

<b>Guide for Review of HPRP Financial Assistance and Housing Relocation and Stabilization Services</b>			
<b>Name of Grantee:</b>			
<b>Staff Consulted:</b>			
<b>Project:</b>		<b>Program Year:</b>	
<b>Name(s) of Reviewer(s)</b>		<b>Date</b>	

**NOTE:** All questions that address requirements contain the citation for the source of the requirement (statute, regulation, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding.**"

**Instructions:** This Exhibit is designed to assess the grantee's performance in providing the homelessness prevention assistance or rapid re-housing assistance activities related to Financial Assistance and Housing Relocation and Stabilization Services. In order to ensure a good mix of activities for review, select both completed and underway activities. The instructions for sample program participant file selection are included in Section 8-3.C in the introductory text to this Chapter. The same files randomly selected and used for this Exhibit can also be used to complete Exhibit 8-2, "Guide for Review of HPRP-Assisted Housing," and Exhibit 8-4, "Guide for Review of Program Participants."

**Questions:**

1.

Do the program participants' files indicate that HPRP assistance has been limited to a maximum of 18 months of rental assistance, 18 months of utilities assistance and 18 months of supportive services for each program participant reviewed? [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities (1) Financial Assistance and (2) Housing Relocation and Stabilization Services]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
<b>Describe Basis for Conclusion:</b>	

2.

If HPRP funds were used to pay rental and/or utility arrears, was that assistance limited to six months for each type? [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities (1) Financial Assistance (a) Rental Assistance (3)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
<b>Describe Basis for Conclusion:</b>	

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3.

<p>If HPRP funds were used to pay rental/utility arrears, were the number of months of arrears assistance included within the 18-month limitation of assistance?                  [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities (1) Financial Assistance (a) Rental Assistance (3)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                  Yes No N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	

4.

<p>Do the program participant records indicate that participants who are receiving rental assistance are evaluated and certified for eligibility every three months?                  [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities (1) Financial Assistance (a) Rental Assistance (1), and (D) Eligible Program Participants]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                  Yes No N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	

5.

<p>Do the program participants' files document the delivery of <u>HPRP-eligible</u> financial assistance and supportive services?                  [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                  Yes No N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	

6.

<p>For program participants receiving motel or hotel vouchers, do their files document the lack of appropriate shelter beds available to house the individual or homeless family, that a subsequent residence was identified before placing the program participant into the motel or hotel, <u>and</u> that the voucher assistance did not exceed 30 days? (Note: If a domestic violence provider serves the program participant, it is not required that a subsequent residence be identified before placement of the household in a motel or hotel.)                  [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities (1) Financial Assistance (e) Motel and Hotel Vouchers]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                  Yes No N/A</p>
<p><b>Describe Basis for Conclusion:</b></p>	

Exhibit 8-3  
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7.

For participants receiving moving assistance, is there evidence that the moving costs were reasonable and, if storage fees were paid, that they were limited to no more than three months? [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities (1) Financial Assistance (d) Moving cost assistance]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
<b>Describe Basis for Conclusion:</b>  	

8.

For participants receiving legal assistance, is there evidence that the legal services were only used to help people stay in their homes and did not involve any mortgage-related issues? [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities (2) Housing Relocation and Stabilization Services (d) Legal Services]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
<b>Describe Basis for Conclusion:</b>  	

9.

Is there evidence in the participants' files to indicate that the participants are not also receiving another federal, state or local housing subsidy for the same HPRP cost type and period of time? [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities (1) Financial Assistance (a) Rental Assistance (5)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
<b>Describe Basis for Conclusion:</b>  	

10.

Is there evidence that no HPRP funds are being used for operating costs or to assist persons residing in transitional housing? [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities (1) Financial Assistance (a) Rental Assistance (1), (5)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
<b>Describe Basis for Conclusion:</b>  	

11.

Is there a process in place to ensure that payments for financial assistance were made only to third parties? [HPRP Notice - Section IV. Requirements for Funding (A) Eligible Activities (1) Financial Assistance]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes    No    N/A
<b>Describe Basis for Conclusion:</b>  	