HCV HAP Set Aside

CLICK HERE FOR A LINK TO THE HCV HAP SET-ASIDE DOCUSIGN VIDEO TUTORIAL.

Please carefully review the below instructions for applying to the HCV HAP Set-aside to avoid automatic denials of incorrect/incomplete submissions.

DocuSign Instructions

- 1. PHAs will access the category specific links at the bottom of this document to apply for the HCV HAP Set-aside funding based on requirements listed under each category within the annual PIH HCV Funding Implementation Notice.
 - a. Click the applicable HCV Set-aside Application Appendix (F K) link(s) provided on Page 10 of this document.
 - b. The DocuSign PowerForm Signer Information webpage will appear in a new window.
- 2. The PHA point of contact (POC) will enter their information as the "PHA Staff" as well as the PHA's Executive Director (ED) (or delegee) name and email address on the initial screen for each appendix.
- 3. The PHA Staff will then select "BEGIN SIGNING".

<u>NOTE</u>: Ensure the spelling of names and email addresses are accurate before continuing with the application process as edits can't be made to this information after moving to the next screen.

screen. Once completed by you, the PHA Staff, the PHA Executi Director will receive an email to review and sign the form for submission to HUD. Please enter your name and email to begin the signing process. PHA Staff Your Name: * Jane Doe Your Email: * Jane.SamplePHA@Sample.com Please provide information for any other signers needed for this document. PHA Executive Director Name: * John Doe Email: * John.SamplePHA@Sample.com	the HCV Set-Asic	ectors information. Additionally, please complete Je Application Appendix G form on the next
Please enter your name and email to begin the signing process. PHA Staff Your Name: * Jane Doe Your Email: * Jane.SamplePHA@Sample.com Please provide information for any other signers needed for this document. PHA Executive Director Name: * John Doe Email: * John SamplePHA@Sample.com	screen. Once cor Director will recei	npleted by you, the PHA Staff, the PHA Executiv
Please enter your name and email to begin the signing process. PHA Staff Your Name: * Jane Doe Your Email: * Jane.SamplePHA@Sample.com Please provide information for any other signers needed for this document. PHA Executive Director Name: * John Doe Email: * John.SamplePHA@Sample.com	submission to HL	JD.
PHA Staff Your Name: * Jane Doe Your Email: * Jane.SamplePHA@Sample.com Please provide information for any other signers needed for this document. PHA Executive Director Name: * John Doe Email: * John.SamplePHA@Sample.com	Please enter your	name and email to begin the signing process.
Your Name: * Jane Doe Your Email: * Jane.SamplePHA@Sample.com Please provide information for any other signers needed for this document. PHA Executive Director Name: * John Doe Email: * John.SamplePHA@Sample.com	PHA Staff	
Jane Doe Your Email: * Jane.SamplePHA@Sample.com Please provide information for any other signers needed for this document. PHA Executive Director Name: * John Doe Email: * John.SamplePHA@Sample.com	Your Name: *	
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Jane.SamplePHA@Sample.com Please provide information for any other signers needed for this document. PHA Executive Director Name: * John Doe Email: * John.SamplePHA@Sample.com	Your Email: *	
Please provide information for any other signers needed for this document. PHA Executive Director Name: * John Doe Email: * John.SamplePHA@Sample.com	Jane.SamplePH	IA@Sample.com
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PHA Executive Director Name: * John Doe Email: * John.SamplePHA@Sample.com	Please provide in	formation for any other
PHA Executive Director Name: * John Doe Email: * John.SamplePHA@Sample.com	signers needed to	or this document.
Name: * John Doe Email: * John.SamplePHA@Sample.com	PHA Executive	e Director
John Doe Email: * John.SamplePHA@Sample.com	Name: *	
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Email: * John.SamplePHA@Sample.com	-	
John.SamplePHA@Sample.com	Email: *	
		IA@Sample.com
	John.SamplePH	

4. The PHA Staff will then select "CONTINUE".

DocuSign Instructions and Application Links HCV HAP Set Aside

Please Review & Act on These Documents HCV Set Aside Team PIH - OPHVP			
View More			
Please review the documents below.	CONTINUE	FINISH LATER	OTHER ACTIONS -
PHA Number. John Doe			
MARK THE BLANK LINE FOR ALL THAT APPLY. Vouchers and/or the HCV Program depending on which vo applying for both, ensure the blanks next to each option is n Category 2a: Unforeseen Circumstances for th	BELOW: Mark the blank space r sucher program type the PHA inter narked. e HCV Program.	iext to Mainstream ids to apply. When	
Category 2: Unforeseen Circumstances for Mai	instream Vouchers.		
Requirements and deadline dates for each of the above o Implementation Notice.	categories are included in Sectio	n 12 of the 2023 HCV	
This certification must be signed by the appropriate PH <u>Certification</u> I, <u>John Doe</u> , hereby cer experienced increased renewal costs due to per-unit cost me as described within attached narrative, as applicable.	IA official and returned tify that the HCV Program and/or creases in CV 2023 due to the unit	Mainstream Vouchers preseen circumstances	
I additionally hereby certify that all the information stated h accompaniment herewith, is true and accurate. Warning A false statement is subject to criminal and/or civil penalties, and administrative penalties (18 U.S.C. §§ 287, 1001, 1010	herein, as well as any information anyone who knowingly submits a fincluding confinement for up to 5), 1012, 31 U.S.C. §3729, 3802).	provided in the false claim or makes a years, fines, and civil	
Jane Doe Jane PHA Point of Contact PHA	SamplePHA@Sample.com Point of Centact Email		
Signature of Executive Director Date John Doe Executive Director Name Cont	act Phone Number		

Executive Director: John Doe

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5. The PHA Staff will select "START" and enter the PHA name, PHA Number (PHA 5-Digit Code), and complete all applicable data fields.

Please review the documents below.			FINISH	FINISH LATER	OTHER ACTIONS	•
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START DocuSign E	invelope ID: BE1276D7-86FC-46F4-A296-EDB81E3DD392	2				Å
Hover over fields to see if they are optional.	Appendix G CY 2023 Housing Choice Voucher Program A Unforeseen Circumstances & Application for 2 - Unforeseen Circumstances Name of PHA PHA Number: PHA Number: Executive Director: John Doe MARK THE BLANK LINE FOR ALL THAT Vouchers and/or the HCV Program depending or applying for both, ensure the blanks next to each Category 2a: Unforeseen Circumstant Category 2: Unforeseen Circumstant Category 2: Unforeseen Circumstant Category 1: Unforeseen Circumstant Category 2: Unforeseen Circumstant Category 2: Unforeseen Circumstant Category 1: Unforeseen Circumstant Category 2: Unforeseen Circumstant Category 2: Unforeseen Circumstant Category 2: Unforeseen Circumstant Category 1: John Doe experienced micreased renewal costs due to per- as described within attached narrative, as application I additionally hereby certify that all the informat accompaniment herewith, is true and accurate.	Application for \$200 Million HA \$10 Million Mainstream Vouch Application Mainstream Vouch Apply BELOW: Mark the bi a which voucher program type the coption is marked. Ances for the HCV Program. es for Mainstream Vouchers. the above categories are include priate PHA official and returne hareby certify that the HCV Program. the above categories are include priate PHA official and returne hareby certify that the HCV Program. it cost increases in CY 2023 due ble. ion stated herein, as well as any in Vaming: Anyone who knowingeneration application of the theory of theory of the theory of the theor	P Set-Aside for Category er HAP Set-Aside for Ca Fields high in red are F ank space next to Mainstr PHA intends to apply. W d in Section 12 of the 202 d cam and/or Mainstream V to the unforeseen circum formation provided in the submits a false claim or n for up to 5 years, fines, an	22 a – tegory hlighted Required am then 23 HCV outhers stances takes a d civil		
pre-populated based	Iana Daa	Inna CampleDU \ @Can	, 5002).			
on information	PHA Point of Contact	PHA Point of Contact Email	npie.com	← '	Click to Upload	1
previous screen	Signature of Executive Director John Doe Executive Director Name	Date Contact Phone Number	Cytical	★ a	Attachments as pplicable per th notice	ie
FY 23 Apper Apper CY 20: <u>Unfore</u> 2 - <u>Un</u>	idix G.docx Idix G 23 Housing Choice Voucher Program Isseen Ci Foreseet PHA	Application for \$200 M	illion HAP Set-Asi m Voucher HAP S	1 of 1 ide for Category 2a Set-Aside for Categ	- ory	
Name o PHA N	umber: SA123	R		Hover over a	a field for	

additional information.

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6. Next, select the paperclip to upload supporting documents, <u>if required by the notice</u>. A window will appear, select "UPLOAD A FILE". Then find and select the applicable document and click "OPEN". Multiple documents can be added as applicable to the requirements described within the notice. Once the applicable documents are attached, select "DONE". The attached documents will now display at the bottom of the application.

NOTE: All attachments will be converted into PDFs regardless of the type of document PHAs attach. Please check the formatting on attachments, especially Excel documents prior to uploading them to your application(s). Excel documents need to be fit to the page before attaching. Additionally, ensure no special characters are included in your file name (examples of special characters to avoid in the naming convention for attached documents can include but may not be limited to: #, %, &, {, }, /, <, >, *, ?, \$, !, `, ``, ``, @, +, `, |, and/or =.

IMPORTANT!!! To avoid starting the application over, ensure attachments are correct and final prior to upload, as they cannot be revised or removed once the application/appendix is submitted for the ED to review and sign. Attachments must be related to the appendix/category the PHA is submitting and be required per the notice. Any unrelated attachments will not be reviewed.

Done! Select Finish t	o send the completed dec	umont		UNISH LATER	OTHER ACTIONS
		Upload Attachment			
	DocuSign Envelope ID. FDF3	Sample Upload.pdf 1 page - Upload Complete	×		
	CV 2023 Ho <u>Unforeseen</u> 2 – <u>Unfores</u> Name of PH	UPLOAD A FILE		ry 2a – Category	
	PHA Numbe Executive D	DONE			

7. Once all fields are completed and required documents (if applicable) are attached, select the "FINISH" button.



8. PHA Staff may now save a copy of their application by selecting "DOWNLOAD" or "PRINT". The PHA Staff portion of the application is complete and the application will be routed to the PHA ED for final review and signature. Select "CLOSE" to review the completed submission.

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9. DocuSign will send the PHA ED a link via email from <u>Set-asideApplications@hud.gov</u>. The ED will click the link to open the application, review, add additional information, approve, and sign to complete the application process. The ED will not be able to remove attachments included by the PHA Staff; however, they will be able to add attachments. If there are issues with the attachments, the PHA will need to start the application process over.



<u>NOTE</u>: The PHA Staff will receive notification of their submission at the same time the ED receives the link to complete the application.

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10. The PHA ED will agree to use electronic and signatures by selecting the box and will then select "CONTINUE".

Please Review &	Act on These Documents		
HCV Set Aside Tear PIH - OPHVP	n		Powered by DocuSign
View More	essent Cillate Balatestern		
Please read the <u>Elev</u> I agree to use of	tronic Record and Signature Disclosure. sectronic records and signatures.	CONTINUE	OTHER ACTIONS -
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Please read the <u>Elec</u>	stronic Record and Signature Disclosure. sectronic records and signatures. PHA Number: <u>BA123</u> Executive Director: John Doe	CONTINUE	OTHER ACTIONS •

11. The PHA ED will review and if needed, update the completed data fields, and upload additional attachments. Contact phone number and signature are required fields.

NOTE: All attachments will be converted into PDFs regardless of the type of document PHAs attach. Please check the formatting on attachments, especially Excel documents prior to uploading them to your application(s). Excel documents need to be fit to the page before attaching. Additionally, ensure no special characters are included in your file name (examples of special characters to avoid in the naming convention for attached documents can include but may not be limited to: #, %, &, {, }, /, <, >, *, ?, \$, !, `, ``, @, +, `, |, and/or =.

IMPORTANT!!!: To avoid having to redo the application, ensure attachments are correct prior to uploading them as they cannot be changed or removed once uploaded. Excel documents need to be fit to page and saved as landscape before attaching. Attachments must be related to the appendix/category the PHA is submitting. Any unrelated attachments will not be reviewed.

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START	Envelope ID: 58726632-E463-4ACC-A614-9A64D	0EDFAC4	Review completed field
	Appendix G CY 2023 Housing Choice Voucher Pr	ogram Application for \$200 Million H/	AP Set-Aside for Category 2a -
	Unforeseen Circumstances & Applica 2 – Unforeseen Circumstances Name of PHA: Sample PHA	tion for \$10 Million Mainstream Vouc	ther HAP Set-Aside for Category
	PHA Number: SA123 Executive Director: John Doe		
	MARK THE BLANK LINE FOR AL Vouchers and/or the HCV Program dep applying for both, ensure the blanks new	L THAT APPLY BELOW: Mark the t ending on which voucher/program type th t to each option is marked.	blank space next to Mainstream he PHA intends to apply. When
	Category 2a: Unforeseen Cir	cumstances for the HCV Program.	
	Category 2: Unforeseen Circ	umstances for Mainstream Vouchers.	
	Requirements and deadline dates for Implementation Notice.	each of the above categories are includ	led in Section 12 of the 2023 HCV
	This certification must be sign <u>ed by the Certification</u> : I. John Doe experienced increased renewal costs du as described within attached narrative, a	he appropriate PHA official and return , hereby certify that the HCV Pro to per-unic cost increases in CY 2023 du is applicable.	ned. ogram and/or Mainstream Vouchers ue to the unforeseen circumstances
	I additionally hereby certify that all the accompaniment herewith, is true and ac false statement is subject to criminal an and administrative penalties (18 U.S.C.	information stated herein, as well as any i curate. Warning: Anyone who knowingly for civil penalties, including confinemen §§ 287, 1001, 1010, 1012; 31 U.S.C. §37	information provided in the ly submits a false claim or makes a at for up to 5 years, fines, and civil 729, 3802).
	Jane Doe	Jane.SamplePHA@Samp PHA Point of Contact From	e.com
Click here to sign	Signature of Executive Director	3/17/2023 Date	L
	John Doe Executive Director Name	Contact Phone Number	Cystional
		Add a contact num	ber Upload additio documents i needed.
EV 22 4000	odiy 6 deay		1.00

12. The ED will sign the application electronically, then submit the application.

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Confirm your name, initials, and signature.	
Required	
ull Name*	Initials*
John Doe	JD
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John Dor SEB853F4576D415	
y selecting Adopt and Sign, I agree that the signature and initials will be the electronic represe	intation of my signature and initials for all purposes when I (o

Below are examples of the other signature options. All formats will be accepted.

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ADOPT AND SIGN CANCEL		ADOPT	AND SIGN CAN	NCEL				

13. Once all fields are completed, required documents are attached, and the PHA ED has signed the document; select the "FINISH" button.



14. The PHA ED may now save a copy of their application by selecting "DOWNLOAD" or "PRINT". Select "CLOSE" to review the completed submission.

Your document has been signed	L
If you would like a copy for your records, select Download or Print and	Your document has been signed
save.	If you would like a copy for your records, select Download or Print save.
Your document has been signed	Your document has been signed
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save.	save.
If you would like a copy for your records, select Download or Print and save.	If you would like a copy for your records, select Download or Print save.

15. DocuSign will send an email confirmation to the PHA ED and a copy to the PHA Staff.

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PDF	FY 23 Appendix G.docx.pdf ¥34 KB	
		OFFICE OF PUBLIC & INDIAN HOUSING
		Your document has been completed
		HCV Set Aside Team set-asideapplications@hud.gov
		All parties have completed 2023 HCV Set Aside Application Appendix G. To sign the PowerForms document, Click the link below <u>https://na4-</u> <u>app.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=58b91aa9-4abd-4dba-a4f6-</u> <u>fbb86926c665&env=na4&acct=ffc5fe44-5ae0-4077-a4df-7c77c165fb0e</u> Please Note: The envelope was completed with markup. All marked changes were initialed by all signing parties.

16. Please be careful to avoid submitting duplicate applications.

<u>NOTE</u>: Only the most recently received version of the application will be reviewed, while the older duplicate versions will automatically be disregarded.

- 17. Once all applications have been reviewed and award determinations have been made, notification will be sent to PHAs.
- 18. As mentioned in Step 1 at the beginning of this document, the PHA will complete this process for every appendix/category.

<u>NOTE</u>: For issues submitting applications, please reach out to the appropriate mailbox:

- a. <u>ShortfallInquiries@hud.gov</u> for issues or questions related to Appendix F for Category 1, the Shortfall category of the Set-aside.
- b. For technical issues related to all other categories of the Set-aside, Appendices G through K, please write to <u>Set-asideInquiries@hud.gov</u>. This mailbox is available for technical issues related to set-aside applications only. Emails unrelated to set-aside technical issues will not be reviewed.

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Links To Application Appendices:

APPENDIX F, Category 1 – Shortfall (HCV and Mainstream)

APPENDIX G, Category 2a – Unforeseen Circumstances (HCV and Mainstream)

<u>APPENDIX H</u>, Category 2b – Portability, Category 3a – Project-Based Vouchers, Category 3b – MTW New Cohorts, Category 4 – HUD-VASH, Category 5 – Lower-than-average Leasing, and Category 7 – NLT Inspection Withheld Housing Assistance Payments

APPENDIX H NOTES:

- The only category that requires an attachment with the submission of Appendix H is Category 7 NLT Inspection Withheld Housing Assistance Payments. The required attachments for Category 3a – PBV and Category 3b – MTW New Cohorts, must be provided with Appendix I and/or J, as instructed per section 12 of the 2023 HCV Implementation Notice.
- PHAs applying for more than one category within Appendix H, must select all the categories they intend to apply for before submitting the application.
- As a reminder, when duplicate submissions are received for the same Appendix, only the most recently received version of that Appendix/Application will be accepted/reviewed.

<u>APPENDIX I</u>, Category 3a – PBV – Project Data

APPENDIX I NOTE:

• PHAs must submit one Appendix I per applicable project and attach the required documents to the matching project appendix.

<u>APPENDIX J</u>, Category 3b – MTW New Cohorts – Project Data (Non-PBV)

APPENDIX J NOTE:

• PHAs must submit one Appendix I per applicable project and attach the required documents to the matching project appendix.

APPENDIX K, Category 6 – Disaster