

DocuSign Instructions and Application Links

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”.

NOTE: 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.

PowerForm Signer Information

If you are the PHA Staff, please input your information below and the Executive Directors information. Additionally, please complete the HCV Set-Aside Application Appendix G form on the next screen. Once completed by you, the PHA Staff, the PHA Executive 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: *

Your Email: *

Please provide information for any other signers needed for this document.

PHA Executive Director

Name: *

Email: *

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

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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 ▾

DocuSign Envelope ID: BE1276D7-86FC-46F4-A296-EDB81E3DD382

START

Appendix G
CY 2023 Housing Choice Voucher Program Application for \$200 Million HAP Set-Aside for Category 2a – Unforeseen Circumstances & Application for \$10 Million Mainstream Voucher HAP Set-Aside for Category 2 – Unforeseen Circumstances

Name of PHA:
PHA Number:
Executive Director: John Doe

Fields highlighted in red are Required

Hover over fields to see if they are optional.

MARK THE BLANK LINE FOR ALL THAT APPLY BELOW: Mark the blank space next to Mainstream Vouchers and/or the HCV Program depending on which voucher program type the PHA intends to apply. When applying for both, ensure the blanks next to each option is marked.

Category 2a: Unforeseen Circumstances for the HCV Program.
 Category 2: Unforeseen Circumstances for Mainstream Vouchers.

Requirements and deadline dates for each of the above categories are included in Section 12 of the 2023 HCV Implementation Notice.

This certification must be signed by the appropriate PHA official and returned
Certification: I, John Doe, hereby certify that the HCV Program and/or Mainstream Vouchers experienced increased renewal costs due to per-unit cost increases in CY 2023 due to the unforeseen circumstances as described within attached narrative, as applicable.

I additionally hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Jane Doe
PHA Point of Contact
Signature of Executive Director
John Doe
Executive Director Name

Jane.SamplePHA@Sample.com
PHA Point of Contact Email
Date
Contact Phone Number

 **Click to Upload Attachments as applicable per the notice**

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Hover over fields to see if they are optional.

PHA Staff and ED are pre-populated based on information entered on the previous screen

Click to Upload Attachments as applicable per the notice

Appendix G
CY 2023 Housing Choice Voucher Program Application for \$200 Million HAP Set-Aside for Category 2a – Unforeseen Circumstances & Application for \$10 Million Mainstream Voucher HAP Set-Aside for Category 2 – Unforeseen Circumstances

Required - Please type the name of your PHA

Name of PHA:
PHA Number:
Executive Director: John Doe

Hover over a field for additional information.

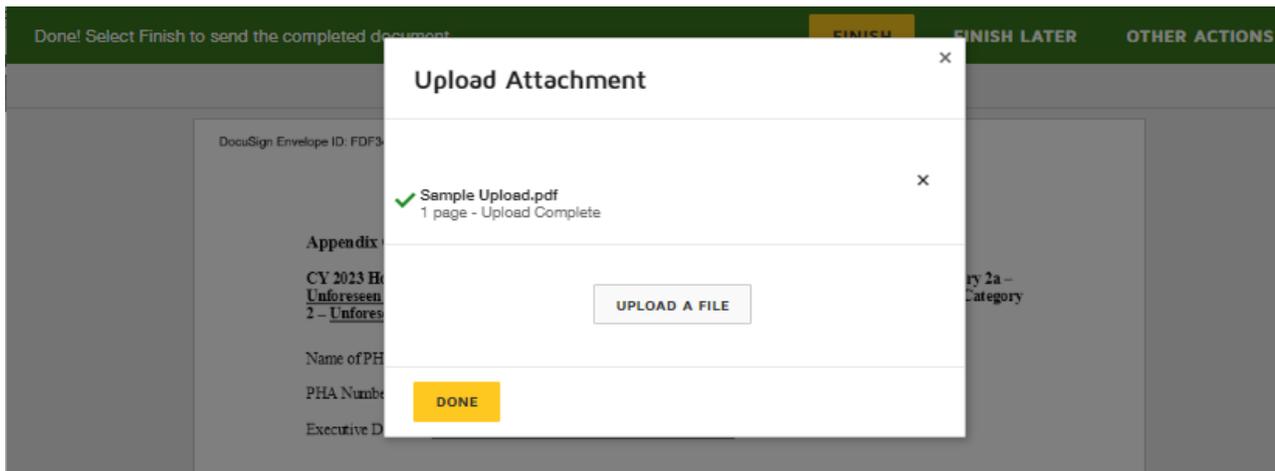
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- Next, select the paperclip to upload supporting documents, **if required by the notice**. A window will appear, select “UPLOAD A FILE”. Then find and select the applicable document and click “OPEN”. Multiple documents can be added as applicable to 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.



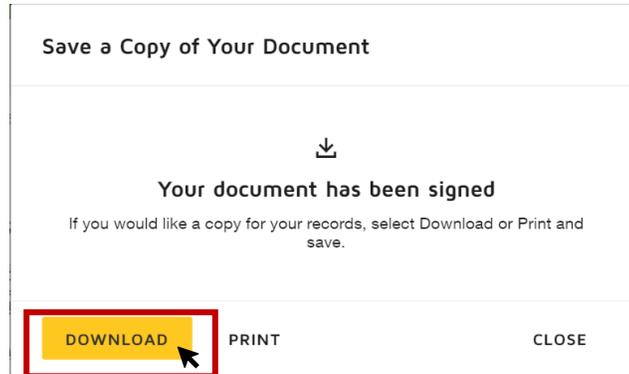
- Once all fields are completed and required documents (if applicable) are attached, select the “FINISH” button.



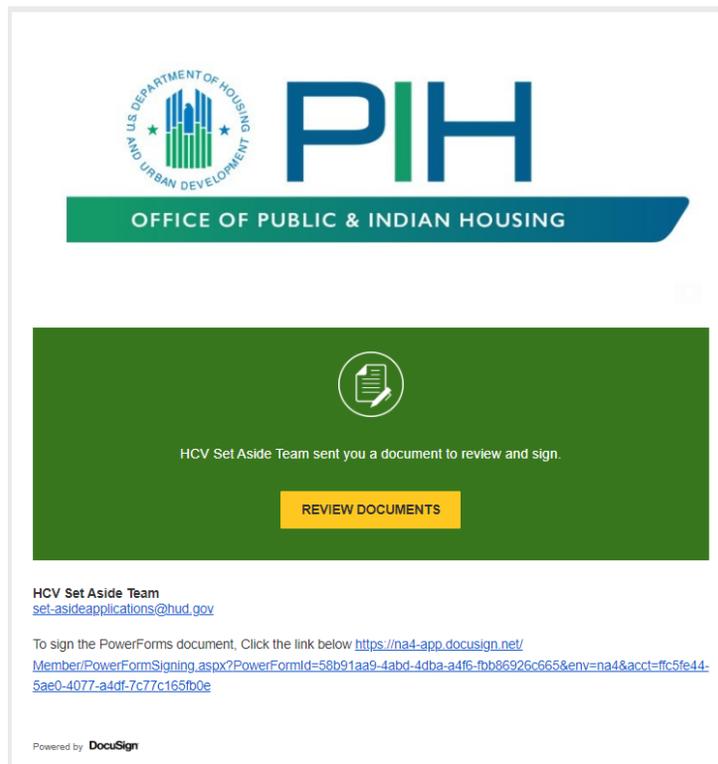
- PHA Staff may now save a copy of their application by selecting “DOWNLOAD” or “PRINT”. The PHA Staff portion of the application is complete and the application will be routed to the PHA ED for final review and signature. Select “CLOSE” to review the completed submission.

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9. DocuSign will send the PHA ED a link via email from Set-asideApplications@hud.gov. 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.



NOTE: 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 Team
PIH - OPHVP



Powered by DocuSign

To view the [Review Form](#) document, click the link below.

[View More](#)

Please read the Electronic Record and Signature Disclosure .		CONTINUE	OTHER ACTIONS ▾
<input checked="" type="checkbox"/>	I agree to use electronic records and signatures.		
PHA Number:	<input type="text" value="08123"/>		
Executive Director:	<input type="text" value="John Doe"/>		
MARK THE BLANK LINE FOR ALL THAT APPLY BELOW: Mark the blank space next to Mainstream Vouchers and/or the HCV Program depending on which voucher program type the PHA intends to apply. When applying for both, ensure the blanks next to each option is marked.			

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

Review completed fields and edit if needed.

Appendix G

CY 2023 Housing Choice Voucher Program Application for \$200 Million HAP Set-Aside for Category 2a – Unforeseen Circumstances & Application for \$10 Million Mainstream Voucher HAP Set-Aside for Category 2 – Unforeseen Circumstances

Name of PHA:

PHA Number:

Executive Director:

MARK THE BLANK LINE FOR ALL THAT APPLY BELOW: Mark the blank space next to Mainstream Vouchers and/or the HCV Program depending on which voucher/program type the PHA intends to apply. When applying for both, ensure the blanks next to each option is marked.

Category 2a: Unforeseen Circumstances for the HCV Program.

Category 2: Unforeseen Circumstances for Mainstream Vouchers.

Requirements and deadline dates for each of the above categories are included in Section 12 of the 2023 HCV Implementation Notice.

This certification must be signed by the appropriate PHA official and returned.

Certification: I, John Doe, hereby certify that the HCV Program and/or Mainstream Vouchers experienced increased renewal costs due to per-unit cost increases in CY 2023 due to the unforeseen circumstances as described within attached narrative, as applicable.

I additionally hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

<p>Jane Doe PHA Point of Contact <input type="text" value="Jane Doe"/> Signature of Executive Director John Doe Executive Director Name</p>	<p>Jane.SamplePHA@Sample.com PHA Point of Contact Email 3/17/2023 Date <input type="text"/> Contact Phone Number</p>
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Click here to sign

Add a contact number

Upload additional documents if needed.

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

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Adopt Your Signature ✕

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

SELECT STYLE DRAW UPLOAD

PREVIEW Change Style

DocuSigned by:  DS 
5EB853F4576D415...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

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

Adopt Your Signature ✕

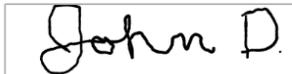
Confirm your name, initials, and signature.

* Required

Full Name* Initials*

SELECT STYLE **DRAW** UPLOAD

DRAW YOUR SIGNATURE Clear



By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

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

Please review the documents below. **FINISH** FINISH LATER OTHER ACTIONS ▾

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

Save a Copy of Your Document

↓

Your document has been signed

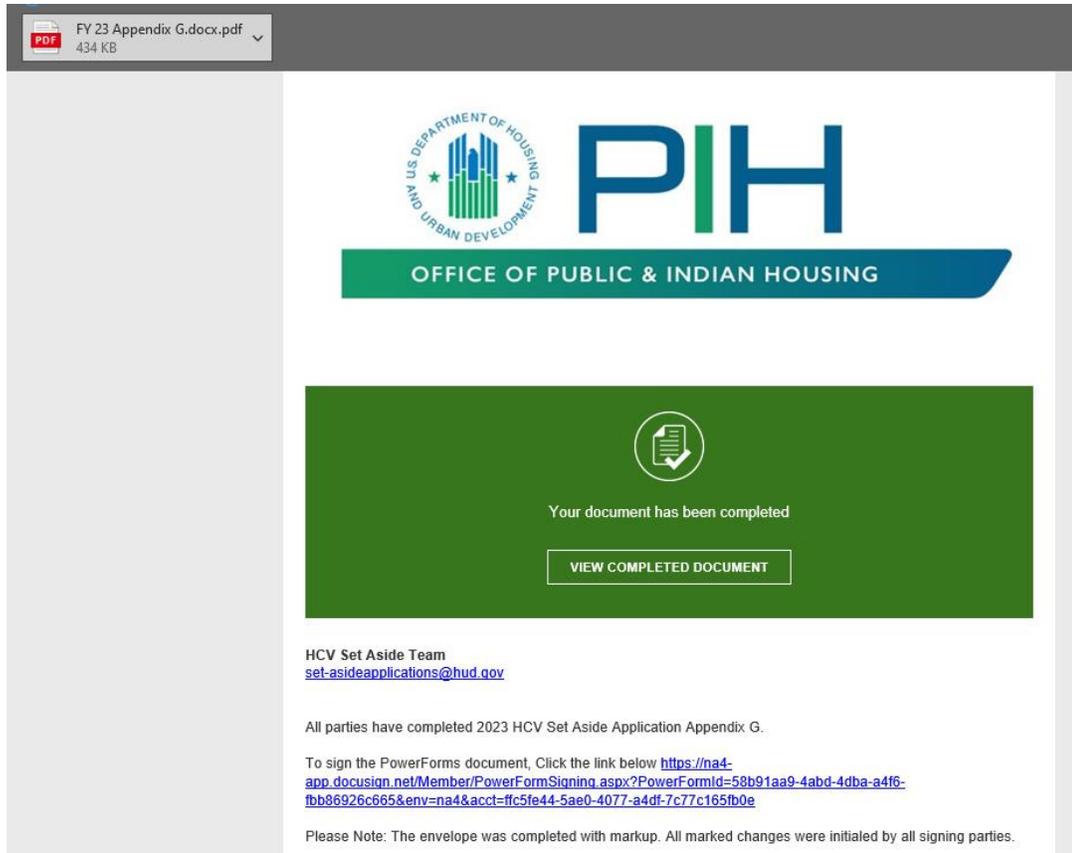
If you would like a copy for your records, select Download or Print and save.

DOWNLOAD PRINT CLOSE

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

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16. Please be careful to avoid submitting duplicate applications.

NOTE: 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.

NOTE: For issues submitting applications, please reach out to the appropriate mailbox:

- a. ShortfallInquiries@hud.gov 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 Set-asideInquiries@hud.gov. 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)

[APPENDIX H](#), 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.

[APPENDIX I](#), 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.

[APPENDIX J](#), 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