

Model District Application for Shelter Allowance Supplement

Local District: _____

Contact Person: _____

Telephone: _____

Implementation Date: _____

Amount of Supplement (for example: Household 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) individuals residing in the same dwelling be required to contribute towards the excess shelter costs? (e.g., a prorata share of shelter 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 cost 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 agency assure that third party contributors are not legally responsible relatives? _____

3. Will it be required that there be a court proceeding concerning the nonpayment of shelter cost prior to the family being determined eligible for supplemental shelter payments? _____

If not, how will the district assure 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 six months of arrears? _____

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 adhered to 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. Districts that already have existing rent supplement programs that are not court ordered (such as the Human Resource Administration’s Employment Incentive Housing Program and the Department of Homeless Service’s Long Term Stayer’s Rent Supplement Program) should consolidate all existing rent supplementation programs into one uniform submission. Explain how this is being done: _____

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

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

Estimate of Annual Cost (Show all calculations):

Gross Federal State Local

**Purpose/Justification:
(Provide relevant statistics)**

Additional Information: