

HOPWA Program Agreement

Form D

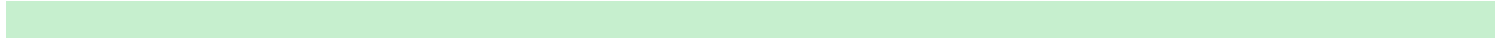
Must be completed before initial eligibility certifications & annual eligibility recertifications.

The goals of the HOPWA Program are to help low-income persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services.

APH authorizes the following services, funded by grants from the U.S. Department of Housing and Urban Development (HUD):

- Tenant-Based Rental Assistance
- Short-Term Supportive Housing
- Permanent Housing Placement
- Short-Term Rent, Mortgage, and Utility
- Transitional Supportive Housing
- Housing Case Management

Client Name and/or ID Number: _____
Housing Case Manager Name: _____



- At least one of your household members must be living with HIV.
- Your household annual gross income cannot exceed 80% of area median income per your county of residence.
- Your household must reside in the Project Sponsor’s HIV Service Delivery Area.

Additional Service Requirements

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| <ul style="list-style-type: none"> • To receive Tenant-Based Rental Assistance (TBRA) services <ul style="list-style-type: none"> o Your household can be housed or homeless; o Your gross rent must be at or below the lower of the rent standard or the reasonable rent; o At least one of your household members must be named on the current lease or utility bill; and o Your current lease must include a Violence Against Women Act (VAWA) Lease Addendum. • To receive Short-Term Rent, Mortgage, or Utility (STRMU) services <ul style="list-style-type: none"> o Your household must already be housed; o Your household must provide proof of a recent short-term emergency event that jeopardizes your housing stability; o At least one of your household members must be named on the current lease, mortgage, or utility bill; and o Your household can receive only 21 weeks of assistance in a 52-week period (local Caps may apply). • To receive Short-Term Supportive Housing (STSH) services <ul style="list-style-type: none"> o Your household must be homeless; o Your household can receive only 60 days of facility-based assistance in a six-month period (local Caps may apply). | <ul style="list-style-type: none"> • To receive Transitional Supportive Housing (TSH) services <ul style="list-style-type: none"> o Your household must be homeless/at risk of homelessness; o Your gross rent must be at or below the lower of the rent standard or the reasonable rent; o At least one of your household members must be named on the current lease or utility bill; o Your current lease must include a Violence Against Women Act (VAWA) Lease Addendum; and o Your household can receive only 24 months of facility-based assistance (local Caps may apply). • To receive Permanent Housing Placement (PHP) services <ul style="list-style-type: none"> o Your household can be housed or homeless; o Your household must locate housing; and o At least one of your household members must be named on the PHP Intent to Lease Worksheet for initial move-in costs. • To receive any form of housing assistance services <ul style="list-style-type: none"> o You must provide demographic data for your household; o Your housing must meet all Housing Quality Standards; and o The Project Sponsor must obtain the owner’s Internal Revenue Service Form W-9 before a check is issued for rent. |
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Rights	Responsibilities
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| <ul style="list-style-type: none"> • To receive services in a non-discriminatory manner without regard to race; color; religion; sex; national origin; disability; familial status; actual or perceived sexual orientation, gender | <ul style="list-style-type: none"> • Provide true and complete eligibility information and engage in honest and regular communication with your case manager. • Report changes in income, residency, or household composition to |
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- identity, or marital status; or whether you are a survivor of domestic violence, dating violence, sexual assault, or stalking.
- To have your records and communications kept confidential.
- To be informed of the terms and expectations of your housing and any consequences for refusing to comply with them.
- To be informed of Project Sponsor policies and procedures and any consequences for refusing to comply with them.
- To use Project Sponsor grievance procedures and/or file a [fair housing complaint](#) with HUD if your rights have been violated.
- your case manager immediately.
- Heed the terms of your lease and pay housing costs on time.
- Maintain the safety and sanitation of your housing.
- Apply for a Housing Choice Voucher and other affordable housing programs, renew applications as required, and accept assistance as offered if you receive rental assistance.
- Collaborate with your case manager to develop and comply with a comprehensive housing plan to achieve permanent sustainable housing and adhere to medical care.

Participation Acknowledgement

I have read and understand the HOPWA Program Agreement. I understand that HOPWA is a voluntary program and that my household must meet basic eligibility requirements to be considered for enrollment. I understand that financial assistance may vary from one household to another. I understand that services are needs-based and depend on funding availability, agency capacity, and adherence to my housing plan. To gain housing stability, I agree to consider ways of increasing income and decreasing non-essential expenses. I understand that non-compliance with the Responsibilities listed above may result in termination of services.

I received the provider's termination and grievance policies or I know the location of these policies. If yes, client initials: _____

Client Signature: _____

Date: _____