**Housing and Urban Development-VA Supportive Housing (HUD-VASH) Referral Packet for Supportive Services for Veteran Families (SSVF) Temporary Financial Assistance (TFA)**

**Please select the SSVF service(s) requested *(check all that apply):***

[ ]  Traditional one-time TFA request

[ ]  Incentive TFA request

[ ]  Data Elements to Support Housing Navigation Enrollment

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# Purpose of the Packet

The Supportive Services for Veteran Families (SSVF) program provides supportive services and financial assistance to very low-income Veterans and their families who are literally homeless or at risk of becoming literally homeless. The purpose of the Housing and Urban Development-VA Supportive Housing (HUD-VASH) referral packet (“the packet”) is to reduce the burden to Veterans in collecting duplicate information during program intakes in situations where SSVF will only provide temporary financial assistance (TFA) to assist HUD-VASH Veterans in obtaining housing or where a Veteran is being co-enrolled for other purposes and SSVF needs certain data elements to enroll the Veteran.

Generally, the packet cannot be solely used for supportive services that would require ongoing SSVF supportive services. Veterans being co-enrolled for other services must engage directly with the SSVF grantee, but the packet may be used for basic information gathering. HUD-VASH staff must use the packet when seeking one-time TFA for literally homeless Veteran households who would remain homeless "but for" SSVF assistance. Eligible TFA includes Security Deposits and Utility Deposits; additional types of TFA, including Rental Assistance may be requested and provided on a case-by-case basis. Landlord and tenant incentives may be requested as appropriate. However, the Packet should not be seen as a replacement for local coordination and communication practices that will be a key element of the referral process and the local distribution of resources. SSVF and HUD-VASH are expected to coordinate the types, frequency and amounts of prioritized referrals for SSVF TFA. The packet does not apply to Homelessness Prevention Assistance.

# Using the Packet for SSVF Incentives and Housing Navigation Services

Grantees may use the packet to support referrals of Veterans from HUD-VASH for landlord and tenant incentives. The purpose of adding this to the referral packet is to reduce the overall burden on Veterans and SSVF providers in the enrollment process prior to providing assistance.

In some cases, the packet may be used for basic enrollment data for co-enrolled Veterans receiving housing navigation services through SSVF (FY22 Supplemental Award Communities only).

**The Packet should not be seen as a replacement for local coordination and communication practices that support effective use of these new services.**

## Eligibility for SSVF Assistance

Prior to referral, HUD-VASH should explore other possible resources, including resources the Veteran household currently has, and should only refer in circumstances where the household will remain literally homeless "but for" SSVF TFA. The referral from HUD-VASH staff to SSVF grantees must be made **prior** to a lease being signed.

**To receive SSVF TFA, Veteran households in HUD-VASH must be:**

1. Homeless, meaning: A household lives in a place not meant for human habitation, safe haven, transitional housing, or in an emergency shelter.
2. Have a household income that does not exceed80 percent of the local Area Medium Income (AMI), [Current AMI Limits can be found here](http://www.huduser.org/portal/datasets/il.html).

## Process for HUD-VASH Referrals to SSVF

As the Veteran is in the housing search process, the HUD-VASH team should be preparing to submit the full packet. The packet must be submitted prior to the Veteran household signing a lease for the unit.

## Documentation Submissions and Expectations

1. HUD-VASH staff will provide a completed packet including the landlord W-9 Form, Homeless Management Information System (HMIS) Release of Information, and SSVF Release of Information (if required to talk to vendor on Veteran’s behalf).
2. If the packet is incomplete, the **referral will be placed on hold and priority will be given to completed** packets. This delay may result in funding not being available.
3. Once the full packet, including all supporting documentation, is submitted:
	1. The SSVF grantee will notify the HUD-VASH staff of receipt of the packet within one business day.
	2. The SSVF grantee will review the packet and notify the HUD-VASH staff within two business days if any corrections or additional documentation is needed.
	3. The HUD-VASH staff will provide the missing documentation to the SSVF grantee within two business days of notification, or the incomplete packet will be placed on hold.
	4. Proof of income does **not** need to be submitted with the packet.
	5. Proof of Veteran status does **not** need to be submitted with the packet.
	6. Housing Quality Standards (HQS) inspection documentation does **not** need to be submitted with the packet.

## Check Requests

Once all documentation is in place, a check request may be made based on the process described below.

The Intent to Rent Form included with the packet will be used by SSVF to process the TFA check. Landlords or their agents may substitute their own Intent to Rent Form if it includes all required elements.

Letters guaranteeing payment can be provided by SSVF to the landlord if needed.

Once a check is requested and the lease is signed, the SSVF grantee will provide the check to the landlord or landlord agent. SSVF providers should coordinate providing payment to the landlord at lease signing if possible or within five working days.

Please note: **the Intent to Rent Form is used to initiate the check request; however, checks cannot be delivered until a signed lease is in place.**

## Types of Eligible Assistance

Note: these services should be one-time events and this packet must be completed to access the funds. Not all grantees have the capacity to provide these resources. Check with grantees to see what, if any, services are available.

**Standard TFA**

1. Security Deposits, not to exceed the value of two months' rent.
2. Rental Assistance when necessary to allow Veteran to obtain a unit when there are delays in PHA inspections or processing times.
3. Reasonable broker and application fees for the unit acquired.
4. Utility Deposits.
5. General Housing Stability Assistance (GHSA), such as bed linens, mattress, and kitchen utensils, if available through the grantee
6. Additional types of one-time TFA (Childcare, Transportation, and Emergency Housing Assistance) can be considered on a case-by-case basis. (Note that SSVF is able to help address barriers to housing that may involve any family member, but prior to referring a Veteran household to SSVF for TFA only, it is important to assess whether additional services may be needed to support a family’s ability to successfully maintain their housing placement.)

**Additional Assistance Available**

1. When necessary to ensure lease up, landlord incentives up to two months rent (for new leases of at least one year) can be provided. Not all grantees have the capacity to provide these resources. Check with grantees to see what, if any, services are available.
2. Up to $1,000 supplemental assistance for Veteran households who obtains a lease of not less than one year, to cover miscellaneous move-in expenses. Not all grantees have the capacity to provide these resources. Check with grantees to see what, if any, services are available.
3. Housing Navigation services (must be fully coordinated across programs and requires co-enrollment during the service period). Services Specific to Select VAMC Catchment Areas Only (Please check award list below if you are unsure if your VAMC has housing navigation services from SSVF FY22\_SSVF\_Supplemental\_NOFA\_Awards\_Announcement.pdf (va.gov)).

# Basic Eligibility Verification Form

HUD-VASH staff must use this form to confirm basic eligibility of a HUD-VASH Veteran for SSVF assistance.

[ ]  Yes, this individual is a Veteran eligible for SSVF assistance and has a discharge status that is not Dishonorable or Bad Conduct by general court martial.

[ ]  Yes, this Veteran is currently homeless household and lives in a place not meant for human habitation, safe haven, transitional housing, or in an emergency shelter.

[ ]  Yes, this Veteran household has an annual income not exceeding 80 percent of AMI, or lower, locally established AMI, as documented in the Referral Form and income verification. [Current AMI Limits can be found here](http://www.huduser.org/portal/datasets/il.html).

[ ]  Yes, this Veteran household will remain literally homeless "but for" SSVF TFA assistance and other options and resources have been fully explored.

Where is Veteran currently residing?

[ ]  Housing owned by Veteran (**NOT eligible, do not submit packet**)

[ ]  Housing rented by Veteran (**NOT eligible, do not submit packet**)

[ ]  Staying or living with family or friend (**NOT eligible, do not submit packet**)

[ ]  Hotel or motel not paid by charitable organizations or by Federal, State, or local government (**NOT eligible, do not submit packet**)

[ ]  Transitional housing program (eligible)

[ ]  Residential treatment program (Only eligible if in less than 90 days and homeless prior to entry)

[ ]  Hospital (Only eligible if hospitalized less than 90 days and homeless prior to entry)

[ ]  Prison, jail (Only eligible if in less than 90 days and homeless prior to entry)

[ ]  Hotel or motel paid by charitable organizations or by Federal, State, or local
 government (Eligible)

[ ]  Emergency shelter (Eligible)

[ ]  Place not meant for habitation (outdoors, automobile, truck, boat) (Eligible)

[ ]  Fleeing or attempting to flee a domestic violence situation (Eligible)

[ ]  Other

# Documentation Checklist

***This document MUST be submitted along with all supporting documentation to the SSVF grantee.***

Veteran Name (head of household):

SSN:

Other Family Member Names:

**Participant Information**

*Check or Write N/A for item not applicable to specific Veteran request.*

[ ]  SSVF Basic Eligibility Form (included in the packet)

[ ]  SSVF HUD-VASH Referral Form (included in the packet)

[ ]  SSVF Temporary Financial Assistance Request Form (included in the packet)

[ ]  SSVF Client Participation Agreement (included in packet)

[ ]  HMIS Release of Information (Form not included in packet - provided by SSVF)

[ ]  Homeless Operations Management and Evaluation System (HOMES) Assessment (Form not included in packet - provided by VA)

**Landlord Documentation for Security Deposits, Incentives and Rental Assistance**

[ ]  Intent to Rent Form
[ ]  W-9 Form (not included in packet, online download [found here](https://www.irs.gov/pub/irs-pdf/fw9.pdf))

**Documentation Required for Utility Deposit Assistance and Arrearages**

**(Not all SSVF grantees provide Utility Assistance)**

[ ]  Copy of utility bill stating security deposit charges

[ ]  Other supporting documentation (invoice, documentation from utility company)

**Other TFA Documentation (if applicable)**

[ ]  Documentation of any broker or application fees

[ ]  Documentation details of required GHSA

[ ]  Justification of any incentive requests (see page 12)

Please explain any missing documentation and current efforts to secure that documentation, including anticipated timing. This information will help the SSVF grantee plan for check requests and process related to this unit.

# Supportive Services for Veteran Families (SSVF) Referral Form

|  |  |
| --- | --- |
| Date:      | Referred By (HUD-VASH Staff):      |
| Move in Date on Lease if known:      |  Referring VAMC or CBOC:       |
|  City, County where HUD-VASH Unit is Located:       | Staff Phone and Email:       |
| Amount of Financial Assistance Requested, if known:      |  Alternate Staff Name and Email:       |

**Veteran Information**

|  |
| --- |
| Name: Phone: Email:                  |
|  Discharge Status: Last Permanent Address:              |

**Household Composition**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name (First, Middle, Last)** | **Relation to Veteran** | **SSN** | **Vet?****(Y/N)** | **Gender** | **Race/ Ethnicity** | **Disabling****Condition (Y/N)** | **Date of Birth** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |

**Education**

*Last grade completed for any adults in the household* ***excluding*** *the head of household Veteran*

Name:       Last Grade Completed: Click or tap here to enter text.

Name:       Last Grade Completed:

**Financial Information**

Previously applied for and/or received SSVF assistance? [x]  Yes [ ]  No

*If yes, approximate date:* Click or tap here to enter text.

Currently employed? [ ]  Yes [ ]  No

*Complete for adults only, including the Veteran*

|  |
| --- |
| **Monthly Income for Veteran Household (Adults Only)** |
| Who:       Source:       | Amount: $      |
| Who:       Source:       | Amount: $      |
| Who:       Source:      | Amount: $      |
| Who:       Source:       | Amount: $      |
| Total Monthly Income:       Total Annual Income:       |

|  |
| --- |
| ***Non-Cash Benefits Received for all Adult Non-Veteran Household Members*** |
| **Non-Cash Benefits Received** | **Name of Adult Non-Veteran Receiving Benefit** |
| Supplemental Nutrition Assistance Program (SNAP) |       |
| Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |       |
| TANF Child Care Services |       |
| TANF Transportation services |       |
| Other TANF-funded services |       |
| Section 8 ongoing rental assistance |       |
| Other source of ongoing rental assistance |       |
| Temporary rental assistance |       |

# Temporary Financial Assistance Request Form

Supporting documentation, including invoices for utility deposits, broker’s fees, etc., should be included with the packet.

**Housing Unit Assistance**

 [ ]  *Security Deposit* total amount requesting $

 [ ]  *Rental Assistance* total amount requesting $

 [ ]  *Broker’s Fee* total amount requesting $

 [ ]  *Application* *Fee* Total amount requesting $

**Utility Deposit Assistance**

[ ]  *Electric* total amount requesting $

[ ]  *Gas*total amount requesting $

[ ]  *Water*total amount requesting $

[ ]  *Internet* total amount requesting $

**General Housing Stability Assistance Needs** (Call ahead to inquire about agency availability.)

**Furnishings/Basics Needs**

*Basic Household Goods* (please specify):       Amount:

*Other* (please specify):       Amount:

*Mattress:* Queen Quantity/cost:       Full Quantity/cost:      Twin Quantity/cost:

**Other TFA Requested** (Please call ahead to inquire about availability):

**Total SSVF Temporary Financial Assistance Requested for Household*: $***

**HUD-VASH Staff Name**

**\*HUD-VASH Staff Signature**

**Date of Form Completion**

\*Electronic signatures can be accepted.

# SSVF Client Participation Agreement

**I,**       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **am applying for temporary benefits available through the Supportive Services for Veteran Families (“SSVF”) program. My signature below confirms the following:**

1. My participation in the SSVF Program is voluntary for me and my household.
2. I understand that I am not automatically entitled to assistance. My eligibility for SSVF benefits depends on the availability of resources and the needs of other Veterans served through the program.
3. I understand that SSVF-funded programs provide temporary (short-term) assistance only and that the amount of any benefits awarded is governed by Department of Veteran Affairs (VA) regulations and dependent on my situation. I further understand that no permanent assistance is available from any SSVF Program.
4. I understand that I have the following obligations:
* To provide complete and accurate information to the SSVF program to the best of my knowledge. I have a continuing obligation to promptly supplement, complete, or correct such information
* To behave appropriately towards SSVF staff (threats of violence, inappropriate language, or comments, etc. will not be tolerated.)

I understand that failure to meet these obligations could also result in my loss of benefits. I may be disqualified from the SSVF Program and may be required to return funds that have been paid to others on my behalf.

1. I have the right to obtain from the SSVF case manager a copy of my file concerning my application for SSVF benefits. Additionally, I understand that I have the right to seek legal counsel (however, at no expense to the SSVF agency) and to have my legal counsel present at any meetings regarding this matter.

Veteran Signature (verbal consent is accepted if signature cannot be obtained due to mandatory shelter in place or similar orders):

Date:

# Landlord Intent to Rent Agreement

Landlords or landlord agents may substitute their own Intent to Rent form if all elements below are included.

The tenant, (Name of Tenant)       intends to rent property located at: (address of HUD-VASH assisted unit). The total monthly unit rent for the unit is      . The landlord (Name of Landlord)       hereby enters into an agreement prior to the lease that will commence on the following date       and agrees that the security deposit for the amount of $     , will be paid within 5-7 days of lease signing and tenant occupying the above property.

**PAYMENT TERMS: (SSVF Provider Name)**

agrees to make payment within five to seven business days from the date of receiving a signed lease agreement.

All SSVF financial assistance payments checks should be mailed to:

(Payee name must match the W-9 Online download [found here](https://www.irs.gov/pub/irs-pdf/fw9.pdf)).

Payee Name:

Address:      City:       Zip:

Phone:

(SSVF Provider)      appreciates your partnership in assisting Veterans and their families and looks forward to continued collaboration.

\*Landlord signature Date

\*Tenant signature Date

\*Verbal consent in lieu of signature is acceptable if a shelter in place or similar order is in effect.

# Referral For Landlord and Tenant Incentives

***Note: this page of the SSVF packet should only be used to request landlord and/or tenant incentives from SSVF providers where resources are available. Any request/referral should follow established local guidance.***

**Landlord Incentive Request:**

 [ ]  *Landlord Incentive requested, identify primary reason for incentive.*

 [ ]  Sex Offender status

 [ ]  Other criminal history

 [ ]  Eviction history

 [ ]  New landlord engagement

 [ ]  Tight rental market

 [ ] Other: please describe*:*

Rent Amount $      Total amount requested $      (Maximum assistance is two months’ rent)

If requesting landlord incentives, please complete the landlord intent to rent information on page 11.

**Tenant Incentive Request:**

[ ]  *Tenant Incentive: Describe need and anticipated purchases (please provide additional pages or information for actual purchase links or products for SSVF to consider):*

Examples of allowable incentives

* Furniture (Bed, Sofa, Dresser, Coffee Table, etc.)
* Electronic Equipment (Computer, Television, Laptop, electronic reading device etc.)
* Recreational items such as bikes, sports, or exercise equipment
* Educational items such as books or items needed for Veteran household
* Hobby materials such as crafts and games

**Estimated Cost:** $      (Maximum assistance amount is $1,000)

**I certify that I have reviewed this request and find it reasonable, necessary and in alignment with local expectation for HUD-VASH referrals for landlord and tenant assistance.**

**HUD-VASH Supervisor Name**

**HUD-VASH Supervisor Signature**