

EXHIBIT A
Housing Stabilization Partnership Program
SCOPE OF WORK

Purpose

Stabilize housing by providing financial assistance to those households unable to pay rent due to a change of income as a result of the COVID-19 pandemic.

Financial assistance

The goal of providing this assistance is to ensure secure housing for the tenant recipients for as long as possible. Households can receive an amount not to exceed \$4,000 for one of the following types of financial assistance once within 12 months:

- Payment rental arrears

Or

- Relocation including deposit(s) and future rent payments up to 3 months.

Payments to existing landlords must include written assurance from the landlord that any late fees, interest, or penalties for nonpayment will be waived upon receipt of this funding, and that no legal action will be taken to evict the tenant(s) for any future nonpayment of rent for at least 90 days.

Eligibility

Except where noted below, agencies will not be allowed to require any additional eligibility criteria.

1. 80% or below area median income;
And
2. Fayette County resident as of March 1, 2020;
And
3. Certification of inability to pay rent is COVID-19 related;
And
4. Certification of possible or pending eviction with total rental arrears owed or evidence of eviction since August 24, 2020 with the complaint filed after May 1, 2020 for nonpayment of rent as cause.

*GreenHouse17 exception of eligibility – must be fleeing intimate partner abuse.

*AVOL Kentucky exception of eligibility – must be medically vulnerable populations that include: the economically disadvantaged, racial and ethnic minorities, LGBTQ individuals, the elderly, the homeless, those with HIV/AIDS, and those with other chronic health conditions, including severe mental illness and substance use disorders.

Process – All processes are subject to adjustments based on feedback, efficiency and effectiveness of partners.

Access Option 1

Step 1: Residents can enter their information in the <https://covid19renterhelp.org/> portal or call Community Action Council for enrollment and referral for assistance.

Step 2: Community Action Council staff will review information entered in the portal, add the resident's information into the Kentucky Homeless Management Information System (KYHMIS) under the project Lexington CoC-COVID-19 Renter Help-OTH-HP-LEX (2936).

Step 3: Community Action Council staff will notify participating agency of pending referral including the relevant client ID in the KYHMIS.

Step 4: Participating agency will have 3 business days to contact client and confirm the ability to provide assistance.

Step 5: Participating agency will update the KYHMIS with outcome information under their assigned project.

***If the participating agency is not able to assist, they are required to notify the resident and Community Action Council in order for the household to be referred elsewhere if possible. Documentation of denial will be noted in the KYHMIS for outcomes with reason for denial.

Access Option 2

Step 1: Residents can walk into any participating agency and request assistance.

Step 2: Participating agency will verify through the KYHMIS that they have not been served by another participating agency. Participating agency will have the option to serve them and enter all relevant information in the KYHMIS or refer them to Community Action Council.

Step 4: Participating agency will have 3 business days to confirm the ability to provide assistance.

Step 5: Participating agency will update the KYHMIS will outcome information under their assigned project.

Documentation

Self-Certification of Income and Inability to Pay Rent Due to COVID-19 (Exhibit B)

Form will be provided to agency by OHPI. This is required to be kept in the client file for audit proposes.

Documentation of Fayette County Residency as of March 1, 2020

This is required to be kept in the client's file for audit proposes.

Examples:

- Lease – head of household
- Mail – name and address of head of household
- Bill – name and address of head of household

Landlord Certification of Possible or Pending Eviction and Acceptance of Assistance (Exhibit C)

Form will be provided to agency by OHPI. This is required to be kept in the client file for audit proposes.

Documentation of Eviction since August 24, 2020 with a complaint filed after May 1, 2020 for nonpayment of rent as cause.

This is required to be kept in the client's file for audit proposes.

Examples:

- AOC-220 form: EVICTION NOTICE: WARRANT FOR POSSESSION with complaint
- Copy of complaint and disposition

Documentation of Relocation

Documentation must be a copy of the new lease. This is required to be kept in the client's file for audit proposes.

Documentation of Assistance Paid

This can be an electronic or hard copy of the check written or electronic transfer. Total amount paid will be placed in the KYHMIS. Must be able to be cross-referenced for audit purposes.

Reporting

- All participating agencies are required to enter client level data within 3 business days of action and comply with all KYHMIS data quality standards.
- All data fields in the KYHMIS are to be complete.
- All agencies will be required to submit a report to the Director of the OHPI every 14 days. This report will be provided by OHPI in the Kentucky Homeless Management Information System. Exception of GreenHouse17, which will utilize their comparable database.

Partner Agencies

Agency	Target Population	Direct Assistance	Administrative Cost (10%)	Total Award
Urban League	All	\$100,000	\$10,000	\$110,000
Step by Step	Single Mothers Ages 18-27	\$30,000	\$3,000	\$33,000
Catholic Charities	All	\$100,000	\$10,000	\$110,000
AVOL	Medically Vulnerable	\$80,000	\$8,000	\$88,000
GreenHouse17	DV Victims	\$100,000	\$10,000	\$110,000
The Nest	Families	\$100,000	\$10,000	\$110,000
New Life Day Center	All	\$50,000	\$5,000	\$55,000
Community Action Council	All	\$100,000	\$10,000	\$110,000
Assigned Assistance for Round 1				\$726,000
Unassigned Assistance – Round 2				\$726,000
Total				\$1,452,000

EXHIBIT B

SAMPLE

(Property Letterhead)

Tenant Certification of Income and Delinquent Rent

Name: John Q. Tenant **Address:** 1010 Main Street, Lexington, KY 40507

Phone Number: 502-555-5555 **Date:** 7-5-2020

I, _____, do hereby acknowledge that the rent due on the address listed above in the amount of \$ _____ is past due.

This delinquency is related to a loss of income due to the Covid-19 virus as follows: _____

I further certify that my annual income is \$ _____, which is less than 80% of area median income adjusted for household size as stated below:

Persons in household	1	2	3	4	5	6	7	8
Income Limit	\$44,450	\$50,800	\$57,150	\$63,500	\$68,600	\$73,700	\$78,750	\$83,850

Head of Household Signature

Date

Co- Head of Household Signature

Date

Other Adult Household Signature

Date

Landlord or Property Management Signature

Date

The undersigned certifies that the information contained in his or her application and on this form is true and accurate to the best of his or her knowledge. Any misrepresentation or false statement by the undersigned may result in the return of funding to LFUCG or legal action to recover the same, disqualification for the receipt of potential future funding, and/or may constitute a violation of applicable federal, state, or local laws or ordinances related to fraud or the making of a false statement or claim.

