

Section 811 Project Rental Assistance Program

2022

Contact Information

<p>Physical Address: TDHCA 221 East 11th Street Austin, Texas 78701</p>	<p>Mailing Address: TDHCA PO Box 13941 Austin, Texas 78711-3941</p>
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Website: www.tdhca.state.tx.us

Module 1

Section 811 Project Rental Assistance Program Overview

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Background

Section 811 Project Rental Assistance (PRA) Program

Authorized by the
Frank Melville
Supportive Housing
Investment Act of
2010

New option for the
Section 811
Supportive Housing
for Persons with
Disabilities Program

First awarded
through a
demonstration
program in 2012

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Overview

Section 811 Project Rental Assistance (PRA) Program

<p>Provides project-based rental assistance for extremely low-income persons with disabilities with optional long term services</p>	<p>Creates the opportunity for persons with disabilities to live independently</p>	<p>Made possible through a partnership between the Texas Department of Housing and Community Affairs (TDHCA), the Texas Health and Human Services Commission (HHSC), and the Department of Family and Protective Services (DFPS)</p>	<p>The partnership makes integrated affordable housing possible with support services for persons with disabilities</p>
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Overview

Target Populations

<p>People with disabilities living in institutions</p>	<p>People with disabilities exiting, or having exited, an Intermediate Care Facility (ICF) or Nursing Facility</p>	<p>People with serious mental illness</p>	<p>Youth and young adults with disabilities exiting foster care</p>
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Overview

Who is eligible within the Target Populations?

Extremely low-income households whose incomes are the greater of the Federal Poverty Level or the 30% income limits calculated by HUD	Each eligible household must have a qualified member of the Target Population at least 18 years of age and under the age of 62	Disabled household member must be eligible for services and a member of one of the program's Target Populations	Individuals must be referred to the program by a Qualified Referral Agent
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Overview

Service Providers play a critical role in the Section 811 Program. There are two main objectives that Service Providers do in the Section 811 Program:

- 1. Referral Agents are responsible for conducting or coordinating all pre-tenancy activities, i.e., those activities that take place before a tenant moves into their new home.**
- 2. Section 811 Service Coordinators are responsible for administering services to individuals participating in the program once they have moved into a Section 811 unit.**

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Overview

Who are the Referral Agents and Service Coordinators?

Managed Care Organization (MCO)

- Residents in nursing facilities
- Persons with serious mental illnesses

Local Intellectual and Developmental Disability Authority (LIDDA)

- Residents in intermediate care facility for individuals with an intellectual disability or related condition

Local Mental Health Authority or Local Behavioral Authority

- Persons with serious mental illnesses

Texas Department of Family and Protective Services (DFPS)

- Youth or young adults aging out of foster care

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Overview

Referral Agents conduct outreach to Target Populations and make referrals to TDHCA for the development of the participant's choice

TDHCA as the Point-of-Contact (POC) verifies that all documentation has been gathered and refers the participant to the development when there is a vacancy

Owner conducts tenant screening, verifies income eligibility and executes HUD Model Lease with the participant

TDHCA provides rental assistance payments on behalf of the Section 811 PRA tenant

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Module 2

Getting Started

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Current Statistics for the 811 Program

Currently, the Section 811 program has

- **632 households housed,**
- **with an average tenant portion of rent of \$161,**
- **the 1st RAC was effective May 1, 2016, and**
- **the 1st tenant moved in September 22, 2016 and is still housed!**

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The Participation Agreement (PA)

- The PA is the contractual agreement between the Department and the Owner
- The PA commits a development to participate in the Section 811 PRA program
- Outlines number of committed units
- Contract term for a 30-year period
- Creates the obligation to provide a notice to TDHCA of vacancies
- Creates the obligation to meet HUD requirements

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
www.tdhca.texas.gov

**SECTION 811 PROJECT RENTAL ASSISTANCE PROGRAM
OWNER PARTICIPATION AGREEMENT**

This Section 811 Project Rental Assistance Program Owner Participation Agreement (the "Agreement") is entered into on this _____ day of _____, 20____, by and between _____, ("Owner") and the Texas Department of Housing and Community Affairs, a public and official agency of the State of Texas ("TDHCA") (collectively, the "Parties") for participation in the TDHCA Section 811 Project Rental Assistance ("PRA") Program with regards to housing units on that certain multifamily rental housing properties consisting of a total of _____ units known as _____ ("Eligible Multifamily Property") situated on real property located in the City of _____, County of _____, State of Texas.

The Parties enter into this Agreement in conjunction with the commitments made by the applicants of the following TDHCA Multifamily Housing Direct Loan Program Application(s) that were successfully awarded Direct Loan funds and/or a Competitive Housing Tax Credits ("HTC") to satisfy the requirements of 10 TAC §11.9 (c) (6) or 10 TAC §13.6(6) utilizing the Eligible Multifamily Property as the approved development to provide Section 811 PRA Program units:

Application Number	Program: Direct Loan Funds or Competitive HTC	Proposed Development Name	Number of Section 811 PRA Program Units
Total Section 811 PRA Program Units			

Each applicant for each application referenced above must provide the minimum number of Section 811 PRA Program units for each of their respective developments. The minimum number of Section 811 PRA Program units is generally 10 (ten) and is further specified in the Qualified Allocation Plan. However, the minimum number can be affected by the Integrated Housing Rule in 10 TAC 1.15 and one of the following depending upon the cycle year: 10 TAC §10.2014(16) for the 2017 cycle or 10 TAC §11.9(c)(6) for the 2018 HTC and 10 TAC §13.6(6) for 2018 multifamily direct loans.

The Rental Assistance Contract (RAC)

- 20-Year Term
- Structured into two parts

Exhibit 8 of the Cooperative Agreement
Part I of this
Rental Assistance Contract
Section 811 Project Rental Assistance (PRA Demo) Demonstration

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0002 (exp. 02/28/2017)

PRA Demo Project Number: _____ 811 PRA Demo Contract Number: _____ PRA Project Number (if applicable): _____

This Rental Assistance Contract (RAC) is entered into by and between _____ (Grantor), and _____ (Owner Legal Name) for rental assisted units at _____ (Project Name).

1.1. Significant Dates and Other Items: Contents and Scope of Contract.

(a) **Effective Date of Contract:** _____

(b) **Fiscal Year:** The ending date of each Fiscal Year shall be _____ (Insert March 31, June 30, September 30, or December 31, as approved by HUD). The Fiscal Year for the project shall be the 12-month period ending on this date. However, the first Fiscal Year for the project is the period beginning with the effective date of the Contract and ending on the last day of the Fiscal Year which is not less than 12 months after the effective date. If the first Fiscal Year exceeds 12 months, the maximum total annual rental assistance payment in section 1.1(c) will be adjusted by the addition of the pro rata amount applicable to the period of operation in excess of 12 months.

(c) **Maximum Annual Contract Commitment:** The maximum annual amount of the commitment for Rental Assistance Payments under this Contract, as identified in Exhibit 1.

(d) **Project Address/Description:** Include the projects street address, city, county, state and zip code, block and lot number (if known), and any other information necessary to clearly designate the covered project.

(e) **Statement of Services, Maintenance and Utilities Provided by the Owner:**

(1) Services and Maintenance:

(2) Equipment:

Page 1 of 10
Form HUD-60225-PRA (02/2014)

The Rental Assistance Contract (RAC)

Part One

- Number of 811 Units
- Bedroom Sizes
- Maximum Annual Contract Amount
- Contract Rent, Utility Allowances and Gross Rent
- Affirmative Fair Housing Marketing Plan
- Extended Use Agreement
- HUD Model Lease
- Program Guidelines

The Rental Assistance Contract (RAC)

Part Two

- Owner/Property Manager Responsibilities
- Rental Assistance Payments
- Utility Allowances
- Vacancy Payments
- Rent Adjustments
- Termination of Tenancy

Extended Use Agreement

30-Year Term

Recorded with the county records in which the development is located

Executed with the RAC

OMB Approval No. 2502-0608
(exp. 10/28/2017)

Exhibit 10 of the Cooperative Agreement

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information collection is necessary to ensure that viable projects are developed. It is important to obtain information from applicants to assist HUD in determining if nonprofit organizations actually funded continue to have the financial and administrative capacity needed to develop a project and that the project design meets the needs of the residents. The Department will use this information to determine if the project meets statutory requirements with respect to the development and operation of the project, as well as ensuring the continued marketability of the project. This information is required in order to obtain benefits. This information is considered non-sensitive and an assurance of confidentiality is provided.

USE AGREEMENT
For Projects Assisted Under the Section 811 Project Rental Assistance Demonstration Program

This Agreement entered into this ____ day of _____, 20__ by and between _____ (herein called "Owner") and the _____ (herein called "Grantee").

Witnessed:

WHEREAS, HUD is directed, pursuant to Section 811 of the Cranston-Gonzalez National Affordable Housing Act (NAHA), as amended by the Frank Melville Supportive Housing Investment Act of 2010, Public Law 111 - 374, to establish the Section 811 Project Rental Assistance Demonstration Program ("PRA Demo") to provide rental assistance to persons with disabilities at eligible multifamily projects; and

WHEREAS, in consideration of the Grantee promise to provide HUD funding to Owner, for the property known as _____ located in _____ (City, State), more particularly described in the RAC or in a separate development legal description attached as an Exhibit to the Use Agreement, in accordance with HUD requirements related to the PRA Demo, or any successor program, Owner agrees to implement this Use Agreement.

NOW THEREFORE, the parties agree as follows:

Owner, for itself, its successors and assigns, covenants with the Grantee that the Owner will operate a predetermined number of Assisted Units in the Owner's project in accordance with the Section 811 Project Rental Assistance Demonstration Program, Rental Assistance Contract (RAC), HUD PRA Demo requirements, including but not limited to any applicable HUD regulatory, administrative, and contractual requirements, for not less than the thirty (30) years from the date of the Use Agreement. Accordingly, this Use Agreement shall remain in effect until _____ [insert]

1 form HUD-92238-PRA (03/2014)

Special Claims for Vacancy: During Lease-Up

Available for each assisted unit that is not leased as of the effective date of the Rental Assistance Contract (RAC)

Payment not to exceed 80% of the contract rent for up to 60 days of vacancy

Owner MUST

- Make attempts to fill the vacancy
- Not reject any eligible applicant except for good cause

Special Claims for Vacancy: After Lease-Up

Payment not to exceed 80% of the contract rent for up to 60 days of vacancy

Certify that the vacancy was not caused by the owner violating the lease, the RAC or any applicable law

Owner MUST

- Notify TDHCA of the vacancy
- Make attempts to fill the vacancy
- Not reject any eligible applicant except for good cause

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Pause at Zero Tenants Notification

In between the Participation Agreement and execution of the RAC, some developments may have received a “Pause at Zero Tenants Notification” from the Department.

- At the issuance of this notification there were no Section 811 tenants housed and no expectation of housing any Section 811 tenants.
- This notification does not mean that the property is **OUT** of the Section 811 program; however, it is a **PAUSE** and gives the owner permission to lease those units to the general public.
- The Department reserves the right to enter into a RAC at any time and will notify the development via CMTS.

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List of Re-Opened Properties

The map of properties that have been reopened in Harris County and Tarrant County can be found online at <https://www.tdhca.state.tx.us/section-811-pra/participating-properties.htm>.



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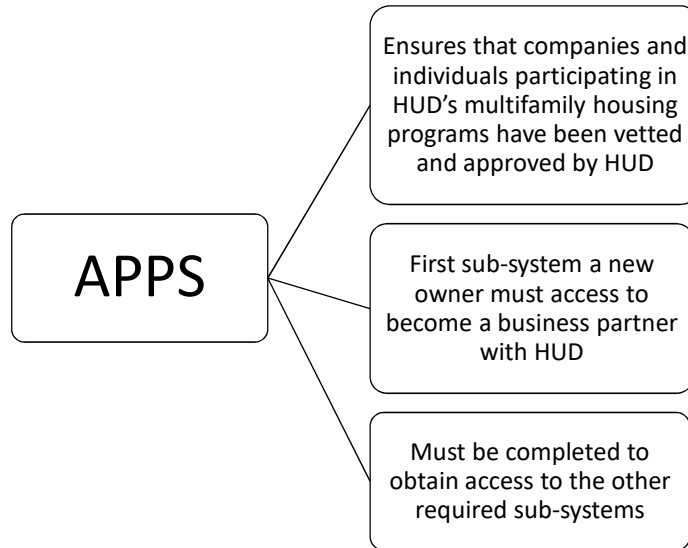
HUD's Secure Systems

Owners participating in the 811 Program need access to the following sub-systems located with in HUD's Secure Systems

<p>Active Partners Performance System (APPS)</p>	<p>Integrated Multifamily Access Exchange (iMAX)</p>	<p>Tenant Rental Assistance Certification System (TRACS)</p>	<p>Enterprise Income Verification System (EIV)</p>
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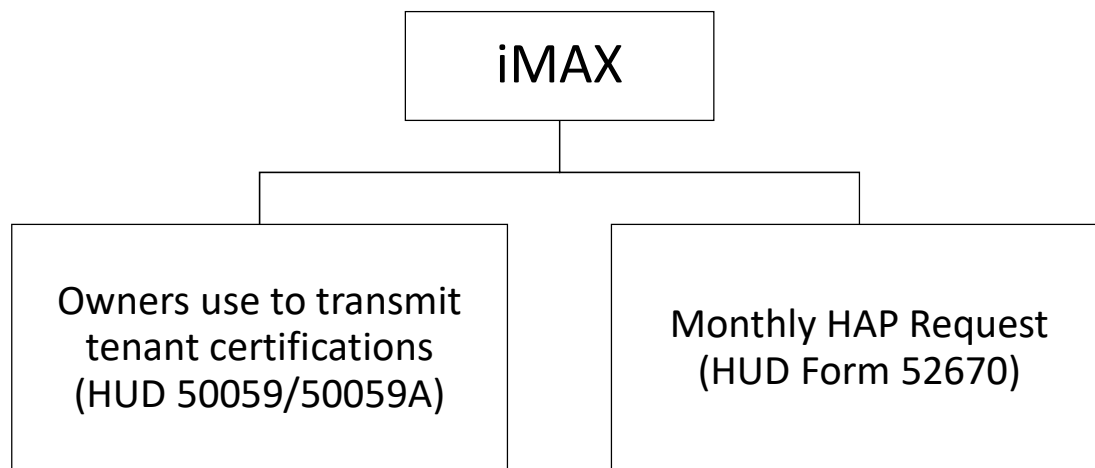
22

Active Partners Performance System (APPS)



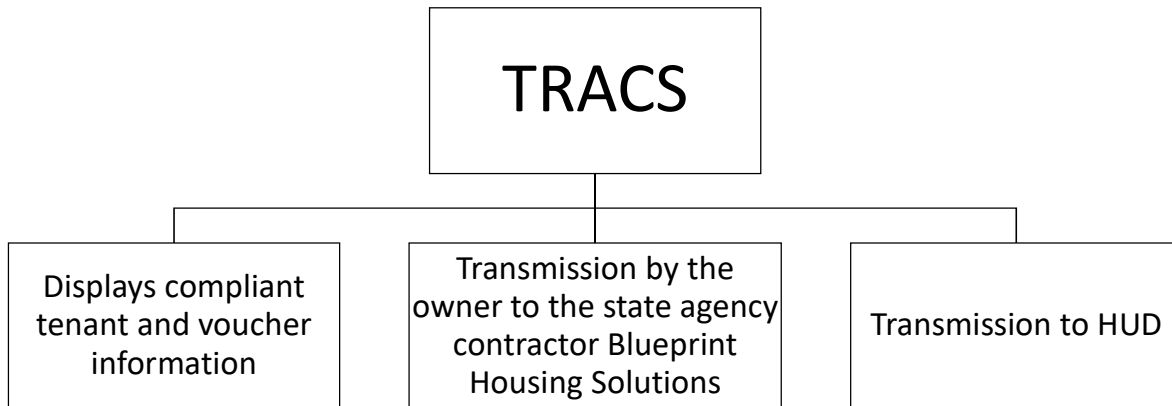
23

Integrated Multifamily Access Exchange (iMAX)



24

Tenant Rental Assistance Certification System (TRACS)



25

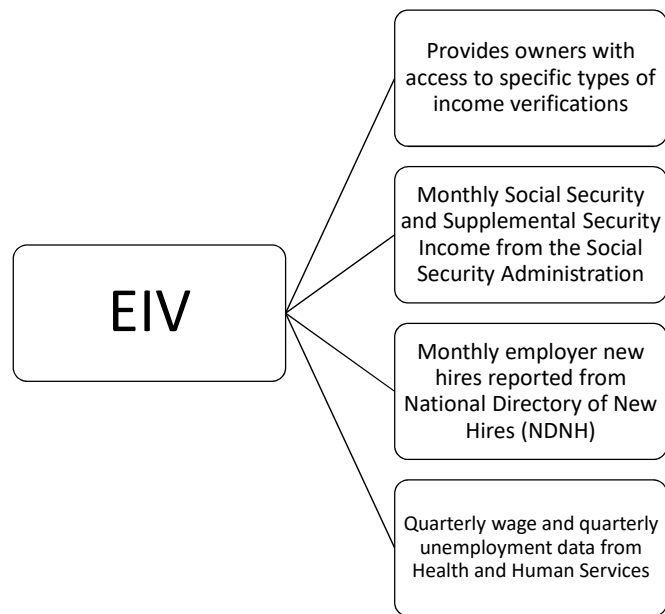
Tenant Rental Assistance Certification System (TRACS)

For additional information on the TRACS system, please contact:

Ann Hittner, Director
Blueprint Housing Solutions
1124 S. IH 35, Austin, Texas 78704
Office: (512) 767-7686
Email: annah@shccnet.org

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Enterprise Income Verification System (EIV)



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Module 3

Enterprise Income Verification System

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Enterprise Income Verification System

EIV

- Web-based application which provides owners with employment, wage, unemployment compensation and Social Security benefit information for tenants participating in HUD's assisted housing programs
- Automated tool to assist with identifying potential improper payments

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Enterprise Income Verification System Data

National
Directory of
New Hires
(NDNH)

- New hires
- Quarterly wages
- Quarterly unemployment compensation

Social Security
Administration
(SSA)

- Social Security (SS)
- Supplemental Security Income (SSI)
- Dual entitlement
- Medicare premium
- Disability status

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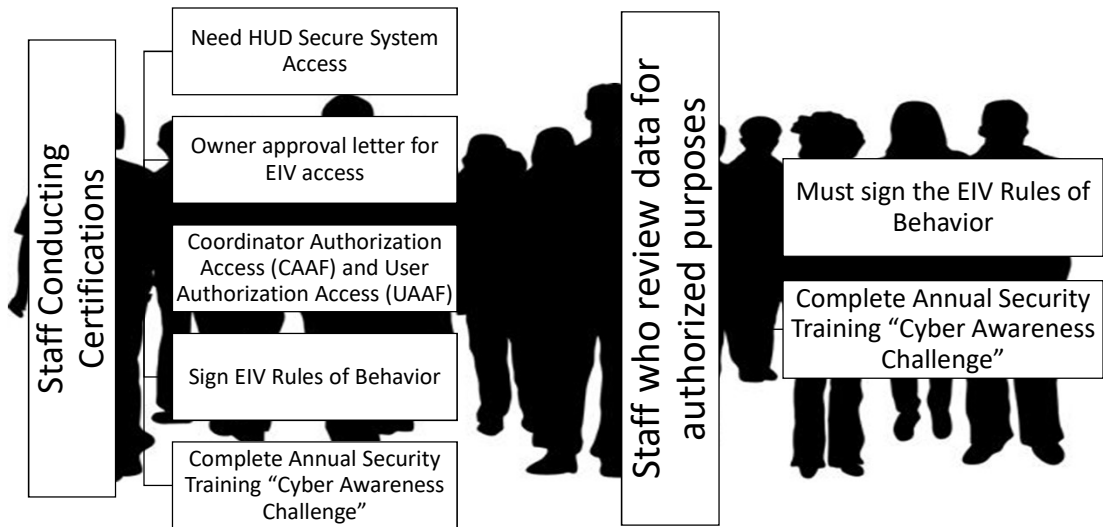
Enterprise Income Verification System

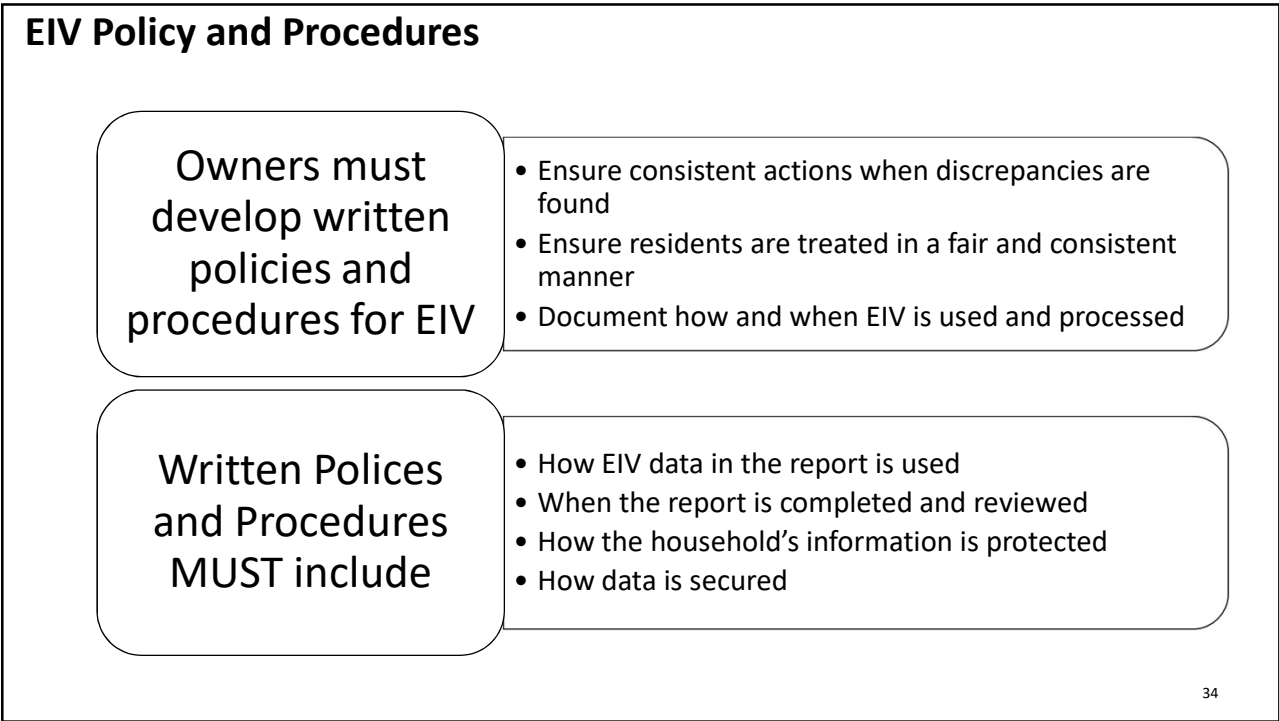
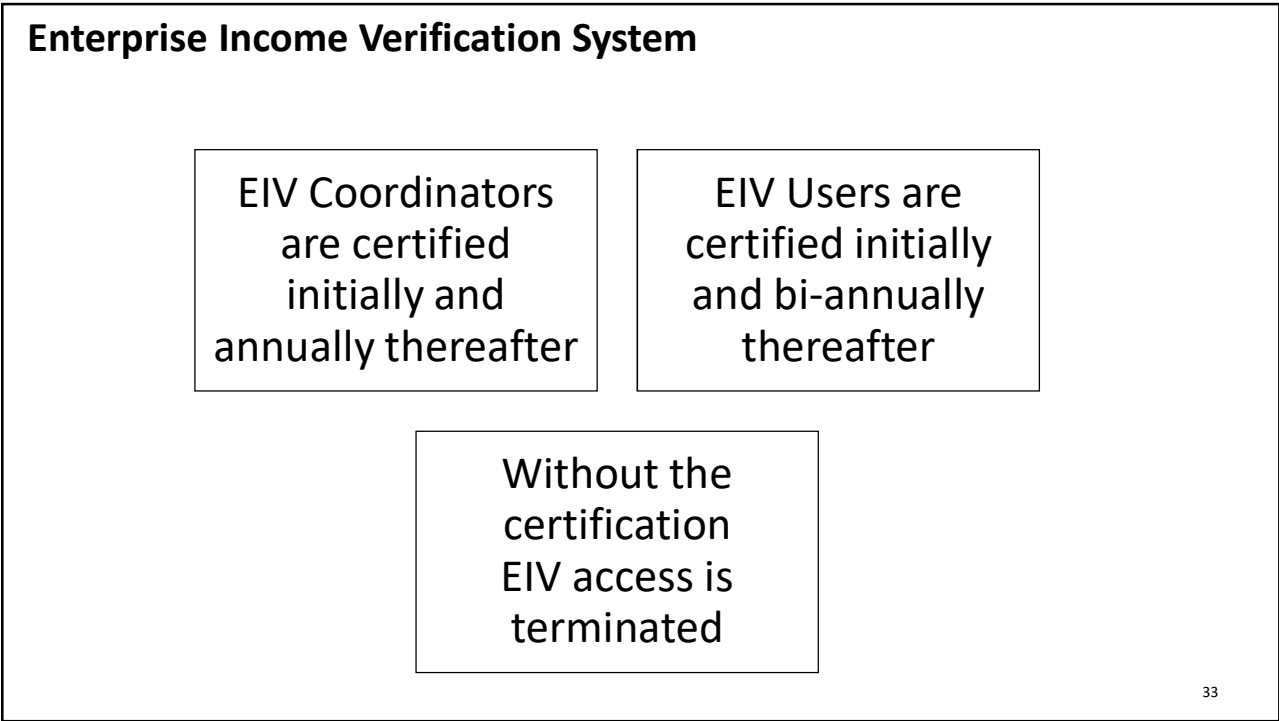
EIV cannot be used to verify income for tenants that do not participate in the Section 811 program, such as Housing Tax Credit, HOME and BOND programs.

EIV cannot be accessed prior to a HUD-9887 and HUD-9887A having been signed by all persons 18 years and older.

Enterprise Income Verification System

Who Needs Access to EIV?





EIV Policy and Procedures Review

- 10 TAC §8.6(f)(2) states, “Upon the execution of a RAC, the Owner must submit a copy of the property’s EIV Policies and Procedures to the Department for review. If deficiencies are identified, the Owner will be required to correct and resubmit to the Department until all deficiencies have been properly corrected.”
- EIV Policies and Procedures must be submitted for Department review anytime an update or change is made.
- Owners must submit EIV Policies to 811info@tdhca.state.tx.us.

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EIV Policy and Security Practices

Security
Practices

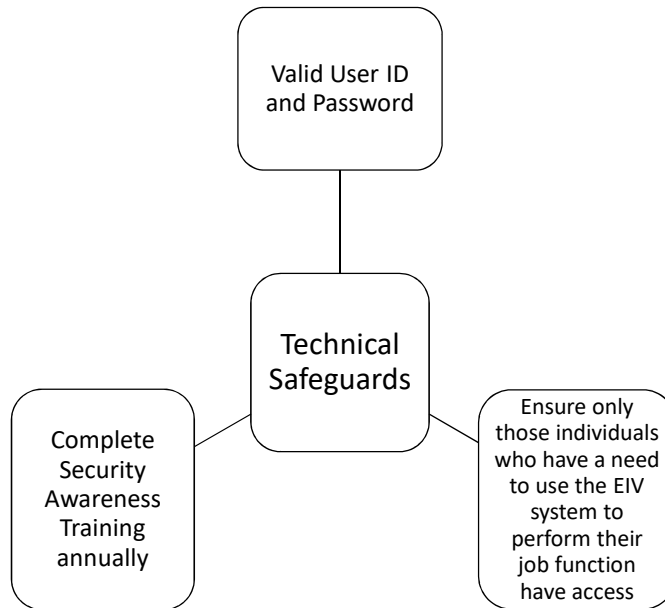
- Technical Safeguards
- Administrative Safeguards
- Physical Safeguards

EIV
Reports

- How often the reports are run at the development
- Must meet the HUD minimum, but could be more often

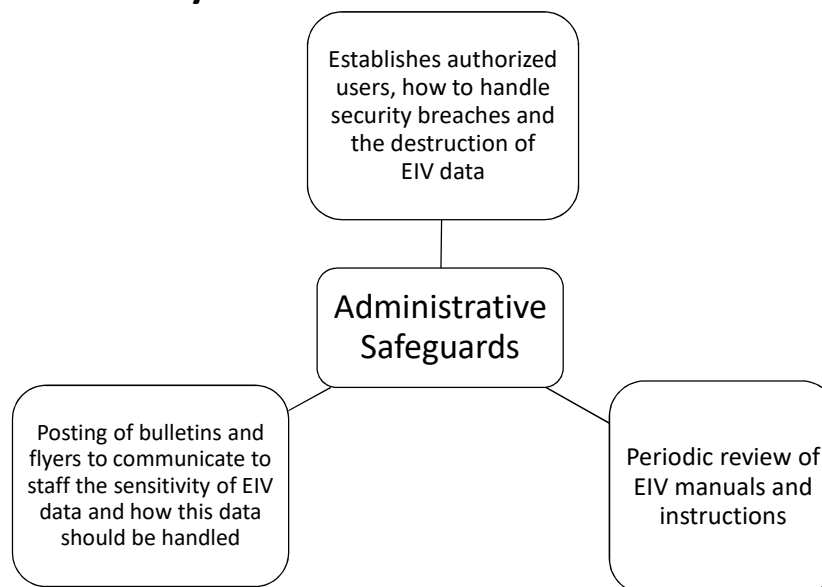
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EIV Policy and Security Practices



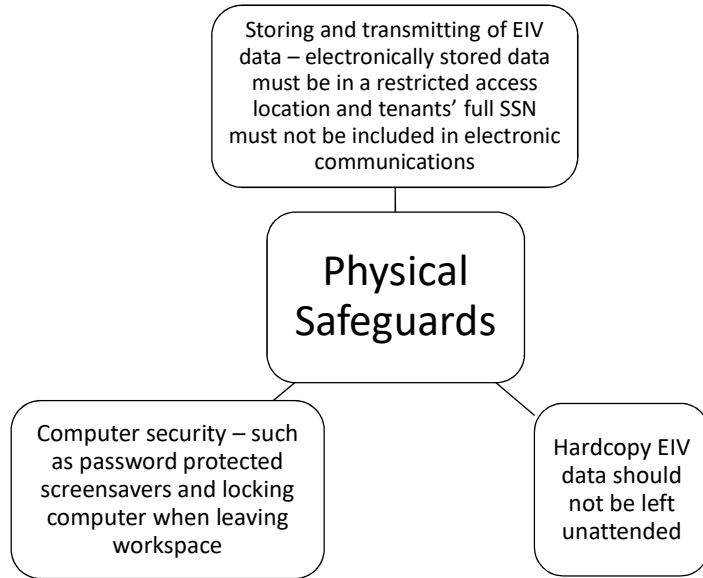
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EIV Policy and Security Practices

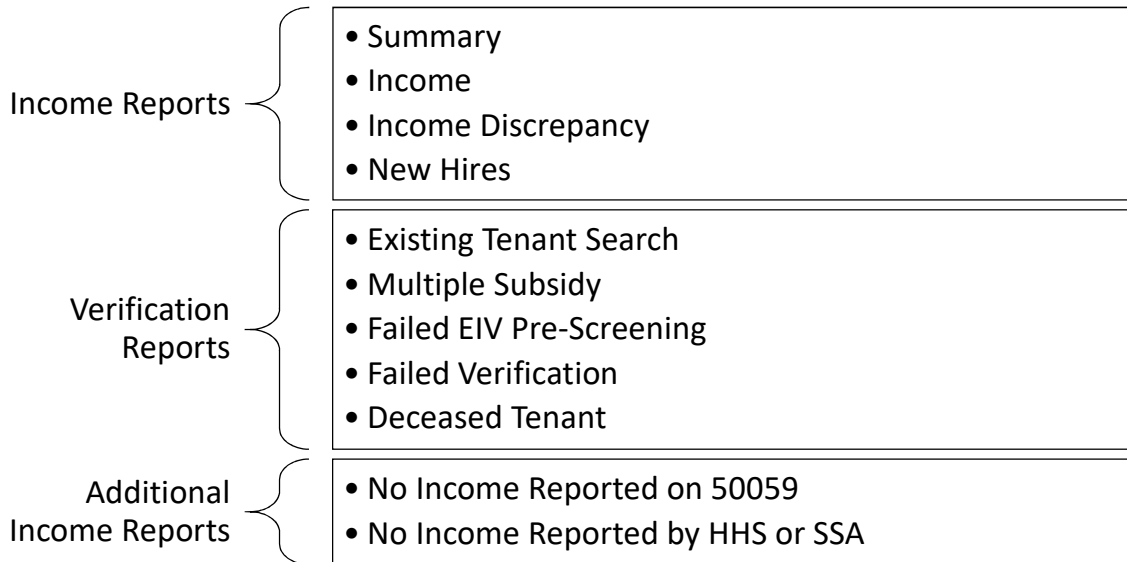


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EIV Policy and Security Practices



EIV Reports



Summary Report

Must include the date the report was run

Must be in the tenant file

Completed at Annual Recertification and Interim
Certifications

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Summary Report

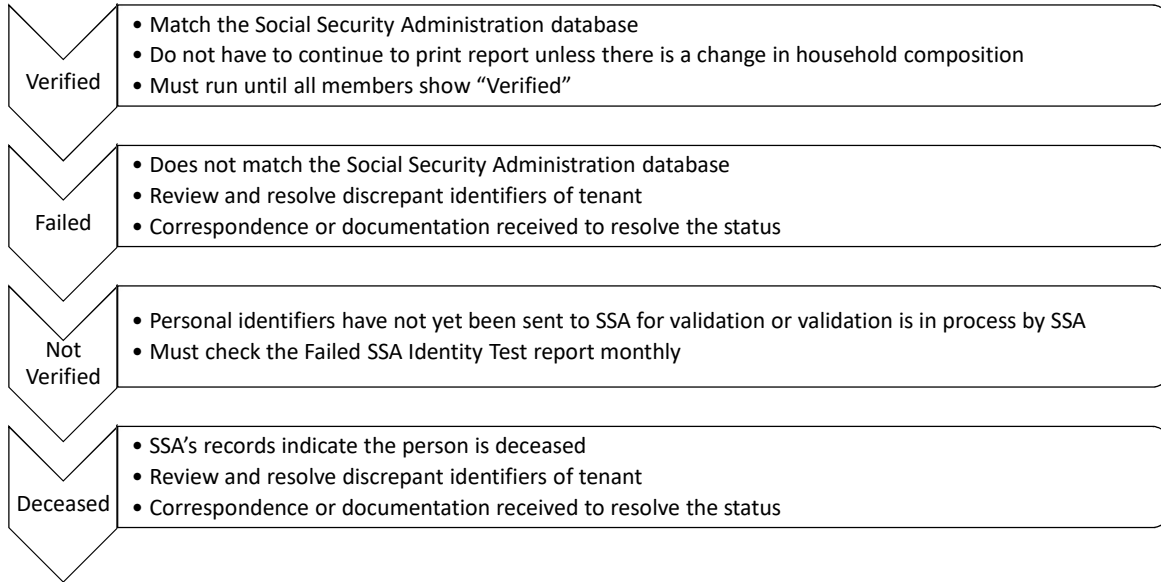
Summary of household
information from the current
TRACS certification

EXEMPT:

- Tenants who were 62 years of age or older and whose initial determination of eligibility was begun before January 31, 2010
- Children under 6 and foster children

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Summary Report



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Income Report

Must include the date the report was run

Must be in the tenant file

New Admissions

- **Within ninety (90) days after transmission of the move-in to TRACS**
- **Review to confirm/validate the income reported by the household.**
- **Resolve any discrepancies within thirty (30) days of the date of the report**

Current Tenants

- **Annual Recertification**
- **Interim Certifications**
- **Any other time period outlined within the Owner's EIV Written Policies and Procedures**

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Income Report

Provides employment and income reported by Health and Human Services and SSA for each household member that passes the SSA identity test.

Identifies tenants who may not have reported complete and accurate income information or may be receiving multiple subsidies.

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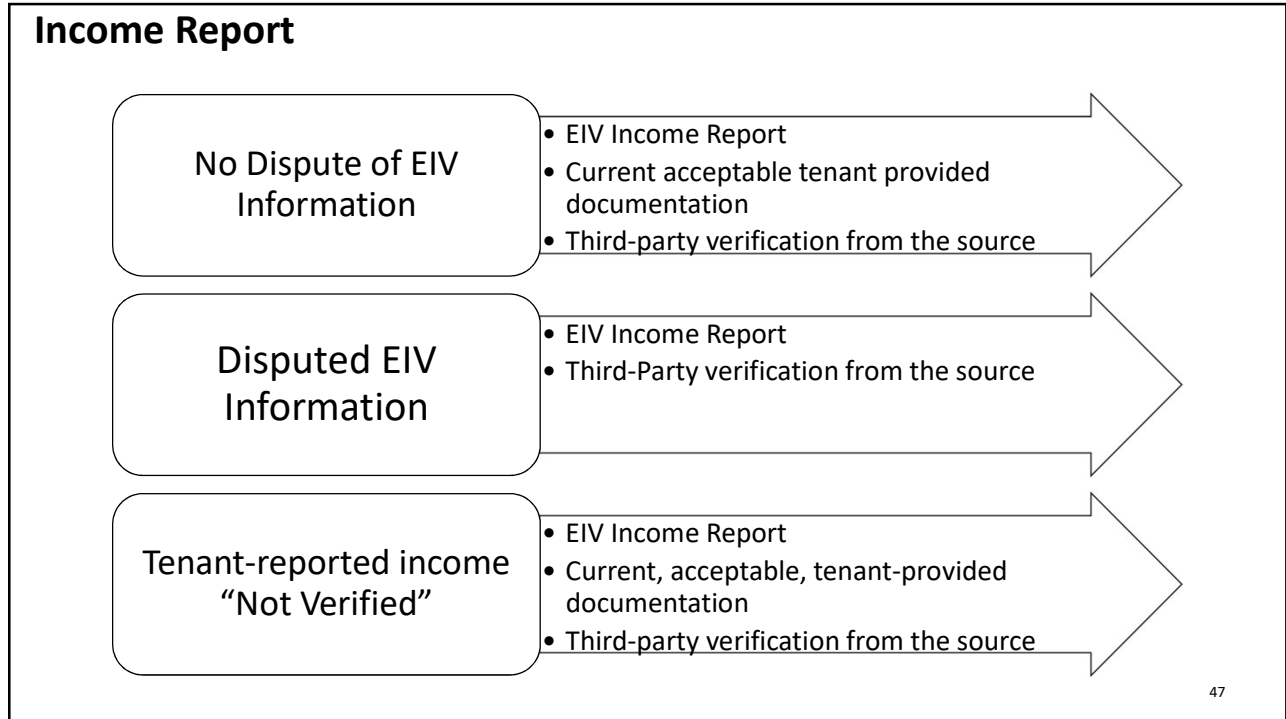
Income Report

Does not include other income such as TANF, pensions, child support

Owners must NOT use the quarterly income reported to calculate the tenant's income

Owners MUST use the Income Report as verification of the tenant's Social Security benefits to calculate the tenant's income

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Income Report

<p>Recertifications processed January, February, March and April</p>		
<p>Use the SSA benefit award letter that includes the COLA</p>	<p>Determine the tenant's income by applying the COLA to the current verified benefit amount</p>	<p>Request third-party verification directly from SSA</p>

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Income Discrepancy Report

Must include the date the report was run

Must be in the Tenant File

Completed at Annual Recertification and Interim Certifications

MUST print the report at the same time the Income Report is printed

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Income Discrepancy Report

Identifies households where there is a difference of \$2,400, or more, annually, in the wages, unemployment compensations and/or Social Security benefit income reported.

The report identifies tenants whose income may have been under or over reported.

Other income the household receives (TANF benefits, pensions, child support, etc...) may be reported in annual income in TRACS but is not used for the discrepancy analysis in the EIV system.

Review and resolve any discrepancies with the family at the time of recertification or within 30 days of the report date.

The file must be documented to resolve the discrepancy regardless of whether the discrepancy is valid or invalid.

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Income Discrepancy Report

Example 1: Valid discrepancy

The EIV Income Discrepancy Report shows the tenant had Reported Annual Wages and Benefits during the period of income used for the discrepancy analysis. However, there are no Projected Annual Wages or Benefits reported on the form HUD-50059. The owner must investigate this to determine if the tenant did not report his/her income at the time of recertification. If the tenant did not report his/her income, this would be a valid discrepancy. The owner must obtain third party verification of the tenant's income, process corrected form HUD-50059(s) to include any unreported or underreported income, notify tenant of funds due and their obligation to reimburse the owner, collect funds due from tenant and/or enter into a repayment agreement and reimburse HUD for funds collected from the tenant less the amount retained for pursuing collection. If not a valid discrepancy, the owner will document the file with the results of the investigation supporting this determination.

Projected Annual Wages and Benefits from Form HUD-50059:	\$0	
Period Of Income for Discrepancy Analysis	06/01/2008 - 05/31/2009	
Discrepancy Analysis	Actuals	Annualized Last Quarter
Reported Annual Wages and Benefits from EIV Data:	\$22,018.70	\$19,518.57
Amount of Annual Income Discrepancy:	(\$22,018.70)	(\$19,518.57)
Amount of Monthly Income Discrepancy:	(\$1,834.89)	(\$1,626.55)
Percentage of Income Discrepancy:	(100%)	(100%)

HUD 4350.3 Rev-1
9-11(C)(3)

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Income Discrepancy Report

Example 3: Invalid discrepancy

The EIV Income Discrepancy Report shows that the tenant had Reported Annual Wages and Benefits during the period of income used for the discrepancy analysis. However, there are no Reported Annual Wages or Benefits on the form HUD-50059 for the same period of time. The form HUD-50059 used in the discrepancy analysis was the tenant's move-in form HUD-50059. The owner must investigate this discrepancy to determine if the tenant accurately reported his/her income at the time of move-in. If verification is received that the tenant was not working at the time of move-in and the wages reported on the EIV Income Report were earned prior to move-in, this would be an invalid discrepancy. No action is required of the owner except to document the tenant's file of the findings as a result of the investigation.

Projected Annual Wages and Benefits from Form HUD-50059:	\$0	
Period Of Income for Discrepancy Analysis	06/01/2008 - 05/31/2009	
Discrepancy Analysis	Actuals	Annualized Last Quarter
Reported Annual Wages and Benefits from EIV Data:	\$10,341.38	\$7,507.72
Amount of Annual Income Discrepancy:	(\$10,341.38)	(\$7,507.72)
Amount of Monthly Income Discrepancy:	(\$861.78)	(\$625.64)
Percentage of Income Discrepancy:	(100%)	(100%)

HUD 4350.3 Rev-1
9-11(C)(3)

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No Income Reported on 50059

Must include the date the report was run

Owners are not required to retain copies of this report

This is a tool for owners to use to identify tenants who pass the identity match against SSA but have zero income represented in TRACS system

Owners must use this report only as identified and described in their policies and procedures

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No Income Reported by HHS or SSA

Must include the date the report was run

Owners must use this report only as identified and described in their policies and procedures

This is a tool for owners to use to identify tenants who pass the SSA identity test but no employment or income information was received from the match against either the SSA or NDNH records

Owners are not required to retain copies of this report

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New Hires Report

Must include the date the report was run

Must be in the master file (binder)

Completed at least quarterly

All correspondence with the tenant, third-party verifications and New Hires Detail Report for the tenant must be maintained in the tenant file

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New Hires Report

Identifies tenants who have been reported as starting new jobs within the last six months

Contact the tenant regarding the new employment reported

No Dispute of EIV Information

- Request verification of employment
- Process the interim certification

Disputed EIV Information

- Obtain third-party verification from the employer

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Existing Tenant Search

Must include the date the report was run

Must be in the tenant file

Completed at the time of application
(only EIV report used prior to move-in)

All correspondence with the tenant and any contact with PHA, owner or management agent to be maintained in the tenant file

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Existing Tenant Search

Identifies applicants applying for assisted housing that may be receiving rental assistance at the time of application at another Multifamily Housing or Public and Indian Housing location

Processed for each applicant and applicant household member, including live-in aides and minors

Discuss with the applicant if the report identifies assistance at another location

Gives the owner the opportunity to coordinate move-out and move-in dates with the other PHA or owner

58

Multiple Subsidy Report

Must include the date the report was run

Must be in the master file (binder)

Completed at least quarterly

All documentation of action taken and the Multiple Subsidy Detail Report for the tenant must be maintained in the tenant file

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Multiple Subsidy Report

Provide tenant opportunity to explain any circumstances relative to their being assisted at another location

Follow-up with respective PHA or owner to confirm tenant is being assisted at another location

Document any contacts made or information obtained to determine if household members are receiving multiple subsidies

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Failed EIV Pre-Screening Report

Must include the date the report is run

Must be in the master file (binder)

Completed at least monthly

All documentation to verify discrepant personal identifiers must be maintained in the tenant file

All discrepancies need to be corrected within thirty (30) days of the report

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Failed EIV Pre-Screening Report

Identifies tenants who have missing or invalid personal identifiers

- The report will include those persons who are exempt from the SSN disclosure – the report should be noted.

Identifies tenants who need to disclose a SSN

- If tenant's information was corrected at the time of recertification, but EIV has not yet been updated – the report should be noted.

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Failed EIV Pre-Screening Report

Check accuracy of
data entry

Contact tenant to
confirm and verify
discrepant
personal identifiers

Correct TRACS data
within 30 days of
the date of the
report

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Failed Verification Report (Failed SSA Identity Test)

Must include the date the report was run

Must be in the master file (binder)

Completed at least monthly

All documentation to verify discrepant personal identifiers must be maintained
in the tenant file

64

Failed Verification Report (Failed SSA Identity Test)

Identifies tenants whose personal identifiers do not match the SSA database

- If tenant's information was corrected at the time of recertification, but EIV has not yet been updated – the report should be noted

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Failed Verification Report (Failed SSA Identity Test)

Check accuracy of data entry

Contact tenant to confirm and verify discrepant personal identifiers

Correct TRACS data within 30 days of the date of the report

66

Deceased Tenants Report

Must include the date the report was run

Must be in the master file (binder)

Completed at least quarterly

All documentation received for the tenant must be maintained in the tenant file

67

Deceased Tenants Report

Identifies tenants reported by SSA as being deceased

If the owner/manager has taken action to remove deceased member but EIV report does not reflect – the report must be noted

Confirm, in writing, with the head of household, next of kin or contact person/entity provided by the tenant to determine if the person is deceased

Any discrepant data in TRACS must be updated within 30 days from the date of the report

Encourage tenant to contact SSA if SSA's data is incorrect

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Deceased Tenants Report

If deceased,
within 30 days
from date of
report...

- Update family composition, income and allowances on the 50059 (interim recertification)
- If single member household, process move out using 50059-A

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Deceased Tenants Report

Example 1: Mr. Jones was listed on the Deceased Tenants Report dated December 14, 2009, with a deceased date of November 20, 2009. On December 1, 2009, the owner confirmed that Mr. Jones was actually alive and advised Mr. Jones to visit his local SSA office to have the error corrected. SSA corrected the error on December 20, 2009. When HUD conducted computer matching with SSA on January 6, 2010, HUD obtained new SSA data which indicated that Mr. Jones was not deceased. The Deceased Tenants Report was updated on the weekend of January 8, 2010. When the owner accessed the Deceased Tenants Report on January 11, 2010, Mr. Jones was no longer on the report.

HUD 4350.3 Rev-1
9-12(D)(2)

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Deceased Tenants Report

Example 2: Mr. Williams was listed on the Deceased Tenants Report dated December 14, 2009, with a deceased date of June 10, 2009. On January 6, 2010, the owner confirmed that Mr. Williams was deceased. The owner then completed and submitted the move-out on form HUD-50059-A on January 7, 2010. The Deceased Tenants Report was updated on the weekend of January 8, 2010. When the owner accessed the Deceased Tenants Report on January 11, 2010, Mr. Williams was no longer on the report.

HUD 4350.3 Rev-1
9-12(D)(2)

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Retention of EIV Reports

Once the retention period has expired, owners must dispose of the data in a manner that will prevent any unauthorized access to personal information

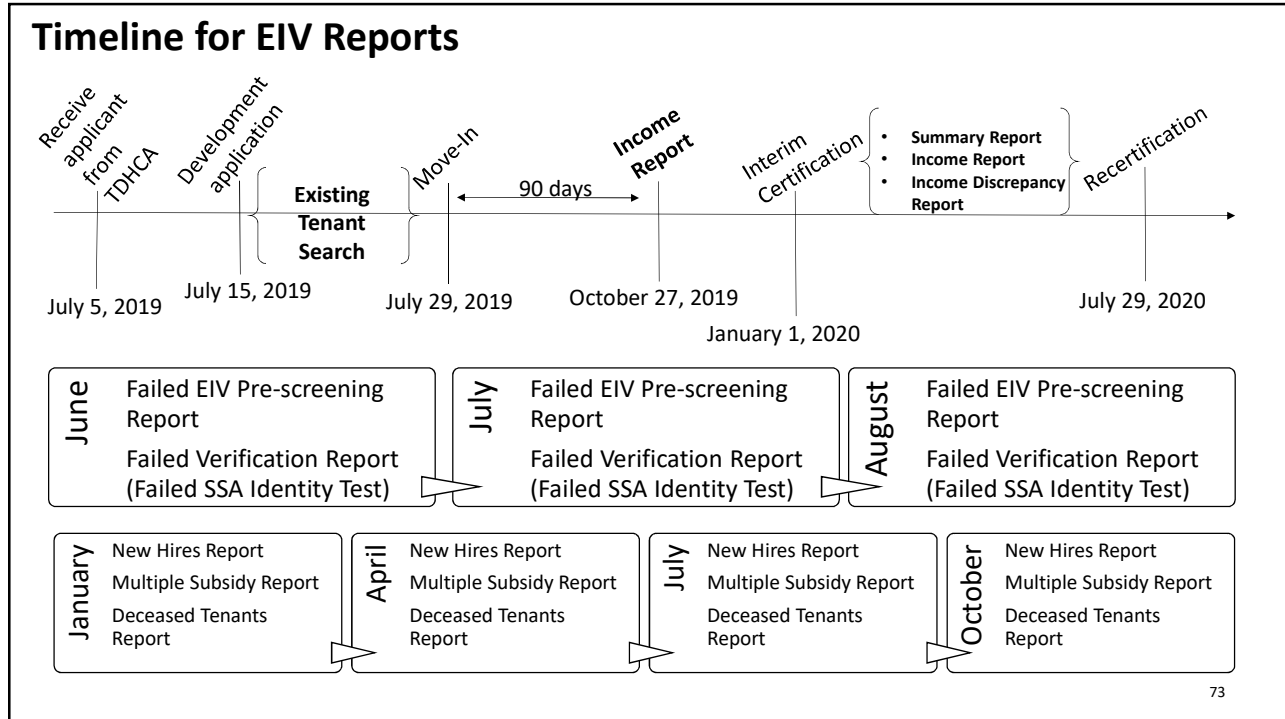
Term of the tenancy
plus three (3) years
(Tenant File Reports)

- The Income Report
- Summary Report (showing status as verified)
- Income Discrepancy Report(s)
- Existing Tenant Search
- Any supporting documentation

Three (3) years
(Master File Reports)

- New Hires Report
- Identity Verification Reports
- Multiple Subsidy Report
- Deceased Tenants Report

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EIV Notice

Owners may not suspend, terminate, reduce, or make a final denial of any financial assistance or payment under a federal benefit program against an individual, or take other adverse actions against such individual, as a result of information produced by the EIV system without properly verifying the information and notifying the tenant in writing, within 30 days, of any adverse findings, same as other information and findings related to eligibility factors.

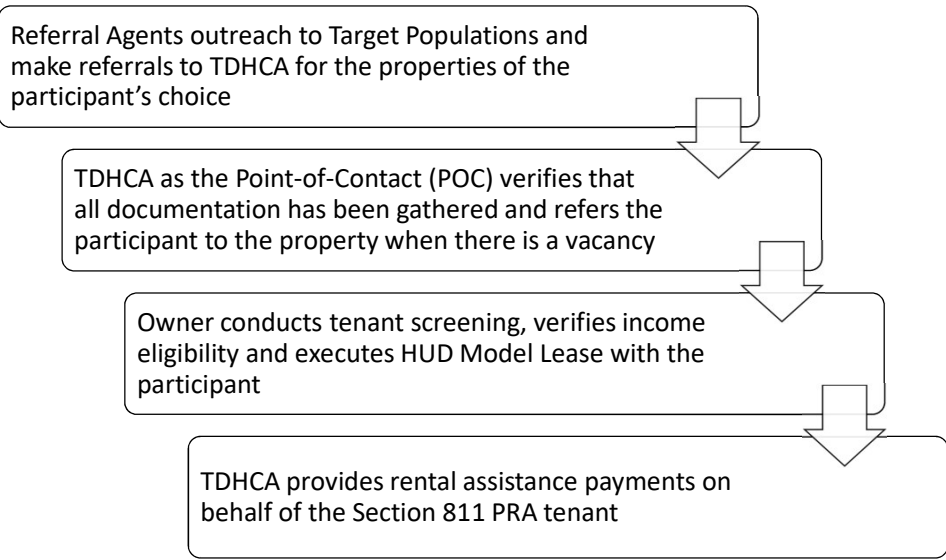
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Module 4

Eligibility and Adjusted Income

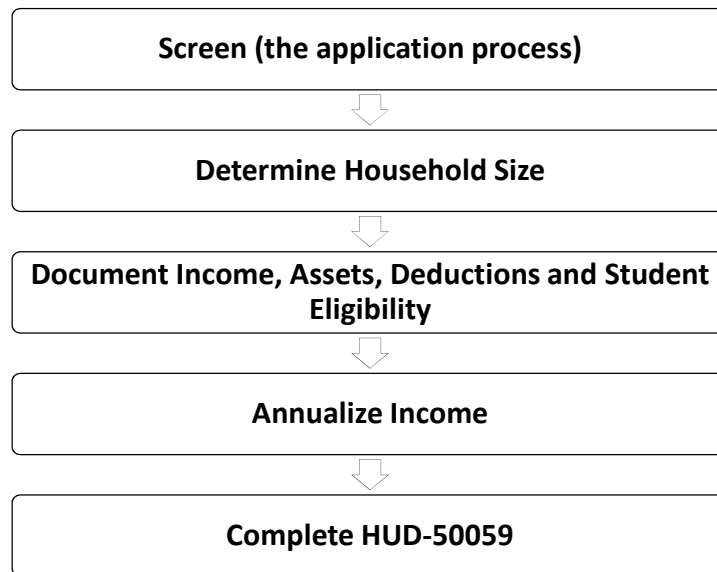
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The Process



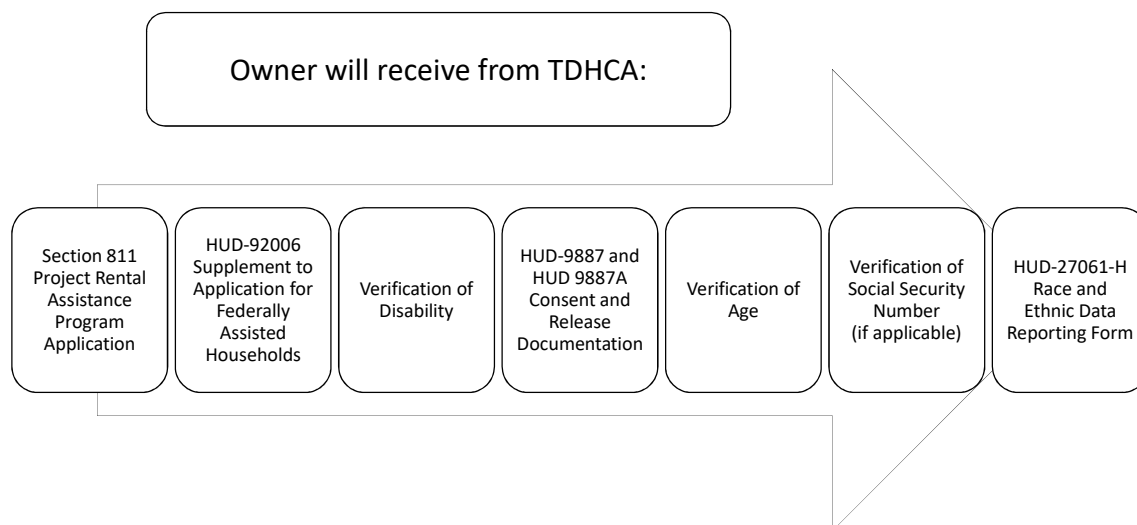
76

The Process



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The Application Process



78

Updating Forms From TDHCA

Forms that do **not** need to be updated within 120 days of move-In

- Section 811 Project Rental Assistance Program Application
- Verification of Disability; HUD Form 90102
- HUD-27061-H; Race and Ethnic Data Reporting Form

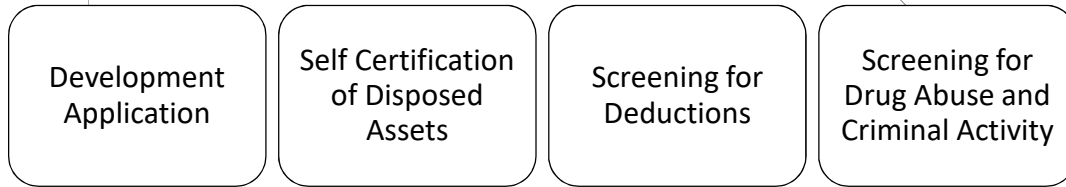
Forms that **must** be updated within 120 days of move-In

- HUD-92006; Supplement to Application for Federally Assisted Housing
- HUD 9887/9887-A; Consent and Release Documentation
- Verification of Age and Social Security

79

The Application Process

Development shall complete:



80

Determine Household Size

Who counts as a household member?

Head of Household	Spouse or Co-Head (other adults)	Dependents <ul style="list-style-type: none"> • Unborn Children • Children in joint custody • Children away at school • Children in the process of adoption • Children temporarily absent due to placement in foster care 	Foster Adults and Foster Children
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81

Whose Income Counts

Members	Earned Income	Other Income (including income from assets)
Head	Yes	Yes
Spouse	Yes	Yes
Co-Head	Yes	Yes
Other Adult	Yes	Yes
Dependents (Child Under 18)	No	Yes
Full-time Student over 18	Yes	Yes
Foster Adult	Yes	Yes
Foster Children (Under 18)	No	Yes
Non-Members	Earned Income	Other Income (including income from assets)
Live-in Aide	No	No

82

Whose Income Counts

Full-Time Students (18 Years or Older)

Count \$480 of their earned income per year	Cannot be the Head, Spouse or Co-Head	Must be a Dependent	Verify Student Status with Educational Institution	Verify Earned Income
---	---------------------------------------	---------------------	--	----------------------

83

Whose Income Counts

Permanently Confined Household Member

Member residing in a Nursing Home or Hospital	Applicant's discretion to include as a member or exclude as a member of the applicant group
---	---

84

Whose Income Counts

Foster Children and Foster Adults

Payments received for the care of foster children or foster adults are not counted. This rule only applies to payments made through official foster care relationships with local welfare agencies.

Members	Earned Income	Other Income (including income from assets)
Foster Adult	Yes	Yes
Foster Children (Under 18)	No	Yes

85

Whose Income Counts

Live-In Aides

Verification of the need for the live-in aide must be obtained	A relative may be considered as a live-in aide	Confidential medical information should not be sought	An adult child is not eligible to move-in to a unit after initial occupancy unless they are performing the functions of a live-in aide
--	--	---	--

86

Whose Income Counts

Live-in Aide's income is EXCLUDED if ALL the following apply:

Resides with the household member

Essential to the care and well-being of the household member

Not obligated for the financial support of the household member

Would not be considered a household member except to provide the necessary supportive services

87

Document Income and Assets

Three acceptable verification methods

Third-Party

Sent directly by a third-party source (Mail, Fax, Email, Internet)

Not hand carried by the Applicant

First-Hand

Hand Carried by the Applicant

Paystubs, Social Security Award Letters, Bank Statements, Divorce Decrees

Oral

Used for Clarifying

Should include: date and time, person contacted, information reported and signature of person collecting information

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Documenting Income and Assets with EIV

Example 1: EIV shows that John is working at Jack's Restaurant and John agrees that he is working there. John has brought in his four most current, consecutive check stubs. The owner must use the EIV Income Report as third party verification that John is employed at Jack's Restaurant and use the gross pay shown on the check stubs provided by the tenant for determining John's annual income. John is paid weekly.

Check stubs gross pay 1) \$120; 2) \$145; 3) \$125; 4) \$130 total gross pay = \$520

$\$520 / 4 = \130 average gross pay per week

$\$130 \times 52 \text{ weeks} = \$6,760$ gross annual income

HUD 4350.3 Rev-1

5-5(A)(3)(a)(2)

Do not use the quarterly wage income reported on the EIV Income Report for calculating the tenant's annual income from employment.

89

Documenting Income and Assets with EIV

Example: The Income Report shows that Joe Smith is receiving gross social security benefits of \$980.40 per month. Joe agrees that this is the amount he is receiving. The owner will use the Income Report as third-party verification that Joe is receiving social security benefits and for calculating Joe's annual income.

$\$980.40 \times 12 \text{ months} = \$11,764.80$ (rounded to \$11,765) gross annual income.

HUD 4350.3 Rev-1

5-5(A)(3)(c)

If the tenant agrees with the Social Security benefit information on the EIV Income Report, the owner must use the EIV Income Report as third party verification in lieu of the Award Letter.

90

Documenting Income and Assets with EIV



If the tenant disputes the employment and income information in EIV, the owner **MUST** obtain third-party verification from the source.

91

Annualize Income

Full-Time Hourly

• Wage x 2080 hours

Weekly

• Wage x 52 pay periods

Bi-Weekly
paid every other week

• Wage x 26 pay periods

Semi-Monthly
paid twice a month

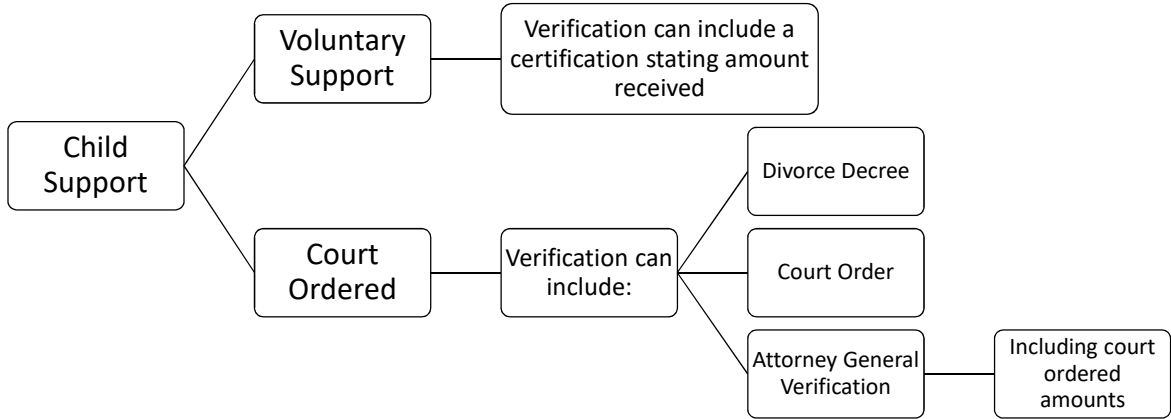
• Wage x 24 pay periods

Monthly

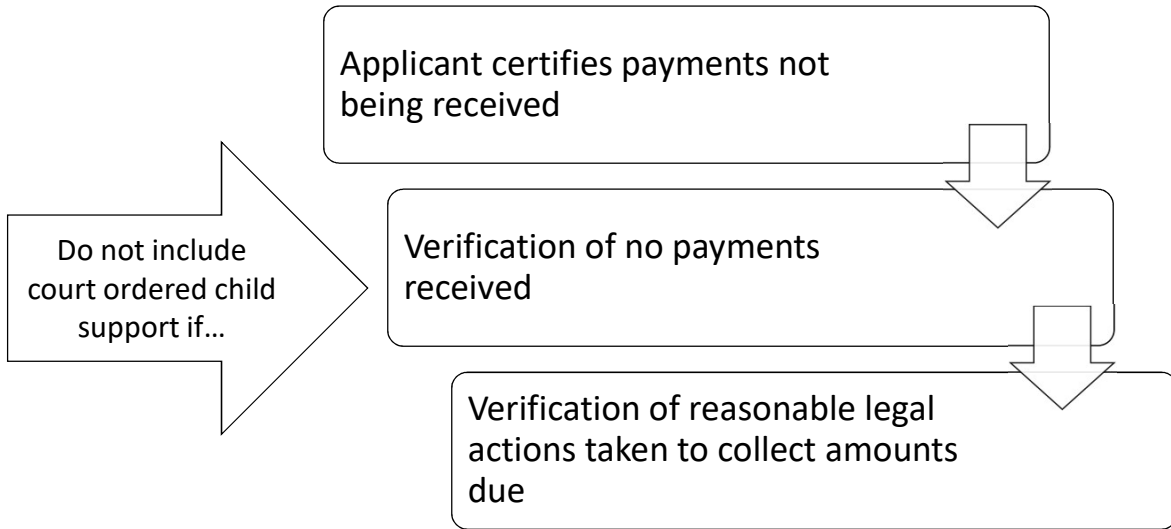
• Wage x 12 pay periods

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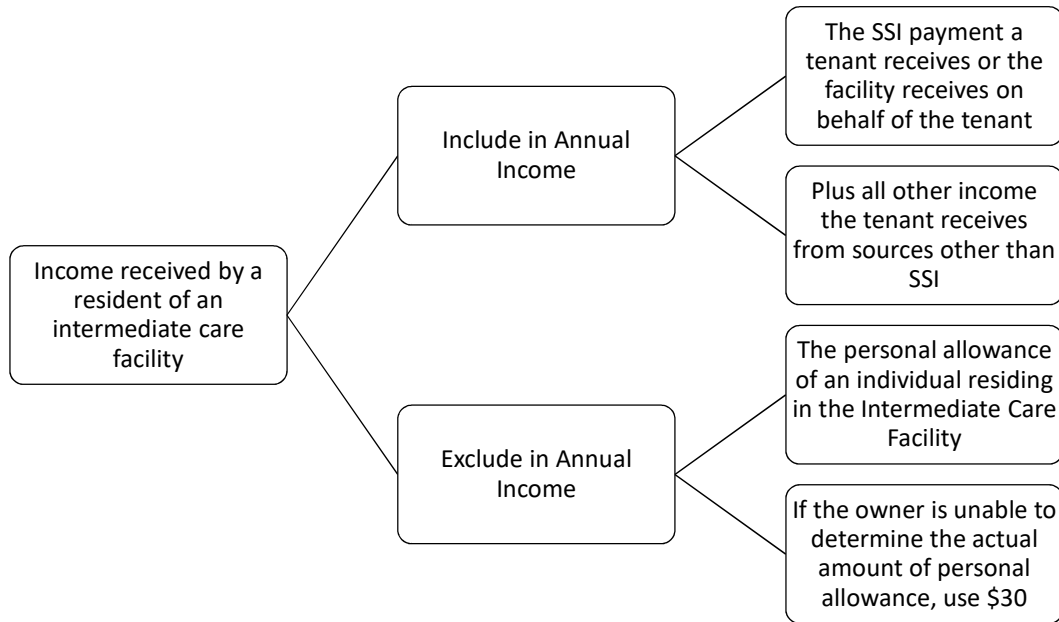
Annualize Income



Annualize Income



Annualize Income



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Students

- Student Eligibility must be determined at move-in, initial or annual recertification, including at the time of any interim recertification, if the household member is enrolled as a student (*part-time or full-time*), at an institution of higher education
- Student Eligibility is applicable to persons under the age of 24 years old that are applying or living at the development, who are head, spouse, co-head, other adult and live separate from their parents or legal guardian
- Students who are dependents in the household, living with their parents in an 811 unit, are not restricted by the criteria on the following slide

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Students

- An individual student must meet ALL the following criteria to be eligible:
 - Must be of legal contract age under state law
 - Must have established a household separate from parents or legal guardians for at least one year prior to the application for occupancy OR must meet the U.S. Department of Education definition of an independent student
 - Must NOT be claimed as a dependent by parents or legal guardians on their Tax Return
 - Must obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support
 - This certification is required even if no assistance will be provided

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Students

U.S. Department of Education's definition of an Independent Student requires the individual to meet one or more of the following criteria:

Be at least 24 years old by December 31st of the current year

Be an orphan or a ward of the court anytime since 13 years of age, or an emancipated minor

Serving on active duty of U.S. Armed Forces

Have legal dependents other than spouse

Be a graduate or professional student

Married

Homeless or self-supporting at risk of being homeless

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Students

- Please note, the previous slide reflects student rules and exceptions for the 811 Program.
 - The household still has to meet other student exceptions under the Housing Tax Credit, BOND, HOME, and TCAP-RF programs.
- For example, an 811 applicant that is a college student applies for a low-income unit at a Housing Tax Credit (HTC) development.
 - The owner or agent must screen the household to ensure they meet the student requirements under both the 811 and HTC programs. The tenant file must include documentation of student eligibility and the exceptions met, if applicable.

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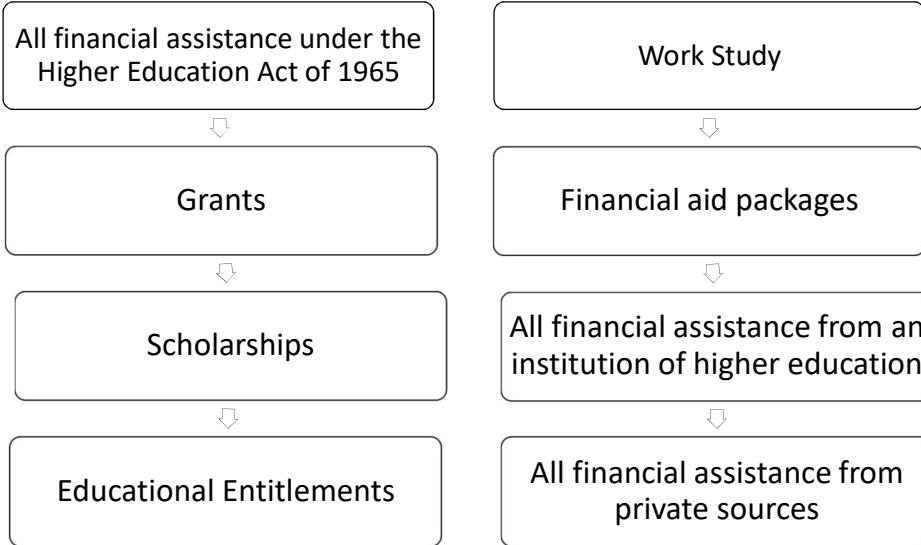
Student Income

Any financial assistance (in excess of the amount of tuition and any other required fees and charges) is considered income except ...

- If the person is over the age of 23 with dependent children
- If the person is living with their parents who are applying for, or receiving, Section 8 rental assistance

100

What is considered Financial Assistance



101

Income Limits

After determining family income, the owner must compare the family's annual income to the appropriate income limit



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Income Limits

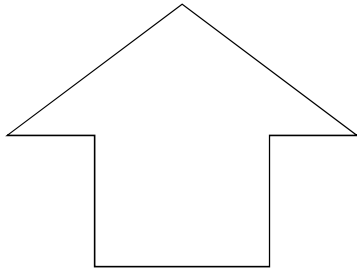
Program Eligibility Criteria

- Disability** The applicant household must include at least one person with a disability and who is 18 years of age or older and less than 62 years of age at the time of admission into the property, and the person with a disability must be part of one or more of the target populations noted below:
 - Persons with disabilities exiting institutions (e.g., nursing facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities or Related Conditions [ICF/IID]), who are eligible to receive long-term services and supports through a HHSC (formerly DADS) waiver or STAR+PLUS;
 - Persons with serious mental illness who receive services through HHSC (formerly DSHS); and
 - Youth or young adults with disabilities exiting DFPS foster care.
- Income** The applicant household must be below the Extremely Low Income (ELI) level as noted in [this chart \(PDF\)](#).

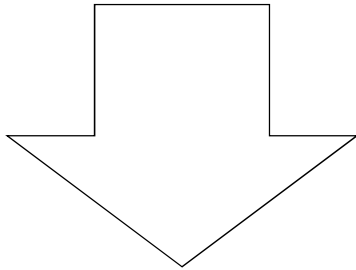
Section 811 PRA Program Income Limits

MSA	1 person	2 person	3 person	4 person	5 person
Austin-Round Rock-San Marcos					
Bastrop County	23,200	26,500	29,800	33,100	35,750
Caldwell County	23,200	26,500	29,800	33,100	35,750
Hays County	23,200	26,500	29,800	33,100	35,750
Travis County	23,200	26,500	29,800	33,100	35,750
Williamson County	23,200	26,500	29,800	33,100	35,750
Brownsville-Harlingen					
Cameron County	14,350	18,310	23,030	27,750	32,470
Corpus Christi					
Nueces County	16,300	18,600	23,030	27,750	32,470
San Patricio County	16,300	18,600	23,030	27,750	32,470
Dallas-Fort Worth-Arlington					
Collin County	20,450	23,400	26,300	29,200	32,470
Dallas County	20,450	23,400	26,300	29,200	32,470
Denton County	20,450	23,400	26,300	29,200	32,470
Ellis County	20,450	23,400	26,300	29,200	32,470
Hunt County	20,450	23,400	26,300	29,200	32,470
Johnson County	19,000	21,700	24,400	27,750	32,470
Kaufman County	20,450	23,400	26,300	29,200	32,470
Parker County	19,000	21,700	24,400	27,750	32,470
Rockwall County	20,450	23,400	26,300	29,200	32,470
Tarrant County	19,000	21,700	24,400	27,750	32,470
Wise County	17,500	20,000	23,030	27,750	32,470
El Paso MSA					
El Paso County	14,350	18,310	23,030	27,750	32,470
Hudspeth County	14,350	18,310	23,030	27,750	32,470
Houston-The Woodlands-Sugar Land					
Austin County	18,250	20,850	23,450	27,750	32,470
Brazoria County	22,500	25,700	28,900	32,100	34,700
Chambers County	18,650	21,300	23,950	27,750	32,470
Fort Bend County	18,650	21,300	23,950	27,750	32,470
Galveston County	18,650	21,300	23,950	27,750	32,470
Harris County	18,650	21,300	23,950	27,750	32,470
Liberty County	18,650	21,300	23,950	27,750	32,470
Montgomery County	18,650	21,300	23,950	27,750	32,470
Waller County	18,650	21,300	23,950	27,750	32,470
McAllen-Edinburg-Mission					
Hidalgo County	14,350	18,310	23,030	27,750	32,470
San Antonio-New Braunfels MSA					
Atascosa County	14,500	18,310	23,030	27,750	32,470

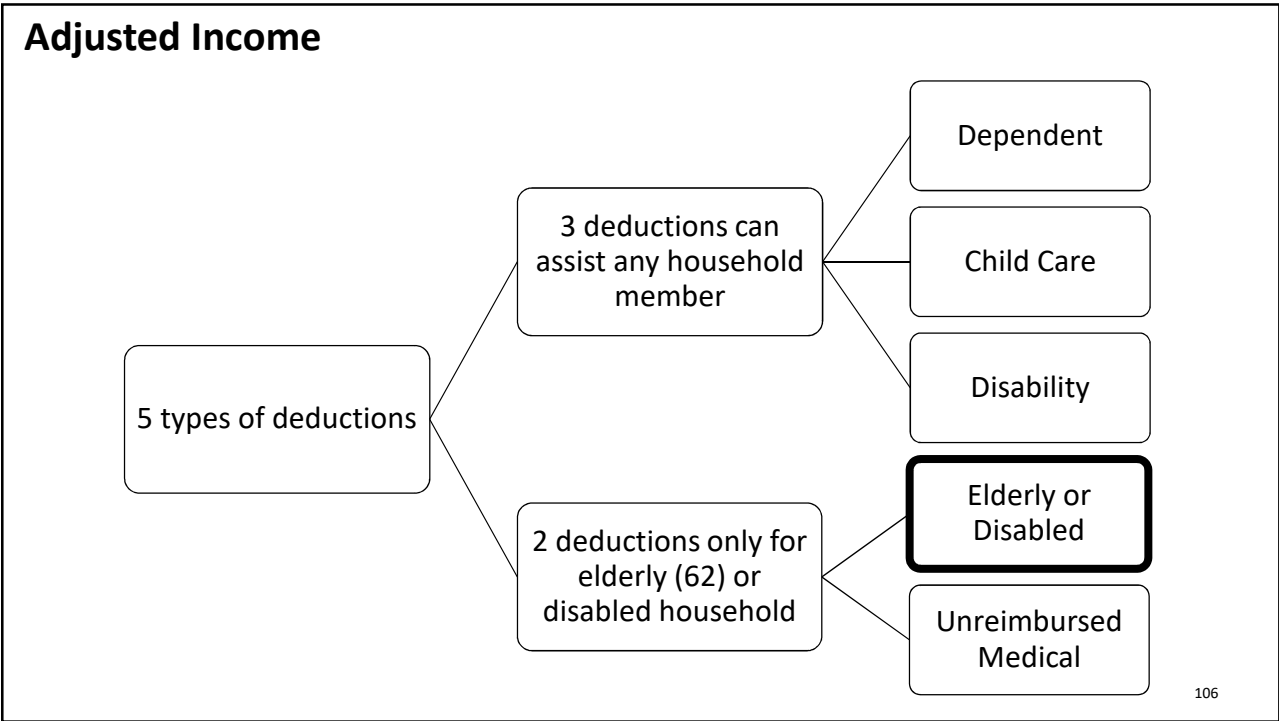
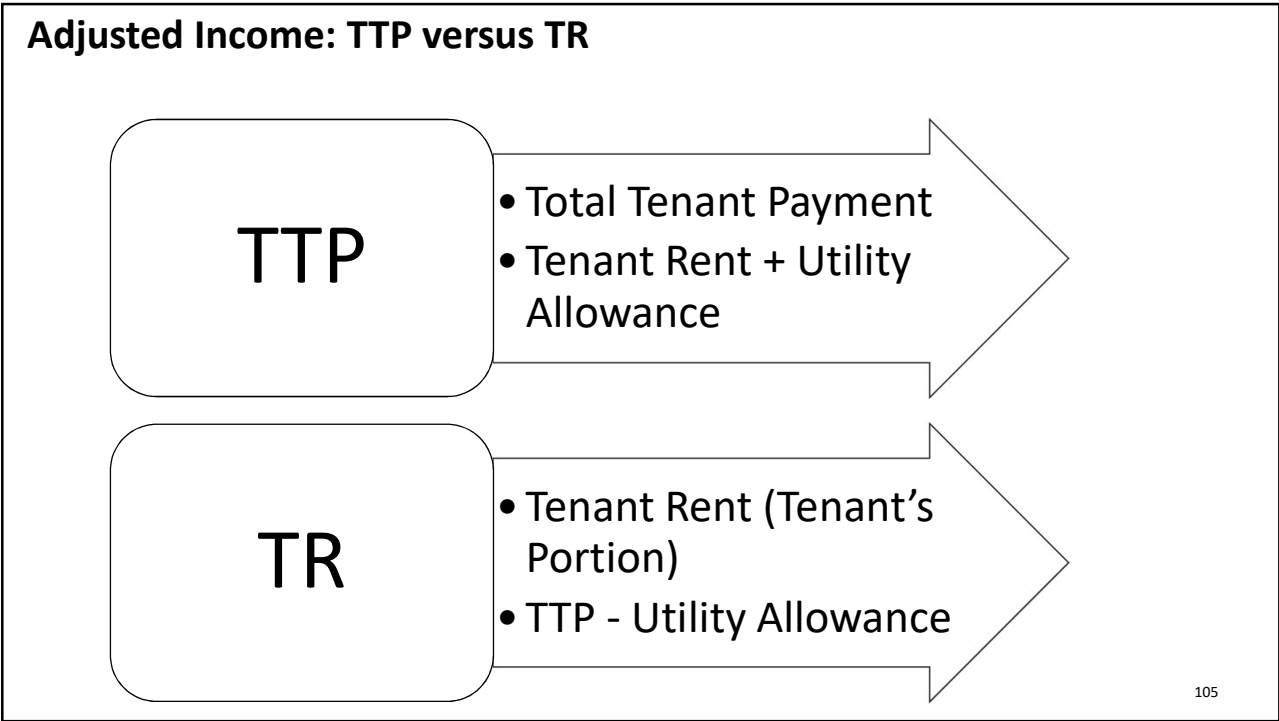
Adjusted Income



Gross Income is used to determine income eligibility for any assisted unit



Adjusted Income is gross annual income less deductions to determine rent



Screening for Deductions

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
SUPPLEMENT TO THE INTAKE APPLICATION**

Participation in a TDHCA Tenant Based Rental Assistance Program requires the determination of adjusted income to calculate the amount of subsidy assistance your household may be eligible for. Adjusted income is also used to determine the required tenant paid rent of a household identified as over income at recertification on a HOME Rental development. Information disclosed on this form will only be used to determine eligible deductions. If there are any questions that you do not understand, please contact the Administrator, Owner or Management.

Applicant/Resident Name: _____

A. DEPENDENT DEDUCTION (Some household members cannot qualify for this deduction regardless of age, disability, or student status: Head of household, spouse, co-head, a foster child, an unborn child, a child who has not yet joined the family, or a live-in aide.)

1. Is the household comprised of a family member under the age of 18? NO YES, who? _____

2. Is the household comprised of a family member with disabilities? NO YES, who? _____

3. Is the household comprised of a family member who is a full-time student? NO YES, who? _____

B. CHILD CARE EXPENSES DEDUCTION

1. Is the household paying for the care of children age 12 or under? NO YES, for whom? _____

IF YES, Please answer the following questions:

1. Does the child care enable an adult household member to (check) Seek employment OR Be gainfully employed OR Further his/her education (academic or vocational)? NO YES, who? _____

2. Is there an adult household member capable of providing care during the hours care is needed? NO YES

3. Is the child care provided by a member who comprises the household? NO YES, who? _____

4. Is the household reimbursed by an outside Agency or Individual? NO YES, who? _____

C. DISABILITY ASSISTANCE EXPENSES DEDUCTION

1. Is the household paying for attendant care and/or an auxiliary apparatus? NO YES, for whom? _____

IF YES, Please answer the following questions:

1. Does the care and/or use of the auxiliary apparatus enable an adult household member to work? NO YES, who? _____

2. Is the household reimbursed by an Agency and/or Individual for these costs? NO YES, who? _____

3. Identify the type of care and/or apparatus paid for: _____

D. ELDERLY OR DISABLED FAMILY DEDUCTION

1. Is the head of household, spouse, or co-head at least 62 years of age or older? NO YES, who? _____

2. Is the head of household, spouse, or co-head a person with a disability? NO YES, who? _____

E. MEDICAL EXPENSES DEDUCTION (If your household qualifies for the deduction listed in "D" then medical expenses for ALL household members may be eligible for deduction.)

Identify any of the following medical expenses*	Estimated Annual Cost	Can Support for expenses be provided?
Medicare <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Medical Deductible Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Other: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES

1. Is the household reimbursed by an Agency and/or Individual for any of these costs? NO YES, who? _____

2. Did the household have any one-time non-recurring medical expenses? NO YES, explain? _____

F. APPLICANT RESIDENT CERTIFICATION

I certify that the above information is true and correct.

Applicant/Resident Printed Name _____ Signature _____ Date _____

Warning: Title 16, Section 1601 of the T. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States or in any matter within its jurisdiction.

TDHCA Page 1 of 1 May 2019

The household must be screened for deductions.

TDHCA has a Supplement to the Intake Application available on the website.

Developments may develop and utilize their own version of screening tool.

Adjusted Income: Dependent Deduction

- Dependent Deduction of \$480 per eligible dependent in the household
- Dependents are defined as household members who are not head, spouse, co-head and are:
 - Under 18 years of age
 - A person with disabilities at any age
 - A full-time student, 18 years of age or older

To qualify for the deduction, verification of disability or student status is required
- A foster child, foster adult, unborn child, a child that has not joined the household yet, or dependent of a live-in aide will never qualify for the deduction
- A household does not have to have legal custody of a dependent to receive the deduction; however, the dependent must live in the unit

Adjusted Income: Dependent Deduction

- Full-time student status is defined by the institution of higher education, with a degree or certificate program, where the student is enrolled
- A household may not receive a double dependent deduction for one member
 - For example, a 19 year old, disabled, full-time student would not be eligible for two dependent deductions
- If one household shares custody of a child and both live in assisted housing, only one household can claim the dependent deduction
 - If there is a dispute about who gets to claim the dependent deduction, refer to available documents such as copies of court orders or IRS Tax Returns showing which parent/legal guardian has claimed, or has the right to claim, the child for tax purposes

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Learning Point

The Mendoza household is comprised of five persons. Alfred and Maria reside in the unit with their three (3) dependent children; Josh is 13, Nathan is 9 and Sophie is 3. Is the Mendoza household eligible for a dependent deduction? If yes, how much?

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Learning Point

The Hearn household is comprised of Mark who is disabled, his wife Christy and their 19 year old daughter Sydney. Is the Hearn household eligible for a dependent deduction? If yes, how much?

111

Adjusted Income: Child Care Deduction

- The Child Care Deduction is available for anticipated expenses to any household paying for child care. The deduction is available to all children under the age of 13 living in the unit (including foster children) when child care enables a family member to...
 - Work
 - Look for work
 - Go to school (academic or vocational)
- The household has to evidence that there is no adult family member capable of providing care during the hours care is needed
- Child care expenses cannot be reimbursed by an outside agency or individual
- Child care expenses deducted must be reasonable

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Adjusted Income: Child Care Deduction

- Child care expenses are not paid to someone living in the unit
- Child care expenses cannot exceed the work income generated by the household member during the period in which care is provided
- The child care expenses are not restricted when seeking employment or attending school
- To document anticipated child care expenses, the household must:
 - Identify the child(ren) who will be cared for
 - Identify the family member who is enabled to work, look for work, and/or go to school because of the child care
 - Evidence that no other adult household member in the unit is available to care for the child
 - Identify the child care provider
 - Provide documentation of cost

113

Learning Point

Jessica Smith works as a receptionist Monday through Friday for 40 hours per week earning \$11.50 an hour. Jessica's 10 year old daughter, Patty, attends the YMCA program after school from 3pm to 6pm each day during the school year. Jessica pays the YMCA \$7.00 an hour for the care of her daughter. She receives no reimbursement for her child care expenses. Jessica daughter spends the summer's with her grandparents and Jessica does not have any child care expenses during the summer. Is the Smith household eligible for a child care deduction?

114

Learning Point

How much is the child care deduction for Jessica’s household?

- Step 1: Determine Jessica’s annual income



- Step 2: Determine what Jessica’s earned income is while Patty attends after-school care



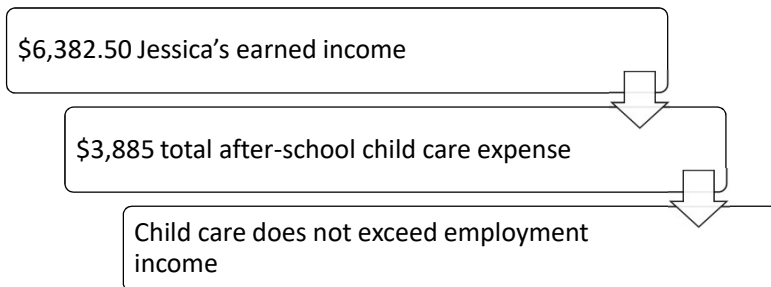
115

Learning Point

- Step 3: Determine the after-school child care expenses for Patty



- Step 4: Determine that Patty’s after-school child care expenses do not exceed Jessica’s earned income generated during the period in which care is provided



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Adjusted Income: Disability Deduction

- Disability Assistance Expense Deduction is available for unreimbursed, anticipated costs for attendant care and/or an auxiliary apparatus.
- The care or apparatus enables a household member, 18 years or older, including the disabled member to work
- The amount claimed is the difference in total expenses for attendant care and/or auxiliary apparatus that exceeds 3% of annual income and earned income of the adult household member enabled to work by the attendant care or auxiliary apparatus
- If the disability assistance enables more than one household member to be employed, the allowance cannot exceed the combined income of both

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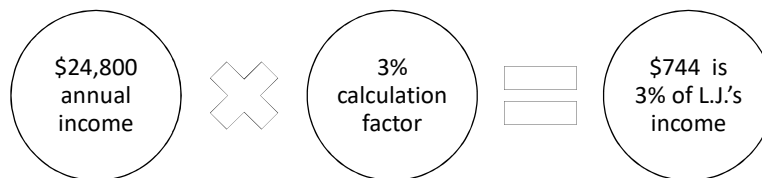
Adjusted Income: Disability Deduction

- Auxiliary apparatus includes items that are directly related to permitting the disabled person or other family member to work
- Includes items such as, but not limited to, the following:
 - Wheelchairs, ramps, adaptations to vehicles (one-time allowances);
 - Cost of maintenance and upkeep of an auxiliary apparatus (i.e. veterinarian and food costs of service animal)
 - Attendant care includes, but is not limited to, reasonable expenses for home medical care, nursing services, interpreters for hearing impaired persons and readers for persons with visual impairments

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Learning Point

- L.J. is an individual with disabilities that works full-time and has an annual income of \$24,800. He requires a motorized wheelchair and special transportation to get to his job. The eligible disability expense is \$8,500 for his transportation to and from his job. Is L.J. eligible for a disability expense deduction? If yes, how much?
- Step 1: Determine 3% of L.J.'s annual income



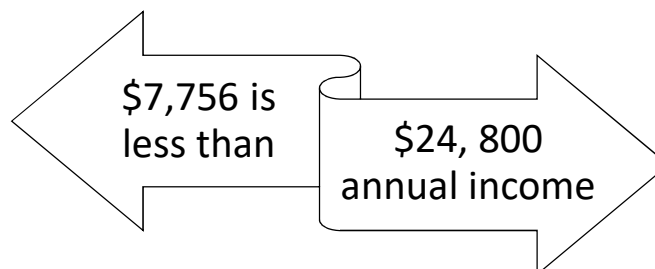
119

Learning point

- Step 2: Determine L.J.'s eligible disability deduction



- Step 3: Ensure L.J.'s allowable deduction does not exceed his annual income



120

Adjusted Income: Elderly or Disabled Deduction

- Elderly or Disabled Deduction is a one-time \$400 deduction
- The deduction is available to a household if the head, spouse, or co-head (or the sole member) is at least 62 years of age or older, or is a person with disabilities
- A household is entitled to only one \$400 deduction regardless of how many household members qualify as elderly or disabled

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Learning Point

Ted is 29 years old and a person with disabilities. Is Ted eligible for the elderly or disabled deduction? If yes, how much?

Carolyn is 62 and lives with her husband, Jeff, who is 35 and disabled. Is the household eligible for the elderly or disabled deduction? If yes, how much?

122

Adjusted Income: Medical Expense Deduction

- Medical Expense Deduction is the portion of total medical expenses that exceeds 3% of annual income and is only permitted for households in which the head, spouse, or co-head is elderly or disabled
- If the household is eligible, include the unreimbursed anticipated medical expenses of ALL household members (including non-elderly, foster adults or children)
 - Medical expenses include medically necessary apparatus, services and medications
- Include ongoing expenses paid in the past 12 months to project the upcoming year's expenses
- Ongoing payments toward existing, unpaid medical bills are eligible for inclusion for the upcoming year
 - NOTE: Must only include the amount of payments to be made, not the total balance due

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Adjusted Income: Medical Expense Deduction

- Examples of eligible medical expenses include, but are not limited to:
 - Services of doctors and healthcare professionals
 - Services of healthcare facilities
 - Medical insurance premiums or cost of an HMO
 - Prescription/Nonprescription medicines that have been prescribed by a physician
 - Dental expenses
 - Eyeglasses
 - Hearing aids

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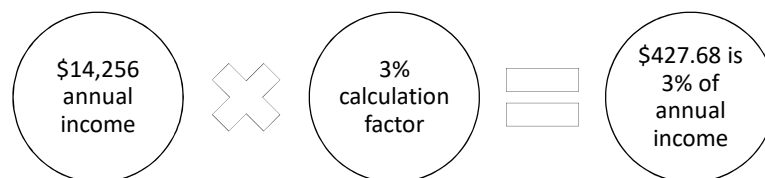
Learning Point

- David Martinez is 31 years old and disabled. David is married to Ursula and their total combined gross annual income is \$14,256, with a total of \$2,000 of anticipated eligible medical expenses for the household. Is the Martinez household eligible for a medical expense deduction? If yes, how much?

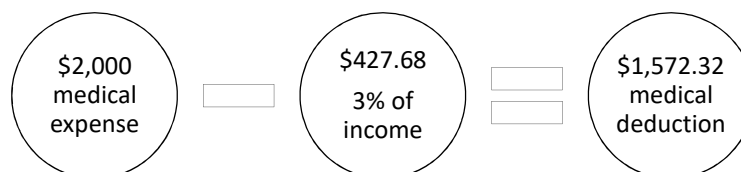
125

Learning point

- Step 1: Determine 3% of the Martinez household's annual income



- Step 2: Determine the medical expense deduction amount



The Martinez household is eligible for a medical expense deduction of \$1,572.32

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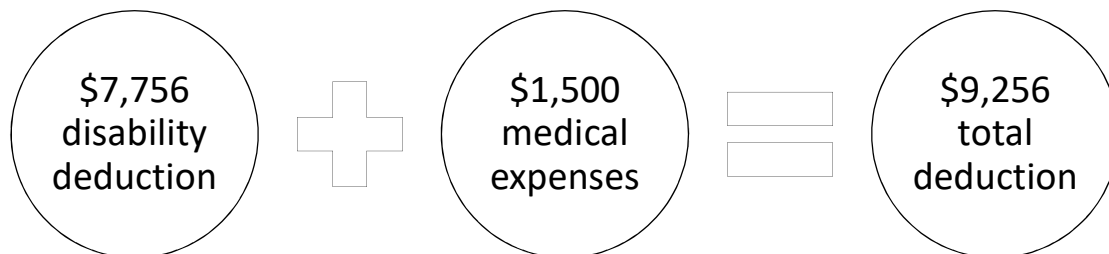
Adjusted Income: Medical Expense Deduction

- If the household is eligible for both medical and disability assistance expense deductions, the following must be considered:
 - Ensure that the household's 3% of income test is applied only one time
 - The disability assistance expense deduction must be calculated before the medical expense deduction is determined
 - The disability assistance expense deduction is limited by the amount earned by the person enabled to work
 - Expenses cannot be included in both categories (no double-dipping)

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Learning Point

- L.J has a disability expense deduction of \$7,756. In addition, L.J. also has medical expenses in the amount of \$1,500 that are not reimbursed by insurance. Since L.J.'s disability expense have already been calculated, which is required to be determined first, then the medical is just added.



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Learning Point

Example – Special Calculation for Families Who Are Eligible for Disability Assistance and Medical Expense Deductions

The following is basic information on the family:

Head (retired/disabled)—SS/pension income	\$16,000
Spouse (employed)—employment income	+ \$4,000
Total Annual Income	\$20,000
Total disability assistance expenses	\$500
Total medical expenses	\$1,000

Step 1: Determine if the disability assistance expenses exceed 3% of the family's total annual income.

Total disability assistance expenses	\$500
Minus 3% of total annual income	<u>-\$600</u>
	(\$100)

No portion of the disability expenses exceeds 3% of the annual income; therefore, the disability assistance deduction is \$0.

Step 2: Calculate if the medical expenses exceed the balance of 3% of the family's total annual income.

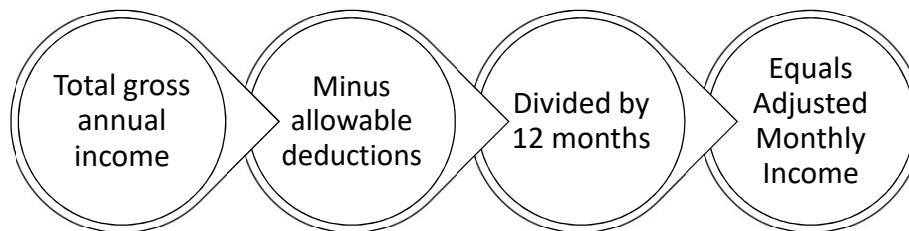
Total medical expenses	\$1,000
Minus the balance of 3% of total annual income	<u>-\$100</u>
Allowable medical expenses deduction	\$900

In the event that the household's initial 3% calculation does not exceed the disability assistance expenses; the remainder of the 3% will be applied during the medical expense deduction calculation.

HUD 4350.3 Rev-1
5-10 (E)

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Calculating Rent from Adjusted Income



- The total tenant payment (TTP) is the greater of the following:
 - 30% of monthly adjusted income
 - 10% of monthly gross income
 - Welfare rent (not applicable in Texas)
- The owner's or service bureau's software calculates the tenant's portion of rent
- The 811 program does not have a minimum tenant rent requirement

130

Learning Point

The Guzman household's gross annual income is \$12,550 and their adjusted income after deductions is \$ 10,220. To determine the TTP, two calculations must be performed:

$$\$10,220 / 12 \text{ months} = \$851.67 \times 30\% = \$255.50$$



$$\$12,550 / 12 \text{ months} = \$1,045.83 \times 10\% = \$104.58$$



The TTP (rent including Utility Allowance) in this scenario is \$256 monthly

Complete the HUD-50059

The owner's or service bureau's software calculates rent based on the appropriate formulas and produces a printed copy of the HUD-50059 to be executed by the owner or agent and the household

Module 5

Lease, Lease Addenda, Deposits, and Fees

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Lease Requirements and HUD Documents

811 HUD Model
Lease

Move-in Inspection

House Rules

Pet Rules
(if applicable)

Live-in Aide
Addendum
(if applicable)

“EIV & You”
Brochure

Resident Rights
and
Responsibilities
Brochure

How Your Rent is
Determined Fact
Sheet

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811 HUD Model Lease

No Modifications	<p style="text-align: right;">OMB Approval No. 2502-0603 (Exp. 04/30/2025)</p> <p style="text-align: center;">811 Project Rental Assistance Lease SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES</p> <p>ent made and entered into this (JA) day of _____, 20____ between (IB) _____ and (IC) _____ as Tenant.</p>
Signed by all adult household members	<p>whereas the LANDLORD is a multifamily project receiving federal project-based rental assistance pursuant to Section 811 of the Cranston-Gonzalez National Affordable Housing Act, as amended by the Frank Melville Supportive Housing Act of 2010 and</p> <p>LANDLORD has entered into a Rental Assistance Contract with the State Housing Finance Agency (SFHA).</p>
811 Lease supersedes leases for other funding	<p>in accordance with a Cooperative Agreement between HUD and the SFHA, HUD agrees to disburse Section 811 Project Rental Assistance (SFHA Demo) Funds to the Landlord, conditioned on the the existing occupancy, based upon a RFA agreed specified number of units, to extremely low income persons with disabilities as defined in Section 811 of the National Affordable Housing Act, as amended and applicable HUD regulations under criteria for eligibility of TENANTS for admission to assisted units and conditions of continued occupancy in accordance with the terms and provisions of the RAC contained herein.</p>
811 households should only execute the 811 HUD Model Lease	<p>2. The total rent (Contract Rent) shall be \$ (GD) per month.</p> <p>3. The total rent specified in Paragraph 2, above, shall include utilities:</p> <p>The total rent includes all utilities, enter "ALL" where some or all utilities, enter the following additional (3a).</p>
Initial lease must be one year – The lease will automatically renew for successive one-month terms	<p>4. The amount stipulated herein does not include the cost of the following utility service(s), for which the Utility Allowance is \$ (H) (I).</p> <p style="text-align: right;">Page 1 of 10 form HUD-92236-FRA (02/2014)</p>

Annual Recertification Initial Notice

Annual Recertification Initial Notice

U.S. Department of Housing and Urban Development
Federal Housing Commissioner

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Recertification Notice

Exhibit 7-1: Annual Recertification Initial Notice

Initial Notice [To be signed by resident and owner at initial certification and at subsequent recertifications]

(Tenant's Name) _____ (Date) _____
(Address) _____

Dear _____:

As stated in paragraph 15, 10, or 3—indicate the paragraph number that corresponds to the paragraph of the model lease being used for the tenant(s) of your lease, the U.S. Department of Housing and Urban Development (HUD) requires that we review your income and family composition every year to redetermine rent and assistance levels.

To complete our review of your income and family composition, you must meet with (Resident Manager, Occupancy Clerk, etc.) and supply the required information each year. (The Resident Manager, Occupancy Clerk, etc.) will conduct your recertification interviews in (month and year). We will send you a reminder notice when it is time for your next recertification interview. At that time you must contact (the Resident Manager, Occupancy Clerk, etc.) to schedule an appointment for an interview.

*Cooperation with the recertification requirement is a condition of continued program participation. You must report the required information and provide the required signatures to enable the owner to process the recertification by the (month and year) of the 15th day of the 1st month after the last annual recertification.

When you attend the interview, you must bring the following information: (List all required information.)

I have read and understand this letter describing the requirement for my participation in an annual recertification interview.

Signature of the Head of Family _____ Date _____

Signature of Witness _____ Date _____

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by 24 CFR 1487, 800.609, 804.218, 806.504, 811.410, 811.412 and 811.702 requires that the owner must reexamine the income and composition of all families at least annually. By providing tenants notification in advance of the scheduled recertification meeting and the information they need to provide, the tenant is made aware of the documents they need to retain throughout the recertification period in order to reduce their burden at the time of recertification. This information is considered non-sensitive and does not require any special protection.

form HUD-9010 (12/2007)
ref. HB 4350.3 Rev. 1

Move-In/Move-Out Inspection Form HUD-90106

Move-In

Owner and tenant must jointly inspect the unit



TDHCA offers a waiver form for this requirement



If cleaning or repairs required, the owner must indicate on the form a date (within 30 days) the work will be completed



Owner and tenant must both sign and date the form



Tenant has five (5) days to report any additional deficiencies

Move-Out

Owner should encourage tenants to accompany them on the inspection

Must have the statement that the unit is in decent, safe and sanitary condition if the development creates their own form.

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House Rules

Must be related to the safety, care, and cleanliness of the building or the safety and comfort of the tenants

Example – Possible Topics for House Rules
Safety and care of the building: Guest rules, locks and lost keys, access to the front door, and security systems.
Cleanliness of the building: Trash disposal, littering, hallway obstructions, and lobby rules.
Safety and comfort of tenants: Noise levels, fire safety, and security.

Must be reasonable

HUD 4350.3 Rev-1 6-9(B)(1)(a)

Reasonable House Rules	Unreasonable House Rules
Requesting that all visitors sign in when entering the building.	Not allowing a visitor in a tenant's apartment during nighttime.
Not allowing smoking in the common areas of the building.	
Asking tenants to turn sound equipment low after a certain time at night.	Asking tenants to turn the lights off after a certain time at night.
Asking all children under the age of 12 to be accompanied by an adult resident when using building facilities.	Asking all children under the age of 12 to be accompanied by an adult resident at all times in the building.

HUD 4350.3 Rev-1 Figure 6-6

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House Rules Review

- 10 TAC 8.6(j)(4) states, “Upon the execution of the RAC, an Owner is required to submit a copy of the Development Policies (House Rules) to the Department for review.” Furthermore, “The Owner is required to send a copy of amendments to the House Rules to the Department before implementing changes.”
- House Rules must be submitted for Department review anytime an update or change is made.
- Owners must submit House Rules to 811info@tdhca.state.tx.us.

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Pet Rules

Pet Rules

Pets are allowed at owner's discretion

If pets are allowed the owner must create Pet Rules

Does not apply to assistance animals

Included as an addendum to the lease

Maximum Pet Deposit must not exceed \$300. Pet Rules must provide for an initial deposit of \$50 and gradual payments not to exceed \$10 per month

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Live-in Aide Addendum

Establishes that a live-in aide is not eligible to remain in the unit once the tenant is no longer living in the unit

Gives the owner the right to evict a live-in aide who violates any of the House Rules

EIV & You Brochure

Information for applicants and tenants about HUD's EIV system and how they may be impacted by the use of the data

Copy must be provided to applicants and tenants at move-in and annually at recertification

U.S. Department of Housing and Urban Development
Office of Housing • Office of Multifamily Housing Programs

RHIP
RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION

What YOU Should Know
If You are Applying for or are Receiving Rental Assistance through the Department of Housing and Urban Development (HUD)

What is EIV?
EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure the right benefits go to the right persons.

What income information is in EIV and where does it come from?
The Social Security Administration:
• Social Security (SS) benefits
• Supplemental Security Income (SSI) benefits
• Dual Entitlement SS benefits

The Department of Health and Human Services (HHS) National Directory of New Hires (NDNH):
• Wages
• Unemployment compensation
• New Hire (NH-4)

What is the information in EIV used for?
The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:
• correctly reported your income

They will also be able to determine if you:
• Used a false social security number
• Failed to report or under reported the income of a spouse or other household member
• Receive rental assistance at another property

Is my consent required to get information about me from EIV?
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?
Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

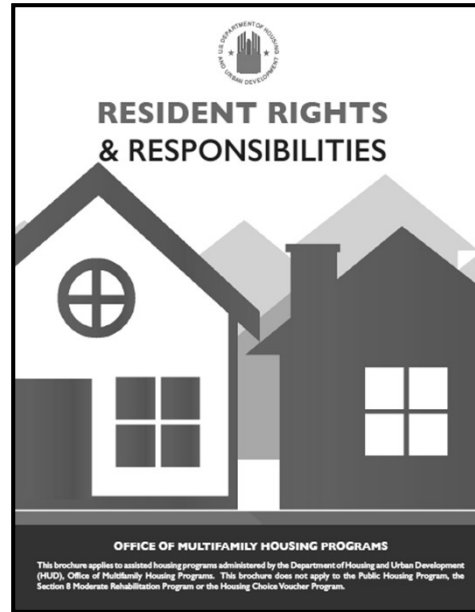
What are my responsibilities?
As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-92009) is accurate and honest. This is also described in the Tenants Rights & Responsibilities brochure that your property owner or manager is required to give to you every year.

Resident Rights and Responsibilities

Briefly lists some of the most important rights and responsibilities for the tenant to get the most out of their home

Copy must be provided to applicants and tenants at move-in and annually at recertification

Does not replace the Department's Tenant Rights and Resources Guide



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How Your Rent is Determined Brochure

Guide to inform the residents of the responsibilities and rights regarding income disclosure and verification

Presented to the applicant at the time of application

FACT SHEET
For HUD ASSISTED RESIDENTS
Section 202/162 – Project Assistance Contract (PAC)
Section 202/811 – Project Rental Assistance Contract (PRAC)

“HOW YOUR RENT IS DETERMINED”

Office of Housing
June 2007

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information

- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by \$200 more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?
Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?
Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

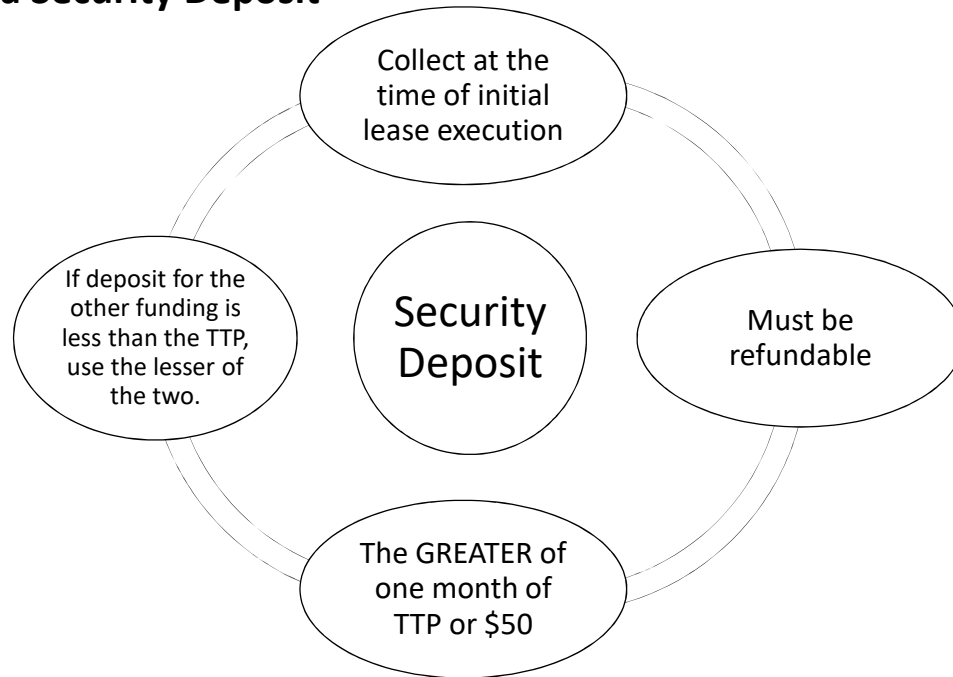
The rent a family will pay is the highest of the following amounts:

- 30% of the family's monthly adjusted income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

Note: An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a

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Collecting a Security Deposit



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Other Fees

Allowable Fees

- Damage due to neglect;
- 1) current tenant has 30 days to pay after receipt of bill.
 - 2) Damages at move-out can be deducted from Security Deposit.

Lock-out calls or providing extra keys

Reasonable court filing, attorney and legal fees

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Other Fees

Disallowable Fees

Application Fees

Late Rent

Fees for returned checks or insufficient funds

Fees for bad behavior

Pet Rent

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Damage Funds

During or after tenancy, the Department can pay up to \$3,000 for unit damage that are the result of a tenant’s abuse or negligence that are above and beyond normal wear and tear. These funds can only be applied for once for each Section 811 tenant.

Normal Wear and Tear on the Unit (Examples of Ineligible Expenses)	Tenant Damage to the Unit (Examples of Eligible Expenses)
<ul style="list-style-type: none"> • Fading, peeling, or cracked paint • Slightly torn or faded wallpaper • Small chips in plaster • Nail holes, pin holes, or cracks in wall • Door sticking from humidity • Cracked window pane from faulty foundation or building settling • Floors needing coat of varnish • Carpet faded or worn thin from walking • Loose grouting and bathroom tiles • Worn enamel in fixtures • Rusty shower rod • Partially clogged sinks caused by aging pipes • Routine replacement of appliances, carpeting, and/or fixtures 	<ul style="list-style-type: none"> • Gaping holes in walls or plaster • Drawings, crayon markings, or wallpaper that owner did not approve • Chipped or gouged wood floors • Doors ripped off hinges • Broken windows • Missing fixtures or other supplied items • Holes in ceiling from removed fixtures • Holes, stains, or burns in carpet • Chipped and broken enamel in bathtubs and sinks • Inoperable plumbing • Excessive damage to appliances, carpeting, and/or fixtures that warrant their replacement outside the normal schedule of replacement.

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Module 6

Recertification, Interim Certifications, Unit Transfers and Gross Rent Changes

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Annual Recertification

Owners should not assume that a family's circumstances or family composition is the same as the last year.

Owners should compare the new information provided to the previous information in the file.

Owners should look for changes in household composition, income and asset sources for all members.

Owners must follow-up on any discrepancy found.

Changes in income or family composition can affect the amount of assistance a tenant is eligible to receive and, therefore, the amount the tenant pays for rent.

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120-Day Annual Recertification Notification

Monthly Recertification Report pulled 120 days before an anniversary month:

- Example: April Annual Recertification Due
 - Report pulled in January to list residents that have a recertification due in April.
 - Report details residents names, move in dates, birth dates, Referral Agent Names and Email addresses
 - Email submitted to all Referral Agents listed in the report notifying them of the residents they have with an annual recertification due.
 - Email includes the reason for the email and a handout with a file checklist and a handout detailing how Section 811 resident's rent is determined.
- Emails not only provide useful information to Referral Agents, but Referral Agents provide us with updated information for their clients.

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Annual Recertification

Owners must conduct a recertification of family income and composition at least annually

Tenants must sign consent forms (HUD-9887/9887A) and asset declaration forms. Tenants must be provided the HUD Fact Sheet and the "EIV and You" brochure.

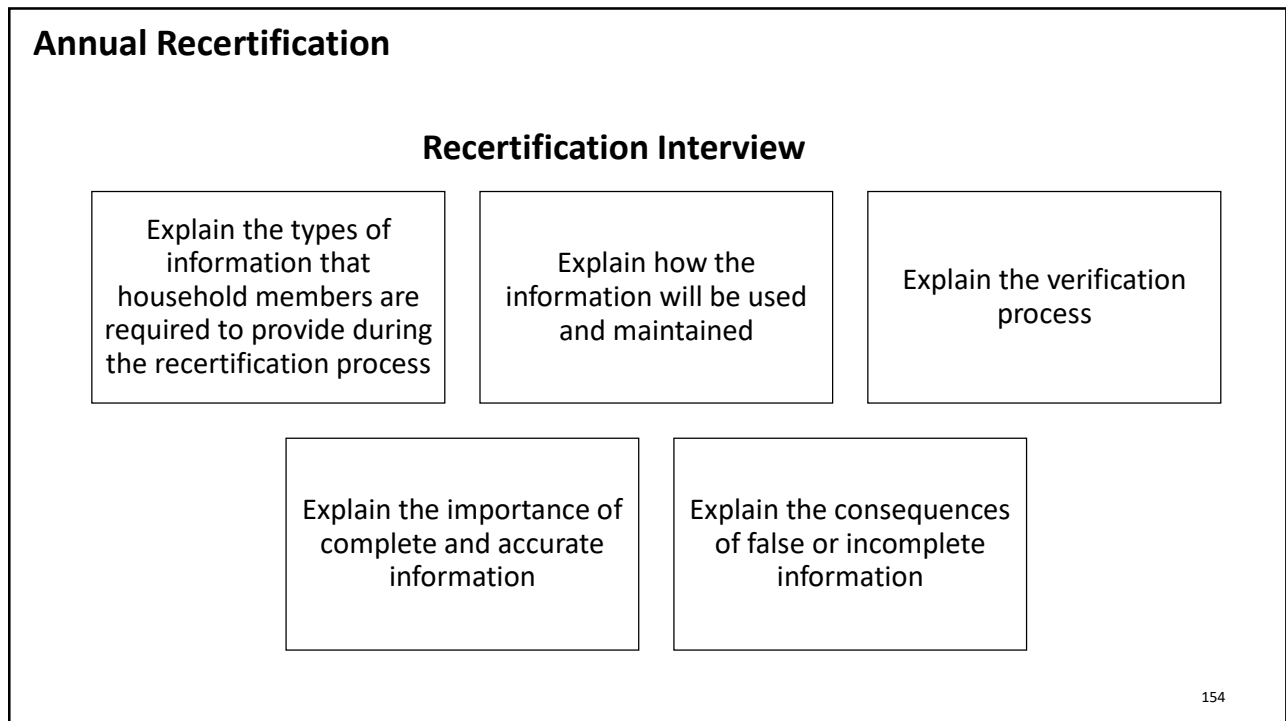
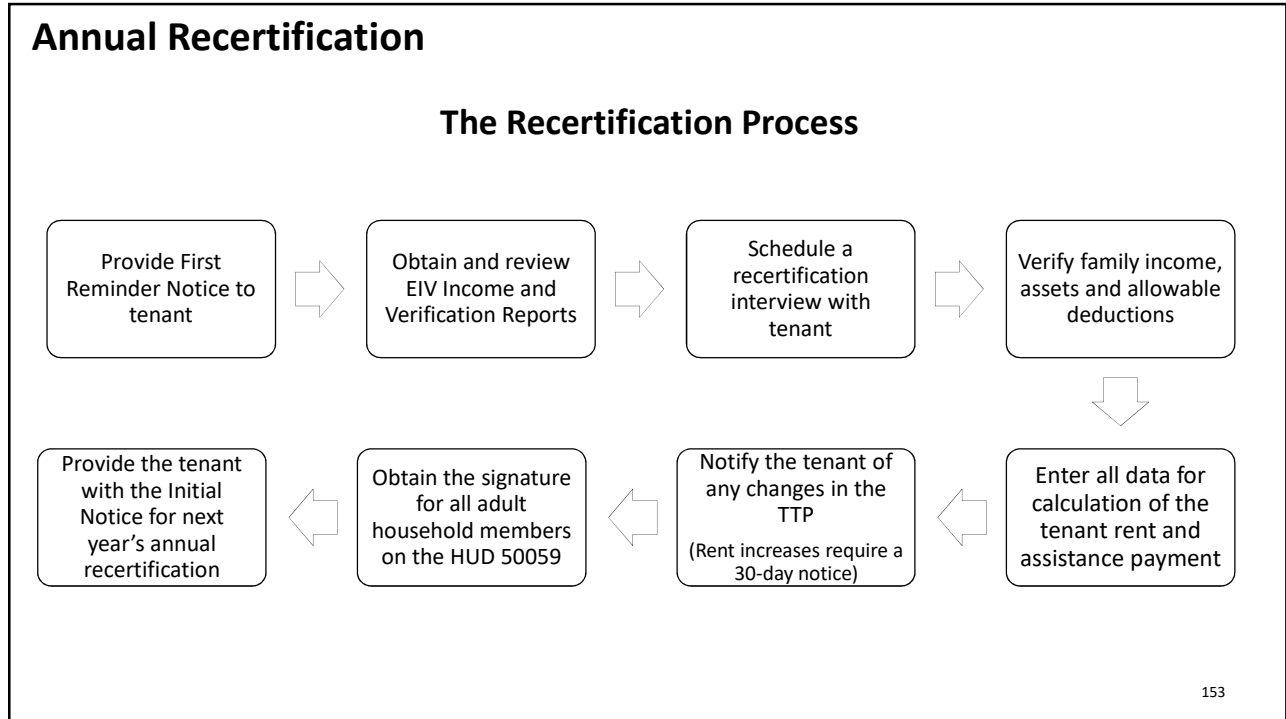
Owners must use the EIV Income Report as verification of employment and awarded Social Security benefits. It must not be used to calculate the employment income. It must be used to calculate Social Security Income.

Owners must obtain verification for the following items:

- Annual income from wages and unemployment
- Other income sources not reporting to the EIV System (child support, pensions, etc...)
- The value of family assets
- Expenses related to allowable deductions

Owners analyze household income and then recompute the tenant's rent and assistance payments, if applicable, based on the information gathered

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Annual Recertification

Recertification Notice Due Dates

Notice	Date the Notice Is Due to the Tenant	Sample Timeline Assumes a December 1 Recertification Anniversary Date
Initial Notice for Upcoming Recertification	At initial lease signing and at every annual recertification thereafter. (Obtain tenant signature acknowledging receipt.)	The initial notice should have been signed by the tenant at the previous year's certification/recertification date, <i>December 1</i> .
First Reminder Notice	120 days prior to the tenant's recertification anniversary date.	The first reminder notice should be sent out by <i>August 1</i> .
Second Reminder Notice <i>(If no response to First Notice.)</i>	At least 90 days prior to the tenant's recertification anniversary date.	The second reminder notice should be sent out by <i>September 1</i> .
Third Reminder Notice <i>(If no response to Second Notice.)</i>	At least 60 days prior to the tenant's recertification anniversary date.	The third reminder notice should be sent out no later than <i>October 1</i> .

HUD 4350-3 Rev-1
Figure 7-4

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Annual Recertification

Example – Timely Recertification of a Tenant

- Recertification anniversary date is 9/1.
- Owner sends tenant First Reminder Notice on 5/1.
- Owner sends tenant Second Reminder Notice on 6/1.
- Tenant reports for recertification interview on 6/25.
- Owner completes processing of recertification and provides 30-day notice of rent increase to the tenant on 7/25.
- Assistance payment, TTP, and tenant rent change on 9/1.

HUD 4350-3 Rev-1
7-8(B)

Recertification should be completed by the recertification anniversary date, including providing the resident with a 30-day notice of any increases in TTP

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Annual Recertification

Example – Timely Tenant Response, But Delayed Verification Processing

- Recertification anniversary date is 9/1.
- Owner sends out all notices in compliance with the requirements on 5/1, 6/1 and 7/1.
- Tenant responds on 7/8.
- Owner completes processing on 8/3.
- Assistance payment changes on 9/1.
- Rent increase is effective on 10/1.

Owner will take a loss in the change of rent for one month

Tenant **MUST** be given a 30-day notice of rent increase

HUD 4350-3 Rev-1
7-8(C)

The owner sends out the notices as required - The tenant responds as required; however, the recertification is delayed by the verification process.

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Annual Recertification

Example – Tenant Delays Recertification Process

- Recertification anniversary date is 9/1.
- Owner provides all three recertification reminder notices per HUD requirements.
- Tenant reports for recertification interview on 8/28.
- Owner finishes processing recertification and notifies the tenant on 9/20.
- New assistance payment, TTP, and tenant rent are retroactive to 9/1.
- The owner does not provide the tenant with a 30-day rent increase notice.

Notice requires tenant to respond prior to the 10th day of the 11th month.

The third notice fulfills the requirement for a 30-day notice of rent increase

HUD 4350-3 Rev-1
7-8(D)(2)

The owner sends out notices – The tenant responds to recertification request after cutoff date, but before the recertification anniversary date.

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Annual Recertification

- Example – Tenant Out of Compliance in 202 or 811 PRAC Project**
- Recertification anniversary date is 9/1.
 - Owner provides all three recertification notices per HUD requirements.
 - Tenant does not respond to notices. Eviction process is initiated. Rent is raised to the greater of operating rent or 30% of income until eviction completed.
 - Tenant responds 9/10. Eviction process stopped.
 - Owner completes processing of income certification on 9/30.
 - New rent TTP/tenant rent effective 10/1 (rent based on 30% of income reinstated).

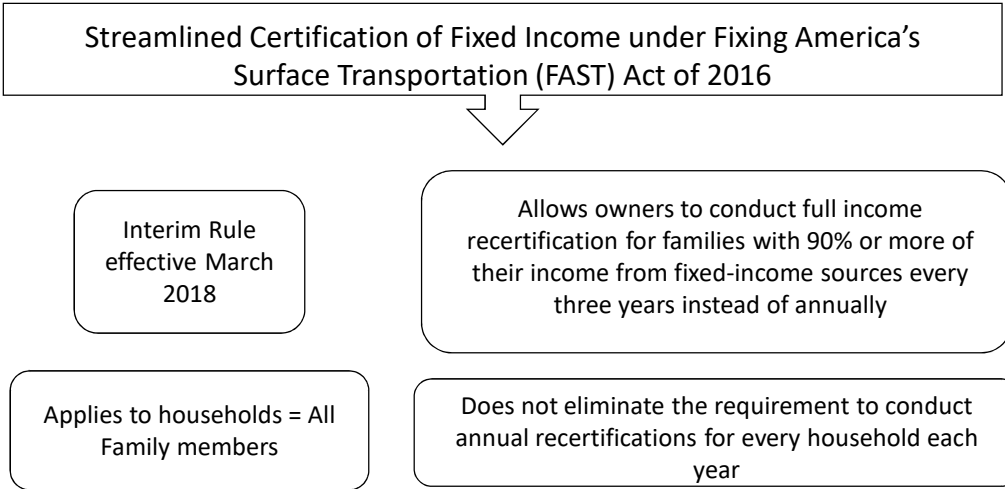
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7-8(D)(3)

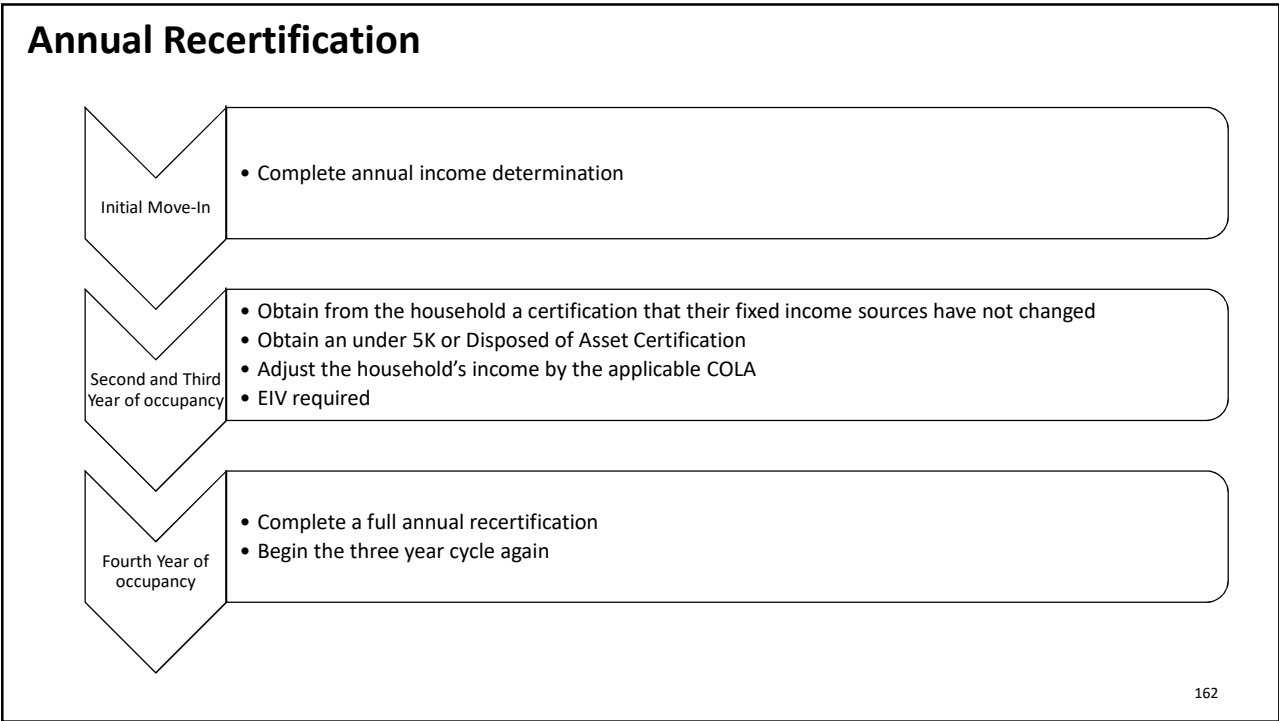
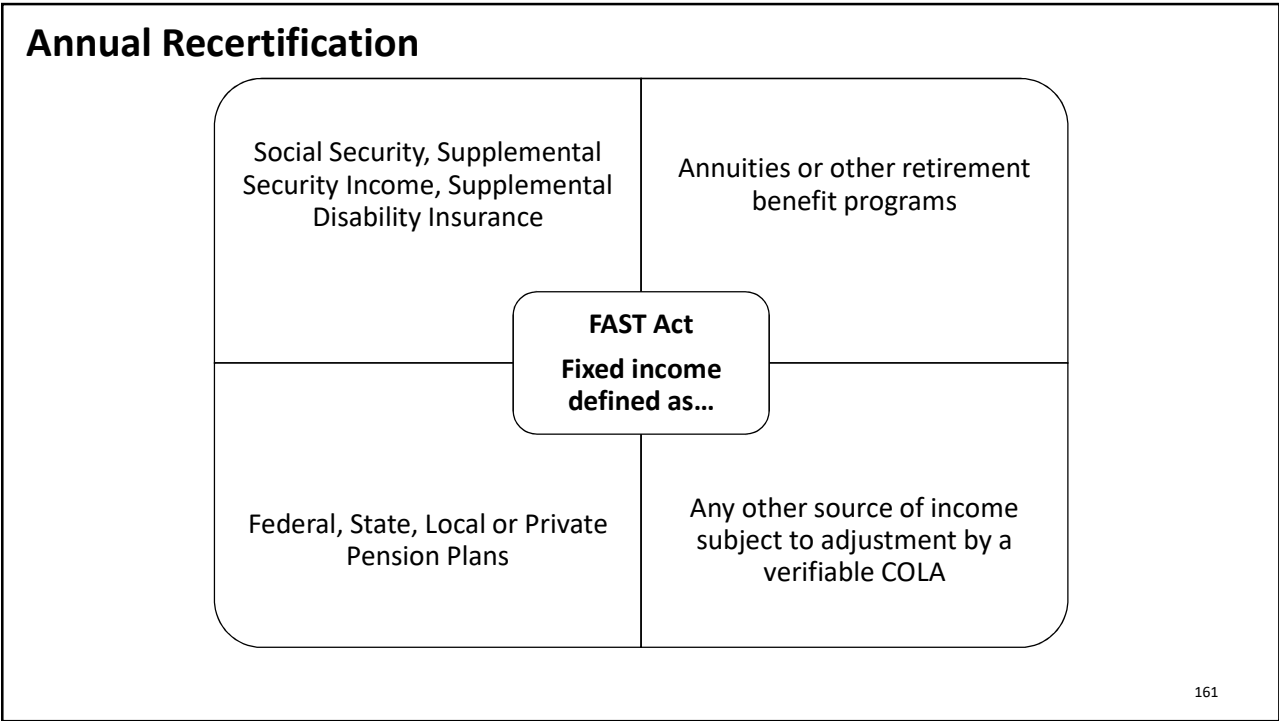
For 811 tenants, you do not begin eviction process, you start the termination of assistance process

The tenant's recertification date changes. The tenant's recertification is processed as an initial certification

The owner sends out notices – The tenant responds after recertification anniversary date.

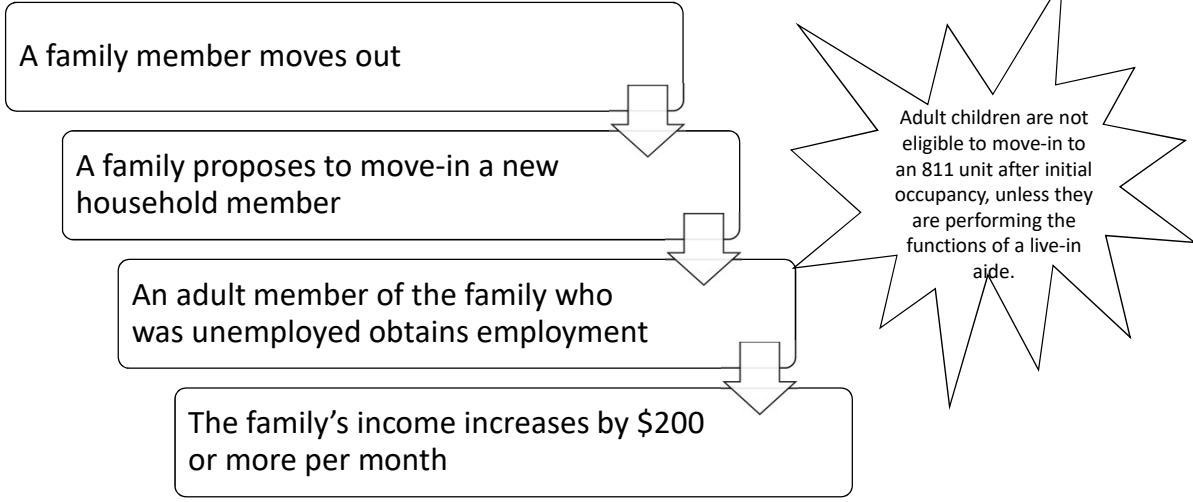
Annual Recertification





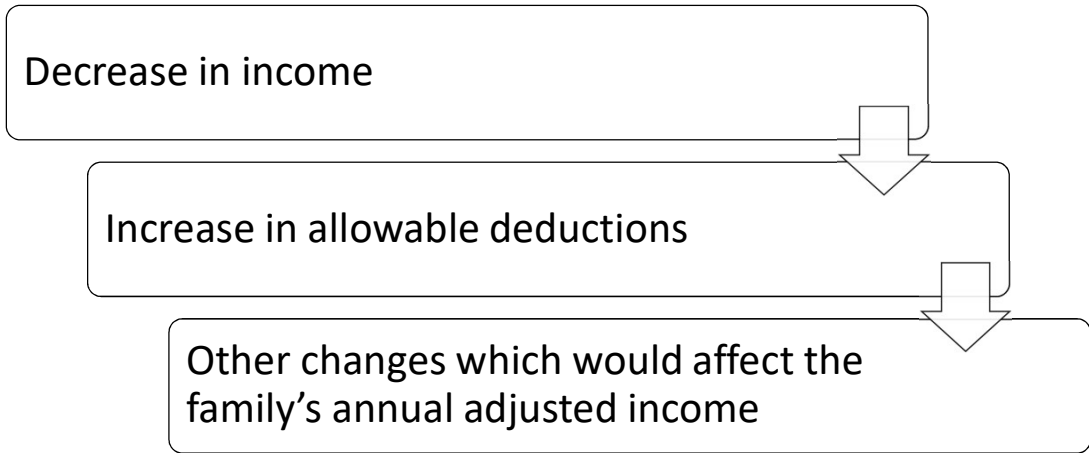
Interim Certifications

Interim Certifications are triggered when the following occurs:



Interim Certification

A tenant may request an interim certification for the following changes:



Interim Certification

Interims are NOT required if:

The decrease was caused by and verified as a deliberate action of the tenant to avoid paying rent

The decrease will last less than one month

The increase in the household's income is below \$200

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Interim Certification

Delaying an Interim Certification

Tenant pays current rent until interim is completed

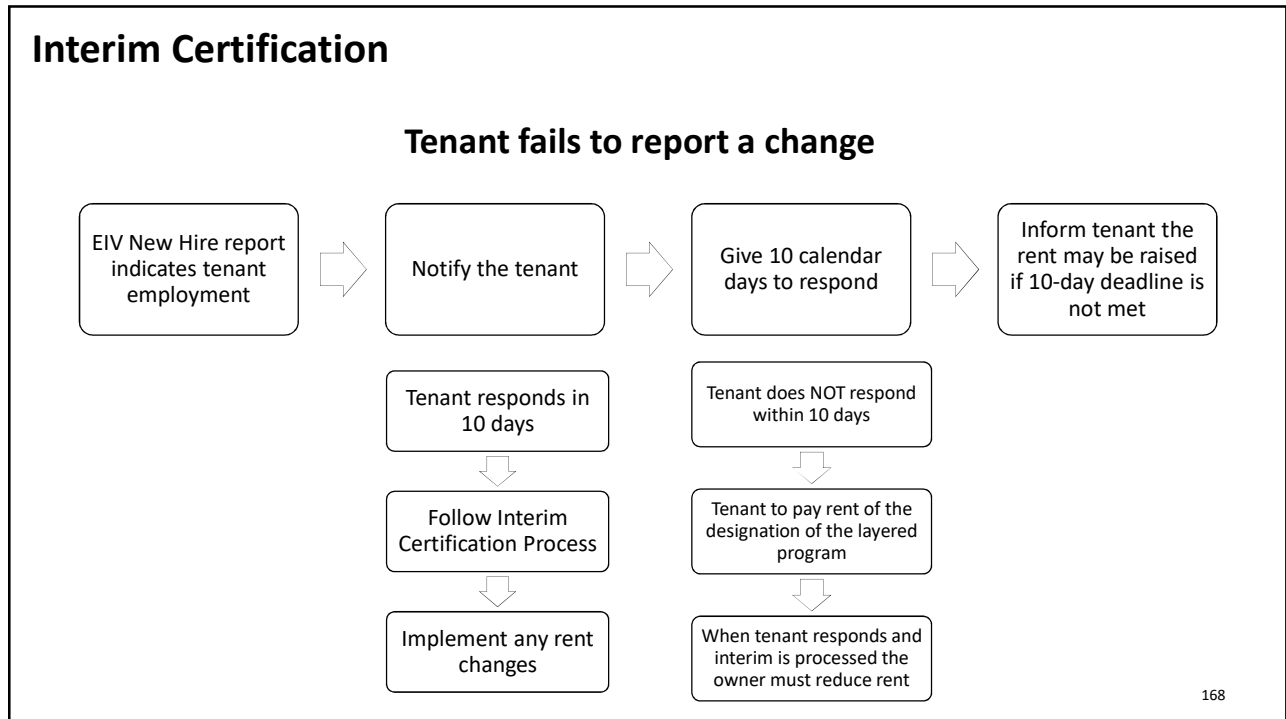
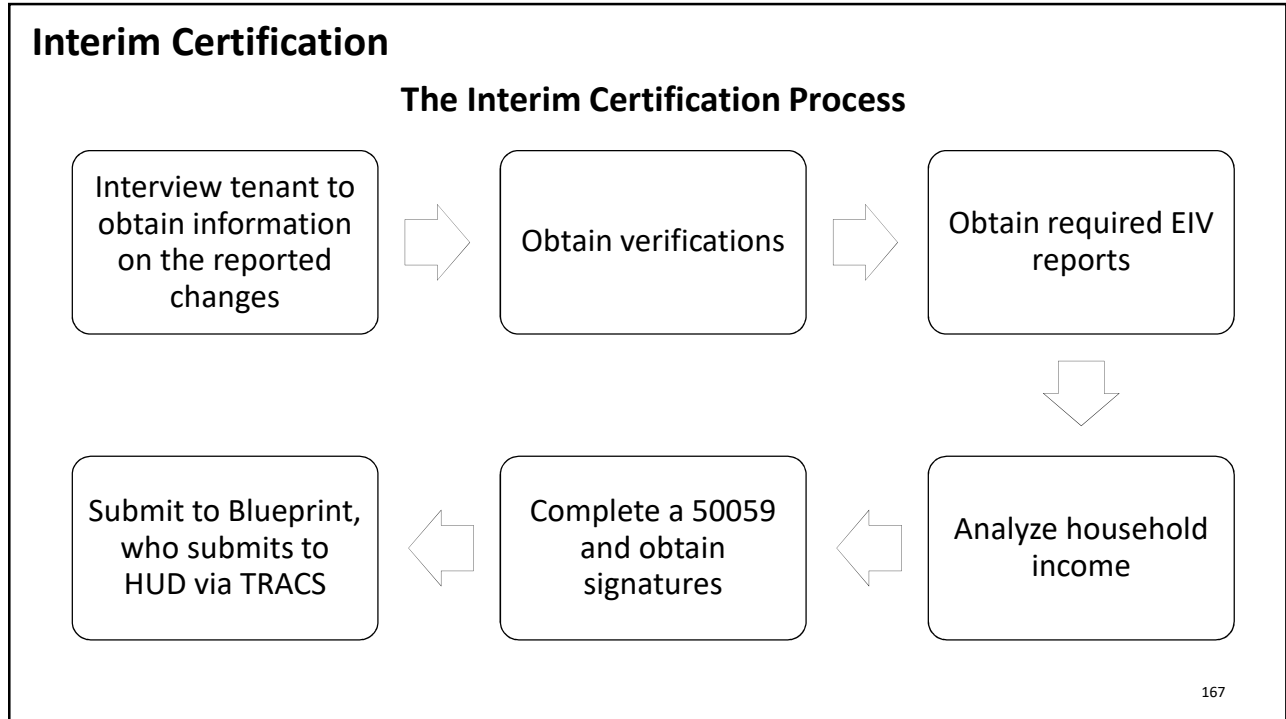
Must not evict for nonpayment of rent

Example – Delaying an Interim Recertification

A tenant, Bob Jenkins, reports to the owner that he was laid off from his job last week. The owner verifies that Bob lost his job and has filed for unemployment benefits. The processing of his application for unemployment benefits has not yet been completed. The owner may wait until the processing of the unemployment claim has been completed.

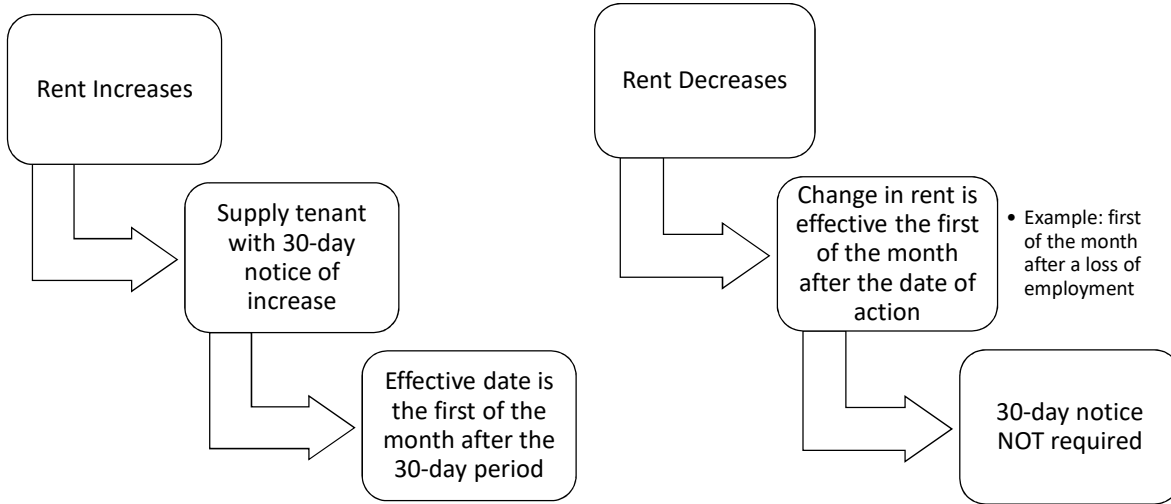
HUD 4350-3 Rev-1
7-11

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Interim Certifications

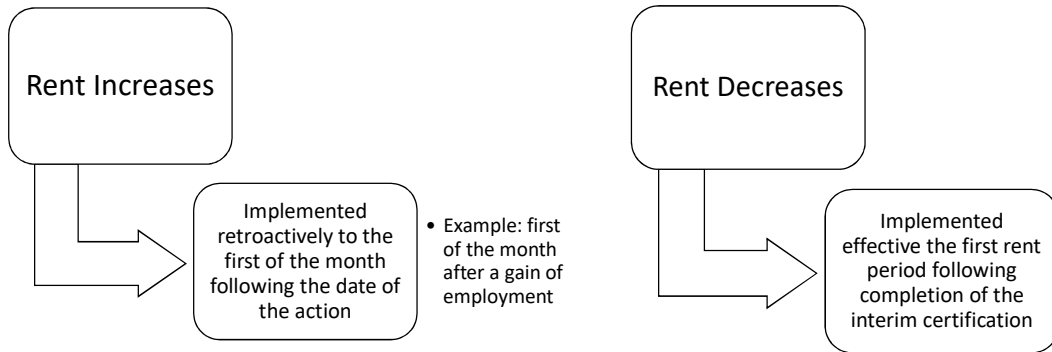
Tenant complies with interim certification requirements:



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Interim Certifications

Tenant fails to comply with interim reporting requirements and owner initiates the interim certification:



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Unit Transfers

Owners must transfer as a result of a change in family size or composition and the current unit is no longer the appropriate size.

Owners are obligated to transfer tenants to different units as a reasonable accommodation to a household member's disability.

Owners must develop additional unit transfer policies to address tenant transfer requests beyond those needed for family size or a reasonable accommodation.

Security Deposits can either be transferred to the new unit or refunded and a new deposit required.

The recertification anniversary date does not change if a tenant transfers from one unit to another unit at the same property.

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Gross Rent Changes

Gross Rent changes occur due to changes in rent and/or Utility Allowances (UA)

Reflected on the Rent Schedule provide by TDHCA

Must be implemented on the effective date of the Rent Schedule

A 30-day notice is required if the tenant rent increases or the UA reimbursement decreases.

A 50059 reflecting any change in the tenant rent, utility reimbursement, total tenant payment or assistance payment must be completed

Must be presented to the tenant, but only needs to be signed by the tenant if there is an increase in tenant rent or decrease in utility allowance reimbursement

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Approved Rent Schedule

Rent Schedule
Low Rent Housing

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0012
(exp. 07/31/2017)

See page 3 for Instructions, Public Burden Statement and Privacy Act requirements.

Project Name: [REDACTED] Project Number: [REDACTED] Date Form Will Be Effective (mm/dd/yyyy): 03/01/2022

Part A - Apartment Rents
Show the actual rents you intend to charge, even if the total of these rents is less than the Maximum Allowable Monthly Rent Potential.

Unit Type	Col 1 Number of Units	Contract Rents		Col 5 Utilities	Col 6 Gross Rent (Col 3 + Col 5)	Market Rents	
		Col 2 Monthly Contract Rent Potential (Col 2 x Col 3)	Col 4 Monthly Contract Rent Potential (Col 2 x Col 3)			Col 7 Monthly Rent Per Unit	Col 8 Monthly Market Rent Potential (Col 7 x Col 1)
TBR	3	769	6,312	102	6,414	891	
TBR	1	959	664	113	1,072		
TBR	1	1,102	1,102	124	1,226		
Total Units	5	Monthly Contract Rent Potential (Market Col 4)				Monthly Market Rent Potential (Market Col 8)	
		10,088				10,088	

These amounts may not exceed the Maximum Allowable Monthly Rent Potential on the Rent Computation Worksheet or Regulation on the Worksheet you are now submitting. Market Rent Potential applies only to Section 236 Projects.

Part B - Items Included in Rent
Equipment/amenities to rent (check those included in rent):
 Range Dishwasher Stove/Cupb.
 Refrigerator Cabinet Ceiling/Fan
 Air Conditioner Drapes/Blinds Kitchen exhaust fan
 Disposal Kitchen exhaust fan

Part C - Charges in addition to Rent (e.g., parking, utility T.L. fees)
 Parking: _____ Monthly Charge: _____
 Utility: _____ Monthly Charge: _____

Part D - Non-Revenue Producing Space
 Col 1 Use: _____ Col 2 Unit Type: _____ Col 3 Contract Rent: _____

Part E - Commercial Space (store, office, garage, etc.)
 Col 1 Use: _____ Col 2 Monthly Rent Potential: _____ Col 3 Square Footage: _____ Col 4 Rental Rate Per Sq. Ft. (Col 2 divided by Col 3): _____

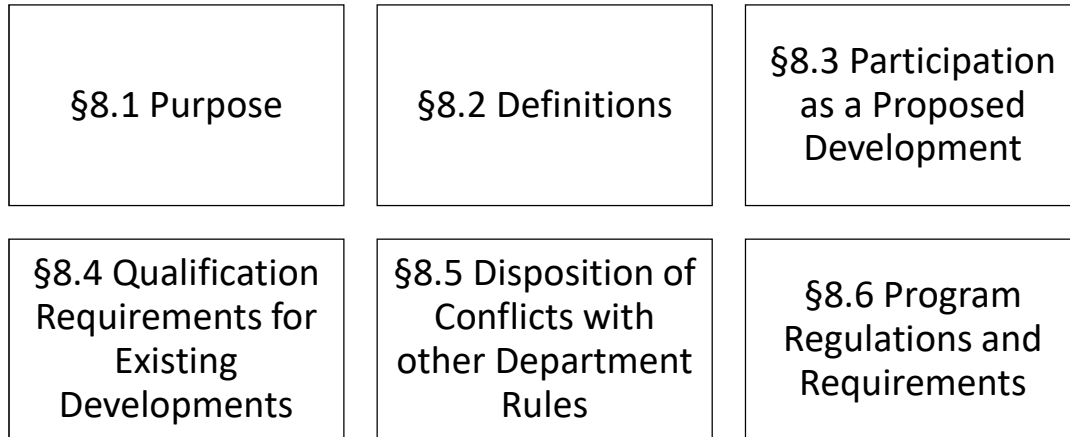
Part F - Maximum Allowable Rent Potential
 After maximum Allowable Monthly Rent Potential From Rent Computation Worksheet (to be completed by HUD or Lender): \$8,310

Previous editions are obsolete. Page 1 of 3 Form HUD-92008 (11/02) of Handbook 4350.1

Module 7

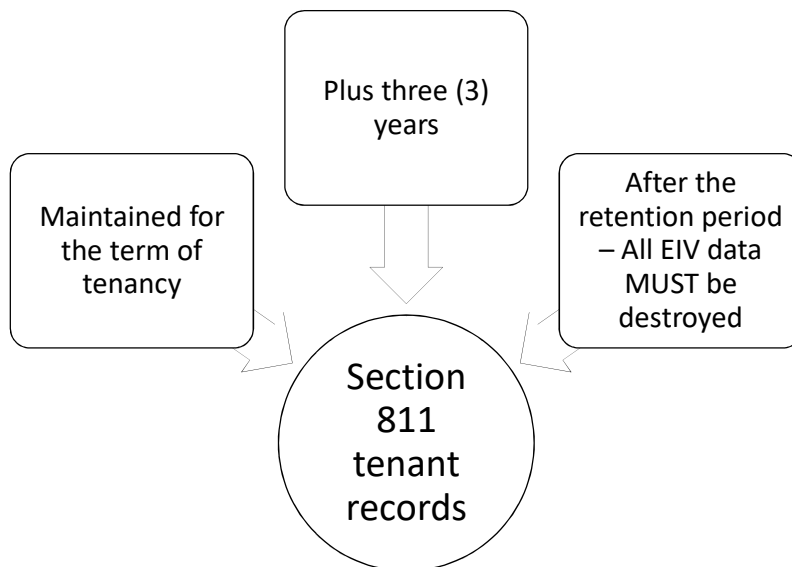
10 TAC Monitoring Regulations

10 TAC Chapter 8



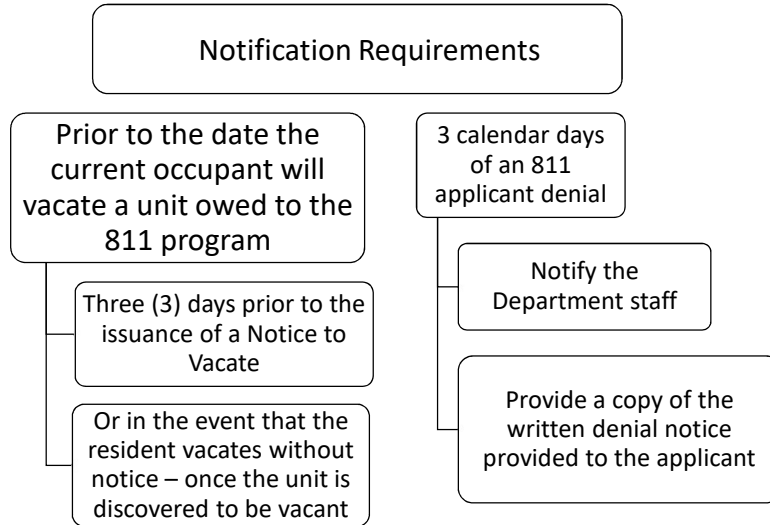
175

§10.608 Record Keeping Requirements



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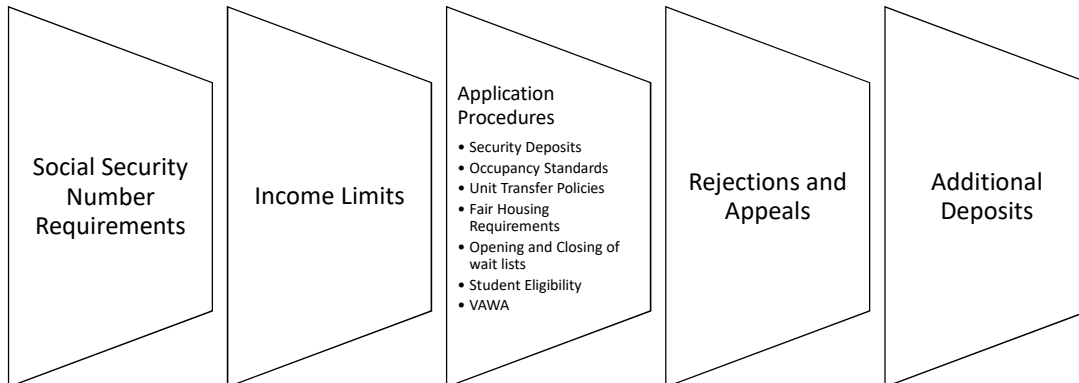
Notification Requirements



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Written Policies and Procedures

The policies and procedures detailed below are applicable only to the HUD Section 811 Project Rental Assistance Program (811 Program). All other policies and procedures adopted by the development will also apply to Eligible Applicants (applicants) and participating Eligible Tenants in the 811 Program unless they directly contradict with the following policies, which will supersede.



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\$10.612 Tenant File Requirements

SECTION 811 PROJECT RENTAL ASSISTANCE PROGRAM APPLICATION

TDHCA Point of Contact:
 Monica McCarthy monica.mccarthy@tdhca.texas.gov

Instructions for completing application
 Referral Agent: Please assist the applicant to complete the information below. Include information for all persons who plan to live in the Section 811 unit except where otherwise indicated.

REFERRAL AGENT INFORMATION
 Contact information for the Referral Agent:
 Referral Agent Name: _____
 Agency: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone No: _____ Email: _____

APPLICANT CONSENT TO RELEASE INFORMATION
 As an Applicant to the Section 811 Project Rental Assistance Program, I authorize the Referral Agent named above to share the following information with the TDHCA Point of Contact and/or properties selected under Property Options and

Section 811 Project Rental Assistance Program Application

Is the household size expected to increase, e.g. pregnancy, child in other care, etc.? Select one Yes No

Household Member	TYPE OF RELATIVE	GENDER	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD	SPECIAL STATUS	DISABLER
1. (Last Name of Household Head)	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative			Head	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative			<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative			<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative			<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative			<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Was any Household member 62 or older as of January 31, 2010, who does not have a 55N, and whose annual determination of eligibility was prior to January 31, 2010? Yes No
 If yes, who and where? _____

Important Information for Former Military Services Members: Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marine, Coast Guard, Reserve or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Point of Contact at www.texas.gov.

<http://www.tdhca.texas.gov/section-811.asp> Equal Housing Opportunity

SECTION 202B, SECTION 202 PAC, SECTION 202 PRAC, AND SECTION 811 PRAC

U.S. Department of Housing and Urban Development
 Office of Housing
 Federal Housing Commissioner

CMS Approval No. 2020-0204 (Rev. 06/30/2017)

Verification of Disability

APPENDIX 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY
 FOR USE WITH SECTION 202B, SECTION 202 PAC, Section 202 PRAC, AND SECTION 811 PRAC.

DATE: _____

TO: (Name and address of third party who is being requested to verify this information) _____

FROM: (Name of individual requesting the information, title, name of the housing project) _____

Verification of disability HUD 90102

Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of this page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

APPENDIX 6-B 1 of 4 Form HUD-90102 (12/2007) HUD-90102 (Rev. 1)

\$10.612 Tenant File Requirements

House Rules

These rules and regulations are a part of the Lease. They are established to help insure the well-being and safety of the property for all Residents. All Residents are expected to abide by these rules and regulations. Violation of these rules constitutes violation of the Lease Agreement and will be dealt with as such.

Office Telephone: _____
 Corporate Office: _____
 Emergency Phone: _____

PAYMENT OF RENT: Rent payments are to be made at the project office. Payment must be made in full, and rent is due on or before the first day of each month. Payment may be made by personal check, cashier's check or money order. No cash is accepted. Payment of rent after the 1st day of the month three times within a six-month period constitutes "continued late payment" and may be cause for eviction.

House Rules

This property may have an agreement with the utility company(s) to have service automatically put in the Owner's name to avoid disconnection of the utility service (not available in all properties). Residents will be charged, as per the actual utility bill received, to reimburse the Owner for utility service paid by the Owner on their behalf. By signing these House Rules, the Resident is acknowledging that any amount billed by the Owner for utility service paid on their behalf will be due and payable by the Resident within 30 days of receipt of the bill. In addition, the Resident hereby acknowledges that the service must be immediately restored to the household's account upon receipt of any charge from the Owner for a utility bill paid by the Owner on the Resident's behalf for service in the Resident's unit during tenancy. Failure to maintain utility service by the household is considered to be grounds for termination of the Lease Agreement.

CURFEW: Management reserves the right to set a curfew at the property and to limit time outdoors to coming and going to vehicles, laundry facilities and dumpsters. No loitering or congregating outdoors or guests on the property is permitted. All violators should be reported to Management or security (if applicable). Curfew at the present time begins at 8:00 p.m. for minors and 11:00 p.m. for adults. The

FACT SHEET
 For HUD ASSISTED RESIDENTS

Section 202.162 - Project Assistance Contract (PAC)
 Section 202.811 - Project Rental Assistance Contract (PRAC)

"HOW YOUR RENT IS DETERMINED"

- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by \$200 more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income

What is Annual Income?
 Gross Income - Income Exclusions = Annual Income

What is Adjusted Income?
 Annual Income - Deductions = Adjusted Income

Determining Tenant Rent
 The rent a family will pay is the highest of the following amounts:

- 30% of the family's monthly adjusted income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

Note: An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

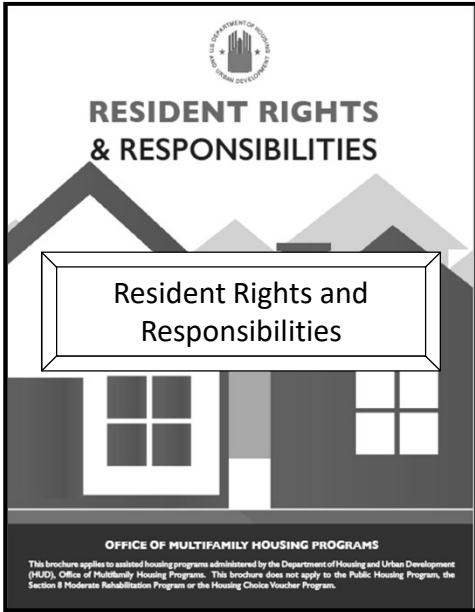
- Under reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information

\$10.612 Tenant File Requirements



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\$10.612 Tenant File Requirements

4363.3 REV.1 Appendix 5
OMB Approval No. 2802-0004 (Exp. 06/30/2017)

Appendix 5: Move-In/Move-Out Inspection Form

(Company name) _____
(Company address) _____
Property _____ Resident _____

Apartment No. _____ Unit Size _____ Move-in Inspection Date _____ Move-Out Inspection Date _____

Item	Move-in	Condition	Move-Out	Cost to Correct
ENTRANCE/HALLS				
Floors and Landings				
Walls				
Doors				
Hardware/Locks				
Electrical/Plumbing				
Lighting				
Electric outlets				

1 of 4 form HUD-90106 (11/20/07) ref. HB 4350.3 Rev. 1

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
SECTION 811 PROJECT RENTAL ASSISTANCE PROGRAM
WAIVER OF RIGHT TO BE PRESENT DURING MOVE-IN INSPECTION

In accordance with § FRA.406 (4) Review: During Management Period found in Exhibit 5 of the Section 811 Project Rental Assistance Demonstration Program Cooperative Agreement, Eligible Families may waive the right to the Move-in Inspection.

I, (Print Head of Household Name), _____, hereby waive my right to the Move-in Inspection for Unit Number: _____ located in the property described below:

TDHCA Section 811 Waiver of Move-In Inspection

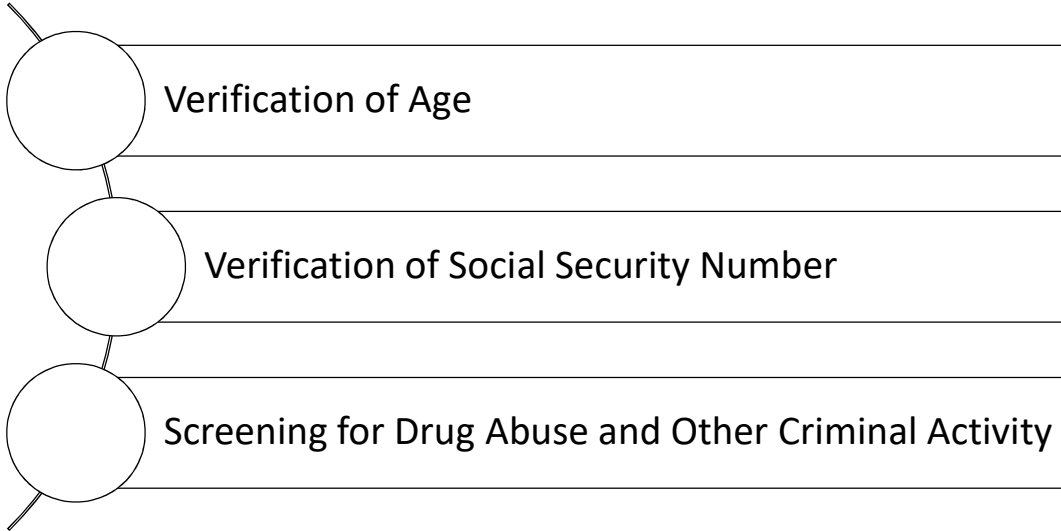
The inspection of the Assisted Unit would be completed by both the Owner and the Eligible Family and both shall certify, on a form prescribed or approved by the Grantee that they have inspected the Assisted Unit and have determined it to be Decent, Safe, and Sanitary conditions in accordance with the criteria provided in the form. The Owner shall keep a copy of this inspection and make part of the lease as an attachment to the lease. If the Eligible Family waives the right to this inspection, this would be signed by the Eligible Family indicating they have waived this right and maintained in the tenant file.

This form does not release the Owner from their obligations under § FRA.406 (5). The Owner shall perform unit inspections of the Assisted Unit on at least an annual basis to determine whether the appliances and equipment in the unit are functioning properly and to assess whether a component needs to be replaced or repaired. This will ensure that the Owner is meeting its obligation to maintain the Assisted Units in Decent, Safe, and Sanitary condition.

321 East 114th Street P.O. Box 13261 Austin, Texas 78711-0261 (512) 435-6427 (512) 475-1800

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§10.612 Tenant File Requirements



§10.612 Tenant File Requirements

Supplement to
Application for
Federally Assisted
Housing
HUD 92006

OMB Control # 2502-0081
Exp. 02/28/2019

Supplement and Optional Contact Information for HUD-Assisted Housing Applicant
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing.

Instructions: Optional Contact Person or Organization: You have the right to use or include as part of your application for housing the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name: _____

mailing Address: _____

Telephone No: _____ **Cell Phone No:** _____

Name of Additional Contact Person or Organization: _____

Address: _____

Telephone No: _____ **Cell Phone No:** _____

E-Mail Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact: (Check all that apply)

<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Eviction/Foreclosure Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Verification of rental assistance	<input type="checkbox"/> Change in income rules
<input type="checkbox"/> Contact from you	<input type="checkbox"/> Other _____
<input type="checkbox"/> Law enforcement	

Consent of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If consent is not given, your housing unit will remain vacant. If you request for services or special care, we may request that person or organization you listed to assist in resolving the issue or providing the services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 504 of the Housing and Community Development Act of 1990 (Public Law 101-508), approved October 28, 1990, requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By completing this application, you are providing such information. The housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibition on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and marital status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Check this box if you choose not to provide the contact information.

Signature of Applicant

Date

The information on this application is provided to the HUD Development and Budget (DDB) section by the Housing Authority. HUD will use this information for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form. This information will be kept as part of your tenant file. If consent is not given, your housing unit will remain vacant. If you request for services or special care, we may request that person or organization you listed to assist in resolving the issue or providing the services or special care to you.

Privacy Statement: Public Law 101-508, authorizes the Department of Housing and Urban Development (HUD) to collect all the information on this form. HUD will use this information for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form. This information will be kept as part of your tenant file. If consent is not given, your housing unit will remain vacant. If you request for services or special care, we may request that person or organization you listed to assist in resolving the issue or providing the services or special care to you.

\$10.612 Tenant File Requirements

Recertification Notice
U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0204 (Rev. 06/30/2017)

Exhibit 7-1: Annual Recertification Initial Notice

Initial Notice (To be signed by resident and owner at initial certification and at subsequent recertifications)
(Tenant's Name) (Address) (Date)
Dear _____

As stated in paragraph 15, 10, or 9—lease being used for the lease, the U.S. Department of Housing and Urban Development (HUD) requires that we review your income and family composition every year to determine rent and assistance levels.

To complete our review of your income and family composition, you must meet with (Resident Manager, Occupancy Clerk, etc.) and supply the required information each year. (The Resident Manager, Occupancy Clerk, etc.) will conduct your recertification interviews in (month and year). We will send you a reminder notice when it is time for your next recertification interview. At that time you must contact (the Resident Manager, Occupancy Clerk, etc.) to schedule an appointment for an interview.

Annual Recertification Initial Notice

Signature of Witness Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and a voluntary HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. This information is authorized by 24 CFR 857.850-603, 854.218, 856.224, 891.410, 891.610 and 891.730 require that the owner must measure the income and composition of all families at least annually. By providing tenants notification in advance of the scheduled recertification meeting and the information they need to provide, the tenant is made aware of the documents they need to bring throughout the recertification period in order to reduce their burden at the time of recertification. This information is considered non-sensitive and does not require any special protection.

Form HUD-9818 (12/2007) ref. HB 4350.3 Rev. 1

Exhibit 7-2: "Sample" Annual Recertification First Reminder Notice

(Tenant's Name) (Address)
Dear _____

It will soon be time for your recertification at an interview.

Paragraph 15, 10, or 9—lease being used for the lease, the U.S. Department of Housing and Urban Development (HUD) requires that we review your income and family composition every year to determine rent and assistance levels.

To complete our review of your income and family composition, you must meet with (Resident Manager, Occupancy Clerk, etc.) and supply the required information each year. (The Resident Manager, Occupancy Clerk, etc.) will conduct your recertification interviews in (month and year). We will send you a reminder notice when it is time for your next recertification interview. At that time you must contact (the Resident Manager, Occupancy Clerk, etc.) to schedule an appointment for an interview.

Exhibit 7-3: Sample Annual Recertification Second Reminder Notice

(Tenant's Name) (Address)
Dear _____

On (date of First Reminder Notice) (date of Second Reminder Notice) we sent you notices requesting you to set up your recertification interview. You still have not scheduled your interview. Paragraph 15, 10, or 9—lease being used for the lease, the U.S. Department of Housing and Urban Development (HUD) requires that we review your income and family composition every year to determine rent and assistance levels.

To complete our review of your income and family composition, you must meet with (Resident Manager, Occupancy Clerk, etc.) and supply the required information each year. (The Resident Manager, Occupancy Clerk, etc.) will conduct your recertification interviews in (month and year). We will send you a reminder notice when it is time for your next recertification interview. At that time you must contact (the Resident Manager, Occupancy Clerk, etc.) to schedule an appointment for an interview.

Exhibit 7-4: "Sample" Annual Recertification Third Reminder Notice/Notice of Termination

(Tenant's Name) (Address)
Dear _____

On (date of First Reminder Notice) and (date of Second Reminder Notice) we sent you notices requesting you to set up your recertification interview. You still have not scheduled your interview. Paragraph 15, 10, or 9—lease being used for the lease, the U.S. Department of Housing and Urban Development (HUD) requires that we review your income and family composition every year to determine rent and assistance levels.

To complete our review of your income and family composition, you must meet with (Resident Manager, Occupancy Clerk, etc.) and supply the required information each year. (The Resident Manager, Occupancy Clerk, etc.) will conduct your recertification interviews in (month and year). We will send you a reminder notice when it is time for your next recertification interview. At that time you must contact (the Resident Manager, Occupancy Clerk, etc.) to schedule an appointment for an interview.

All other applicable Recertification Reminder Notices

(List all required information)
Please do not make us incorrect discuss your recertification at an interview.

(NOTE: For tenants of all projects, except DCAL projects, and the following.) If you do not respond (insert recertification anniversary date), paragraph 15, 10, or 9 of your lease gives us the right to terminate your assistance and charge you the "market rate of rent, either" market rent, contract rent or "150% of Market Rent of the property." Please note that the market rate will be required to apply retroactively to the recertification anniversary date. The increase in rent will be made without providing you additional notice. If you fail to pay the increased rent, we may terminate your tenancy and seek to enforce the termination in court."

(NOTE: For tenants on PRAC projects and the following sentence.) If you do not respond before (insert the recertification anniversary date), your tenancy may be terminated.

NOTE: Do not make us incorrect. Go to the Rental Office today to set up your interview and to discuss your recertification and any possible change in rent.

Thank you for your cooperation.

Sincerely,
(Managing Agent, Resident, Manager, etc.)

HUD Monthly Occupancy Exhibit 7-2
HUD Occupancy Handbook Exhibit 7-3
HUD Monthly Occupancy Handbook Exhibit 7-4

\$10.612 Tenant File Requirements

Race and Ethnic Data Reporting Form
U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0204 (Rev. 06/30/2017)

TDHCA 811 Program TX59RD0101 221 East 11th St., Austin, TX 78701

Name of Property Project No. Address of Property
TDHCA

Name of Owner/Managing Agent Type of Assistance or Program Title

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy)

Ethnic Categories*	Select One
Hispanic or Latino	
Not Hispanic or Latino	
Racial Categories*	Select All that Apply

Race and Ethnic Data Reporting Form HUD 27061-H

Signature Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and a voluntary HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1954 as amended, the Housing and Urban Development Act of 1980 and Housing and Community Development Technical Amendments of 1981. This information is needed to be incorporated with OIGR-assisted changes to HUD's Fair Housing Act program for receiving the 2007-09 Data Requirements to HUD. Owners agree to offer the opportunity to the tenant and to the tenant to meet with HUD staff to discuss the appropriate time to meet with HUD staff. The tenant must complete the form as part of the household. Completed documents should be signed together for each household and placed in the household's file. Photos or pictures are to be submitted with the form. The form should be submitted to the HUD office that is providing the appropriate forms. If you have any questions, please contact the HUD office that is providing the appropriate forms. This information is considered non-sensitive and does not require any special protection.

Form HUD-27061-H (9/2003)

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following:
1. HUD-987A Fact Sheet description

HUD 9887 and HUD 9887-A

Each household must receive a copy of the

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and a voluntary HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1954 as amended, the Housing and Urban Development Act of 1980 and Housing and Community Development Technical Amendments of 1981. This information is needed to be incorporated with OIGR-assisted changes to HUD's Fair Housing Act program for receiving the 2007-09 Data Requirements to HUD. Owners agree to offer the opportunity to the tenant and to the tenant to meet with HUD staff to discuss the appropriate time to meet with HUD staff. The tenant must complete the form as part of the household. Completed documents should be signed together for each household and placed in the household's file. Photos or pictures are to be submitted with the form. The form should be submitted to the HUD office that is providing the appropriate forms. If you have any questions, please contact the HUD office that is providing the appropriate forms. This information is considered non-sensitive and does not require any special protection.

§10.612 Tenant File Requirements

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

U. S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

NOT for submission to the Federal Government
Landlord's Official Record of Certification
OMB Approval No. 2502-0004
(Exp. 06/30/2021)

Section A. Acknowledgements

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 95 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0004), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenants must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a spot-check to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 2.210, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 2.210, is mandatory, not optional. The SSNs are used for your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et seq.); the Housing and Urban-Rural Recovery Act of 1983 (PL 98-181); the Housing and Community Development Technical Amendments of 1984 (PL 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Owner's Certification: We certify that the information in Sections F, G, and H of this form was true and complete to the best of our knowledge.

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

HUD 50059

Owner Name	DOB	DOB/AGE	DOB
Owner Name	DOB	DOB/AGE	DOB
Owner/Agent's Signature			
Signature	DOB		

Previous versions of this form are obsolete. This form also replaces HUD-50059-C, F, & G.

Page 1 of 1
Form HUD-50059 (02/2014)
HO-98-0001-1000

OMB Approval No. 2502-0608
(Exp. 04/30/2020)

811 Project Rental Assistance Lease

SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES

This agreement made and entered into this ____ (A) ____ day of _____, 20____, between _____ (B) _____ as LANDLORD, and _____ (C) _____ as TENANT.

WITNESSETH:

WHEREAS, the LANDLORD is a multifamily project receiving federal project-based rental assistance pursuant to Section 811 of the Cranston-Gonzales National Affordable Housing Act, as amended by the Frank Rostenko Supportive Housing Act of 2010 and

WHEREAS, the LANDLORD has entered into a Rental Assistance Contract (RAC) with the State Housing Finance Agency (SHFA);

WHEREAS, pursuant to a Cooperative Agreement between HUD and the SHFA, the SHFA agrees to disburse Section 811 Project Rental Assistance Demonstration (PRA Demo) funds to the Landlord, conditioned on the LANDLORD limiting occupancy, based upon a RFA agreed specified number of PRA Demo units, to extremely low income persons with disabilities as defined in Section 811 of the National Affordable Housing Act;

811 Project Rental Assistance Lease

HUD 92336-PRA

(If the total rent includes all utilities, enter "ALL" where TENANTS pay none or all utilities, enter the following additional paragraph as 3a.)

The total rent stipulated herein does not include the cost of the following utility service(s), for which the Utility Allowance is \$ ____ (D) ____.

Page 1 of 10
Form HUD-92336-PRA (02/2014)

§10.613 Lease Requirements

After OMB approval of the HUD Form 91067 VAWA lease addendum, all 811 PRA households must have a valid and executed VAWA lease addendum.

VAWA HUD Forms 5380 and 5382 are required to be provided at the time of admission, denial and notification of eviction or termination of assistance.

\$10.614 Utility Allowances

Rent Schedule
Low Rent Housing

U.S. Department of Housing and Urban Development
 Office of Housing
 Federal Housing Commissioner

OMB Approval No. 2520-0012
 exp. 07/31/2017

See page 7 for Instructions, Public Burden Statement and Privacy Act Requirements

The OMB: **TAS99DD1299** Date Rents Will Be Effective (month/year): **09/01/2019**

Project Name: **_____** PHA Project Number: **_____**

Part A - Apartment Details
 (Show the actual rents you intend to charge, even if the total of these rents is less than the Maximum Allowable Monthly Rent Potential)

Col. 1 Unit Type	Col. 2 Number of Units	Col. 3 Contract Rent Potential (Col. 2 x Col. 3)	Col. 4 Monthly Contract Rent Potential (Col. 2 x Col. 4)	Col. 5 Effective Date (month/year)	Col. 6 Gross Rent (Col. 3 x Col. 6)	Col. 7 Rent Per Unit (Col. 2 x Col. 7)	Col. 8 Monthly Market Rent Potential (Col. 2 x Col. 8)
1 BR	4	974	3,896	9/1	3,266		
2 BR	2	1,150	2,300	1/8	3,378		
3 BR	1	3,344	3,344	1/8	1,476		
Total Units			Monthly Contract Rent Potential: 7,540		Monthly Market Rent Potential: 47,540		

Part B - Items Included in Rent

Equipment/Furniture in Unit (Check those included in rent.)

- Range
- Dishwasher
- Refrigerator
- Carpet
- Air Conditioner
- Drapes/Blinds
- Dispose
- Airborne exhaust fan

Utilities (Check those included in rent. Do not mark rent, unless those not included in rent, under E, F, or G or line below the rent. Do Exclude: Gas/Oil, Fuel Oil or Coal)

- Heating
- Cooling
- Hot Water
- Lights, etc.

Part C - Charges in Addition to Rent (e.g., parking, cable TV, internet, storage)

Monthly Charge: _____ Total Commercial Rent Potential: _____

Part D - Non-Revenue Producing Space

Col. 1: Use _____ Col. 2: Unit Type _____ Col. 3: Contract Rent _____

Part E - Commercial Space (shops, offices, garages, etc.)

Col. 1: Use _____ Col. 2: Monthly Rent Potential _____ Col. 3: Rental Rate Per Sq. Ft. _____ Col. 4: Divided by _____

Part F - Maximum Allowable Rent Potential

Other Maximum Allowable Monthly Rent: _____
 Potential From Rent Computation: **\$7,540**
 (Amount to be completed by HUD or Lender)

Previous editions are obsolete. Page 1 of 3 Form HUD-92468 (11/02) ref Handbook 4350.1

On an annual basis, the Department will provide the owner with a property-specific rent schedule containing the approved Utility Allowance. The allowance listed on the rent schedule only applies the 811 PRA units, not the entire building, and is the only allowance approved for use on 811 PRA units.

\$10.624 Compliance Requirements for Developments with 811 Units

- Monitored at least once every three (3) years
- Monitoring for all State Compliance Requirements (10 TAC)
- Monitoring for all Federal Compliance Requirements (4350.3)
- Monitoring for all requirements outlined within the development's Rental Assistance Agreement (RAC)

Module 8

Compliance Monitoring

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Notification of Compliance Review

Notification for the Section 811 Program will be uploaded into CMTS at the same time as the Notification for the other programs.

Documentation to complete the monitoring review must be submitted via the TDHCA 811 Serv-U HTTP System (system). This is the same system used to exchange previous documents with the Department's Section 811 program staff. To Login, enter the username issued by the Department's Section 811 program staff and the password. If you do not know your password, select recover password to create a new password.

Once you have logged into your account, upload the monitoring documentation requested to the subfolder Monitoring Documents and the file documents to the subfolder Files, within the folder XXXX_Development Name_Year.

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Uploading Required documents

Logging into the TDHCA HRC Serv-U HTTPs System
 To log into the TDHCA HRC Serv-U HTTPs System, go to the following website (<https://hrc-files.tdhca.state.tx.us/>) and enter your username in the **Login ID** box and your password into the **Password** box. Click the **Login** button to log into the system. See Figure 3—1.

You are accessing a Texas Department of Housing and Community Affairs information system. Unauthorized use is prohibited, and usage may be subject to security testing and monitoring. Misuse of this system is subject to criminal prosecution. Users of this system should have no expectation of privacy except as otherwise provided by applicable privacy laws.

[TDHCA Site Policies](#)

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Uploading Required Documents

Name	Date modified	Type	Size
CMTS#_Development_Year	8/20/2019 9:59 AM	File folder	

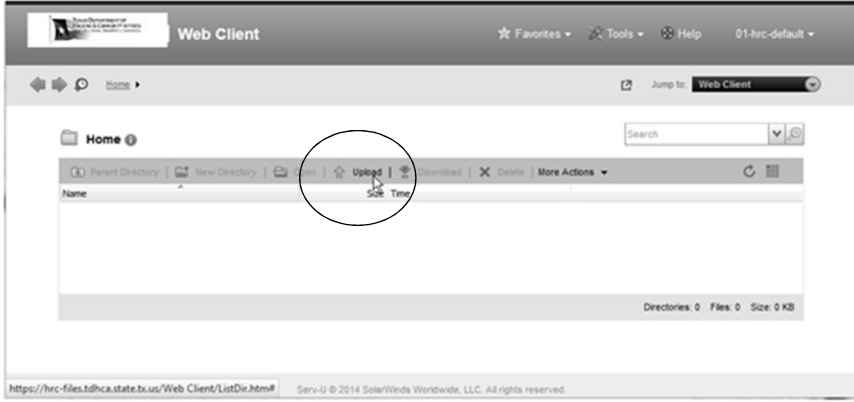
Name	Date modified	Type	Size
Corrective Action	5/16/2019 11:06 AM	File folder	
Files	8/13/2019 9:54 AM	File folder	
Monitoring Documents	7/12/2019 3:17 PM	File folder	

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Uploading Required Documents

Uploading all application documents, including all attachments

Once you have logged into your account, you can view any information that has been uploaded to your account. To upload an a document, click the **Upload** button located at the bottom left of the screen.



The screenshot shows a web client interface with a navigation bar at the top containing 'Web Client', 'Favorites', 'Tools', 'Help', and '01-hrc-default'. Below the navigation bar is a search bar and a 'Jump to' dropdown menu. The main content area displays a file management interface with a toolbar containing 'Parent Directory', 'New Directory', 'Upload', 'Download', 'Delete', and 'More Actions'. The 'Upload' button is circled in red. Below the toolbar is a table with columns for 'Name', 'Size', and 'Time'. At the bottom of the interface, it shows 'Directories: 0 Files: 0 Size: 0 KB' and a footer with the URL 'https://hrc-files.tdhca.state.tx.us/Web Client/ListDir.htm#' and copyright information 'Serv-U © 2014 SolarWinds Worldwide, LLC. All rights reserved.'

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Documentation Due

If the Development is currently not housing or currently not in the process of housing an 811 household, please respond via CMTS attachment system (this will be the **ONLY** 811 documentation uploaded via CMTS):

1. Written response to this notification identifying no current 811 household.
2. Written response to this notification identifying any 811 applications currently in process with a projected move in after the above due date.

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Documentation Due

811 Checklist	
EIV Documentation	
	EIV Policy that includes security practices
	List of all staff that has access to EIV data/811 tenant files
	Owner approval letter for EIV access for the coordinators
	Original and Current EIV Coordinator Authorization Access Form (CAAF)
	Original and Current EIV User Authorization Access form (UAAF)
	Rules of Behavior for any staff that has access to EIV data
	Certificate of completion for the Cyber Awareness Training for any staff that has access to EIV data
EIV Master Binder Reports	
	New Hire Summary Report(s)
	Multiple Subsidy Report(s)
	Failed EIV Pre-Screening Report(s)
	Failed Verification Report(s)
	Deceased Tenant Report(s)
	No Income Reported on 50059 (if applicable)
	No Income Reported by HHS or SSA (if applicable)
<i>EIV Master Binder Reports should include ALL Reports run within the last 12 months</i>	
General Documentation	
	TDHCA approved Rent Schedule(s)
	Current House Rules (all pages)
	Release Unit Request form with approval or email from TDHCA releasing units

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Notification of Compliance Review



During the layered program's Onsite Review – the monitor will ensure that the 811 Tenant Files are properly stored in a locked enclosure.

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Notification of Compliance Review

U. S. Department of Housing and Urban Development

EQUAL HOUSING OPPORTUNITY

We Do Business in Accordance With the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

It is illegal to Discriminate Because of Race, Color, Religion, National Origin, Sex, Disability, Familial Status, or Handicap.

- In the sale or rental of housing or residential lots
- In advertising the sale or rental of housing
- In the financing of housing

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:
1-800-669-9777 (Toll Free)
1-800-927-9276 (TTY)
www.hud.gov/fairhousing

U. S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and Equal Opportunity
Washington, D.C. 20410

U. S. Department of Housing and Urban Development
Departamento de la Vivienda y el Desarrollo Urbano de los EEUU

EQUAL HOUSING OPPORTUNITY
IGUALDAD DE OPORTUNIDADES EN LA VIVIENDA

Los negocios cumplen la ley federal en la vivienda
(Equidad en la vivienda de 1988)

contra ninguna persona a causa de raza, color, religión, sexo, origen nacional, discapacidad, o estatus familiar u origen nacional.

- En la provisión de servicios de corredores de bienes raíces
- En la tasación de viviendas
- Las tácticas de intimidación (Blockbusting) también son ilegales

Cualquier persona que cree que ha sido discriminada puede presentar una reclamación de discriminación en la vivienda:
1-800-669-9777 (Línea gratuita)
1-800-927-9276 (TTY)
www.hud.gov/fairhousing

U.S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and Equal Opportunity
Washington, D.C. 20410

HUD's 11 x 14 Fair Housing Poster in both English and Spanish is displayed where applications are accepted

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Monitoring Report

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Greg Allison, Governor
Bekim Mirani, J.B. Gonzalez, Chief
Ladell Engman-Escobedo, Vice Chair
Paul A. Bostick, Member
Ayoana Estrada, Member
Sharon Fernandez, Member
Luis Trevino, Member

February 15, 2019

Writer's direct phone # (512) 775-4100
Email: compliance@tdhca.state.tx.us

Owner Name: _____
Ownership: _____
City: _____ State: _____ email address: _____

RE: Development Name CMTS ID: xxxx

Dear Mr/Ms/Ms Name:

The Texas Department of Housing and Community Affairs ("Department") has completed a monitoring review of Development Name. This review was performed to determine if the development is in compliance with the requirements of the Housing Tax Credit and 811 programs.

Deadline: This notice begins the corrective action period. You must supply all requested documentation no later than **May 16, 2019**, the last day of the corrective action period. The attached Monitoring and Findings Reports have been prepared to explain the Department's findings of noncompliance and to detail required corrective action. A response to this letter and these reports must be provided to and received by the Department prior to **May 16, 2019**.

How you must respond: If you have already submitted documentation for review, that documentation has not been reviewed or assessed prior to this letter and report. Please review this report against any and all submissions by you to ensure that all issues in this letter were appropriately and fully addressed and that the documentation you have submitted substantiates this, then either upload confirmation that you are satisfied with your response or submit a revised and updated response and supporting materials prior to **May 16, 2019**.

If you do not understand how to complete the corrective action, please contact us as soon as possible so that you can correct matters before the deadline; staff can refer you to resources for additional training and technical assistance. If it is not possible to provide the requested documentation by the corrective action deadline, correct as much as you can and submit a corrective action plan detailing how and when the remaining issues will be resolved.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
DETAIL FINDINGS AND CORRECTIVE ACTION
By program.

Printed Date: 02/15/19
Page 1 of 2

Property ID # xxxx Last Desk Review Date: _____
Property Name: _____ Last Desk Review Date: 12/15/18
Address: _____ Program(s): LHTC - File # _____
Occupancy as of 11/14/18

PROGRAM: 811 - FILE # _____

PROPERTY FINDINGS

Findings: 12/28/2018 Current Status: Unreported Correction Date: _____
Property is never expected to comply due to failure to report or allow monitoring.

Noncompliance Date: The Department will perform a monitoring review of all documents and records supporting compliance with the 811 program through the end of the period covered by the Participation Agreement. On December 15, 2018, the owner was notified of a monitoring review scheduled for after December 28, 2018. The owner did not submit documentation as requested in the notification.

Corrective Action: Documentation must be submitted via the TDHCA HRC Serv-U HTTP System (system). This is the same system used to exchange previous documents with the Department's Section 811 program staff. To Logon, go to the following website: <https://hrc-serv.uhca.state.tx.us/> and enter the username issued by the Department's Section 811 program staff and the password. If you do not know your password, send recover password to create a new password. Once you have logged into your account, upload the monitoring documentation requested to the sub-folder Monitoring Documents and the file documents to the sub-folder File, within the folder C:\My-Research\114667865\811\CaseFiles.
To upload a document, click the upload button located at the bottom left of the screen. The upload window will appear; click the browse button to navigate to the location where you saved the documents. Once you have successfully navigated to the file, click on the file and then click the open button in the choose file to upload screen. The location of the file will be placed into the file path box. Now click upload button to upload the file to TDHCA. Please remember anyone with access to EVI information must have completed EVI training and have executed EVI Rules of Behavior.

Potential Administrative Penalty: _____

PROGRAM: LHTC - FILE# 15274

PROPERTY FINDINGS

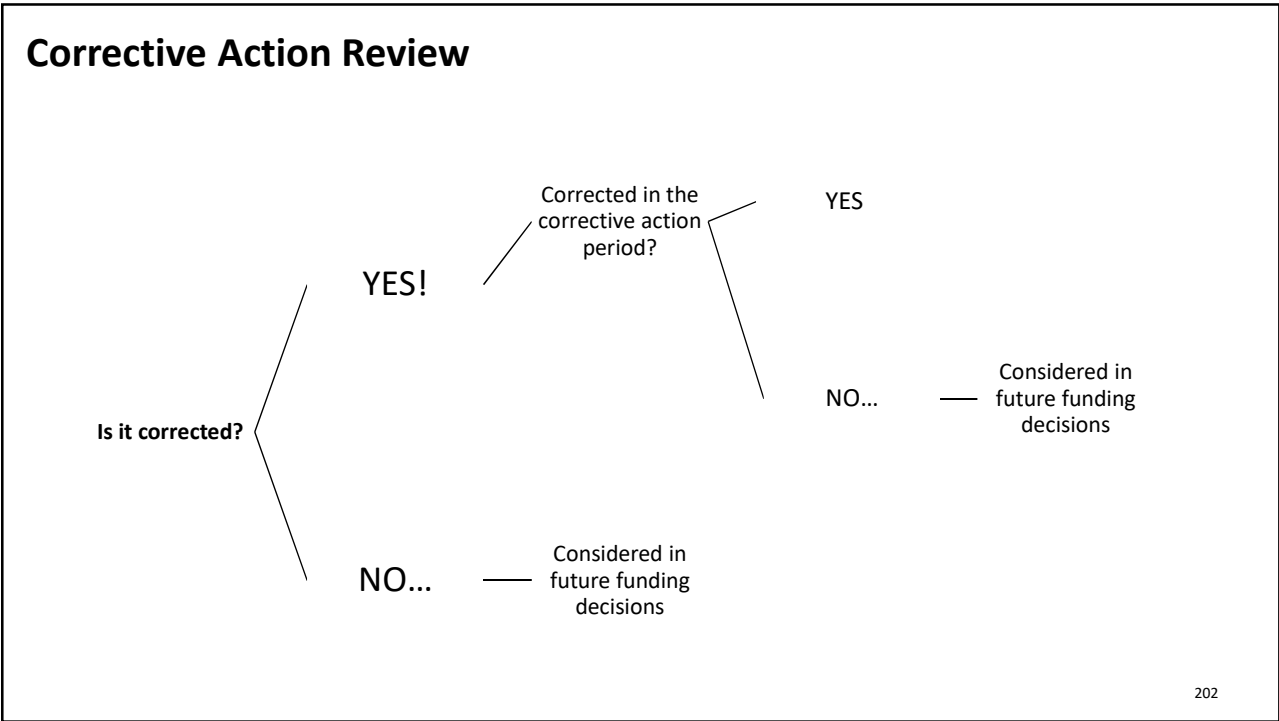
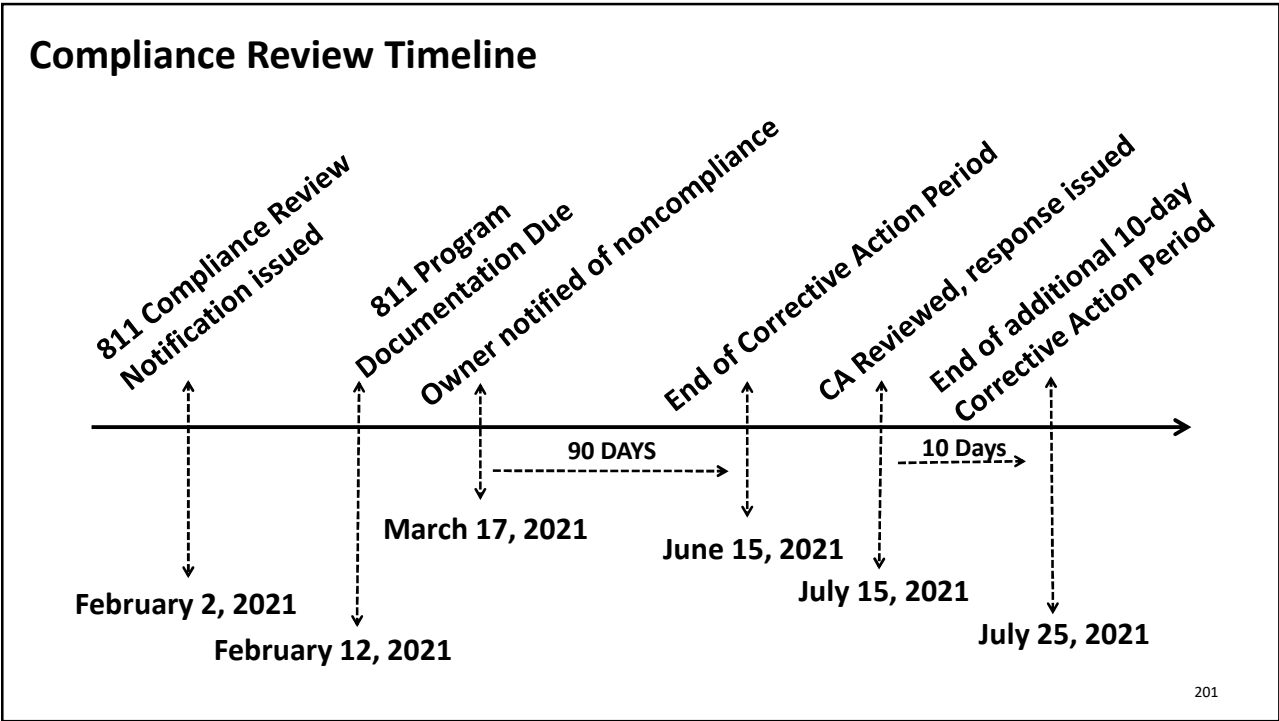
Findings: 01/02/2018 Current Status: Unreported - Hot Correction Date: _____
No Evidence of, or failure to certify to, regular, continuous, and substantial participation in the development, operation and ownership of the project by a Historically Underutilized Business (HUB).

Noncompliance Date: Reportable to IRS.

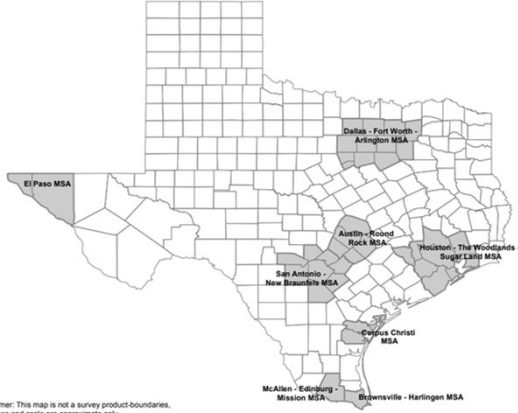
Reason: Per the Land Use Restriction Agreement (LURA), throughout the compliance period, the ownership structure of the General Partner of the Development Owner shall contain a HUB, as certified by the Texas Comptroller of Public Accounts. The HUB shall materially participate in the development and operation of the Development throughout the Compliance Period. The

The Monitoring Letter and Findings Report for both the layered program and the 811 Program will be issued

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State of Texas Section 811 Service Area: 2016



Disclaimer: This map is not a survey product boundaries, distances and scale are approximate only.

Thank you!

The 811 Team and Compliance appreciate you all.

RESOURCES:

[HTTPS://WWW.TDHCA.STATE.TX.US/SECTION-811-PRA/INDEX.HTM](https://www.tdhca.state.tx.us/section-811-pra/index.htm)

[HTTPS://WWW.TDHCA.STATE.TX.US/PMCOMP/](https://www.tdhca.state.tx.us/pmcomp/)

[HTTPS://WWW.TDHCA.STATE.TX.US/SECTION-811-PRA/CONTACT.HTM](https://www.tdhca.state.tx.us/section-811-pra/contact.htm)



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS