

Title: CHP's Flexible Housing Fund	Approved Date: June
Scope: <i>This policy applies to service providers in the Pikes Peak Region</i>	Revision Date:
Purpose: <i>The purpose of this policy is to outline CHP's Flexible Housing Fund's policies and procedures.</i>	Revision:

The Community Health Partnership (CHP) Flexible Housing Fund, hereafter referred to as 'Flex Fund', has set aside funding to remain flexible and accessible to highly vulnerable households experiencing or at risk of experiencing homelessness, or who are experiencing a housing crisis in El Paso County, Colorado. The goal of the Flex Fund is to help households resolve their housing crisis through diversion efforts and move them towards permanent housing solutions. Diversion is a person-driven approach to ensure that the homeless or housing crisis experience is as brief as possible, to prevent unsheltered homelessness, and to avert stays in emergency shelter. This document is intended to outline the Flex Fund policies and procedures.

About Community Health Partnership:

CHP exists to improve the health of the Pikes Peak region. CHP believes that our community is stronger together and serves as the "backbone" organization in a collective impact approach, which allows us to convene and act to improve community health. CHP administers the Pikes Peak Continuum of Care (PPCoC) and its programs covering all the geography within the boundaries of El Paso County, Colorado, including all unincorporated areas.

A. Requesting Assistance:

- a. Households interested in requesting Flex Fund assistance must go through an eligible Service Provider who will submit the application on their behalf.
- b. Referring Service Providers must be a member of the PPCoC.
 - i. Agencies that are not members of the PPCoC can complete the following form to apply: <https://www.surveymonkey.com/r/WLYRCNF>.
- c. Service Providers can submit a request for Flex Fund assistance by completing the following online application: [Flex Fund Application](#)
- d. Service Provider staff are prohibited from requesting assistance on behalf of an immediate family member, friend, or colleague.
- e. Households are limited to receiving Flex Fund assistance once every 12 months.
- f. Application requests may combine multiple types of eligible costs totaling no more than \$3,500 per household.

- g. A signed Release of Information (ROI) must be on record in the Colorado Homeless Management Information System (COHMIS) or submitted with the Flex Fund application for the request to be processed. Please refer to section J., subsection e. for more information.
- h. For questions regarding accessing and submitting requests, contact Community Health Partnership's Housing Navigator Specialist at flexfund@ppchp.org.

B. Process of Approval and Communication:

- a. The Service Provider will receive a response to the request between 1-3 business days after submitting the application. Response may be:
 - i. Approval Pending Submission of Required Documentation
 - ii. Request for Additional Information
 - iii. Denial
- b. The Service Provider who submitted the application will be the point of contact with CHP for follow-up and status updates.

C. Eligible Participants:

- a. Household must have an [annual income <80% of Area Median Income](#)¹.
- b. Household must be engaging with one or more of the following types of Service Providers:
 - i. Nonprofit Organization
 - ii. Healthcare Provider
 - iii. Faith-based Organization
 - iv. Educational Institution
 - v. City/County/State Agency
- c. Household has not received Flex Fund assistance through within the past 12 months.
- d. Household has explored all rehousing options and all available resources, and the above-named applicant or household would become or remain homeless but for Flex Fund assistance.
- e. Households lack sufficient resources or support that would otherwise assist the household during their housing crisis.
- f. Household is seeking assistance that will help secure or maintain housing.
- g. Qualifying households moving into a new rental must be signing a lease ready for signatures. The household may not be on a waitlist and the unit must pass inspection before submitting Flex Fund requests.

D. Use with Other Subsidies:

- a. If the household is participating in another homeless assistance program (e.g., CoC, ESG, etc.), the referring organization must verify on the application that the requested

¹ Colorado Housing Finance Authority (CHFA), 2021, Rent-Income-Limits, <https://www.chfainfo.com/arh/asset/rent-income-limits>

assistance cannot be covered by the other program's funds to avoid duplication of funding.

- b. Eligible costs cannot be provided to a household who is receiving the same type of assistance through public sources.

E. Eligible Costs:

- a. Eviction/Arrears Owed to Previous Landlord (could now be in collections):
 - i. All rental arrears requests will be assessed on a case-by-case basis and will only be approved if the household has been denied for affordable housing, public housing, a housing choice voucher, or a tax-credit unit.
- b. Fees and Deposits Needed to Apply for and Secure Housing:
 - i. Security deposits (up to/not to exceed 2 times the rent)
 - ii. Application and administrative fees
 - iii. Pet deposits/fees
 - iv. Utility deposit activation fees for new utility accounts
- c. Lease or Utility Assistance:
 - i. Rental arrears to prevent eviction or non-renewal
 - ii. Rental assistance, including monthly pet rent
 - iii. Utility assistance
 - iv. Renters Insurance
- d. Gap Funding:
 - i. If a household is attempting to secure new housing and the market rent does not meet the payment standards set forth by the Department of Housing and Urban Development OR the local Housing Authority, funds may cover that gap up to \$200 per month for a 6–12-month lease.
- e. Rent Increase Due to Lease Renewal:
 - i. If the household is at risk of losing current housing due to a rent increase for a lease renewal, Flex Fund assistance may be used to cover up to an additional \$200 per month on lease terms between 6-12 months.
- f. Hotel or Motel Assistance:
 - i. Up to 45-days of hotel/motel assistance
 - ii. Balance may not exceed \$3,500.
 - iii. Requesting agency will be reimbursed for payment.
 - iv. Household must have a signed lease and move-in date established prior to approval.
 - v. Funds will only cover the nightly rate for up to 45-days. Funds will not cover any additional charges incurred above the cost of the nightly rate.
- g. *Transportation:
 - i. Items related to one-time, episodic or regular transportation, that can help a client make progress towards ending their homelessness (e.g., car registration, bus passes, taxi fare, gas vouchers, tires, minor car repairs, etc.).
 - ii. Fares for the cost of housing navigation to view potential rental options by bus or other transportation services (e.g., Uber, Lyft, etc.).

- h. *Relocation Assistance:
 - i. Bus tickets to return to locales with stable family support
 - ii. Plane or train tickets
 - iii. Other transportation fees (e.g., taxis, rideshare services, etc.)
 - iv. Moving fees to cover the cost of movers
 - v. Up to 60-days of storage fees
- i. *Basic Household Items:
 - i. Household furniture
 - ii. Cleaning supplies
 - iii. Kitchen items (e.g., utensils, cookware, small appliances, etc.)
 - iv. Flashlights
 - v. Linens (e.g., towels, sheets, shower curtains, blankets, etc.)
- j. Critical Documents:
 - i. Documentation needed to overcome barriers to employment, housing, etc. (e.g., driver's license, state identification card, birth certificate, student records, etc.).
- k. *Other:
 - i. ADA home modifications, including but not limited to:
 - 1. Cabinet hardware
 - 2. Task lighting on all counter surfaces
 - 3. Tilt mirror in bathroom
 - 4. Non-glare lighting
 - 5. Handheld showerheads
 - 6. Audio/Visual doorbell
 - 7. Visual alarm
 - 8. Smart thermostats
 - 9. Characters and symbols on all signage
 - 10. Locks within range of reach
 - 11. Keyless entry
 - ii. Interpreters to translate rental applications, the lease agreement, and conversations between the Landlord and Case Manager.
 - iii. Items needed for specific employment or job training. Costs include but are not limited to:
 - 1. Uniforms, footwear, or professional attire
 - 2. Tools
 - 3. Personal protective equipment
 - 4. GED exam or licensing fees
 - 5. Temporary child-care costs to attend job interviews
 - iv. Up to 12 months of home internet costs

*We can review requests not listed under eligible costs on a case-by-case basis.

F. Back-up Documentation/Required Supporting Documents:

- a. It is the responsibility of the Service Provider to collect and submit required documentation to CHP.
- b. All required backup documentation must be collected and emailed to flexfund@ppchp.org within 10 business days of the application submission or the application will be denied.
- c. Service Providers will receive a response of final approval once all proper supporting documents are received.
- d. Service Providers will be notified if additional documentation is needed before final approval can be determined.
- e. All vendors (property owners, moving companies, etc.) must complete a W-9 and provide documentation verifying the amounts owed by the household seeking assistance. Statements must be dated within the last 30-days.

Due to the variety of requests, the following information provides examples of required documentation:

- a. Eviction/Arrears Owed to Previous Landlord (could now be in collections):
 - i. If the arrears are with a previous Landlord:
 1. Written notice from previous Landlord indicating arrears owed
 2. Copy of signed lease
 3. Invoice or ledger showing rental arrears balance from the Landlord that lists the tenant's name
 4. Copy of Landlord's W-9
 5. Copy of email correspondence between Landlord and Service Provider confirming rental arrears amount, rental property address and the Landlord's consent to receive payment from the Flex Fund
 - ii. If the arrears are now in collection:
 1. A copy of the account balance or invoice from the collection agency
 2. A copy of the collection agency's W-9
- b. Fees and Deposits Needed to Apply for and Secure Housing:
 - i. Deposits/application fees/administrative fees:
 1. Copy of signed lease showing the security deposit/fee amount. If a signed lease is not available, the housing provider may provide a written document stating that the household has been approved for move-in and includes the following information:
 - a. Name of prospective tenant
 - b. Prospective tenant's address
 - c. Deposit amount/fee amounts
 - ii. Utility Activation Fees:
 1. Copy of the invoice showing the utility activation fee
- c. Lease or Utility Assistance:
 - i. Rental arrears to prevent eviction or non-renewal (no forward paying):
 1. Copy of tenant's current lease and ledger from the Landlord

2. Copy of non-renewal notice (if applicable)
3. Copy of email correspondence between Landlord and Service Provider confirming rental arrears amount, rental property address and the landlord's consent to receive payment from the Flex Fund
- ii. Rental assistance to keep rental payments current:
 1. Copy of tenant's current lease and ledger from the Landlord
 2. Verification(s) of household's total monthly income (demonstrates that an increase in rent will cause a financial burden for the household)
 3. Copy of email correspondence between Landlord and Service Provider confirming rental amount, property address and the Landlord's consent to receive payment from the Flex Fund
- iii. Utility or Renters Insurance:
 1. Copy of a current invoice or statement from the proper vendor
- d. Landlord Mitigation Assistance:
 - i. Copy of signed lease
 - ii. Invoice with an itemized list of damages and the cost of repairs
 - iii. Copy of Landlord's W-9
 - iv. Copy of email correspondence between Landlord and Service Provider confirming repair and damages amount, rental property address and the landlord's consent to receive payment from the Flex Fund
- e. Gap Funding:
 - i. Copy of signed lease showing rental amount
 - ii. Rent reasonableness document (Appendix D) showing the market rent does not exceed the rent in comparably sized and located properties
- f. Rent Increase Due to Lease Renewal:
 - i. Copy of current lease
 - ii. Copy of lease renewal from Landlord
 - iii. Verification(s) of household's total monthly income (demonstrates that an increase in rent will cause a financial burden for the household)
 - iv. Service Providers must indicate total amount needed in the application form (not to exceed \$200/month for a 12-month lease).
 - v. Copy of email correspondence between Landlord and Service Provider confirming rental amount, property address and the Landlord's consent to receive payment from the Flex Fund
- g. Hotel or Motel Assistance:
 - i. Invoice from hotel/motel showing the household's name and amount due
 - ii. Hotel/motel W-9
 - iii. Signed copy of the prospective tenant's lease
 1. If a signed lease is not available, the housing provider may provide a written document stating that the household has been approved for move-in and includes the following information:
 - a. Name of prospective tenant

- b. Prospective tenant's address
 - c. Deposit amount/fee amounts
 - h. Transportation:
 - i. Itemized copies of receipts/transactions for services rendered
 - i. Relocation Assistance:
 - i. Itemized copies of receipts/transactions for services rendered
 - j. Basic Household Items:
 - i. Itemized copies of receipts/transactions for items purchased
 - k. Critical Documents:
 - i. An itemized invoice/receipt showing the cost and specific type of document being requested
 - l. Employment & Training:
 - i. Itemized copies of receipts/transactions for services rendered
 - ii. W-9 of the agency providing training
 - m. Other:
 - i. ADA home modification options:
 - 1. Itemized copies of receipts/transactions for items purchased
 - ii. Interpreter for the purpose of translating the rental application, lease agreement, and/or conversations between the Landlord and Case Manager
 - 1. W-9 of the agency providing services
 - 2. Itemized copies of receipts/transactions for services rendered
- G. Responsibilities of Landlord, Tenant, and Referring Agency:**
- a. Landlord:
 - i. Stay in communication with the Service Provider if conflict with a tenant arises that requires mediation.
 - ii. Provide necessary documentation related to any funds requested to cover costs, including but not limited to past due rent on current lease and rental arrears.
 - iii. Share a copy of the signed lease agreement between Landlord and tenant.
 - iv. Maintain the unit in accordance with [Habitability Standards](#).
 - v. Comply with Equal Opportunity/Fair Housing requirements.
 - b. Tenant:
 - i. Abide by the rules and guidelines set forth by the Landlord outlined in the lease agreement.
 - ii. Pay utilities and other fees that are not covered by the Landlord.
 - iii. Correct and/or report damages to the rental in a timely manner acceptable to the Landlord.
 - iv. Notify the referring agency representative if conflict with the Landlord occurs that requires mediation.
 - c. Referring Agency:
 - i. Submit Flex Fund application on behalf of the household in need of assistance.
 - ii. Gather and submit all required supporting documentation to flexfund@ppchp.org within 10 business days of the application submission.

- iii. Notify the Housing Navigator Specialist if a conflict arises between the Referring Agency and Landlord that requires mediation.

H. Payments and Reimbursement:

- a. Payments are made by CHP directly to the vendor for eligible amounts owed.
- b. Payments will be made on behalf of the household and issued to third-party vendors (e.g., utility company, landlord/property owner, hotel/motel, moving company, etc.). CHP cannot directly reimburse a household.
 - i. Unless otherwise determined by the referral source and CHP, payments will be mailed to the vendor's address indicated on the vendor's W-9 if a mailed check is the preferred method of payment.
- c. Reimbursements are made by CHP to the referring Service Provider who is seeking reimbursement for payments issued directly to the vendor for eligible amounts owed.
- d. Reimbursements will be made on behalf of the household and issued to the referring Service Provider if the vendor is not willing to wait for the check to be processed or the Service Provider is able to issue payment for eligible costs and request reimbursement from CHP.
 - i. If an agency is seeking reimbursement, they must provide CHP with a current copy of their agency's W-9 and proof of the payment transaction (copies of checks, check requests, credit card statement, etc.) within 10 business days.
 - ii. All Service Providers must fill out a request form and receive approval prior to issuing a payment for which reimbursement will be requested. Agencies that do not get prior approval from CHP will not be reimbursed.
- e. CHP is not responsible for late fees accrued if payment is late. It is the Service Provider's responsibility to maintain communication with the Landlord or vendor on payment.
- f. If a household receives additional assistance elsewhere and is no longer in need of Flex Fund assistance, unused payments issued by CHP must be reimbursed to CHP.

I. Non-Discrimination:

- a. The Flex Fund is designed to create an inclusive system supporting all eligible persons regardless of race, color, national origin, religious beliefs, sex, gender identity, age, familial status, disability, actual or perceived sexual orientation, or marital status.
- b. All participating agencies shall comply and adhere to all State and Federal statutes relating to non-discrimination. These statutes include but are not solely limited to ([listing in no particular order](#)):
- c. Title VIII of the Civil Rights Act of 1968; amendment for Fair Housing Amendments Act of 1988
- d. Fair Housing Act of 1968
- e. Title VI of the Civil Rights Act of 1964
- f. Colorado Anti-Discrimination Act of 1957
- g. Age Discrimination Act of 1975
- h. Section 503 and 508 of the Rehabilitation Act of 1973
- i. Title II and Title III of the Americans with Disabilities Act of 1990

- j. Drug Abuse Office and Treatment Act of 1972
- k. Title IX of the Education Amendments of 1972

J. Homeless Management Information System (HMIS)

- a. Programming for the Flex Fund will be tracked in the Homeless Management Information System (HMIS) for tracking and reporting purposes.
- b. Service Providers must adhere to the Colorado HMIS Policies and Procedures listed on ZenDesk: <https://cohmis.zendesk.com/hc/en-us/articles/360013991371-Policy-Procedures>.
- c. Service Providers submitting a request for assistance who have access to HMIS are required to add the head of the household and all of their household members to HMIS. If the household has already been entered into HMIS, Service Providers are expected to review the household members' information for accuracy and make updates or changes as needed.
- d. CHP will enter Flex Fund services into HMIS and track household enrollments.
- e. If the Service Provider does not have access to or use HMIS, the person submitting the Flex Fund application is required to follow these steps below before household information can be shared in HMIS:
 - i. Obtain consent from households using the COHMIS Release of Information (ROI): <https://cohmis.zendesk.com/hc/en-us/articles/360020127232-COHMIS-Client-Forms>
 - ii. Consent can include implied, written, or verbal consent (written consent is preferred and recommended).
 - iii. Completed written ROIs must be submitted via email to flexfund@ppchp.org, which will be uploaded into HMIS.
 - iv. If a household refuses consent to enter their information into HMIS, CHP will mark the household records as "Private" in the system.

Appendix A

Flex Fund Application

Welcome to the PPCoC Flex Fund Application. Please review the reminders below before getting started:

- Households requesting Flex Fund assistance must go through an eligible Service Provider who will submit the application on their behalf.
- Referring Service Providers must be a member of the PPCoC. If your organization is not already a member, please complete the form at the following link to apply:
<https://www.surveymonkey.com/r/WLYRCNF>
- Households are limited to receiving Flex Fund assistance once every 12 months.
- Application requests may combine multiple types of eligible costs totaling no more than \$3,500 per household.

Tips to ensure your request is processed as efficiently and quickly as possible:

- Review the Community Health Partnership Flexible Housing Fund (CHPFHF) Policies & Procedures and/or the training video found on our website to find answers to many common questions: (Insert link to website)
- Supporting documentation must be emailed to flexfund@ppchp.org within 10 business of the application submission date.
 - It is the responsibility of the Service Provider submitting the request to gather all appropriate documentation.
 - CHP will not reach out to Service Providers directly to follow up on the status of submitting supporting documentation.

Section 1:

Referring Agency Information

1. Agency Name: _____
2. Case Manager: _____
3. Phone: _____
4. Email: _____

Section 2:

Household Information

5. Head of Household Name: _____
6. Has the household been enrolled in the Colorado Homeless Management Information System (COHMIS)? If yes, please provide the head of household's client ID (UID) in question #7.
 - a. Yes
 - b. No
 - c. I don't know
7. Head of Household's client ID (UID): _____
8. Has the household given permission for their information to be collected and shared in HMIS by verbal consent or signed a Client Release of Information (ROI) form? If no, please have each adult member of the household complete the ROI found at the following link and email to flexfund@ppchp.org: <https://cohmis.zendesk.com/hc/en-us/articles/360020127232-COHMIS-Client-Forms>
 - a. Yes
 - b. No
 - c. I don't know
9. Head of Household Gender (Select all that apply):
 - a. Female
 - b. Male
 - c. Transgender
 - d. Gender non-conforming
 - e. Questioning
 - f. Client Refused
 - g. Client Doesn't Know
 - h. Data Not Collected
10. Head of Household Race (Select all that apply):
 - a. White
 - b. Black, African American, or African
 - c. American Indian, Alaska Native, or Indigenous
 - d. Asian or Asian American
 - e. Native Hawaiian or Pacific Islander
 - f. Client Doesn't Know
 - g. Client Refused
 - h. Data Not Collected
11. Head of Household Ethnicity:
 - a. Non-Hispanic/Non-Latin(a)(o)(x)
 - b. Hispanic/Latin(a)(o)(x)
 - c. Client Doesn't Know
 - d. Client Refused

- e. Data Not Collected
12. Is the head of household a veteran?
- a. Yes
 - b. No
 - c. Client Doesn't Know
 - d. Client Refused
 - e. Data Not Collected
13. Does anyone in the household have a disabling condition?
- a. Yes
 - b. No
 - c. Client Doesn't Know
 - d. Client Refused
 - e. Data Not Collected
14. Is anyone in the household currently experiencing or previously been a victim of domestic violence (DV)?
- a. Yes
 - b. No
 - c. Client Doesn't Know
 - d. Client Refused
 - e. Data Not Collected
15. Number Adults over 25 in the Household: (Enter "0" if none) _____
16. Number of Individuals Aged 18-24: (Enter "0" if none) _____
17. Number of Individuals Under 18: (Enter "0" if none) _____
18. Total number of people in the household: _____
19. Combined household monthly income after taxes: _____
20. Has the household already explored all other available resources in the community related to this type of assistance?
- a. Yes
 - b. No
21. Please describe the household's case management/housing stability plan for how future payments will be made: _____
22. Has the household received Flex Fund assistance in the last 12 months?
- a. Yes
 - b. No
23. Is the household currently participating in any CoC/ESG program or any other housing program that provides rental assistance?

- a. Yes
 - b. No
 - c. I don't know
24. If you answered 'yes' to question 23, please specify the program, type, and amount of assistance: _____
25. What is the household's current housing status? Please refer to the following link for definitions: https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)
- a. Category 1: Literally Homeless
 - b. Category 2: Imminent Risk of Homelessness
 - c. Category 3: Homeless under other Federal statutes
 - d. Category 4: Fleeing/Attempting to Flee DV

Section 3

If the household is not requesting assistance pertaining to rent, press 'Next' at the bottom of this page to skip this section.

26. Landlord Name or Name of Management Company: _____
27. Property Manager Phone: _____
28. Property Manager Email: _____
29. Property Address: _____
30. Current length of lease term: _____
31. If rental has been pre-leased, what is the scheduled move-in date? _____
32. Please select the parties that have signed the lease agreement:
- a. Tenant
 - b. Property Manager
 - c. Neither Party
33. If neither party has signed the lease, please list the scheduled lease signing date: _____
34. Households monthly rental amount per the lease agreement: _____
35. Length of new lease term: _____

Section 4:

Type of Assistance Requesting

Check all that apply. Combined requests may not exceed \$3,500.

36. Deposit or past due rental arrear assistance needed to apply for and secure housing:
- a. Security Deposit
 - b. Eviction/Arrears owed to previous Landlord (could now be in collections)
 - c. Application and administrative Fees
 - d. Pet deposits/fees
 - e. Utility Deposit activation fees for new utility account
 - f. Storage unit
37. Current lease or utility assistance:
- a. Rental arrears to bring rent payments current or prevent eviction/non-renewal
 - b. Rental assistance (including pet rent) to keep rental payments current
 - c. Utility Assistance
 - d. Renters insurance
38. Gap funding (up to \$200/month for a 6–12-month lease). Please specify the total amount requested. *Gap Funding: When a household is attempting to secure housing and the market rent does not meet the payment standards set forth by the Department of Housing and Urban Development OR the Local Housing Authority, funds may cover that gap. _____
39. Assistance to cover a lease renewal increase (not to exceed \$200/month for a lease no longer than 12 months). Please specify the total amount requested: _____
40. Household Items:
- a. Cleaning Supplies
 - b. Kitchen Items (e.g., utensils, cookware, small appliance(s), dishes, etc.)
 - c. Household Furniture (e.g., bed, dining room table, sofa, etc.)
 - d. Bedroom/Bathroom Items (e.g., towels, sheets, shower curtains, blankets, etc.)
 - e. Other (e.g., flashlights, fire extinguisher [if not provided by the Landlord], etc.)
41. If you checked 'Household Items' in question #40, please specify the items below:
- _____
42. Costs to obtain critical documents needed to overcome barriers to employment, housing, etc. (e.g., driver's license, state identification, birth certificate, student records, etc.) Please specify: _____
43. Items needed for specific employment or job training:
- a. Uniforms, footwear, or professional attire
 - b. Tools
 - c. Personal protective equipment
 - d. GED exam or licensing fees
 - e. Child-care costs to attend job interviews
 - f. Home internet costs (Up to 12 months)
 - g. Other: _____

44. Transportation (Costs related to one-time, episodic or regular transportation, that may help a household make progress towards preventing ending their homelessness):

- a. Car registration
- b. Bus passes
- c. Taxi/Rideshare fare
- d. Gas vouchers
- e. Tires
- f. Car repairs

45. Relocation Assistance:

- a. Bus or Greyhound Tickets (i.e., tickets to return to locales with stable family support)
- b. Plane or train tickets
- c. Moving fees (moving trucks, mover fees, etc.)
- d. Storage fees

46. Other/ADA home modification (including but not limited to):

- a. Cabinet hardware
- b. Task lighting on all counter surfaces
- c. Tilt mirror in bathroom
- d. Non-glare lighting
- e. Handheld showerheads
- f. Audio/Visual doorbell
- g. Visual alarm
- h. Smart thermostats
- i. Characters and symbols on all signage
- j. Locks within range of reach
- k. Keyless entry
- l. Interpreters to translate rental application, lease agreement, and conversations between Landlord and Case Manager

47. If you are applying for more than one type of eligible cost, please itemize the total amount you are requesting for each of your selections. (e.g., Deposit assistance=\$200 Rental assistance=\$1000): _____

48. Do you have the supporting documents to complete this application to email to flexfund@ppchp.org directly after submitting? (Refer to the Policies & Procedures for examples of supporting documentation)

- a. Yes
- b. No

49. Total amount requested: _____

50. Please share any relevant information that will help us process this request. (Providers are encouraged to utilize this space to expand on the household's situation) _____

Appendix B

Glossary

Administration Fee - A non-refundable fee paid to a landlord or management company who is taking the time to process an application for approval

Backbone Organization - Serves as a coordinating body that brings together a diversity of stakeholders and leads a synchronized effort to achieve a common goal

“But For”- A document certifying that the household has explored all rehousing options and all available resources. The Case Manager also certifies that a comprehensive assessment was completed and that the findings are such that the applicant or household would become or remain homeless **but** for ESG Homelessness Prevention or RRH assistance. (*Appendix C).

Case Manager - Individual at a Service Provider assigned to assist a client seeking Flex Fund assistance

Community Health Partnership (CHP) - Serves as the lead agency for the PPCoC and assists with establishing a planning body and leadership structure, data management, conducting CoC planning and operations, and preparing the application for federal CoC Program funding

Deposits - Amount owed by the renter upon move-in that’s intended to cover damage to the premises beyond normal wear and tear

Diversions - An intervention designed to immediately address the needs of someone who is seeking immediate shelter because they just lost their housing situation

Equal Opportunity - Policy stating that all employees must be treated equally without discriminating based on race, sex, age, or disability

Emergency Solutions Grant (ESG) - Program designed to assist households quickly regain stability in permanent housing after experiencing a housing crisis or homelessness

Eviction - The process whereby a landlord can file to have a tenant forced to move out before lease end date if the tenant has not complied with the rules of the lease contract

Fair Housing - Agency within the US Department of Housing and Urban Development (HUD) responsible for administering and enforcing federal fair housing laws and establishing policies to make sure Americans have equal access to the housing of their choice

Flexible (Flex) Funds - Funding that provides support to nonprofits to address areas of need that are unable to be covered by other revenue or grant funding

Habitability Standards - May be defined differently based on the funding source, but establishes the minimum standards for safety, sanitation, and privacy for housing

Head of Household - The adult member of the family who is the head of the household for purposes of determining income eligibility and rent

Homeless Management Information System (HMIS) - A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness

Homeless Prevention - HUD-funded program that provides financial assistance and services to prevent individuals and families from becoming homeless

Landlord - Individual or management company representative who implements and enforces the lease agreement

Landlord Mediation - The process where a neutral professional facilitates a meeting to discuss a dispute and resolution between tenant and landlord

Landlord Mitigation - An agreement between landlord and tenant where the tenant may pay less than what is contractually owed

Lease Term - The length of the lease agreement between tenant and landlord

Partnering or Participating Agency - Local agencies who work directly with households seeking housing assistance by helping them navigate resources and available funding sources

Pikes Peak Continuum of Care (PPCoC) - The local planning body that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and other services to address the needs of persons experiencing homelessness

Rapid Rehousing (RRH) - A short-term type of HUD-CoC housing designed to help move households toward permanent housing from literal homelessness using time-limited financial assistance and targeted supportive services

Rental Arrears - Past due rent owed by a formal tenant to the property manager

Rent Reasonableness - Ensures that rents charged by owners to voucher holders or recipients of subsidies are reasonable. A client receiving assistance may not qualify for the housing unit if the rent does not meet the payment standard for that area. (*Appendix B)

Tenant - An individual who has entered a binding lease contract with a landlord and physically occupies the rental defined in the agreement

Vendor - One that provides products or services to a household receiving Flex Fund assistance

Appendix C

“But For Certification” ESG Housing Options and Resources Eligibility “But For” Certification

Applicant Name: _____

This document is to certify that the above-named applicant or household has explored all rehousing options and all available resources. The case manager also certifies that a comprehensive assessment was completed and that the findings are such that the above-named applicant or household would become or remain homeless **but** for ESG Homelessness Prevention or RRH assistance. (See attached assessment)

Client Certification

Under penalty of perjury I, _____ affirm the following statements to be true.

- a. I affirm that I have explored all housing options, (family, friends, public housing, and private housing), and that I have not been able to secure housing.
- b. I affirm that I have accurately reported my family composition and total family income.
- c. I affirm that my household lacks the financial resources and support networks needed to obtain immediate housing (i.e., start-up costs, etc.).
- d. I affirm that I am not receiving financial assistance for the same reason that I am applying for ESG funds.
- e. I affirm that I would become or remain homeless but for ESG assistance.

Applicant’s Signature

Date

Case Manager Certification

Under penalty of perjury I, _____ affirm the following statements to be true.

- a. Upon completion of assessment, I affirm that the above-named applicant has proven that they have explored all housing options and have not been successful with securing housing.
- b. Upon completion of assessment, I affirm that the above-named applicant/household lacks the financial resources and support networks needed to obtain immediate housing. c. I certify that I have completed a thorough assessment, including alternative housing options, income and asset verifications and homeless verifications, and believe that the above-named applicant or household would become or remain homeless but for the ESG assistance.

Case Manager’s Signature

Date

Appendix D

RENT REASONABLENESS CHECKLIST AND CERTIFICATION

24 CFR 574.320 (a)(3) Rent reasonableness. The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction				
Housing Condition				
Location/Accessibility				
Amenities Unit: Site: Neighborhood:				
Age in Years				
Utilities (type)				
Unit Rent Utility Allowance Gross Rent				
Handicap Accessible?				
Most Recently Charged Rent For Proposed Unit		Reason for Change		

* Other local resources may be used to obtain information, e.g.: market surveys, classified ads.

I certify that I am not a HUD certified inspector and I have evaluated the property located at the above address to the best of my ability and find the following:

CERTIFICATION:

A. Compliance with Payment Standard

_____ + _____ = _____ Proposed
Contract Rent Utility Allowance Proposed Gross Rent

Approved rent does not exceed applicable Payment Standard of \$_____.

B. Rent Reasonableness

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit ____ IS ____ IS NOT reasonable.

Name: _____ Signature: _____ Date: _____

Appendix E

Acknowledgements:

Community Health Partnership recognizes and thanks Kaiser Permanente, for whom the CHP Flexible Housing Fund would not be possible.

About Kaiser Permanente:

Over the past 2 years alone, Kaiser Permanente has provided more than \$2.5 million to Colorado-based nonprofits and city agencies in support of initiatives aimed at ending homelessness and increasing access to affordable housing.

All these community efforts are paramount to Kaiser Permanente's mission as the state's largest nonprofit health plan. In the last 10 years alone, Kaiser Permanente in Colorado has invested more than \$1 billion and thousands of volunteer hours back into its communities to ensure all Coloradans thrive.

Kaiser Permanente also has a long-standing commitment to providing high-quality care and coverage to people in Southern Colorado. Serving more than 60,000 members through 3 medical offices in Colorado Springs and 2 in Pueblo, Kaiser Permanente has expanded access to behavioral health services, added evening and weekend hours in primary care, increased same-day appointment access, and expanded telehealth options.

Appendix F

Parties Involved

- f. Community Health Partnership (CHP), lead agency overseeing and managing distribution of the Flex Fund.
- g. Households, people experiencing a housing crisis and applying for funding.
- h. Service Providers, defined as any referral partner who is a member of the PPCoC and has agreed to partner with CHP in:
 - i. Identifying and referring eligible households (see *Section IV. Eligible Participants*)
 - ii. Working with the referred households to gather all required documentation (see *Section VIII. Back-up Documentation/Required Supporting Documents*)
 - iii. Pass through funds to applying households through reimbursement. (See *section IX. Payments and Reimbursement*).
- i. Pikes Peak Continuum of Care, a program of CHP, is a group of nonprofits, government officials, faith-based groups, businesses, advocates, and people with living homeless experience who oversee funding from the U.S. Department of Housing and Urban Development (HUD) to make homelessness rare, brief and non-recurring in El Paso County, Colorado.