

Douglas County Pathways to Employment Assistance Program

January 1, 2023

Version 3

Douglas County has partnered with local community-based partners to support the ongoing economic and community recovery from the COVID 19 pandemic by offering support to residents whose employment and income were adversely affected. The County received \$8.25 million in federal Emergency Rent Assistance (ERA2) funds to provide rent and utility assistance to low-income residents (Participants) impacted by COVID-19 from March 8, 2022 – September 30, 2025. These funds will be utilized to support resident enrolled in the Pathways to Employment Program (Pathways). This manual provides an overview of the program, defines eligibility, lists documentation and data standards, and establishes Partner Agency requirements.

Program Overview:

Beginning January 1, 2023, program participants who are facing eviction or utility shut off may receive one time assistance with rental arrears and utility payments. Certain federal requirements may further limit the amount of assistance received by residents previously provided assistance through State and local programs. The total amount of assistance provided to any Participant household is limited to 12 months or \$12,000, whichever is the lesser. Residents whose request for assistance exceeds the program limitations may request consideration through the waiver process to ensure housing stability. Additional federal limitations may apply. 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 income eligibility shall be determined at the time of assessment and shall be valid for up to **3 months** from the date of assessment.

FY 2022 Income Limit Area	Median Family Income Click for More Detail	FY 2022 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Denver- Aurora- Lakewood, CO MSA	\$117,800	Very Low (50%) Income Limits (\$) Click for More Detail	41,050	46,900	52,750	58,600	63,300	68,000	72,700	77,400
		Extremely Low Income Limits (\$)* Click for More Detail	24,650	28,150	31,650	35,150	38,000	40,800	43,600	46,630
		Low (80%) Income Limits (\$) Click for More Detail	62,600	71,550	80,500	89,400	96,600	103,750	110,900	118,050

Assistance Conditions and Limitations

- Effective January 1, 2023, assistance is limited to a one-time payment of rental arrears and outstanding utility payments
- If rent is current assistance is limited to a one-time payment of utilities with a shut-off notice
- Ongoing and future assistance payments are not eligible
- Household may receive up to, but not more than, \$12,000 in assistance through Pathways
- Federal regulations limit the total amount of assistance to no more than 12 months through Pathways, however, local restrictions may further limit the amount of assistance available
- Participants are limited to a total of 18 months of assistance through ERA1 and ERA2 funded assistance regardless of the agency that provided the assistance.
- The number of “months” shall be calculated by taking the total amount of funding provided and dividing by the base amount of rent due, not including utilities or other fees included in the lease.
- Attorney fees are NOT eligible for assistance under ERA2 and must be paid by the tenant.
- Residents who are homeless may qualify to receive assistance with security deposit and first month’s rent once an apartment is secured.

Waivers and Appeals

- The Waiver and Appeals Committee (WAC) shall be formed to consider the following:
 - Determinations of ineligibility
 - Consideration for up to \$6,000 in additional rental arrearage up to total number of months allowable.
 - Consideration of up to 15 months total assistance through ERA2 funds as allowed by the Treasury to ensure housing stability.
- 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.
- Waivers will be heard within 10 business days

Program Continuity

Applicants who previously received assistance utilizing Federal Emergency Rent Assistance Funds from any state or local agency are subject to additional assistance limitations. Assistance provided under Douglas County’s Emergency Rent Assistance Program will count towards the total number of months of rent as allowed by Federal statute.

Program Outcomes:

The Pathways 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 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.
- Participants must provide a 10-day notice or notice to quit from their landlord to be eligible for rent arrear payments.
- Participants must provide a shut off notice to be eligible for utility payments if they are current on rent.
- Pathways to Employment Participation Agreement must be signed by the Head of Household.

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

Pathway to Employment 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;
- Minor children living in the household more than 72 nights per year; 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. Children not listed on lease should be considered part of the household if they spend more than 72 nights in the home each year.

Income Qualifications

Participants must have a household income of 80% 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.

• 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 unemployment benefits or compensation,
- Regular payments from Social Security, railroad retirement, 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 non-farm 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;
- Pandemic Unemployment additions;
- Federal or state non-cash 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 each adult member of the household who is reporting no income and noted by agency in a participant case note.

Statement of No Income (signed and dated):

I hereby attest, under penalty or fraud, that I have NOT 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 unemployment benefits or compensation,*
- *Regular payments from Social Security, railroad retirement, 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 non-farm 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:
 - Previous year's tax returns; or
 - Business profit loss statements; or

- 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

One or more of the following must be provided to demonstrate housing instability:

- A demand for payment or a notice to quit from the landlord stating past due amount
- A collection notice or statement showing amount owed due to non-payment of rent
- Statement from a utility company which provides notification of shut off

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 have accrued after March 13, 2020
 - May include arrearages incurred at previous address within Douglas County
 - 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
- Security deposit and first month rent for those who are homeless.

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.

Requesting the waiving of Attorney fees is recommended. Payment of Attorney Fees are not eligible.

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.

If lessor or utility provider will NOT agree to accept such payment after outreach by the Partner organization, the Partner may provide payment directly to the Eligible Household for the purpose of making payments to the lessor or utility provider. Outreach will be considered complete if:

- A request for participation is sent in writing, by certified mail, to the landlord or utility provider, and the addressee does not respond to the request within 21 calendar days after mailing; or,
- If the Partner Agency has made at least three attempts by phone or email over a 21 calendar-day period to request the landlord or utility provider's participation; or,
- A lessor confirms in writing that they do not wish to accept payment through a Partner Agency

All efforts must be documented and approved by the County Program Manager prior to providing assistance.

If payment is made to the applicant tenant, documentation of payment must be confirmed prior to providing any additional assistance. This may be documented using one of the following methods:

- Receipt of payment;
- General ledger, statement or bill;
- Bank records showing transaction; or
- Other reasonable documentation.

Program Procedures

The following procedures shall be followed by the County and Partner Agencies.

Intake

The intake process will be initiated with the submission of a complete and valid application using the online client inquiry portal or by submission of a paper application to a Partner Agency or the County. All paper applications, regardless of eligibility status or determination must be entered in the data system with 7 days of receipt. The following data will be collected at intake:

- Names and date of birth of all household members
- Physical address
- Demographic information including, but not limited to
 - Race
 - Ethnicity
 - Gender
- Contact information including phone number and email
- Information regarding rent and utilities including
 - Name of landlord, property manager or provider
 - Amount due
 - Date bill first became past due
- Program Assessment
- COVID Impact Statement
- Statement of Non-Duplication
- Release of Information

All applicants will be required to sign and submit a Release of Information containing the names of all household members, a Program Application and a Participation Agreement. The Program Application will include Statement of COVID Impact and Statement of Non-Duplication as required above.

Assignment of Household

The County shall review all applications submitted within 3 business days. Applicants who meet residency requirements shall be assigned to a Partner Agency based on capacity. The County should consider prior program engagement when assigning applicant.

Wait List

If partner agency capacity is reached, a wait list shall be established. The waitlist shall be prioritized first by employment status, income less than 50% AMI, date of demand notice then by date of initial application. The County shall contact households regarding their placement on the waitlist and when program capacity allows for applicants to be assigned to a partner agency for determination.

Eligibility Determination

Once a complete application is received, the Partner Agency will be expected to contact the applicant to initiate the eligibility determination. This shall be documented in the data system to ensure timeliness. The following items shall be collected digitally or in paper and scanned into the data system:

- Valid lease executed by all parties
- Proof of income as described above
- Demand Notice, bill or statement of amount due
- Valid identification for head of household

The following records must be created in the data system to determine eligibility

- Income record recording all income sources as noted above during the previous two months or proof of unemployment documenting non-income
- Income should be recertified every 3 months
- Housing record documenting the monthly rent and the amount due
- Utility record for each provider for which assistance is being requested
- Owner/Agent agreement when the landlord does not match the property owner

Eligibility determination shall be completed within 15 days of receipt of application. Applicants determined to be eligible shall be notified by email of eligibility and intent to enroll.

Appeals

Applicants determined to be ineligible must be notified via email or in writing within 30 days of application. The determination must be documented and the applicant must be provided explanation of ineligibility. Applicants determined to be ineligible must be provided the contact information for the County Program Manager or other County Staff as identified and will have the opportunity to request an Appeal through the Waivers and Appeals Committee. The WAC, a team of 2 County Staff and a representative from the Partner organization, will have 10 days to meet and consider all eligibility appeals. A final determination shall be provided via email or in writing within 3 days of appeal consideration.

Case Management Requirements

Case management activities shall include the following activities

- Assessment of additional need
- Referral to appropriate partners, service providers and programs
- May include additional goal setting, assessment and planning

Payment of Funds

Prior to providing assistance, the following documents and information must be obtained for each provider receiving payment through this program:

- Address of the rental unit;
- Name, address, social security number, tax identification number or DUNS number, as applicable, for landlord and utility provider;
- Amount of rent arrears covered by emergency rental assistance funding;
- Amount of separate-stated utility and home energy costs covered by emergency rent assistance funding;

- Total amount of each type of Covered Expense (*i.e.*, rental arrears, utilities and home energy costs, utilities and home energy costs arrears) provided to each household; and
- Amount of outstanding rental arrears for each household

Partner Agencies are encouraged to work with property managers, landlords and utility providers to negotiate the removal or forgiveness of late payments and fees when possible.

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 within 90 days 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
- Service record for case management
- Funding record for each assistance payment
- Expenditure record for each assistance payment
- Outcome record for each assistance payment
- Outcome record for all housing outcomes achieved

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
- Participation Agreement
- Valid identification for Head of Household
- Proof of income documents
- Lease
- Documentation of housing instability
 - Eviction Notice;
 - Demand for payment;
 - Utility shut off notice; or
 - Utility statement showing past due amount.
- All bills, statements, or payment records associated with the assistance request

Data Security

Applicants who have disclosed concerns regarding data security for any reason, but specifically due to domestic violence will be enrolled in the Confidential Instance of the Pathways program. Applicants enrolled in the Confidential Instance will only be viewable by the partner staff who entered the program information and the system administrators, for the purposed of reporting.

Each user with access to the data system is required to obtain a unique login id and password. Sharing and saving of user identification and passwords may be monitored by the program administrator to ensure data security and confidentiality.

All partner staff and volunteers with access to the data system will be required to complete and submit a Statement of Confidentiality as required by the Pathways to Employment Subgrantee Agreement. The Statement shall be scanned and attached in the data system to the user record.

Administrative Costs

The regulations for the program as set by the Treasury and as documented in the Sub Grantee Agreement allow for Partner Agencies to claim a percentage of the funds available to cover administrative costs.

The following is provided to document the expected staff time and costs associated with administration of the Pathways program.

The following activities are considered allowable administrative expenses and as such are reimbursable at a flat rate of 14.5% of the total amount of funds expended:

- Application intake
- Initial contact with applicant
- Gathering of documentation
- Determination of eligibility
- Denials
- Waiver and Appeals determinations
- Data collection and entry
- Landlord, property manager or utility provider outreach
- Payment processing
- Mailing
- Accounting and auditing costs
- Resource navigation and referrals
- Recertification of eligibility
- Assessments
- Budget planning and support
- Workforce and employment services
- Case planning and goal setting
- Regular meeting with applicant to review plans and goals
- Resource navigation and referrals

Payment of administrative costs will be paid upon the submission of the Project Expenditure Report as defined in the Subgrantee Agreement and Project Scope of work.

Reporting

Regular program reports will be created by County Staff and shared with Partner Agencies to track progress towards program objectives, ensure data requirements, track expenditure of funds and monitor program activities. Partner Agencies will be required to certify accuracy of data collected through the submission of the Project Expenditure Report at least every three months. County Staff may work directly with partners to ensure proper collection, storage of data and accuracy of reporting.

Monitoring

As set forth in the Sub Grantee Agreement and the Project Scope, County Staff will regularly conduct desk monitoring of the program activities. The purpose of regular monitoring is primarily to provide support to Partner Agencies and ensure success in administering the program. At a minimum this will include:

- Timeliness of application processing
- Collection and documentation of required data
- Accuracy of eligibility determination
- Data security standards
- Proper accounting of expenditures

The County will notify Partner Agencies in writing of any findings identified and provide any training and technical assistance reasonably required to ensure compliance with program standards. Partner Agencies will have 30 days to make any needed corrections. Failure to correct may result in further program audits or removal from the project as documented in the Sub Grantee Agreement and Scope of Work.

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, Manager, Community Services
720.245.0718
RClark1@douglas.co.us

Luke Thornton, Community of Care Coordinator
303.814.4336
LThornto@douglas.co.us

Steven Dodrill
303.814.4317
SDodrill@douglas.co.us

Attachments:

- 1) Release of Information
- 2) Program Application
- 3) Project Expenditure Report
- 4) Participant Agreement

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; Manna Resource Center; Arapahoe Community College and ADWorks!. 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 Pathways to Employment Assistance Program Application

Name:

Address:

The Douglas County Pathways to Employment 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									
PATHWAYS TO EMPLOYMENT - Program Expenditure Report									
Please complete the highlighted sections									
Account Number:					Invoice Number:				
II. Subrecipient Organization					I. Period Covered by this Request				
Name:					FROM (month, day, year) TO (month, day, year)				
Address:									
City, State, and ZIP Code:					III. CONTACT				
					Name:				
					Email:				
					Phone:				
IV. Program Assistance					Amount				
Total # of Unique Households Served									
Total # of Service Records									
Total # of Service Units									
COVID - ERA Service Amount Total									
Prior Period Adjustment									
COVID - ERA Service Amount Total Adjusted					✓ \$ -				
V. Administrative Services									
Basic Assistance Program Request					\$ -				
VI. Funding Request									
Additional Funding Request (up to \$250,000)									
Total Request					\$ -				
VIII. Certification									
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:				

Pathways to Employment Program PARTICIPATION AGREEMENT

The Pathways to Employment Program (Pathways) requires that all applicants sign this Participation Agreement and commit to the following:

Documentation Requirements:

1. Provide required documents, including employment, housing, income, and identification documents, within 15 days of your application or at the request of the agency providing assistance

Program Conditions and Limitations:

The following conditions and limitations apply:

1. Assistance is limited to a one-time payment of rental arrears and outstanding utility payments
2. If rent is current assistance is limited to a one-time payment of utilities with a shut-off notice
3. Ongoing and future assistance payments are not eligible
4. Federal regulations limit the total amount of assistance to no more than 12 through Pathways, however, local restrictions may further limit the amount of assistance available
5. Households who previously received emergency rent and utility assistance utilizing federal funds will be limited to no more than 18 months of assistance in total
6. Household may receive up to, but not more than, \$12,000 in assistance through Pathways

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 organization with which it arranges to carry out its programs and activities.

Failure to comply with the commitments of this agreement may result in removal from the program and termination of services. Additionally, participants may be removed from the program for providing false information to Douglas County or any agency in partnership with Pathways.

If you have questions regarding the terms of this agreement you are encouraged to consult with legal counsel.

I, _____ (Head of Household) agree to adhere to the requirements of Pathways to Employment Program as listed in this Participation Agreement.

Signature (Head of Household)

Date