

Title: CHP's Flexible Housing Fund	Approved Date: June 3, 2022
Scope: <i>This policy applies to community members at risk of or experiencing homelessness in El Paso County, CO.</i>	Revision Date: October 20, 2022
Purpose: <i>The purpose of this policy is to outline CHP's Flexible Housing Fund's policies and procedures.</i>	Revisions: Section A (a, b, c-ii, c-iii, f, g, i, and j); C (b and i), E (b-ii-1), F (a-ii-3, e-iii, and e-iv), H (b-ii), J (e-v)

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 are limited to receiving Flex Funds once every 12 months.
- b. Households wishing to request Flex Fund assistance must go through an eligible Service Provider, who will request funds on the household's behalf.
  - i. Requests submitted directly by a client will be automatically denied.
- c. Referring Service Providers must be a member of the Pikes Peak Continuum of Care (PPCoC).
  - i. Service Providers that are not members of the PPCoC can complete the following form to apply: <https://www.surveymonkey.com/r/WLYRCNF>.
  - ii. PPCoC members represent a variety of groups, including groups that are not CoC-funded and/or do not provide direct services to persons experiencing homelessness. Please refer to Section C., subsection c. for examples of eligible Service Providers.
  - iii. Additional information on the PPCoC can be found on Community Health Partnership's website: <https://www.ppchp.org/homelessness/about-coc>.
- d. Service Providers may submit a request for Flex Fund assistance by completing the following online application: [Flex Fund Application](#).

- e. Service Provider staff are prohibited from requesting assistance on behalf of an immediate family member, friend, or colleague.
- f. Applications may combine multiple types of eligible costs, but the sum total of requests may not exceed \$3,500 per household.
- g. Service Providers are limited to two (2) approved requests per month.
- h. 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.
- i. Community Health Partnership reserves the right to close the Flex Fund application at any time due to limitations in budget or staff capacity.
- j. Questions regarding accessing and submitting Flex Fund requests may be directed to Community Health Partnership's Housing Navigator Specialist at [flexfund@ppchp.org](mailto:flexfund@ppchp.org).

**B. Process of Approval and Communication:**

- a. The Service Provider will receive a response to the request between one to three (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](#)<sup>1</sup>.
- b. Household must currently reside in El Paso County, Colorado.
- c. 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
- d. Household has not received Flex Funds through the CHPFHF within the past 12 months.
- e. Household has explored all rehousing options and all available resources and would become or remain homeless but for Flex Fund assistance.
- f. Household lacks sufficient resources or support that would otherwise assist the household during their housing crisis.
- g. Household is seeking assistance that will help secure or maintain housing.
- h. 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 a Flex Fund application.

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<sup>1</sup> Colorado Housing Finance Authority (CHFA), 2022, Rent-Income-Limits, <https://www.chfainfo.com/arh/asset/rent-income-limits>

- i. Noncitizen households or households containing a noncitizen member are eligible for Flex Funds.

**D. Use with Other Subsidies:**

- a. If the household is participating in another homeless assistance program (CoC, ESG, ERAP, etc.), the referring organization must verify on the application that the requested 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 two times [2x] the rent)
  - ii. Application and administrative fees
    - 1. Requests for application fees do not count as the household's one request allowed per year.
    - 2. Requests for application fees do not count as one of an agency's two request per month limit.
  - 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. Landlord Mitigation Assistance:
  - i. Reimbursement to landlord/property owners for damages, repairs, or vacancy payments
- e. 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.

- f. 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 Funds may be used to cover up to an additional \$200 per month on lease terms between 6-12 months.
  
- g. 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.
  
- h. \*Transportation:
  - i. Items related to one-time, episodic or regular transportation, which can help a client make progress towards ending their homelessness (e.g., car registration, bus passes, taxi fare, tires, or minor car repairs)
  - ii. Fares for the cost of housing navigation to view potential rental options by bus or other transportation services (e.g., Uber, Lyft, etc.)
  
- i. \*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
  
- j. \*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.)
  
- k. 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.)

- I. \*Employment & Training:
  - i. Items needed for specific employment or job training. Covered 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
  - ii. Up to 12 months of home internet costs
  
- m. \*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.

\*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](mailto:flexfund@ppchp.org) within 10 business days of 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.

- f. All requests must be accompanied by a copy of a signed lease. If a signed lease is not available, the housing provider may provide a written document stating the name of the prospective tenant, the rental address, rental amount, and deposit/fee amount due at move in.

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 property manager/landlord indicating arrears owed
    - 2. Copy of signed lease
    - 3. Most recent invoice or ledger showing rental arrears balance from the property owner/landlord that lists the tenant's name
    - 4. Copy of property owner/landlord's W-9
    - 5. Copy of letter/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. Copy of the account balance or invoice from the collection agency
    - 2. Copy of the collection agency's W-9
    - 3. Copy of letter/email correspondence demonstrating that the household has been denied for a rental by a property manager/landlord due to collection debt.
- 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
    - 2. Landlord/property manager's W-9
  - ii. Utility Activation Fees:
    - 1. Copy of the invoice showing the utility activation fee
    - 2. Vendor W-9

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 property owner/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
4. Vendor W-9

ii. Rental assistance to keep rental payments current:

1. Copy of tenant's current lease and ledger from the property owner/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
4. Landlord/Property Manager's W-9

iii. Utility or Renters Insurance:

1. Copy of tenant's current lease and/or ledger from the property owner/landlord
2. Copy of a current invoice or statement from the proper vendor
3. Vendor W-9

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/property manager'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
- iii. Copy of landlord/property manager's W-9
- iv. Verification(s) of household's total monthly income (demonstrates the rental amount will cause a financial burden for the household).

- f. Rent Increase Due to Lease Renewal:
  - i. Copy of current lease
  - ii. Copy of lease renewal from property owner/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
  - vi. Copy of landlord/property manager's W-9
  
- 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
  
- h. Transportation:
  - i. Itemized copies of receipts/transactions for services rendered
  - ii. Vendor W-9 (if applicable)
  
- i. Relocation Assistance:
  - i. Itemized copies of receipts/transactions for services rendered
  - ii. Vendor W-9 (if applicable)
  - iii. Copy of current lease
  
- j. Basic Household Items:
  - i. Itemized copies of receipts/transactions for items purchased
  - ii. Vendor W-9 (if applicable)
  - iii. Copy of current lease
  
- k. Critical Documents:
  - i. An itemized invoice/receipt showing the cost and specific type of document being requested
  - ii. Vendor W-9 (if applicable)
  
- 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 landlord/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 Service Provider:**

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 Service Provider:

- 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](mailto: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.
  - ii. It is the responsibility of the Service Provider to confirm the vendor's correct address and form of payment accepted (e.g., checks or credit cards only) before payment can be issued.
- 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 five (5) 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 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 the 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](mailto: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.
  - v. Prior or active enrollment in any additional HMIS programs or completion of any household assessments (e.g., a VI-SPDAT) is not a requirement for households seeking Flex Fund assistance.

## **Appendix A**

### **Flex Fund Application**

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

- Households requesting funds must go through an eligible Service Provider who will submit the application on their behalf.
- Service providers are limited to two (2) approved requests per month.
- 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>
- Members represent a variety of groups, including groups that are not CoC-funded and/or do not provide direct services to persons experiencing homelessness.
- For more information on the PPCoC please follow the link to our website:  
<https://www.ppchp.org/homelessness/about-coc>
- Households are limited to receiving Flex Funds 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 frequently asked questions: (Insert link to website)
- Supporting documentation must be emailed to [flexfund@ppchp.org](mailto:flexfund@ppchp.org) within 10 business days 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:**

**Colorado Homeless Management Information System (COHMIS) Details**

1. 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 #2. If no, you will need to complete the HMIS Flex Fund Intake Form before you can submit a Flex Fund application:  
<https://forms.office.com/Pages/ResponsePage.aspx?id=ga6xZPYGx0Srh2llsrXuGdWRwsY2Mj5DhgOZQ8ay6ltUQkNXSEdQQIZLQ0paUEZOR1hOUTRTUzhJVC4u>
2. Are you a case manager or service provider filling out the application on behalf of the household seeking support? If no, please reach out to your case manager or service provider to complete this application on your behalf:
  - a. Yes
  - b. No
3. Head of Household's client ID (UID): \_\_\_\_\_

**Section 2:**

**Referring Agency Information**

4. 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>
5. Agency Name: \_\_\_\_\_
6. Case Manager: \_\_\_\_\_
7. Phone: \_\_\_\_\_
8. Email: \_\_\_\_\_

**Section 3:**

**Household Information**

9. Head of Household Name: \_\_\_\_\_
10. Head of Household's Date of Birth: \_\_\_\_\_

11. 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
  
12. 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
  
13. Number of Adults Over 25 in the Household: (Enter "0" if none) \_\_\_\_\_
14. Number of Individuals aged 18-24: (Enter "0" if none) \_\_\_\_\_
15. Number of Individuals Under 18: (Enter "0") \_\_\_\_\_
16. Total Number Individuals Under 18: (Enter "0" if none) \_\_\_\_\_
17. Combined household monthly income after taxes: \_\_\_\_\_
18. What is the household's current housing status? Refer to the following link for definitions:  
[https://files.hudexchange.info/resources/documents/HomelessDefinition\\_RecordkeepingRequirementsandCriteria.pdf](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
  
19. Has the household already explored all other available resources in the community related to this type of assistance? \_\_\_\_\_
20. Please describe the household's case management/housing stability plan for how future payments will be made: \_\_\_\_\_
21. Has the household received Flex Fund assistance in the last 12 months? (Households may only receive funds once every 12 months)
  - a. Yes
  - b. No

22. 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

23. If you answered 'yes' to question 20, please specify the program, type: \_\_\_\_\_  
\_\_\_\_\_

**Section 4:**

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

24. Landlord Name or Name of Management Company: \_\_\_\_\_

25. Property Manager Phone: \_\_\_\_\_

26. Property Manager Email: \_\_\_\_\_

27. Property Address: \_\_\_\_\_

28. Current length of lease term: \_\_\_\_\_

29. Monthly Rental Rate: \_\_\_\_\_

30. If rental has been pre-leased, what is the scheduled move-in date? \_\_\_\_\_

31. Please select the parties that have signed the lease agreement:

- a. Tenant
- b. Property Manager
- c. Neither Party

32. If neither party has signed the lease, please list the scheduled lease signing date: \_\_\_\_\_

33. Households monthly rental amount per the lease agreement: \_\_\_\_\_

34. Length of new lease term: \_\_\_\_\_

**Section 5:**

**Type of Assistance Requesting**

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

35. 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
36. 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
37. 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. \_\_\_\_\_
38. 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: \_\_\_\_\_
39. 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.)
40. If you checked 'Household Items' in question #38, please specify the items below:
- \_\_\_\_\_



41. 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:

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42. 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: \_\_\_\_\_

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

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

44. 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

45. 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 property owner and case manager
46. 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) **\*Total may not exceed \$3500\***: \_\_\_\_\_
47. Do you have the supporting documents to complete this application to email to [flexfund@ppchp.org](mailto:flexfund@ppchp.org) directly after submitting? (Refer to the Policies & Procedures for examples of supporting documentation)
- a. Yes
  - b. No
48. Grand total amount requested: **(May not exceed \$3500)** \_\_\_\_\_
49. 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): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
50. If your request is approved, please provide the correct address for the vendor receiving payment. If you have the address, please list it below. Otherwise, enter “I don’t know”. Once the correct address is obtained, email the information to [flexfund@ppchp.org](mailto:flexfund@ppchp.org) upon request approval. \_\_\_\_\_

51. Please indicate if you are willing to share updates on the progress of the household who received Flex Funds:
- a. Yes
  - b. No

## **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-** **Backbone** organizations serve as coordinating bodies that bring together a diversity of stakeholders and lead a synchronized effort to achieve a common goal.

**Built for Zero-** The goal of counting all people experiencing homelessness in the Pikes Peak region and making the commitment to end homelessness, one population at a time.

**“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 assigned to assist a client seeking services using a collaborative process to evaluate their needs and help connect them to the appropriate community resources.

**Community Health Partnership (CHP)-**CHP serves as the lead agency for the Pikes Peak Continuum of Care (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.

**CSH&HS-** The Colorado Springs Housing & Homeless Services Fund

**Deposits-** Amount owed by the renter upon move in that is 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). It is 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 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 primary household member for 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 between tenant and landlord.

**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 Funds.

## Appendix C

### “But For Certification”

#### Flex Fund 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** Flex Fund assistance.

---

#### 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 Flex Funds.
- e. I affirm that I would become or remain homeless but for Flex Fund 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 Flex Fund 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**

$$\text{Contract Rent} + \text{Utility Allowance} = \text{Proposed Gross Rent}$$

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 two 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 three medical offices in Colorado Springs and two 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**

- a. Community Health Partnership (CHP), lead agency overseeing and managing distribution of the Flex Fund.
- b. Households, people experiencing a housing crisis and applying for funding.
- c. 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*).
- d. 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.