



Housing and Urban Development-VA Supportive Housing (HUD-VASH) Referral Packet for Supportive Services for Veteran Families (SSVF) Temporary Financial Assistance (TFA)

(For Rapid Rehousing Assistance ONLY)

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Purpose of the Packet

The Supportive Services for Veteran Families (SSVF) program provides supportive services and financial assistance to very low income Veterans and their families who are literally homeless or at risk of becoming literally homeless. SSVF's primary goal is to support Veterans who "but for" SSVF assistance will become or remain literally homeless. The purpose of the Housing and Urban Development-VA Supportive Housing (HUD-VASH) referral packet ("the packet") is to provide one-time assistance for TFA (typically security deposit). The packet cannot be used for supportive services that would require ongoing SSVF case management, such as legal help with benefits or employment assistance; these cases must be referred to SSVF for intake. SSVF is able to help address barriers to housing that may involve **any** family member. Prior to referring a Veteran household to SSVF for TFA only, it is important to assess whether additional services may be needed to support a family's ability to successfully maintain their housing placement. This is particularly true in instances when services are needed by non-Veteran family members. For instance, non-Veteran family members may need health insurance or help boosting household income through employment or benefits counseling. Legal services may also be available through SSVF grantees. These services may only be available through SSVF and would require the SSVF grantee to meet with the Veteran household and engage them in case management.

The packet must be used by HUD-VASH staff when seeking one-time TFA for literally homeless Veteran households who would remain homeless "but for" SSVF assistance. Eligible TFA includes Security Deposits and Utility Deposits; additional types of TFA may be requested and provided on a case by case basis. The packet does **not** apply to Homelessness Prevention Assistance. SSVF grantees are not required to serve Veterans with HUD-VASH vouchers and will only do so at their discretion.

Eligibility for SSVF Assistance

In order to receive SSVF TFA, Veteran households in HUD-VASH must:

1. Be chronically homeless (please see [HUD's Chronic Homelessness Final Rule](#) for more detail), meaning:
 - a. Household lives in a place not meant for human habitation, safe haven, or in an emergency shelter (note: Veterans who were chronically homeless as documented by the HOMES assessment upon entry into Grant and Per Diem (GPD) programs do maintain their chronically homeless status; Veterans do **not** maintain chronic status once enrolled in community transitional housing);
 - b. Household has been homeless continuously for at least 12 months or on at least four separate occasions in the last three years where the combined occasions must total at least 12 months; AND
 - c. Has a physical or mental disability that substantially limits one of more major life activities and has a record of such impairment or is regarded as having such impairment.
2. Have a household income that does not exceed 30 percent of the local Area Medium Income (AMI). [Current AMI Limits can be found here.](#)
3. The referral from HUD-VASH staff to SSVF grantees must be made **prior** to a lease being signed.
4. All other possible resources, including resources the Veteran household has, have been explored and "but for" SSVF TFA the household will remain literally homeless.

Eligibility Waiver Requests

In limited cases, HUD-VASH case management teams may wish to request assistance for a Veteran whose status does not fall entirely within the specific eligibility criteria outlined in this document. Examples include Veteran households who are not chronically homeless or do not fall at or below 30 percent of AMI. On a case by case basis, SSVF grantees may use their discretion, in consultation with the HUD-VASH case management team, to discuss these circumstances. A specific Waiver Request Form (page 10) must be completed and submitted with this packet. The Waiver Request Form must be retained by the SSVF provider.

Referral Process for HUD-VASH and SSVF

When the Veteran is conducting his/her housing search the HUD-VASH team should be preparing to submit the full packet. The packet must be submitted prior to the Veteran household signing a lease for the unit.

Documentation Submissions and Expectations

1. If the full packet is not in place, the referral will be placed on hold and priority will be given to completed packets. This may result in funding not being available.
2. Once the full packet, including all documentation, is submitted:
 - a. The SSVF grantee will notify the HUD-VASH staff of receipt of the packet within one business day.
 - b. The SSVF grantee will review the packet and notify the HUD-VASH staff within two business days if any corrections or additional documentation is needed.
 - c. The HUD-VASH staff will provide the missing documentation to the SSVF grantee within two business days of notification.
 - d. Once all documentation is in place, a check request may be made based on the process describe below.
 - e. Proof of income does **not** need to be submitted with the packet.
 - f. Proof of Veteran status does **not** need to be submitted with the packet.
 - g. Housing Quality Standards (HQS) inspection documentation does **not** need to be submitted with the packet.

Check Requests

1. HUD-VASH staff will provide a completed packet including the landlord W-9 Form, HMIS Release of Information, and SSVF Release of Information (if required to talk to vender on Veteran's behalf).
2. The Intent to Rent Form (page 12) included with the packet will be used by SSVF to process the TFA check. Landlords or their agents may substitute their own Intent to Rent Form if it includes all required elements.
3. Letters guaranteeing payment can be provided by SSVF to the landlord if needed.
4. Once a check is requested and the lease is signed, the SSVF grantee will provide the check to the landlord or landlord agent SSVF providers should coordinate providing payment to the landlord at lease signing if possible or within five working days.
5. **Important:** The Intent to Rent Form is used to initiate the check request; however, checks cannot be delivered until a signed lease is in place.

Types of Eligible Assistance

These services should be one-time events and this packet must be completed to access the funds. Please check with SSVF providers to determine types of TFA available.

1. Security Deposits, not to exceed value of two months' rent.
2. Reasonable broker and application fees for the unit acquired.
3. Utility Deposits.
4. General Housing Stability Assistance (GHSA), such as bed linens, mattress, and kitchen utensils. Not all grantees have the capacity to provide these resources. Check with grantees to see what, if any, services are available
5. Additional types of one time TFA (Childcare, Transportation, and Emergency Housing Assistance) can be considered on a case by case basis.

Basic Eligibility Verification Form

This form must be used by HUD-VASH staff to confirm basic eligibility of a HUD-VASH Veteran for SSVF assistance.

Yes, this individual is a Veteran eligible for SSVF assistance and has a discharge status that is not Dishonorable or Bad Conduct by general court martial.

Yes, this Veteran is currently chronically homeless or was chronically homeless at his/her entry into HUD-VASH case management or an Eligibility Waiver Form (see page 10) is included with the packet.

- a. Household lives in a place not meant for human habitation, safe haven, or in an emergency shelter (note: Veterans who were chronically homeless as documented by the HOMES assessment upon entry into Grant and Per Diem (GPD) programs do maintain their chronically homeless status; Veterans do **not** maintain chronic status once enrolled in community transitional housing);
- b. Household has been homeless continuously for at least 12 months or on at least four separate occasions in the last three years where the combined occasions must total at least 12 months; AND
- c. Has a physical or mental disability that substantially limits one of more major life activities and has a record of such impairment or is regarded as having such impairment.

Yes, this Veteran household has an annual income not exceeding 30 percent of AMI, as documented in the Referral Form (see page 7) and source income documents or an Eligibility Waiver Form (see page 10) is included with this packet. [Current AMI Limits can be found here.](#)

Yes, this Veteran household will remain literally homeless "but for" SSVF TFA assistance and all other options and resources have been explored.

Where is Veteran currently residing?

- Housing owned by Veteran (**NOT eligible, do not submit packet**)
- Housing rented by Veteran (**NOT eligible, do not submit packet**)
- Staying or living with family or friend (**NOT eligible, do not submit packet**)
- Hotel or motel not paid by charitable organizations or by Federal, State or local government (**NOT eligible, do not submit packet**)
- Transitional housing program (Only eligible if GPD and chronically homeless prior to entry)
- Residential treatment program (Only eligible if in less than 90 days and chronically homeless prior to entry)
- Hospital (Only eligible if hospitalized less than 90 days and chronically homeless prior to entry)
- Prison, jail (Only eligible if in less than 90 days and chronically homeless prior to entry)
- Hotel or motel paid by charitable organizations or by Federal, State or local government (Eligible)
- Emergency shelter (Eligible)
- Place not meant for habitation (outdoors, automobile, truck, boat) (Eligible)
- Other

Documentation Checklist

This document MUST be submitted along with all supporting documentation to the SSVF grantee.

Veteran Name (head of household): _____

Last four of SSN: _____

Other Family Member Names: _____

Participant Information

Check or Write N/A for item not applicable to specific Veteran request.

- SSVF Basic Eligibility Form (page 5 included in the packet)
- SSVF HUD-VASH Referral Form (pages 7-8 included in the packet)
- SSVF Temporary Financial Assistance Request Form (page 9 included in the packet)
- Eligibility Waiver Form if needed due to client not being chronically homeless or income not under 30% AMI (page 10 included in packet)
- SSVF Client Participation Agreement (page 11 included in packet)
- HMIS Release of Information (Form not included in packet - provided by SSVF)
- Department of Veterans Affairs Request for and Authorization to release medical records (Form not included in packet – provided by VA)
- HOMES Assessment (Form not included in packet - provided by VA)

Landlord Documentation for Security Deposits

- Intent to Rent Form, (page 12 included in packet)
- W-9 Form (not included in packet, online download [found here](#))

Other TFA Documentation (if applicable)

- Documentation of any broker or application fees
- Documentation details of required GHSA

Documentation Required for Utility Deposit Assistance and Arrearages (Not all SSVF grantees provide Utility Assistance)

- Copy of utility bill stating security deposit charges
- Other supporting documentation (invoice, documentation from utility company)

Please explain any missing documentation and current efforts to secure that documentation, including anticipated timing. This information will help the SSVF grantee plan for check requests and process related to this unit.

Supportive Services for Veteran Families (SSVF) Referral Form

Date:	Referred By (HUD-VASH Staff):
Move in Date on Lease if known:	Referring VAMC or CBOC:
City, County where HUD-VASH Unit is Located:	Staff Phone and Email:
Amount of Financial Assistance Requested, if known:	Alternate Staff Name and Email:

Veteran Information

Name:	Phone:	Email:
Discharge Status:	Last Permanent Address:	

Household Composition

Name (First, Middle, Last)	Relation to Veteran	SSN	Vet? (Y/N)	Gender	Race/Ethnicity	Disabling Condition (Y/N)	Date of Birth

Education

Last grade completed for any adults in the household **excluding** the head of household Veteran

Name: Last Grade Completed:

Name: Last Grade Completed:

Financial Information

Previously applied for and/or received SSVF assistance? Yes No
 Currently receiving VA benefits and/or services? Yes No
 Currently employed? Yes No

Adults only, including the Veteran

Monthly Income for Adults		
Who:	Source:	Amount: \$
Who:	Source:	Amount: \$
Who:	Source:	Amount: \$
Who:	Source:	Amount: \$
Total Monthly Income:	Total Annual Income:	

Non-Cash Benefits Received for all Adult Non-Veteran Household Members

<u>Non-Cash Benefits Received</u>	<u>Name of Adult Non-Veteran Receiving Benefit</u>
Supplemental Nutrition Assistance Program (SNAP)	
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	
TANF Child Care Services	
TANF Transportation services	
Other TANF-funded services	
Section 8 ongoing rental assistance	
Other source of ongoing rental assistance	
Temporary rental assistance	

Temporary Financial Assistance Request Form

Supporting documentation, including invoices for utility deposits, broker's fees, etc., should be included with the packet.

Housing Unit Assistance

Security Deposit total amount requesting \$_

Broker's Fee total amount requesting \$_

Application Fee Total amount requesting \$_

Utility Deposit Assistance

Electric total amount requesting \$_

Gas total amount requesting \$

Water total amount requesting \$_

General Housing Stability Assistance Needs (Call ahead to inquire about agency availability.)

Furnishings/Basics Needs

I have first checked the availability of furniture that is provided by Veteran Service Organizations and any other free community resources prior to requesting SSVF furniture assistance.

Basic Household Goods (please specify): _____ Amount:

Other (please specify): _____ Amount:

Mattress: Queen Quantity/cost _____ *Full* Quantity/cost _____ *Twin* Quantity/cost _____

Other TFA Requested (Please call ahead to inquire about availability)

Total SSVF Temporary Financial Assistance Requested for Household: \$

HUD-VASH Staff Name

HUD-VASH Staff Signature _____

Date of Form Completion

SSVF HUD-VASH Eligibility Waiver Form

To be filled out by the HUD-VASH staff and provided to the SSVF grantee representative, if applicable.

Veteran Name:

Veteran DOB:

Last 4 SSN:

HUD-VASH Staff Person Name:

Staff Phone:

Staff Email:

I wish to apply for a waiver to the following requirements on behalf of the above-named Veteran:

Veteran is not chronically homeless as documented in the HOMES Assessment.

Veteran household income exceeds 30 percent of AMI. [Current AMI Limits can be found here.](#)

Please explain the reasons for this waiver application: **(Please type or print clearly):**

For SSVF Internal Use Only

SSVF Reviewer:

Request Approved
 Request Denied

Reason for Approval/Denial:

SSVF Supervisor Name:
SSVF Supervisor Signature

Date of Decision:

SSVF Client Participation Agreement

I, _____ am applying for temporary benefits available through the Supportive Services for Veteran Families (“SSVF”) program. My signature below confirms the following:

1. My participation in the SSVF Program is voluntary for me and my household.
2. I understand that the information that I provide to the SSVF program must be complete and accurate to the best of my knowledge. I also understand that I have a continuing obligation to promptly supplement, complete, or correct such information – and that my failure to do so will be deemed to be a failure to cooperate that could result in my loss of benefits (including benefits that have already been paid to others on my behalf).
3. I understand that the failure to provide additional requested documentation or inappropriate behavior towards SSVF staff could also result in my loss of benefits (including benefits that have already been paid to others on my behalf).
4. I understand that I am not automatically entitled to benefits. My eligibility for SSVF benefits depends on a variety of factors, some of which are subjective and at the discretion of the SSVF staff.
5. I understand that SSVF-funded programs provide temporary (short-term) assistance only and that the amount of any benefits awarded is governed by Department of Veteran Affairs (VA) regulations and also depend on my particular circumstances. I further understand that no permanent assistance is available from any SSVF Program under any circumstances.
6. I understand that if I fail to cooperate with any SSVF program or if I provide incomplete or inaccurate information that I may be disqualified from the SSVF Program and may be required to return funds that have been paid to others on my behalf.
7. I have the right to obtain from the SSVF case manager, a copy of my file concerning my application for SSVF benefits. Additionally, I understand that I have the right to seek legal counsel (however, at no expense to the SSVF agency) and to have my legal counsel present at any meetings regarding this matter.

Veteran Signature:

Date:

Landlord Intent to Rent Agreement

Landlords or landlord agents may substitute their own Intent to Rent form if all elements below are included.

The tenant, (Name of Tenant) _____
intends to rent property located at: _____
from the landlord (Name of Landlord) _____
and hereby enters into an agreement prior to the lease that will commence on the following date _____
and agrees that the security deposit for the amount of \$ _____, will be paid
within 5-7 days of lease signing and tenant occupying the above property.

PAYMENT TERMS: (SSVF Provider Name) _____ agrees to make
payment within five to seven business days from the date of receiving a signed lease agreement.

All SSVF financial assistance payments checks should be mailed to:

(Payee name must match the W-9 Online download [found here](#).)

Payee Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

(SSVF Provider) _____ appreciates your partnership in assisting
Veterans and their families and looks forward to continued collaboration.

Landlord signature: _____ Date: _____

Tenant signature: _____ Date: _____