

# **POST-DISASTER TENANT-BASED RAPID REHOUSING PROGRAM**

## **Policy Guide**

Version 4 - Revised 4.24.2024

## REVISION HISTORY

Version Number	Date	Summary of Changes to Policies and Procedures
1	12/23	Program manual for CDBG-DR funds only, through non-profit providers.
2	2/10/24	Income eligibility confirmed to 50% and below.
3	2/23/24	Program revision to incorporate broader eligibility requirements (i.e. 80% and below), increased award amounts, initial 3 months of rent to be paid for with ERA 2 funds, and LHC directed contracted RRH Provider. Changes apply retro-actively and forward.
	3/12/24	Added Letter drafts under Appendices
4	4/24/24	-Added exception made for applicants with income >80% LMI to allow for them to be funded with HOME-American Rescue Plan (HOME-ARP) funds, as a result of being deemed a "Qualifying Population". -Updated name of "Voucher" to "Conditional Commitment Letter".

Contents

I.	Program Overview .....	4
II.	Program Design .....	5
<b>A.</b>	<b>Use of Funds</b> .....	5
<b>B.</b>	<b>Terms of Assistance</b> .....	5
<b>C.</b>	<b>Rent</b> .....	5
<b>D.</b>	<b>Maximum Assistance</b> .....	6
<b>E.</b>	<b>Occupancy Standards</b> .....	6
<b>F.</b>	<b>Eligible Parishes</b> .....	6
III.	Tenant Eligibility .....	6
<b>A.</b>	<b>Eligible Households</b> .....	6
<b>B.</b>	<b>Eligible Units</b> .....	7
<b>C.</b>	<b>National Objective</b> .....	7
<b>D.</b>	<b>Program Eligibility</b> .....	7
<b>E.</b>	<b>Links to Permanent Housing Units and Social Services</b> .....	7
IV.	Applying for Assistance .....	8
<b>A.</b>	<b>Application Form</b> .....	8
V.	Identification and Income Verification .....	8
<b>A.</b>	<b>Identification</b> .....	8
<b>B.</b>	<b>Income Verification</b> .....	8
VI.	Ineligible Applicants .....	10
VII.	RRH Provider Responsibilities .....	10
VIII.	Homeless Management Information System (HMIS) .....	11
IX.	Signed Lease and Landlord Contract .....	11
X.	Eligible Assistance Costs .....	12
XI.	Rent Disbursements .....	12
XII.	Recertification .....	12
XIII.	Assistance Termination .....	13
XIV.	Permanent Supportive Housing (PSH) Referrals .....	13
XV.	Discrimination Policy .....	13
XVI.	Grievance and Appeal Process .....	13
XVII.	Recordkeeping .....	14
XVIII.	Program Monitoring and Reporting .....	14
	APPENDICES: Program Forms .....	16

## RAPID REHOUSING PROGRAM

### I. Program Overview

The state has established a model of Rapid Rehousing for households following disasters. The Rapid Rehousing Program (RRH) is based on an effective solution to address the needs of persons at risk of becoming homeless by providing a combined solution of funding rent payments for the provision of affordable housing and facilitating support services that help households to be self-sufficient. This includes preventing homelessness whenever possible by rapidly rehousing people when homelessness is imminent and providing ‘wrap around’ services that stabilize the cost of housing and supports self-sufficiency for the household.

In response to the loss of affordable housing units due to the 2020/2021 disasters, the State received approval from HUD to implement the **Rapid Rehousing Program**<sup>1</sup> under the *CDBG-DR Louisiana Action Plan* and ensuing amendments to provide tenant-based rental assistance and services to households displaced by Hurricanes Laura, Delta, Ida and/or the May 2021 Severe Storms at risk of becoming homeless. The goal is to increase provision of affordable rental units and prevent homelessness for disaster-impacted, low-to-moderate income households.

The program is intended to be implemented either directly through LHC or LHC contractors or through funding arrangements with community organizations (collectively termed “RRH Providers”) to provide rent payments and case management to individuals and families impacted by the eligible disasters of 2020 & 2021. The funds will be used to offer eligible participants case management and tenant based rental assistance to targeted households in their recovery to enable them to obtain housing rapidly, providing a period of limited housing support, and financial assistance and stabilization services if necessary. CDBG-DR funds cannot exceed 12 months.

LHC has supported the Rapid Rehousing model, which is informed by a Housing First approach that is a critical part of a community’s effective disaster response and homeless crisis response system. The model is based on four key principles to guide program strategies and interventions:

- 1) Housing Focus – to understand, eliminate and/or compensate immediate barriers to obtain and maintain housing.
- 2) Housing Comes First – to obtain permanent housing rapidly and connect to resources necessary to sustain.
- 3) Choice and Respect – to empower individual decisions and encourage responsibility for the consequences of the decisions in relation to housing and services offered.
- 4) Just Enough Assistance – to present the minimum financial or housing support necessary for the shortest period.

---

<sup>1</sup> *The Louisiana Action Plan for the Utilization of CDBG-DR Funds in Response to 2020 and 2021 Federal Disaster Declarations*, as amended, approved by HUD on August 29, 2023. [2020-21-storms-apa-3-8-29-23-approved.pdf \(la.gov\)](#)

## II. Program Design

### A. Use of Funds

Grant funds will provide temporary rental assistance, eligible housing-associated payments and services where applicable to residents of storm-impacted parishes (pursuant to the Federal Register Notices of allocation and the State's Action Plan) who are experiencing homelessness or are at risk of becoming homeless. Those homeless or "at risk" of homelessness can include those in state or FEMA funded temporary housing, persons living in unstable or overcrowded housing; and those with increased risk of homelessness.

### B. Terms of Assistance

Receipt of Rapid Rehousing assistance is contingent upon the eligible household complying with the following:

- (a) Selecting an appropriate housing unit in a timely manner and completing the necessary steps to lease up and move into the selected unit within the time frame indicated on the Conditional Commitment letter
- (b) Signing the Notice of Tenant Rent
- (c) Timely payment of the participant's share of the monthly rent, if applicable
- (d) Participate in case management services, as made available, if included as terms of rent assistance.

Participants determined to be eligible for assistance will be issued an *RRH Conditional Commitment Letter* and *Unit Approval Form*. The *RRH Conditional Commitment Letter* provides the participant with the qualifying unit size, terms of the commitment letter, program overview, leasing and move in terms and program participation guidelines. The *RRH Conditional Commitment Letter* should be used within 90 days after receipt to allow for unit selection. Decisions to extend *Conditional Commitment Letters* are based upon extenuating circumstances of the household and determined by the RRH Provider with guidance from LHC on a case-by-case basis.

Once the participant selects a unit, the *Unit Approval Form* is provided to the property owner/manager to complete. The *Unit Approval Form* contains specifics of the housing unit, the current rental/leasing rate and rental/leasing inclusions and exclusions. Both the participant and the prospective property owner/manager sign the form in agreement with the provisions.

The CDBG-DR funds cannot exceed 12 months of rent assistance. The households with combined funding<sup>2</sup> may be Recertified for continued assistance after the initial 3 months, which may be adjusted to include a cost share of the rent by applicant if income is >80% LMI, once confirming the household is in compliance with Rapid Rehousing requirements. From that time forward, the household is required to report any changes in residence or income to LHC. LHC will regularly monitor that applicants are in compliance with no changes.

### C. Rent

The RRH rent payment may cover up to 100% of rent amount, not to exceed the lesser of 120% of Fair Market Rent (FMR) or \$1000/month, unless special approval is granted by LHC and only for the first 3 months with ERA funds. Generally, the program will pay 100% of the rent for the first 3 months and at Recertification will determine if any adjustment should be made, based on availability of funds and if the household income is >80%AMI. The CDBG-DR funded rents cannot exceed \$1,000/month.

---

<sup>2</sup> Applicants may receive initial funding through the U.S. Treasury Emergency Rental Assistance program funds. Recertification at 3 months is required to continue for additional months funded by either ERA or CDBG-DR. HOME-American Rescue Plan (ARP) funds may be used for applicants who fit the definition of Qualifying Population with a household income greater than 80% AMI.

**D. Maximum Assistance**

Total CDBG-DR funding will not exceed 12 months of assistance per household. Maximum amount of assistance is based on the FMR and for the first 3 months, LHC may consider to fund up to 120% of FRM, with approval. For the remaining 9 months and all rent funded by CDBG-DR funds, rent assistance cannot exceed \$1,000/month. HOME-ARP funded applicants are those that have a household income that is greater than 80% AMI. Those households will qualify for 100% of rent for an initial 3 months, but will be required a cost share for any approved succeeding months after recertification, commonly rent share is calculated as 30% of income.

**E. Occupancy Standards**

Unit selection should be based on the following recommended occupancy standards. The number of bedrooms needed by households of various sizes and composition:

OCCUPANCY STANDARDS	
Bedroom	Household Size
0-bedroom	1
1-bedroom	1-2
2-bedroom	2-4
3-bedroom	4-6
4-bedroom	6-8

Exceptions to these standards may be considered because of the age, sex, health, handicap, relationship of household members or other individual circumstances.

**F. Eligible Parishes**

FEMA IA declared parishes for Hurricanes Laura, Delta, Ida and/or the May 2021 Severe Storms. Refer to the Action Plan for a list of Parishes.

**III. Tenant Eligibility**

**A. Eligible Households**

Rapid Rehousing eligible households are as defined below:

- a. Lived in one of the most impacted parishes;
- b. Experiencing homelessness or housing instability (risk of homelessness) as a result of Hurricanes Laura, Delta, Ida and/or the May 2021 Severe Storms;
- c. Were impacted by the declared disaster(s);
- d. Lacking the necessary resources or support networks to obtain housing;
- e. Household income at or below 80% Area Median Income (AMI); or for those in excess of 80% AMI, will meet the definition of a Qualifying Population under HOME-ARP as a household that is experiencing homelessness, per 24 CFR §91.5<sup>3</sup>.

<sup>3</sup> Those households occupying temporary FEMA NCS that is being removed fit the QP definition of homeless in that the provided shelter post-disaster was of a temporary nature and were homeless prior to receipt of the unit and upon expiration are again homeless.

Priority for assistance is given to leasing households who are currently residing in state non-congregate shelters (NCS), FEMA Temporary Shelter Stay Placements (TSA) or NCS due to Hurricanes Laura and Delta in 2020, Hurricane Ida August 2021, and eligible disasters. RRH Providers will receive referrals directly from LHC, Disaster Case Managers, the local Coordinated Entry System, GOHSEP and community partners for all households requiring assistance.

## **B. Eligible Units**

Tenants receiving RRH assistance must use the rental assistance in units that meet acceptable safe and sanitary habitability housing standards. For those with combined funding, at a minimum, an initial screening is required to confirm no perceived deficiencies are present, including no exposure to lead for housing built prior to 1978 and households with children under 6 years of age.

Prior to approval of CDBG-DR assistance, all units will be inspected to the required HUD standard.

The units must:

- Meet at a minimum the *ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing* (Interim rule, at 24 CFR 576.403). The RRH may include additional quality standard items on the checklist taken from the HUD Housing Quality Standards (HQS) §982.401, but HQS is not required. For units built prior to 1978, the units must be in compliance with HUD's Lead Safe Housing Rule (24 CFR Part 35);
- RRH funded rent portion must be within 120% FMR for the ERAP funded rent (first 3 months). For the months funded by CDBG-DR, rent cannot exceed \$1,000/month; and
- Not be receiving another form of rent subsidy, unless reduced to account for duplication of benefit.

## **C. National Objective**

ERA and CDBG-DR funds must be spent to benefit low- and moderate-income persons or households – as defined by HUD CDBG-DR to be 80% of AMI or below. HOME-ARP funds must be spent to benefit a household that meets the definition of a Qualifying Population (QP), as defined in the CPD Notice: Requirements for the Use of Funds in the HOME-American Rescue Plan Program (“the Notice”).

## **D. Program Eligibility**

The approved eligible activities for the CDBG-DR funds in the State's Action Plan are: HCDA Sec.105(a)(4), and 105(a)(8) - Public Services to prevent homelessness among low-income residents. This includes the waiver and alternative requirements granted by HUD on May 18, 2023 in [Memorandum 23-01](#) to allow for rental assistance to exceed 3 months.

## **E. Links to Permanent Housing Units and Social Services**

To assist households to find permanent housing resources, enable the households to plan for the end of the RRH assistance period, and link to other needed social services, the program will refer all participants to case managers as appropriate. Case managers may:

- Provide program participants with connection to housing search assistance. They will use LA Housing Search or local resources to prioritize referrals to permanent affordable housing units.
- Assess the participant's need for other supportive services; including but not limited to employment and job training assistance, behavioral or physical health services, substance abuse treatment services, family counseling, or other services.

- Make appropriate referrals and recommend the establishment of a mutually agreed upon plan to secure and follow through with these services may be determined.

Any applicant who does not meet the eligibility criteria will be referred to community partners for assistance in locating affordable housing or for other social services referrals.

#### **IV. Applying for Assistance**

Households meeting the eligibility criteria and wishing to apply for assistance should obtain and complete a Rapid Rehousing Application. Applications may be obtained from authorized Disaster Case Managers (DCM), RRH Providers, and LHC staff.

##### **A. Application Form**

The Application will be provided in English. The content and link are posted on LHC's website and may be distributed in hard copy through partner organizations. Applications are available to be translated into Spanish upon request. Assistance with the application process will be provided to any applicant upon request.

As part of the application process, all applicants must sign a release form or provide consent electronically authorizing the RRH Provider to obtain and verify all information necessary for processing the application.

Once the application has been completed and signed, the RRH Provider will review and determine participant eligibility.

The Application for RRH requires the following household information and details:

- Household Details – current address
- Contact Information
- Core Eligibility Information
- Household Members
- Income Details on all Household Members over 18 years of age
  - Information on other benefits including unemployment, child support, social security, etc.
- Special Needs Specification
- Certification of Truth and Validity
- Signature and Official ID

#### **V. Identification and Income Verification**

RRH Providers are required to verify the identity of the applicant and the household income of all household members to apply for and determine assistance. The Social Security Number (or acceptable alternative) and date of birth must be provided for all household members over 18 years of age. All members of the household and dates of birth must be listed on the Application. Applicants must report any change in household circumstances.

Acceptable forms of Identification must have a photo, and can include those listed below:

##### **A. Identification**

- a) A valid driver's license,
- b) Passport,
- c) Permanent resident card,
- d) Military ID; or
- e) Other State issued picture ID.

##### **B. Income Verification**



Applicants must provide proof of income to demonstrate that the household income does not exceed 80 percent of AMI for the parish in which the unit is located. Income is generally calculated on an annual basis. The RRH may consider the method using monthly income at the time of application, to be annualized over a 12-month period. In addition to the methods listed below, the State may also rely upon data directly from other State agencies such as the Louisiana Workforce Commission, SNAP eligibility, or third-party sources such as other federal programs, as available without the need for additional documentation.

### **Total Annual Income**

An applicant may demonstrate that their household meets the AMI requirement based on their annual income. To demonstrate annual income, the applicant must provide either an Internal Revenue Service (IRS) series 1040 form for 2023 (preferred), or the following documents for the household:

- Filed IRS form 1040; or
- If no 1040 is available:
  - W-2 wage statements; and
  - Interest statements (if applicable).

### **Monthly Income**

An applicant may also demonstrate that their household meets the AMI requirement based upon total household income for the two most recent months. The Program will review the monthly income information provided at the time of application and extrapolate over a 12-month period to determine whether household income falls below the 80 percent of AMI threshold.

For a calculation based on monthly income, the applicant must provide the following for the household:

- Two most recent months (or eight consecutive weeks) of pay stubs; or
- Signed wage/payment schedule from employer(s); or
- Unemployment compensation statement.

### ***If the household has no income, the applicant can complete the Zero Income Verification Form***

Income is calculated by factoring in the income of all household members over 18 years of age. Income includes the following component:

#### a) Earned Income

- Current pay stubs for the last 30 days
- Federal/State income tax documents or W2
- Verification of Income statement completed by employer
- SNAP (Food Stamps) printout
- A signed and dated statement verifying the type of work, number of hours worked, rate of pay, payment frequency and method of payment for odd jobs

#### b) Unearned Income

- SSA/SSI/SSDI award letter
- Unemployment Compensation award letter
- Child Support court order or DCFS Café' printout
- SNAP (Food Stamps) printout
- Pension/Retirement award letter
- Worker's Compensation award letter
- A signed and dated statement verifying the contribution amount, frequency of the contribution and the expected end date

**VI. Ineligible Applicants**

If an applicant completed the application but did not meet the criteria for the program, they are deemed ineligible. Participants determined to be ineligible for assistance will be provided with a Notice of Ineligibility. The Program Manager sends a notice via email to the applicant notifying the applicant that they are ineligible and providing them with an opportunity to file an appeal. The applicant will be given 15 business days from the date of the letter to file an appeal. All appeals received on time will be reviewed by the *Housing and Homeless Services Administrator* and a final determination will be issued.

**VII. RRH Provider Responsibilities**

Following the eligibility determination, completion and submission of an application for assistance, an RRH Provider may assist in the housing search/leasing process, engage in stabilization services and administer financial assistance. The RRH Provider will coordinate applications for all eligible applicants.

In addition to the four key principles to guide program operations, LHC emphasizes that the Rapid Rehousing Program should integrate four essential components, where possible, to serve the program participants:

- 1) *Coordinated Intake, Screening and Housing Based Assessment*
- 2) *Housing Search, Landlord Recruitment and Relocation Assistance*
- 3) *Housing Stabilization, Sustainability Supports and Linkages to Community Services*
- 4) *Financial Assistance*

*Coordinated Intake, Screening and Housing Based Assessment*

RRH Providers will receive referrals directly from LHC, Disaster Case Managers, the local Coordinated Entry System, GOHSEP and community partners for all households requiring assistance. RRH program staff and the participating RRH household may collaboratively develop a housing stabilization plan. Priority for assistance is given to leasing households who are currently residing in state non-congregate shelters (NCS), FEMA Temporary Shelter Stay Placements (TSA) or NCS due to Hurricanes Laura and Delta in 2020, Hurricane Ida August 2021, and eligible disasters.

*Housing Search, Landlord Recruitment and Relocation Assistance*

RRH Providers and staff may assist to identify housing options and cultivate quality relationships with property owners through on-going housing searches in subsidized/ public housing, utilizing LHC housing search services or coordinating with local contacts and/or private industry.

*Housing Stabilization, Sustainability Supports and Linkages to Community Services*

RRH staff and provider agency may work with a household to determine the needs for supports and services to reach housing stabilization. The primary focus will be on the issues that impact housing stability and to overcome the barriers. Households will be linked to community support entities for ongoing service delivery.

The length or provision of housing stabilization and sustainability support will vary by household but will not exceed 12 months of assistance. Results of services will be updated during inspection visits, as applicable.

*Financial Assistance*

The RRH Provider shall provide “just enough” financial assistance to help program participants remove barriers for entry into housing and to assist in the stabilization process. Eligible costs in addition to rent may include additional costs such as security deposits, or application fees. Rent can be paid at 100% for an initial 3 months and will be evaluated for rent share based on the applicant financial stability and the availability of federal funds. The Program may continue to pay 100% of rent.

**VIII. Homeless Management Information System (HMIS)**

The goal is to enter each participant local Homeless Management Information System (HMIS) on a continual basis. HMIS is the database for homelessness information maintained by each Continuum of Care in the state. The RRH Provider shall establish systems to facilitate the collection of all required HMIS data from program participants and provide to LHC or its assigned contractors to enter the data into the HMIS system.

**IX. Signed Lease and Landlord Contract**

A lease shall be initiated and executed between the tenant and the landlord.

An acceptable lease at a minimum has to be:

1. Dated
2. Identify the specified rental address
3. Term of the Lease
4. Rental Amount (including applicable fees)
5. Must be signed by both parties

If RRH Provider approves the lease, RRH Provider generates a contract and sends it to the landlord with a letter asking the landlord to sign and return the contract, within five business days. If the contract is not received within five business days, staff contacts the landlord to request immediate return of the contract.

When RRH provider receives the signed contract, LHC signs the contract, and the contract is placed in file. The RRH provider notifies the applicant that the contract is signed. No payments can be authorized without a contract signed by the landlord and a fully executed lease.

In the case of combined funding, LHC may approve direct tenant payment for an initial period and allow the landlord contract to be executed at a later date.

#### **X. Eligible Assistance Costs**

The rental assistance amount per month is capped at the lesser of the 120% of HUD Fair Market Rent (FMR) or \$1,000 per month per household. Exceptions may be made by LHC for the first 3 months funded by ERA funds to exceed \$1,000 and within the allowable FMR range. The CDBG-DR funded rent will not exceed \$1,000. The household shall be responsible for any rental cost exceeding the \$1,000 per month allocation during the CDBG-DR funded months after Recertification. Each eligible household may receive up to 12 months of assistance.

The program may allow an initial payment utilizing Emergency Rental Assistance funds (ERA 2), where applicable. If combined with CDBG-DR assistance, the total CDBG-DR assistance will not exceed 12 months.

Eligible costs could also include security deposits, assurance payments or other fees supported in the lease terms, to be approved by LHC. Utilities included in the rent payment are eligible costs.

First preference is to make rental payments directly to the landlord on behalf of the eligible household. LHC will determine in special circumstances if direct payments to tenants is allowed.

#### **XI. Rent Disbursements**

The LHC staff will coordinate to track all required information to facilitate the financial transaction and draw funds from the designated federal source.

In the case of combined funds, the program may authorize a payment utilizing Emergency Rental Assistance funds (ERA 2). This payment may cover a 3-month period going forward in one payment and may be made directly to the household. Special certification language will be signed for direct payments to ensure payment is used for its intended purpose. After Recertification, or as determined by LHC, CDBG-DR payments will be made on a monthly basis.

CDBG-DR payment will be made on a monthly basis where landlords will be paid via the check or ACH depending on funding arrangement.

#### **XII. Recertification**

In the case of combined funds, the selected housing unit must pass an HUD quality Inspection for ESG Minimum Habitability Standards within the first 3 months of occupancy. In the event the selected unit does not pass the inspection, a notice must be sent to the property owner/manager listing the deficiencies and the period for improvements. If the improvements are not completed in the allotted time, the participant may consider another available unit or rent assistance may be discontinued.

In the case of combined funds, utilizing ERA 2, if a household received a direct tenant payment, the household must provide proof of payment confirmation from the landlord that the rent payment(s) were received for the designated months.

### **XIII. Assistance Termination**

In cases of determination of termination of assistance for cause due to non-compliance or other unacceptable violations, a written notice will be sent to the participant including the following information:

- A statement of the reason(s) for the termination
- The effective date of the termination
- An outline of the appeals process

A review of the termination decision is available to all participants, where the participant has the opportunity to present objections before someone other than the person(s) or their subordinate who made or approved the termination decision. A ten-day written notice of the final decision will be issued to the participant.

### **XIV. Permanent Supportive Housing (PSH) Referrals**

As available, RRH Providers may perform an assessment on applicable participants for PSH eligibility. If eligible, the Provider can complete the referral and submit it to LDH. Applications for PSH may be downloaded from the following link: <http://ldh.la.gov/assets/docs/OAAS/PSH/PSH-Application.pdf>

### **XV. Discrimination Policy**

Individuals who believe they have been discriminated against based on race, color, national origin, religion, sex, disability and/or familial status may file a complaint with LHC, HUD or the Louisiana Human rights Commission.

Complaints should be in writing. If a participant is unable to write and can only make a verbal complaint, the RRH Provider should offer assistance to put the complaint in writing.

All complaints should include the following information:

- Name of the complainant or alternate contact person to receive or provide information;
- Address and telephone number of the complainant or alternate contact person;
- A description of the discrimination.

### **XVI. Grievance and Appeal Process**

All RRH Providers must follow the noted Grievance and Appeal Process.

If a participant disagrees with the decision made on their assistance, a signed and dated written statement must be submitted to the RRH Provider within 15 days of the notice of change. The RRH Provider will proceed with evaluating the request, collecting the evidence and making a final determination promptly.

Once the review has been completed and if the participant still disagrees with the decision made, a request for a formal hearing must be submitted to LHC within 10 working days of the notice from the provider. During this process, rental assistance will continue at the current level until the hearing decision is issued.

If a hearing request is submitted within the time required, LHC will send a Hearing Notification Letter, scheduling the date, time and place of the hearing.

#### **RIGHTS AT THE INFORMAL HEARING**

- The right to be represented by an attorney and/or accompanied by a family member or other advocate.
- The right to present any evidence on the participant/household's behalf, including the right to bring and question witnesses, and the right to cross-examine witnesses summoned by the provider and/or LHC.
- The right to review all the documents and evidence on which LHC will rely at the hearing, prior to the hearing. A participant may contact LHC at least five days prior to the hearing to review the documents.

The hearing officer must determine whether the RRH Provider's rejection or other determination is reasonable and in accordance with LHC's program requirements and policies. The hearing officer's decision must be in writing, briefly stating the findings of fact and the basis of the decision within five business days of the hearing.

#### **XVII. Recordkeeping**

The RRH Provider shall maintain proper participant files. LHC shall periodically perform technical assistance and monitoring visits to ensure that proper documentation is being collected and maintained. The following forms to be maintained in system of record or participant's file can include the following:

- Authorization for Release of Information
- Case Notes
- Disclosure of Identity of Interest
- Habitability Checklist/Inspection
- HMIS Data Verification
- Housing Service Plan
- Identification Verification (picture id, Social Security card, birth certificate - optional)
- Income Verification (award letter, check stubs, SNAP printout or required forms)
- Landlord Verification (W9, Direct Deposit-if applicable)
- Lead Paint Disclosure (if applicable)
- Lease Agreement
- Notice of Tenant Rent
- Participation Agreement
- Program Application
- Record of Provider Payments
- Conditional Commitment Letter
- Request for Unit Approval
- Termination of Assistance Notice (if applicable)
- Other Related Documents

All program/participant files, records and other documents relevant to this program and/or funding expended, **must be retained** by the provider or in the program system of record.

The Federal funds require quarterly reporting on all activities and payments. CDBG-DR requires information to be provided to the Office of Community Development for completion of HUD's Quarterly Progress Report (QPR). Staff will report on the activity until it is determined to be complete.

Staff must maintain electronic and hard copies of all documents related to the Program for 3 years after the close out of the total CDBG-DR grant award. These records are made available to HUD and the OIG as requested.

#### **XVIII. Program Monitoring and Reporting**

LHC will align its scope of monitoring activities with the newly released HUD CPD Monitoring Guidebook available at the following link:

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/administration/hudclips/handbooks/cpd/6509.2](http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/cpd/6509.2)

The scope of LHC's monitoring activities will be as follows:

- LHC will collect and review monthly reports from each provider on program activities to include rental assistance activity, project information, progress in achieving the program goals, fiscal information on resources spent.
- LHC reserves the right to monitor selected Providers if deemed necessary.



- LHC will conduct periodic reviews and quality assurance of Habitability /inspections by each Provider.
- LHC will identify a process to remediate/improve identified deficiencies through the provision of technical assistance and training.
- LHC will monitor invoicing and payment processing.
- LHC will require quarterly reporting on the below listed metrics. See Below Chart.

Reporting Period	Month/ Day / Year
# Families Served	Actual Count for the period
# Referrals Made	Actual Count for the period
# Case Management Man-Hours	Total Case Management Man-Hrs for the period
% of Targeted Families Served	# Families served/200=% served
Case Management Man-Hours per Family	Total CM Man-Hrs / # Families served
Funds Expended	Total funds spend for the period
Remaining Funds Balance	Budget – Expenditures = Remaining Balance

APPENDICES: Program Forms

- A. Application
- B. Invitation Letter
- C. Conditional Commitment Letter
- D. Unit Approval Form
- E. Habitability Checklist
- F. Landlord Contract
- G. Recertification Approval





**A. RRH APPLICATION – ON-LINE ONLY** (<https://louisiana.rapidrehouse.com/register>)

Louisiana Housing Corporation
State of Louisiana's Rapid Rehousing Program English 👤

---

**CONTACT DETAILS**

First Name \*  MI  Last Name \*

Email \*  Mobile Phone \*

[Save and Continue](#)

---

**HOUSEHOLD INFORMATION**

How many members are in your household? Please include all members under 18 even if they do not earn income. \*

Number of household members does not match the entered household members below

[Save and Continue](#)

**HOUSEHOLD DETAILS** ⓘ ⓘ [+ Add](#)

Click on the "+Add" button to include details on each household member. You must enter a record for each member you noted as the total number in your household.

All Household members must have required information

At least one Household member with Relation to Applicant = "Applicant"

---

Click on "Edit" button to manage input data

[Save and Continue](#)

**WILLING TO RELOCATE**

Are you willing to relocate from your shelter parish location?

Yes  No

[Save and Continue](#)

**ACCESSIBILITY**

Does a member of your household require the special design features of a particular unit? (Ex. wheelchair access or access for person who has a hearing disability)

Yes  No

[Save and Continue](#)

**CERTIFICATIONS**

Privacy Act Statement:

The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) and U.S. Treasury to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest and for verifying the accuracy of the information furnished.

Penalty for false or fraudulent statements:

U.S.C. Title 18, Sec. 1001, provides that "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

If this application is completed by an Authorized Agent on behalf of the Applicant, the Authorized Agent hereby certifies that it is duly authorized to act on behalf of the Applicant as its agent with respect to this application.

All information that I have provided regarding my eligibility for the State of Louisiana's Rapid Rehousing Program is correct and true.

I acknowledge and agree that by submitting this application, the information provided herein may be used to access other government records or utility records that, along with the information in this application, may be redisclosed to other government entities and contractors of Louisiana, Office of Community Development (OCD) and the LHC in order to determine eligibility for the program, verify the accuracy of statements made on this application, and for audit and statistical purposes.

**APPLICANT STATEMENT**

I understand that false statements or information is punishable under federal law.

Type your name here as a signature to submit this Application, along with uploading your government photo ID.

Applicant Signature \*  Date \*

Government ID Image \*  No file chosen

[Save and Continue](#)
[Exit Application](#)
[Submit](#)

All fields with \* must be entered in order to Submit



Application – Initial Eligibility Questions

**Louisiana Housing Corporation** State of Louisiana's Rapid Rehousing Program English

**Eligibility Questions - Applicant**

Yes  No Are you currently residing in state-funded non-congregate housing unit (travel trailer) as a result of the 2020/2021 declared disaster?

Yes  No Are you currently receiving FEMA direct housing assistance as a result of the 2020/2021 declared disaster?

Yes  No Are you actively seeking housing options, including a rental unit to rehouse to more permanent housing?

Yes  No Are you a homeowner?

Yes  No Have you or anyone in your household experienced other financial hardship due directly or indirectly to COVID-19?

Yes  No Do you or someone in your household qualify for unemployment benefits?

Yes  No Are you or anyone in your household currently receiving or have you received in the past any additional rental assistance as a result of COVID-19?

Yes  No Do you or your household currently receive any non-rental assistance from state or federal programs (such as the following) in the past 12 months? (Select all that apply)

SNAP (Supplemental Nutrition Assistance Program/food stamps)  
LIHEAP (Low Income Home Energy Assistance Program)  
Temporary Aid for Needy Families (TANF)

All fields with \* must be entered in order to Submit

[Privacy - Terms](#)

Application – Household Income Screen

**Wages Income \***

Gross income before taxes and deductions (including commissions, tips, bonuses, fees)  
\* Do not include income from government agencies designated for shelter, utilities, WIC, food stamps, and childcare \*  
\* March and December 2020 stimulus payments are not considered income \*

Income Type \*  
Annual

Amount  
\$ 0

Provide at least one of the following forms of documentation:  
1. Form Series 1040  
2. W-2 Wage statements (if no 1040)  
3. Interest Statements (if no 1040)  
4. Unemployment compensation statements (if unemployed)  
5. Notification of termination or furlough (if unemployed)

No file selected.  
Not uploaded yet

No file selected.  
Not uploaded yet

I elect to not upload income documentation at this time and allow LHC to obtain my income information from LA workforce Commission (LWC) and DCFS (SNAP), where applicable.

**Other Forms of Income - Provide Monthly Amounts**

Payments in lieu of earnings such as unemployment, disability compensation, social security income, social security disability insurance, and worker's compensation	\$ 0 per Month	<input type="button" value="Browse..."/> No file selected. Not uploaded yet
Payments from annuities, retirement funds, pensions, disability, and other similar types of periodic payments	\$ 0 per Month	<input type="button" value="Browse..."/> No file selected. Not uploaded yet
Monthly income from government agencies EXCLUDING amounts designated for shelter, utilities, WIC, food stamps, and childcare	\$ 0 per Month	<input type="button" value="Browse..."/> No file selected. Not uploaded yet
Alimony, child support, and foster care payments	\$ 0 per Month	<input type="button" value="Browse..."/> No file selected. Not uploaded yet
Any other forms of income	\$ 0 per Month	<input type="button" value="Browse..."/> No file selected. Not uploaded yet



## B. RRR Invitation Letter (Program Letters are send via email and text (shortened))



March 13, 2024

[Combined Applicant Name]  
[NCS Shelter Address]  
[FEMA Contact Email]

Via Electronic Mail

**RE: Louisiana Rapid Rehousing Program:**  
Notice of Application Availability  
[FEMA ID]

Dear [Combined Applicant Name],

The State has issued notifications that the use of state-provided post disaster shelter units must end by April 30, 2024. As are result, your household has been identified as a potential recipient for **Rapid Rehousing Program** rental assistance through the Louisiana Housing Corporation (LHC). This assistance is intended to aid in the establishment of more permanent housing after moving from the state provided temporary unit at the address listed above.

At this time, to be eligible for Rapid Rehousing rental assistance your household must meet the following minimum requirements:

- Your household is currently residing in a state-funded, non-congregate housing unit (travel trailer) as a result of the 2020/2021 declared disaster.
- Your household has a valid FEMA ID number.
- Your household income is below 80% area median income (AMI).

If you are interested in applying for the **Rapid Rehousing Program**, please register at the applicant portal website: [LA Rapid Rehousing \(https://louisiana.rapidrehouse.com\)](https://louisiana.rapidrehouse.com) to be considered for rental assistance. **The State requests the Application be completed within 15 days of receipt of the message.**

You will be asked to input your email address (Username) and create a unique password. **The Application can be saved in process and revisited for completion.** Your Application will not be considered for funding until officially submitted, and dependent upon availability of funds.

If you have questions or have limitations with submitting on-line, please contact your Disaster Case Manager and the program will reach out to help you complete the application. We look forward to assisting you in moving from the current unit into more permanent housing.

Sincerely,

Rapid Rehousing Program Office

## C. Incomplete Application Letter



March 13, 2024

[Combined Applicant Name]  
[NCS Shelter Address]  
[FEMA Contact Email]

Via Electronic Mail

**RE: Louisiana Rapid Rehousing Program:**  
Notice of Application Availability | Complete Your Rapid Rehousing Application  
[FEMA ID]

Dear [Combined Applicant Name],

Thank you for registering for the **Rapid Rehousing Program**.

Your application was started, but is incomplete. Please login to the applicant portal: [LA Rapid Rehousing \(https://louisiana.rapidrehouse.com\)](https://louisiana.rapidrehouse.com) and confirm your FEMA ID so the application can be completed and considered for rental assistance.

If you have experienced limitations with submitting online, please log off and try again. If the condition continues, please contact your Disaster Case Manager and the program will reach out to help you complete the application. We look forward to assisting you in moving from the current unit into more permanent housing.

Sincerely,

Rapid Rehousing Program Office



### D. Conditional Commitment Letter

(Page 1)



March 13, 2024

[Applicant Signature]

[Created By]

Expiration Date: April 30, 2024

Via Electronic Mail

RE: *Louisiana Rapid Rehousing (RRH) Program*  
**Conditional Commitment Letter**  
[FEMA ID] [NCS Shelter Address]

Dear [Combined Applicant Name],

This **Conditional Commitment Letter** issued by the Louisiana Housing Corporation (LHC) indicates that the Applicant identified above meets basic eligibility for rental assistance from the *Rapid Rehousing Program*. **An initial three (3) months of rental assistance are committed under this Letter, conditioned on the cooperation of the Applicant to locate acceptable housing with a valid lease.** The initial three months of assistance will be issued directly to the Applicant (Tenant) for immediate payment to the Landlord. The additional (9) nine months of rental assistance, not to exceed a total of 12 months, shall be awarded as monthly payments to the Landlord on behalf of the eligible Tenant, based on compliance with Program requirements and confirmed payment of the initial 3 months of rent.

The Applicant listed the following parishes as preferences for rental housing. The Commitment Letter allows the Applicant to select a unit within the maximum allowable monthly rent, based on the Fair Market Rent rated noted below, but not to exceed \$1,000. If the rent exceeds \$1,000, the applicant may submit that rent based on unit size but will be subject to LHC approval and restricted to the initial 3 month payment only. Future months will be limited to the \$1,000 cap for assistance. The selected unit must be reasonable based on applicant reported household size of {#} members.

PARISH FMR BREAKOUT						
Type	Parish	Efficiency	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom
NCS Shelter Parish	Lafourche	\$757	\$900	\$1,117	\$1,397	\$1,519
Preferred Parish1	Lafourche	\$757	\$900	\$1,117	\$1,397	\$1,519
Preferred Parish2	Assumption	\$863	\$886	\$995	\$1,402	\$1,654
Preferred Parish3	Lafayette	\$701	\$921	\$1,034	\$1,344	\$1,755

LHC may also approve additional assistance to help the Tenant secure a new lease, such as a security deposit or other fees required by the Landlord to enter into a valid lease. Any assistance provided for a deposit, or fees must be supported with documentation. The Tenant must use the dwelling unit as the family's principal place of residence and solely as a residence for the family. The Tenant must not sub-lease or assign the lease. The RRH program prohibits lease agreements among family members.

Total assistance offered by the LHC RRH program will not exceed 12 months. Assistance may be provided for the first three (3) months and then following Recertification, up to nine (9) additional months.

**Key Steps in Using this Commitment Letter and Receiving RRH Assistance**

1. The Applicant has until April 30, 2024, to use the **Commitment Letter** to locate and secure rental housing with a valid Lease (preferably a twelve (12) month lease, but with a minimum lease length of six (6) months). If the signed Lease has not been submitted by the expiration date shown above, the Commitment Letter will expire.
2. Once the unit is identified, the Applicant must complete the *Unit Request Form* in the application portal, using their existing username and password at <https://louisiana.rapidrehouse.com>. The Tenant will upload the lease or obligation to pay rent to validate the unit commitment. The *Unit Request Form* contains the "Tenant Acknowledgements" regarding payment to the Landlord of the validated rent amount.
3. The RRH Program issues a check to the Applicant (Tenant) covering the first 3 months of rent (inclusive of fees and/or deposits). Tenant provides the payment to the Landlord.
4. Inspection occurs within the first 3 months of occupancy to confirm habitability standards and allow continued assistance. The Tenant must permit the Louisiana Housing Corporation representative to inspect the unit at a reasonable time and after giving reasonable notice.
5. Prior to the end of month three (3) the Tenant will complete the **Recertification process**. At such time, the RRH program confirms that:
  - a. The Tenant is current on the lease payments – confirming rent funds have been paid to the Landlord, based on Landlord confirmation and/or receipts of payment.
  - b. The inspection confirms that the unit meets the program habitability standards.
  - c. The Tenant and Landlord agree to the payment terms going forward for the additional 9 months. Generally, the payment will be issued directly to the Landlord on a monthly basis, at the beginning of each month. The Landlord completes the *Landlord Rental Assistance Agreement* and submits their tax document (*W-9*) via email to the RRH program.
  - d. The Tenant agrees to continue to remain in compliance with the RRH program requirements.

Assistance under the Rapid Rehousing Program is not guaranteed. Assistance may be terminated if:

- Tenant's income at Recertification is greater than the published income limit for the program;
- Tenant cannot provide proof of payment of use of initial rent payment for designated rent;
- Tenant is evicted from the assisted unit for cause;
- Tenant provides false information or commits any fraud in connection with the program or fails to be cooperative with required recertification.

The Louisiana Housing Corporation will give the Tenant at least 30 days' notice of termination of assistance.

Thank you for your participation in this important rental assistance program.

Sincerely,  
Rapid Rehousing Program Office

*Equal Housing Opportunity: If a Tenant has reason to believe that he/she has been discriminated against on the basis of age, race, color, creed, religion, sex, handicap, national origin, or familial status, the Tenant may file a complaint with HUD. HUD has set up a "hot line" to answer questions and take complaints about Fair Housing and Equal Opportunity. The toll-free number is (800) 424-8390.*

## E. Unit Request Form – Completed on-line in the Applicant Portal by the Applicant

APP ID 217

Application Status : **Commitment Letter Issued**

**Complete Unit Request Form**

You have received a Conditional Commitment Letter. To receive your initial rental assistance, additional information and documents must be submitted using the Unit Request Form in this portal.

If you have additional questions, or need to provide further information (income documents, valid photo ID), please contact your DCM or email [noreply@rapidrehouse.com](mailto:noreply@rapidrehouse.com).

### Unit Request Form

- Eligible applicants could receive up to 100% of monthly rent for the first three months and assistance with security deposits required by the lease to help ensure housing stability.
- Monthly rent amounts awarded will be subject to a cap based on the U.S. Housing and Urban Development (HUD) Fair Market Rents.

#### New Landlord Information

Landlord Contact Name \*

test1

Landlord Contact Phone

1

Landlord Email Address \*

test1

#### New Residence Address Details

Address 1 \*

11

Address 2

21

City \*

21

State \*

31

Zip \*

41

#### Bedrooms - Unit Size

Bedrooms - Unit Size \*

2 Bedroom

#### Rental Obligation Detail

Year Rental Unit Built \*

1978

Lease Start Date \*

11/23/2024

Lease End Date \*

11/25/2024

Monthly Rent Amount \*

\$ 76716.00

Security Deposit Amount \*

\$ 6461.00

#### Lease Document

Choose Files No file chosen

[Test+Practice+Document.docx](#)

Delete

#### Confirm Mailing Address Details

IMPORTANT: Failing to provide a reliable mailing address may result in delays or difficulties in receiving your rental assistance payments. Please ensure that your mailing address is correct and accessible for your initial payment if your application is approved.

Mail to New Residence Address  Mail to Other

Mailing Address \*

11

Mailing Address 2

21

Mailing Address City \*

21

Mailing Address State \*

31

Mailing Address Zip \*

41

Save and Continue

Exit Application

Submit

All fields with \* must be entered in order to Submit

**Submit Updated Application**

By choosing submit, I (Tenant) attest that I meet the eligibility criteria for the Program:

- I am the tenant identified in this application and the rental property for which I am applying for assistance will become my primary residence.
- At least one (1) individual in my household has (i) qualified for unemployment benefits or (ii) experienced a reduction in income, incurred significant costs, or experienced other financial hardship during or due, directly or indirectly, to the COVID-19 pandemic.
- My household is at a risk of homelessness or housing instability.
- My household income has been reported truthfully and accurately and is below 80% of the Area Median Income. I also elect for LHC to obtain my income information from LA Workforce Commission (LWC) and DCFS (SNAP), where applicable.
- I have not received and am not aware of any duplicative benefit from another funding source.
- I understand that any Funds provided will exclusively be used to pay for rent at the identified rental property. All payments will be applied to the months defined by LHC when providing Funds.
- I acknowledge that the Program prohibits lease agreements among family members. I attest there is no family relationship between the Tenant and Landlord.
- I certify that the water and power (electrical and/or gas) have been verified as functional and are working on site. that they have verified that the rental unit is of safe and sound condition for residency.
- All information that I have provided regarding my eligibility for the State of Louisiana's Rapid Rehousing Program is correct and true.
- I understand that receipt of additional funding following Recertification will require my landlord to be cooperative and that my Landlord will receive the Recertification funds on my behalf.

**WARNING:** Tenant understands that false statements or claims made in connection with this award may result in fines, imprisonment, debarment from participating in federal awards or contracts, and/or any other remedy available by law.

**Submit****Cancel**

All fields with \* must be entered in order to Update



## F. RRH Unit Habitability Inspection Checklist

### Minimum Habitability Standards for Rapid Rehousing: Checklist

About this Tool

The HUD (Emergency Solutions Grants (ESG) Program) Interim Rule establishes habitability standards for housing (the Rapid Re-housing and Homelessness Prevention components). The LHC Rapid Rehousing Program will utilize these standards at a minimum, as allowed under HUD.

- Rapid Rehousing Housing Standards.** The recipient or subrecipient cannot use ESG funds to help a program participant remain in or move into housing that does not meet the minimum habitability standards under §576.403(c). This restriction applies to all activities under the Homelessness Prevention and Rapid Re-housing components.

Recipients and subrecipients must document compliance with the applicable standards. Note that these checklists do not cover the requirements to comply with the Lead-Based Paint requirements at §576.403(a). That is included separately for applicable units built prior to 1978.

### Minimum Standards for Permanent Housing

**Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved.

A copy of this checklist should be placed in the client file.

Approved	Deficient	<b>Standard</b> <i>(24 CFR part 576.403(c))</i>
		1. <i>Structure and materials:</i> The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
		2. <i>Space and security:</i> Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
		3. <i>Interior air quality:</i> Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		4. <i>Water Supply:</i> The water supply is free from contamination.
		5. <i>Sanitary Facilities:</i> Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		6. <i>Thermal environment:</i> The housing has any necessary heating/cooling facilities in proper operating condition.
		7. <i>Illumination and electricity:</i> The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
		8. <i>Food preparation:</i> All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. <i>Sanitary condition:</i> The housing is maintained in sanitary condition.
		10. <i>Fire safety:</i> <ol style="list-style-type: none"> <li>a. There is a second means of exiting the building in the event of fire or other emergency.</li> <li>b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.</li> <li>c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.</li> <li>d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.</li> </ol>
		11. Meets additional recipient/subrecipient standards (if any).





CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

- Property meets all of the above standards.
Property does not meet all of the above standards.

COMMENTS: [Empty box for comments]

ESG Recipient Name: \_\_\_\_\_
ESG Subrecipient Name: \_\_\_\_\_
Program Participant Name: \_\_\_\_\_
Street Address: \_\_\_\_\_
Apartment: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Evaluator Signature: \_\_\_\_\_ Date of review: \_\_\_\_\_
Evaluator Name: \_\_\_\_\_
Approving Official Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_
Approving Official Name (if applicable): \_\_\_\_\_