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| **Form D: HOPWA Program Agreement** | | | |
| ***Must be signed before program entry and before annual recertifications.*** | | | |
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| The goals of the LDH HOPWA Program are to help low-income persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services. LDH authorizes the following services, funded by grants from the U.S. Department of Housing and Urban Development (HUD): | | | |
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| * Tenant-based rental assistance * Short-term rent, mortgage, and utility | * Short-term supportive housing * Transitional supportive housing | | * Permanent housing placement |
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| **Eligibility** | | | |
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| * At least one of your household members must be living with HIV. | | | |
| * Your household annual gross income cannot exceed 80% of area median income per your county of residence. | | | |
| * Your household must reside in the Project Sponsor’s Public Health Region. | | | |
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| ***Additional Service Requirements:*** | | | |
| *To receive tenant-based rental assistance services*   * Your household must already be housed; * Your gross rent must be at or below the lower of the rent standard or the reasonable rent; * At least one of your household members must be named on the current lease or utility bill; and * Your current lease must include a Violence Against Women Act (VAWA) Lease Addendum.   *To receive short-term rent, mortgage, or utility services*   * Your household must already be housed; * Your household must provide proof of a recent short-term emergency event that jeopardizes your housing stability; * At least one of your household members must be named on the current lease, mortgage, or utility bill; and * Your household can receive only 21 weeks of assistance in a 52-week period   *To receive short-term supportive housing services*   * Your household must be [homeless](https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/); * Your household can receive only 60 days of facility-based assistance in a six-month period (local Caps may apply). | | *To receive transitional supportive housing services*   * Your household must be [homeless](https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/)/[at risk of homelessness](https://www.hudexchange.info/resource/1975/criteria-for-definition-of-at-risk-of-homelessness/); * Your gross rent must be at or below the lower of the rent standard or the reasonable rent; * At least one of your household members must be named on the current lease or utility bill; * Your current lease must include a Violence Against Women Act (VAWA) Lease Addendum; and * Your household can receive only 24 months of facility-based assistance (local Caps may apply).   *To receive permanent housing placement services*   * Your household can be housed or homeless; * Your household must locate housing; and * At least one of your household members must be named on the PHP Intent to Lease Worksheet for initial move-in costs.   *To receive any form of housing assistance services*   * You must provide demographic data for your household; and * Your housing must meet all Housing Quality Standards. | |

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| **Rights** | | | | **Responsibilities** | | |
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| * To receive services in a non-discriminatory manner without regard to race; color; religion; sex; national origin; disability; familial status; actual or perceived sexual orientation, gender identity, or marital status; or whether you are a survivor of domestic violence, dating violence, sexual assault, or stalking. * To have your records and communications kept confidential. * To be informed of the terms and expectations of your housing and any consequences for refusing to comply with them. * To be informed of Project Sponsor policies and procedures and any consequences for refusing to comply with them. * To use Project Sponsor grievance procedures if your rights have been violated. | | | | * Provide true and complete eligibility information and engage in honest and regular communication with your case manager. * Report changes in income, residency, or household composition to your case manager immediately. * Heed the terms of your lease and pay housing costs on time. * Maintain the safety and sanitation of your housing. * Apply for a Housing Choice Voucher and other affordable housing programs, renew applications as required, and accept assistance as offered if you receive rental assistance. * Collaborate with your case manager to develop and comply with a housing plan to achieve permanent sustainable housing. | | |
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| **Participation Acknowledgement** | | | | | | |
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| I have read and understand the HOPWA Program Agreement. I understand that HOPWA is a voluntary program and that my household must meet basic eligibility requirements to be considered for enrollment. I understand that financial assistance may vary from one household to another. I understand that services are needs-based and depend on funding availability, agency capacity, and adherence to my housing plan. I understand that non-compliance with the Responsibilities listed above may result in termination of services. | | | | | | |
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|  |  |  | *I received the agency’s termination and grievance policies* ***or*** *I know the location of these policies.* | | | |
| *If yes, client initials* | | |  | | | |
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| Client Name: | | |  | |  |  |
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| Client Signature: | | |  | | Date: |  |
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| Case Manager Name: | | |  | |  |  |
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| Case Manager Signature: | | |  | | Date: |  |