

# DocuSign Instructions and Application Links

2024 HCV HAP Set Aside

[CLICK HERE FOR A LINK TO THE HCV HAP SET-ASIDE/SPECIAL FEES DOCUSIGN](#)

[VIDEO TUTORIAL](#)

Please carefully review the below instructions for applying to the HCV HAP Set-aside and/or Special Fees to avoid automatic denials for 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 and/or Special Fee funding based on requirements listed under each category within the annual PIH HCV Funding Implementation Notice.
  - a. Click the applicable HCV HAP Set-aside/Special Fee Application Appendix (C-D, F-K) link(s) provided on [Page 13](#) of this document.
  - b. The DocuSign PowerForm Signer Information page will appear in a new window.
2. The PHA point of contact (POC) will enter their full name and email address as the “PHA Staff”, as well as entering the PHA’s Executive Director (ED) (or delegee) full name and email address on the initial screen for each appendix.

**NOTE:** Ensure the spelling of full names and email addresses are accurate before continuing with the application process as edits cannot be made to this information after moving to the next screen.

3. The PHA Staff will then click “**BEGIN SIGNING**”.

**PIH** **BEGIN SIGNING** **HELP**

### 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 F 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.

**Executive Director**

**Name: \***

**Email: \***

**BEGIN SIGNING**

# DocuSign Instructions and Application Links

## 2024 HCV HAP Set Aside

4. After the PHA Staff clicks **“BEGIN SIGNING”**, DocuSign will open a window for the PHA Staff to review and act on the Application Appendix. If prompted, the PHA Staff must click the electronic records and signatures agreement checkbox to move forward in the application process.

Example: HCV HAP Set-Aside

Please Review & Act on These Documents

HCV Set Aside Team  
PIH - OPHVP

Powered by DocuSign

To sign the PowerForms document, Click the link below

<https://na4-app.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=4c76e2c0-2a0d-45e8-85cb-08ac3a846caf&env=na4&acct=ffc5fe44-5ae0-4077-a4df-7c77c165fb0e>

[View Less](#)

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

CONTINUE FINISH LATER OTHER ACTIONS

Jim Nasim

Example: Special Fees

Please Review & Act on These Documents

Special Fees  
PIH - OPHVP

Powered by docusign

To sign the PowerForms document, Click the link below

<https://na4-app.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=4c76e2c0-2a0d-45e8-85cb-08ac3a846caf&env=na4&acct=ffc5fe44-5ae0-4077-a4df-7c77c165fb0e>

[View More](#)

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

CONTINUE FINISH LATER OTHER ACTIONS

5. The PHA Staff will then click **“CONTINUE”**.

Example: HCV HAP Set-Aside

Please Review & Act on These Documents

HCV Set Aside Team  
PIH - OPHVP

Powered by DocuSign

To sign the PowerForms document, Click the link below

<https://na4-app.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=4c76e2c0-2a0d-45e8-85cb-08ac3a846caf&env=na4&acct=ffc5fe44-5ae0-4077-a4df-7c77c165fb0e>

[View Less](#)

Please review the documents below.

CONTINUE FINISH LATER OTHER ACTIONS

Example: Special Fees

Please Review & Act on These Documents

Special Fees  
PIH - OPHVP

Powered by docusign

To sign the PowerForms document, Click the link below

<https://na4-app.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=4c76e2c0-2a0d-45e8-85cb-08ac3a846caf&env=na4&acct=ffc5fe44-5ae0-4077-a4df-7c77c165fb0e>

[View More](#)

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

CONTINUE FINISH LATER OTHER ACTIONS

# DocuSign Instructions and Application Links

## 2024 HCV HAP Set Aside

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

Example: HCV HAP Set-Aside

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

DocuSign Envelope ID: 419F7ADB-D677-4753-AC5C-C844ACCFBAE1

**START**

Hover your cursor over fields to see if they are optional or include a tooltip

**Appendix G**

**CY 2024 Housing Choice Voucher Program Application for \$200 Million HAP Set-Aside for Category 2a – Unforeseen Circumstances for the HCV Program and/or Mainstream Voucher HAP Set-Aside for Category 2 – Unforeseen Circumstances for Mainstream Vouchers**

Required - Please type the name of your PHA

Name of PHA: \_\_\_\_\_

PHA Number: \_\_\_\_\_

Executive Director: Jim Nasium

Fields with red borders are required

**MARK THE BLANK LINE FOR ALL THAT APPLY BELOW:** Select the checkbox 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 checkbox next to each option is checked.

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 2024 HCV Implementation Notice.

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

**Certification:** I, Jim Nasium, hereby certify that the HCV Program and/or Mainstream Vouchers experienced increased renewal costs due to per-unit cost increases in CY 2024 due to the unforeseen circumstances.

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 \_\_\_\_\_ Jane.Doe@pha.org \_\_\_\_\_  
PHA Point of Contact PHA Point of Contact Email

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_  
Jim Nasium \_\_\_\_\_  
Executive Director Name Contact Phone Number \_\_\_\_\_

Click to Upload Attachments as applicable per the Notice

Optional

PHA Staff and ED information is pre-populated based upon previous screen entry

Example: Special Fees

# DocuSign Instructions and Application Links

2024 HCV HAP Set Aside

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

**START**

**Appendix C**  
**CY 2024 Housing Choice Voucher Program**

**Application for \$30 Million Set-Aside  
Disaster; and/or SAFMR**  
**Required**

Hover your cursor over fields to see if they are optional or include a tooltip

Name of PHA:

PHA Number:

Executive Director: Jane Doe

**CHECK ALL BOXES THAT APPLY**

FUP/FYI

Disaster-Related

**SAFMR:**

a. SAFMR adoption (see note\*)

b. SAFMR-based payment exception standard (see note\*)

Documentation requirements and deadlines for each of the above categories are included in Paragraph 6 of the 2024 Implementation notice.

**\*Note – Both categories of SAFMR require the submission of attachments with this appendix.**

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

**Certification:** I hereby certify that all the information stated herein is true and accurate. I also certify that my PHA needs this additional funding for the special fee category(ies) identified within this application appendix and that additional administrative fees made available in the 2024 Implementation Notice will be used for eligible purposes per the categories identified in this appendix. I additionally certify that should funding be awarded under the special fee categories per this appendix, that I will keep clear and organized records of the funding, review the outcomes of the funding, and report on the outcomes to the HUD or makes a false statement, or otherwise violates the terms of the notice, I may be subject to up to 5 years, fines, and civil and criminal penalties under 42 U.S.C. § 1012; 31 U.S.C. §3729, 3802).

Click to Upload Attachments as applicable per the Notice

PHA Staff and/or ED information is pre-populated based upon previous screen entry

Signature of Executive Director and Date

John Doe

PHA Point of Contact Name and Phone Number



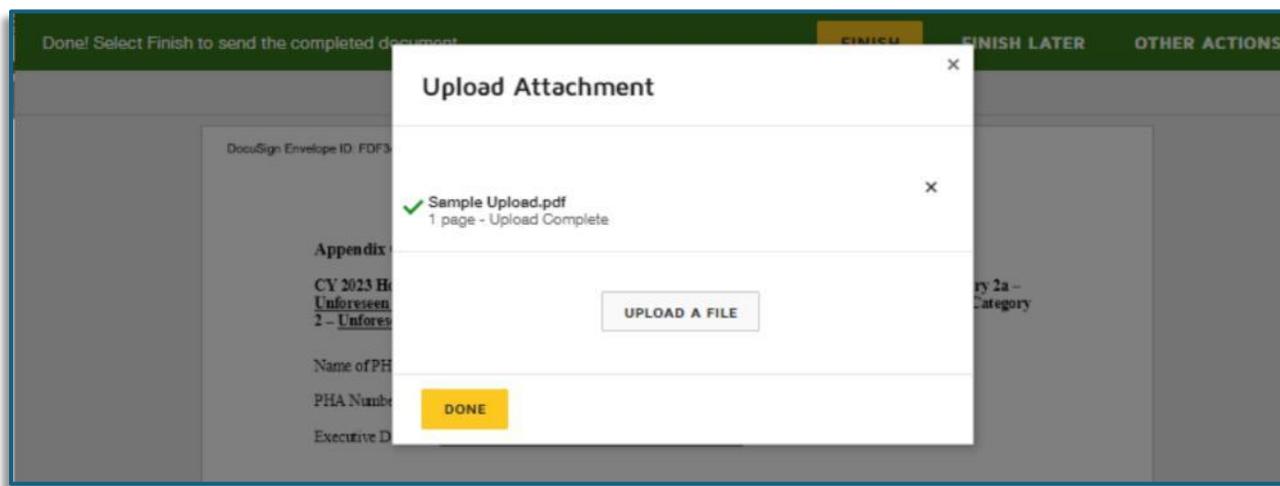
## DocuSign Instructions and Application Links

### 2024 HCV HAP Set Aside

- 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.

**IMPORTANT!!!** To avoid starting the application over, ensure attachments are correct and final prior to upload, as they cannot be revised nor 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.

**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 =.



- Once the PHA Staff completes all fields and attaches all required documents (if applicable), click the **“FINISH”** button.

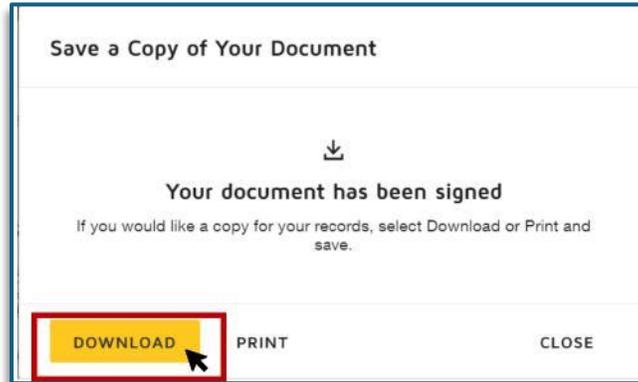


- If the PHA Staff is submitting either HCV HAP Set-Aside Funding Application Appendix I or Appendix J to request funding for multiple projects, the PHA Staff must repeat steps 1-8 above to submit a separate Appendix per applicable project and attach the required documents to the matching project Appendix.

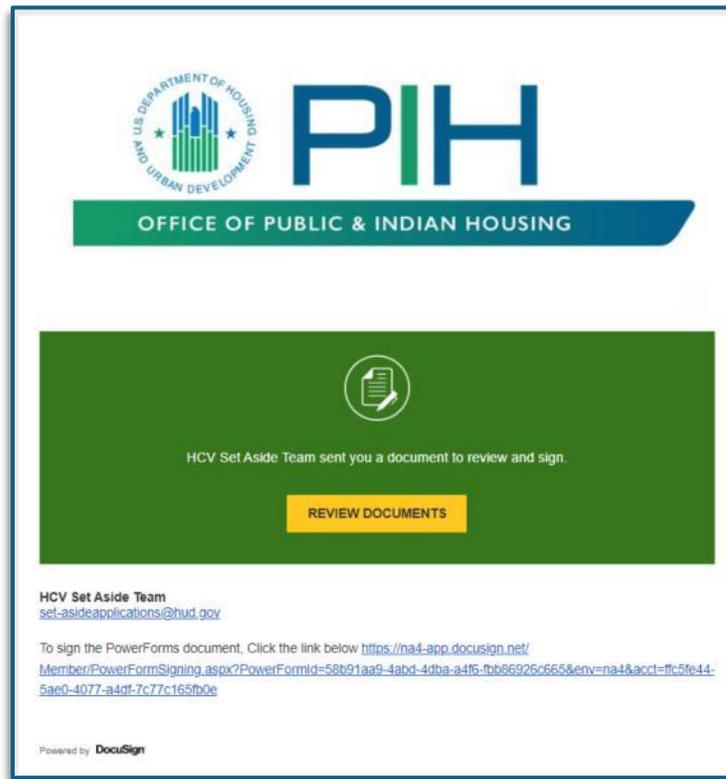
## DocuSign Instructions and Application Links

2024 HCV HAP Set Aside

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



11. DocuSign will immediately send the PHA ED a document link via email from [Set-asideApplications@hud.gov](mailto:set-asideapplications@hud.gov) for an HCV HAP Set-Aside application or from [SpecialFees@hud.gov](mailto:SpecialFees@hud.gov) for a Special Fee application. The ED will click the “**REVIEW DOCUMENTS**” link to open the application, review, add additional information, approve, and sign electronically to complete the application submission 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 must start the application process over.



**NOTE:** The PHA Staff will receive an email notification that his/her tasks are complete at the same time the ED receives the email notification with link to complete the application.

## DocuSign Instructions and Application Links

2024 HCV HAP Set Aside

12. If prompted, the PHA ED will agree to use electronic records and signatures by selecting the box. The ED will then click "CONTINUE".

Please Review & Act on These Documents

HCV Set Aside Team  
PHH - OPHVP

Powered by DocuSign

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

CONTINUE OTHER ACTIONS ▾

PHA Number: 201123  
Executive Director: 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 blank next to each option is marked.

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

**NOTE:** All attachments will be converted into PDFs regardless of the document format 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 uploading them as they cannot be changed or removed once uploaded. Excel documents need to be fitted to page and saved as landscape orientation before attaching. Attachments must be related to the appendix/category for which the PHA is submitting. Any unrelated attachments will not be reviewed.

# DocuSign Instructions and Application Links

2024 HCV HAP Set Aside

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

Example: HCV HAP Set-Aside

DocuSign Envelope ID: 1C15CF2C-5D72-401B-AD1D-83909FB563A7

**START**

**Appendix G**

**CY 2024 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:

**Review completed fields and edit as needed**

**MARK THE BLANK LINE FOR ALL THAT APPLY BELOW** Select the checkbox 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 checkbox next to each option is checked.

**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 2024 HCV Implementation Notice.

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

**Certification:** I, Jane Doe hereby certify that the HCV Program and/or Mainstream Vouchers experienced increased renewal costs due to per-unit cost increases in CY 2024 due to the unforeseen circumstances.

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 administrative penalties (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. § 3729, 3802).

**Click to sign**

Jim Nasium  
PHA Point of Contact  


Signature of Executive Director  
Jane Doe  
Executive Director Name

Jim.Nasium@pha.org  
PHA Point of Contact Email  
4/24/2024  
Date  
  
Contact Phone Number

**Upload additional documents if needed**



**Add a contact number**

# DocuSign Instructions and Application Links

2024 HCV HAP Set Aside

Example: Special Fees

**START**

**Appendix C**

**CY 2024 Housing Choice Voucher Program  
Special Fees**

**Application for \$30 Million Set-Aside for some Categories of Special Fees FUP/FYI,  
Disaster, and/or SAFMR**

Name of PHA: Sample PHA  
PHA Number: PH123  
Executive Director: Jane Doe

**CHECK ALL BOXES THAT APPLY**

**FUP/FYI**  
 **Disaster-Related**

**SAFMR:**  
 **a. SAFMR adoption (see note\*)**  
 **b. SAFMR-based payment exception standard (see note\*)**

Documentation requirements and deadlines for each of the above categories are included in Paragraph 6 of the 2024 Implementation notice.

**\*Note – Both categories of SAFMR require the submission of attachments with this appendix.**

**This certification must be signed by the appropriate PHA official and returned.**  
**Certification:** I hereby certify that all the information stated herein is true and accurate. I also certify that my PHA needs this additional funding for the special fee category(ies) identified within this application appendix and that additional administrative fees made available through the 2024 Implementation Notice will be used for eligible purposes per the category(ies) selected in this appendix. I additionally certify that should funding be awarded under special fee categories per this appendix, that I will keep clear and organized awarded the funds were spent should HUD request to review the outcomes of  
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 administrative penalties (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. § 37)

**Review completed fields and edit as needed**

**Upload additional documents if needed**

**Click to sign**

**Sign**  
5/2/2024  
Signature of Executive Director and Date

**John Doe** 555-555-5555  
PHA Point of Contact Name and Phone Number

**Optional**

# DocuSign Instructions and Application Links

## 2024 HCV HAP Set Aside

First time DocuSign users may be prompted to adopt an electronic signature. The default option is to use a cursive font; the user may change the signature style to a different font, if desired.

**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 initials.

**ADOPT AND SIGN** **CANCEL**

Below are examples of other electronic signature options (draw, upload). All formats will be accepted.

**Adopt Your Signature**

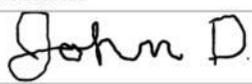
Confirm your name, initials, and signature.

\* 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 initials.

**ADOPT AND SIGN** **CANCEL**

**Adopt Your Signature**

Confirm your name, initials, and signature.

\* Required

Full Name\*  Initials\*

**SELECT STYLE** **DRAW** **UPLOAD**

PREVIEW

**UPLOAD YOUR SIGNATURE**

For best results use an image that is 400 x 140 pixels.

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 initials.

**ADOPT AND SIGN** **CANCEL**

15. 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**

16. 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.

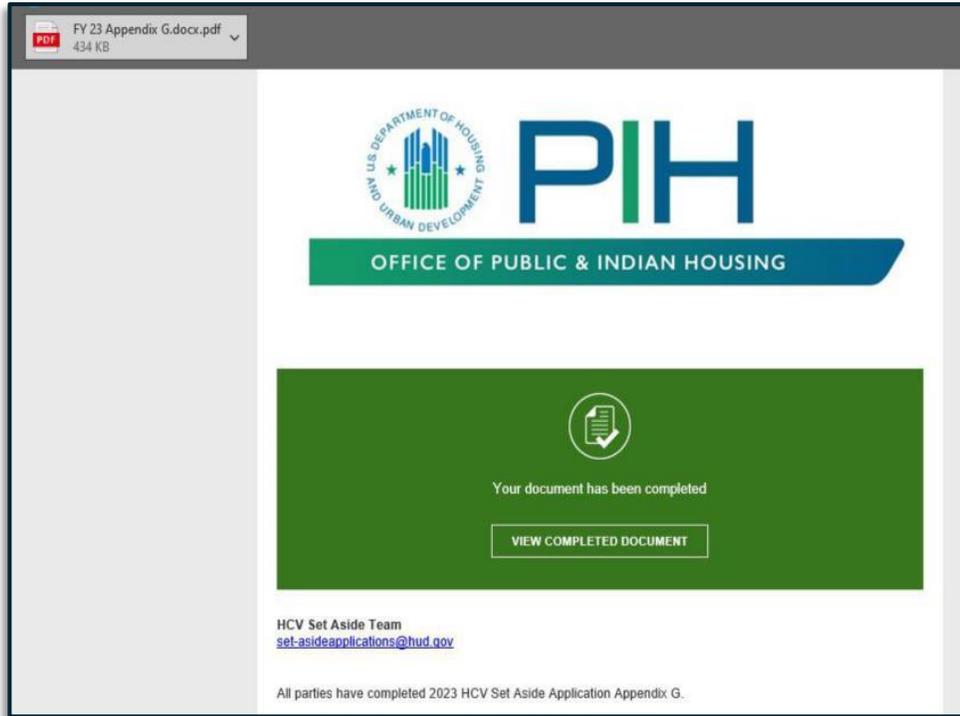
**DOWNLOAD** **PRINT** **CLOSE**

## DocuSign Instructions and Application Links

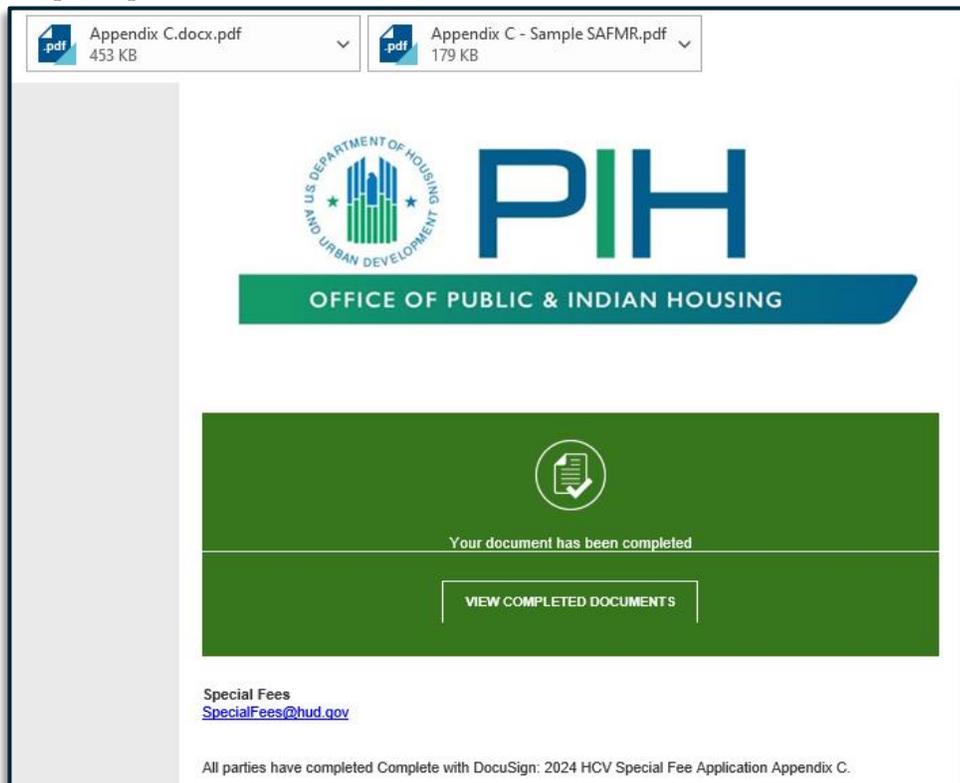
2024 HCV HAP Set Aside

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

*Example: HCV HAP Set-Aside*



*Example: Special Fees*



## DocuSign Instructions and Application Links

### 2024 HCV HAP Set Aside

18. 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.

19. 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](mailto: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 HAP Set-aside, Appendices G through K, please write to [Set-asideInquiries@hud.gov](mailto: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.
- c. [SpecialfeeInquiries@hud.gov](mailto:SpecialfeeInquiries@hud.gov) for technical issues submission issues only related to special fee applications for Appendix C or Appendix D.

20. Incomplete applications will not be considered for eligibility. DocuSign will not process applications without signatures; therefore, HUD will not receive them for review. Executive Directors will receive a confirmation email from the DocuSign system within the same day as the submission.

21. Once all applications have been reviewed and award determinations have been made, notification will be sent to PHAs.

## DocuSign Instructions and Application Links

2024 HCV HAP Set Aside

### Links To Special Fee Application Appendices:

[APPENDIX C](#), Special Fees – FUP/FYI, Disaster and/or SAFMR

[APPENDIX D](#), Special Fees – Secretary’s Discretion

### Links To HAP-Set-aside Application Appendices:

[APPENDIX F](#), HAP Set Aside Category 1 – Shortfall (HCV and Mainstream)

[APPENDIX G](#), HAP Set Aside Category 2a – Unforeseen Circumstances (HCV and Mainstream)

[APPENDIX H](#), HAP Set Aside Category 2b – Portability, Category 3a – Project-Based Vouchers, Category 3b – MTW Expansion Agencies, 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 Expansion Agencies, must be provided with Appendix I and/or J, as instructed per section 11 of the 2024 HCV Implementation Notice.
- PHAs applying for more than one category within Appendix H, must select all the categories for which they intend to apply before submitting the application form.
- 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](#), HAP Set Aside 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](#), HAP Set Aside Category 3b – MTW Expansion Agencies – Project Data (Non-PBV)

#### APPENDIX J NOTE:

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

[APPENDIX K](#), HAP Set Aside Category 6 – Disaster