

Housing Assistance Program Guidance and Rules



The Housing Assistance Program (HAP) has been funded by the CARES Act through the Utah Housing and Community Development Division. This program is designed to assist low income Utahans who have experienced financial hardship related to COVID-19 in obtaining or retaining rental housing.

Program Guidance

GENERAL RULES

1. Assistance will be \$2,000 or less each month. Applicants must reapply monthly. There is no limit to how many times an applicant can be approved within the window of time the program operates.
2. Rent payments must go directly to landlords. Utility assistance must go directly to the utility companies.
3. No rental and utility assistance will be issued after December 30, 2020.

APPLICANT ELIGIBILITY

1. Applicants must have a combined gross income at or below 100% area media income, and
2. Applicants must have experienced a documented Covid-19 related loss of income or financial hardship.

ELIGIBLE USES OF FUNDS

Expenses from March 1, 2020 - December 31, 2020

1. Rent
2. Utilities (Water, Sewer, Electrical, Gas)
3. Security Deposits (for additional information see FAQ section)
4. Arrears (payments made for housing assistance over 30 days past due) is allowable for those that didn't receive a UI benefit for the month(s) seeking arrearages
5. Late fees

Documentation

1. HAP application (Appendix I)
2. Self-Declaration of Income Form (Appendix II)
3. Signed HAP Assistance Contract (Appendix III)
4. Utility bill(s) (If utilities are being paid)

INCOME DETERMINATION

- Income will be determined by the Self-Declaration Form (Appendix II).

WAIVERS

- Waivers to policy guidelines and rules can be staffed and granted by HCD Program Specialists for extenuating circumstances.

PERFORMANCE REPORTING

- Agencies will, on a weekly basis, report on all inquiries, applications received, applications approved, applications denied, funds committed, as well as the demographics makeup of applications approved and denied.

STATE CONTACT



- Elias Wise: ewise@utah.gov or 801-468-0140

FAQs

1. How do I assist a person who wants to apply for Unemployment benefits?

Both “traditional” unemployment benefits (known as UI) and Pandemic Unemployment Assistance (PUA) are currently available. Applicants should Use the “Am I Eligible” link jobs.utah.gov/ui/home/Home/UiEligible to assess whether or not they will be able to receive UI. If that link indicates they will not receive UI, they should apply for Pandemic Unemployment Assistance.

2. How are Security deposits handled?

Security deposits can be issued as a separate payment that will not be considered a part of the \$2000 monthly benefit.

3. What if an applicant cannot apply for UI/PUA?

An applicant may be unable to apply for UI if they are undocumented. In this case, they are eligible for HAP. All other applicants must apply for unemployment benefits.

4. What are the rules for emergency assistance for persons who have eviction notices?

If an individual/household is under immediate threat of eviction, they may receive one month of rental assistance without applying for unemployment benefits. To receive immediate assistance, the applicant must provide evidence of threat of immediate eviction.

5. Are inspections required for HAP recipients?

No inspections are required.

6. Are VAWA agreements required for HAP recipients?

No VAWA agreements are required.

Appendix I HAP Application

Utah Housing and Community Development Division Housing Assistance Program • Application for Assistance

APPLICANT NAME _____

Current Address: _____

City, State, Zip Code: _____

Home Phone: _____ Alternate Phone: _____

DEMOGRAPHIC INFORMATION

(List the head of household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.)

Applicant's full name	Relationship	Age	Sex

RACE (Check one)

- White
- Black/ or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Multiracial
- Other _____

HISPANIC/LATINO ETHNICITY (Check one)

- Yes
- No



Appendix I HAP Application Page 2

CONFLICT OF INTEREST

1- Is anyone in the household currently serving or has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of the Agency?

Yes No

If yes, identify who, organization name, and role: _____

2- Is anyone in the household related to anyone who is currently serving or who has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of this agency?

Yes No

If yes, identify who, organization name, and role: _____

APPLICATION CERTIFICATION

I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the State of Utah to verify all information provided on this application.

_____		_____	
Head of Household Signature	Date	Spouse Signature	Date



Appendix II Self Declaration of Income

Housing and Community Development Division Housing Assistance Program • Declaration of Income

INSTRUCTIONS

To complete this statement, each adult household member must calculate annual income¹. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request. The statement indicating impact of Covid-19 on income is required.

APPLICANT INCOME INFORMATION

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

Applicant names (print)	Current income (Annualized)	Applicant signature	Date
	\$		
	\$		
	\$		
	\$		
	\$		

Annual gross income (total of all members) = \$ _____

County 100% AMI per HUD income limits² = \$ _____

How has COVID-19 created a loss of income or financial hardship for your household? _____

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.

1 Income determination is based on IRS form 1040. Instruction on pg 2
2 Income Limits can be found at https://files.hudexchange.info/reports/published/HOME_IncomeLmts_State_UT_2020.pdf

Income Determination

	Owner	Co-owner	Other Residents	Subtotal
Wages, Salaries, Tips				\$
Taxable Interest				\$
Dividend Income				\$
Taxable refunds or credits or offsets of state & local income taxes				\$
Alimony Received				\$
Business income (or loss)				\$
Capital gain (or loss)				\$
Other gains (or losses)				\$
Taxable amount of IRA distributions				\$
Taxable amount of pensions and annuities				\$
Rental property, royalties, partnerships, trusts, etc.				\$
Farm income (or loss)				\$
Unemployment compensation				\$
Total Social Security Benefits				\$
Taxable amount of Social Security benefits				\$
Other income-				\$
Subtotal (lines 1-15)	\$	\$	\$	\$
IRA deduction				\$
Medical savings account deduction				\$
Moving expenses				\$
One-half of self-employment tax				\$
Self employed health insurance deduction				\$
Paid alimony				\$
Subtotal	\$	\$	\$	\$
Adjusted Gross Income				\$

Appendix III Rental Contract Template

Housing and Community Development Division Housing Assistance Program • HAP Assistance Contract

We the undersigned acknowledge that the tenant _____ is committed to pay rent in the amount of \$_____ for the month of _____ at property located at _____
_____ to the landlord _____.

Rent assistance will be provided by the Housing Assistance Program to the landlord on behalf of the tenant to cover rental costs in the amount of _____.

Landlord address: _____

Make check out to: _____

Tenant

Name (Print) _____ Date _____

Signature _____

Landlord

Name (Print) _____ Date _____

Signature _____

