

# Douglas County Emergency Rental Assistance Program

Version 2 – March 29, 2021

Douglas County received \$10.5 million in federal Emergency Rent Assistance (ERA) funds to provide rent and utility assistance to low-income residents (Participants) impacted by COVID-19 from March 1, 2021 – December 31, 2021. This manual provides an overview of the program, defines eligibility, lists documentation and data standards and establishes Partner Agency requirements.

## Program Overview:

Assistance can be provided for rent payments (arrears and future) and utility payments (arrears and future). Funding must prioritize payment of arrearages prior to contributing funding to any future payment. Partner Agencies should work closely with landlords and utility companies to waive fees associated with late payment when possible.

The total amount of assistance to any Participant household is limited to \$6,000 but they may apply for a waiver to receive additional funds (see below). Residents may receive less at the discretion of the providing organization due to eligibility, funding limitations, or availability of funds.

Utilities are defined as gas, water and sewer, trash removal and energy costs, such as fuel oil. Telephone, cable, and internet are NOT eligible.

Program Participant eligibility shall be determined at the time of assessment and shall be valid for up to **3 months** from the date of assessment.

2020 Income Limits

% AMI	HOUSEHOLD SIZE					
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
30%	\$21,000	\$24,000	\$27,000	\$30,000	\$32,400	\$35,160
50%	\$35,000	\$40,000	\$45,000	\$50,000	\$54,000	\$58,000
60%	\$42,000	\$48,000	\$54,000	\$60,000	\$64,800	\$69,600
80%	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100
90%	\$63,000	\$72,000	\$81,000	\$90,000	\$97,200	\$104,400
95%	\$66,500	\$76,000	\$85,500	\$95,000	\$102,600	\$110,200
100%	\$70,000	\$80,000	\$90,000	\$100,000	\$108,000	\$116,000
110%	\$77,000	\$88,000	\$99,000	\$110,000	\$118,800	\$127,600
115%	\$80,500	\$92,000	\$103,500	\$115,000	\$124,200	\$133,400
120%	\$84,000	\$96,000	\$108,000	\$120,000	\$129,600	\$139,200

### Basic Assistance Program

- Maximum benefit of \$6,000 per Participant household.
- 50% AMI or under: Participant households must contribute 10% of the amount due.
- 51-80% AMI: Participant households must contribute 20% of the amount due.

### Case Management Services Program

- Additional \$4,000 benefit per Participant household.
- Participant household must be 50% AMI or under.

- Participant household may receive up to an additional \$4,000 in assistance payments.
- Participant household contribution of 10% may be forgiven.
- Case management will include at a minimum:
  - Monthly meeting with Partner Agency staff
  - Resource planning
  - Employment support
  - Budgeting

#### Waivers and Appeals

- The Waiver and Appeals Committee (WAC) shall be formed to consider the following:
  - Waiver of maximum allowable benefit for the purpose of paying arrearages.
  - Determinations of ineligibility
- The WAC will consist of at least 2 Douglas County staff and a representative from the organization providing the assistance. A consensus decision shall be required to grant a waiver or appeal of any type.
- Appeals and waivers will be heard within 10 business days

#### Program Outcomes:

The ERA program intends to help participant households achieve the following outcomes:

- Avoid eviction
- Maintain housing
- Maintain access to functioning utilities

#### **Eligibility Requirements and Definitions**

Participants must meet the following minimum eligibility requirements:

- The Participant household must be obligated to pay rent on a residential dwelling; assistance cannot be used by homeowners to pay mortgage payments, utilities and/or energy costs;
- Participant households must be comprised of Douglas County residents;
- Participant households must be determined to earn less than 80% of the Area Median Income (AMI);
- Participants households must demonstrate a risk of experiencing homelessness or housing instability;
- An adult member of the Participant household must meet one or more of the following conditions: (i) currently qualified for unemployment; (ii) reduced household income due to COVID-19; (iii) incurred significant cost due to COVID-19; or (iv) experienced financial hardship due to COVID-19; and
- Participants must not be receiving duplicative assistance and therefore are required to disclose all requests for assistance with the same rent or utility payment. Failure to disclose all assistance requests may be considered fraud and result in denial of eligibility and/or payment, as applicable.

#### Renter Participant Household

A current and valid lease must be obtained which names the applicant as the tenant of the property in which payment assistance is being requested. Payments may only be made to the party listed on the lease or agreement as the owner, property manager or landlord.

### Residents of Douglas County

ERA funds are for the benefit of residents within Douglas County. Proof of residency should be determined and documented through submission of a current lease document stating an address within Douglas County.

### Household Inclusion

For the purposes of determining eligibility, "household" shall be defined as any and all

- Persons identified as an occupant on the lease, or
- Persons eligible as dependents for the current tax year

Non-occupant co-signors are not considered part of the household. Verification of non-occupancy is required through affidavit and proof of residency elsewhere when not clearly stated on the lease.

### Income Qualifications

Participants must have a household income of 80% Area Median Income (AMI) or less. Household income is calculated as the sum of all gross income received by all adults in the household over the age of 18. Income of dependent children under the age of 26 should not be included in determining household income.

- **Sources of Income**

Income includes total cash receipts before taxes (gross income) from all sources including, but not limited to:

- Wages and salaries before any deductions;
- Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household;
- Federal or state cash benefit programs and public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, and non-federally funded General Assistance or General Relief money payments),
- Regular payments from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, and training stipends;
- Private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments;
- College or university scholarships, grants, fellowships, and assistantships;
- Dividends, interest, net rental income, net royalties;
- Periodic receipts from estates or trusts, and
- Net gambling or lottery winnings.
- Net receipts from nonfarm self-employment, excluding non-cash income and deductions (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses);
- Net receipts from farm self-employment, excluding non-cash income and deductions (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses);

- **Income does not include:**

- COVID-19 stimulus payments;
- Federal or state noncash benefit programs as Medicare, Medicaid, Supplemental Nutrition Assistance Program (SNAP), school lunches, and housing assistance;

- Income tax refunds;
- Assets drawn down as withdrawals from a bank or the sale of property (such as a house or a car);
- Capital gains;
- Gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury;
- Ordered, but not received, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household;
- Employer-paid or union-paid portion of health insurance or other employee fringe benefits;
- Food or housing received in lieu of wages;
- Payments required under federal or state law to be excluded from the definition of income for calculating eligibility for federal or state public benefit programs, such as cost reimbursements under the federal Foster Grandparent program (see 45 C.F.R. § 2552.47).

- **Income Documentation**

Applicants must provide documentation of their household source(s) of income. All documents must be uploaded and retained in the data system prior to provision of assistance. Acceptable documentation includes:

- For applicants with income:
  - Statements from previous 2 months of income such as:
    - Pay stubs (must include amount before tax and withholdings)
    - Child support statement
    - Bank statements
    - Benefit statements
    - Other reasonable documentation of income as determined by partner organization
- For applicants without income:
  - Termination or separation letter, or
  - Proof of unemployment application, or
  - Verification of enrollment in the Supplemental Nutrition Assistance Program (SNAP) or
  - Written attestation signed, under penalty of fraud, by the applicant and noted by agency in a participant case note.

Statement of No Income (signed and dated):

*I hereby attest, under penalty or fraud, that no adult member of my household has received income from any of the sources listed below in the preceding 2 months:*

- *Wages and salaries before any deductions;*
- *Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household;*
- *Federal or state cash benefit programs and public assistance (including Temporary Assistance for Needy Families,*

- *Supplemental Security Income, and non-federally funded General Assistance or General Relief money payments),*
  - *Regular payments from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, and training stipends;*
  - *Private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments;*
  - *College or university scholarships, grants, fellowships, and assistantships;*
  - *Dividends, interest, net rental income, net royalties;*
  - *Periodic receipts from estates or trusts;*
  - *Net gambling or lottery winnings;*
  - *Net receipts from nonfarm self-employment, excluding non-cash income and deductions (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses); or*
  - *Net receipts from farm self-employment, excluding non-cash income and deductions (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses).*
- For self-employed applicants:
    - 2020 tax returns
    - Business profit loss statements
    - Revenue and expense statements and receipts

Statement of COVID Impact

Applicants are required to attest to COVID impact at the time of application. Documentation of the following statement, provided by and signed by the applicant, will be mandatory prior to receiving assistance:

*"I hereby attest that one or more of the following conditions applies to myself or other adult member of my household.*

*Check all that apply:*

- Currently qualified for unemployment*
- Reduction of household income due to COVID-19*
- Incurred significant cost due to COVID-19*
- Financial hardship due to COVID-19*

*Please explain how COVID-19 has impacted your ability to meet your rent and utility expenses."*

Statement of Non-Duplication

Rental assistance provided to an eligible household should not be duplicative of any other federal, state or locally funded rental assistance provided to such household. Applicants must

ensure non-duplication of assistance and therefore are required to disclose all requests for assistance for the same rent or utility payment. Failure to disclose all assistance requests may be considered fraud and result in denial of payment and/or eligibility.

Documentation of the following statement, provided by and signed by the applicant, will be mandatory prior to receiving assistance:

*“Have you requested assistance for the same rent or utility expense from another agency or organization for which you are requesting today?”*

Yes

No

*If yes, please explain:”*

#### Demonstration of Housing Instability

Late notice, statement of arrears, general ledger from apartment stating past due amount, must be provided to demonstrate housing instability or bill or statement from utility company stating past due amount.

#### Eligibility Period

Once determined eligible, the period of eligibility shall last for 3 months. At the conclusion of the eligibility period, a household’s eligibility must be redetermined including verification of the following:

- Confirmation of valid lease
- Documented income from the previous 2 months that is less than 80% AMI as described above.

#### **Eligible Expenses**

The following are considered eligible expenses covered under this program.

- Rent and Utility Arrears
  - Must be satisfied before paying the current or future payments.
  - Must have accrued after March 13, 2020.
- Rent
  - Not more than three months for any given period of eligibility
  - No more than a total of 12 months
- Utilities and energy costs including
  - Electricity
  - Gas
  - water and sewer
  - trash removal
  - other energy costs such as fuel oil

Telecommunications services, including telephone, cable and internet service, delivered to a rental dwelling are NOT eligible for payment as utilities and do not qualify as a Covered Expense.

Utilities that are paid for by the landlord as part of rent will be treated as rent.

### Payments

Payments for eligible expenses must be paid to the lessor or utility provider on behalf of the eligible household.

Client portions of amount due shall be calculated prior to making payment. Both the total amount due AND the amount paid using program funds shall be documented. Confirmation of client contribution should be verified prior to providing additional assistance.

### Data Requirements

Partner Agencies will be required to utilize the County's data system to gather, report and store data required by the Treasury and the County. Access to the data system shall be provided by the County to Partner Agencies for their use during this program.

The following data records will be required for each applicant:

- Participant record including required demographic and contact information as stated above
- Household record including address
- Income record every 3 months as required to determine eligibility
- Housing record including amount in arrears and date amount first became due
- Utility Record including amount in arrears and date amount first became due
- Statement of COVID Impact
- Statement of Non-Duplication
- Enrollment Record
- Service record for each assistance payment
- Funding record for each assistance payment
- Expenditure record for each assistance payment
- Outcome record for each assistance payment

The following documents should be collected and stored in the Document Management system for each applicant household:

- Release of Information signed by Head of Household
- Program Application
- Valid identification for Head of Household
- Proof of income documents
- Lease
- Documentation of housing instability
  - Eviction Notice or
  - Demand for payment or
  - Shut of notice or
  - Or statement showing past due amount
- All bills, statements, or payment records associated with the assistance request

## **Non-Discrimination Policy**

Douglas County does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, ethnicity, color, national origin, disability, gender, veteran status, political beliefs, religion, sexual orientation or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Douglas County directly or through a Partner Agency with which it arranges to carry out its programs and activities.

## **County Contact Information**

Rand Clark, Community Services Supervisor  
303.660.7460  
[RClark1@douglas.co.us](mailto:RClark1@douglas.co.us)

Luke Thornton, Community of Care Coordinator  
303.814.4336  
[LThornto@douglas.co.us](mailto:LThornto@douglas.co.us)

## DOUGLAS COUNTY SYSTEM OF CARE

### Authorization for Release of Information

**Applicant Name (printed):** \_\_\_\_\_

In an effort to better serve applicants requesting our services, we are requesting your consent to disclose certain information you provide to us, which we maintain in a centralized data system. The information we would disclose may include personally identifying information or protected health information. Your consent to the disclosure and use of any such protected information is voluntary, and you are not required to consent to the use or disclosure of such information. If you choose not to consent to the disclosure and use of your information, you may still be eligible for certain services.

#### What Disclosure You Are Authorizing

Federal and/or state law may prohibit the disclosure of protected information you have provided absent express written consent. For example, 42 C.F.R. Part 2 imposes restrictions on the disclosure and use of substance use disorder patient records. By signing this Authorization for Release of Information, you are providing express written consent to the disclosure of your information, and that of any individual, upon whose behalf you are authorized to act, as described in this form.

- (1) **Group 1**—You consent to the disclosure of information to: Douglas County; the Help & Hope Center; the Parker Task Force for Human Services; Catholic Charities of Central Colorado; the Crisis Center; AllHealth Network; Cherry Hills Community Church; Bridge of Hope of Greater Denver; the Rock Church; the Douglas County Housing Partnership; the Douglas County School District; Aging Resources of Douglas County; SECOR; and Manna Resource Center. Your information will be kept in a central database that each of these agencies can access. Each of these agencies will keep your information confidential except as permitted by this consent form.
- (2) **Group 2**—You consent to the disclosure of information to financial institutions, loan companies, employers, physicians, healthcare providers, hospitals, schools, utility companies, landlords, property managers and funders to the extent such information is reasonably related to your receipt of assistance or services from any of the entities listed above or for the purposes of reporting activity to funding agencies.

By signing this form, you agree to the release of information such as: name; date of birth; social security number; address and contact information; gender; income; the fact of receipt of mental health services; the type and duration of any other service provided to you or your household by the agencies listed above. We DO NOT track or disclose information regarding your HIV or STD status or patient records regarding substance use.

By signing this form, you also agree that we can retrieve information you may have previously provided to any of the agencies listed in Group 1, above, and that we can use and disclose that previously provided information along with new and/or updated information you provide. For example, if you applied for services five years ago, the information you provided at that time may now be used and disclosed along with your current information.

#### Important Information About Your Consent

Please be aware that the information disclosed based on this authorization may be redisclosed by a recipient and no longer protected by federal or state privacy laws. Not all persons or entities are required to comply with these laws.

By signing this form, you, and any identified individuals upon whose behalf you are authorized to act, release each of the entities listed in Groups 1 and 2 above from any, and all, liability arising out of or related to the disclosure of information permitted in this form.

**Termination of Consent**

This consent may be terminated at any time by providing written notice to *[insert agency name]* by email at *[insert agency email address]* or by delivering a written termination of consent to *[insert agency address]*. You can use the termination of consent form included below.

This consent will automatically expire 90 days after assistance or services cease if consent was not previously terminated.

Upon receipt of a written termination or expiration of this consent, no further disclosure of information to the agencies listed in Group 2, above, will be permitted. Information may continue to be used and disclosed by the agencies listed in Group 1, above, for the purposes of post-service follow-up. After the post-service follow-up is completed, or 180 days have elapsed, the agencies listed in Group 1 shall not be permitted to further disclose any such information. However, information provided will not be destroyed once further disclosure is prohibited; any such information shall be retained and stored in the Group 1 agencies' centralized database.

**Acknowledgement: By signing this form, I acknowledge that I have read this form and voluntarily agree to its to terms.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of agency collecting this Authorization: \_\_\_\_\_

**I further represent and warrant that I am authorized and do voluntarily agree to the terms of this consent form on behalf of the following family members:**

Family Member's Printed Name:

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Family Member's Printed Name:

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Family Member's Printed Name:

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Family Member's Printed Name:

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Family Member's Printed Name:

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Family Member's Printed Name:

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** If you are consenting on behalf of another individual, you may be asked to provide documentation of your authority to do so.

**TERMINATION OF CONSENT**

I hereby revoke my Authorization for Release of Information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If you consented to the Release of Information on behalf of a family member applicant and wish to revoke that family member's Authorization for Release of Information, please complete the following:

I hereby revoke the Authorization for Release of Information for

\_\_\_\_\_

(print family member applicant's name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Douglas County Emergency Rent Assistance Program Application**

Name:

Address:

The Douglas County Emergency Rental Assistance Program is intended to help qualified Douglas County, Colorado residents with limited rent and utilities assistance payments. Applicants must attest how COVID-19 has impacted their ability to meet rent and utility expenses.

I hereby attest that one or more of the following conditions applies to myself or other adult member of my household.

Check all that apply:

- Currently qualified for unemployment
- Reduction of household income due to COVID-19
- Incurred significant cost due to COVID-19
- Financial hardship due to COVID-19

Please explain how COVID-19 has impacted your ability to meet your rent and utility expenses:

Applicants must ensure non-duplication of assistance and therefore are required to disclose all requests for assistance with the same rent or utility payment. Failure to disclose all assistance requests may be considered fraud and result in denial of payment.

Have you requested assistance for the same rent or utility expense from another agency or organization for which you are requesting today?

- Yes
- No

If yes, please explain:

Rent information:

- Landlord / Property Manager:
- Monthly rent amount:
- Past due amount:
- Date rent first became past due:

Do you have any of the following utilities that are past due:

- Water
- Electric
- Gas
- Trash

Utility provider information

- Water company name:
- Past due amount:
- Date account first became past due:
  
- Electric company name:
- Past due amount:
- Date account first became past due:
  
- Gas company name:
- Past due amount:
- Date account first became past due:
  
- Trash company name:
- Past due amount:
- Date account first became past due:

**Self-Certification:**

Under penalties of perjury, I certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I understand that if I provide information that I know is not true and accurate, I am committing fraud. If I provide false or information that is not complete and accurate, I may not be allowed to participate in this program or any other programs that use this document. Additionally, if I get public assistance in the future that can be used to pay the same expenses this grant is paying for, I will agree to repay the amount that was duplicated.

SIGNATURE:

DATE:

Douglas County, Colorado					
<b>EMERGENCY RENT ASSISTANCE - Program Expenditure Report</b>				<b>I. Period Covered by this Request</b>	
Please complete the highlighted sections				FROM (month, day, year)	TO (month, day, year)
Account Number:		Invoice Number:			
<b>II. Subrecipient Organization</b>				<b>III. CONTACT</b>	
Name:				Name:	
Address:				Email:	
City, State, and ZIP Code:				Phone:	
<b>IV. Basic Assistance Program</b>				<b>Amount</b>	
		Total # of Unique Households Served			
		Total # of Service Records			
		Total # of Service Units			
		COVID - ERA Service Amount Total			
<b>V. Case Management Services Program</b>					
		Total # of Unique Households Served			
		Total # of Service Records			
		Total # of Service Units			
		COVID- ERA Case Management Service Amount Total			
<b>VI. Administrative and Case Management Services</b>					
		Basic Assistance Program Request	\$	-	
		Case Management Service Program Request	\$	-	
<b>VII. Funding Request</b>					
		Additional Funding Request (up to \$250,000)			
		<b>Total Request</b>	\$	-	
<b>VIII. Certification</b>					
I certify to the best of my knowledge that:					
(1) the expenses are in accordance with the Douglas County ERA Program Agreement; and					
(2) all expenditure are accurately and completely documented and submitted in empowOR data system for all expenditure; and					
(3) all expenditures made are solely for payment of Covered Expenses for Eligible Households; and					
(4) all program applicants regardless of eligibility determination have been entered into the County data system					
Signature of the Certifying Official:			Date Request Submitted:		