**Grant and Per Diem (GPD) Referral Packet for Supportive Services for Veteran Families (SSVF) Temporary Financial Assistance (TFA)**

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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 Grant and Per Diem (GPD) referral packet (“the packet”) is to provide one-time temporary financial assistance (TFA) (typically security deposit).**

The packet cannot be used for supportive services that would require ongoing case management, such as legal help with benefits or employment assistance; or for cases that will need ongoing financial assistance, and these cases must be referred to SSVF for intake. SSVF can 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. **If it is determined that there is not a need for ongoing financial assistance, and there is a Grant and Per Diem Case Management grantee in your community, then the Veteran household should be referred to this grantee for ongoing (up to 6 months) case management.**

The packet must be used by GPD 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, including general housing stability assistance (outlined below), may be requested and provided on a case-by-case basis. SSVF grantees are not required to serve Veterans from GPD and may ask the VA to prioritize referrals if TFA funds become limited.

## Eligibility for SSVF Assistance

**In order to receive SSVF TFA, Veteran households in GPD must:**

1. Homeless, meaning:
   1. Household lives in a place not meant for human habitation, safe haven, transitional housing, or in an emergency shelter.
2. Have a household income that does not exceed 50 percent of the local Area Medium Income (AMI). [Current AMI Limits can be found here](http://www.huduser.org/portal/datasets/il.html).
3. The GPD Referral Packet from GPD staff to SSVF grantees must be completed and submitted 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.
5. Not have received deposit assistance in the past 24 months from any SSVF Provider. (Please conduct due diligence by checking with your local SSVF grantee and/or HMIS to verify Veteran report).

## Referral Process for GPD and SSVF

As housing search is being conducted, the GPD 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.

If the GPD Transitional Housing is referring on to GPD Case Management, it is expected that there will be warm hand offs and that the GPD Case Management Program would be aware of the referral packet but not directly assist with its completion.

If a Veteran is entering GPD Case Management from a non GPD-Program (i.e.: HCHV, community shelter, community transitional housing) the Veteran must meet eligibility criteria as outlined and GPD Case Management Program staff will assist with packet completion. The packet must be completed prior to signing of lease.

### Documentation Submissions and Expectations

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.

1. GPD grantee will submit a complete packet to SSVF grantee for processing.
2. A complete packet includes all supporting documentation as described in the “Documentation Checklist.”
3. Proof of Veteran status needs to be submitted with the packet.
4. Proof of income needs to be submitted with the packet.
5. Housing Quality Standards (HQS) inspection or Habitability Standards documentation does not need to be submitted with the packet. However, Habitability Standards must be conducted by SSVF prior to payment of TFA assistance.
6. GPD Grantee will ensure documentation of referral in Veteran chart and provide update to GPD Liaison during case conferencing.
7. Once the full packet, including all documentation, is submitted:
   1. The SSVF grantee will notify the GPD staff of receipt of the packet within one business day.
   2. The SSVF grantee will review the packet and notify the GPD staff within two business days if any corrections or additional documentation is needed.
   3. The GPD staff will provide the missing documentation to the SSVF grantee within two business days of notification.
   4. Once all documentation is in place, a check request may be made based on the process described below.

### Check Requests

1. GPD staff will provide a completed packet including the landlord W-9 Form, Homeless Management Information System (HMIS) Release of Information (if GPD grantee does not enter information into HMIS), and SSVF Release of Information (if required to talk to vendor 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.

# Basic Eligibility Verification Form

This form must be used by GPD staff to confirm basic eligibility of a GPD 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 homeless. Household lives in a place not meant for human habitation, safe haven, transitional housing, or in an emergency shelter.

Yes, this Veteran household has an annual income not exceeding 50 percent of AMI, as documented in the Referral Form (see page 7) and source income. [Current AMI Limits can be found here](http://www.huduser.org/portal/datasets/il.html).

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

## 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 (included in the packet)

SSVF GPD Referral Form (included in the packet)

SSVF Temporary Financial Assistance Request Form (included in the packet)

SSVF Client Participation Agreement (included in packet)

HMIS Release of Information (Form not included in packet - provided by SSVF)

**Landlord Documentation for Security Deposits and Rental Assistance**

Intent to Rent Form, (page 10 included in packet or similar form)   
 W-9 Form (not included in packet, online download [found here](https://www.irs.gov/pub/irs-pdf/fw9.pdf))

**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**

Click or tap here to enter text.

|  |  |
| --- | --- |
| Date: Click or tap here to enter text. | Referred By (GPD Program Name): Click or tap here to enter text. |
| Move in Date on Lease if known:  Click or tap here to enter text. | Referring VAMC or CBOC:  Click or tap here to enter text. |
| City, County where housing unit is Located:  Click or tap here to enter text. | GPD Staff Phone and Email:  Click or tap here to enter text. |
| Amount of Financial Assistance Requested, if known:  Click or tap here to enter text. | Alternate Staff Name and Email:  Click or tap here to enter text. |

**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** |
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**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 in Household (Adults Only)** | |
| 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*** | |
| **Non-Cash Benefits Received** | **Name of Adult Non-Veteran Receiving Benefit** |
| 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 $

*Rental Assistance* 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*:* $**

**GPD Staff Name \_**Click or tap here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*GPD Staff Signature** Click or tap here to enter text. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Form Completion** Click or tap to enter a date.

\*Electronic signatures can be accepted.

# 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: (address of GPD assisted unit)       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](https://www.irs.gov/pub/irs-pdf/fw9.pdf)).)

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

\*Verbal consent in lieu of signature is acceptable if a shelter in place or similar order is in effect.