

Eligibility Documents

- ROI
- Screening/Needs Assessment
- Diagnosis
- Income Verification and adjusted income

**PERMISSION TO RELEASE CONFIDENTIAL INFORMATION TO
SECURE NECESSARY SERVICES
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS**

I authorize personnel of LIMC or this local agency Hope Agency to share my identity, the fact that I have a confirmed diagnosis of HIV or AIDS, and that I seek their services for support. I authorize only those agencies or individuals who are listed below. Unless I have initialed and signed additional release forms for specific purposes, no information which might identify me may be shared by representatives of LIMC or this Agency with any other person or organization. I understand that LIMC or this Agency will take all necessary precautions to protect my identity. This consent expires 12 months after signed, when revoked, in writing, by the authorized person, or upon exit from the program.

By my signature below, I hereby agree that I shall not hold LIMC or this Agency Hope Agency liable for the performance or quality or degrees of performance of services agreed to by affiliates. I authorize LIMC and this Agency Hope Agency to release my identity, my HIV/AIDS status when necessary, and my need for services and support to the individuals, groups, or agencies listed below.

Name of Authorized Persons*	Applicant's Initials	Date
Agency Name: <u>Hope Agency</u>	<u>WS</u>	<u>3/1/24</u>
Case Manager: <u>Tamara Steiner</u>	<u>WS</u>	<u>3/1/24</u>
Physician: <u>Dr. A. Jones</u>	<u>WS</u>	<u>3/1/24</u>
Clinic: <u>LIMC</u>		

*This includes Clergy, Counselors, other Agencies, Family members, Attorneys, Landlords, or anyone that the client may so choose.

My signature below, authorizes Hope Agency (Agency) to release necessary information to the agencies and individuals initialed by me, above. Further, if I am unable to participate in a determination of those services which would be of benefit to me, or my permission is needed in the future to authorize additional services for this program, my signature below authorizes the named individual to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the person listed below is hereby authorized to represent me:

<u>Samantha Smith</u>	<u>Sister</u>
Print Name of Designated Individual	Relationship
<u>Kip hop Ave.</u>	<u>242-222-2222</u>
Address	Phone/Fax
<u>Black Widow</u>	<u>3/1/24</u>
Client Signature	Date
<u>Will Smith</u>	<u>3/1/24</u>
Witness Signature	Date

NOTES: _____

HOUSING APPLICATION & ASSESSMENT HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS HOPWA

(*Mandatory Information for HUD)

Name Black Widow DOB/Age 40 Client ID# 123456
 Street Address 123 Storybook Rd. / Shelter Phone 601-100-1000
 City Pearl State MS Zip 39208 SSN 425-99-9999

*** RECENT LIVING SITUATION**

* If client came from one of these facilities in the last 30 days, or was on the street or in an emergency shelter prior, consider the person homeless from the streets or shelter as appropriate.

- | | |
|--|---|
| <input type="checkbox"/> homeless from the streets
<input checked="" type="checkbox"/> homeless emergency shelter
<input type="checkbox"/> transitional housing
<input type="checkbox"/> domestic violence shelter
<input type="checkbox"/> jail/prison
<input type="checkbox"/> substance use treatment facility*
<input type="checkbox"/> hotel/motel with out paid assistance
<input type="checkbox"/> permanent housing for formerly homeless (SHP/S+C/SRO MR etc.) | <input type="checkbox"/> psychiatric/ mental health facility*
<input type="checkbox"/> hospital or other medical facility*
<input type="checkbox"/> living with relatives/friends
<input type="checkbox"/> participant-owned housing
<input type="checkbox"/> rental housing
<input type="checkbox"/> foster care or foster care group home
<input type="checkbox"/> other: _____ |
|--|---|

*** DEMOGRAPHICS & HOUSEHOLD/ FAMILY COMPOSITION:**

Use one of the following race and ethnicity codes to fill-in chart below:

- | | |
|---|---|
| *Race: W-White | NH/PI-Native Hawaiian/Pacific Islander |
| A-Asian | AI/AN-American Indian/Alaskan Native |
| A/W-Asian/White | AI/AN/W-American Indian/Alaska Native/White |
| <input checked="" type="checkbox"/> B/AA-Black/African American | B/AA/W-Black/African American/White |
| O/MR-Other/Multi-racial | AI/AN/B/AA-American Indian/Alaska Native/Black/African American |

*Ethnicity: H-Hispanic or NH-Not Hispanic

*Relationship: Husband, Wife, Domestic Partner, Mother, Father, Sibling, Daughter, Son, Grandparent, Grand child, Aunt, Uncle, Cousin, Roommate, Other

Name or ID#	M or F	Age	HIV + Yes or No	Race	Ethnicity	Relationship	\$ Income
Black Widow	F	40	Yes	B	NH	Self	\$ 1,017
Will Smith	M	10	No	B	NH	Son	\$ 0

*TOTAL Gross Monthly Family/Household Income \$ 1,017 (Attach income verification)

* Please Answer YES or NO to the following questions:	YES	NO
1. Do you have a housing plan with any other agency for maintaining or establishing stable on-going stable housing?		X
2. Have you had contact with a case manager/benefit counselor at least once in the last three months (or consistent with the schedule specified in your individualized service plan)?		X
3. Have you had contact with a primary health care provider at least once in the last three months (or consistent with the schedule specified in your individualized service plan)?	X	
4. Do have medical insurance coverage or medical assistance?	X	
5. Are you a Veteran from U.S. military service?		X
6. Are you a survivor of domestic violence		X
7. Are you chronically homeless by HUD's definition? *		X

* A "chronically homeless person" is "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years." For this purpose, the term "homeless" means "a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter." This does not include doubled-up or overcrowding situations.

What type of housing is client applying for?

Tenant-based Rental Assistance (TBRA) X Facility/Community-based housing ___

Short-term Rent, Mortgage, Utility Assistance (STRMU) ___

Is TBRA or STRMU for shared housing? Yes ___ No X

HOUSING SUBSIDY

Does Section 8 or part of the Public Housing Authority subsidize your current unit? Yes ___ No X

Have you applied for Section 8 or with the Public Housing Authority? Yes ___ If so, when? ___ No X

Are you willing, if eligible, to apply for Section 8 or Public Housing? Yes X No ___

If no, why? _____

TERMS OF CURRENT UNIT

Mortgage/rent amount \$ NA Per Month
Security deposit amount \$ NA
Written Deed/lease Yes ___ No x
Years left on mortgage NA Name(s) on mortgage _____
Term of lease/rental agreement _____ Name(s) on lease _____
Years living at this residence _____

LANDLORD INFORMATION *Currently homeless*

Landlord/management company name (check payable to): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Landlord/management company daytime phone: _____
If landlord is not a corporation please provide Tax ID or SS# _____

UTILITIES

What utilities does the applicant pay in addition to rent? *Currently Homeless*
() gas () electric () heating fuel () hot water () none () other: _____
Who pays utilities in the household? () applicant () spouse/partner () roommate
() other: _____

Are you currently in arrears with your rent, Mortgage, or Utility Payments? Yes ___ No x
Which one(s) _____ Amount(s) _____
For what period(s) _____
Why? Currently Homeless

CURRENT HOUSING DESCRIPTION

Number of Bedrooms: 0-studio ___ one ___ two ___ three ___ other ___
Bathrooms: # of baths ___ full ___ partial ___ inside unit ___ outside unit ___
Kitchen: individual ___ shared ___ full ___ partial ___
Other: # rooms ___ other rooms used _____ (if shared housing)

CURRENT HOUSING CONDITION				
<i>Homeless client</i>		Yes	No	N/A
1. Is your rent or lease payment late? If yes, what is the total amount owed \$ _____ and for what period?				/
Why are you late?				
2. Is your mortgage payment late? If yes, what is the total amount owed \$ _____ and for what period?				/
Why are you late?				
3. Are any of your utility bills overdue/past due? If yes, what is the total amount owed \$ _____ and for what period?				/
Why are you late?				
4. Have your utilities been shut-off? If yes, how much is needed to reconnect services \$ _____				/
5. Have you ever been evicted for non-payment of rent?				/
6. Are you having problems with water leaks or water damage in your unit?				/
7. Are you having problems with your heater?				/
8. Are you having problems with your air conditioner?				/
9. Are you having problems with your door or window locks?				/
10. Are you having problems with your plumbing?				/
11. Are you having problems with your elevator?				/
12. Are you having problems with a gas leak, gas smell in your unit?				/
13. Do you have any broken windows?				/
14. Are you having problems with poor lighting outside and/or in the hallways?				/
15. Are you having problems with your hot water?				/
16. Are you having problems with smoke detectors not working or missing from your unit?				/
17. Do you need housing that is wheelchair or handicapped accessible?				/

By signing below, I am certifying that the information above is true and correct. I acknowledge that it is my responsibility to report any and all changes in the income of my household within **ten** days of the change. I understand that intentionally misrepresenting income or family composition is grounds for denial or termination of housing assistance and that false statements or information are punishable under Law (Federal and State).

Black Widow

Date: 3/5/24

Date: _____

Approved X Denied _____ for TBRA Housing Assistance Program

Reason: Client is homeless staying at a shelter.
Before moving to a shelter, client was staying from house
to house and sometimes at a hotel.

By: Tamara Stewart. Case Manager/Housing Staff

STATEMENT OF HIV VERIFICATION

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Note: This form may be filled out by a physician, certified health care worker, or HIV testing site Representative.

Applicant's Name: Black Widow

Social Security Number: 425-99-9999

I certify that Black Widow has
tested positive for the Human Immunodeficiency Virus.

HIV Viral Load Count # 2000

CD4 Cell Count # 159

Printed Name: Dr. A. J. Jones

Signature: ~~A. Jones~~

License #: 4691053 (if applicable) State Issued: MS

Date: 11/1/2023

Telephone: (601) 200-2000

Fax: () _____

Address: Woodrow Wilson

City Jackson State MS Zip 39142

NOTES:

Client recently back in care.

SUGGESTED FORMS OF INCOME VERIFICATION AND DOCUMENTATION OF EXPENSES HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Types of Information **A) Review of documents** **B) Third party written** **C) Third party oral**

1. Wages and salaries including base and overtime rates, bonuses and incentive payments be	Pay stubs, earnings statement or W-2 form identifying employee and showing amount earned and period of time covered by employment.	Signed and dated form or letter from employer specifying amount to be earned per pay period and length of pay period.	Statement indicating contact with employer by phone or in person specifying amount to earned per pay period.
2. Tips/gratuities and self-employment	Notarized statement from applicant or form 1040/1040A showing amount earned and employment period.	None.	None.
3. Income maintenance, AFDC, date welfare, Social Security agency,	(1) Copy of check issued by agency. (2) Award letter signed by agency.	Signed and dated verification form completed by agency showing amount and period received.	Statement indicating of contact with amount received, and dates received.
4. Unemployment/Worker's Compensation.	Same as 3A.	Same as 3B.	Same as 3C.

Types of Information **A) Review of documents** **B) Third party written** **C) Third party oral**

<p>5. Child Support Payments paying (<u>Counted</u> as income for HOPWA for the custodial parent.) (<u>Not eligible</u> with HOPWA for exclusion on adjusted gross income for non-custodial parent.)</p>	<p>(1) Copy of payment records furnished by court, signed and dated, showing amount received; (2) Copy of divorce decree showing amount of support. (3) Copy of uncashed check.</p>	<p>Written statement from paying parent.</p>	<p>Oral statement from parent.</p>
<p>6. Interest/dividends obtained by with Date specified.</p>	<p>(1) Passbook showing interest received and period covered. (2) Income tax return. (3) Dividend statement from bond holder or stock company.</p>	<p>Dated and signed verification form completed by savings institution showing amount and period received.</p>	<p>Same as 6A but means of oral contact official at institution. of contact must be</p>
<p>7. Assets</p>	<p>(1) Passbooks/letters completed by bank. (2) Real estate tax assessment or appraisal of real property. (3) Statement signed by applicant specifying assets.</p>	<p>None.</p>	<p>None.</p>

Types of Information **A) Review of documents** **B) Third party written** **C) Third party oral**

8. Child care expenses	(1) Receipts, canceled checks. (2) Itemized list signed by applicant.	Letter received from child care agency, babysitter, or person providing care showing amounts received or expected and period of service.	Same as 8B but with telephone or in-person contact.
9. Medical expenses	(1) Receipts, canceled checks; (2) Records of insurance payment, indication of payroll deduction for medical insurance; (3) Itemized list signed by applicant.	Form letter, dated and signed, from hospital or physician specifying amount due or expected to be due during the next 12 months.	Same as 9B but with telephone or in-person contact.
10. Housing expenses	(1) Receipts, canceled checks. (2) Itemized list signed by applicant.	Letter received from landlord showing amount of rent paid.	Same as 10B but with telephone or in-person contact.

OTHER INFORMATION THAT MAY REQUIRE VERIFICATION

Types of Information **A) Review of documents** **B) Third party written** **C) Third party oral**

<p>1. Dependent children -- Age -- Relationship</p>	<p>-- Income tax returns -- Support payment records -- Marriage certificates -- Social Security records -- Birth certificates -- VA records -- Divorce records</p>	<p>None required.</p>	<p>None required.</p>
<p>2. Disability</p>	<p>(1) Doctor's statement furnished by applicant. (2) Social Security Administration records indicating nature of disability.</p>	<p>State Review Board's or doctor's statement or prepared form specifying nature of disability.</p>	<p>Same as 2B but with telephone or in-person contact.</p>
<p>3. Full-time student status</p>	<p>School identification card or school records specifying period of time attended and indicating full-time status.</p>	<p>Written statement, dated and signed, received from school specifying that applicant is enrolled full-time and the dates attending.</p>	<p>Same as 3B but with telephone or in-person contact.</p>

ZERO INCOME AFFIDAVIT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

I, _____, have applied for emergency or rental assistance through the HUD Housing Opportunities for Persons with AIDS (HOPWA) program. Program regulations require verification of all income from participating households.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

I have stated during this verification process that I have no income at this time. I have not received income since _____. I do not expect to receive any income until _____. I applied for _____ (other financial assistance) on _____ (date).

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the HOPWA program, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

Signature: _____

Date: _____

Witness: _____

Date: _____

Case Manager/Care Coordinator's Notes:

UI Support Services
Texas Workforce Commission
P. O. Box 2165
Austin, Texas 78768-2165

DETERMINATION ON PAYMENT OF UNEMPLOYMENT BENEFITS

Date Mailed: January 2024

Wendy Smith

Pearl, MS

All dates are shown in month-day-year order
Social Security Number: 123-45-6789
Employer: Any Employer
Employer Account No. 12-345678-9

Decision

Issue: Overpayment – Earnings Adjustment
Decision: You have been overpaid unemployment benefits. We cannot pay you benefits until you repay this overpayment.

Reason for Decision: We received new information and adjusted the amount of earnings on your payment requests.

Amount of the overpayment established by this decision: \$1,017/ month

Weeks Overpaid (Week Ending Date): See continuation page

Action required of you: Repay the overpayment if we are paying you benefits, each time you request payment, your benefits will go toward the overpayment until the balance is paid. If you have returned to work, are no longer requesting payment or are not eligible for benefits, please make payment in full by check or money order payable to the Texas Workforce Commission and mail it to:

TWC REVENUE & TRUST MANAGEMENT
PO BOX 149352
AUSTIN TX 78714-9352

Please include your social security number on your payment or when writing about your claim

Law Reference. Section 212.006 of the Texas Unemployment Compensation Act.

Determination of Potential Chargeback for the Employer

If You Disagree With This Decision

If you disagree with this decision, you may appeal. Submit your appeal online, by fax, or by mailing on or before 07-20-20. TWC will use the postmark date or the date we receive the fax or online form to determine whether your appeal is timely. If you appeal by fax, you should keep your fax confirmation as proof of transmission. Please include a copy of this notice with Appeals correspondence. **You must appeal each determination separately.** Mail the appeal to:

Appeal Tribunal
Texas Workforce Commission
101 E. 15th Street
Austin, TX 78778-0002

Or FAX to (512) 475-1135

You may appeal by submitting
TWC's online appeal form. Go to
www.texasworkforce.org

Case No.	1
Claim ID:	05-03-20
Claim Date:	05-03-20
Hearing impaired clients call 711 for Relay Texas	

Please See Reverse For How To File An Appeal.

#1

#2

Beneficiary Member ID	11555	11556
This member is the head of household	<input checked="" type="checkbox"/>	<input type="checkbox"/>
This member is the co-head of household	<input type="checkbox"/>	<input type="checkbox"/>
This member is a child UNDER age 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>
This member is a fulltime student age 18 years and OVER	<input type="checkbox"/>	<input type="checkbox"/>
This member is 62 years of age or older	<input type="checkbox"/>	<input type="checkbox"/>
This member is a person (of any age) with disabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[Previous](#)

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

ADJUSTED INCOME CALCULATION

Completed on 03/07/2024 Beneficiary ID: 11111-446435

1. Annual Income (based on the {24 CFR Part 5/IRS 1040} definition):	1. \$14,406.00
2. Number of household members (excluding head or co-head) under 18, disabled, or full-time student:	2. 1
3. Dependent deduction (line 2 multiplied by \$480):	3. \$480.00
4. Child care expenses deduction (reasonable child care expenses for children age 12 and under):	4. \$0.00
5. Disability assistance expenses:	5. \$0.00
6. Three percent of Annual Income:	6. \$432.18
7. Line 5 minus line 6 (if negative, \$0):	7. \$0.00
8. Amount earned by household member enabled to work as a result of disability assistance expenses (<u>No member is selected</u>):	8. \$0.00
9. Disability assistance allowance (lesser of lines 7 or 8):	9. \$0.00
10. Total medical expenses (elderly and disabled households only):	10. \$1,800.00
11. Allowable medical expenses (elderly and disabled households only (if negative, \$0)):	11. \$1,367.82
<ul style="list-style-type: none"> • If no disability assistance expenses reported, equal to total medical expenses minus 3% of Annual Income. • If disability assistance expenses reported and line 7 is greater than zero, equal to total medical expenses. • If disability assistance expenses reported but line 7 is zero, equal to total medical expenses minus the difference of 3% of Annual Income minus disability assistance expenses. 	
12. Elderly/Disabled household deduction (\$400 per household):	12. \$400.00
13. Sum of deductions (lines 3, 4, 9, 11, and 12):	13. \$2,247.82
14. ADJUSTED INCOME (Annual Income minus sum of deductions):	14. \$12,158.18

COMPLETE SIGNATURES ON SECOND PAGE

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

ADJUSTED INCOME CALCULATION

Completed on 03/07/2024

Beneficiary ID: 11111-446435

HEAD OF HOUSEHOLD		
Signature		Date
<i>Black Widow</i>		<i>4/1/24</i>

OTHER BENEFICIARY ADULTS*		
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date

* Attach another copy of this page if additional signature lines are required.

PREPARER		
Signature		Date
<i>T. Steward</i>		<i>4/1/24</i>

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

24 CFR PART 5 ANNUAL INCOME CALCULATION

Completed on 03/07/2024

2. Beneficiary ID: 11111-446435			
3. Number of Members: 2	4. Area/State: Jackson, MS HUD Metro FMR Area		
5. 2023 Income Limit: \$51,150.00			
ASSETS			
Member IDs	Asset Description	Current Cash Value of Assets	Actual Income from Assets
11555	Life Insurance	\$10,000.00	\$0.00
115556		\$0.00	\$0.00
6. Net Cash Value of Assets		6. \$10,000.00	
7. Total Actual Income from Assets			7. \$0.00
8. Imputed Income from Assets (only if the Net Cash Value of Assets is greater than \$5,000):			8. \$6.00

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

24 CFR PART 5 ANNUAL INCOME CALCULATION
Completed on 03/07/2024

ANTICIPATED ANNUAL INCOME					
Member IDs	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
11555	\$14,400.00	\$0.00	\$0.00	\$0.00	
115556	\$0.00	\$0.00	\$0.00	\$0.00	
9. Totals	a. \$14,400.00	b. \$0.00	c. \$0.00	d. \$0.00	e. \$6.00
10. Enter total of items from 9a through 9e. This is <i>Annual Income</i>.					10. \$14,406.00

Total Annual Income of 11111-446435: **\$14,406.00**
 Beneficiary Location: **Jackson, MS HUD Metro FMR Area**
 CBSA: **METRO27140M27140**
2023 80% Income limit for a 2- member household in Beneficiary Location: \$51,150.00
 Based upon the information submitted, this household is **below** the income limit for the location.
 Completion date: **March 07, 2024**

COMPLETE SIGNATURES ON NEXT PAGE


**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**











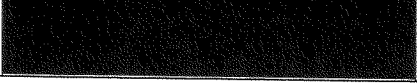
I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

24 CFR PART 5 ANNUAL INCOME CALCULATION


Completed on 03/07/2024

Beneficiary ID: 11111-446435

HEAD OF HOUSEHOLD		
Signature <i>Black Widow</i>		Date <i>4/1/24</i>

OTHER BENEFICIARY ADULTS*		
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date

* Attach another copy of this page if additional signature lines are required.

PREPARER		
Signature <i>T. Stewart</i>		Date <i>4/1/24</i>

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



FY 2023 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](#) [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2023 Income Limits Summary

FY 2023 Income Limit Area	Median Family Income Click for More Detail	FY 2023 Income Limit Category Click for More Detail	Persons in Family							
			1	2	3	4	5	6	7	8
Jackson, MS HUD Metro FMR Area	\$79,900	Very Low (50%) Income Limits (\$) Click for More Detail	28,000	32,000	36,000	39,950	43,150	46,350	49,550	52,750
		Extremely Low Income Limits (\$)* Click for More Detail	16,800	19,720	24,860	30,000	35,140	40,280	45,420	50,560
		Low (80%) Income Limits (\$) Click for More Detail	44,750	51,150	57,550	63,900	69,050	74,150	79,250	84,350

NOTE: HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the **Jackson, MS HUD Metro FMR Area**.

The **Jackson, MS HUD Metro FMR Area** contains the following areas: Copiah County, MS; Hinds County, MS; Madison County, MS; and Rankin County, MS.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2023 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2023 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

[FY2022 Median Family Income and Income Limits for Jackson, MS HUD Metro FMR Area](#)

Select another FY 2023 HMFA Income Limit area that is a part of the

Holmes County, MS HUD Metro FMR Area ▾

Select HMFA Income Limits Area

Select any FY2023 HUD Metropolitan FMR Area's Income Limits:

Jackson, MS HUD Metro FMR Area ▾

Select HMFA Income Limits Area

Or press below to start over and select a different state:

Select a new state

Program Documents

- Participation Agreement
- PHP Verification of Homelessness
- ID

**ALAMEDA COUNTY
TBRA
PARTICIPATION AGREEMENT FORM**



MISSISSIPPI HOME CORPORATION

The MHC **TBRA assistance Program** is for persons living with HIV in Mississippi who needs a housing subsidy to maintaining housing and meet the HOPWA requirements. The TBRA Program will pay rent based on household income. Your participation is an agreement to provide information in this system and you will be required to submit a **Consent to Release of Information** for tracking data to HUD and reporting to local funders.

The assistance is eligible for:

- Rent based on household income.

Participant Eligibility:

- Low-income (below 80% area median income (AMI))
- Documented HIV/AIDS status (confidentiality will be maintained)

Assistance provided is intended to make household stable – it is intended to **prevent** homelessness, it is NOT an ongoing assistance program, or permanent housing subsidy. All participants are expected to reach stability by the time they exit the program and should have a Housing Stability Plan in place, which indicates what steps will be undertaken to ensure this outcome. A copy of this Housing Stability Plan must be in clients file.

By signing below, I am indicating that I understand the conditions stated in this agreement are regulated by the HOPWA Policies and Procedures manual, and I agree to abide by them.

Head of Household: Black Widow B. Wid 3/1/24
 Print Name Signature Date

Staff: Tamara Stewart T. Stewart 3/1/24
 Print Name Signature Date

TBRA Entry Date 3/31/24 TBRA Exit Date _____

Homeless Prevention and Rapid Re-Housing Program (HPRP)

HOMELESS CERTIFICATION

HPRP Applicant Name: Black Widow

- Household without dependent children (complete one form for each adult in the household)
 - Household with dependent children (complete one form for household)
- Number of persons in the household: 2

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

Check only one box and complete only that section

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.
- Description of current living situation:

Homeless Street Outreach Program Name: _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature: _____ Date: _____

Living Situation: Emergency Shelter

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: Stacy Satted House of Hope

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Authorized Agency Representative Signature: Sam Jones Date: 2/29/24

Living Situation: Transitional Housing

- The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____

This transitional housing program must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Transitional Housing program).

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

emergency shelter OR a place unfit for human habitation

Authorized Agency Representative Signature: _____ Date: _____

NYC IDENTIFICATION CARD

ID NUMBER

16240128102155XXXX
XXXXXXXXXXXXXX

NAME

Sample
Widow B

ADDRESS/ZIP

1628 Calhoun Boulevard XXXX
New York NY 10007

DATE OF BIRTH

03/16/1988

EYE COLOR

Brown

HEIGHT

5' 9"

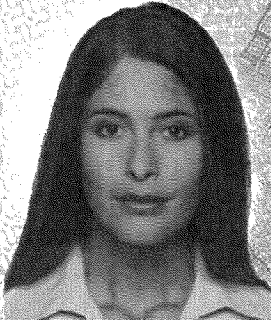
GENDER

F

EXPIRATION

04/04/2019

ORGAN DONOR



Wendy D Sample



TBRA

Housing

Documents

- Inspection checklist (NSPIRE)
- Lead Screening
- Lease
- Shared Housing

- W9

- FMR/Rent Standard
- Rent Reasonableness/Utility Allowance
- Lead -based paint disclosure
- VAWA

HOPWA HQS Habitability Standards

All housing assisted under 24CFR574.300(b)(3),(4),(5), and (8), including the HOPWA Rental Assistance Program, must provide safe and sanitary housing that is in compliance with the habitability standards outlined below and any state or local requirements. Mark each statement as A for approved or D for deficient. Property must meet all standards in order to be approved.

- A i. Structure and materials: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
- A ii. Access: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
- A iii. Space and Security: Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
- A iv. Interior air quality: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
- A v. Water Supply: The water supply must be free from contamination at levels that threaten the health of individuals.
- A vi. Thermal environment: The housing must have adequate heating and/or cooling facilities in proper operating condition.
- A vii. Illumination and electricity: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
- A viii. Food preparation and refuse disposal: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
- A ix. Sanitary Conditions: The housing and any equipment must be maintained in sanitary condition.
- A x. Lead-based paint: If the structure was built prior to 1978, and a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is repaired by at least scraping and painting the surface with two coats of non-lead based paint. Defective paint surface means: applicable surface on which paint is cracking, scaling, chipping, peeling or loose. If a child under age six residing in the HOPWA-assisted property has an Elevated Blood Level, paint surfaces must be tested for lead-based paint. If lead is found present, the surface must be abated in accordance with 24 CFR Part 35.
Note the following to assist in determining if unit can be approved or is deficient: Date built/rehabbed 2001; Children under 6 present 0; Pregnant woman 0; LBP brochure provided to household and signature of receipt on file yes
- A xi. Smoke detectors: The HOPWA program must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522). Smoke detectors must be installed in accordance with NFPA 74, or more stringent local policies as applicable. Existing units must contain a single or multiple station smoke detector; outside each sleeping area; on each level; battery operated or hard wired; clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments.
- Carbon Monoxide

(Source: U.S. Department of Housing and Urban Development: 24 CFR Part 574, B574.310 (b), B882.404(c)(3); and CPD-94-05.)

CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector and I have evaluated the property located at the address below to the best of my ability and find the following:

X The property meets all of the above standards _____ The property does not meet all of the above standards.

_____ The property is Rent Reasonable _____ The property is not Rent Reasonable

Therefore, I make the following determination: X The property is approved. _____ The property is not approved.

Case Name Black widow

Street Address Storybook Rd

A22 Pearl MS
 Apartment # City State Zip

Evaluator's Signature: T. Stewart Date: 3/2/24

Please Print Name: Tamara Stewart CBO Exec. Dir. Initial ES

Lead Screening Worksheet

About this Tool

The *HPRP Lead Screening Worksheet* is intended to guide grantees through the lead-based paint inspection process to ensure compliance with the rule. HPRP staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant's case file. Please see the *HPRP Lead-Based Paint Requirements Summary* for additional information.

INSTRUCTIONS

To prevent lead-poisoning in young children, HPRP grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file.

Note: ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

BASIC INFORMATION

Name of Participant *Black widow*

Address *York* Unit Number *A22*

City *Red* State *MS* Zip

HPRP Program Staff *Tamara Stewart*

PART 1: DETERMINE WHETHER THE UNIT IS SUBJECT TO A VISUAL ASSESSMENT

If the answer to one or both of the following questions is 'no,' a visual assessment is not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

If the answer to both of these questions is 'yes,' then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?

Yes

No

2. Will a child under the age of six be living in the unit occupied by the household receiving HPRP assistance?

Yes

No

PART 2: DOCUMENT ADDITIONAL EXEMPTIONS

If the answer to any of the following questions is 'yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file.

If the answer to all of these questions is 'no,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?
 Yes
 No
2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?
 Yes
 No
3. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?
 Yes
 No
4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving HPRP assistance for a security deposit or arrears)?
 Yes (Obtain documentation for the case file.)
 No
5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).
 Yes
 No

Please describe the exemption and provide appropriate documentation of the exemption.

PART 3: DETERMINE THE PRESENCE OF DETERIORATED PAINT

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing HPRP financial assistance to the unit as outlined in the following training on HUD's website at:

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?
 - Yes
 - No
2. Were any problems with paint surfaces identified in the unit during the visual assessment?
 - Yes
 - No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

PART 4: DOCUMENT THE LEVEL OF IDENTIFIED PROBLEMS

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
 - 20 square feet on exterior surfaces Yes No
 - 2 square feet in any one interior room or space Yes No
 - 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim Yes No

If *any* of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

PART 5: CONFIRM ALL IDENTIFIED DETERIORATED PAINT HAS BEEN STABILIZED

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the HPRP program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?
 - Yes
 - No
2. Have all identified problems with the paint surfaces been repaired?
 - Yes
 - No
3. Were all identified problems with paint surfaces repaired using safe work practices?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

4. Was a clearance exam conducted by an independent, certified lead professional?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

5. Did the unit pass the clearance exam?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant's file.

ATTACHMENT 1: LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE

I, (print name) , certify the following:

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at (property address and unit number) on (date of assessment) .
- No problems with paint surfaces were identified in the unit or in the building's common areas.

A. Stewart

(Signature)

3/4/24

(Date)

Client Name: Wendy Smith

Case Number: _____

Storybook Properties

1. **Parties:** The parties to this Agreement are: John Storybook, hereinafter called **Landlord** and Jane Smith, hereinafter called **Tenant**. I

2. **Properties:** Landlord hereby lets the following property to Tenant for the terms of this Agreement: a) the real property known as: Storybook Unit #A22 and b) the following furniture and appliances on said property: All appliances

3. **Term:** The term of this Agreement shall be for 1 year beginning on 1/1/2024 and ending on 12/31/2024.

4. **Rent:** The total rent for said property shall be \$ 9,600, to be paid monthly in amounts of \$ 800 due and payable on the First day of each month.

5. **Utilities:** Landlord agrees to furnish the following services and/or utilities:

electricity heat gas water other: _____

trash removal [garbage bags in City of Pearl]

*(*NOTE: If Tenant pays for utilities separately, Landlord shall provide separate meters for each unit and Landlord may be required to provide storm windows and doors.)*

6. **Security Deposit:** Tenant shall deposit with the Landlord \$ 800 to be held as security deposit. This deposit will be returned in full, including any interest acquired, when this lease expires if, after inspection by the Landlord, the premises are in good condition (normal wear and tear excepted*) and tenant owes no back rent.

*(*NOTE: OCC encourages a Damage Checklist to be completed and pictures taken prior to occupancy to avoid disagreements regarding the condition of the apartment when tenant first moves in.)*

7. Tenant shall not lease or sublease nor assign the premises without the written consent of the Landlord (but consent of the landlord shall not be unreasonably withheld).

8. Landlord may enter premises at reasonable times for the purposes of inspection, maintenance or repair, and to show the premises to buyers or prospective tenants. In all instances, except those of emergency or abandonment, the Landlord shall give 24-hour notice prior to such an entry.

9. Tenant agrees to occupy the premises and shall keep same in good condition, reasonable wear and tear excepted, and shall not make any alterations, including changing or adding locks, without the written consent of the Landlord. Tenant further agrees to notify Landlord immediately if any repairs are necessary.

10. Landlord agrees to regularly maintain the building and grounds in a clean, orderly, and safe manner, including removal of ice and snow. Landlord further agrees upon notice by Tenant to complete, within a reasonable time, all necessary repairs including those of appliances and utilities, which are furnished with the premises.

11. Tenant agrees not to use the premises in such a manner as to disturb the peace and quiet of other tenants in the building and the immediate neighbors. Tenant further agrees not to maintain public nuisance and not to conduct business or commercial activities on the premises.

12. Tenant shall, upon termination of this Agreement, vacate and return the premises in the same condition that it was received, less reasonable wear and tear, and other damages beyond the control of the Tenant.

13. If building is sold, this lease is binding on all parties who lawfully succeed the current Landlord and Tenant. Further, the Landlord will give the security deposit the Tenant paid to the buyer who shall be responsible for its return when the lease expires.

14. Any waiver or modification of the condition of this Agreement shall be in writing and signed by both Landlord and Tenant.

15. Any holding over after the termination of this Lease shall be construed as creating a month-to-month tenancy.

16. Additional Terms (i.e., list of repairs to be made prior to or during tenancy, etc.): _____

We, the undersigned, agree to this Lease:

Landlord

(Print):_ Wendy Smith _____ Signature(s)_ Wendy Smith _____ Tenant
(Print):_ Will Smith (son) _____ Signature(s) _____ Tenant

17. (Print):_ John Storybook _____ Signature(s)_ J. Storybook _____ (Landlord)

Date: 1/1/04 _____

MORTGAGE NOTE (1999)

This form was prepared by the Committee on Real Property Law of the Association of the Bar of the City of New York. To view an introductory note regarding this form, visit the Real Estate Law page at www.abcny.org.

MORTGAGE NOTE

\$ 1,500.00

Pearl, Mississippi
Date: 1/1/2024

FOR VALUE RECEIVED, the undersigned promises to pay to the order of

(“Payee”) at The Blue Bank, or at such other place as the holder of this Note shall designate by written notice to the undersigned, the sum of \$1,500 Dollars, in lawful money of the United States, with interest thereon from and including the date of this Note, but not including the date this Note is paid, calculated in the manner hereinafter set forth:

Principal and interest shall be payable in lawful money of the United States in equal monthly installments of \$1,500 each commencing on the first day of each succeeding calendar month thereafter, each such installment to be applied first to interest at the rate of 6% per annum and the balance on account of principal, until the principal and interest are fully paid; provided, however, that if not sooner paid, the unpaid principal sum together with the interest accrued and unpaid thereon computed at the rate aforesaid shall be due and payable on _____ (the “Maturity Date”).

This Note is secured by a mortgage (the “Mortgage”) of even date herewith given by the undersigned to the Payee covering certain premises located in Rankin County, as more particularly described therein, and intended to be recorded in said County.

The entire principal indebtedness with accrued interest shall become immediately due and payable at the option of the holder of this Note in the event of any default hereunder or under the Mortgage.

This Note may be prepaid in whole or in part without notice or penalty or other charge, but with interest to the date of prepayment.

In the event any monthly payment is not received by the end of fifteen calendar days after it is due, a late charge in the amount of \$2.00

for each dollar so overdue shall become immediately due to the holder of this Note as liquidated damages for the failure to make prompt payments.

In the event this Note is not paid when due, the undersigned promises to pay, in addition to the unpaid principal sum, together with all accrued interest, all costs of collection including reasonable attorney's fees.

In addition to any late payment charge which may be due under this Note, if the indebtedness evidenced by this Note is declared immediately due and payable, or if the amount due hereunder is not paid in full on the Maturity Date, the undersigned shall thereafter pay interest on the outstanding principal balance from the date of such declaration or the Maturity Date, as the case may be, until the date this Note is paid in full at a rate per annum equal to 5% plus the rate set forth above, provided, however, that such interest rate shall in no event exceed the maximum interest rate which the undersigned may by law pay.

The undersigned hereby waives presentment and demand for payment, notice of dishonor, protest and notice of protest of this Note.

If more than one person or entity is executing this Note, the obligations and liabilities of each party under this Note shall be joint and several.

Black Widow
a W. Smith

By: Blue Bank
Name: _____
Title: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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Part II Certification

- Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (defined below); and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



FY 2024 FAIR MARKET RENT DOCUMENTATION SYSTEM

The FY 2024 Jackson, MS HUD Metro FMR Area Small Area FMRs

The following are the steps used to calculate the 2-bedroom rent of \$1,170 for ZIP Code 39208.

1. Evaluate the current 5-year ACS Adjusted Standard Quality (ASQ) 40th percentile 2-bedroom gross rent. If the estimate has a margin of error ratio of less than 50% and at least one hundred survey cases, use this as the ZCTA base rent for the SAFMR for the current year.
2. If the 2-Bedroom rent is not reliable, evaluate the 1-Bedroom gross rent. If this estimate is reliable, convert it to a 2-bedroom rent using the appropriate bedroom ratio of the parent HUD metropolitan area.
3. If the 2 and 1-Bedroom rents are not reliable, evaluate the 3-Bedroom gross rent. If this estimate is reliable, convert it to a 2-bedroom rent using the appropriate bedroom ratio of the parent HUD metropolitan area.
4. Repeat the above three steps for the previous two ACS years. If a ZIP code has reliable 2-Bedroom equivalent rents in at least two or the three ACS years, update the non-current year ACS estimates for inflation, and take the average of the reliable estimates as the base rent for FY2024.
5. Calculate a FY2024 Small Area Fair Market Rent by multiplying this base rent by the recent mover factor, the gross rent inflation update factor, and the forecasted trend factor.
6. If the ZIP code does not have a reliable base rent, evaluate the quality of its 5-year ACS Adjusted Standard Quality (ASQ) median all bedroom gross rent for the previous three ACS years. If at least two of these three estimates are reliable, calculate ratios of the ZIP code median gross rent estimate to that of the ZIP code's parent HUD metropolitan area. Take the average of these ratios. If the ZIP code does not have reliable ZIP code median gross rents, examine the reliability of the ZIP code's parent county. If at least two of these three estimates are reliable, calculate ratios of the county median gross rent estimate to that of the county's parent HUD metropolitan area. If county level estimates are not reliable, set the ratio to 1.
7. If necessary apply the ZIP code rent ratio to the FY2024 2-Bedroom Fair Market Rent for the ZIP code's parent HUD metropolitan area.
8. Ensure that the 2-Bedroom SAFMR does not exceed 150% of the parent HUD metropolitan FMR.
9. Ensure the the 2-Bedroom SAFMR is not lower than the ZIP code's parent state minimum FMR.
10. Calculate SAFMRs for other bedroom sizes using the bedroom ratios for the ZIP code's parent metropolitan area.
11. Ensure that the SAFMRs do not fall below the appropriate 90% floor.

The FY 2024 Jackson, MS HUD Metro FMR Area Small Area FMRs for All Bedroom Sizes in ZIP Code 39208

FY2024 SAFMRs By Unit Bedrooms				
Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
\$1,010	\$1,010	\$1,170	\$1,410	\$1,580

The remainder of this page provides complete documentation of the development of the Final FY 2024 2 Bedroom Small Area Fair Market Rent (FMR) for 39208 within the Jackson, MS HUD Metro FMR Area.



RENT REASONABLENESS CHECKLIST AND CERTIFICATION

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address	STARK REAL ESTATE 123 MAIN ST, Tupelo, MS	<u>Trace Ridge Apartments</u> , Tupelo, MS	The Pines at Barnes Crossing Tupelo	<u>Vista Ridge Apartments</u> Tupelo
Number of Bedrooms	2	2	2	2
Square Feet	900	800	756	700
Type of Unit/Construction	Yes	Yes	Yes	Yes
Housing Condition	Good	Good	Good	Good
Location/Accessibility	Yes	Yes	Yes	Yes
Amenities	Stove, refrigerator, workout room	Stove, refrigerator	Stove, refrigerator	Stove, refrigerator
Unit:				
Site:				
Neighborhood:	Good	Good	Good	Good
Age in Years	10	10+	10+	10+
Utilities (type)	Electric	Electric	Electric	Electric
Unit Rent	\$500	\$650	\$775	\$770
Utility Allowance	\$95	\$95	\$95	\$95
Gross Rent	\$595	\$745	\$870	\$865
Handicap Accessible?	NA	NA	NA	NA

CERTIFICATION:

A. Compliance with Payment Standard

$$\underline{\$500} \quad \underline{\$95} \quad \underline{\$595}$$
 Proposed Contract Rent + Utility Allowance = Proposed Gross Rent

Approved rent does not exceed applicable Fair Market Rent (FMR) Value for

$$\underline{\text{Lee}} \quad \underline{\$646}$$
 (County Name) County of (FMR of County)

B. Rent Reasonableness

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit [X] is [] is not reasonable.

Name: Training User	Signature:	Date: 7/1/2015
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Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 04/30/2018)

See Public Reporting Statement and Instructions on back

Locality		Unit Type				Date (mm/dd/yyyy)	
MRHA IV		ALL UNITS/COUNTIES				10/01/20	
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	16	16	20	25	30	35
	b. Bottle Gas	16	16	20	25	30	35
	c. Oil / Electric	20	20	25	30	34	40
	d. Coal / Other						
Cooking	a. Natural Gas	4	4	4	5	5	5
	b. Bottle Gas	4	4	4	5	5	5
	c. Oil / Electric	6	6	8	9	10	11
	d. Coal / Other						
Other Electric		13	13	16	19	21	25
Air Conditioning		5	5	10	13	19	21
Water Heating	a. Natural Gas	8	8	12	16	18	20
	b. Bottle Gas	8	8	12	16	18	20
	c. Oil / Electric	15	15	20	23	26	30
	d. Coal / Other						
Water		20	20	20	20	20	20
Sewer		20	20	20	20	20	20
Trash Collection		14	14	14	14	14	14
Range/Microwave		3	3	3	3	3	3
Refrigerator		4	4	4	4	4	4
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance.
Complete below for the actual unit rented.

Name of Family	Utility or Service	per month cost
	Heating	\$
	Cooking	
	Other Electric	
	Air Conditioning	
	Water Heating	
	Water	
	Sewer	
	Trash Collection	
	Range/Microwave	
	Refrigerator	
Address of Unit	Other	
	Total	\$
Number of Bedrooms		

Lead Based Paint Disclosure Form

TENANT/LESSEE AND LESSOR MUST COMPLETE AND SIGN THIS FORM

Lead Warning Statement:

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead based paint and lead based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (Initial and check the spaces below that apply (a AND b))

(a) Presence of lead-based paint or lead-based paint hazards (check one below):

- Known lead-based paint and/or lead-based paint hazards are present in the housing (explain)
Lessor has no knowledge of lead-based paint and/or lead based paint hazards in the housing.

(b) Records and reports available to the lessor (check one below):

- Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below)
Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgement

- Lessee has received copies of all information listed above.
Lessee has received the pamphlet Protect Your Family from Lead in Your Home.

Agent's Acknowledgement

- Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify to the best of their knowledge, that the information provided by the signatory is correct and accurate.

Lessor Date Lessor Date
Lessee Date Lessee Date
Agent Date Agent Date

Address of Assisted Unit

City: State: Zip:

[Insert Name of Housing Provider¹]

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **[insert name of program or rental assistance]** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **[insert name of program or rental assistance]**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If you are receiving assistance under **[insert name of program or rental assistance]**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **[insert name of program or rental assistance]** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **[insert name of program or rental assistance contact information able to answer questions on VAWA]**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **[Insert contact information for relevant local organizations]**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **[Insert contact information for relevant organizations]**

Victims of stalking seeking help may contact **[Insert contact information for relevant organizations]**.

Attachment: Certification form HUD-5382 **[form approved for this program to be included]**

TBRA Rent Documents

- Rent Calculations
- Verification of rent payment
- Utility allowance payment

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

RENTAL ASSISTANCE CALCULATION – RENTAL CERTIFICATE MODEL

Completed on 03/07/2024 Beneficiary ID: 11111-446435

(This form is a continuation of the CPD Income Eligibility Calculator's Adjusted Income Calculation form.)

15. 30% of Monthly Adjusted Income:	15.	\$303.95
16. 10% of Monthly Annual Income:	16.	\$120.05
17. Welfare rent (if applicable):	17.	\$0.00
18. Total Tenant Payment (greater of lines 15, 16 or 17).	18.	\$303.95
19. Contract Rent to Owner:	19.	\$800.00
20. Utility Allowance:	20.	\$95.00
21. Gross Rent (line 19 plus line 20):	21.	\$895.00
22. Tenant Rent (line 18 minus line 20): <i>Client Pay</i> If Utility Allowance is greater than Total Tenant Payment, Tenant Rent is zero, and the difference becomes the Utility Reimbursement to Tenant.	22.	\$208.95
23. Utility Reimbursement to Tenant (only if line 20 greater than line 18): <i>→ or utility company</i>	23.	\$0.00
24. Jurisdiction Payment to Owner (line 19 minus line 22): <i>Agency Pay</i>	24.	\$591.05

COMPLETE SIGNATURES ON SECOND PAGE

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

RENTAL ASSISTANCE CALCULATION – RENTAL CERTIFICATE MODEL

Completed on 03/07/2024

Beneficiary ID: 11111-446435

HEAD OF HOUSEHOLD		
Signature		Date
<i>Black Widow</i>		<i>4/1/24</i>

OTHER BENEFICIARY ADULTS*		
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date
Signature		Date

* Attach another copy of this page if additional signature lines are required.

PREPARER		
Signature		Date
<i>T. Steward</i>		<i>4/1/24</i>

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

HOPWA Household Income, Adjustments, and Rent Calculations Worksheet		Rev. 11/01/2015
Client Unique ID: 13478876	Calculation Date:	4/1/2024
Check Applicable Box: <input checked="" type="checkbox"/> Initial Calculation <input type="checkbox"/> Interim Calculation <input type="checkbox"/> Recertification Calculation		
HOPWA regulation 24CFR574.310d(1)(2)(3) states: "Resident rent payment. Except for persons in short-term supported housing, each person receiving rental assistance under this program or residing in any rental housing assisted under this program must pay as rent, including utilities, an amount which is the higher of: (1) 30 percent of the family's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of family and child care expenses and are described in detail in 24CFR5.609); (2) 10 percent of the family's monthly gross income; or (3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments, adjusted in accordance with the family's actual housing costs, is specifically designated by the agency to meet the family's housing costs, the portion of the payment that is designated for housing costs." Documentation and Verification of Income: As a condition of participation in the program, each client must agree to supply such certification, release, information, or documentation as the agency determines to verify the client's income.		
SECTION I: GROSS TOTAL HOUSEHOLD INCOME		
The total income of the household (Annual Gross Household Income) is from all sources anticipated to be received in the 12-month period following the effective date of the income certification. Therefore, income must be ANNUALIZED, e.g. payment amount multiplied by number of payment periods per year for all income sources.		
* NOTE: ALL BLUE CELL INFORMATION MUST BE ADDED MANUALLY		
	Entired Household <i>(All members)</i>	
1) The full amount (before payroll deductions) of annual earned wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. Does not apply to armed forces service. Applies to employment income of client and all household members 18 and older. <i>(For full-time students who are 18+, but are NOT head, co-head, spouse or sole member, only \$480 of their total annual earned income should be included here.)</i>	\$12,000	
2) Net income from operation of a personally owned business or profession.	\$0	
3) All regular pay, special pay and allowances of a member of the Armed Forces. (Except Hostile Fire Pay)	\$0	
4) Periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, excluding lump sum payments for the delayed start of a periodic payment. (Except as provided in 24CFR 5.609(c)(14))	\$0	
5) Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay. (Except as provided in 24CFR 5.609(c)(3))	\$0	
6) Welfare assistance, including payments made under other programs funded, separately or jointly, by federal, state, or local governments which are not excluded by Federal Statutes. (See Part 5.609 & 5.611 Tab of this Excel Workbook)	\$0	
7) Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence.	\$2,400	
8) Interest, dividends, and other net income of any kind from real or personal property. If net family assets are in excess of \$5,000, annual income shall include the greater of actual income derived from net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. <i>For the current passbook savings rate, utilize the HUD-approved rate for the local Section 8 program office.</i>	\$6	
9) TOTAL ANNUAL GROSS ENTIRE HOUSEHOLD INCOME. <i>(Sum of Lines 1-8)</i>		\$14,406
Note: Total household income must be reassessed at least annually. If, however, there is substantial change in the household's income during the year, an adjustment must be made to the resident rent to reflect the change in income.		

SECTION IV: TENANT RENT PAYMENT CALCULATION

Total monthly contract rent per current lease agreement: \$800

Lease Period: 4/1-24 to 3/31/25

HUD regulations require that tenant's pay for rent either the higher amount of 10% of Gross Monthly Income, or 30% of Adjusted Monthly Income, or the Designated Welfare Rent (Applicable in some states) each month directly to the Landlord.

Table with 2 columns: Description and Amount. Rows include: 26) TENANT RENT CALCULATION, a. Annual Gross/Reduced Gross Income for Entire Household (\$6), b. Monthly Gross/Reduced Gross Income for Entire Household (\$1), c. Monthly Tenant Rent Portion at 10% Gross Monthly Income (\$0), d. Annual Adjusted Income for Entire Household (\$0), e. Monthly Adjusted Income for Entire Household (\$0), f. Tenant Rent Portion at 30% Adjusted Monthly Income (\$0), g. State Designated Welfare Rent (\$0), h. Applicable Tenant Monthly Rent Portion (\$0), i. Total Monthly Contract Rent Amount (\$800), j. HOPWA Rent Subsidy Portion to Landlord (\$800)

27) UTILITY ALLOWANCE PER PHA PROGRAM GUIDELINES. (if applicable) Complete Line 27 ONLY if tenant is required to pay for utilities directly to the utility company, and utilities are NOT paid by the landlord as part of the total contract rent amount. A Utility Allowance is a credit, based on a HUD-approved estimated amount for the unit size and type, intended to lower the client's rent portion in order for them to save money to pay the full utility bill(s) in their name. NO additional utility assistance may be provided to the tenant. Copies of HUD-approved utility allowance charts may be obtained from local Housing Authorities, and are updated annually. \$95

Table with 2 columns: Description and Amount. Rows include: 28) TENANT RENT TO LANDLORD AFTER UTILITY ALLOWANCE CREDIT IS PROVIDED. (Line 26h minus Line 27) -\$95, a. Total Monthly Contract Rent Amount \$800, b. HOPWA Rent Subsidy Portion to Landlord \$895

EXCEPTION: IF LINE 28 RESULTS IN A NEGATIVE NUMBER: HOPWA pays the full rental amount (Line 26i) to the Landlord AND the negative amount in Line 28 to the tenant or utility company on the tenant's behalf, per HUD guidelines below: (Enter negative amount in Line 28 here) \$800 \$0. Includes bullet points regarding refund/reimbursement requirements.

Tenant Income and Rent Calculation Worksheet Signatures

Client Signature: Black Widow

Date: 4/1/24

Staff Signature: T. Stewart

Date: 4/1/24

TBRA

Stability

Documents

- Budget
- Housing Service Plan
- Case management notes
- Supportive Services Referral Tracking Form

CLIENT BUDGET WORKSHEET

OPPORTUNITIES FOR PERSONS WITH AIDS HOPWA

CLIENT NAME or ID # Black Widow DATE: 3/1/24

Current housing situation: Renting with an evicton

Number in household: 2

Total monthly income: * 1,427 Total monthly expenses: \$2,855

* For short-term rent, mortgage and utility or supportive services-only applicants, use **gross** income from Eligibility Calculation Worksheet.

* For tenant-based (TBRA), project-based, or facility-based housing applicants use **adjusted** income amount from Income and Resident Rent Calculation Worksheet.

Income Sources	Household Member's Name	Amount	Month/Year
AFDC (TANF)*		\$	per
General Relief		\$	Per
Employment PT/FT*		\$	Per
VA Benefits		\$	Per
S.S.I./S.S.A		\$	Per
Disability		\$	Per
Unemployment	<u>Black widow</u>	\$ <u>1,427</u>	Per <u>month</u>
Foster Care		\$	Per
Disabled Family Member		\$	Per
Educational Assistance		\$	Per
Child Support		\$	per
Military		\$	per
Pension		\$	Per
Business Income		\$	per
Other Income		\$	per

Vehicle Information

Do you or any household member own a vehicle(s)? Yes X No

If YES and the vehicle is financed, how much is owed \$ 8,000 What is the monthly payment? \$ 400

Do you have car insurance? Yes X No If Yes, How much do you pay per month/quarter? \$

Medical Information

Do you have medical/health insurance? Yes X No Payment per month/quarter/year? \$ 130/month

If Yes, What type of coverage do you have? health

Do you pay for medicines or other out-of-pocket medical expenses? Yes X No

If Yes, what are they? deductions

How much do you pay out of pocket per month (on average)? \$ 1700 100

EXPENSES for NEXT 3 MONTHS

#1 Current Monthly Expenses

Rent	\$ 800	Medical Insurance	\$ 150	Clothing	\$ 40
Gas	\$	Out of pocket Medical	\$ 95	Life Insurance Policy	\$ 20
Electric	\$ 200	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$ 400	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$ 25	Childcare	\$ 500
Telephone	\$ 75	Gasoline/Care Repairs	\$	Cable/DTV Other	\$ 50
Pager	\$	Household Supplies	\$ 100	Other	\$
Cell Phone	\$ 75	Food	\$ 400	Other	\$

#2 Next Month's Expenses

Rent	\$	Medical Insurance	\$	Clothing	\$
Gas	\$	Out of pocket Medical	\$	Life Insurance Policy	\$
Electric	\$	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$	Childcare	\$
Telephone	\$	Gasoline/Care Repairs	\$	Cable/DTV Other	\$
Pager	\$	Household Supplies	\$	Other	\$
Cell Phone	\$	Food	\$	Other	\$

#3 Third Month Expenses

Rent	\$	Medical Insurance	\$	Clothing	\$
Gas	\$	Out of pocket Medical	\$	Life Insurance Policy	\$
Electric	\$	Public Transportation	\$	Furniture Payment	\$
Water	\$	Automobile Payment	\$	Credit Card Payments	\$
Trash	\$	Car Insurance Payment	\$	Childcare	\$
Telephone	\$	Gasoline/Care Repairs	\$	Cable/DTV Other	\$
Pager	\$	Household Supplies	\$	Other	\$
Cell Phone	\$	Food	\$	Other	\$

1. Do you need budget counseling, money management, or how to consolidate your debts? () Yes () No
2. Are you currently enrolled in job training/employment services that may lead to increased income? () Yes () No
3. Are you currently applying for government benefits? () Yes () No

Plan to Increase Income and Reduce Expenses:

Action

Target Date:

1.	Go back to work	6/1/24
2.	Get Child support	5/1/24
3.		
4.		

Client's Signature: Black Widow Date: 3/1/24

Housing/Case Manager Signature: Tamara Stewart Date: 3/1/24

CLIENT HOUSING PLAN

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

HOPWA

NAME or ID#: Black W. Dow DATE: 3/15/29
 Current housing situation: Rental with an eviction
 Number in household: 2

Housing Objective

- Establish or better maintain a stable living environment.
- Improved access to HIV treatment and other healthcare support.
- Reduced the risk of homelessness among people living with HIV/AIDS and their families.

Assessment

This section is designed to be used with the Housing Application and Assessment form to:

- Help keep the focus on immediate needs while assisting in the development of long-term housing plans.
- Help determine the feasibility of independent housing vs. supportive living environments.

Plan

- Please complete all three sections of Plan.

1. List any problems identified in the Housing Assessment and Budget (may include others not listed in assessment):

Client health impacted their ability to stay employed.
Disability may be an option.

2. Housing Goals:

Emergency Housing Goal:	Date to Complete	Who? C/M-H/A	Who? Client
a) Steps/Objectives: <u>Pay rental arrears</u>	<u>4/1/29</u>	<u>CM</u>	
b) Steps/Objectives: <u>pay utility arrears</u>	<u>4/1/29</u>	<u>CM</u>	
c) Steps/Objectives:			
d) Steps/Objectives:			
Transitional Housing Goal:			
a) Steps/Objectives:			
b) Steps/Objectives:			
c) Steps/Objectives:			
d) Steps/Objectives:			

Permanent Housing Goal:			
a) Steps/Objectives:	Pay Past due Rent	3/3/24	CM
b) Steps/Objectives:	Increase Income		
c) Steps/Objectives:	Obtain Childsupport		
d) Steps/Objectives:			

My Signature below indicates my agreement with and commitment to this housing plan. I recognize that with my consent, my Housing Advocate/Case Manager may revise this housing plan over time.

Client Signature: _____ Date: _____
Housing Advocate/Case Manager: _____ Date: _____

Housing Plan Update: (leave blank if this is the first Individual Housing Plan)

1. Date of this follow-up: 4 / 1 / 24

Were goal(s) achieved (Check one):

Yes, definitely Yes, generally No, not really No, definitely not

Please describe: on going goals

2. Date of this follow-up: 5 / 1 / 24

Were goal(s) achieved (Check one):

Yes, definitely Yes, generally No, not really No, definitely not

Please describe: client health improved and will be going back to work

3. Date of this follow-up: / /

Were goal(s) achieved (Check one):

Yes, definitely Yes, generally No, not really No, definitely not

Please describe: _____

Please describe what other resources besides HOPWA are being used to address the client's housing issues:

Supportive Services Checklist Report

Consumer	Date
Thor Odinson	09/11/2015

Start Time	End Time	Duration
03:00 PM		0 15
		Hours Minutes

Face to Face	Location	*Primary Problem Area
no	Other Program Site	Case Management

Supportive Services Checklist:

Service	Units	Cost	End Date	Service Details	Funding Source
• Case Management	1	0	09/11/2015	Follow-up	ESG

Progress Note:

CM called client to touch base with him and his family. The client used his most recent pay check to set aside for next months rent. CM will follow-up with the client closer to his rent being due for October.

Bethany Latham

Date

Supportive Services Checklist Report

Consumer Date
Thor Odinson 06/23/2015

Start Time End Time Duration
01:00 PM 0 30
 Hours Minutes

Face to Face Location *Primary Problem Area
yes Other Service Provider Case Management

Supportive Services Checklist:

Service	Units	Cost	End Date	Service Details	Funding Source
• Case Management	2	0	06/23/2015	Intial Intake Interview	ESG

Progress Note:

CM met with potential client at TSA - Tupelo to assess the families needs. The client and his family were kicked out of the Avengers group home due to the head of households drinking problem. The CM discussed eligibility and asked for needed documentation. CM setup phone call with client on 06/25/15.

Bethany Latham

Date

Training Program - RRH

Supportive Services Checklist Report

Consumer **Date**

Thor Odinson 06/23/2015

Start Time **End Time** **Duration**

01:00 PM 0 30
 Hours Minutes

Face to Face **Location** ***Primary Problem Area**
yes Other Service Provider Case Management

Supportive Services Checklist:

Service	Units	Cost	End Date	Service Details	Funding Source
• Case Management	2	0	06/23/2015	Initial Intake Interview	ESG

Progress Note:

CM met with potential client at TSA - Tupelo to assess the families needs. The client and his family were kicked out of the Avengers group home due to the head of households drinking problem. The CM discussed eligibility and asked for needed documentation. CM setup phone call with client on 06/25/15.

Bethany Latham

Date

HOPWA Supportive Services Referral Tracking Form

Supportive Service	Already Connected	Date Referred	Connected	Notes
Health Care Services				
Ryan White	X			
Vet Center				
Medicaid				
Medicare				
AIDS Drugs Assistance Program				
SCHIP				
Other				
Daily Living Services				
Home Healthcare				
Other				
Personal Financial Planning				
Credit Counseling				
Financial Workshop		4/1/24 X	4/1/24	
Income Support Services				
Work programs				
Welfare		X	5/1/24	
Goodwill				
Unemployment				
SSDI				
SSI				
Other				
Legal Services				
Pro-bono legal services or nonprofits		X	6/1/24	
Childcare				
Childcare assistance		3/20/24	5/1/24	

TBRA

Other

Documents