOUR REQUEST FOR RENTAL SUPPLEMENT PROGRAM

NOTICE DATE:	NAME AND ADDRESS OF AGENCY
CASE NUMBER	SENECA COUNTY DEPARTMENT OF SOCIAL SERVICES1 DIPRONIO DR. WATERLOO NY 13165
CASE NAME (And C/O Name if Present) AND ADDRESS	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP 315-539-1800

OFFICE NO.	UNIT NO.	WORKER NUMBER	UNIT OR WORKER NAME	TELEPHONE NUMBER
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	<p>On _____ you asked for help with: RENTAL ASSISTANCE</p> <p><input type="checkbox"/> Your application for the Rental Assistance Program has been approved. This agency will authorize\$ _____ monthly to your landlord. See landlord notification attached.</p> <p><input type="checkbox"/> Your application for Rental Assistance Program has been denied.</p> <p>We cannot help you because: _____</p> <p>_____</p> <p>_____</p>
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