



Policies and Procedure (P&P) Manual

Montgomery County
Emergency Rent and Utility
Coalition (ERUC)



Montgomery County Your Way Home (YWH)
Office of Housing & Community Development
Policies and Procedures for Federal-funded Programs
Emergency Rental Assistance Program (ERAP)
UPDATED: June 27, 2023

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VERSION LOG

KEY - Date distributed: Document distributed

February 8, 2021: Distributed ERUC-CV P&P

February 25, 2021: Updated ERUC-CV P&P, ERUC Application Form, ERUC File Checklist, ERUC Landlord Letter, ERUC Self-Declaration of Income, Re-Certification Form, HMIS Data Release of Information, Verbal Clarity Consent Statement, ERUC Pre-Screen Tools

March 11, 2021: Updated ERUC-CV P&P and ERUC File

Checklist March 17, 2021: Updated ERUC-CV P&P

April 14, 2021: Updated ERUC-CV P&P

April 23, 2021: Updated ERUC-CV P&P; 2021 Area Median Income

limits June 23, 2021: Updated ERUC-CV P&P

September 15, 2021: Updated ERUC-CV P&P; Distributed

Commonwealth P&P September 30, 2021: Updated ERUC-CV P&P;

Distributed Commonwealth P&P October 25, 2021: Updated ERUC-CV

P&P; Updated Commonwealth P&P November 9, 2021: CoC Code of

Conflict and Conflict of Interest Policy (10/25/22) November 10, 2021:

Updated ERUC-CV P&P; Updated Commonwealth P&P November 29,

2021: Updated Commonwealth P&P

February 25, 2022: Updated Commonwealth P&P. Also distributed: Commitment Letter Template; Weekly Application Report Attachment; Direct-to-Tenant Letter 2.16.22; ERUC File Checklist 2.24.22; ERUC Denial Letter 2.17.22; ERUC Utilities Verification Letter 2.25.22; ERUC Landlord Letter 2.25.22; General Standards 2.25.22

March 7, 2022: ERUC-CV P&P distributed (attachments incorporated)

June 28, 2022: Substantial update and merging of ERUC-CV P&P and Commonwealth P&P into one manual. Added Policy #2 and Procedure #2, renumbering the respective policies and procedures following.

December 21, 2022: Updated Program Manager information; Updated language on Procedures 9 on fraud; Added attachments: HIPAA Authorization Form, DHS Notice of Privacy Practices.

February 15, 2023: Added Policy and Procedure 6: Protection of ERA applicant data privacy; Added Policy and Procedure 12: Financial Management and Accounting; Added language about no longer accepting new applications to Policy 2; Added Program Exit Letter in attachments.

February 22, 2023: Added reference to Treasury's ERA1 Closeout Resource in Policy 2; Added references to Treasury's "Promising Practices" and "Program Service and Design" Resources to Introduction; Added the Age Discrimination Act of 1975 to Policy 9; Added Record Retention section to Policy 12 and Procedure 12; Updated Sabrina Lyons' contact information throughout document; Updated Program Exit Letter as Phase Out Letter in attachments.

June 7, 2023: Updated Policy 2, **Program phase out in 2023** section.

June 27, 2023: Updated **Pre-Screen document** attachment. Added "*which ended on May 11, 2023*" to several references to the COVID-19 pandemic.

DEFINITIONS

Administrative costs: Costs to administer the program, which does not include assistance provided to the household or landlord. Per the US Treasury, “Under ERA1, not more than 10 percent of the amount paid to a grantee may be used for administrative costs attributable to providing financial assistance and housing stability services to eligible households. Under ERA2, not more than 15 percent of the amount paid to a grantee may be used for administrative costs attributable to providing financial assistance, housing stability services, and other affordable rental housing and eviction prevention activities.” For Montgomery County, this includes both *grantee* and *subrecipient* administrative costs, which combined will not exceed 10 percent under ERA1 and 15 percent under ERA2.

Area Median Income (AMI): Per the US Treasury, “For purposes of ERA1, the area median income for a household is the same as the income limits for families published by the Department of Housing and Urban Development (HUD) in accordance with 42 U.S.C. 1437a(b)(2), available under the heading for [“Access Individual Income Limits Areas.”](#)

Arrears or arrearages: An obligation this is overdue payment. For ERAP, it refers to rental payments that are past due to a landlord/management company or a utility payment that is past due to a utility provider.

Client: Households that apply for the ERAP program. A client may be deemed eligible or ineligible for the program.

COVID-19: According to the World Health Organization, “the coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.” The US Treasury has stated that “COVID-19 has exacerbated an affordable housing crisis that predated the pandemic and that has deep disparities that threaten the strength of an economic recovery that must work for everyone.” To combat this crisis, Treasury has made funding available through the Emergency Rental Assistance program to assist households that are unable to pay rent or utilities.

Duplication of Benefits: Also known as duplication of assistance, this is the process of assuring that federal emergency rental assistance is not duplicated with other assistance. For example, if utility arrears are covered by *LIHEAP* benefits, then ERA funds cannot duplicate those same arrears. Subrecipients must rely on an attestation from the applicant regarding non-duplication with other government assistance in providing assistance to a household.

Emergency Rental Assistance program (ERAP): The US Treasury’s emergency rental assistance program, which makes funding available to assist households that are unable to pay rent or utilities. For Montgomery County, this encompasses both federally-administered and Commonwealth-administered funding under two programs, ERA1 and ERA2, described below.

ERA1: The Emergency Rental Assistance program which provides up to \$25 billion under the Consolidated Appropriations Act, 2021, which was enacted on December 27, 2020. The funds are provided directly to states, U.S. territories, local governments, and (in the case of ERA1) Indian tribes. Grantees use the funds to provide assistance to eligible households through existing or newly created rental assistance programs.

ERA2: The Emergency Rental Assistance program which provides up to \$21.55 billion under the American Rescue Plan Act of 2021, which was enacted on March 11, 2021. The funds are provided

directly to states, U.S. territories, and local governments. Grantees use the funds to provide assistance to eligible households through existing or newly created rental assistance programs.

Financial assistance: “P.L. 116-260 defined financial assistance as assistance to tenants for:

- rent and rental arrears,
- utilities and home energy costs and arrears, and
- other expenses related to housing incurred due, directly or indirectly, to the COVID-19 outbreak, as defined by the Treasury Secretary.

The definition of financial assistance under P.L. 117-2 is nearly identical, except when it comes to other expenses related to housing. The P.L. 117-2 definition does not require that the expenses be related to the COVID-19 outbreak.

Treasury issued an FAQ document in January 2021 clarifying that telecommunications services are not considered utilities under this program. However, Treasury later revised the FAQs to define “other expenses” eligible for assistance to include internet service, if it allows renters to engage in distance learning, telework, and telemedicine and obtain government services. Additional “other expenses” identified in the FAQ include relocation expenses and rental fees (if a household has been displaced due to COVID-19) and accrued late fees.”¹

Financial eviction: An eviction predicated on a financial debt owed by the tenant, such as rental arrearages or other fees owed to the landlord. This could result in a non-renewal of lease.

Financial hardship: To be eligible for ERA1 assistance, a household must experience a financial hardship due to the COVID-19 outbreak. A subrecipient must document that one or more members of the applicant’s household either (i) qualified for unemployment benefits; or (ii) (a) for ERA1, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak or (b) for ERA2, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due, directly or indirectly, to the coronavirus pandemic *which ended on May 11, 2023*. If the grantee is relying on clause (i) for this determination, or if the grantee is relying on clause (ii) in ERA2, the grantee is permitted to rely on either a written attestation signed by the applicant or other relevant documentation regarding the household member’s qualification for unemployment benefits. If the grantee is relying on clause (ii) for this determination in ERA1, the statute requires the grantee to obtain a written attestation signed by the applicant that one or more members of the household meets this condition.

Grantee: According to US Treasury, the ERA award prime recipient received a financial assistance award from Treasury. The term “Recipient” has the same meaning as “Grantee” as used in the authorizing legislation, Financial Assistance Agreement and Treasury’s ERA Frequently Asked Questions (FAQs).

Housing instability: One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability. Such a demonstration may include:

- (i) a past due utility or rent notice or eviction notice,

¹ Definition according to <https://sgp.fas.org/crs/misc/R46688.pdf>

- (ii) unsafe or unhealthy living conditions (which may include overcrowding), or
- (iii) any other evidence of risk, as determined by the grantee.

Housing stability services: According to the US Treasury, housing stability services includes services that enable eligible households to maintain or obtain housing. Such services may include, among other things, eviction prevention and eviction diversion programs; mediation between landlords and tenants; housing counseling; fair housing counseling; housing navigators or promoters that help households access ERA programs or find housing; case management related to housing stability; housing-related services for survivors of domestic abuse or human trafficking; legal services or attorney's fees related to eviction proceedings and maintaining housing stability; and specialized services for individuals with disabilities or seniors that support their ability to access or maintain housing.

Income: Per the US Treasury, "With respect to each household applying for assistance, grantees may choose between using the Department of Housing and Urban Development's (HUD) definition of "[annual income](#)" in 24 CFR 5.609 and using adjusted gross income as defined for purposes of reporting under Internal Revenue Service Form 1040 series for individual federal annual income tax purposes."

The Low Income Home Energy Assistance Program (LIHEAP): The Low Income Home Energy Assistance Program (LIHEAP) helps families living on low incomes pay their heating bills in the form of a cash grant. Households in immediate danger of being without heat can also qualify for crisis grants. The cash grant is a one-time payment sent directly to the utility company/fuel provider to be credited to your bill. ²

Low-income family: According to section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)), "those families whose incomes do not exceed 80 per centum of the median income for the area, as determined by the Secretary [of Housing and Urban Development] with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80 per centum of the median for the area on the basis of the Secretary's findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low family incomes."

Methods for Income Determination: Per the US Treasury, "The statute establishing ERA1 provides that grantees may determine income eligibility based on either (i) the household's total income for calendar year 2020, or (ii) sufficient confirmation of the household's monthly income at the time of application, as determined by the Secretary of the Treasury (Secretary)."

Other expenses: According to the US Treasury, "For both ERA1 and ERA2, other expenses related to housing include relocation expenses (including prospective relocation expenses), such as rental security deposits, and rental fees, which may include application or screening fees. It can also include reasonable accrued late fees (if not included in rental or utility arrears), and Internet service provided to the rental unit."

Prioritization: The process for determining the priority in which households are served by the ERAP program. Prioritization is the activity that arranges items or activities in order of

² [LIHEAP \(pa.gov\)](#)

importance relative to each other. "P.L. 116-260 directs grantees to prioritize the following individuals for direct financial assistance and housing stability services." ³

Subrecipient: Subrecipients under the ERUC program are entities that receive a subaward from the County to carry out the purposes (program or project) of the ERA1 and ERA2 awards on behalf of the County. The County is accountable to Treasury for oversight of the subrecipients in accordance with 2 CFR 200.332, including ensuring their subrecipients comply with the ERA statutes, Award Terms and Conditions, applicable federal statutes, regulations, and reporting requirements. Throughout this document, we use subrecipient and non-profit interchangeably.

³ [R46688.pdf \(fas.org\)](#)

INTRODUCTION

Manual Organization

This manual consists of four main sections:

1. Introduction: this section gives an overview of the program and guidance that is available.
2. ERAP Policies: this section provides the program rules and regulations. These policies are intended for the general public.
3. ERAP Procedures: this section provides the internal steps involved in implementing the rules and regulations. These procedures are intended for Your Way Home and its subrecipients.
4. Attachments: this section provides a series of documents that are used to implement the program.

The ERAP Procedures mirrors the ERAP Policies numerically, i.e. for each policy there is a respective procedure.

General Information

This document is designed to assist with implementing a program administered by the U.S. Treasury's Emergency Rental Assistance Program (ERAP) in response to COVID-19, to provide emergency financial assistance and housing stabilization to vulnerable families and individuals in Montgomery County. This document contains required program and administrative policies and procedures for ERAP and should be used as a reference for all staff and partners (such as contractors and consultants) of ERAP. It is the responsibility of all staff and partners to understand and comply with policies and procedures in this document and any updates that may be provided by Montgomery County.

These policies and procedures apply to two allocations of funds from the U.S. Treasury: **ERA1**, as funded through the Consolidated Appropriations Act (signed into law on December 27, 2020) and **ERA2**, as funded through the American Rescue Plan (signed into law on March 11, 2021). Although similar, there are some differences between the requirements for ERA1 and ERA2, which will be identified when necessary. All ERA1 funds may be spent by the County by September 30, 2022 (December 31, 2022, for reallocation), and all ERA2 funds may be spent by the County by September 30, 2025.

	ERAP1 Consolidated Appropriations Act, 2021	ERAP2 American Rescue Plan Act, 2021
Objectives	The U.S. Department of Treasury's Emergency Rental Assistance program makes funding available to assist households that are unable to pay rent or utilities due directly or indirectly to the COVID-19 pandemic.	The U.S. Department of Treasury's Emergency Rental Assistance program makes funding available to assist households that are unable to pay rent or utilities during or due directly or indirectly to the COVID-19 pandemic.
Date Passed	12/27/2020	3/11/2021
Total Treasury Funding	\$25 billion	\$21.55 billion
Deadline to Expend Funds	September 30, 2022 (December 31, 2022, for reallocation funds)	September 30, 2025

Beginning June 1, 2022, these policies and procedures apply to both US Treasury and

Commonwealth funds.

A summary of the four funding sources is below:

	ERA1 Federal	ERA1 Commonwealth	ERA2 Federal	ERA2 Commonwealth
Grantee	Montgomery County	Montgomery County	Montgomery County	Montgomery County
Funding Allocation	Consolidated Appropriations Act	Consolidated Appropriations Act	American Rescue Plan Act	American Rescue Plan Act
Funds Administered/Report to	US Dept. of Treasury	PA Dept. of Human Services	US Dept. of Treasury	PA Dept. of Human Services
Funding Period	3/3/21-12/31/2022	5/7/21-9/20/22	3/3/21-9/30/2025	3/3/21-9/30/2025
Internal Spend Deadline	12/15/2022	9/9/2022	3/31/2023	3/31/2023
Applicable Guidance	US Treasury Guidance & FAQs ; where relevant and helpful, Treasury’s “Promising Practices” and “Program Service and Design” Resources	DHS Instructions & Regulations	US Treasury Guidance & FAQs ; where relevant and helpful, Treasury’s “Promising Practices” and “Program Service and Design” Resources	DHS Instructions & Regulations

Guidance

ERA1 and ERA2 federal-funded programs in Montgomery County are guided by this manual and any guidance provided by the US Treasury, whose guidance is available on their [ERAP webpage](#).

ERA1 and ERA2 Commonwealth-funded programs in Montgomery County are guided by this manual and any guidance provided by the Pennsylvania Department of Human Services, including their [Instructions and Requirements manual](#) and [Procedural Memos](#).

Under PA Act 24, Article I-E, Section 104-E(5), a county “is prohibited from placing any stipulations, restrictions or limitations on assistance or eligibility that are in addition to federal law or guidance or this article”. PA Act 24 also amended PA Act 1 Section 102-D to include the same prohibition on counties.

Program Overview & Eligibility Requirements

The Montgomery County ERAP program is designed to provide housing stability to thousands of low-and moderate-income Montgomery County residents at risk of eviction and/or homelessness because of COVID-19. ERAP provides emergency rental and utility assistance funding to income- eligible individuals and families who reside in Montgomery County and have been economically impacted directly or indirectly by the COVID-19 outbreak; and or during the Coronavirus Pandemic *which ended on May 11, 2023*. This program is an expansion of programs and services offered through Your Way Home (YWH), a public-private partnership that since 2014 has helped end and prevent homelessness for thousands of Montgomery County residents.

For a household to be eligible for the ERAP program, it must meet the below requirements under **ERA1**:

1. Household must reside in Montgomery County at the time of application, AND
2. one or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak; AND
3. one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability; AND

4. the household has a household income at or below 80% of area median income (AMI).
 - a. Income eligibility will be based on average gross income over the 30 days preceding the time of the application and or pre-screen.
 - Income includes earned income, child support, welfare benefits, SSI, SSDI, unemployment income, workman’s comp, pension/investments/401K.
 - 80% Area Median Income is as follows:
 1. 1 person: \$59,050
 2. 2 persons: \$67,450
 3. 3 persons: \$75,900
 4. 4 persons: \$84,300
 5. 5 persons: \$91,050
 6. 6 persons: \$97,800
 7. 7 persons: \$104,550
 8. 8 persons: \$111,300 ⁴
 - b. Payments from ERAP should not be included in eligible income calculations.

For a household to be eligible for the ERAP program, it must meet the below requirements under **ERA2**:

1. Household must reside in Montgomery County at the time of application, AND
2. one or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experience other financial hardship during or due, directly or indirectly, to the coronavirus pandemic *which ended on May 11, 2023*; AND
3. one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability; AND
4. the household is a low-income family (as such term is defined in section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)), currently defined as 80% AMI ⁵
 - a. Income eligibility will be based on average gross income over the 30 days preceding the time of the application and or pre-screen.
 - i. Income includes earned income, child support, welfare benefits, SSI, SSDI, unemployment income, workman’s comp, pension/investments/401K.
 - ii. 80% Area Median Income is as follows:
 - 1 person: \$59,050
 - 2 persons: \$67,450
 - 3 persons: \$75,900
 - 4 persons: \$84,300
 - 5 persons: \$91,050
 - 6 persons: \$97,800

⁴ 2022 HUD income limits from <https://www.huduser.gov/portal/datasets/il.html>

- 7 persons: \$104,550
- 8 persons: \$111,300⁶

b. Payments from ERAP should not be included in eligible income calculations.

Social Security Numbers and proof of U.S. citizenship are not required for participation in ERAP. However, household participants may supply Social Security Numbers on their ERAP Application.

⁵ As of this date, the definition of “low-income families” in 42 U.S.C. 1437a(b) is “those families whose incomes do not exceed 80 per centum of the median income for the area, as determined by the Secretary [of Housing and Urban Development] with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80 per centum of the median for the area on the basis of the Secretary’s findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low family incomes.”

⁶ 2022 HUD income limits from <https://www.huduser.gov/portal/datasets/il.html>. Income limits for 2020 & 2021 are available in the Pre-Screen Document in the attachments.

ERAP POLICIES

Policy 1: Eligible Program Activities

- **Applications.** Households requesting rental and utility assistance must be screened for the ERAP program. Once the household has passed the pre-screen process, they must complete an application for program, and provide the necessary documentation. Households can contact 2-1-1, text their zip code to 898-211, or contact one of the six non-profit providers to apply for the program.
 - Applications are available from any Montgomery County authorized subrecipient individualized website. A copy of the application is attached to this document.
 - Applications are available in both English and Spanish.
 - Applications can be turned into any Montgomery County sub-recipient via mail-in, drop-off, email, and or fax methods.

ATTACHMENT: [Pre-Screen Document](#)

ATTACHMENT: [ERUC Application](#)

- **Accommodations.** There may be circumstances in which reasonable accommodations may be granted if an applicant is unable to apply directly on their own. During the pre-screen and application phases, these accommodations may be granted by a subrecipient to allow people who are disabled, temporarily disabled, sick, and/or unable to respond on their own behalf to apply to the program. In cases of reasonable accommodations, written documentation is mandatory to explain the need for reasonable accommodations. All reasonable accommodations requests are granted by a subrecipient on a case-by-case basis. Applications may also be submitted on behalf of the tenant by a landlord so long as the tenant completes.
- **Financial assistance.** Each household may receive up to 12 months of assistance for rental payments and/or utility payments dating back to March 13, 2020. Assistance can be for rent and/or utility arrears or future rent payments. There is no financial limit on the amount of assistance a household can receive. If deemed necessary to ensure housing stability, an additional 3 months of rental and/or utility assistance can be authorized by ERAP.
 - For ERA1, no household can receive more than 15 months of assistance in total (inclusive of any assistance provided by ERA2 funds). Under ERA1, to the extent that applicants have rental arrears, ERAP providers may not make commitments for prospective rent payments unless they have provided assistance to reduce an eligible household's rental arrears.
 - For ERA2, no household can receive more than 18 months of assistance in total (inclusive of any assistance provided by ERA1 funds). Under **ERA2**, no household can receive more than 18 months of assistance (inclusive of any assistance provided by ERA1 funds). Payments may be for prospective rent without covering arrears.

- **Arrearages (for both ERA1 and ERA2).** A household may receive assistance for rent or utility or a combination of both for any particular month; however, utilities must only be paid for arrearages (i.e. only rent payments can be made for future months). For households looking to receive prospective (future) rental payments, provider must recertify applicants eligibility every three months.
- **Other Costs Related to Housing**
 - **For ERA1:** first month's rent, last month's rent, and security deposit for a household that has been temporarily or permanently displaced due to COVID-19. The provider must have backup documentation showing that the household was displaced due to COVID-19 outbreak. In these instances, first/last/security will each count separately in future rent payments and count toward the maximum of 15 months total of rental assistance. For example, if the first month's rent, last month's rent, and security deposit are paid through ERAP, that counts as 3 months toward the maximum number of months of assistance. The amount of a security deposit should not exceed one month's rent. **Double security deposits while also paying last month rent at move-in are not allowable.**
 - **For ERA2:** first month's rent, last month's rent, and security deposit for a household that has been temporarily or permanently displaced due to, or during, the coronavirus pandemic *which ended on May 11, 2023*. The provider must have backup documentation showing that the household was displaced during the coronavirus pandemic. In these instances, first/last/security will each count separately in future rent payments and count toward the maximum of 18 months total of rental assistance. For example, if the first month's rent, last month's rent, and security deposit are paid through ERAP, that counts as 3 months toward the maximum number of months of assistance. The amount of a security deposit should not exceed one month's rent. **Double security deposits while also paying last month rent at move-in are not allowable.**
 - County District Court fees associated with eviction proceedings. Rent or rental bonds, where a tenant posts a bond with a court as a condition to obtaining a hearing, reopening an eviction action, appealing an order of eviction, reinstating a lease, or otherwise avoiding an eviction order, may also be considered an eligible expense. All payments for these expenses must be supported by documentary evidence such as a bill, invoice, or evidence of payment to the provider of the service.
- **Relocation**
 - ERA funds may be used to provide assistance to eligible households to cover prospective relocation assistance, rent, and utility or home energy costs, including after a financial eviction.
 - For both ERA1 and ERA2, other expenses related to housing include relocation expenses (including prospective relocation expenses), such as rental security deposits, and rental fees, which may include application or screening fees.
 - Before moving into a new residence, a tenant may not yet have a rental obligation, as required by the statutes establishing ERA1 and ERA2. In those cases, the program must provide a commitment letter for approved applicants specifying the amount of financial

assistance under ERA programs that the subrecipient will pay a landlord on behalf of the household (such as for a security deposit or rent). The commitment letter expires 90 days from the issuance date.

- This applies to relocation both within and outside of Montgomery County.

➤ **Commitment Letter for prospective renters**

- In some situations, such as when a household is temporarily staying in a hotel, applicants may not have a current lease or rental arrears. They may only be seeking assistance for future rent at a new residence. Often, in order to obtain a rental agreement, the applicant will need proof that they will be able to pay a security deposit and future rent.
- Similar to how a bank may provide a pre-approval letter for a loan, a nonprofit may provide documentation to applicants which states that the applicant is preliminarily qualified or approved for rental assistance based on their application for assistance and specifies the amount of financial assistance the nonprofit will pay a landlord on behalf of the household if the landlord and household enter into a qualifying lease. This documentation may be used as a commitment letter to induce a landlord to enter into a new rental agreement with an eligible household and can help applicants in a variety of situations. Please see Commitment Letter.
- Having proof of preliminarily qualified or approval for rental assistance can help several populations who have a high need for rental assistance. Examples of those who may be served by this practice include:
 - Eligible households who are currently unhoused due to financial eviction
 - Eligible households with an expiring lease
 - Eligible households with “month-to-month” agreements

By implementing this practice, the program can reach those who are in need and not in a traditional lease situation. This practice can also create a more equitable program by serving populations who are more likely to be without a current lease and are at risk of experiencing homelessness or housing instability.

➤ **Hotels**

- An ERUC provider may provide rental arrears. It may also provide hotel or motel as long as the household has been temporarily or permanently displaced from its primary residence or does not have a permanent residence elsewhere due to the Covid-19 outbreak (ERA1), or during the Coronavirus pandemic (ERA2) *which ended on May 11, 2023*.
- The household must be eligible for the ERUC program and have been displaced due to Montgomery County formal court eviction proceeding.
- In addition, in some instances, a household in any of the above situations in relation to hotel/motel stay may be accommodated. Your Way Home reserves the right to accommodate households for the ERUC program on a case-by-case basis. Final determinations related to the ERUC program are made by the Your Way Home (YWH) Program Manager.

Additionally:

- The hotel or household must provide documentation – such as a payment

printout from the hotel, bank account statements, or credit card charges indicating that the household is residing at the hotel and the current dollar rate that the household is paying (e.g., \$100 per night).

- The program will only pay for the room and any applicable taxes for a limited period of three months.
- The eligible applicant is responsible for all other incidental costs (meals, laundry, transportation, etc.).
- If paying future rent, ERUC providers shall only pay in bi-weekly increments and record the appropriate dates in their Service Records in Clarity.
- The bi-weekly expense for the room shall be equal to or less than the most recent daily rate the household paid multiplied by seven. Eligible costs do not include incidental charges to the room. Household must provide documentation of attempts to look for permanent housing solutions on a bi-weekly schedule (for future rent only) that is placed in the household internal file.
- The ERUC provider shall make a reasonable attempt to provide case management services to relocate the household to permanent housing.
- Hotel assistance cannot exceed 3 months.

➤ **Housing stability case management.** Documentation will be assembled; process payments to landlords and utility companies; create a housing stabilization plan, goal setting, and/or household budgeting, as appropriate; and provide referrals and connections to other resources and supportive services in the community, as appropriate. The level of case management needed per household will vary based on household needs. Staff are expected to deliver strengths-based case management services that follow trauma- informed care and progressive engagement best practices.

Restrictions on Duplication of Benefits:

➤ Rental or Utility assistance cannot be provided to a household receiving such assistance from another source that covers the same cost for the same time period. This would be considered a duplication of benefits and is not allowable. For example, if a household owes \$1,000 in rental arrearages and receives \$300 of assistance through another source for these arrearages, the ERAP program would only be eligible to pay for the \$700 difference that is not already covered. All households must complete a duplication of benefits calculation on the Application.

Policy 2: Prioritization Guidance

Your Way Home in Montgomery County is prioritizing an equitable approach in its provision of financial assistance and housing stabilization to households who have been directly impacted by COVID-19. By targeting assistance toward households with 30% AMI or lower, households who have been unemployed for 90 or more days, and households within particular census tracts, ERAP aims to have the greatest impact on reducing housing instability and homelessness for the most vulnerable households. Staff and partners should consult the [Emergency Rental Assistance Priority Index](#), which incorporates instability risk factors before the pandemic as well as the pandemic's economic impacts and accounts for risk factors that are higher for certain groups, particularly Black, Indigenous, and Latinx renters. This tool should inform the provision of assistance by locating the census tracts within Montgomery County that have high-priority indexes.

Households seeking assistance will be prioritized in the following order:

1. **30% AMI or below, or unemployed for the 90 days preceding the application or pre-screen** to the program; in addition, there is a formal eviction notice or a shutoff notice. **In addition**, the Household must reside in a zip code of **19401, 19405, 19406, 19464, 19446, or 19027**.
2. 30% AMI or below, or unemployed for the 90 days preceding the application or pre-screen to the program; in addition, there is a presence of rent or utility arrearages. **In addition**, the Household must reside in a zip code of **19401, 19405, 19406, 19464, 19446, or 19027**.
3. 30% AMI or below, or unemployed for the 90 days preceding the application or pre-screen to the program; in addition, there is a formal eviction notice or a shutoff notice.
4. 30% AMI or below, or unemployed for the 90 days preceding the application or pre-screen to the program; in addition, there is a presence of rent or utility arrearages.
5. 50% AMI or below, or unemployed for the 90 days preceding the application or pre-screen to the program; in addition, there is a formal eviction notice or a shutoff notice.
6. 50% AMI or below, or unemployed for the 90 days preceding the application or pre-screen to the program; in addition, there is a presence of rent or utility arrearages.
7. 80% AMI or below, or unemployed for the 90 days preceding the application or pre-screen to the program; in addition, there is a formal eviction notice or a shutoff notice.
8. 80% AMI or below, or unemployed for the 90 days preceding the application or pre-screen to the program; in addition, there is a presence of rent or utility arrearages.
9. All other households that meet program eligibility requirements.

*In addition, in some instances, a household in any of the above situations may be prioritized for ERUC services over someone who has a higher acuity as indicated by the priority listing above. Your Way Home reserves the right to prioritize households for ERUC on a case-by-case basis. Final determinations related to ERUC prioritization are made by the YWH Program Manager.

Program phase out in 2023

As of April 1, 2023, Montgomery County will no longer be accepting new applications for ERAP, with

the exception of a pending eviction or utility shut off notice and approval from the subrecipient program manager. In addition, no standalone recertifications will be processed after March 31, 2023. An applicant who has received ERAP funds prior to March 31, 2023, must currently have an eviction pending or a utility shut off notice and approval from subrecipient program manager to be considered eligible.

Beginning June 19, 2023, the program will be offering move-in assistance (First Month, Last Month, Security Deposit) to new applicants that meet the eligibility requirements.

Households who have been on the waiting list will be considered for assistance during the program phase out period.

For ERA1 Federal funds, please refer to Treasury's [ERA1 Closeout Resource](#).

Policy 3: Documentation Required for Each Household File

1. Application for ERUC Assistance

- a. Applicants must be at least 18 years of age.
- b. Either a wet or digital signature are preferred. If these two options are not possible, the nonprofit provider will record verbal certification and the case manager will sign to confirm the household's authorization.

2. Proof of income for the last 30 days from application for every adult over the age of 18 within the household, which can include:

- a. Employment pay stubs for all adult household members for the last 30 days
- b. Welfare cash assistance award letter
- c. SSI or SSDI award letter
- d. Unemployment award letter or check stubs, stating amount received for the last 30 days
- e. Workman's compensation award letter, stating amount received
- f. Pension or retirement documentation
- g. If the household has no earned income or if the household has income for which they cannot provide documentation, the ERUC Self Declaration of Income will suffice
- h. Income used to determine eligibility follows HUD income inclusions and exclusions requirements at 24 CFR 5.609(b) and (c).

ATTACHMENT: [HUD Income Inclusions and Exclusions](#)

NOTE: Fact-specific proxy: A grantee may rely on a written attestation from the applicant as to household income if the grantee also uses any reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.

Written Attestation Without Further Documentation: To the extent that a household's income, or a portion thereof, is not verifiable due to the impact of COVID- 19 (for example, because a place of employment has closed) or has been received in cash, or if the household has no qualifying income, ERAP may accept a written attestation from the applicant regarding household income. If a written attestation without further documentation of income (or a fact- specific proxy as described above) is relied on, you must reassess household income for such household every three months. In appropriate cases, ERAP may rely on an attestation from a caseworker or other professional with knowledge of a household's circumstances to certify that an applicant's household income qualifies for assistance.

3. Photo identification for Head of Household: PA Driver's License, photo ID, Passport, and for every adult over the age of 18 years old

- a. If the ID does not match the lease, the non-profit agency must provide at least two documents that verify residency on the lease.
- b. Approved documents include but are not limited to: recent utility bills, PA Public State benefits, medical insurance, WIC, official court documents, bank statement, check stubs, and/or sufficient documentation showing proof of occupancy.

4. Copy of the current executed lease or rental agreement, including any addenda

- a. If a household does not have a signed lease, documentation of residence may include:

- i. evidence of paying utilities for the residential unit,
- ii. a written attestation by a landlord who can be identified as the verified owner

- or managing agent of the unit, or,
- iii. a written attestation by a sub-lessor who can provide identification

5. **Evidence of rental arrearages, if applicable**

- a. Ledgers for rental arrearages can be received from tenants or landlords that show arrearages that are within the guidelines of the program.
 - i. **Proof of financial hardship** due to the COVID-19 outbreak under ERA1, or during the coronavirus pandemic *which ended on May 11, 2023*, under ERA2, such as evidence of a household member's current qualification for unemployment benefits or written attestation of financial hardship due to (ERA1) or during (ERA2) the coronavirus pandemic written on the ERUC Application.
 - ii. **Proof of risk of homelessness or housing instability**, such as a past due utility or rent notice or eviction notice, evidence of unsafe or unhealthy living conditions, or written attestation of housing hardship due to (ERA1) or during (ERA2) the coronavirus pandemic on ERUC Application.
 - iii. **Clients in hotels or motels**. Must provide Housing Search Log showing that they are working towards obtaining a unit such as a house, apartment, or room with a lease.

6. **Evidence of utility arrearages, if applicable**

- a. Ledgers for utility bills can be received from tenants or landlords that show arrearages that are within the guidelines of the program.

7. **Written Attestation Without Further Documentation:** To the extent that a household's income, or a portion thereof, is not verifiable due to the impact of COVID- 19 (for example, because a place of employment has closed) or has been received in cash, or if the household has no qualifying income, ERAP may accept a written attestation from the applicant regarding household income. If a written attestation without further documentation of income (or a fact- specific proxy as described above) is relied on, you must reassess household income for such household every three months. Inappropriate cases, ERAP may rely on an attestation from a caseworker or other professional with knowledge of a household's circumstances to certify that an applicant's household income qualifies for assistance.

8. **Proof of financial hardship** due directly or indirectly to the Covid-19 outbreak (for ERA1), or during the Coronavirus pandemic *which ended on May 11, 2023* (for ERA2), such as:

- a. proof of rental arrearages
- b. proof of utility arrearages
- c. an eviction notice
- d. written attestation evidence of a household member's current qualification for unemployment benefits
- e. written attestation of financial hardship on ERAP Application.

9. **Proof of risk of homelessness or housing instability**, such as a past due utility or rent notice or eviction notice, evidence of unsafe or unhealthy living conditions, or written attestation of housing hardship due to the

COVID-19 outbreak on ERAP Application.

- a. Unsafe or unhealthy living conditions include broken appliances such as a furnace or stove, non-functional utilities, insect and/or vermin infestations, or structural damage that the household believes to threaten their well-being.
 - b. Photo documentation must be provided by the household to the ERAP provider.
10. Housing stabilization plan, goals worksheet, and/or household budget, as appropriate
 11. YWH ERAP Landlord Letter executed by the landlord (for rental assistance payments)
 12. A completed W9 form executed by the landlord (for rental assistance payments)
 13. Evidence of rental arrearages, if applicable
 14. Utility bill(s) showing amount of utility arrearages, if applicable. Utility bills can include water, electricity, gas, and internet.
 15. Copy of check/credit card authorization request for each payment
 16. Proof of rental/utility assistance payment(s) to vendor, after payment is made, such as a copy of the check, ACH transfer number and date, etc.

Policy 4: Protection of ERA applicant data privacy

Clients

Montgomery County is committed to protecting our clients' privacy by ensuring the protection of ERA applicant data privacy or PII (personally identifiable information). Montgomery County collects PII, such as email address, name, home address, work address, and telephone number for communications purposes. The County also collects anonymous demographic information, such as their ZIP code, age, and gender. However, we do not collect any personal information about clients unless they voluntarily provide it. All clients can request that their PII not be shared with Your Way Home data systems.

In the ERUC Application, there is a checkbox for clients to complete that states: "This agency may not share my personally identifying information within YWH Data Systems."

While a client can remain anonymous, there are two pieces of information that are required so that the program can run properly:

1. Home address is required, allowing the County to validate that the address is a residential property and is the household's address.
2. Since a client must be above 18 to receive services as a head of household a year of birth must be provided. However, a date of birth will be listed as 1/1/YYYY in the system for those clients wishing to remain anonymous.

All of this information can be verified during the application process, without any of that information being entered into Clarity HMIS.

Staff

All County staff and subrecipients working on this project must abide by the [HMIS Policy and Procedure Manual](#), which include the following "Revocation of Consent to Share Personally-Identifying Information in YWH Data Systems" policy on page 5:

Policy: Clients maintain the right to revoke their consent for sharing personally-identifying information in YWH Data Systems at any time. If a client decides to revoke this consent, they must sign a new Release of Information. The staff person responsible for entering data into YWH Data Systems must then overwrite the client's profile information using the protocol established in the Policy on Entering Non-Identifying Information.

Policy 5: Documentation Required for Households that have Received Assistance and Recertify

If a client has received ERUC funding and needs additional months of rental and utilities assistance, they must be re-certified. Here is what is required to be recertified:

1. Case manager must verify an executed lease is on file and household still resides at that same address. If household has moved, a new eligibility determination must be made.
2. Income Eligibility Worksheet
3. Proof of Income for the last 30 days, which can include:
 - a. Employment pay stubs for all adult household members for the last 30 days
 - b. Welfare cash assistance award letter
 - c. SSI or SSDI award letter
 - d. Unemployment award letter or check stubs, stating amount received for the last 30 days
 - e. Workman's compensation award letter, stating amount received
 - f. Pension or retirement documentation
4. Written attestation of current financial hardship
 - a. Under ERA2: risk of homelessness or housing instability due directly or indirectly to the COVID-19 outbreak
 - b. Under ERA2: risk of homelessness or housing instability during the Coronavirus pandemic
5. YWH ERAP Landlord Letter executed by the landlord (for rental assistance payments)
6. Copy of check/credit card authorization request for each payment
7. Proof of rental/utility assistance payment(s) to vendor, after payment is made, such as a copy of the check, ACH transfer number and date, etc.

Policy 6: Program Requirements for Landlords

1. Landlords cannot receive financial assistance through this program without the participation of their tenant.
2. For landlords that receive funds under the ERAP program for prospective rent or for rental arrearages, they are prohibited from evicting the participating tenant for nonpayment of rent with respect to the period covered by the assistance. In addition, they are prohibited from evicting tenants for nonpayment of rent for 60 days longer than the period covered by the rental assistance.⁷
3. In order to remove barriers a household may face in accessing new housing, ERAP may, at the tenant's request, provide assistance for rental or utility arrears after an otherwise eligible tenant has vacated a unit.⁸
4. It may be required for the landlord to provide proof of ownership, proof of authorization for property management, and/or proof that landlord resides separately from the tenant.

⁷ This is allowable per Treasury FAQ #32, [FAQs | U.S. Department of the Treasury](#).

⁸ This is allowable per Treasury FAQ #40, [FAQs | U.S. Department of the Treasury](#). However, Montgomery County is choosing not to "requir[e] the landlord or utility provider to notify the tenant that payment has been received and that there will be no further collection efforts."

Policy 7: Data Entry Requirements & Clarity HMIS

1. 2-1-1 is required to enter all pre-screen data into the Clarity HMIS system within 2 business days, but preferably sooner, of the initial call-in. Households who pass the pre-screen will be referred to a subrecipient.
2. For households that were referred, household information will be entered into Clarity HMIS by the subrecipient that received the referral. For walk-ins who pass the pre-screen, household information will be entered into Clarity HMIS by the subrecipient.
3. All County staff and subgrantees working on this project need to abide by the [HMIS Policy and Procedure Manual](#).
4. The County and its subrecipients respect client confidentiality. All subrecipients will provide a Notice of Privacy Practices and will seek written permission for release of information from the client. Subrecipients must maintain written releases in the client record.

For any referrals or exchange of identifying information, the client must sign a valid written HIPAA compliant authorization.

ATTACHMENT: [DHS Notice of Privacy Practices](#)

ATTACHMENT: [HIPAA Authorization Form](#)

Policy 8: Allowable Administration

For direct Administration costs under **ERA1 Federal**, the County is allowed up to 10% of the total allocated funds. The County is distributing this between subrecipients (approximately 5.4%) and the County. Administrative costs for subrecipients will be calculated in relation to the disbursed assistance administered, calculated on a regular interval, excluding the County's own administrative costs.

For direct Administration costs under **ERA1 Commonwealth**, the County is allowed up to 9.09% of the total allocated funds. The County is distributing this between subrecipients (approximately 5.4%) and the County. Administrative costs for subrecipients will be calculated in relation to the disbursed assistance administered, calculated on a regular interval, excluding the County's own administrative costs.

For both **ERA1 Federal** and **ERA1 Commonwealth**, subrecipients may only charge administrative costs to the ERA1 award after September 30, 2022 (December 31, 2022, for reallocation funds), for award closeout activities, such as preparation of final financial and performance reports. Subrecipients must submit all their final financial, performance, and other reports to the ERA grantees no later than 90 calendar days (or an earlier date as agreed upon by the ERA grantee and subrecipients) after the end date of the period of performance (see 2 CFR 200.344(a)).

For direct Administration costs under **ERA2 Federal**, the County is allowed up to 15% of the total allocated funds. The County is distributing this between subrecipients (approximately 5.4%) and the County. Administrative costs for subrecipients using ERA2 funds will be calculated in relation to the disbursed assistance administered, calculated on a regular interval, excluding the County's own administrative costs.

For direct Administration costs under **ERA2 Commonwealth**, the County is allowed up to 13% of the total allocated funds. The County is distributing this between subrecipients (approximately 5.4%) and the County. Administrative costs for subrecipients using ERA2 funds will be calculated in relation to the disbursed assistance administered, calculated on a regular interval, excluding the County's own administrative costs.

For both **ERA1** and **ERA2**, an indirect cost rate of 10% (of actual administrative costs) will be applied at the end of the nonprofit's period of performance. The County will also apply a 10% indirect cost rate for its administrative costs.

Only direct incurred costs are eligible for Administration, such as staffing and equipment specifically for the ERAP program. Indirect administrative costs will be covered by the indirect cost rate.

Administrative payments will only be processed if the following is achieved:

- An executed Subrecipient Payment Request form between the County and provider
- ERAP Administration spreadsheet is available upon request, outlining the direct costs associated with the project
- Copy of payroll register for all staff on the spreadsheet is available upon request, as backup documentation
- Any other applicable backup documentation for any other eligible costs charged

Policy 9: Appeals & Complaints

Appeals

Any client denied from the program who wishes to appeal should contact the YWH Program Manager who will follow up as necessary. The Program Manager will respond to appeals within 10 business days.

Sabrina Lyons

Phone: 610-278-3506

Email: sabrina.lyons@montgomerycountypa.gov

Households whose application has been denied can re-apply to the program 30 days from the date of denial.

Complaints

All program complaints should be reported to the YWH Program Manager who will follow up as necessary. The Program Manager will respond to complaints within 10 business days.

Sabrina Lyons

Phone: 610-278-3506

Email: sabrina.lyons@montgomerycountypa.gov

Discrimination:

To make a complaint of discrimination on the grounds of race, color, religion, national origin, sex, disability, familial status, and/or limited English proficiency covered by [Title VI of the Civil Rights Act of 1964](#) (which prohibits discrimination on the ground of race, color, or national origin in programs or activities receiving federal financial assistance), [Section 504 of the Rehabilitation Act of 1973](#) (which prohibits discrimination because of disability in programs or activities receiving federal financial assistance), the [Age Discrimination Act of 1975](#), and the [Fair Housing Act](#), which prohibits discrimination in housing because of race, color, national origin, sex (including gender identity and sexual orientation), religion, disability, and having, expecting, adopting, or fostering a child under the age of 18, members of the public should contact the to the [Housing Equality Center of PA.](#)

They can be reached by phone at 866-540-FAIR, by email info@equalhousing.org, or using an online form at <https://www.equalhousing.org/report-discrimination/>

Policy 10: Fraud, Waste, & Abuse

When a nonprofit agency has reason to believe that a client, landlord, or employee may have abused the program, immediate action is required to gather more information regarding the validity of the concern or claim and, if valid, the nature and extent of the abuse. The nonprofit should collect as much information as possible about the case so that a fair and informed decision can be made. The agency may confront the client, landlord, or employee with any information it has and discuss the facts.

Fraud is defined as the wrongful or criminal deception intended to result in financial or personal gain. Fraud includes false representation of fact, making false statements, or by concealment of information.

Waste is defined as the thoughtless or careless expenditure, mismanagement, or abuse of resources to the detriment (or potential detriment) of the U.S. government. Waste also includes incurring unnecessary costs resulting from inefficient or ineffective practices, systems, or controls.

Abuse is defined as excessive or improper use of a thing, or to use something in a manner contrary to the natural or legal rules for its use. Abuse can occur in financial or non-financial settings.

For members of the public who believe they are aware of fraud, waste, or abuse, including noncompliance with program guidelines, they should reach out to the YWH Program Manager and notify her right away so the issue can be investigated:

Sabrina Lyons
Phone: 610-278-3506
Email: sabrina.lyons@montgomerycountypa.gov

- As the administrator responsible for the management of the ERA Program funds, Montgomery County will take reasonable efforts to identify waste, fraud, and abuse.
- Fraud will be reported to the State or Local law enforcement agency, as applicable.
- Fraud in excess of \$100,000 will also be reported to Treasury Office of the Inspector General (Treasury OIG).
- Individual fraud associated with a single IP address, or other linking factor, that collectively exceeds \$100,000 will be reported to Treasury OIG.
- Fraud or schemes involving public officials or employees of the ERA Grantee and/or sub grantee agency will be reported to Treasury OIG regardless of the amount of the fraud.
- To file a complaint, citizens may visit <https://oig.treasury.gov/report-fraud-waste-and-abuse>

Policy 11: Conflict of Interest

The ERAP programs follows the County's Code of Conduct and Conflict of Interest Policy for all employees, officers, volunteers, agents, grantees, and vendors. All employees working under the ERAP program, including Montgomery County and subrecipient staff, shall conduct themselves at all times in the best interest of the ERAP program.

Policy 12: Financial Management and Accounting

Procurement

Montgomery County and its subrecipients are required to follow federal procurement requirements set forth in 2 CFR 200.331–333.

Budgeting

The County tracks funds awarded and disbursed by U.S. Treasury and the Commonwealth of Pennsylvania. The County budgets for its own program oversight and for the six subrecipients implementing the program according to their capacity and need.

Reallocation

Montgomery County submits reallocation requests to the U.S. Treasury per the Treasury’s portal. Montgomery County submits reallocation requests to the Commonwealth of Pennsylvania when funds are available.

Audits and Reconciliation

Montgomery County conducted a series of audits by September 2022 looking retroactively at data since the beginning of the program. After that date, Montgomery County audits the Clarity HMIS system on a weekly basis and makes any adjustments as required.

The County and its subrecipients reconcile financial and administrative expenses on a monthly basis.

Earned Interest

The County earns interest on award funds not yet disbursed to subrecipients. It is the County’s policy that all earned interest is transferred (per its funding source) as financial assistance - not as administrative funds - to the community.

Subawards

The County awards its ERA funds as subawards to subrecipients on a capacity and need basis. Funding awards are codified in an initial subrecipient agreement and subsequent subrecipient agreement amendments.

Staff Costs

Montgomery County uses ERA administrative funds to staff the oversight of the program. In addition, the County provides financial support for subrecipient staff costs on a monthly basis using ERA administrative funds. This includes staff salary and benefits, such as health insurance and workers’ compensation, and other staff costs to run the program.

Administrative Expenses

ERA administrative funds are used by Montgomery County to administer and provide oversight of the program. This includes the procurement of contractors and consultants. Montgomery County also provides financial support for its subrecipients to implement the program, including funds for necessary equipment and supplies.

Any funds that were budgeted as administrative that go unused will be transferred (per its funding source) as financial assistance and administrative funds to the subrecipients.

Disbursements

Montgomery County provide funding and administrative disbursements as required to its contractors and subrecipients once contracts, subrecipient agreements, and/or subrecipient agreement amendments are

executed. The County ensures that funds are disbursed in a timely manner and in compliance with the award terms. Funds may be disbursed in multiple disbursements to contractors and subrecipients as necessary until the full contract or subrecipient agreement amount is exhausted.

Record Retention

Per the ERA 1 and ERA2 Award Terms, financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to the ERA1 award **must be retained for a period of five years** after all funds have been expended or returned to Treasury.

Policy 13: Reporting & Monitoring

Any subrecipient that spends award funds above \$750,000 is required to submit a single audit to Montgomery County on an annual basis.

Montgomery County will take the lead on drafting and submitting monthly, quarterly, and closeout reports for the U.S. Treasury and the Commonwealth of Pennsylvania. The County will work closely with all subrecipients to gather and reconcile all the required data for these reports.

Montgomery County's Recovery Office will conduct internal monitoring of the program. Subrecipient Staff may also be expected to participate in compliance review(s), end of program close-out evaluation, and final report(s).

ERAP PROCEDURES

Procedure 1: Eligible Program Activities

Conduct ERAP Pre-Screen:

For households contacting 2-1-1, the 2-1-1 operator will conduct an ERAP Pre-Screen. For those households contacting non-profits directly, an ERAP Pre-Screen is done in person or electronically.

Persons living in Montgomery County who have experienced a COVID hardship and are in need of rent and/or utility assistance will receive an ERAP eligibility pre-screen for the program by calling 2-1-1 or by texting their zip code to 898-211. Pre-screen determines initial eligibility and helps the County make referrals to the appropriate non-profit provider. When appropriate, then 2-1-1 will provide the ERAP Application to the household to complete and submit electronically for review by ERAP staff.

Households that enter the program directly through a non-profit are pre-screened by the case manager.

Households who do not pass pre-screen and are ineligible for ERAP will be referred to other programs and services within Montgomery County that fit their needs. These referrals will be given verbally. Landlords or utility companies may complete the pre-screen on behalf of tenants but must inform the household that they will be contacted for the full application.

Clarity HMIS Record Search & Creation

For households who **pass** pre-screen and are eligible, 2-1-1 or subrecipient nonprofit will then conduct a Clarity HMIS record search & creation for the household.

- 2-1-1 will read the [Verbal Consent statement](#) for identifying information to go into Clarity HMIS.
- 2-1-1 will update the Head of Household (HoH) demographic information in Clarity if a profile already exists, or create a new profile for households not yet in Clarity HMIS. Additionally, 2-1-1 will update or create profiles for each household member and join the household in Clarity HMIS.
- 2-1-1 will immediately check the “Notes” and “History” tab in the HoH profile to see if a referral or contact has already been attempted for emergency rental assistance. 2-1-1 will check the Assessments tab to see if the household previously was served by a nonprofit provider for emergency rental assistance. If so, 2-1-1 will refer the household to that same nonprofit provider for additional possible assistance. If the household has not previously received emergency rental assistance, 2-1-1 will refer via Clarity HMIS to ERAP’s pending queue.
- 2-1-1 will write a note in the Clarity referral and the HoH profile via the “Notes” tab in Clarity, outlining the pre-screen outcome and next steps.

Application

The steps to input an ERUC application into Clarity is as listed in the Clarity Training attachment. In this attachment you will find the nine steps it takes to create a new household in Clarity:

- History tab
- Months of service tab
- Address location tab
- Head of Household tab
- Household members tab
- Service records tab
- Funding source tab
- Start date
- End date tab

ATTACHMENT: [Clarity Training: New ERA Service](#)

Pre-approval for prospective renters

1. Determine eligibility for pre-approval for prospective renters based on the ERUC application
 - Eligible households who are currently unhoused due to financial eviction
 - Eligible households with an expiring lease
 - Eligible households with “month-to-month” agreements
2. If the applicant is preliminarily qualified for assistance, prepare the Commitment Letter to landlords using the template that shows they are eligible for rent assistance.

ATTACHMENT: [Commitment Letter](#)

ERAP Program Closing

If a household is receiving future rent, their Clarity program enrollment may stay open during that time. Once all financial assistance has ended, the ERAP provider must close the ERAP program enrollment for all household members in Clarity HMIS.

Accommodations

Reasonable accommodations must be documented in writing or verbally at any time from the applicant or anyone the applicant gives permission to communicate on their behalf. Documentation requirements may be waived for households who request accommodation for the initial application for assistance.

Here are some examples of reasonable accommodations:

- Mental Health Disability

- Physically Disabled
- Hospitalized and/or unable to speak for themselves

Subrecipients should utilize LanguageLine, provide language accessibility, and make other accommodations where necessary in order for everyone to have access to the pre-screen and application process.

In accordance with Title VI of the Civil Rights Act of 1964 (Title VI) ERA subrecipients must ensure they provide meaningful access to their limited-English-proficiency (LEP) applicants and beneficiaries of their federally assisted programs, services, and activities. Denial of an LEP person's access to federally assisted programs, services, and activities is a form of national-origin discrimination prohibited under Title VI and Treasury's Title VI implementing regulations at 31 CFR Part 22. Meaningful access for an LEP person may entail providing language assistance services, including oral interpretation and written translation where necessary, to ensure effective communication regarding the ERA grantee's programs, services, and activities. For more information regarding reasonable steps to provide meaningful access for LEP persons, please go to <https://www.lep.gov> and the ERA programs' Promising Practices webpage at [\[https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/emergency-rental-assistance-program/promising-practices/outreach\]](https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/emergency-rental-assistance-program/promising-practices/outreach). See also Treasury's published LEP guidance at [70 FR 6067](#) (Feb. 4, 2005).

Procedure 2: Prioritization Guidance

Once the pre-screening process is completed, the household is evaluated for the following:

- Zip code of the residence
- Income of the entire household, which includes any adult residing in the home
- Unemployment status, identifying any household member on unemployment for 90 days or more
- Eviction status
- Utilities shut-off notices

Staff decide prioritization based on the information provided above to assign the household a number based on the prioritization rubric.

Your Way Home reserves the right to prioritize households for ERUC on a case-by-case basis. Final determinations related to ERUC prioritization are made by the YWH Program Manager.

Program phase out in 2023

As of April 1, 2023, new applications for ERAP will no longer be accepted, with the exception of a pending eviction. In the case of an exception, approval must be granted by the subrecipient program manager. *The program manager must note in the client's Clarity file that an exception has been made due to a pending eviction.* Households who have been on the waiting list should be considered for assistance during the program phase out period.

No recertifications will be processed after March 31, 2023. If a client is recertified in March 2023, they can receive prospective rent in April, May, and June, but there will no recertification payments beyond June. However, if there is a pending eviction for a client, an exception can be made. In the case of an exception, approval must be granted by the subrecipient program manager. *The program manager must note in the client's Clarity file that an exception has been made due to a pending eviction.*

Procedure 3: Documentation Required for Each Household File

ERAP Application & Program Enrollment

Documentation can be accepted electronically, by mail, or by walk-in at any of the subrecipient nonprofits.

ERAP will reference their pending queue in HMIS, as well as eligible pre-screen questionnaires they have processed, to enroll into ERAP and begin processing the full application. Households will be contacted utilizing the aforementioned prioritization policies.

If staff have attempted initial contact with a household, and the household has not responded within 5 business days, the staff member will close/reject the referral in Clarity HMIS. Attempted contacts must be documented via the “Notes” section in the HoH profile in Clarity HMIS.

As soon as a household is successfully contacted, check the “History” tab in the HoH profile to see whether a client has already been serviced by a different agency. If serviced by another agency, contact the YWH Program Manager. Once it is determined which agency will be serving the household and processing the full application, the staff member **must** enroll the entire household in the ERAP program in Clarity HMIS. This includes the Head of Household and all other household members.

This ERAP staff member is now working with the household and responsible for the full processing and completion of the application and financial assistance. Using the ERAP File Checklist, these documents can be collected via electronic means or in person. ERAP staff will give instructions to the applicant on how to provide the documents needed. Applications and all required documentation should be kept on file internally both on paper and in Clarity. A complete record should be readily available within 7 days of first disbursement of funds.

ATTACHMENT: [YWH ERAP File Checklist](#)

1. Compass Community Partner Database

- a. As part of the Proof of Income, the compass community partner database has been provided by the Commonwealth of Pennsylvania as a tool to determine immediately if a client is financially eligible for this program. The compass tool should be registered only by a supervisor or an authorized Q.A. reviewer for each sub-recipient. There should be no more than two authorized users per agency.
- b. To receive automatic financial eligibility it can be completed using an individual search by using the client’s first and last name, date of birth, and the last four digits of the client’s social security number. Upon the search, it will only determine if a client is automatically income-eligible by these three options.
 - i. If it states YES, Automatically Income-Eligible
 - ii. If it states NO this means the client is NOT automatically income-eligible and you must use other “proof of income” options to verify income.
 - iii. If it states “unable to locate”, you must use other “proof of

income” options to verify income.

If you are using this tool to verify income, please print and place it in the client’s internal file. Each time a client recertifies you must re-verify this information.

The process to register for the compass community partner database is as followed:

1. Review the Compass Community Partner Powerpoint, and follow the steps.
2. Go to the www.compass.state.pa.us
3. Register your organization, if not already registered.
4. Request user access, beginning with a Delegated Administrator (DA). All users will receive their Keystone ID (b-userID) by email after the registration request has been approved.
5. Bookmark this page as this is the page you will use to access the database,
<https://www.compass.state.pa.us/Compass.Web/CP/Landing>

If an applicant has been denied, then a denial letter must be drafted and given to the client. A note must then be added in Clarity with the reason for the denial.

ATTACHMENT: [Client Approval Letter](#)

ATTACHMENT: [Client Denial Letter](#)

Utility bills

The staff member must ask an applicant if they have a shut-off notice or arrearages for utilities. If they do, the client must provide copies of the shut-off notices or the utility bills showing the arrearage. The subrecipient must verify utility arrearages by substantiating the ledger with the utility company to ensure arrearages are within program guidelines.

ATTACHMENT: [Utility verification letter](#)

Payment Request Form

By submitting a Payment Request Form for a household assisted, the Subrecipient Case Manager is confirming that they have all required documents outlined in this manual and will retain all applicable records for this project consistent with [24 CFR 578.103](#), including Participant Files.

Phase Out Letter

If a client has reached the end of the program, they must receive a ERUC Phase Out Letter. It must be completed by the case manager and given to the client. One of the following reasons must be listed:

- Your household income was determined to be over 30% of the Annual Median Income eligibility requirements.
- The 18-month time limit has been reached.
- ERUC funds are no longer available.
- [Insert Other as Needed]

ATTACHMENT: [Phase Out Letter](#)

Procedure 4: Protection of ERA applicant data privacy

Clients

Clients may choose to provide personally identifying information (PII) voluntarily. All clients can request that their PII (such as their name, social security number, date of birth, email address, work address, telephone number, race, ethnicity, and gender) not be shared with Your Way Home data systems. If a client requests that their PII remain anonymous, staff members must honor their request and be respectful of their right to remain anonymous.

In the ERUC Application, there is a checkbox for clients to complete that states: "This agency may not share my personally identifying information within YWH Data Systems." All staff should be vigilant about having clients who wish to remain anonymous check the checkbox and verbally discuss with the client their choice to remain anonymous. Staff should not discuss with a client why they are choosing to remain anonymous.

There are only two pieces of information that are required to be collected so that the program can run properly:

1. Address of service / home address is required, allowing the County to validate that the address is a residential property.
2. Since a client must be above 18 to receive services as a head of household a year of birth must be provided. However, a date of birth will be listed as 1/1/YYYY in the system for those clients wishing to remain anonymous.

All of this information can be verified during the application process, without any of that information being entered into Clarity HMIS.

Staff

All County staff and subrecipients working on this project must abide by the [HMIS Policy and Procedure Manual](#), which include the following "Revocation of Consent to Share Personally-Identifying Information in YWH Data Systems" procedure on page 5:

Procedure: Clients may revoke their consent to share personally-identifying information by signing a new Client Release of Information. The data entry staff is responsible for updating this personally-identifying information on the client's profile using the protocol as established in the Policy on Entering Non-Identifying Information within 5 business days of the client signing the form. The agency must maintain a copy of the new client Release of Information form with their paper file.

Procedure 5: Documentation Required for Households that have Received Assistance and Recertify

When a client needs additional rental or utility assistance, beyond their original award, the staff member must recertify the household using the Re-Certification Form. Forwarded rental assistance can only be provided for 3 months in the future. If the client returns to seeking rental assistance for months beyond those initial forwarded months, they must be recertified. The prioritization process must still be followed during recertification as a household's financial situation or location may have changed.

For ERA1, subrecipients may approve applications covering up to three months of prospective assistance pursuant to FAQ 10 up until September 30, 2022 (December 31, 2022, for reallocation funds). Subrecipients may not provide prospective rental or utility assistance or cover costs for other expenses related to housing for any period beyond September 30, 2022 (December 31, 2022, for reallocation funds). Any rental or utility costs provided after December 31, 2022, must be made using ERA2 award funds.

ATTACHMENT: [Re-Certification Form](#)

Procedure 6: Program Requirements for Landlords

Property Look-Up Steps (Landlord)

When reviewing the landlord, the assigned case manager must also look up to confirm that the landlord listed on the application is the owner of the rental property through the Montgomery County property records look-up tool. Complete the following steps:

1. Confirm the address(s) listed on the landlord application for their tenant(s). This is the address that they state their tenant is residing at (not landlord's mailing address unless listed as the same as tenants).
2. Go to County Property Records website through this link:
<https://propertyrecords.montcopa.org/>
3. Click on "Search by Owner" or "Search by Address." Then click on "Agree" for Disclaimer.
4. For owner search, type in the name (last name, first name) of the landlord as listed on their W-9 in the "Search by Owner Name" box, then click Search. For address search, enter in the rental property address in the "Property Address" box, then click Search.
5. This will bring up a list of the properties/registered owner. Locate the correct address and click on the parcel number to confirm that the landlord is the property owner where the tenant is residing.
 - a. If landlord is not listed as the property owner, move to step 8 below. If landlord is confirmed as property owner, complete steps 6 & 7.
6. Print/Save screen showing this confirmation and upload to documents folder in landlord's internal and external case file.
7. If the landlord applicant is not listed as the property owner through this search, proof of ownership OR proof of ownership authorization for property management is required.
 - a. **Complete the following steps to verify proof of ownership:**
 - i. Request other proof of ownership such as a mortgage statement or real estate tax bill which lists the landlord applicant as the owner. Real estate tax bill should be for most recent year and mortgage statement must be within last 3 months. Upload to file and notate in audit log. If neither of these documents are available move to option #2.
 - ii. Contact the listed landlord and request a copy of the deed be emailed to the reviewer to confirm ownership of rental property. If deed is obtained and supports ownership claim, call the Recorder of Deeds to confirm the deed has been recorded. Contact the Montgomery County Recorder of Deeds at (610) 278-3289.
 - iii. After deed is confirmed as recorded, notate the conversation with the Recorder of Deeds in an audit log and upload a copy of the documents folder in the client's internal case file. If the listed landlord is an Executor of the Will to the deceased property owner, verify the Executor's authority by having the Executor email a copy of the Short Certificate (proof of appointment of a person to handle the affairs of a decedent) then upload to the documents folder in the client's internal case file.

- b. **When a property manager is providing documents on behalf of the landlord, the following steps are required:**
- i. If a property manager is representing the landlord (and therefore owner and landlord applicant don't match), request a copy of the Property Management Agreement between the landlord's agent and the landlord. Upload to file.
 - ii. If this is not available, document why in the audit log and request an email or written signed statement from the listed property owner that confirms that the landlord/property manager listed is duly authorized to submit this application on behalf of the landlord.
 - iii. This e-mail or note must be accompanied by a form of identification from the property owner that verifies the statement is coming from owner. Request a digital image be sent and upload to file along with note.
 - iv. Request supervisor review of the statement and ID provided.

If proof of ownership or authorization is not received or available, then application is denied.

ATTACHMENT: [YWH ERAP File Checklist](#)

ATTACHMENT: [Landlord Verification Letter](#)

Relationship Verification

1. In general, the participant cannot be directly related to their landlord (spouse, parent, sibling, aunt, uncle, etc.) unless the following conditions are documented:
 - a. Documented evidence of rental payments existing prior to time period of ERUC/ ERAP assistance request (through prior payments and evidenced by bank statement or rental receipts); AND
 - b. Evidence of financial separation of households (i.e., separate tax returns, related individuals not listed on same tax return).
2. As part of the control for this process, if the landlord and tenant share the same last name and/or same address, check their place of residence and identify the relationship in the client's internal clients file (parent/child, significant others, siblings, etc.). If the tenant and landlord are related and the application does not meet the criteria of 1 of this section above, households are not eligible for assistance.

Procedure 7: Data Entry Requirements & Clarity HMIS

Application

1. Staff will be required to enter ERAP Program data in HMIS for all households contacted with a full application. The ERAP Program will be closed via HMIS for any household unable to be contacted in 30 days after receiving the application, or when financial assistance has ended (whichever is sooner).
2. Staff and 2-1-1 will be required to enter data into HMIS following the procedures outlined in this document. Staff are expected to enter data in real time whenever possible, in order to maximize coordination and avoidance of duplication of benefits. Staff will be expected to always utilize Clarity HMIS when working with households on the processing of applications.
3. Staff and 2-1-1 must enter notes into the "Notes" tab on any eligible household they speak with or communicate with.

Processing of Financial Assistance

Once the application is complete, and all paperwork has been provided, the case manager will submit a request for a check/credit card authorization for the approved amount of assistance.

If the applicant's landlord does not participate, does not return documents, or does not accept the ERAP financial assistance, a supervisor may authorize direct payment to the applicant. After reasonable attempts to obtain the cooperation of landlords or service providers or after their refusal to cooperate, assistance payments shall be made directly to the tenant. Assistance payments shall not be delayed and shall be issued directly to the tenant after seven days if the initial written outreach request was mailed, or after five days if the provider made three attempts by phone, text, or email over a five-day period. All attempts to contact the landlord and engage them in payment must be documented in the Notes section of Clarity HMIS.

However, ERA2 does not require grantees to seek the cooperation of the landlord or utility provider before providing assistance directly to the tenant.

If a supervisor authorizes direct payment to the applicant, then a Direct-to-Tenant Letter must be prepared and given to the client.

Other housing costs must be entered in Clarity HMIS as Service Records according to the corresponding type (e.g., First Month, Last Month, Security Deposit), not as Rental Assistance.

ATTACHMENT: [Direct-to-Tenant Letter template](#)

The Financial Analyst will process and distribute the financial assistance.

Staff must add Service Records to the HoH program enrollment, as appropriate:

- a. Rental arrearages (one service record for each check of rental arrearages provided)
- b. Prospective Rent (one service record for each check of prospective rent provided)

- c. Utility Assistance (one service record for each check towards utility assistance provided)
- d. Other Housing Costs (one service record for each: First Month's Rent, Last Month's Rent, Security Deposit (if assisting with relocation), Hotel payments)

Procedure 8: Allowable Administration

As per the agreement and terms for allowable administration expense of the total funds received,

- The County will prepare the budget, which includes the following County and Subrecipients detail:
 1. Financial assistance
 2. Administrative Direct expenses
 3. Administrative Indirect expenses
 4. Additional expenses, if applicable
- County prepares and submits a memo to the controller to release the funds to subrecipients.
- Distribute the funds to Subrecipients and record in the master file.

Record the Direct administration expenses (salaries, wages, and benefits paid to employees working for this program, etc.)

- Send out emails to all Subrecipients for the admin expense reports to be received on or before 5th of every month.
- Track expenses so that the limit on overspending is maintained.

Documents required from Subrecipients

- Spreadsheet recording all expenses for the month of the claim indicating the program name **ERA1 or ERA2**
- Timesheets for the month of claim showing actual hours worked for the particular program **ERA1 and/or ERA2**
- Paystubs showing the salary or wages for that month in case of salary or wages increments supporting document letter from Subrecipient on their letterhead with authorized signatory required.
- Employee Benefits details required, if claiming.
- All other direct expenses claimed on the spreadsheet require valid invoice and payment proof. If not then the expense is not accountable.
- Reconcile the details with spreadsheet and revert back to Subrecipient for confirmation and ask for the missing documents or error found if any.

Clarity Training: New ERA Service attachment is the training for subrecipients to enter a new service record.

ATTACHMENT: [Clarity Training: New ERA Service](#)

Procedure 9: Appeals & Complaints

For clients that would like to appeal their eligibility decision, they can reach out to the YWH Program Manager ten days from the date of denial. If necessary, the Program Manager may contact the subrecipient to retrieve the internal file to review for accuracy and allow the agency to provide any further supportive evidence to uphold the denial. The Program Manager will follow up as necessary within 10 business days.

Households whose application has been denied can re-apply to the program 30 days from the date of denial.

Procedure 10: Fraud, Waste, & Abuse

Claims and concerns regarding potential fraud and abuse can come from staff, clients, landlords, or members of the local community. For example, a housing specialist may receive a credit report showing that a family has two jobs, when the family identified income from only one job on its application. The agency may receive an anonymous phone call reporting that someone is illegally living in a unit. Each nonprofit agency should establish a process whereby these accusations, claims, and concerns about potential abuse are documented and responded to as efficiently as possible by qualified staff. It is important that the process is standardized, clear, and consistently followed. Without a consistent, standardized process, nonprofits are vulnerable to accusations of unfair treatment. At a minimum, the agency should provide all participating clients, landlords, and employees with written instructions identifying staff to contact if program abuse is suspected.

When a nonprofit agency has reason to believe that a client, landlord, or employee may have abused the program, immediate action is required to gather more information regarding the validity of the concern or claim and, if valid, the nature and extent of the abuse. The nonprofit should collect as much information as possible about the case so that a fair and informed decision can be made. The agency may confront the client, landlord, or employee with any information it has and discuss the facts. It may also interview and obtain any additional information from other parties involved. Other parties may include nonprofit agency staff, representatives from another local agency (police, welfare agency), and other third parties, such as the person reporting the abuse, landlord, tenant, or employer.

The nonprofit agency should summarize the actions taken and the findings and recommendations of its assessment in writing. The summary should include the following:

- Name and address of the subject(s);
- Synopsis of the alleged abuse or fraudulent activity which specifies the sources;
- Name and address of known witnesses or persons having knowledge of the allegations;
- Known or suspected period during which the alleged offense occurred;
- Known or suspected monetary loss;
- Determination, based on the evidence, as to whether the subject is abusing or has abused the program and is receiving or received a benefit to which he or she is not entitled;
- Corrective action to be taken to remedy the situation.

The summary should then be sent to the YWH Program Manager in a timely manner.

Fraud:

What is fraud:

- Fraud: a single act or pattern of actions made with the intent to deceive or mislead, constituting a false statement, omission, or concealment of a substantive fact.

What is not fraud:

- Fraud is different from errors. Errors happen unintentionally. For example, if a question is not clear and a tenant responds erroneously.

Consequences of fraud:

- If fraud is discovered, program integrity may require taking legal action to pursue a

remedy of the situation, such as terminating program assistance or referring the matter to the authorities. Identifying fraud is an important component of securing program integrity and ensuring funds are allocated to eligible families.

Rental assistance fraud may involve various stakeholders (i.e., tenants, landlords, agencies) and may incorporate various activities:

- Knowingly submitting false or altered information to secure eligibility
- Soliciting or accepting payment for preferential treatment of an application
- Attempting to obtain rent amounts larger than stipulated in the lease
- Using tenant or landlord data to solicit benefits, without the tenant and landlord authorization
- Concealing assets or misrepresenting income
- Submitting applications for nonexistent tenants or rental units

The County and its subrecipient agencies must take the following responsibility with regard to fraud, waste, and abuse:

- The County, as the administrator responsible for the management of the ERA Program funds, and its subrecipients, as implementors of this program, should make reasonable and necessary efforts to identify waste, fraud, and abuse.
- If fraud is suspected, it must be reported to the YWH Program Manager. A fraud report must be completed and returned to the HPPM.
- Depending on the severity of the suspected fraud, the HPPM will determine which of the agencies the fraud report should be submitted to:
 - Montgomery County Detective; and/or,
 - Pennsylvania Office of the State Inspector General (OSIG); and/or,
 - Treasury OIG.
- If fraud is suspected over \$100,000, it must be reported to the Treasury OIG by the non-profit supervisor at <https://oig.treasury.gov/report-fraud-waste-and-abuse>.
- Fraud or schemes involving public officials, employees of the County, or employees of a subrecipient agency will be reported to Treasury OIG regardless of the amount of the fraud.
- If fraud is being reported to the OSIG, a Field Investigation Referral must be completed.

(List modified from the Massachusetts Emergency Rental Assistance Program)

ATTACHMENT: [Field Investigation Referral](#) & [Field Investigation Referral - Example](#)

Possible Fraud Identified:

For any client that has been deemed possibly fraudulent in the ERA program, the nonprofit must create a public alert in Clarity. To create a public alert:

1. Go to a client's profile
2. Go to Head of Household
3. Go to the Notes tab, scroll down to the bottom of the Notes tab page
4. Create a note under Public Alerts
5. Note should state "POSSIBLE ERUC FRAUD CASE. Please contact YWH Program Manager." Staff should be sensitive about possible fraud information and should not inform the client.

If assistance has already been provided to a landlord, utility, or tenant identified as possibly fraudulent, the assistance will remain in Clarity and in a subrecipient's internal financial records during the investigative phase. If and when a guilty verdict is reached, this assistance must then be removed from Clarity by the subrecipient and the County will reconcile with DHS and Treasury if the funds have previously been reported.

Waste:

Waste is defined as the thoughtless or careless expenditure, mismanagement, or abuse of resources to the detriment (or potential detriment) of the U.S. government. Waste also includes incurring unnecessary costs resulting from inefficient or ineffective practices, systems, or controls. An example of this would be subrecipients that use ERA administrative funds to fully pay for staff that work on non-ERA programs within the agency.

Abuse:

Identification of Abuse

If the subrecipient determines that a client, landlord, or employee has abused the program, the subrecipient must take immediate actions to remedy the situation. For example, if a client does not disclose fully disclose all sources of income or a landlord evicts a client before the 60-day period, these would be considered abuse, as violations of the program rules were committed.

The subrecipient's actions will vary, depending upon the extent and nature of the abuse. The subrecipient must determine that a preponderance of evidence demonstrates that the action taken by the client, landlord, or employee was willful and intentional, in order to terminate assistance on the basis of fraud or abuse.

Possible Remedies for Abuse

If the applicant is ineligible for the program at any time in the process, the subrecipient must terminate the assistance. The subrecipient may at any time deny future rental assistance if a landlord or client has committed fraud, bribery, or any other corrupt or criminal act in connection with the ERA program. The subrecipient may also consider debt collection for any funds that were misused or abused.

If the subrecipient paid too much assistance to the client because of discrepancies in information furnished by the applicant and if the subrecipient has sufficient evidence that the client intentionally misrepresented its circumstances, the subrecipient must pursue debt collection and may terminate assistance.

Tips for Reviewing Tenant Files

- Confirm documents appear in their original state:
 - Complete documents are submitted
 - Does not look altered (E.g., font, size is consistent, nothing looks pasted)
 - No unusual formatting
 - No inconsistent signatures
 - No inconsistent dates
- Supporting documentation submitted should be consistent with information reported on the application
- If information was previously submitted on another application, information is consistent across applications

- If information is found to be inconsistent, additional follow up and documentation is required to confirm eligibility

What to do in cases of suspected Fraud or Abuse

Immediate action to gather additional information is required in cases of suspected fraud or abuse.

1. Collect Information
 - Obtain additional information to clarify items, this may include:
 - Requesting additional information. May include additional documents or clarifications to the application questions.
 - Carrying out additional phone calls or interviews with tenants and/or landlords
2. Document Findings
 - If concern persists, retain the full application file and note key information:
 - Name and address of the subject(s)
 - Summary of the alleged fraud or abuse citing specific sources
 - Name and address of any individuals with knowledge of the allegations
 - Known or suspected time period when allegations occurred
 - Known or suspected monetary loss
3. Escalate to Defined Contact
 - Case Managers should escalate questions to Supervisors and Managers if a question about fraud exists
 - Supervisors and Managers should work with YWH Program Manager to review the file and confirm concern
 - YWH Program Manager escalate concerns as necessary

ATTACHMENT: [Fraud, Waste, and Abuse Training](#)

Procedure 11: Conflict of Interest

All subrecipient staff working on this program will sign an “Acknowledgement of Code of Conduct and Conflict of Interest Policy” to ensure compliance with the program’s Conflict of Interest policy.

ATTACHMENT: [PA-504 CoC Code of Conflict and Conflict of Interest Policy Updated 10.25.21](#)

The final document in the attachments is the General Standards for ERUC programs which includes a standard for Staffing and Application Process.

ATTACHMENT: [The General Standards for ERUC programs](#)

Procedure 12: Financial Management and Accounting

Procurement

The County's financial management team procures all ERA subrecipients per the federal procurement requirements set forth in 2 CFR 200.331–333. In addition, the financial management team ensures that all ERA subrecipients follow the federal procurement requirements set forth in 2 CFR 200.331–333.

Budgeting

The County's Financial Analyst and Coordinator tracks the funds awarded and disbursed by U.S. Treasury and the Commonwealth of Pennsylvania. The Financial Analyst and Coordinator also budgets the County's six subrecipients according to their capacity and need. Budgets are tracked daily so that funds are available for program and administrative costs. The County's financial management team makes weekly spending projections to properly assess whether additional funds or disbursements are necessary.

The County may reallocate funds as necessary to another subrecipient depending on the community's financial assistance need.

The County's Financial Analyst and Coordinator tracks any unused administrative funds that were budgeted to the County and the subrecipients. The Financial Analyst and Coordinator then transfers (per its funding source) these unused funds (as financial assistance and administrative) to the subrecipients depending on the area of need.

Reallocation

The County's Financial Analyst and Coordinator takes the lead on submitting reallocation requests to the U.S. Treasury and Commonwealth of Pennsylvania. Any reallocation funds awarded to the County are tracked and budgeted by the County's financial management team.

Audits

Montgomery County's auditing team has conducted a series of audits looking retroactively at previous data. The following audits were completed for retroactive data by September 2022 and are conducted weekly after September 2022:

- 1. ERA over 18 months:** This audit examines ERA households receiving assistance through ERA where over 18 months of assistance had been approved. The County reviews the total months of assistance provided per household. Any months of assistance greater than 18 months are identified and determined to be ineligible under ERA funding. The County removes these months of service from the Clarity data system and notifies each agency that these months are ineligible. This is an ongoing audit through the duration of the program.
- 2. ERA1 over 15 months:** This audit examines households receiving assistance through ERA1 where over 15 months of assistance had been approved. The County reviews the total months of assistance provided per household. Any assistance greater than 15 months are identified and determined to be ineligible under ERA1 funding. The County transfers eligible service months 16, 17, & 18 to an ERA2 funding source. If assistance for service months 16, 17, & 18 is provided before ERA2 funds are available these months are not eligible to transfer to ERA2 and are removed from the Clarity data system. Agencies are notified that these months were either transferred to ERA2 or deemed ineligible. This is an ongoing audit through the duration of the program.
- 3. Missing Addresses:** On a weekly basis the County reviews all client addresses in the shared

database and identifies any addresses that are missing or incomplete. Any addresses identified as missing or incomplete are emailed to the respective agency to correct. This is an ongoing audit through the duration of the program.

4. **Duplicate Payments:** This audit examines households receiving assistance through ERA funding where potential duplicate or overlapping payments have been approved. The County flags these potential payments and sends to each respective agency for review. The agency is then asked to go through the clients' individual internal files and check them against what has been placed into the Clarity data system. If a data error is found, they are granted permission to make corrections in Clarity. If a duplication of service is found, the agency must notify the County of the duplication. Ineligible payments will be removed from the Clarity system. This is an ongoing audit through the duration of the program.
5. **Service dates before 3/13/20:** This audit examines all client payments with service dates prior to March 13, 2020, the start of the ERA1 program. The County flagged any payment with a service date prior to March 13, 2020, and sent them to each respective agency for review. The agencies were asked to correct any data entry errors and submit documentation validating the correction. Any payments found that were approved for services before March 13, 2020, are ineligible and were removed from the Clarity data system. This was a one-time audit.
6. **Ineligible households:** This audit examines income limits for each household. Any household that is above the income limit is deemed ineligible and any payments approved for these households will be removed from the Clarity data system. This is an ongoing audit through the duration of the program.
7. **Data Quality Audit:** On a weekly basis the County reviews all client payments in the shared database and identifies any data quality errors such as payments to non-Head of Household, funding source/program discrepancies, and service date errors. Any data quality errors identified are emailed to the respective agency to correct. This is an ongoing audit through the duration of the program.

Additional audits will be completed as necessary.

Reconciliation and Recharacterization

Auditing of the Clarity HMIS system is done on a weekly basis. The County's financial management team works closely with the auditing team to ensure that any misidentified funds are reconciled.

Reconciliation of the previous month's financial and administrative expenses is to be completed by each subrecipient by a date specified by the County for reporting purposes.

If necessary (e.g. if an expense is identified for a fund that is overbudget or tagged improperly), the entry for the expense will be requested to be recharacterized by the subrecipient.

Earned Interest

The County's Financial Analyst and Coordinator tracks any monthly interest earned by the County for award funds not yet disbursed to subrecipients. All earned interest is transferred (per its funding source) as financial assistance - not as administrative funds - to the community.

Subawards

The County awards ERA funds to subrecipients on a capacity basis, in consultation with the financial management team and with approval by the HCD Administrator. Funding awards are codified in an initial subrecipient agreement and subsequent subrecipient agreement amendments, which are signed by both the subrecipient and the County.

Staff Costs

Subrecipients must submit any staffing costs to the Financial Analyst and Coordinator on a monthly basis. Included in the submission must be any timesheets and pay stubs related to this program. Staff benefits, such as health insurance and workers' compensation, must also be submitted with supporting documents. Staff costs, such as cell phone expenses, must also be submitted for reimbursement. If there is an increase in a staff member's salary, a supporting document must be included.

Administrative Expenses

Subrecipients must submit administrative expenses to the Financial Analyst and Coordinator on a monthly basis. If any supplies or equipment are purchased, an invoice or receipt must be included in the submission.

Disbursements

Funding disbursement: Once subrecipient agreements or subrecipient agreement amendments are executed, funds will be disbursed as per required. The Financial Analyst and Coordinator will draft a memo which includes the memo number, funding amount, funding source, GL code, and date of disbursement.

Administrative disbursement: Once subrecipient agreements or subrecipient agreement amendments are executed, funds will be disbursed as per required. The Financial Analyst and Coordinator will draft a memo which includes the memo number, funding amount, funding source, GL code, and date of disbursement.

Record Retention

Montgomery County and all subrecipients must retain financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to the ERA1 award **for a period of five years** after all funds have been expended or returned to Treasury.

Procedure 13: Reporting & Monitoring

Reporting

Each subrecipient is required to submit a single audit to the Financial Analyst and Coordinator on an annual basis if they spend award funds above \$750,000. The Financial Analyst and Coordinator then completes a Checklist for Reviewing Subrecipient Single Audit Reports to ensure that the subrecipient is fiscally solvent and can properly handle the subaward funds.

Montgomery County is responsible for providing the following reports:

- DHS ERAP Monthly Report: ERAP46_202205R
- DHS ERAP Monthly Report: ERAPTWO-46_202205R
- DHS ERAP Quarterly Report
- Treasury monthly report, uploaded to Treasury's Portal
- Treasury quarterly report, due the 15th of the month after the quarter ends, uploaded to Treasury's Portal. Quarterly reporting guidance is available [here](#).

Nonprofits are responsible for providing the following reports to the County:

- Weekly applications report
- Monthly reconciliation report
- Monthly administrative expenditures reports

Nonprofits are responsible for reviewing Clarity data on a regular basis. This includes reviewing and sharing Funding Source Financial Detail reports created in Clarity, due the 5th of each month (or the Friday before if it falls on a Saturday, or the Monday after if it falls on a Sunday). Nonprofits are also responsible for correcting all data quality errors identified weekly by the YWH ERA Data Coordinator by the close of business each Friday.

ATTACHMENT: [Application Weekly Report](#)

For federal funding, U.S. Treasury reporting guidance is listed here: <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/emergency-rental-assistance-program/reporting>

For Commonwealth funding, reporting guidance is provided here: <https://www.dhs.pa.gov/ERAP/Pages/ERAP.aspx>

Communications

All nonprofit providers must not make any adjustments to any service records once reconciliation reports have been submitted for the month. Any adjustments that are needed **must be approved first**; nonprofits must provide reasoning for any proposed change to a service record to the YWH Program Manager, or the YWH ERA Data Coordinator.

All nonprofits must inform all ERA staff changes to the YWH Program Manager within 7 days of hire. In addition, all ERA staff must complete a YWH approved ERA data entry training prior to entering any services into Clarity.

ATTACHMENT: [Emergency Rental Utility Coalition Fraud, Waste, & Abuse Training](#)

Monitoring

There will be both internal (Montgomery County Recovery Office) and external (U.S. Treasury, Commonwealth of Pennsylvania) monitoring of this program. The County will be in touch with future monitoring plans.

ATTACHMENTS

Pre-Screen Document

ERUC Initial SCREENING - QUICK GUIDANCE TOOL, update: 6.27.2023

All boxes must be completed below.

Screening Date:

Head of Household Full Name & Contact Information:

Total # of Household Members:

Select the household type:

Is the household at risk of losing housing without assistance?

During or due to the Coronavirus pandemic, which ended May 11, 2023, have one or more individuals in your household qualified for unemployment benefits, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship?

What is the household's current gross monthly income from all sources, before taxes taken out?	Yearly Income	% AMI
<input type="text"/>	<input type="text"/>	0.00%

Are you facing eviction?

Have you received a "Notice to Quit" or landlord-tenant complaint filed at a Montgomery County Court?

If yes, please enter court date. Court Date:

Have you received a "Judgement" from a Montgomery County Court?

Have you been offered a "Pay and Stay" from a Montgomery County Court Judge?

Have you received a 10-day utility shut off notice?

How much financial assistance will the household need to not become homeless? \$

How many months of rent does this represent?

How many months of utility assistance does this represent?

Have you been displaced and are now in need of move-in assistance (first month's rent, last month's rent, security deposit)?

STAFF: Beginning June 19, 2023, new applicants who are eligible for assistance must meet the AMI requirement and either: 1) Have a pending eviction or utility shut off notice and approval from the program manager; or, 2) Be in need of move-assistance.

Income Limits: 2020, 2021, 2022, & 2023

YEARLY UPPER THRESHOLD SALARY LIMIT BASED UPON PERSONS IN FAMILY

2020	1	2	3	4	5	6	7	8
80% AMI	\$ 54,150.00	\$ 61,850.00	\$ 69,600.00	\$ 77,300.00	\$ 83,500.00	\$ 89,700.00	\$ 95,900.00	\$ 102,050.00
50% AMI	\$ 33,850.00	\$ 38,650.00	\$ 43,500.00	\$ 48,300.00	\$ 52,200.00	\$ 56,050.00	\$ 59,900.00	\$ 63,800.00
30% AMI	\$ 20,300.00	\$ 23,200.00	\$ 26,100.00	\$ 29,000.00	\$ 31,350.00	\$ 35,160.00	\$ 39,640.00	\$ 44,120.00
2021	1	2	3	4	5	6	7	8
80% AMI	\$ 52,950.00	\$ 60,500.00	\$ 68,050.00	\$ 75,600.00	\$ 81,650.00	\$ 87,700.00	\$ 93,750.00	\$ 99,800.00
50% AMI	\$ 33,100.00	\$ 37,800.00	\$ 42,550.00	\$ 47,250.00	\$ 51,050.00	\$ 54,850.00	\$ 58,600.00	\$ 62,400.00
30% AMI	\$ 19,850.00	\$ 22,700.00	\$ 25,550.00	\$ 28,350.00	\$ 31,040.00	\$ 35,580.00	\$ 40,120.00	\$ 44,660.00
2022	1	2	3	4	5	6	7	8
80% AMI	\$ 59,050.00	\$ 67,450.00	\$ 75,900.00	\$ 84,300.00	\$ 91,050.00	\$ 97,800.00	\$ 104,550.00	\$ 111,300.00
50% AMI	\$ 36,900.00	\$ 42,200.00	\$ 47,450.00	\$ 52,700.00	\$ 56,950.00	\$ 61,150.00	\$ 65,350.00	\$ 69,600.00
30% AMI	\$ 22,150.00	\$ 25,300.00	\$ 28,450.00	\$ 31,600.00	\$ 34,150.00	\$ 37,190.00	\$ 41,910.00	\$ 46,630.00
2023	1	2	3	4	5	6	7	8
80% AMI	\$ 62,500.00	\$ 71,400.00	\$ 80,350.00	\$ 89,250.00	\$ 96,400.00	\$ 103,550.00	\$ 110,700.00	\$ 117,850.00
50% AMI	\$ 39,100.00	\$ 44,650.00	\$ 50,250.00	\$ 55,800.00	\$ 60,300.00	\$ 64,750.00	\$ 69,200.00	\$ 73,700.00
30% AMI	\$ 23,450.00	\$ 26,800.00	\$ 30,150.00	\$ 33,500.00	\$ 36,200.00	\$ 40,280.00	\$ 45,420.00	\$ 50,560.00

Source: HUD Metropolitan Fair Market Rent/Income Limits Area (HMFA)



Your Way Home Emergency Rent & Utility Coalition Application

Instructions

This data is collected for purposes of assessing initial intake and eligibility for the Your Way Home Emergency Rent and Utility Coalition’s program in response to COVID-19, called ERUC-CV. The information contained in this form will be input into Montgomery County’s Homeless Management Information System (HMIS), Clarity, with your signed permission. If you permit it, this agency may share limited information about you with other Your Way Home Montgomery County (YWH) agencies from whom you may also seek services. We will not deny you help if you do not want us to share your personally identifying information.

Additionally, this is a written statement from the beneficiary documenting monthly (Gross) Income at time of application, the number of beneficiary members in the family or household, and the relevant characteristics of each member for the purposes of income determination. For the purposes of this regulation, income will be defined according to the Code of Federal Regulations at 24 CFR, Part 5.

The information provided on this form is subject to verification at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. All adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Date:

Please check (✓) one or more boxes:

- This agency may share my personally identifying information within YWH Data Systems.
- Please treat information about my children age 17 or younger the same as mine.

Please be aware that we may also share the following information:	
<ul style="list-style-type: none"> • Services you receive • Your income • Referral status for housing services 	<ul style="list-style-type: none"> • Military history • Living situation and housing history • Your housing plan

- This agency may **not** share my personally identifying information within YWH Data Systems.



PART I: Household Information & Composition

Head of Household Contact information

First Name: Last Name:

Date of Birth:

Social Security Number: - - (Not Required)

Email Address:

Phone Number:

Street Address:

City, State, Zip code:

Are you a Montgomery County Resident? Yes No

Gender (choose one):

Female Male Trans Female Trans Male Gender Non-Conforming
 Don't Know Refuse to Answer

Race (choose as many as applies):

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander
 White Don't Know Refuse to Answer

Ethnicity (choose one):

Non-Hispanic/Non-Latino Hispanic/Latino Don't Know Refuse to Answer

Veteran Status (choose one):

No Yes Don't Know Refuse to Answer

Do you have a Physical Disability?

No Yes Don't Know Refuse to Answer

If Yes, is the physical disability expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?

No Yes Don't Know Refuse to Answer



Do you have a Chronic Health Condition?

No Yes Don't Know Refuse to Answer

If Yes, is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?

No Yes Don't Know Refuse to Answer

Do you have HIV/AIDS?

No Yes Don't Know Refuse to Answer

If Yes, is the HIV/AIDS expected to substantially impair your ability to live independently?

No Yes Don't Know Refuse to Answer

Do you have a Mental Health Condition?

No Yes Don't Know Refuse to Answer

If Yes, is the mental health condition expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?

No Yes Don't Know Refuse to Answer

Do you have a Substance Abuse Condition?

No Alcohol Abuse Drug Abuse Both alcohol and drug abuse Don't Know Refuse to Answer

If Yes for alcohol abuse, drug abuse, or both, is the substance use condition expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?

No Yes Don't Know Refuse to Answer

Are you a Domestic Violence Victim or Survivor?

No Yes Don't Know Refuse to Answer

If Yes, when did the experience occur?

Within the past 3 months Three to six months ago Six months to one year ago

One year ago or more Don't Know Refuse to Answer

If Yes, are you currently fleeing?

No Yes Don't Know Refuse to Answer

On the night previous to this application, where did you sleep?

How long have you been sleeping at the location you wrote in above?

One night or less Two to six nights One week or more, but less than one month

One month or more, but less than 90 days 90 days or more, but less than one year One year or longer

Don't Know Refuse to Answer

Are you currently covered by Health Insurance?

No Yes Don't Know Refuse to Answer

If Yes, answer 'Yes' or 'No' for each health insurance choice. Answer 'no' for sources that have been terminated, even if you received it in the past



No	Yes	Source
<input type="radio"/>	<input type="radio"/>	Medicaid
<input type="radio"/>	<input type="radio"/>	Medicare
<input type="radio"/>	<input type="radio"/>	PA CHIP
<input type="radio"/>	<input type="radio"/>	Veteran's Administration (VA) Medical Services
<input type="radio"/>	<input type="radio"/>	Employer-provided Health Insurance
<input type="radio"/>	<input type="radio"/>	Health insurance obtained through COBRA
<input type="radio"/>	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	<input type="radio"/>	Indian Health Services Program
<input type="radio"/>	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	<input type="radio"/>	Other Health Insurance: _____

Do you currently receive any non-cash public benefits from any source?

No Yes Don't Know Refuse to Answer

If Yes, answer 'Yes' or 'No' for each non-cash benefit choice. Answer 'no' for sources that have been terminated, even if you received it in the past

No	Yes	Source
<input type="radio"/>	<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="radio"/>	<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="radio"/>	<input type="radio"/>	TANF Child Care Services
<input type="radio"/>	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	<input type="radio"/>	Any other TANF Funded Service: _____
<input type="radio"/>	<input type="radio"/>	Other Public Benefit Source: _____

Other Household Members

Total Number of Persons in Household: _____

Name of Other Household Members	Relationship to Head of Household	Soc. Sec. # (not required)	Age	DOB MM/DD/YYYY	Gender	Race	Ethnicity



Landlord Information

Landlord Name: _____

Other Contact, if applicable (e.g. Property Manager): _____

Landlord Email: _____

Landlord Phone Number: _____

Have you informed your Landlord that you have applied for this program?

Yes No

Do you or your Landlord currently receive any rental or utility subsidy for the address on this application (e.g., Housing Choice Voucher AKA "Section 8")?

Yes No Don't Know

PART II: Household Income – Head of Household and Other Household Members

Report adjusted gross income from the previous 30 days for all household members. Only report on regular, recurrent income sources that are current as of today (i.e. not terminated). Include any income received to your household that any adult or minor receives (e.g. SSI), but do not include employment income that any minor receives.

Do you or any other Adult Household Member have any current income from any source?

No Yes

If Yes, enter the monthly amount received based on current income at time of application. If unsure of exact monthly amount, enter your best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No <input type="radio"/>	
	Yes <input type="radio"/>	\$ _____ . 0 0
Unemployment Insurance	No <input type="radio"/>	
	Yes <input type="radio"/>	\$ _____ . 0 0
Supplemental Security Income (SSI)	No <input type="radio"/>	
	Yes <input type="radio"/>	\$ _____ . 0 0
Social Security Disability Insurance (SSDI)	No <input type="radio"/>	
	Yes <input type="radio"/>	\$ _____ . 0 0
VA Service-Connected Disability Compensation	No <input type="radio"/>	
	Yes <input type="radio"/>	\$ _____ . 0 0
VA Non-Service-Connected Disability Pension	No <input type="radio"/>	
	Yes <input type="radio"/>	\$ _____ . 0 0
Private disability insurance	No <input type="radio"/>	
	Yes <input type="radio"/>	\$ _____ . 0 0
Worker's Compensation	No <input type="radio"/>	
	Yes <input type="radio"/>	\$ _____ . 0 0



Rent & Utility Assistance Needed

Due to these COVID-19 impacts, I need assistance with (choose one):

Rent Utilities Both

Rent per Month (as shown on my lease): \$ _____ # of Months owed in Rent: _____

Total Rental Arrearages (including any documented late fees or other fees) at time of application: \$ _____

I have arrearages owed for the following Utilities: Gas Oil Electric Water/sewer Internet
 None of These Other: _____

Total Utility Arrearages (including any documented late fees or other fees) at time of application: \$ _____

Duplication of benefits affidavit

Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, (42 U.S.C. 5121–5207) (Stafford Act) Recipient agrees that if they receive further federal benefits for the same services received under this ERUC-CV program, the recipient will report receiving benefits within one (1) month of receipt of additional proceeds and/or benefits. If recipient fails to report additional federal benefits, then the County of Montgomery may require immediate repayment in full of the entire grant amount provided by the County of Montgomery.

Since March 1, 2020, have you or any other adult member of your household received rental or utility assistance for the address on this application, from any other source?

Yes No

If Yes, please describe the source of the previous funding, the months you were assisted, and total amount received:

PART IV: Certification

I/We HEREBY affirm and verify that I/We have not received payment or other financial assistance that would create a duplication of benefits under this grant program.

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources. I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may call in one or more of these categories is fraud.

Additionally, when you sign this form, it shows that you understand the following:

- Persons with access to Your Way Home (YWH) Data Systems are trained in security protocols to protect your data and are only permitted to view your data when you are specifically working with their agency.
- If you request services from another YWH agency, your information will be shared for referral purposes only.
- YWH may use information derived from your data to create reports to share with funders, the community, and partners to better understand the scope of homelessness and the services being provided. Your personally-identifying information will never be used on these reports.



Head of Household:		
Signature <input type="text"/>	Printed Name <input type="text"/>	Date <input type="text"/>
Other Adults Residing in Household (no signatures needed):		
Name <input type="text"/>		
Name <input type="text"/>		
Name <input type="text"/>		

**If household is unable to digitally or physically sign certification, this certifies that the household provided verbal certification to the agency providing services:

Signature of nonprofit provider representative:

Printed name of nonprofit provider representative:

Date:

Agency Use Only: YWH Code (If HoH did not agree to share personally-identifying info): _____

HUD Income Inclusions and Exclusions

24 CFR 5.609(b) and (c)

HUD Exhibit 5-1 Income Inclusions and Exclusions

Examples included in parentheses have been added to the regulatory language for clarification.

INCOME INCLUSIONS:

- (1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- (2) The net income from operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family;
- (3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (2) above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
- (4) The full amount of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a **periodic amount (e.g., Black Lung Sick benefits, Veterans Disability, Dependent Indemnity Compensation, payments to the widow of a serviceman killed in action). See paragraph (13) under Income Exclusions for an exception to this paragraph;**
- (5) Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay, except as provided in paragraph (3) under Income Exclusions;
- (6) Welfare Assistance.
 - (a) Welfare assistance received by the family.
 - (b) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be

included as income shall consist of:

- (c) The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
 - (d) The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.
- (7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling; and
 - (8) All regular pay, special pay, and allowances of a member of the Armed Forces, except as provided in paragraph (7) under Income Exclusions.
 - (9) For Section 8 programs only and as provided in 24 CFR 5.612, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall be considered income to that individual, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children. For purposes of this paragraph "financial assistance" does not include loan proceeds for the purpose of determining income. *(Note: This paragraph also does not apply to a student who is living with his/her parents who are applying for or receiving Section 8 assistance.)*

INCOME EXCLUSIONS:

- (1) Income from employment of children (including foster children) under the age of 18 years;
- (2) Payments received for the care of foster children or foster adults (usually persons with disabilities unrelated to the tenant family, who are unable to live alone);
- (3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses, except as provided in paragraph (5) under Income Inclusions;
- (4) Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- (5) Income of a live-in aide, as defined in 24 CFR 5.403;
- (6) The full amount of student financial assistance paid directly to the student or to the educational institution (see Income Inclusions (9), above, for students receiving Section 8 assistance);

- (7) The special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm);
- (8)
 - (a) Amounts received under training programs funded by HUD (e.g., training received under Section 3);
 - (b) Amounts received by a person with a disability that are disregarded for a limited time for purposes of supplemental security income eligibility and benefits because they are set-aside for use under a Plan to Attain Self-Sufficiency (PASS);
 - (c) Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program;
 - (d) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the owner, on a part-time basis, that enhances the quality of life in the project. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiative coordination. No resident may receive more than one such stipend during the same period of time; or
 - (e) Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training programs not affiliated with a local government) and training of a family member as a resident management staff person. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program.
- (9) Temporary, nonrecurring, or sporadic income (including gifts);
- (10) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era. (Examples include payments by the German and Japanese governments for atrocities committed during the Nazi era).

DHS Notice of Privacy Practices

APPENDIX C

DHS Notice of Privacy Practices

The Department of Human Services (DHS) provides and pays for many types of benefits and social services. We also determine an individual's eligibility to receive benefits and services. To do these things, we have to collect personal and health information about you and/or your family. The information we collect about you and/or your family is private. We call this information "protected health information."

DHS does not use or disclose health information unless it is permitted or required by law. DHS is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices concerning protected health information and to notify affected individuals in the case of a breach of unsecured protected health information. As a "covered entity," DHS must follow applicable laws protecting the privacy of your protected health information which include the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. Under HIPAA, Medicaid agencies, certain health plans and health care providers are examples of covered entities that must comply with HIPAA. Other laws that may apply include rules concerning confidential information about Medical Assistance, other benefits, behavioral health, substance abuse/treatment and HIV/AIDS. When we use or disclose protected health information, we make every reasonable effort to limit its use or disclosure to the minimum necessary to accomplish the intended purpose. This notice explains your right to privacy of your protected health information and how we may use and disclose that information. For more information on DHS privacy practices, or to receive another copy of this notice, please contact us. For information on how to contact us, see the "Complaints" section on the last.

We are required by law to follow the terms of this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain. If we make an important change in our privacy policies or procedures, we will post a revised copy of the notice on our website and/or provide you with a new privacy notice by mail or in person. You may request and receive a paper copy of this notice at any time.

What is protected health information?

Protected health information is information about you that relates to a past, present, or future physical or mental health condition, treatment, or payment for treatment, and that can be used to identify you. This information includes any information, whether verbal or recorded in any form, that is created or received by DHS or persons or organizations that contract with DHS. This includes electronic information and information in any other form or medium that could identify you, for example:

Your name (or names of your children)
Address
Date of birth
Admission/discharge date
Diagnostic code
Telephone number
DHS case number
Social Security number
Medical procedure code

Who sees and shares my health information?

DHS professionals (such as caseworkers and other county assistance office and program staff) and people outside of DHS (such as our contractors, health maintenance organization (HMO) staff, nurses, doctors, therapists, social workers, and administrators)

may see and use your health information to determine your eligibility for benefits, treatment, payment or for other required or permitted reasons. Sharing your health information may relate to services and benefits you had before, receive now, or may receive later. DHS will not use or share genetic information about you when deciding if you are eligible for Medicaid.

Why is my protected health information used and disclosed by DHS?

There are different reasons why we may use or disclose your protected health information. The law says that we may use or disclose information without your consent or authorization for the reasons described below.

For Treatment: We may use or disclose information so that you can receive medical treatment or services. For example, we may disclose information your doctor, hospital or therapist needs to know to give you quality care and to coordinate your treatment with others helping with your care.

For Payment: We may use or disclose information to pay for your treatment and other services. For example, we may exchange information about you with your doctor, hospital, nursing home, or another government agency to pay the bills for your treatment and services.

For Operating Our Programs: We may use or disclose information in the course of our ordinary business as we manage our various programs. For example, we may use your health information to contact you to provide information about appointments, health-related information and benefits and services. We may also review information we receive from your doctor, hospital, nursing home and other health care providers to review how our programs are working or to review the need for and quality of health care services provided to you and/or your family.

For Public Health Activities: We report public health information to other government agencies concerning such things as contagious diseases, immunization information, and the tracking of some diseases such as cancer.

For Law Enforcement Purposes and As Required by Legal Proceedings: We will disclose information to the police or other law enforcement authorities as required by court order.

For Government Programs: We may disclose information to a provider, government agency or other organization that needs to know if you are enrolled in one of our programs or receiving benefits under other programs such as the Workers' Compensation Program.

For National Security: We may disclose information requested by the federal government when they are investigating something important to protect our country.

For Public Health and Safety: We may disclose information to prevent serious threats to health or safety of a person or the public.

For Research: We may disclose information for permitted research purposes and to develop reports. These reports do not identify specific people.

For Coroners, Funeral Directors and Organ Donation: We may disclose information to a coroner or medical examiner for identification purposes, cause of death determinations, organ donation and related reasons. We may also disclose information to funeral directors to carry out funeral-related duties.

For Reasons Otherwise Required by Law: DHS may use or disclose your protected health information to the extent that the use or disclosure is otherwise required by law. The use or disclosure is made in compliance with the law and is limited to the requirements of the law.

Do other laws also protect certain health information about me?

DHS also follows other federal and state laws that provide additional privacy protections for the use and disclosure of information about you. For example, if we have HIV or substance abuse information, with a few exceptions, we may not release it without special, signed written permission that complies with the law. In some situations, the law also requires us to obtain written permission before we use or release information concerning mental health or intellectual disabilities and certain other information.

Can I ask DHS to use or disclose my health information?

Sometimes, you may need or want to have your protected health information sent or otherwise disclosed to someone or somewhere for reasons other than treatment, payment, operating our programs, or other permitted or required purpose not needing your written authorization. If so, you may be asked to sign an authorization form, allowing us to send or otherwise disclose your protected health care information as you request.

The authorization form tells us what, where and to whom the information will be sent or

otherwise disclosed. You may revoke your authorization or limit the amount of information to be disclosed at any time by letting us know in writing, except to the extent that DHS has already taken action in reliance upon the authorization.

If you are younger than 18 years old and, by law, you are able to consent for your own health care, then you will have control of that health information. You may ask to have your health information sent to any person who is helping you with your health care.

Except as described in this Notice, we will not use or disclose your health information without your written authorization. For example, HIPAA generally requires written authorization before a covered entity may use or disclose an individual's psychotherapy notes. In most cases, HIPAA also requires written authorization before a covered entity may use or disclose protected health information for marketing purposes or before it sells it.

What are my rights regarding my health information?

You have the following rights regarding your protected health information that we use and disclose:

Right to See and Copy Your Health Information: You have the right to see most of your protected health information and to receive a copy of it. If you want copies of information you have a right to see, you may be charged a small fee. However, generally, you may not see or receive a copy of: (1) psychotherapy notes; or (2) information that may not be released to you under federal law.

If we deny your request for protected health information, we will provide you a written explanation for the denial and your rights regarding the denial.

DHS does not receive or keep a file of all of your protected health information. Doctors, hospitals, nursing homes and other health care providers (including an HMO, if you are enrolled in one) may also have your protected health information. You also have a right to your health information through your doctor or other provider who has these records.

Right to Correct or Add Information: If you think some of the protected health information we have is wrong, you may ask us in writing to correct or add new information. You may ask us to send the corrected or new information to others who have received your health information from us. In certain cases, we may deny your request to correct or add information. If we deny your request, we will provide you a written explanation of why we denied your request. We will also explain what you can do if you disagree with our decision.

Right to Receive a List of Disclosures: You have the right to receive a list of where your protected health information has been sent, unless it was sent for purposes relating to treatment, payment, operating our programs, or if the law says we are not required to add the disclosure to the list. For example, the law does not require us to add to the list

any disclosures we may have made to you, to family or persons involved in your care, to others you have authorized us to disclose to, or for information disclosed before April 14, 2003.

Right to Request Restrictions on Use and Disclosure: You have the right to ask us to restrict the use and disclosure of your protected health information. We may not be able to agree to your request. In fact, in some situations, we are not permitted to restrict the use or disclosure of the information. If we cannot comply with your request, we will tell you why. Except as otherwise required by law, we must grant your request to restrict disclosure to a health plan if the purpose of disclosure is not for treatment and the medical services to which the request applies have been paid out-of-pocket in full.

Right to Request Confidential Communication: You may ask us to communicate with you in a certain way or at a certain location. For example, you may ask us to contact you only by mail.

Right to Receive Notification of a Breach: You have the right to receive notification if there is a breach of your unsecured protected health information.

Whom do I contact about my rights or to ask questions about this notice?

You can contact the DHS HIPAA helpline, toll-free at 800-692-7462 to discuss your rights or to ask questions about this notice. You can also contact your caseworker or health care provider or write to DHS's Privacy Office, 3rd Floor West, Health and Welfare Building, 7th and Forster Streets, Harrisburg, PA 17120. You can receive important information or updates to this notice by visiting DHS's Web site at www.dhs.pa.gov.

How do I file a complaint?

You may contact either office listed below if you want to file a complaint about how DHS has used or disclosed information about you. There is no penalty for filing a complaint. Your benefits will not be affected or changed if you file a complaint. DHS and its employees and contractors cannot and will not retaliate against you for filing a complaint.

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES PRIVACY OFFICE
3RD FLOOR WEST, HEALTH AND WELFARE BUILDING
7TH AND FORSTER STREETS
HARRISBURG, PA 17120

REGION III
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS
150 S. INDEPENDENCE MALL WEST - SUITE 372
PHILADELPHIA, PA 19106-9111

HIPAA Authorization Form

APPENDIX B

HIPAA Authorization Form

Authorization for Use or Disclosure of Personal Information

PART A - General Information

Information to be disclosed and time period of information requested (Identify specifically the information to be used/disclosed such as welfare records, lien records, inspection records, etc. If information to be used or disclosed includes mental health, drug and alcohol, or HIV-related information, please complete section of this form that relates to that information):

This information is to be disclosed to:

(Name or title of the individual/organization to whom disclosure is to be made)

--

I authorize the use/disclosure of individual information as described below from the records of:

Name:
DOB:
Phone:
Address:

Reason for disclosure: _____

I understand that:

- a) This authorization may be revoked at any time by writing to the individual/organization identified in section 1 except to the extent that information has already been disclosed. If information has already been disclosed in reliance on this authorization, revoking it will only prevent future disclosure.
- b) The Department and its health and human services programs will not condition treatment, payment, enrollment, or eligibility on the provision of this authorization.
- c) Information (except drug and alcohol information) disclosed pursuant to this authorization may be subject to redisclosure by the individual/organization identified in section A.2 below and is no longer protected by federal privacy regulations.
- d) The department, its programs, services, employees, officers, and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.
- e) I may refuse to sign this authorization.

This authorization expires as indicated:

Once Acted Upon: _____

Other (specify date or event) _____

PART B - Special Categories of Medical Information

B1. Drug and Alcohol Information

If my medical record includes drug and alcohol information, I want to send that information to the individual/organization identified in Part A of this form.

_____ Yes _____ No or Not Applicable

This information will be disclosed from records protected by Federal Confidentiality rules (42 CFR Part 2). The Federal rules prohibit the individual/organization identified in Part A of this form from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

B2. Mental Health Information

If my medical record includes mental health information, I want to send that information to the individual/organization identified in Part A of this form.

_____ Yes _____ No or Not Applicable

B3. HIV/AIDS Information

If my medical record includes HIV/Aids information, I want to send that information to the individual/organization identified in Part A of this form.

_____ Yes _____ No or Not Applicable

This information will be disclosed from records protected by Pennsylvania law. Pennsylvania law prohibits further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.

Signature of Individual or Personal Representative

Date

If personal representative, state relationship to individual

Signature of Witness
(necessary for release of Mental Health and Drug and Alcohol information)

Date _____

Utility Verification Letter

Utility Verification Letter:

This form will be provided to the Tenant by the ERUC Provider

ERUC provider name:	Staff member name:
Utility organization:	Tenant Name:
Utility phone:	Tenant phone:
Utility Email:	Tenant address:
Mail check to:	Check payable to:

This is to confirm that this tenant is a program participant of the Emergency Rent and Utility Coalition (ERUC) Program of Your Way Home. As program participants, they are eligible to receive assistance with their utilities.

Below is a description of the amount of utility assistance being provided by the ERUC Program so that the tenant utilities can avoid shut off.

<u>Months of utility assistance being paid by the ERUC Program</u>	<u>Total \$ amount being paid by the ERUC Program</u>
Utility arrearages for months of:	Amount paid:

I understand that I will provide the following documentation to the designated agency:

- Copy of utility bills
- Copy of ledger from utility company

Certification

- I certify that this information is complete and accurate. I/we agree to provide all documentation required by the ERUC program. I acknowledge that I understand that making this certification is under penalty of perjury and that intentional misrepresentation of information listed on this document is fraud.

Client Signature: _____ **Date (mm/dd/yyyy):** _____

Phase Out Letter



Insert Agency Logo

[Date]

[Client Name
Address]

RE: ERUC Recertification Assistance Is Ending

Dear [Client Name]:

This letter is to inform you that The Emergency Rent Utility Coalition Program Recertification's for rental assistance will no longer be accepted after April 1st, 2023.

Your landlord, [Name], will receive notification that your assistance will end effective [Date]. The [Agency] will pay the agreed upon amount of rent until that date. At the close of this 3-month period you will be responsible for paying your entire rent. Below is a description of the months that you remain eligible for:

Month	Expense Amount

If you require support with finding resources to prepare for the end of your rental assistance, please contact [Housing Stability Coach Name] at [Phone Number].

If you are in disagreement with this decision, you have the right to an appeal. The steps for an appeal are as follows:

1. Provide a written Letter of Appeal within 10 business days from the date of this letter.
2. Include in your Letter of Appeal the specific reasons why the Homeless Prevention Program Manager should reconsider your participation in the program.

Please send any Letter of Appeal within 10 business days by email to [Sabrina Lyons@montgomerycountypa.gov](mailto: Sabrina.Lyons@montgomerycountypa.gov) or to the following address:

*Dept. of Housing & Community Development
Attn: Homeless Prevention Program Manager
PO Box 311
Norristown, PA 19404-0311*

The Homeless Prevention Program Manager will review your Letter of Appeal and respond to you within 30 days of the receipt of your letter.



Insert Agency Logo

Please contact *[Housing Stability Coach Name]* at *[Phone Number]* with any further questions.

Sincerely,

[Housing Stability Coach or HRC Supervisor Name and Title]
[Agency]

Re-Certification Form

Re-Certification of Eligibility for Ongoing ERUC Assistance

Instructions

This data is collected for purposes of a re-certification of eligibility for the Your Way Home Emergency Rent and Utility Coalition's program in response to COVID-19 (ERUC-CV).

This is a verbal statement from the beneficiary documenting current monthly Gross Income, the number of beneficiary members in the family or household, and the relevant characteristics of each member for the purposes of income determination. For the purposes of this regulation, income will be defined according to the Code of Federal Regulations at 24 CFR, Part 5.

The information provided on this form is subject to verification at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. All adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Date:	Client Name:	Unique ID:
Additional household members' names:		
Reviewed and Included In File ✓	Re-Certification Documentation	
	Income Eligibility Worksheet (see below)	
	Self-certification of ongoing COVID hardship on household (see below)	
	Proof of Income for the past 30 days for every adult in the household	
	Proof of ongoing financial hardship due to COVID, such as paystubs or employer verification of decreased income, termination letter from employer, state or federal unemployment letter, etc.	
	Proof of ongoing risk of homelessness or housing instability, such as written documentation from landlord showing amount of rental arrearages and/or utility bill showing amount of utility arrearages. Also acceptable are HUD recordkeeping requirements for risk of homelessness.	
	Signed Landlord Letter, if applicable	

Household Income – Head of Household and Other Adults in the Household

Only report on regular, recurrent income sources that are current as of today. Include any income received to your

household that a minor receives (e.g. SSI), however income from employment of a minor can be excluded.

Do you or any other Adult Household Member have any current income from any source?

No Yes

If **Yes**, enter the **monthly** amount received based on current income at time of application. If unsure of exact monthly amount, enter your best estimate. Answer 'No' for sources that have been terminated.

Source of income	Receiving income from source?		If yes, monthly amount from source (round to nearest dollar)			
	No	Yes	\$			
Earned income (i.e., employment income)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Unemployment Insurance	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Supplemental Security Income (SSI)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Social Security Disability Insurance (SSDI)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
VA Service-Connected Disability Compensation	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
VA Non-Service-Connected Disability Pension	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Private disability insurance	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Worker's Compensation	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
General Assistance (GA)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Retirement Income from Social Security	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Pension or retirement income from a former job	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Child support	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Alimony or other spousal support	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Other source If yes, specify source: _____	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$. 0 0
Total monthly income from all sources			\$. 0 0



Ongoing Impacts of COVID-19 on the Household Being Assisted

Check as many boxes as appropriate

- You were laid-off from your primary place of employment as a direct result of COVID-19.
- You had a reduction in income as a direct result of COVID-19.
- You or a member of your household has been diagnosed with COVID-19 or are experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- You are providing care for a family member or a member of your household who has been diagnosed with COVID-19.
- A child or other person in your household for which you have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of COVID-19 public health emergency and such school or facility care is required for you to work.
- You are unable to reach your place of employment (or commence employment) because of imposed quarantine or self-quarantine (at direction of health care provider) as a direct result of the COVID-19 public health emergency.
- You have become the breadwinner or major support for a household as a direct result of COVID-19.
- You had to quit your job as a direct result of COVID-19.
- Your place of employment is closed as a direct result of COVID-19.
- Without the assistance provided by this program, I would become homeless or am currently homeless.

Each person signing below certifies to the following: To the best of my knowledge, the ERUC participants named above meet all requirements to receive ongoing assistance under the Your Way Home ERUC program. To the best of my knowledge and ability all of the information used in making this eligibility determination is true and complete.

ERUC Provider Case Manager Signature

Date

Supervisor Signature

Date

Landlord Verification Letter

Landlord Verification Letter:

This form will be provided to the Tenant by the ERUC Provider

Staff name:	Tenant's Monthly Rent:
Landlord name:	Tenant Name:
Landlord phone:	Tenant phone:
Landlord Email:	Tenant address:
Mail check to:	Check payable to:

This is to confirm that this tenant is a program participant of the Emergency Rent and Utility Coalition (ERUC) Program of Your Way Home. As a program participant, they are eligible to receive assistance with their rent and/or utilities.

Below is a description of the amount of rental and/or utility assistance being provided by the ERUC Program so that the tenant may stay in their current rental unit.

Total Rental Arrears \$_____ of which 1) \$_____ back rent, 2) \$_____ late fees

Total Utilities Arrears \$_____

Total \$ Waived/Explanation _____

<u>Months of rental/utility assistance being paid by the ERUC Program</u>	<u>Total \$ amount being paid by the ERUC Program</u>
Rent arrearages for _____ months	\$
Utilities arrearages for _____ months	\$
Rent payments forward for _____ months	\$

I understand that I will provide the following documentation to the designated agency:

- Copy of executed lease or other evidence that tenant occupies landlord's rental unit
- Copy of W-9 executed by the landlord

Certification

- I attest that all property taxes on buildings associated with any tenant receiving financial rental assistance are paid and up to date.
- I attest that all properties and buildings associated with any tenant receiving financial rental assistance meet minimum HQS standards, found [here](#).
- I certify that this information is complete and accurate. I/we agree to provide all documentation required by the ERUC program. I acknowledge that I understand that making this certification is under penalty of perjury and that intentional misrepresentation of information listed on this document is fraud.
- I attest that I will not evict participating tenant for nonpayment of rent with respect to the period covered by the assistance, from evicting tenants for nonpayment of rent for 60 days longer than the period covered by the rental assistance.

Landlord Signature: _____ **Date (mm/dd/yyyy):** _____

Commitment Letter

[DATE], 2022

Subject: Montgomery County ERAP Approval for [SECURITY DEPOSIT, FIRST MONTH'S RENT, LAST MONTH'S RENT, AND/OR APPLICATION FEES]

Dear [CLIENT NAME],

We are in receipt of your recent application to the Montgomery County Emergency Rental Assistance Program. Your application has been successfully submitted and you qualify for assistance with [SECURITY DEPOSIT, FIRST MONTH'S RENT, LAST MONTH'S RENT, AND/OR APPLICATION FEES] (up to three months forward-facing rent total) pending your ability to secure a unit.

You will have ninety (90) days from the date of this letter to secure a unit utilizing this assistance. You should print out this letter and show it to a potential landlord as evidence of your ability to provide a required [SECURITY DEPOSIT, FIRST MONTH'S RENT, LAST MONTH'S RENT, AND/OR APPLICATION FEES]. A signed lease and landlord agreement to participate in the program will be required to execute payment to the landlord.

This approval is subject to funding, and we reserve the right to re-evaluate income and eligibility. Please have a prospective landlord call the non-profit your potential tenant is working with [NONPROFIT PHONE NUMBER] to learn more about the terms of the program.

Sincerely,

April McNeal

April McNeal

Your Way Home Homeless Prevention Program Manager

www.yourwayhome.org | @YWHMontCo | facebook.com/yourwayhomemontgomerycounty

Call 2-1-1 if you are experiencing homelessness

Income Levels

YEARLY UPPER THRESHOLD SALARY LIMIT BASED UPON PERSONS IN FAMILY								
<u>2020</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
80% AMI	\$ 54,150.00	\$ 61,850.00	\$ 69,600.00	\$ 77,300.00	\$ 83,500.00	\$ 89,700.00	\$ 95,900.00	\$ 102,050.00
50% AMI	\$ 33,850.00	\$ 38,650.00	\$ 43,500.00	\$ 48,300.00	\$ 52,200.00	\$ 56,050.00	\$ 59,900.00	\$ 63,800.00
30% AMI	\$ 20,300.00	\$ 23,200.00	\$ 26,100.00	\$ 29,000.00	\$ 31,350.00	\$ 35,160.00	\$ 39,640.00	\$ 44,120.00
<u>2021</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
80% AMI	\$ 52,950.00	\$ 60,500.00	\$ 68,050.00	\$ 75,600.00	\$ 81,650.00	\$ 87,700.00	\$ 93,750.00	\$ 99,800.00
50% AMI	\$ 33,100.00	\$ 37,800.00	\$ 42,550.00	\$ 47,250.00	\$ 51,050.00	\$ 54,850.00	\$ 58,600.00	\$ 62,400.00
30% AMI	\$ 19,850.00	\$ 22,700.00	\$ 25,550.00	\$ 28,350.00	\$ 31,040.00	\$ 35,580.00	\$ 40,120.00	\$ 44,660.00
<u>2022</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
80% AMI	\$ 59,050.00	\$ 67,450.00	\$ 75,900.00	\$ 84,300.00	\$ 91,050.00	\$ 97,800.00	\$ 104,550.00	\$ 111,300.00
50% AMI	\$ 36,900.00	\$ 42,200.00	\$ 47,450.00	\$ 52,700.00	\$ 56,950.00	\$ 61,150.00	\$ 65,350.00	\$ 69,600.00
30% AMI	\$ 22,150.00	\$ 25,300.00	\$ 28,450.00	\$ 31,600.00	\$ 34,150.00	\$ 37,190.00	\$ 41,910.00	\$ 46,630.00

Source: HUD Metropolitan Fair Market Rent/Income Limits Area (HMFA)

Schedule:

	<u>Federal ERA1 & ERA2</u>	<u>Commonwealth ERA1 & ERA2</u>
March 13, 2021 - December 31, 2021		2020 AMI
April 1, 2021 - April 17, 2022	2021 AMI	
January 2022 - May 31, 2022		2021 AMI
April 18, 2022 - December 31, 2022	2022 AMI	
June 1, 2022 - December 31, 2022		2022 AMI
Notes	Any applicant determined income eligible and approved under ERA1 is considered income eligible for ERA2 unless the agency has information that reflects a change in income and warrants a new income eligibility determination for ERA2.	

YWH ERUC File Checklist

Updated: 06/15/2022

Staff name:	Date:
Applicant name:	DOB:
Cell phone:	Email:

Eligibility requirements for program participants

- RESIDENCY:** Household must reside in Montgomery County at the time of application.
- INCOME LIMIT:** Household must be at or below 80% of Area Median Income at application. Income eligibility will be based on average gross monthly income over the 30 days preceding the time of assistance, projected out to yearly income.
 - Income may include: earned income, child support, welfare benefits, SSI, SSDI, unemployment income, workman’s comp, and/or pension/investments/401K.
 - 80% Area Median Income Limits are as follows:

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$59,050.00	\$67,450.00	\$75,900.00	\$84,300.00	\$91,050.00	\$97,800.00	\$104,550.00	\$111,300.00

Note: Payments from ERUC-CV should not be included in eligible income calculations.

- FINANCIAL HARDSHIP:** Under ERA1, one or more individuals within the household have qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak. Under ERA2, one or more household members have qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship directly or indirectly due to the coronavirus pandemic *which ended on May 11, 2023*.
- HOUSING HARDSHIP:** The household can demonstrate being at risk of homelessness or housing instability.
- RECERTIFICATION:** A client who needs additional rental or utility assistance, beyond their original award, the household must recertify using the Re-Certification Form.
- ASSISTANCE LIMIT:** No more than 15 months’ of rent and/or utility assistance can be provided under ERA1. If needed to ensure ongoing housing stability, an additional 3 more months of financial assistance can be authorized & provided, under ERA2. No household may receive more than 18 months’ worth of assistance. If a household is receiving both rent and utility assistance, both count towards the assistance limit (e.g., if only rental assistance was received in January and only utility assistance was received in February, this counts as two months towards the cap).

Client File Checklist

client internal file must be organized in this order

- Application for ERUC Assistance**
 - a. Either a wet or digital signature is preferred. If these two options are not possible, the nonprofit provider will record verbal certification and the case manager will sign to confirm the household’s authorization
 - b. 2-1-1 pre-screen document, if applicable
- Proof of income for the last 30 days from application for every adult over the age of 18 within the household, which can include:**
 - a. Employment pay stubs for all adult household members for the last 30 days
 - b. Welfare cash assistance award letter

- c. SSI or SSDI award letter
- d. Unemployment award letter or check stubs, stating amount received for the last 30 days
- e. Workman's compensation award letter, stating amount received
- f. Pension or retirement documentation
- g. If the household has no earned income or if the household has income for which they cannot provide documentation, the ERUC Self Declaration of Income will suffice
- Photo identification/Proof of Residency for Head of Household: PA Driver's License, photo ID, Passport, and for every adult over the age of 18 years old**
 - a. If the ID does not match the lease, the non-profit agency must provide at least two documents that verify residency on the lease
 - b. Approved documents may include, but are not limited to: recent utility bills, PA Public State benefits, medical insurance, WIC, official court documents, bank statement, check stubs, and/or sufficient documentation showing proof of occupancy
- Copy of the current executed lease or rental agreement, including any addenda**
 - a. If a household does not have a signed lease, documentation of residence may include:
 - evidence of paying utilities for the residential unit,
 - a written attestation by a landlord who can be identified as the verified owner or managing agent of the unit, or,
 - a written attestation by a sub-lessor who can be identified as the verified individual subleasing the rental unit.
 - a. In the absence of a signed lease, evidence of the amount of a rental payment must also be obtained and may include bank statements, check stubs or other documentation that reasonably establishes a pattern of paying rent; if sufficient documentation showing the rental payment amount cannot be obtained, approval for rental assistance payment must be given by the Your Way Home team.
- Utility bill(s), showing arrearages, if applicable**
 - Ledgers for utility bills can be received from tenants or landlords that show arrearages that are within the guidelines of the program
- Evidence of rental arrearages, if applicable**
 - Ledgers for rental arrearages can be received from tenants or landlords that show arrearages that are within the guidelines of the program
- Proof of financial hardship** due to and or during the Covid-19 outbreak under ERA1, or due to or during the coronavirus pandemic under ERA2, such as evidence of a household member's current qualification for unemployment benefits or written attestation of financial hardship due to (ERA1) or during (ERA2) the coronavirus pandemic written on the ERUC Application
- Proof of risk of homelessness or housing instability**, such as a past due utility or rent notice or eviction notice, evidence of unsafe or unhealthy living conditions, or written attestation of housing hardship due to or during the coronavirus pandemic on ERUC Application
- Clients in hotels or motels:**
 - a. Must provide Housing Search Log showing that they are working towards obtaining a unit such as a house, apartment, or room with a lease.
 - b. Hotel ledger documenting the cost of stay per night (ERAP does not cover any expenses or incidentals charged to the room)
- Approval Letter**, if applicable
- Denial Letter**, if applicable

Landlord/Unit Documentation: if the landlord is participating

- Copy of executed tenant lease or other attestation
- An executed Payment to Landlord Approval Letter
- Copy of W-9, filled out by the landlord

- Proof of Montgomery County Property Record Search. Print out all documents and place them in the client file. (effective: 11/29/2021)
 - If applicable, proof of property lien lookup, print out all documents, and place in the client file. (effective: 02/10/2022)

Direct-to-Tenant: if the landlord is not participating

- Direct-to-tenant Approval Letter
- Documentation showing the landlord is not participating in the program. Print out proof of outreach to a landlord over a 7-day period. (effective: 1/24/2022)
- Completed W-9 by tenant (**1099 tax form should not be sent to tenants**)
- Proof of [Montgomery County Property Record Search](#). Print out all documents and place them in the client file. (effective: 11/29/2021)
 - If applicable, proof of property lien lookup, print out all documents, and place in the client file. (effective: 02/10/2022)

Recertification Documentation: if paying rental or utility payments going forward

- Recertification form
- Updated income for all adult household members
- Written attestation – client’s proof or written attestation of ongoing financial hardship

Financial Record Documentation:

- Copy of check/credit card authorization request
- Proof of rental/utility assistance payment(s) to the vendor, after payment is made
- Approval Letter (landlord, utility, or direct-to-tenant)
- Commitment letter, if applicable

Clarity HMIS Data Entry

- Head of Household profile created/updated
- All other household members (adults and minors) profiles created/updated
- Household members joined in Clarity as a household
- ERUC Program Enrollment in Clarity for Head of Household and all other household members
- Location (address with zip code) added to Location Tab in Head of Household profile, **before the service start date**
- Service start and end date matches documentation from utility or landlord or vendor (double-check every service amount against documentation)
- Service Records should only be added to head of household
- Funding Source should always match program enrollment (e.g., federal ERA1 funding source should never be in Commonwealth ERA1 enrollment)
- Service Records added to Program Enrollment, as appropriate (service records should never be entered from the services tab, **always** from the program enrollment)
- ERUC Program Enrollment ended once financial assistance has ended

Client Approval Letter

Date: _____

Dear Mr. (s) _____

Thank you for your application for rent and/or utility assistance through Montgomery County's Your Way Home Emergency Rent and Utility Coalition) program. We are happy to inform you that your application for assistance has been processed and we will be paying your landlord, and/or the utility companies directly on your behalf. You have been approved for YWH ERUC assistance totaling \$ _____

Amount paid and description

Rent	Utility and fees paid to Landlord	Electricity	Gas/Oil	Water	Internet
\$6,000	\$	\$	\$	\$	\$
5 MONTHS May 2022- July 2022	MONTHS	MONTHS	MONTHS	MONTHS	MONTHS

We hope this assistance helps you to ensure housing and financial stability. As a reminder, your landlord signed a landlord verification letter and committed to not evict you for nonpayment of rent and for 60 days longer than the rent paid period covered by _____

We wish you the best and encourage you to keep paying towards your rent to maintain housing stability as this is NOT a subsidized program. If you get an Eviction order issued by a court or utility shut-off notice issued by a utility company, please contact your housing counselor to reapply as we cannot guarantee additional rent and utility assistance. All cases presented are contingent on approval upon meeting eligibility requirements, funding availability, and administration approval.

If you have any further questions, please send them to your housing counselor by e-mail.

Respectfully,

(Housing Counselor or Supervisor)

YWH Montgomery County Emergency Rent and Utilities Coalition (ERUC)

Status Notification

Date: _____

Applicant Name: _____

Address, City and Zip: _____

Dear Applicant,

Your application for ERUC has been denied for the following reasons: (Check all that apply)

- Income Ineligible: Household earns above 80% of HUD Area Median Income
- Non-Eligible Housing Crisis: Household did not demonstrate a financial impact due to or during the Coronavirus Pandemic
- Incomplete Application: Household failed to provide all required supporting documentation
- Other: _____

If you disagree with the outcome of your status you have the option to file an appeal with the Your Way Home Homeless Prevention Program Manager within 10 business days of date on this letter:

Mikaela Lanford
YWH Program Manager
Phone: 610-278-5144
Email: mlanford@montcopa.org

You will be notified within three business days that your appeal has been received. After reading and/or listening to your concerns, the Program Manager will make a determination in writing. You will be provided a copy of the determination and the reasons leading up to the determination within 10 business days.

Respectfully,

Case Manager Name
Agency
Phone Number

Should your circumstances change, please reach out to Your Way Home by dialing 2-1-1 or texting your zip code to 898-211.

Direct-to-Tenant Letter template

Direct to Tenant Letter:

last updated: 2/16/2022

This form will be provided to the Tenant by the ERUC Provider

Staff name:	Tenant's Monthly Rent:
Landlord name:	Tenant Name:
Landlord phone:	Tenant phone:
Landlord Email:	Tenant address:
Mail check to:	Check payable to:

This is to confirm that _____ have been approved for the Emergency Rent and Utility Coalition (ERUC) Program of Your Way Home. As a program participant, you are eligible to receive assistance for rent and/or utilities.

Below is a description of the amount of rental and/or utility assistance being provided by the ERUC Program so that you may stay in your current rental unit.

Total Rental Arrears \$ _____ of which 1) \$ _____ back rent, 2) \$ _____ late fees

Total Utilities Arrears \$ _____

Total \$ Waived/Explanation _____

<u>Months of rental/utility assistance being paid by the ERUC Program</u>	<u>Total \$ amount being paid by the ERUC Program</u>
Rent arrearages for _____ months	\$ _____
Utilities arrearages for _____ months	\$ _____
Rent payments forward for _____ months	\$ _____

Certification

- I certify that this information is complete and accurate. I/we agree to provide all documentation required by the ERUC program. I acknowledge that I understand that making this certification is under penalty of perjury and that intentional misrepresentation of the information listed on this document or any other document associated with your ERUC application can be considered fraud.
- I attest that I will provide the non-profit agency with receipts for the full amount that has been disbursed by the ERUC program. I acknowledge that these receipts must be returned to the non-profit within 10 business days of receiving ERUC funds.
- I understand that I must complete the W-9 form which will be provided to you by the non-profit, and must be completed entirely.

Client Signature:

Date (mm/dd/yyyy):

Clarity Training: New ERA Service

9 Questions to Ask Every Time You Create a New ERA Service in Clarity

By going through these 9 questions every time you will avoid the most common ERA DQ errors

1. Did you check the History Tab to count how many months of Service this client has already received?

- a. Clients are only eligible for 15 months of ERA1 Assistance.
- b. Clients are only eligible for 18 months of Total Combined Assistance across ALL ERA funding sources, even if some of those months were approved at a different agency they still count against these totals.
- c. *It is EXTREMELY IMPORTANT that we count months of service EVERY time BEFORE approving a client for further assistance to make sure we don't cross those eligibility limits.
- d. Use the "Months Assistance Cheat Sheet" you were provided.

Client Test

LOCATION PROFILE **HISTORY** SERVICES PROGRAMS ASSESSMENTS NOTES FILES REFERRALS CONTACT

Changes successfully saved.

HISTORY

Advanced search options View ▾

Service Name	Start Date	End Date
OHCD ERUC ERA1 Commonwealth Program Montgomery County, Dept of Housing & Community Development ⓘ	03/02/2022	Active
Prospective Rent Montgomery County	03/01/2022	03/31/2022
CVCA's CBCM Assessment HRC - Carson Valley ⓘ		01/20/2022
Rent Arrearag Montgomery C	01/01/2021	02/28/2022
Other Housing Expenses:Other Housing Expenses Montgomery County, Dept of Housing & Community Develop	01/01/2021	02/28/2022
Utilities-Electric:Utilities- Electric- Arrearages Payment Montgomery County, Dept of Housing & Community Develop	09/01/2020	07/31/2021

Not Approved! Client already at 18 Mos.

These have already been counted in "Other"

08/21-02/22 – 7 Mos.

09/20–07/21 – 11 Mos.

2. Has this month of service already been paid?

- a. Review the History tab to make sure this month and service has not already been paid. If, for example, Nov. 2021 Rent has already been paid in a previous service, please do not enter a new service paying for Nov. 2021 Rent again.
- b. In that situation, STOP, clarify that there is truly a reason to enter another Nov. 2021 Rent payment (i.e. we wrote a check for the wrong amount and need to pay the balance), and DOCUMENT clearly exactly why you are paying for the same service in the same month.

Client Test

LOCATION PROFILE **HISTORY** SERVICES PROGRAMS ASSESSMENTS NOTES FILES REFERRALS CONTACT

Changes successfully saved.

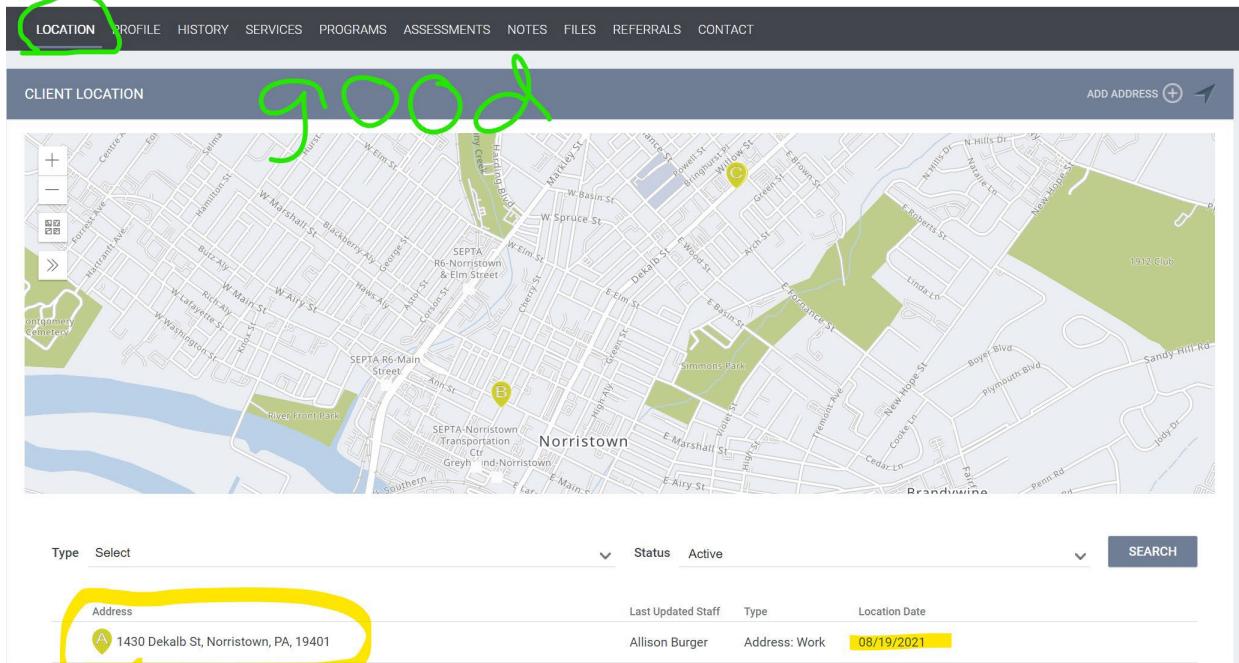
HISTORY

Advanced search options View ▼

Service Name	Start Date	End Date
OHCD ERUC ERA1 Commonwealth Program Montgomery County, Dept of Housing & Community Development ⓘ	03/02/2022	Active
CVCA's CBCM Assessment HRC - Carson Valley ⓘ		01/20/2022
Rent Arrearages:Rent Arrearages Payment Montgomery County, Dept of Housing & Community Development ⓘ	01/01/2021	12/31/2021 📄 \$

3. Is there a complete, active Address in the Location Tab?

- Is there an address in the Location Tab? Not only the Profile Tab (See screenshots below)
- Is the address complete? (Street Address, City, State, Zip Code)
- Is the Location Date BEFORE the Service Start Date? If not please edit the Location Date to at least the day the first ERA Service for the client begins.
 - If we are paying rent arrears covering April. 1, 2020 to Dec. 1, 2020 the location date should be at least April 1, 2020 or earlier.



LOCATION PROFILE HISTORY SERVICES PROGRAMS ASSESSMENTS NOTES FILES REFERRALS CONTACT

CLIENT LOCATION good ADD ADDRESS

Type Select Status Active SEARCH

Address	Last Updated Staff	Type	Location Date
1430 Dekalb St, Norristown, PA, 19401	Allison Burger	Address: Work	08/19/2021

Profile Tab Only

Veteran Status No

CONTACT INFORMATION (PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE)

Phone Number

Street Address

City

Email

Verbal Consent

SAVE CHANGES CANCEL

Bad

4. Is this client the Head of Household?

- We can only add services to the Program Head of Household in Clarity. The screenshot below shows you where to find the Program Head of Household. You need to open the ERA

Program where you will be entering the service. You will find the Program Head of Household identified on the right side of the screen.

Client Test

LOCATION PROFILE HISTORY **SERVICES** PROGRAMS ASSESSMENTS NOTES FILES REFERRALS CONTACT

PROGRAM: OHCD ERUC ERA1 COMMONWEALTH PROGRAM

Enrollment History **Provide Services** Assessments Notes Files X Exit

good

Services

Back Rent for Old Addresses Rental Assistance ▼

First Month's Rent Rental Assistance ▼

Hotel Rental Assistance ▼

0 DAYS ACTIVE PROGRAM

Program Type: Group (3)

Program Start Date: 03/02/2022

Assigned Staff: Jayce Ashwill

Head of Household: **Client Test**

Program Group Members

Baby Test 03/02/2022 **Active**

Child Test 03/02/2022 **Active**

Baby Test

LOCATION PROFILE HISTORY **SERVICES** PROGRAMS ASSESSMENTS NOTES FILES REFERRALS CONTACT

PROGRAM: OHCD ERUC ERA1 COMMONWEALTH PROGRAM

Enrollment History **Provide Services** Assessments Notes Files X Exit

Bad

Services

Back Rent for Old Addresses Rental Assistance ▼

First Month's Rent Rental Assistance ▼

Hotel Rental Assistance ▼

0 DAYS ACTIVE PROGRAM

Program Type: Group (3)

Program Start Date: 03/02/2022

Assigned Staff: Jayce Ashwill

Head of Household: **Client Test**

Program Group Members

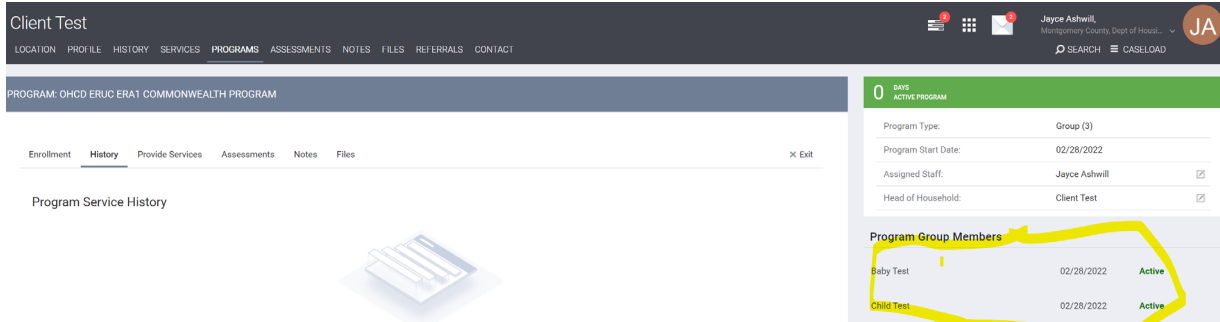
Client Test 03/02/2022 **Active**

Child Test 03/02/2022 **Active**

- b. If the household has an incorrect or blank Head of Household in the program enrollment, you must correct this before entering the service.
- c. If there are older services/payments entered in the household for someone who is not the Head of Household those services/payments need to be moved to the Head of Households profile.

5. Are all current Household Members included in the Program Enrollment? Are only the current Household Members included in the Program Enrollment?

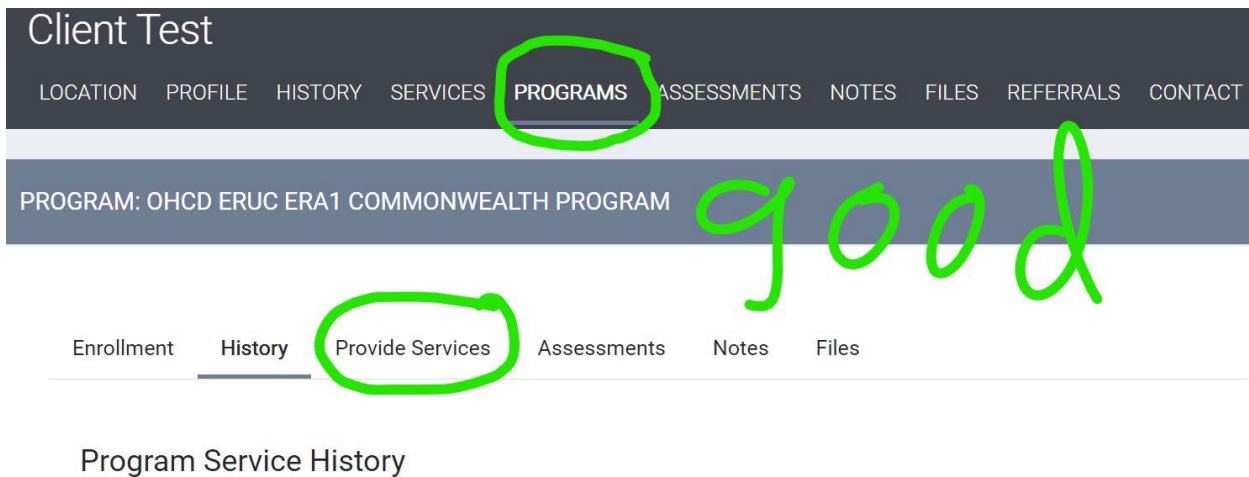
- a. Because household size is used to determine eligibility for the ERA programs, it is very important that these Program Enrollments include accurate counts of all Household Members.



0 DATE ACTIVE PROGRAM		
Program Type:	Group (3)	
Program Start Date:	02/28/2022	
Assigned Staff:	Jayce Ashwill	<input checked="" type="checkbox"/>
Head of Household:	Client Test	<input checked="" type="checkbox"/>
Program Group Members		
Baby Test	02/28/2022	Active
Child Test	02/28/2022	Active

6. Did you open the Program Enrollment to enter the Service, or did you open the Service Tab?

- a. You **ALWAYS** need to open the Program Enrollment to add the Service (see Screenshot below).



Client Test

LOCATION PROFILE HISTORY SERVICES **PROGRAMS** ASSESSMENTS NOTES FILES REFERRALS CONTACT

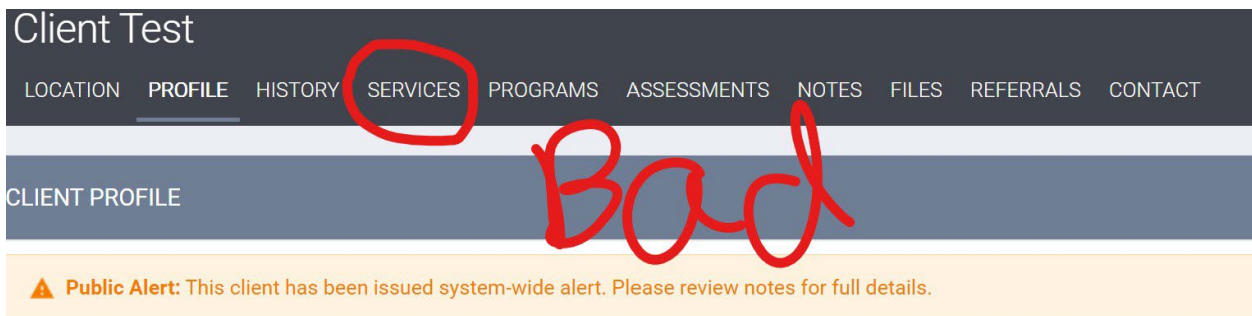
PROGRAM: OHCD ERUC ERA1 COMMONWEALTH PROGRAM

Enrollment History **Provide Services** Assessments Notes Files

Program Service History

good

- b. You should **NEVER** open the Services Tab to add a Service.



Client Test

LOCATION **PROFILE** HISTORY **SERVICES** PROGRAMS ASSESSMENTS NOTES FILES REFERRALS CONTACT

CLIENT PROFILE

Bad

Public Alert: This client has been issued system-wide alert. Please review notes for full details.

7. Did you combine Services together that should be separated?

- a. Prospective Rent and Rent Arrears should always be entered as 2 distinct services, never combined. Below are a few common examples:

- i. If the client has a \$5,000 bill for Rent Arrears, and \$3,000 Prospective Rent for 8 total months covering from Oct. 2021 - May 2022, and you cut 1 check. Please enter two separate Services into Clarity.
 1. Rent Arrears - \$5,000
 - a. Start Date = Oct. 1, 2021
 - b. End Date = Feb. 28, 2022
 - c. Note - \$8,000 Total Check split between \$5,000 Rent Arrears and \$3,000 Prospective Rent
 2. Prospective Rent - \$3,000
 - a. Start Date = March 1, 2022
 - b. End Date = May 31, 2022
 - c. Note - \$8,000 Total Check split between \$5,000 Rent Arrears and \$3,000 Prospective Rent

- b. Rent and Late Fees etc... should always be entered as at least 2 distinct services, never combined.
 - i. If you have 1 bill that combines rent arrears and late fees, please enter them as 2 separate services, even if you only cut 1 check as an agency. Treasury asks us to report separately Rental Expenditures and Late Fees.
 - ii. For Example – If the client has a \$2,400 bill for rent arrears and late fees (\$2,000 Rent, \$400 Late Fees) for 2 months Jan. & Feb. 2022, and you cut 1 check. Please enter two separate Services into Clarity.
 1. Rent Arrears - \$2,000
 - a. Start Date = Jan. 1, 2022
 - b. End Date = Feb. 28, 2022
 - c. Note - \$2,400 Total Check split between \$2,000 Rent Arrears and \$400 Late Fees
 2. Other Housing Expenses = \$400
 - a. Start Date = Jan. 1, 2022
 - b. End Date = Feb. 28, 2022
 - c. Note - \$2,400 Total Check split between \$2,000 Rent Arrears and \$400 Late Fees

8. Does the Funding Source you chose match the Program Enrollment?

PROGRAM: OHCD ERUC ERA1 COMMONWEALTH PROGRAM

Enrollment History Provide Services Assessments Notes Files

Services

Back Rent for Old Addresses

First Month's Rent

Hotel

Other Housing Expenses

Prospective Rent

Prospective Rent Payments

Start Date: 03/01/2022 End Date: 03/31/2022

Expense Amount: 1000 Expense Date: 02/28/2022

Funding Source: ERA1 Commonwealth

Vendor: Landlord or Owner

good

PROGRAM: OHCD ERUC ERA1 COMMONWEALTH PROGRAM

Enrollment History Provide Services Assessments Notes Files X Exit

Services

Back Rent for Old Addresses Rental Assistance

First Month's Rent Rental Assistance

Hotel Rental Assistance

Other Housing Expenses Other

Prospective Rent Rental Assistance

Prospective Rent Payments

Start Date: 03/01/2022 End Date: 03/31/2022

Expense Amount: 1000 Expense Date: 02/28/2022

Funding Source: ERA1 Federal TEST

Vendor: Landlord or Owner

Service Note :

Bad

9. Did you enter the Start Date and End Date correctly?



- a. Is there documentation to match the Start and End date of service? (Utility Bill, Rent Bill etc..)

b. Is the Start Date BEFORE the End Date?


Prospective Rent


good

Prospective Rent Payments

Start Date: 03/01/2022  End Date: 03/31/2022 

Expense Amount: 1000

Funding Source: ERA1 Federal TEST 



Vendor: Landlord or Owner 

Service Note :


Prospective Rent


Bad

Prospective Rent Payments

Start Date: 03/01/2022  End Date: 03/01/2022 

Expense Amount: 1000

Funding Source: ERA1 Federal TEST 

Vendor: Landlord or Owner 

Service Note :

Security Deposit = 1 Month (not the entire rental period)

Security Deposit

good

Security Deposit Payment

Start Date: 01/01/2022 End Date: 01/31/2022

Expense Amount: 1000

Expense Date: 12/31/2021

Funding Source: ERA1 Commonwealth

Service Note :

B I

Security Deposit

Bad

Security Deposit Payment

Start Date: 01/01/2022 End Date: 12/31/2022

Expense Amount: 1000

Expense Date: 12/31/2021

Funding Source: ERA1 Commonwealth

Service Note :

B I

Application Weekly Report

ERUC Program
Application Weekly Report

Question:	Answer:
How many applications do you have pending total? (this includes prescreens, walk-ins, clients who have not been contacted yet)	
How many pending applications have you received this week?	
How many applications were approved? (Meaning a check was sent to a client & or landlord)	
How many applications were denied? (after reviewing a new application, denied services)	

Field Investigation Referral

FIELD INVESTIGATION REFERRAL <i>(Confidential Referrals, Tips, LIHWAP and ERAP Only)</i>		BFPF FILE NO. 2 [] - [] - [] - []
SECTION I: REFERRAL INFORMATION – Completed by Manager, Administrator, or OSIG Special Agent (for Tips)		
1. INDIVIDUAL'S NAME (First Name, Middle Initial, Last Name) []	2. IMCW NAME (First Name, Middle Initial, Last Name) []	
3. COUNTY/RECORD NUMBER []	4. INDIVIDUAL NUMBER []	
5. LANGUAGE PREFERENCE – ENTER LANGUAGE NAME (DO NOT ENTER CODE) []		
6. DOES INDIVIDUAL CLAIM DOMESTIC VIOLENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, AND THE CLIENT IS RECEIVING TANF, WAS THE REFERRAL REVIEWED AND APPROVED BY BOP? YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRAL REVIEWED BY: [] COMMENTS: []		
7. ASSISTANCE PROGRAMS/SERVICES INVOLVING INVESTIGATION	<input type="checkbox"/> TANF <input type="checkbox"/> LIHWAP <input type="checkbox"/> SNAP <input type="checkbox"/> LIHEAP <input type="checkbox"/> SA <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MATP <input type="checkbox"/> EMPLOYMENT & TRAINING <input type="checkbox"/> GA <input type="checkbox"/> ERAP <input type="checkbox"/> LTC <input type="checkbox"/> OTHER []	<input type="checkbox"/> SSI Related MA Cat: [] <input type="checkbox"/> TANF related MA Cat: [] <input type="checkbox"/> GA related MA Cat: [] <input type="checkbox"/> MG related MA <input type="checkbox"/> PCO related MA
8. REFERRAL FOR:		
<input type="checkbox"/> APPLICANT <input type="checkbox"/> BENEFITS DELIVERY <input type="checkbox"/> LOCATION OF ABSENT PARENT <input type="checkbox"/> TIP	<input type="checkbox"/> EMPLOYMENT & TRAINING <input type="checkbox"/> CHILD CARE PROVIDER <input type="checkbox"/> HEALTH CARE PROVIDER <input type="checkbox"/> DRUG & ALCOHOL CENTER	<input type="checkbox"/> SHELTER/TREATMENT CENTER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> SA GENERATED REFERRAL <input type="checkbox"/> OTHER []
SECTION II: REASON(S) FOR REFERRAL (Explain) - Completed by Manager, Administrator, or OSIG Special Agent (for Tips)		
[]		
SIGNATURE & DATE []	REFERRAL DATE TO OSIG []	

Field Investigation Referral – Example

FIELD INVESTIGATION REFERRAL <i>(Confidential Referrals, Tips, LIHWAP and ERAP Only)</i>		BFPP FILE NO. 2 - - -
SECTION I: REFERRAL INFORMATION – Completed by Manager, Administrator, or OSIG Special Agent (for Tips)		
1. INDIVIDUAL'S NAME (First Name, Middle Initial, Last Name) Tenat Name	2. IMCW NAME (First Name, Middle Initial, Last Name) ERAP Worker Name and County	
3. COUNTY/RECORD NUMBER County Name and ERAP Unique Application Number	4. INDIVIDUAL NUMBER Not Applicable but you could use this for worker phone number/email address	
5. LANGUAGE PREFERENCE – ENTER LANGUAGE NAME (DO NOT ENTER CODE) _____		
6. DOES INDIVIDUAL CLAIM DOMESTIC VIOLENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, AND THE CLIENT IS RECEIVING TANF, WAS THE REFERRAL REVIEWED AND APPROVED BY BOP? YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRAL REVIEWED BY: _____ COMMENTS: ANSWER THIS QUESTION IF THE TENANT IS A DV SURVIVOR		
7. ASSISTANCE PROGRAMS/SERVICES INVOLVING INVESTIGATION	<input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> SA <input type="checkbox"/> MATP <input type="checkbox"/> GA <input type="checkbox"/> LTC	<input type="checkbox"/> LIHWAP <input type="checkbox"/> LIHEAP <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> EMPLOYMENT & TRAINING <input checked="" type="checkbox"/> ERAP <input type="checkbox"/> OTHER _____
		<input type="checkbox"/> SSI Related MA Cat: _____ <input type="checkbox"/> TANF related MA Cat: _____ <input type="checkbox"/> GA related MA Cat: _____ <input type="checkbox"/> MG related MA <input type="checkbox"/> PCO related MA
8. REFERRAL FOR:		
<input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> BENEFITS DELIVERY <input type="checkbox"/> LOCATION OF ABSENT PARENT <input type="checkbox"/> TIP	<input type="checkbox"/> EMPLOYMENT & TRAINING <input type="checkbox"/> CHILD CARE PROVIDER <input type="checkbox"/> HEALTH CARE PROVIDER <input type="checkbox"/> DRUG & ALCOHOL CENTER	<input type="checkbox"/> SHELTER/TREATMENT CENTER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> SA GENERATED REFERRAL <input type="checkbox"/> OTHER _____
SECTION II: REASON(S) FOR REFERRAL (Explain) - Completed by Manager, Administrator, or OSIG Special Agent (for Tips)		
Provide county name and point of contact info for County ERAP worker. Provide details on items to be investigated. Provide details on items that are red flags. may include but not limited to: Tenant occupying property Landlord owning property Rental property location Tenant/landlord relationship Rent amount Utility amount Landlord address Tenant or Landlord Identity Multiple applications using same email address but different names Etc.		
SIGNATURE & DATE _____		REFERRAL DATE TO OSIG _____

PA-504 CoC, Homes For All, and Your Way Home Code of Conduct and Conflict of Interest Policy

**PA-504 CoC, Homes For All, and Your Way Home
Code of Conduct and Conflict of Interest Policy**

**Code of Conduct and Conflict of Interest Policy for all PA-504 CoC,
Montgomery County Homes For All, and Your Way Home Montgomery
County Employees, Officers, Volunteers, Agents, Grantees, and Vendors**

I. Code of Conduct

It is imperative to the success of the PA-504 Continuum of Care (CoC), Montgomery County Homes For All (HFA), and the Your Way Home Montgomery County Partnership (Your Way Home) that there be a fully informed, publicly accountable, and ethical CoC Governing Board, HFA Governing Board, and Your Way Home Advisory Council (Advisory Council) working jointly to ensure that everyone who lives, works, learns, and invests in Montgomery County, Pennsylvania has equal opportunity to live in an affordable home and a thriving community.

To accomplish this, all PA-504 CoC, Montgomery County Homes For All, and Your Way Home Montgomery County Employees, Officers, Volunteers, Agents, Grantees (including housing, homeless, and emergency rent and utility assistance service providers), and Vendors shall conduct themselves at all times in the best interest of the CoC, HFA, and Your Way Home.

In this regard, each CoC Governing Board, HFA Governing Board, Advisory Council member, committee member, grantee employee, and vendor employee shall abide by this Code of Conduct. While no code or set of rules can be framed which will particularize all the duties of a CoC Governing Board, HFA Governing Board, and Advisory Council member, grantee, or vendor this document shall serve as a general guide. The enumeration of particular duties should not be construed as a denial of the existence of others equally imperative, though not specifically mentioned.

II. Conflict of Interest Policy

A. Definition of Conflict of Interest.

A conflict of interest is a situation in which a CoC Governing Board, HFA Governing Board, Advisory Council member, committee member, grantee employee, or vendor employee, or one of his or her family members, has a personal or financial interest that compromises or could compromise their independence of judgment in exercising his or her responsibilities to the CoC, HFA, and/or Your Way Home. All members are expected to minimize conflicts of interest, disclose ethical, legal, financial, and other conflicts, and remove themselves from decision-making if they would otherwise be called on to act on a conflict involving themselves, their family members or entities with which they or their family members are closely associated.

B. Financial Interests. Each CoC Governing Board, HFA Governing Board, Advisory Council member, committee member, grantee employee, and vendor employee shall fully disclose any and all financial interests involving themselves or one of their family members in regard to any matter which is presented to their respective Board or Council for a vote and shall abstain from

PA-504 CoC, Homes For All, and Your Way Home Code of Conduct and Conflict of Interest Policy

voting, discussing, or influencing decisions on such matters. "Financial interests" include, but are not limited to:

1. An ownership, investment interest, or compensation arrangement with any entity with which the CoC, HFA, or Your Way Home has a transaction or arrangement;
2. A compensation arrangement with the CoC, HFA, or Your Way Home or with any entity or individual with which the CoC, HFA, or Your Way Home has a transaction or arrangement; or
3. A potential ownership, investment interest, or compensation arrangement with any entity or individual with which the CoC, HFA, or Your Way Home is negotiating a transaction or arrangement, including a commission or fee, share of the proceeds, the prospect of promotion or profit, or any other form of financial reward.

C. Family Relationships. The term "family member" as used herein includes:

1. Spouse or partner in a civil union recognized by state law;
1. Domestic partner or partner in a committed, personal relationship;
2. Parent;
3. Child;
4. Sibling;
5. Father-in-law, Mother-in-law;
6. Brother-in-law, Sister-in-law;
7. Son-in-law, Daughter-in-law;
8. Grandparent; or
9. Grandchild.

The term includes individuals related by blood, adoption, or marriage (i.e., step family members).

D. Duty to Disclose. In connection with the actual or potential conflict of interest, an interested person must disclose the existence of his financial interest and all material facts to the CoC Governing Board, HFA Governing Board, or Advisory Council and members of committees with Board or Council-delegated powers considering the proposed transaction or arrangement.

E. Determining Whether a Conflict of Interest Exists. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, the interested party shall leave the CoC Governing Board, HFA Governing Board, or Advisory Council or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining CoC Governing Board, HFA Governing Board, or Advisory Council or committee members shall decide if a conflict of interest exists.

F. Procedures for Addressing the Conflict of Interest

PA-504 CoC, Homes For All, and Your Way Home Code of Conduct and Conflict of Interest Policy

1. An interested person may make a presentation at a CoC Governing Board, HFA Governing Board, or Advisory Council or committee meeting, but after such presentation, he or she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict of interest.
2. The Chair(s) of the CoC Governing Board, HFA Governing Board, or Advisory Council or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
3. After exercising due diligence, the CoC Governing Board, HFA Governing Board, or Advisory Council or committee shall determine whether Your Way Home can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest.
4. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the CoC Governing Board, HFA Governing Board, or Advisory Council or committee shall determine by a majority vote of the disinterested members whether the transaction or arrangement is in the CoC's, HFA's, or Your Way Home's best interest and for its own benefit and whether the transaction is fair and reasonable to the CoC, HFA, and/or Your Way Home. The CoC Governing Board, HFA Governing Board, or Advisory Council shall make its decision as to whether to enter into a transaction or arrangement in conformity with such determination.

G. Violations of the Conflict of Interest Policy

1. If the CoC Governing Board, HFA Governing Board, or Advisory Council or committee has reasonable cause to believe that a person has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
2. If, after hearing the response of the person and making such further investigation as may be warranted in the circumstances, the CoC Governing Board, HFA Governing Board, or Advisory Council or committee determines that the person has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

PA-504 CoC, Homes For All, and Your Way Home Code of Conduct and Conflict of Interest Policy

H. Recordings and Proceedings.

The minutes of the CoC Governing Board, HFA Governing Board, and Advisory Council and committees with Board or Council delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the CoC Governing Board, HFA Governing Board, or Advisory Council's or committee's decision as to whether a conflict of interest in fact existed; and
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection therewith.

III. Gifts

CoC Governing Board, HFA Governing Board, and Advisory Council members may not receive a gift, or a series of gifts, valued at more than \$25 from contractors or businesses who have performed services for the CoC, HFA, or Your Way Home within the past 12 months without prior approval of a majority vote of disinterested CoC Governing Board, HFA Governing Board, or Advisory Council members.

The CoC Governing Board, HFA Governing Board, or Advisory Council shall also gain approval by majority vote of disinterested members to personally employ contractors and businesses which have performed services for the CoC, HFA, or Your Way Home within the past 12 months.

IV. Fraud Intolerance

The term fraud refers to, but is not limited to: intentionally entering false or erroneous information into electronic software systems; any dishonest or fraudulent act; forgery or alteration of any official document; misappropriation of funds, supplies, or CoC, HFA, and Your Way Home materials; improper handling or reporting of money or financial transactions; profiting by self or others as a result of inside knowledge; destruction or intentional disappearance of records, furniture, fixtures, or equipment; accepting or seeking anything of material value from vendors or persons providing services or materials to the CoC, HFA, or Your Way Home for personal benefit; or any similar or related irregularities.

1. Fraudulent acts will not be tolerated and may result in termination from the appropriate Board or Council membership or grantee or vendor contract. Fraudulent acts will be pursued to the fullest extent and may result in criminal charges.
2. A CoC Governing Board, HFA Governing Board, Advisory Council member, committee member, grantee employee, and vendor employee who has reason to believe that there may have been an instance of fraud, improper action, or other illegal act in connection with a CoC, HFA, or Your Way Home program, function or activity shall report it immediately to the appropriate Board or Council and to the County of

PA-504 CoC, Homes For All, and Your Way Home Code of Conduct and Conflict of Interest Policy

Montgomery Office of Housing and Community Development serving as the CoC Collaborative Applicant and HFA/Your Way Home lead agency.

3. Improper actions are actions undertaken by a Board or Council Member in the performance of their official duties that:
 - a. Are in violation of any federal, state, or local law; or
 - b. Constitute an abuse of authority; or
 - c. Create a substantial, specific danger to public health or safety; or (d) Constitute a misuse of CoC or other public funds; or
 - d. Represent a conflict of interest.
4. Reported incidences will be investigated as expeditiously as possible by the appropriate Board or Council and by the County of Montgomery, as appropriate. When an investigation confirms that fraud or an illegal act(s) has occurred, appropriate corrective action will be taken.

V. Additional Code of Conduct Provisions for Board and Council Members

1. CoC Governing Board, HFA Governing Board, and Advisory Council members shall put forth their best effort to attend all meetings and constructively participate in the meetings.
2. CoC Governing Board, HFA Governing Board, and Advisory Council members shall be responsible for ensuring that adequate and correct information is presented to their constituents and the public.
3. CoC Governing Board, HFA Governing Board, and Advisory Council members shall exercise good judgment in the control and use of confidential information that may from time to time come into their possession. No CoC Governing Board, HFA Governing Board, or Advisory Council member shall use confidential information gained by reason of being a member of the CoC Governing Board, HFA Governing Board, and Advisory Council for personal gain to the detriment of the CoC, HFA, or Your Way Home.
4. Each CoC Governing Board, HFA Governing Board, and Advisory Council member shall serve as a public relations agent for the CoC, HFA, and Your Way Home and therefore shall work diligently and properly to promote its goals and objectives while keeping abreast with its overall progress.
5. Except for voting at properly called meetings of the CoC Governing Board, HFA Governing Board, or Advisory Council, members shall refrain from entering into the direct day-to-day administration of the CoC, HFA, or Your Way Home unless they are doing so upon express authority given to them by Resolution of the CoC Governing Board, HFA Governing Board, or Advisory Council.
6. The CoC Governing Board, HFA Governing Board, and Advisory Council Chairs shall be charged with the responsibility of reviewing any allegations of Advisory Council members violating this code or acting in any way which is detrimental to the success of the CoC, HFA, or Your Way Home and make recommendations to the full CoC Governing Board, HFA Governing Board, or Advisory Council for final action.

PA-504 CoC, Homes For All, and Your Way Home Code of Conduct and Conflict of Interest Policy

VI. Annual Statement

Each CoC Governing Board, HFA Governing Board, Advisory Council member, committee member, grantee employee, and vendor employee shall annually sign a statement which affirms that such person:

1. Has received a copy of the Code of Conduct and Conflict of Interest policy;
2. Has read and understands the Code of Conduct and Conflict of Interest policy; and
3. Has agreed to comply with the Code of Conduct and Conflict of Interest policy.

PA-504 CoC, Homes For All, and Your Way Home Code of Conduct and Conflict of Interest Policy

Acknowledgement of Code of Conduct and Conflict of Interest Policy

I have read and understand the Code of Conduct and Conflict of Interest Policy. I agree to promptly report any actual or potential conflicts of interest that arise in my conduct of the business of the PA-504 CoC, Montgomery County Homes for All, and the Your Way Home Montgomery County Partnership to End Homelessness.

I accept the terms of this Code of Conduct and Conflict of Interest Policy and understand that failure to comply with it may result in dismissal from the CoC Governing Board, HFA Advisory Board, or Your Way Home Advisory Council and appropriate legal action. I will recuse myself from any discussion or resulting decision in which I have a vested interest.

At this time, I am a member of the (check all that apply):

- CoC Governing Board
- Homes for All Governing Board
- Your Way Home Advisory Council
- One or more Board/Council Advisory Team(s), Action Team(s), or Committee(s)

Name (if applicable): _____

Name (if applicable): _____

Name (if applicable): _____

- CoC, HFA, or Your Way Home Grantee/Contracted Service Provider Employee

Name (if applicable): _____

- CoC Collaborative Applicant Employee, Vendor, or Consultant

Printed Name _____

Date _____

Signature _____

General Standards for ERUC programs

General Standards

A. Staffing

Each agency should have the following staff (listed by function; titles may vary by agency):

- **Case Managers:** contacts clients, ensures application, maintains files, entering into clarity & recertification's
- **Case Manager Coordinator:** checking clarity, processing recertification's, & reviews case manager files (Q.A.), and if needed can processes applications, maintain files
- **Provider Program Manager:** Final reviewer of all approved applications and denials, handling concerns, and should submit a final submission for the request of payments
- **Financial Reviewer/Coordinator:** Reviews both financial and program file and conduct internal procedure for processing check, which includes making a copy of the check register or copy of the check.

B. Application Process:

1. Each agency has their own email address to receive new applications.
2. Intake worker separates applications by prioritization, checks clarity database to ensure no duplicates.

A lead case manager, and or housing coordinator at that time will also check the Clarity database to identify if the applicants are returning or are new clients and to prevent duplication of services with other organizations.

3. From there, Provider Program Manager will triage applications based on Montgomery County's prioritization guidelines and forward the applications to the housing case managers. Housing case managers should actively work on at least 15 clients per week.
4. Housing case managers will actively contact clients, landlords, and will receive support from the housing coordinator, or provider program manager to answer any questions related to their assigned cases. At that point, they will also input the client's data into Clarity and make a profile to combine the household members. Housing case managers are required to make documentation notes under each client in Clarity, specifically when there are discrepancies.
5. If clients qualify, then the housing case managers will proceed to gather documentation such as IDs, proof of income, lease, W9, proof of arrears and COVID-19 Impact, landlord verification letter, etc. An internal hardcopy file should be created. See the attached checklist.

If the housing case manager believes a client does not qualify, they will communicate this with the provider program manager to confirm before notifying the client of their ineligibility. If denied, the provider program manager must send the client a letter of denial including reasoning, and grievance process.

6. Once per week at scheduled times, the housing case manager will present client documentation and client files to the provider program manager for review. The provider program manager will check the landlord property ownership via the Montgomery County Tax Bureau or Montgomery County Property Search website. If the property owner cannot be verified via those two resources, then additional documentation will be required such as mortgage statements, tax returns, etc. The provider program manager will also be specifically looking at both financial and program files, making sure there's a COVID-19 impact, proof of gross income for all household adults from the last 30 days whether that's pay stubs, bank statements, SSI letters, or a self-declaration of income attestation, and that there's no discrepancies or errors in the lease, ledger, and landlord verification letters. The provider program manager will also check that all files are correctly organized.

Housing manager will then send the client's financial files to the finance manager to review. The finance manager will carefully check both program and financial files for signed and dated leases, ledgers (making sure there aren't any duplicate charges from the landlord), landlord verification (matching those numbers to the amounts on ledgers or written communication from landlords), W9s (making sure they are signed, dated, and all required boxes are checked off and filled out properly, W9s must have a social security number if it's for an individual, or must have an EIN number if it's for a company), ACH forms (making sure that the payee is either a landlord or a landlord's real estate company). If there are any discrepancies, the officer will go back to the housing manager to resolve the matter and decide whether or not to approve the case.

7. Provider Program Manager will review the file and sign for approval of the payment request to the financial reviewer or coordinator.

8. In the event that there are any discrepancies or doubts about the details of a case (validity of documents, the truthfulness of testimony, etc.), the case will be reviewed by the housing manager, the housing quality control officer, the executive director, or the administrator. If a case raises any red flags, the executive director, housing manager, or quality control officer will ask for additional proof of residence, proof of previous rental payments, additional proof of property ownership, explanation of any discrepancies, etc.

9. If a case requires further guidance, the provider program manager may also send the details to the Montgomery County YWH Program Manager for additional input.

10. If the parties agree that the case should be denied, the provider program manager will communicate this information in writing of their right to appeal the decision with the Montgomery County Your Way Home Homeless Prevention Program.

ERUC Fraud, Waste, and Abuse Training



Emergency Rental Utility Coalition Fraud, Waste, & Abuse Training

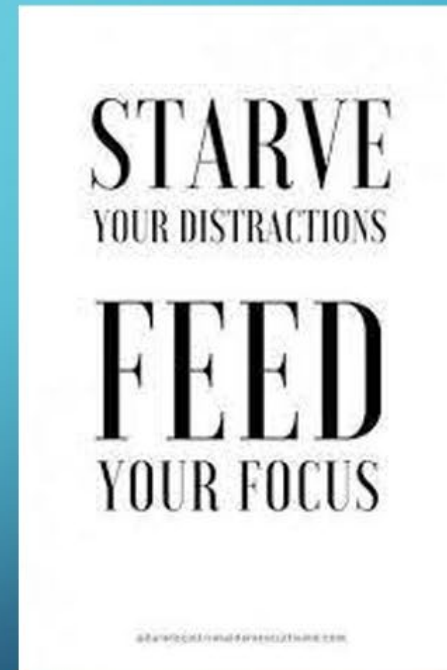
APRIL MCNEAL, YWH HOMELESS PREVENTION PROGRAM MANAGER



TRAINING GOALS

Goals:

1. To better understand fraud, waste, and abuse
2. To be able to identify & protect against fraud, waste, and abuse in Montgomery County's ERUC/ERAP program



TRAINING AGENDA

1. Compliance
2. Program Integrity
3. Fraud Prevention
4. Red Flags
5. Consequences: Guest Speaker, Montgomery County Detective
Jean Morrison
6. Questions



WHY IS COMPLIANCE IMPORTANT?



Prevent Fraud and Abuse

Funds distributed due to fraudulent activities prevent getting assistance to constituents in need by incorrectly diverting limited resources (time, funding)

Prevent Financial Repercussions

Funds issued out of compliance may need to be repaid to the Treasury causing negative impacts on agency budgets. Recipients are responsible for ensuring sub-recipients properly issue funds and maintain records.

WHY IS COMPLIANCE IMPORTANT?



Enhance Public Trust & Transparency

Funds must be disbursed in accordance with regulations, and rules must be communicated in a consistent manner to ensure public transparency

COMPLIANCE: QUALITY ASSURANCE & FRAUD PREVENTION

Quality Assurance and Fraud Prevention are two critical risk mitigation strategies to maintaining program integrity.

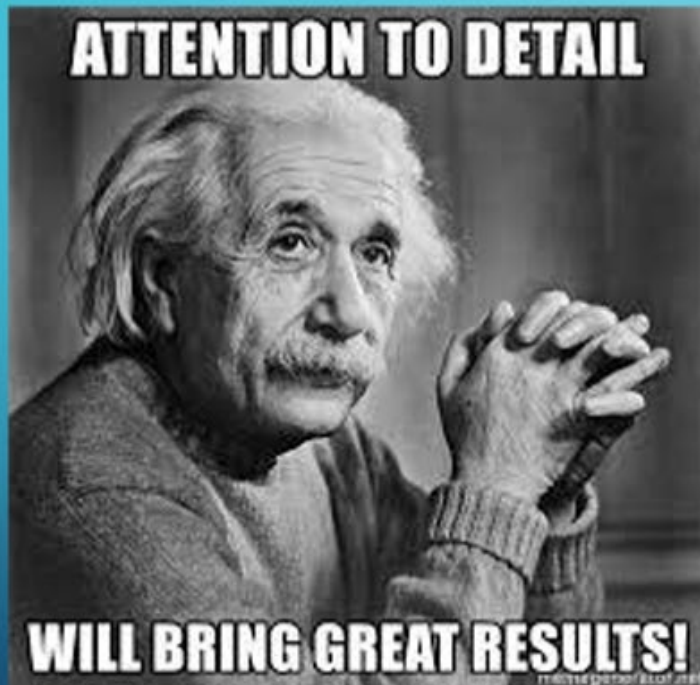


CHALLENGES OF ACHIEVING PROGRAM INTEGRITY



- High volume of applications
- Desire to ensure those in need get financial relief quickly
- Program design is vulnerable to fraud and abuse
- Remote working environments

ACHIEVING PROGRAM INTEGRITY



YWH: ERUC FRAUD WASTE & ABUSE TRAINING

Pay Attention to DETAILS:

- Enter accurate data into the Clarity system
- Double check your work
- Have a second person review prior to approving payment
- Always double check that the internal file matches Clarity record

8



FRAUD PREVENTION



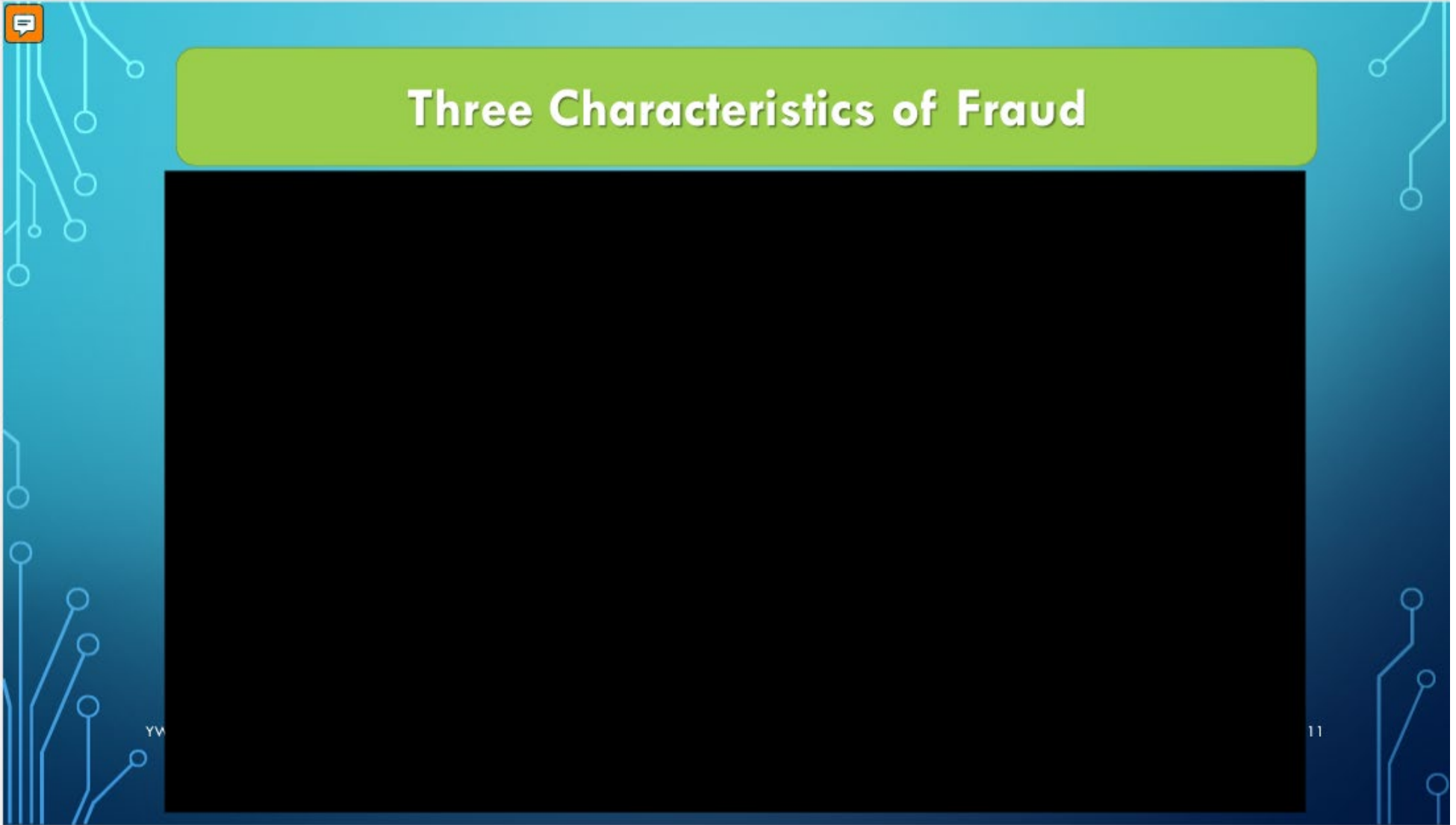
YWH: ERUC FRAUD WASTE & ABUSE TRAINING



What is Fraud?

Fraud is a single act or pattern of actions made with the intent to deceive or mislead, constituting a false statement, omission, or concealment of a substantive fact.





The slide features a light blue background with a white circuit-like pattern of lines and circles. At the top center, a green rounded rectangle contains the title "Three Characteristics of Fraud" in white, bold, sans-serif font. Below the title is a large, solid black rectangular area, which serves as a placeholder for a video. In the top-left corner of the slide, there is a small orange square icon with a white speech bubble. The letters "YV" are visible in the bottom-left corner of the slide, and the number "11" is in the bottom-right corner.

NOTE: Video not Available for this document.

Examples of FRAUD

Rental assistance fraud may involve various tenants, landlords, agencies, and may involve various activities:

- Knowingly submitting false or altered information to secure eligibility
- Soliciting or accepting payment for preferential treatment of an application
- Attempting to obtain rent amounts larger than stipulated in the lease



Examples of FRAUD: cont'd

- Using tenant or landlord data to solicit benefits, without the tenant and landlord authorization
- Concealing assets or misrepresenting income
- Submitting applications for nonexistent tenants or rental units



What is NOT fraud?

Fraud is different from errors. Errors happen unintentionally. For example, if a question is not clear and a tenant responds erroneously.



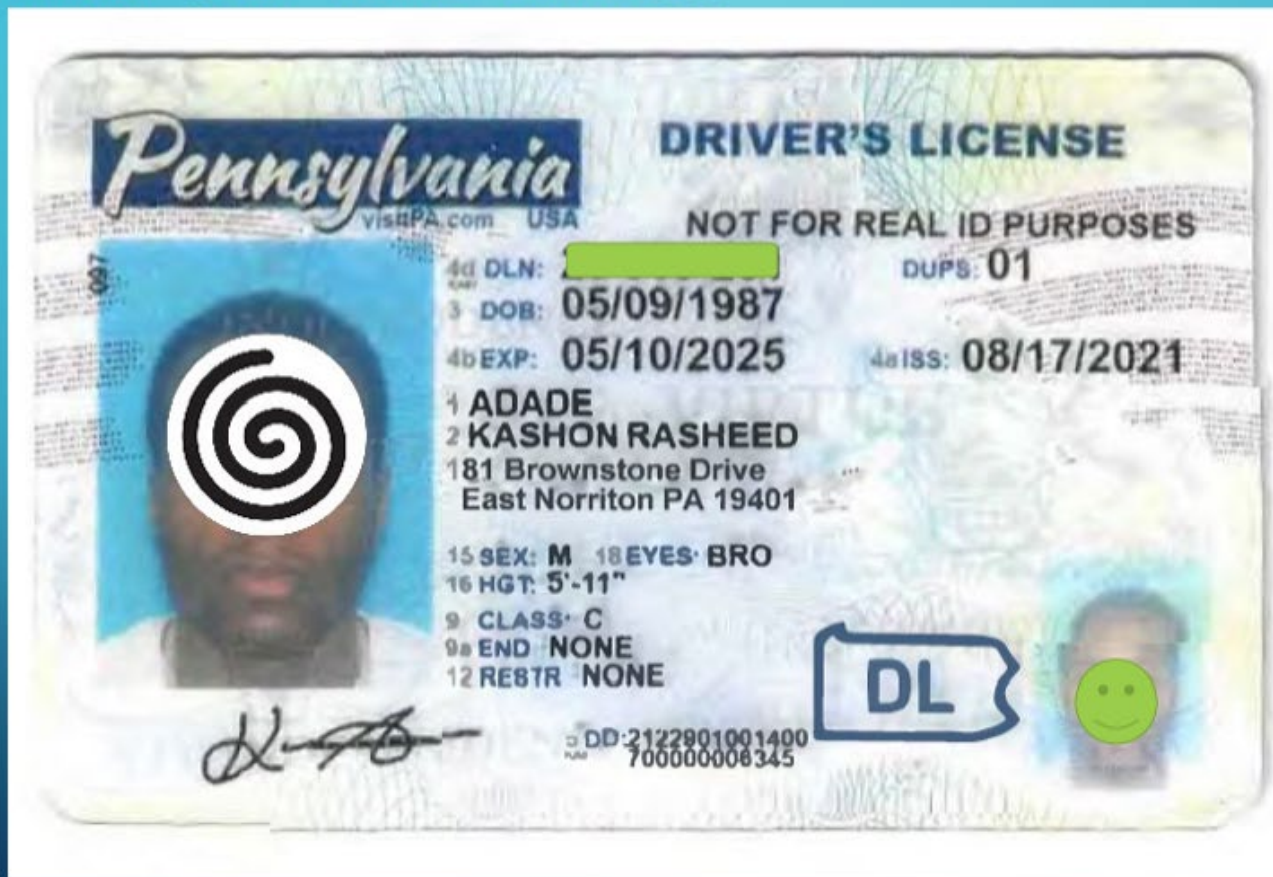
TIPS FOR REVIEWING CLIENT APPLICATION & DOCUMENTATIONS

- Ensure documents do not look ALTERED
- Ensure submitted documents are consistent with information reported on the application, notes, email, texts, or phone



If information is found to be inconsistent, additional follow up & documentation is required to confirm eligibility

WHAT'S A RED FLAG?



WHAT'S A RED FLAG?




YWH: ERUC FRAUD WASTE & ABUSE TRAINING


 An Exelon Company
 Page 1 of 1

Name: JEROME EDWARDS
Account Number: [REDACTED]
Phone Number: 610-809-8896
Service Address: 45 W 2nd St, Pottstown

Emergency and Repair
 800-841-4141
 This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO Equipment.


PECO ELECTRIC DELIVERY



ELECTRIC
\$154.23

TAXES & FEES

PECO GAS DELIVERY



GAS
\$180.10

TAXES & FEES

PECO ELECTRIC SUPPLY

PECO
2301 Market Street
Philadelphia, PA 19103
800-494-4000

PECO GAS SUPPLY

PECO
2301 Market Street
Philadelphia, PA 19103
800-494-4000

Billing Summary

Bill Date	11/15/2021
Thank you for your payment of \$934.10 on 11/12/2021	
Charges from previous bill	\$175.85
Late payment charge	\$7.57
Total Other Charges	\$183.42
Current Period Charges	
Electric	\$154.23
Gas	\$180.10
Total New Charges	\$334.33
Total Amount Due on 12/07/2021	\$517.75

General Information
Next scheduled meter reading: 11/20/2021

1-800-494-4000

If you have any questions or concerns, please call 800-494-4000 before the due date. Si tiene alguna pregunta, favor de llamar al numero 1-800-494-4000 antes de la fecha de vencimiento.

peco.com/service
Customer Self Service - Manage Your Account 24/7
Start, stop and move your service

Online: peco.com
 In Person: 2301 Market St., Philadelphia, PA 19103
 By Phone: 1-800-494-4000

Return only this portion with your check made payable to PECO. Please write your account number on your check.


 An Exelon Company
 2301 Market Street
 Philadelphia, PA 19103-1300
Pay Today!
peco.com/ebill
 Go paperless: receive and pay your bill online.

Email to Automatic Payment. Complete form on reverse side.
 Hedge a donation to NEAF. Complete form on reverse side.
 877-432-9384
 Pay by phone: a convenience fee will apply.
Please pay this amount by 12/07/2021 \$517.75
 Payment Amount \$ [REDACTED]

800001 01 AB 0408 **Auto** TO 0 804 19103-1300P 000-01 P10007-012 4
 JEROME EDWARDS
 127 S RUBY ST
 PHILADELPHIA, PA 19139-1350

PECO - Payment Processing
 PO Box 17629
 Philadelphia, PA 19101-0629

421068108801005177513410517752



WHAT'S A RED FLAG?

ELECTRIC
Philadelphia, PA 19101
800-494-4000

GAS SUPPLY
PECO
2301 Market Street
Philadelphia, PA 19103
800-494-4000

PECO GAS DELIVERY
GAS
Philadelphia, PA 19103
800-494-4000

Thank you for your payment of \$107.21 on 05/19/2021

Charges from previous bill \$235.97

Transfer service 5436 OSAGE AV PHILADELPHIA \$57.48

Total Other Charges \$293.45

Current Period Charges

Electric \$213.59

Gas \$37.82

Total New Charges \$251.41

Total Amount Due on 07/09/2021 \$544.86

General Information
Next scheduled meter reading 07/11/2021

1-800-494-4000
If you have any questions or concerns, please call 800-494-4000 before the due date. Si tiene alguna pregunta, favor de llamar al numero 1-800-494-4000 antes de la fecha de vencimiento.

peco.com/service
Customer Self Service - Manage Your Account 24/7
Start, stop and move your service

Online: peco.com In Person: 2301 Market St., Philadelphia, PA 19103 By Phone: 1-800-494-4000

Return only the portion with your check made payable to PECO. Please write your account number on your check.

Enroll in Automatic Payment. Complete form on reverse side.
 Make a donation to M&M. Complete form on reverse side.

Account # 42108-81088 877-412-0184
Please pay this amount by 07/09/2021 \$544.86
Payment Amount \$

000158 81 6V 3 000 *0470 75 5 8019 13864 00044 -00041 00708 0721 8 75

JEROME EDWARDS
43 W 2ND ST
PHILADELPHIA, PA 19106-5100

PECO - Payment Processing
PO Box 175029

W-9 Request for Taxpayer Identification Number and Certification

Form W-9 (Rev. November 2017)
Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form999 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:

Individual sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (S=C corporation, S-B corporation, P=Partnership) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)

5 Other (see instructions) ▶

6 Address (number, street, and apt. or suite no.) (See instructions.)

7 City, state, and ZIP code

8 Philadelphia Pennsylvania 19143

9 Tax account number(s) here (optional)

10 Reprequester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see [How to get a TIN](#), later.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA (code(s)) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part 6, later.

Sign Here Signature of U.S. person ▶ Date ▶ 12/08/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form999.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 102714 Form W-9 (Rev. 11-2017)



You Found Red Flags, Now What?

Collect Information

1. Request additional information. May include additional documents or clarifications to the application questions.
2. Make additional phone calls or interviews with tenants and/or landlords.
3. Escalate to Supervisor.

Escalate to a Supervisor

Provide:

1. Name and address of the subject(s)
2. Summary of the alleged fraud or abuse citing specific sources
3. Name and address of any individuals with knowledge of the allegations
4. Known or suspected time period when allegations occurred
5. Known or suspected monetary loss



WHEN TO ESCALATE TO GOVERNMENT OFFICIALS

- Report to April McNeal, YWH Homeless Prevention Program Manager(HPPM) if fraud is found or suspected
- If fraud is found or suspected fill out fraud report form return to April, YWH HPPM
 - YWH HPPM will report to county detective
- If founded fraud is over \$100,000 or more a Treasury Report must be submitted by non-profit Supervisor.
- • To file a complaint, you may visit <https://oig.treasury.gov/report-fraud-waste-and-abuse> or click the Report Fraud, Waste, and Abuse to Treasury button below.

Special Guest:

Montgomery County, Detective Jean Morrison
from the
Montgomery County Detective Bureau
Major Crimes Unit



ERAP/ERUC Fraud Reporting

FIELD INVESTIGATION REFERRAL (Confidential Referrals, Tips, LIHWAP and ERAP Only)		BFPP FILE NO. 2 - - - -
SECTION I: REFERRAL INFORMATION – Completed by Manager, Administrator, or OSIG Special Agent (for Tips)		
1. INDIVIDUAL'S NAME (First Name, Middle Initial, Last Name) Tenant Name	2. IMCW NAME (First Name, Middle Initial, Last Name) ERAP Worker Name and County	
3. COUNTY/RECORD NUMBER County Name and ERAP Unique Application Number	4. INDIVIDUAL NUMBER Not Applicable but you could use this for <u>worker</u> phone number/email address	
5. LANGUAGE PREFERENCE – ENTER LANGUAGE NAME (DO NOT ENTER CODE) _____		
6. DOES INDIVIDUAL CLAIM DOMESTIC VIOLENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, AND THE CLIENT IS RECEIVING TANF, WAS THE REFERRAL REVIEWED AND APPROVED BY BOP? YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRAL REVIEWED BY: _____ COMMENTS: ANSWER THIS QUESTION IF THE TENANT IS A DV SURVIVOR		
7. ASSISTANCE PROGRAMS/SERVICES INVOLVING INVESTIGATION	<input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> SA <input type="checkbox"/> MATP <input type="checkbox"/> GA <input type="checkbox"/> LTC	<input type="checkbox"/> LIHWAP <input type="checkbox"/> LIHEAP <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> EMPLOYMENT & TRAINING <input checked="" type="checkbox"/> ERAP <input type="checkbox"/> OTHER _____
		<input type="checkbox"/> SSI Related MA Cat: _____ <input type="checkbox"/> TANF related MA Cat: _____ <input type="checkbox"/> GA related MA Cat: _____ <input type="checkbox"/> MG related MA <input type="checkbox"/> PCO related MA
8. REFERRAL FOR:		
<input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> BENEFITS DELIVERY <input type="checkbox"/> LOCATION OF ABSENT PARENT <input type="checkbox"/> TIP	<input type="checkbox"/> EMPLOYMENT & TRAINING <input type="checkbox"/> CHILD CARE PROVIDER <input type="checkbox"/> HEALTH CARE PROVIDER <input type="checkbox"/> DRUG & ALCOHOL CENTER	<input type="checkbox"/> SHELTER/TREATMENT CENTER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> SA GENERATED REFERRAL <input type="checkbox"/> OTHER _____
SECTION II: REASON(S) FOR REFERRAL (Explain) - Completed by Manager, Administrator, or OSIG Special Agent (for Tips)		

Commonwealth Reporting

SECTION II: REASON(S) FOR REFERRAL (Explain) - Completed by Manager, Administrator, or OSIG Special Agent (for Tips)

Provide county name and point of contact info for County ERAP worker.

Provide details on items to be investigated.

Provide details on items that are red flags. may include but not limited to:

Tenant occupying property

Landlord owning property

Rental property location

Tenant/landlord relationship

Rent amount

Utility amount

Landlord address

Tenant or Landlord Identity

Mutiple applications using same email address but different names

Etc.

SIGNATURE & DATE

REFERRAL DATE TO OSIG

Commonwealth Reporting

SECTION III: INVESTIGATIVE FINDINGS – Completed by OSIG Special Agent		BFPF FILE NO. 2 - - -
1. DATE RECEIVED [REDACTED]	2. SPECIAL AGENT NAME (First Name, Middle Initial, Last Name) [REDACTED]	3. DATE RETURNED [REDACTED]
4. INVESTIGATIVE FINDINGS (USE CONTINUATION PAGE, IF NECESSARY) [REDACTED]		
[REDACTED] SPECIAL AGENT SIGNATURE		[REDACTED] DATE
SECTION IV: RESULT OF INVESTIGATION - Completed by Manager, Administrator, or IMCW (for Tips) NOTE: Please return this completed and signed form to the OSIG within 30 days.		
ACTION TAKEN (CHECK BOX THAT APPLIES)	*AUTHORIZED WITH REDUCED BENEFITS	
	GRANT BENEFIT REDUCED	

Commonwealth Reporting

SPECIAL AGENT SIGNATURE	DATE																																												
SECTION IV: RESULT OF INVESTIGATION - Completed by Manager, Administrator, or IMCW (for Tips)																																													
NOTE: Please return this completed and signed form to the OSIG within 30 days.																																													
ACTION TAKEN (CHECK BOX THAT APPLIES) <input type="checkbox"/> 61. NO REDUCTION IN BENEFITS. <input type="checkbox"/> 62. DENIED/CASE CLOSED. <input type="checkbox"/> 63. VOLUNTARY WITHDRAWAL. <input type="checkbox"/> 64. REDUCED BENEFITS.* <input type="checkbox"/> 65. REJECTED – CAO ACTION.	*AUTHORIZED WITH REDUCED BENEFITS <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;">FROM</th> <th style="width: 10%; text-align: center;">to</th> <th style="width: 15%; text-align: center;">TO</th> </tr> </thead> <tbody> <tr> <td>Cash:</td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> <td></td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>Child Care:</td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> <td></td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>SNAP:</td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> <td></td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>LTC:</td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> <td></td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>Special Allowance:</td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> <td></td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>LIHEAP:</td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> <td></td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>LIHWAP:</td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> <td></td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>ERAP:</td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> <td></td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>MATP:</td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> <td></td> <td style="text-align: center;">\$ <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>MA:</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td style="text-align: center;">Persons to</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/> Persons</td> </tr> </tbody> </table>		FROM	to	TO	Cash:	\$ <input style="width: 40px;" type="text"/>		\$ <input style="width: 40px;" type="text"/>	Child Care:	\$ <input style="width: 40px;" type="text"/>		\$ <input style="width: 40px;" type="text"/>	SNAP:	\$ <input style="width: 40px;" type="text"/>		\$ <input style="width: 40px;" type="text"/>	LTC:	\$ <input style="width: 40px;" type="text"/>		\$ <input style="width: 40px;" type="text"/>	Special Allowance:	\$ <input style="width: 40px;" type="text"/>		\$ <input style="width: 40px;" type="text"/>	LIHEAP:	\$ <input style="width: 40px;" type="text"/>		\$ <input style="width: 40px;" type="text"/>	LIHWAP:	\$ <input style="width: 40px;" type="text"/>		\$ <input style="width: 40px;" type="text"/>	ERAP:	\$ <input style="width: 40px;" type="text"/>		\$ <input style="width: 40px;" type="text"/>	MATP:	\$ <input style="width: 40px;" type="text"/>		\$ <input style="width: 40px;" type="text"/>	MA:	<input style="width: 40px;" type="text"/>	Persons to	<input style="width: 40px;" type="text"/> Persons
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