

Model District Application for Shelter Allowance Supplement

Local District: _____

Contact Person: _____

Telephone: _____

Email: _____

Implementation Date: _____

Amount of Supplement (for example: Case Size, Shelter Maximum, Supplement Amount):

Type of Cases Covered by Supplement/Targeted Population:

List eligibility criteria and how determined and documented including the following:

1. How much will non-legally responsible Non-Temporary Assistance (NTA) persons residing in the same dwelling be required to contribute towards the excess shelter costs (e.g., a prorata share of rent costs, 30 percent of income, the lesser of these two variables, etc.)?

Will SSI recipients or ineligible aliens residing in the household be expected to contribute towards rent cost? _____

If so, how will this amount be determined? _____

2. How will contributions towards rent from individuals outside the household be verified and what standards will be applied in determining whether such contributions can be sustained in the future? _____

How will the district assure that third party contributors are not legally responsible relatives? _____

3. Will the district require that there be a court proceeding concerning the nonpayment of shelter costs prior to the individual being determined eligible for supplemental shelter payments? _____

If not, how will the district determine that the shelter arrears are legitimate and the responsibility of the TA recipient? _____

4. How will co-tenant of record lease arrangements be handled? _____

Will leases be required of all tenants of record? _____

5. Will shelter arrears for shelter supplementation cases be limited in monetary amount (e.g., \$3,000) or to a specific time period (e.g., six months of arrears)? _____

If yes, please detail: _____

6. How will the district handle modifications (e.g., moves, rent increases, etc)? _____

What standards will be followed in determining whether supplementation will continue following a move? _____

Will the district require the recipient of the supplemental shelter allowance to report changes related to the supplemental allowance timely, as a condition of eligibility for the allowance? _____

7. Will any local forms be used to facilitate the supplementation process? _____

If so, copies must be provided with the plan.

8. Will there be any health and safety standards regarding the housing that must be met prior to paying supplemental allowances or arrears? _____

9. Will the supplemental allowance be time limited in any way? _____

10. Will the supplementation process include a onetime incentive payment to the landlord? _____

11. How will the district ensure that the existence of the supplement does not adversely affect the ability of non-TA recipient individuals or childless couples (i.e. low income working individuals or childless couples) to find and retain affordable housing? _____

Length of Time Supplement Offered to Individual Cases: (e.g. 3 months, 6 months, indefinitely etc.)

Estimate of Cost Savings/Neutrality (Show all calculations):

Gross

State

Local

Purpose/Justification (Provide relevant statistics): _____

Additional Information: _____
