

FLEXIBLE HOUSING FUND GUIDELINES

Purpose

It is the intent of the Flexible Housing Fund (FHF) to be used for a variety of circumstances that could present barriers to housing for people experiencing homelessness. This includes payment for back rent, current or back utility payments, moving costs, security deposits, and ongoing short-term rental assistance. It is the goal of the fund to provide just enough financial assistance to ensure successful outcomes for people exiting homelessness. Often financial assistance in our community is limited by the type of assistance it can provide, this fund seeks to supplement our existing resources and fill in where others cannot.

Eligible Agencies

Agencies that participate in HMIS and offer housing services have been selected to participate in the program and are eligible to access the funding. These agencies include:

- CHATT Foundation
- The City of Chattanooga's Office of Homelessness and Supportive Housing
- Family Promise
- Partnership
- Chattanooga Room in the Inn
- Volunteer Behavioral Health Care System
- Connecting Vets to Resources
- La Paz

Target population

Any individual or household that meets HUD's definition of literal homelessness:

- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
 - Leaving an institution where they resided for 90 days or less and

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- o who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Referral Process

Any organization providing housing services in the form of case management or housing navigation to individuals or households that are literally homeless and also enter data in HMIS will be able to access the FHF by submitting a request to the point of contact at Chattanooga Regional Homeless Coalition (CRHC) by 12:00 Noon on Wednesdays. Plan accordingly as only one request may be submitted within a 12-month period per household, regardless of the amount. The only exception to this is for application fees and identification costs which can be accessed at any time. The determination of funding eligibility will be checked by the contact person at CRHC, as well as the applicant's homeless status and documentation in HMIS. CRHC will then coordinate with the partner agency representative that submitted the request. Approved requests will have checks available by Friday 12:00 Noon.

The process goes as follows:

1. A local Housing Navigator or Case Manager locates appropriate and affordable housing for an individual or household
2. The Housing Navigator or Case Manager determines what is the least amount of funding needed
3. The Housing Navigator or Case Manager seeks out other funding sources such as ESG or ESG-CV funding to determine how much, if any, of the funding can be acquired by other means
- 4. Proof of Monies Requested: The Housing Navigator or Case Manager will be required to provide supporting documentation all money requested must have supportive documentation. Ex: Lease, Invoices, etc.**
5. The Housing Navigator or Case Manager's authorized agency representative then scans the request and all supporting documents (homeless verification, W9, etc) to the contact person at CRHC by 12:00 Noon on Wednesdays.
6. The contact person at CRHC then verifies documentation in HMIS and the Homeless Verification Form
7. The contact person at CRHC will then process the request by Friday
8. The Housing Navigator or Case Manager picks up the check from CRHC's office

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9. The Housing Navigator or Case Manager makes payments where appropriate and scans receipts to the contact person at CRHC (**Receipts must be returned before additional checks can be issued to each Housing Navigator or Case Manager**)

Funding determination process

Assistance maximums are based on the size of a unit that the household requires. Individuals and couples without children will be measured at a one bedroom maximum unless there is medical cause to do otherwise.

The maximums are as follows:

- \$2,500 for a one-person unit
- \$2,700 for a two-bedroom unit
- \$3,100 for a three-bedroom unit.

FHF assistance may only be requested after all other funding sources have been exhausted. Requests will be processed on a first come, first serve basis of when CRHC receives the requests. The time stamp on the email will be the official order in which the requests were received.

Acceptable uses of the fund are as follows:

- First Month's/Last Month's rent
- Security deposit (rent)
- Security deposit (utilities)
- Application fees (can be accessed as many times as needed)
- Rental arrears
- Utility arrears
- Pet deposit
- Identification fees (can be accessed prior to rental assistance and other expenses for the purpose of applying for housing)
- Moving company fees (receipt and W9 will be needed)
- Relocation assistance (bus or airline) ******Housing navigator or case manager must verify participant has housing arrangements secured in the state of relocation prior to the request being submitted*****

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- Renter's insurance
- \$150 gift card for move in items

Items that are not appropriate uses of the FHF include but are not limited to:

- Transportation costs
- Any financial needs concerning employment
- Medical bills
- Tuition costs
- Etc.

FLEXIBLE HOUSING FUND REQUEST

Applicant's Full Name: _____ Date: _____

The Flexible Housing Fund is currently only available to persons residing in Hamilton County, TN who are literally homeless by the Department of Housing and Urban Development's (HUD) definition of Category 1 homelessness.

HUD definition:

Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
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What is the applicant's current living situation? _____

Applicant signature

Signature of Verifying Staff and Agency Name

FLEXIBLE HOUSING FUND NOTIFICATION:

I, _____, have been informed by the agency making this application that the Flexible Housing Fund is only accessible one time per year.

Applicant signature

Date

FLEXIBLE HOUSING FUND REQUEST

Relocation Verification

Relocation assistance (bus or airline) **Housing navigator or case manager must verify participant has housing arrangements secured in the state of relocation prior to the request being submitted**

Applicant's Full Name: _____ Date: _____

Relocation Address: _____

City: _____ State: _____

Person Contacted for Verification: _____ Date: _____

Phone Number of Person Contacted: _____

I, _____ have been informed by the agency making this relocation request for the Flexible Housing Fund my housing information for relocating must be verified prior to submitting the request. If housing is not verified, the request will be denied.

Applicant Signature

Date

Signature of verifying staff and Agency name

Date



FLEXIBLE HOUSING FUND CHECKLIST

Required Items:

- Complete client information entered in HMIS (Name, SSN, DOB, Race, Gender, etc)
- Case Manager Name recorded in HMIS
- Homeless verification form (attached)
- Fund Request (attached, must attach one form per needed check)
- Current W9 from landlord
- Relocation Information Verification
- **Proof of monies requested**

Total number of fund request forms attached: _____

Please scan the checklist and all forms in order as listed on the checklist to TKirby@homelesscoalition.org by Wednesday at 12:00 Noon in order to have checks ready by 12:00 Noon on Friday.

In the event of a holiday on Friday the schedule for submission and pick up will be one day earlier for each. Checks will be available for pick up between the hours of 12:00 Noon - 2:30 p.m unless otherwise notified.

Additional notes or comments:

Submitted by:

Staff Name

Agency

FLEXIBLE HOUSING FUND REQUEST

Case Manager Information

Agency requesting: _____ Date: _____

Case Manager: _____ Email: _____

Phone: _____ (Contact information is very important)

Client Information (Complete Client information must be entered in HMIS prior to approval)

Client name: _____ HMIS Client ID #: _____

Total Household size: _____ # of Adults: _____ # of Children: _____

Address: (once housed): _____

Payment Information (Submit separate request form(s) for each check requested when requesting for more than one business or person)

Service type: (circle one) For Rent: Please Specify which month(s) the rent request is for

Rent and Rental Security Deposits must include a current W9 for the landlord with this request)

Application fees \$ _____ Security deposit (Rent) \$ _____ Rent \$ _____

Rental arrears \$ _____ Pet deposit \$ _____ Renter's Insurance \$ _____

Move in Supplies: \$150 Gift Card _____

Moving company fees \$ _____ Identification Fees \$ _____

Relocation Request \$ _____ (Circle one: Airline or Bus) **Housing navigator or case manager must verify participant has housing arrangements secured in the state of relocation prior to the relocation request being submitted**

Security deposit (Utility) \$ _____ Utility arrears \$ _____

Make Check Payable to: _____

Address: _____

Phone number: _____

Amount requested: _____

CRHC Internal Use Only

Approved or Denied

CRHC staff

Date