

**HOUSING FOR HEALTH PARTNERSHIP  
SANTA CRUZ COUNTY HOUSING ASSISTANCE FUND POLICIES  
February 2024**

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# 1. INTRODUCTION AND OVERVIEW

## 1.1 Introduction

The Housing Assistance Fund, managed by the County of Santa Cruz' Housing for Health (H4H) Division in partnership with the Community Action Board of Santa Cruz County (CAB), was created to provide a flexible source of funding to help eligible participants and their families obtain and maintain long-term, stable housing of their choice. The funds come from a variety of sources that allow for maximum flexibility tailored to the unique needs of each household experiencing a housing crisis.

## 1.2 Using Housing Assistance Fund

The Housing Assistance Fund is one of the tools that can be used along with housing problem solving conversations to resolve a housing crisis. Housing problem solving is a strategy that assists individuals to identify opportunities to resolve their housing crisis without becoming homeless or if they do become homeless, quickly diverting them to a stable housing situation.

Many housing crises are solved without the use of financial assistance. Providers seeking to access funds should thoroughly explore all alternatives before requesting financial assistance. Providers should work with participants to support solving the immediate housing crisis and planning for long-term housing stability including undertaking the steps of the Coordinated Entry process such as completing a Housing Needs Assessment and developing a Housing Action Plan, if appropriate. Approvals for the Housing Assistance Fund will be based on eligibility and funding available.

# 2. AGENCY ROLES AND RESPONSIBILITIES

Participating agency roles are outlined below:

## 2.1 County of Santa Cruz H4H

H4H oversees the Housing Assistance Fund and approves all requests. In this role, H4H staff:

- Identify and secure funding
- Contract with eligible provider agencies to administer the fund
- Determine the appropriate funding source for all eligible requests
- Review and provide final approval for all funding requests
- Monitor outcomes to continuously improve upon the Housing Assistance Fund and expand the availability of its resources

## 2.2 The Community Action Board of Santa Cruz County (CAB)

The Community Action Board administers and disburses funds on behalf of H4H. In this role CAB:

- Review all applications for completeness and accuracy.

- Issue checks to eligible third parties and reimbursements to requesting providers.
- Document all transactions in the Homeless Management Information System (HMIS).
- Conduct follow-up surveys of fund beneficiaries at three- and six-months post assistance and provide regular reporting to Santa Cruz County H4H.

### **2.3 Eligible provider agencies**

Applications are prepared and submitted by eligible provider agencies as determined by H4H. To be eligible to request Housing Assistance Fund on behalf of a participant, an agency must agree to:

- Complete all required Housing Assistance Fund trainings.
- Document all transactions in HMIS (providers not utilizing HMIS must receive prior authorization).
- Respond to H4H and CAB with information when requested about specific fund requests.
- Respond to H4H and CAB regarding follow up about the participant’s housing situation and stability for up to seven months after assistance is provided.

Agencies wishing to become approved provider agencies should contact H4H at [HousingforHealth@santacruzcounty.us](mailto:HousingforHealth@santacruzcounty.us).

## **3. PARTICIPANT ELIGIBILITY**

To receive funds the participant must meet one of the following eligibility criteria:

### **3.1 Experiencing homelessness as defined by the Department of Housing and Urban Development (HUD):**

- An individual or family staying in shelter, transitional housing, a place not meant for habitation, or in an institution for less than 90 days if individual or family was homeless immediately prior.
- An individual or family experiencing trauma or lack of safety related to, or fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual’s or family’s current housing situation, including where the health and safety of children are jeopardized and
  - has no other safe residence
  - lacks the resources to obtain other safe permanent housing.

### **3.2 At-risk of becoming homeless as defined by HUD:**

- An Individual or family who will imminently lose their primary nighttime residence, provided that:
  - Residence will be lost within 14 days of the date of application for homeless assistance accompanied by a Notice to Pay or Quit or in a non-lease situation,

written or verbal indication from the person asking the participant to leave the residence, documented by the service provider. If the participant is fleeing domestic violence or another dangerous situation, self-attestation may be used.

- No subsequent residence has been identified, and the individual or family lacks the resources or support networks needed to obtain other permanent housing accompanied by self-certification and documented conversation with service provider. (See attachment 2)

### **3.3 Exited homelessness within the last year as defined by HUD.**

An individual or family that has moved into a HUD-categorized “permanent housing destination” within the last 364 days after having previously met the HUD definition of experiencing homelessness.

## **4. ALLOWABLE EXPENSES AND ASSISTANCE LIMITS**

### **4.1 Allowable expenses**

The Housing Assistance Fund can pay for a variety of needs that are directly related to a participant’s ability to obtain and/or retain appropriate housing. Funds are intended to be used to secure items that are not available through other sources and are essential for preventing or ending homelessness for the participant. General eligible expense categories are listed below, when funds are available. A current list of eligible expenses will be revised as funding streams change overtime and can be found on the Housing for Health website: <https://housingforhealthpartnership.org/ForProviders/HousingAssistanceFund.aspx>

#### **4.1.1 Move-in assistance**

- Security deposit
- Pet deposit
- Utility costs including startup costs or past due payments, if these unpaid costs impact a participant’s ability to secure utilities in a new location.
- Reasonable housing application fees
- Renter’s insurance
- Essential home furnishings (see Attachment: Previously Approved Essential Items for details)
- Non-emergency, non-medical transport related to the participant’s move into housing such as a moving company

#### **4.1.2 Pre-eviction**

- Up to three months rental arrears with written notice from the landlord that participant is in arrears and may be required to pay or quit and an agreement from the landlord they will permit tenant to stay if arrears is paid.

#### **4.1.3 Rental assistance**

- Up to three month's forward rent (with potential extensions on a case-by-case basis)

#### **4.1.4 Housing Maintenance**

Needed items and services to make the home safe and accessible; medically necessary items such as hospital beds and Hoyer lifts; unit modifications<sup>1</sup> to meet accessibility needs such as ramps and grab bars.

#### **4.1.5 Relocation**

Relocation costs may be requested for a confirmed housing opportunity including a lease in another community or housing with a friend or family member who has committed to housing the participant for an indefinite period. The service provider must confirm the housing opportunity and note confirmation in the request for assistance and in HMIS. Reasonable transportation expenses include:

- Bus tickets
- Airfare
- Gas (using federal reimbursement rates)
- Lodging and meals while traveling to confirmed housing

Provider agencies should submit a budget for relocation along with the request for assistance. Travel expenses should reflect the least expensive option based on the participant's need. Payments for relocation travel expenses for participant's driving themselves are typically made via gift/gas cards.

#### **4.1.6 Other**

- Costs associated with securing critical documents needed to apply for or secure housing such as a driver's license, state identification card, birth certificate and student records.
- Bus passes (up to three months for specific needs related to housing goals)
- Essential health care items when not covered by medical plan (i.e., eyeglasses, co-pays, medical equipment.
- Equipment, transportation, books, or other items needed to meet goals identified on Scholarship Plans<sup>2</sup>
- Other items not readily available through other sources that are essential for obtaining or maintaining housing.

### **4.2 Rental payment guidelines**

Forward rent payments and rental arrears are expected to allow participants to obtain or sustain their housing. Service providers are expected to discuss long-term housing

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<sup>1</sup> Landlord approval for modifications is needed.

<sup>2</sup> limited to Housing Scholarship Program participants only.

affordability with the participant, especially in cases where rents are relatively high for the community, or the rent is close to or appears to exceed their available income.

Requests for rental assistance for rents that exceed 150% of the Fair Market Rent (FMR) must have an accompanying justification for the rent amount, both in terms of it being reasonable for the unit and for the likely sustainability of the situation for the participant. Provider agencies can find the applicable Fair Market Rents [here](#).

### 4.3 Annual Assistance limits

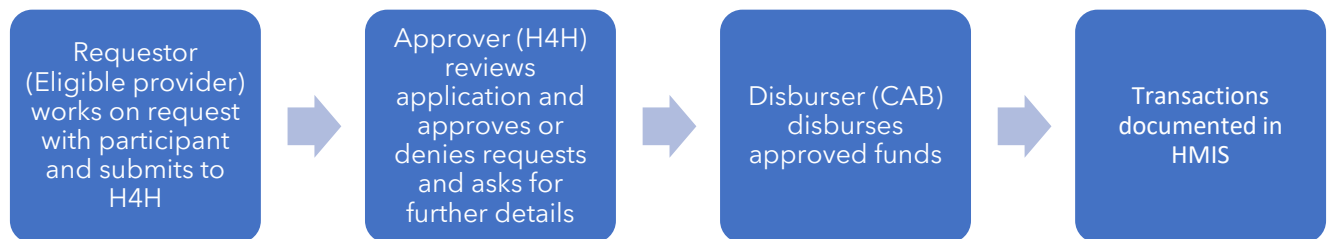
The following limits apply for all households receiving assistance. Households may receive:

- Household of 1 person = up to \$5,000 (plus \$500 per additional adult household member)
- Households with minor children = up to \$8,000
- Essential home furnishings = up to \$1,500 (plus \$500 per additional household member)

Maximum amounts available per category may differ on a case-by-case basis. If the total amount is not expended, households with an eligible situation may return for additional assistance within the year until household funding limits are reached. Household limits reset annually from the first date of assistance issued.

## 5. APPLICATION PROCESS

All applications must be prepared with the participant by an H4H-approved agency and submitted through DocuSign. The application is available on the H4H website at [Housingforhealthpartnership.org](http://Housingforhealthpartnership.org).



### 5.1 Accessing and submitting application

To access an application, the referring agency must input the following information onto the initial DocuSign page:

- Name and email of person requesting funds (the Requester). The requester must be a representative of an approved provider agency. Participants may not request funds on their own behalf.

### 5.2 Application submission process

### **5.2.1 Application details**

Once the requester information has been submitted via DocuSign, the rest of the application will become immediately available to complete. Completed applications must include the following information:

- Date of Request
- Participant Information including
  - Name
  - Date of birth
  - Participant HMIS #
- Program Information including:
  - Name of requester
  - Name of agency
  - Name of program
- Requester phone number
- Requester email address
- Relationship of Requester to participant (case manager, housing navigator, etc.)
- Case manager name if different from Requester
- Payment request information including:
  - Amount requested
  - Category (housing assistance, move-in assistance, housing maintenance, pre-eviction, relocation, other)
  - From and To service dates
  - If the participant is enrolled in CalWORKs
  - Special needs (ex. expedited payment)
- Payment request details including- Detailed request documenting reason for request, and participant need.
- Payment information including:
  - Name of Payee
  - Payment process
  - Mailing address or name of person picking up payment (must be the participant's case manager or other designated support worker)

Incomplete applications will not be accepted.

Direct payment to a participant is approved on a case by case when all necessary documentation is submitted. All funds must be paid to an eligible third party on the participant's behalf.

### **5.2.2 Required documentation**

All payment requests must include the following documentation uploaded as an attachment to the application, when applicable:



- Rental assistance payments that exceed \$600 must include a W-9 form completed by the property owner. While not required, it is recommended that a W-9 form be included for all rental assistance payments.
- Rental assistance requests must include a signed lease. Rental agreements must reflect current laws and policies related to rentals and the landlord must have the legal right to rent the property.
- Rental assistance requests must include documentation of how rent costs will be sustainable for participant. (Written documentation of conversation is sufficient)
- For those who have not yet moved in, an intent to rent including the lease start date, rental amount and deposit amount will suffice.
- Pre-eviction assistance requests must include a pay or quit notice
- Vendor payment requests must include itemized receipts for all purchases.
- Requests for utility payments must include a copy of the bill including account information. A copy of the tenant's lease must also be included and show utilities are the tenant's responsibility.
- Requests for moving assistance must include a quote from the moving service.
- Requests for safety and accessibility items must be accompanied by written verification of need and proof that insurance will not cover the expense.
- Agencies may request direct reimbursement. To receive payment, the agency must provide its W-9 form, an itemized receipt, and proof of payment along with the invoice. Agencies that do not get prior approval before issuing a payment will not be reimbursed.
- Requests for relocation that include gas, lodging, or meals must include a budget.

### **5.2.3 Purchasing home furnishings and household items**

Amazon is the preferred vendor for purchasing home furnishings and household items as it offers flexibility for the participant to review and select items that fit their home. To request household items through Amazon:

- Using the attached "Examples of Previously Approved Home Furnishings and Household Items" Form, review and select items the participant would like to purchase. (Necessary household items not included on the form may also be requested).
- Review items on the Amazon website and allow participants to choose their preferred color and style for requested items.
- Create an Amazon Wishlist for selected items.
- Submit Amazon Wishlist link, screenshots of items is recommended with application request via DocuSign.

## **5.3 Application review process**

All applications will be reviewed by H4H (the Approver) in a timely manner. Applications submitted prior to 2pm will be reviewed same business day. Applications received after 2pm may not be reviewed until the next business day.

- Provider will be notified of approval via DocuSign
- If an application is denied, provider will receive notification via DocuSign of denial and reason for denial. H4H may request additional information or backup documentation.

**There is a limited amount of funding available. Even when all eligibility criteria are met, requests may not be approved.**

## **5.4 Payment disbursement**

Once the application is approved, payment will be disbursed by CAB (the Disburser) within 2 business days. Expedited payment can be requested via DocuSign to disburse funds the same day. Payments can be made online directly to the vendor, sent in the mail, or picked up by an approved provider. Payment method should be specified in the payment request via DocuSign.

## **5.5 HMIS tracking requirements**

### **5.5.1 CAB HMIS entry requirements**

- CAB must complete an HMIS service transaction including the amount of funding issued for all funds disbursed.

### **5.5.2 Provider agency HMIS requirements**

Provider agencies may enter transactions in HMIS in one of the following ways:

- If the Requester is a Connector and is working with the participant through Housing Problem Solving as part of Coordinated Entry, referrals are recorded as a Coordinated Entry event in HMIS.
- If a provider is connected to another type of program, such as a shelter or housing program, and is providing referrals for financial assistance to someone in one of their programs, a service transaction for that program should be recorded in HMIS.

### **5.5.3 Provider Agency not using HMIS (TBD)**

As of May 2023, H4H will only process Housing Assistance Fund requests submitted by providers with HMIS access. Plans are in development to expand the Housing Assistance Program to non-HMIS providers and details will be included in a future release of this policy.

## **5.6 Timeline for requesting funds**

### **5.6.1 Rental assistance**

Rental assistance requests for newly obtained units should be submitted prior to or at move in and must be completed within 30 days of move in.

## 6. FOLLOW UP

CAB may follow up with the provider agency at regular intervals to determine the participant’s housing situation and stability for up to seven months after assistance is provided.

## 7. Attachments

### 7.1 At Risk of Losing Housing Verification Form



### At Risk of Losing Housing Verification Form

The following household meets the definition at risk of homelessness due to the following circumstances:

**Name of individual/head of household:** \_\_\_\_\_

Upon program entry participant/participant household was (check one and attach documentation)  
**Housed and imminently at risk of losing housing**

- Being evicted or required to leave (include copy of Notice to Pay or Quit)
- Written or verbal notification requiring participant to leave residence (include copy of written documentation or provide explanation below)

Documentation of verbal notification from service provider:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Print Staff Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

## 7.2 Examples of previously approved home furnishings and household Items



Santa Cruz Count H4H  
Examples of Previously Approved home furnishings & Household  
Items

Costs must account for taxes and shipping. H4H will not be able to process requests that exceed the total approved amount with taxes and shipping added. Taxes may vary based on location of the vendor and where items are shipped. Total cost for all items cannot exceed the amount approved on the application and cannot exceed the overall limit per household or the limit for household items and furnishings for the applicant's household size.

<b>Furniture</b>	<b>Expected Cost:</b>	<b>Living Room/Bedroom</b>	<b>Expected Cost:</b>
<input type="checkbox"/> Bed(s) –Max. of 1 per person	\$ _____	<input type="checkbox"/> Lamp(s)	\$ _____
<input type="checkbox"/> Dresser(s) –Max. of 1 per person	\$ _____	<input type="checkbox"/> Mattress(es)/Box Spring	\$ _____
<input type="checkbox"/> Nightstand(s) –Max. of 1 per person	\$ _____	<input type="checkbox"/> Mattress and pillow protectors	\$ _____
<input type="checkbox"/> Dining table and chairs	\$ _____	<input type="checkbox"/> Beddings (sheets, pillowcases)	\$ _____
<input type="checkbox"/> Couch or Armchair (Max. of 1)	\$ _____	<input type="checkbox"/> Blanket or Comforter	\$ _____
<input type="checkbox"/> Side table or coffee table	\$ _____	<input type="checkbox"/> Pillows	\$ _____
		<input type="checkbox"/> Curtains	\$ _____
<b>Kitchen</b>		<input type="checkbox"/> Hamper/Laundry Basket	\$ _____
<input type="checkbox"/> Pots and Pans	\$ _____	<input type="checkbox"/> Clock/Alarm clock	\$ _____
<input type="checkbox"/> Pot holders /oven mitts	\$ _____	<input type="checkbox"/> Iron & ironing board	\$ _____
<input type="checkbox"/> Baking pan	\$ _____	<input type="checkbox"/> Welcome mat	\$ _____
<input type="checkbox"/> Dish towels	\$ _____	<input type="checkbox"/> Mirror	\$ _____
<input type="checkbox"/> Cutlery/Silverware	\$ _____	<input type="checkbox"/> Stepstool	\$ _____
<input type="checkbox"/> Cutlery/Silverware tray	\$ _____	<input type="checkbox"/> Hangers	\$ _____
<input type="checkbox"/> Measuring cups and spoons	\$ _____	<input type="checkbox"/> Bookshelf	\$ _____
<input type="checkbox"/> Cooking utensils (spatula, tongs etc.)	\$ _____	<input type="checkbox"/> Cooling fan	\$ _____
<input type="checkbox"/> Serving Spoons	\$ _____		
<input type="checkbox"/> Can opener	\$ _____	<b>Cleaning Supplies</b>	
<input type="checkbox"/> Cutting board	\$ _____	<input type="checkbox"/> Vacuum cleaner	\$ _____
<input type="checkbox"/> Plates	\$ _____	<input type="checkbox"/> Broom and dustpan	\$ _____
<input type="checkbox"/> Bowls	\$ _____	<input type="checkbox"/> Mop	\$ _____
<input type="checkbox"/> Glasses/Cups	\$ _____	<input type="checkbox"/> Bucket	\$ _____
<input type="checkbox"/> Rice Maker	\$ _____	<input type="checkbox"/> Laundry basket	\$ _____
<input type="checkbox"/> Mugs	\$ _____	<input type="checkbox"/> Duster	\$ _____
<input type="checkbox"/> Vegetable peeler	\$ _____	<input type="checkbox"/> Toilet brush	\$ _____
<input type="checkbox"/> Knife set	\$ _____	<input type="checkbox"/> Toilet plunger	\$ _____
<input type="checkbox"/> Cookie sheets	\$ _____		
<input type="checkbox"/> Mixing/serving bowls	\$ _____	<b>Safety</b>	
<input type="checkbox"/> Microwave	\$ _____	<input type="checkbox"/> Flashlight	\$ _____
<input type="checkbox"/> Trash and recycling bins	\$ _____	<input type="checkbox"/> Batteries	\$ _____
<input type="checkbox"/> Ice trays	\$ _____	<input type="checkbox"/> First aid kit	\$ _____
<input type="checkbox"/> Dish Rack	\$ _____	<input type="checkbox"/> Fire Extinguisher	\$ _____
<input type="checkbox"/> Food storage containers	\$ _____	<input type="checkbox"/> Tool Kit	\$ _____
<input type="checkbox"/> Toaster or toaster oven	\$ _____		
<input type="checkbox"/> Strainer/colander	\$ _____		
<input type="checkbox"/> Grater	\$ _____		
<input type="checkbox"/> Paper towel holder	\$ _____		
<b>Bathroom</b>			
<input type="checkbox"/> Hand and bath towels	\$ _____		
<input type="checkbox"/> Washcloths	\$ _____		
<input type="checkbox"/> Shower curtain and liner	\$ _____		
<input type="checkbox"/> Bath mats	\$ _____		
<input type="checkbox"/> Trash bin	\$ _____		
<input type="checkbox"/> Shower caddy	\$ _____		
<input type="checkbox"/> Toilet seat	\$ _____		
<input type="checkbox"/> Toothbrush holder	\$ _____		