



# The Salvation Army

Community Integration Services

## TLS Street 2 Subsidy Program (S2S)



MARCH 1, 2021

# Agenda

01 What is Street to Subsidy?

02 Who is eligible?

03 Who can refer?

04 Referral Process

05 Services Provided

06 Overall Process flow

07 Questions

08 Contact Information



# Street 2 Subsidy

General Overview



# Street 2 Subsidy Program

(S2S)

The goal of the S2S program is to support a targeted group of households currently experiencing homelessness by providing a time-limited subsidy towards rental costs for households on a fixed income.

The S2S program will also provide case management services consisting of connections to community services, benefits, and support for housing stability.



Street 2 Subsidy Program

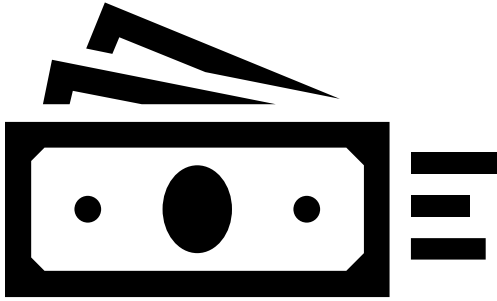
# Who is eligible?



# Eligibility Criteria

- Currently homeless (not currently holding lease/agreement elsewhere)
- Household cannot be housed over 30 days before S2S program enrollment. \*Must communicate with TSA to confirm eligibility and slot availability before moving household in
- Household must be on a fixed income
- Household identified a unit either independently or with the assistance of a homelessness services provider, case manager, housing navigator, or outreach team member
- Household must be able to afford unit w/ the subsidy (determined by reviewing supervisor)
- Household must not be receiving any other type of subsidy (tax-credit homes, subsidized unit, voucher)
- Household must be referred to the program by the assisting staff person (no direct referrals)
- Housing: 12-month lease and landlord will take third party checks
- At or below 50% AMI
- Able to perform ADL's or has a home health aide. (in home care giver)
- If intensive Case Management Services are required must be connected to ICMS/Mental Health Provider
- If they are a veteran, we can only accept them if they are not eligible for SSVF





Fixed Income



# What Counts as Fixed Income?

- SSI/SSDI
- Veteran's Service Connection Disability
- VA Non-Service Connection Disability
- Pensions
- Private Disability Insurance
- Social Security Retirement Survivor's benefits
- CAPI (non-citizen's income)
- Minor's or non head of household w/fixed income (for families)

• **\*\*General Relief/CalWORKs, Child Support, Alimony or employment alone are not allowed sources of fixed income\*\***



# Example of an eligible referral



John and his wife Jane live out of their van with their two children. His sister lets his family stay over occasionally, allows them to use their showers, and sometimes feeds them but John's family mostly live out of their van. The children are 1 and 3 years old and are not in school yet. Jane receives SSI due to her disability and her low-income. The household receives CalWorks for the two children and CalFresh for their 4-person household. John is currently receiving General Relief but is looking to find work but due to their housing circumstance, it has been hard for him to hold a job. John found a 2-bedroom apartment with the help of a local nonprofit agency but cannot afford the rent on his own. The apartment is market rate and offers a 12-month lease. John's household is under 50% AMI.

This household would be eligible for Street 2 Subsidy assistance. Now to determine the subsidy amount.

The household will be responsible for utilities \$200/month and have no monthly medical expenses. The parents are not seniors, and they have no garnished income. Their household income including GR, SSI, and CalWorks is roughly \$2000/month with \$300 in food stamps. The monthly rent amount for the unit they found is \$2000/month. The subsidy they would be approved for is 40% for \$800/month



## Example of an ineligible referral



Ryan lives at the shelter and **receives general relief** from DPSS due to his low income. Ryan is a single person household and cannot work. He has a disability that he's recently been diagnosed with and is seeking help with housing. Ryan's shelter case manager helped Ryan find a sober living home that offers **month-to-month rent** at lower than market rate.

This household would not be eligible for Street 2 Subsidy assistance.

# Services Provided

Street 2 Subsidy Program



# Services Provided

- Security deposit, first and last month's rent and any other fees (such as a key deposit, remotes) *-if required by lease*
- Tailored Rental Assistance based on the household's income, budget and rental cost
- Monthly Subsidized Rental assistance – Household will pay between 60-90% of the rent
- Max assistance period of 5 years. (Eligibility is confirmed each year at annual recertification)
- Case management services to assist with connections to community resources, benefits, landlord mediation, and assistance with accessing available affordable housing wait lists (project-based, public housing, income-based, Section 8)
- If household loses their home. Housing Navigation can be provided



# Referral Process

Street 2 Subsidy Program





# Referral Packet

- All documents in the referral packet must be complete to move forward with the application (see cover sheet for details)
  - Referral Form
  - ID (For every member of the household)
  - All Income Documentation
  - Homeless Verification (LAHSA form)
  - Intent to rent form (Updated) Or Lease if available
  - Landlord agreement form (New)
  - Property Owner's W-9 (IRS form)
  - Proof of property ownership
  - Participant Preliminary Budget Sheet
  - Habitability Inspection (LAHSA form)
- (If necessary)
  - *Legal name change docs*
  - *Landlord letter of authorization or Owner/Property manager agreement*
  - *Supporting docs of household already being placed on waitlist for affordable housing/permanent subsidy*



# S2S Referral packet cover sheet



**Los Angeles**  
**HOMELESS SERVICES AUTHORITY**  
Working Together to End Homelessness in Los Angeles

## Shallow Subsidy - Cover Sheet

### INSTRUCTIONS

- ✓ Please scan and upload the following into HMIS:
- ✓ Include this checklist with HMIS number when sending referral
- ✓ Upload all forms into HMIS (if possible, please scan all documents into one file/upload)
- ✓ Check readability of any scanned documents
- ✓ Ensure that W-9 matches name of the landlord on the Rental Agreement
- ✓ If referring program is a **Domestic Violence program**, please fax all materials to: Shallow Subsidy Program at 213-640-5777  
Please email all Referring Excel Sheets to [shallowsubsidy@usw.salvationarmy.org](mailto:shallowsubsidy@usw.salvationarmy.org)

*Note: Please check your scans to ensure that they will be readable to us before you email them.*

### For all Subsidy Programs:

- ☐ CES Participant HMIS number: \_\_\_\_\_
- ☐ Shallow Subsidy Referral Form
- ☐ Government issued ID or equivalent
- ☐ Homeless Verification Form -*If applicable*
- ☐ Income Documentation- Most recent proof of income
- ☐ Habitability Inspection Form

### For Regular Shallow Subsidy


- ☐ Legible Signed Rental/ Lease Agreement (full lease)
- ☐ Completed Budget form (most recent)
- ☐ Legible Completed W-9 of property owner
- ☐ Proof of Property Ownership (new ownership, not on lease)
- ☐ Signed Landlord Agreement
- ☐ Financial Independence plan /Goal plan
- ☐ Documentation that the participant is on a wait list for affordable housing or being referred to a Section 8 voucher (NOT HACOLA or VASH).


### For Streets to Subsidy (S2S)

- ☐ Completed Budget form (most recent)
- ☐ Legible Completed W-9 for property owner
- ☐ Proof of Property Ownership (new ownership, not on lease)
- ☐ Signed Landlord Agreement Form
- ☐ Legible Copy of the lease/rental agreement (if participant has already moved in).
- ☐ Intent to Rent Form (if no lease has been signed, yet)
- ☐ Supporting documentation for affordable housing, EHV, Section 8 (Wait-list / application) -*If applicable*



# S2S Referral Form






Shallow Subsidy Participant Referral Form

<b>SECTION 1: General Information for All Applicants</b>			
Referring Agency:		Case Manager:	Tel:
			Email:
<b>Head of Household's Information</b>			
First Name:	Last Name:	DOB	SPA location
HMI#	Household Size	# Adults	# of children
Program in which participant is enrolled:			
<input type="checkbox"/> Rapid Re-Housing (RRH) <input type="checkbox"/> Recovery Rehousing Program (RRP) <input type="checkbox"/> Prevention <input type="checkbox"/> Outreach <input type="checkbox"/> Interim Housing <input type="checkbox"/> Other (describe) _____ which? _____			
<b>Gross Annual Income (include amount for each type)</b>			
<input type="checkbox"/> Employment	<input type="checkbox"/> Benefits (list below)	<input type="checkbox"/> Non-Traditional Income	<input type="checkbox"/> At or below 50% AMI Link to : <a href="#">HUD AMI</a>
List Non-Employment Income Sources here:			
<b>Head of Household Contact Information</b>			
Phone:		Okay to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alt. Contact:		Email:	
<b>SECTION 2: Regular Shallow Subsidy applicants only</b>			
Current Address:			
Monthly Rent:		Length of Stay in this housing program:	
Has participant paid part of the rent for the last 3 months? <input type="checkbox"/> YES <input type="checkbox"/> No			
How much as the participant been paying each month toward the rent (in the last 3 months)?			
Is the landlord willing to participate in the Shallow Subsidy Program? <input type="checkbox"/> YES <input type="checkbox"/> No			
Is the tenant in good standing with the landlord/property manager? <input type="checkbox"/> YES <input type="checkbox"/> No			
<i>This means no lease violations, no warnings, no late or unpaid rent in the last three months</i>			
<b>SECTION 3: Street to Subsidy (S2S) applicants only</b>			
Is the participant currently literally homeless? <input type="checkbox"/> YES <input type="checkbox"/> No			
Is the participant recently housed (in the last 14 days)? <input type="checkbox"/> YES <input type="checkbox"/> No			
Does the participant only have a fixed income? <input type="checkbox"/> YES <input type="checkbox"/> No			
How much is the participant's Monthly Gross Income?			

03/15/2020



Shallow Subsidy Participant Referral Form

How much is the participant's Annual Gross Income?	
What is the source of the fixed income (Please check all that apply)	
<input type="checkbox"/> SSI <input type="checkbox"/> Service Connection <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Alimony	<input type="checkbox"/> SSDI <input type="checkbox"/> Pension <input type="checkbox"/> Social Security Retirement Survivor's Benefits <input type="checkbox"/> Other: _____
Please attach a copy of the participant's household budget	
Has the participant already been approved for a unit? <input type="checkbox"/> YES <input type="checkbox"/> No	
Has the participant already moved into the unit? <input type="checkbox"/> YES <input type="checkbox"/> No If yes, move-in date: _____	
Monthly Rent Amount: _____	Recommended subsidy amount (% of rent) _____
Is the landlord willing to participate in the Streets to Subsidy Program? <input type="checkbox"/> YES <input type="checkbox"/> No	
Name and contact info of the Case Manager, Housing Navigator, Outreach Worker assisting with this housing plan:	
Name: _____ Phone: _____ Email: _____	
<b>SECTION 4: Case Manager Certification (all programs)</b>	
Household has demonstrated that intensive case management services are unnecessary <input type="checkbox"/> YES <input type="checkbox"/> No	
Household is in good standing with their rental agreement, property manager/owner, and has not received any notices or lease violations in the last three months (include late or no rent) <input type="checkbox"/> YES <input type="checkbox"/> No	
Household is willing to apply for other permanent subsidies (with assistance of TSA staff) <input type="checkbox"/> YES <input type="checkbox"/> No	
Case Manager signature:	Date:
Program Manager Name	Phone: _____ Email: _____
<b>SECTION 5: For The Salvation Army Use Only</b>	
Date Referral Received:	Received By:
Status of Referral <input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED	
If applicable, reason for denial:	
TSA approved rental subsidy amount (for S2S) % of monthly rent: _____	
<input type="checkbox"/> Discussed with Case Manager <input type="checkbox"/> Discussed with Participant Staff making determination signature:	Date:

03/15/2020



# Identification documents

**CERTIFICATION OF VITAL RECORD**  
**COMMONWEALTH OF VIRGINIA**  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

STATE FILE NUMBER: [REDACTED]  
NAME OF REGISTRANT: [REDACTED]  
DATE OF BIRTH: JANUARY 10, 1996 SEX: MALE  
PLACE OF BIRTH: FAIRFAX COUNTY, VIRGINIA  
MAIDEN NAME OF MOTHER: [REDACTED] AGE: 30  
MOTHER'S PLACE OF BIRTH: PENNSYLVANIA  
NAME OF FATHER: [REDACTED] AGE: 30  
FATHER'S PLACE OF BIRTH: PENNSYLVANIA  
DATE RECORD FILED: JANUARY 1996 DATE ISSUED: 03-01-96

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia.

*Richard M. Glick*  
STATE REGISTRAR

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VS 15C

**California** USA **DRIVER LICENSE** FEDERAL LIMITS APPLY

DL **F1234567** CLASS C  
EXP **01/30/2025** END NONE  
LN **SMITH**  
FN **JOHN DOE**  
123 MAIN STREET,  
NEW YORK, NY 10030  
DOB **01/30/1980**  
RSTR NONE

SEX **M** HAIR **BLK** EYES **BLK**  
HGT **6'-02"** WGT **123 lb**  
DD

# Homeless verification form (Shelter, PRK, Transitional housing)

THIRD PARTY VERIFICATION OF HOMELESS STATUS FORM

Applicant Name (Head of Household): \_\_\_\_\_ DOB: \_\_\_\_\_

Household Size: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Minors: \_\_\_\_\_

**SECTION I: TO BE COMPLETED BY APPLICANT**

Applicant Release Authorization:

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release information  
(Applicant Name) (Name of Organization)

regarding my living situation. I understand this information is used for the purpose of determining homeless status.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II: INSTRUCTIONS**

This form is intended to be used by agencies which can verify the status of a client as experiencing homelessness. This form can be used to track and certify the instance(s) that a client has sought the same services from a single agency. If checking the "Place Not Meant for Human Habitation" under HUD Category 1: Literally Homeless, please use the Observation of Homeless Status form. If checking HUD Category 4: Fleeing Domestic Violence, complete the second page.

**SECTION III: TO BE COMPLETED BY AGENCY VERIFYING APPLICANT'S HOMELESS STATUS**

☐ HUD Category 1: Literally Homeless (If checking Category 1, check only one box below and complete fields below.)

☐ **STOP – The Observation of Homeless Status Form must be used for any household living in a place not meant for human habitation. Please complete the Observation of Homeless Status form instead.**  
**Place Not Meant for Human Habitation** A public or private place not meant for, or ordinarily used as a regular sleeping accommodation for human beings, including a street, sidewalk, car, park, abandoned building, bus station, airport, or camp ground.

☐ Emergency Shelter A supervised publicly or privately-owned emergency shelter designated to provide temporary living accommodations.

☐ Hotel or Motel paid for by a Charitable Organization or Federal, State, and Local Government Program


























☐ Exiting an Institutional Care facility (i.e. jail, substance abuse treatment facility, mental health treatment facility, hospital, or other similar facility); stay must be 90 days or less AND had previously resided in a shelter or in a place not meant for human habitation before entering the institution.

☐ Safe Haven supportive housing serving hard-to-reach homeless persons with severe mental illness, usually coming from the streets.

☐ Transitional Housing a project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living. Each program must determine if the location, time, and circumstances meet the eligibility criteria for their program.

Location/ Facility	Address of Location/ Facility	Time Period Being Verified		
		Start Date	End Date	# of Days
Total Days				

Before coming to this location/facility, the applicant resided at/on/in \_\_\_\_\_

THIRD PARTY VERIFICATION OF HOMELESS STATUS FORM

☐ HUD Category 4: Fleeing Domestic Violence (If checking Category 4, check applicable boxes and complete the fields below.)

☐ Fleeing or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member;

☐ Participant has no other residence; and

☐ Participant lack the resources or support networks to obtain permanent housing

Do not upload DV Homeless Status Forms onto HMIS unless the participant has authorized it.	Time Period Being Verified		
	Start Date	End Date	# of Days
Total Days			

**AGENCY/STAFF CERTIFICATION**

I certify that, to the best of my knowledge and belief, all the information presented and attached to this form is true, accurate and complete.

Staff Name: \_\_\_\_\_ Staff Title: \_\_\_\_\_

Staff Email: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Service Planning Area: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 Date Completed: \_\_\_\_\_

Organizational Stamp/Card:



# Homeless verification Form (Literally homeless)



## OBSERVATION OF HOMELESS STATUS FORM

Applicant Name (Head of Household): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Household Size: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Minors: \_\_\_\_\_

### SECTION I: INSTRUCTIONS: WHO FILLS OUT THIS FORM

An outreach worker, service provider, or other third-party source such as a community member or business owner may provide details of their contact with an individual or head of household in order to document that the individual or household is currently or has previously resided in a place not meant for human habitation (e.g. street, car, park, abandoned building, bus station, airport, campground). See page 2 for additional instruction on how to complete this form. Additional instructions are provided on Page 2.

### SECTION II: TO BE COMPLETED BY OBSERVING PERSON

**Current:** To document where the individual or head of household is currently residing, the observing party must provide a date that is within 7 days of intake and the observation must have occurred at the location in which the individual or household is currently residing.

**Prior Occasion:** To document where the individual or head of household has resided previously, the observing party may provide a description of any and all encounters that have occurred within the last 3 years. For each observation, please provide the date and a description of the location in which the encounter occurred (see Page 2 for additional instruction). Where the observing party encountered the individual or head of household on more than one occasion during a single month the observing party can provide a single description and provide the dates for each encounter in one row (i.e. 7/9; 7/17; 7/23).

Current or Prior Occasion	Description	Date(s)

### OBSERVATION CERTIFICATION

An outreach worker, service provider, or other third-party source such as a community member or business owner may provide details of their contact with an individual or head of household in order to document that the individual or household is currently or has previously resided in a place not meant for human habitation (e.g. street, car, park, abandoned building, bus station, airport, campground).

I certify that the person(s) named above is/are currently or has previously resided in a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings such as on the streets or in a car, park, abandoned building, bus station, airport, campground.

☐ Intake Staff ☐ Outreach Worker ☐ Case Manager ☐ Other: Please Specify: \_\_\_\_\_

Agency Name (If Applicable): \_\_\_\_\_

Name of person providing statement/ observation: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## OBSERVATION OF HOMELESS STATUS FORM

### OBSERVATION OF HOMELESS STATUS FORM INSTRUCTIONS

The *Observation of Homeless Status Form* is to be used to provide third-party documentation verifying current or prior occasions in which an individual or head of household is or was residing in a place not meant for human habitation.

#### Who can provide third-party verification?

Any person that has observed the individual or head of household residing in a place not meant for human habitation may complete this form for current and/or prior occasions of homelessness. This includes persons who have made the observation in either a personal (community member or business/property owner, regardless of relationship) or professional capacity (including, but not limited to, an outreach worker, service provider, law enforcement officer, or healthcare provider who encountered the individual or head of household while working).

#### What qualifies as an acceptable observation?

**Current observation of homelessness** – If verifying that the individual or head of household is currently residing in a place not meant for human habitation, the encounter must have occurred in the physical location in which the individual or head of household is currently residing.

**Prior observation of homelessness** – If verifying prior occasions in which the individual or head of household has resided in a place not meant for human habitation the encounter may have occurred either in the physical location in which the individual or head of household is currently residing or in another location, depending on the nature of the encounter with the third-party source.

- Outreach worker/professional contact** – An outreach worker or other person within the community who has encountered the individual or head of household in a professional capacity (i.e. healthcare professional, member of law enforcement) may document an encounter that occurred either in the location where the individual or head of household was residing or in another location. Where the encounter occurred in another location, the observing party must include in the description the reason in which they believe, to the best of their knowledge and professional judgement, that the individual or head of household was residing in a place not meant for human habitation at the time in which the encounter took place.
- Community member** – A community member (i.e. neighborhood resident, business or property owner, etc.) may document prior occasions of homelessness provided that the encounter occurred in the place not meant for human habitation where the individual or head of household was residing at the time.

Additional guidance can be found at:

- <https://www.hudexchange.info/faqs/2759/can-a-community-member-such-as-a-shopkeeper-or-neighborhood-resident/>
- <https://www.hudexchange.info/faqs/2760/can-housing-or-service-providers-such-as-emergency-shelter-staff-members/>

## S2S Prelim Budget Sheet

### PRE-HOUSING SIMPLE BUDGET for S2S Program

Participant:		Date:	
<b>SPENDING</b>		<b>INCOME</b>	
Rent		Employment	
Utilities		SSI	
Food		SSDI	
Medical (on-going)		Service Connection	
Debt Payments (on-going)		Pension	
Other on-going expenses (Garnishments)		Social Security Retirement	
		Social Security Retirement Survivors Benefits	
		Other	
<b>TOTAL SPENDING</b>		<b>TOTAL INCOME</b>	

Signed By Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This budget should just be considered a first or preliminary budget to assist with determining the amount of the shallow subsidy. Once the participant is enrolled into the Streets 2 Subsidy Program, a new, more complete budget will be done by the new Case Manager and the Participant.



## The Salvation Army – Community Integration Services (C.I.S.)

## Intent-to-Rent Form

The tenant \_\_\_\_\_ intends to rent property located at:

from landlord \_\_\_\_\_ and  
hereby enters an agreement prior to the lease that will commence on \_\_\_\_\_ 20\_\_.

Parties have agreed to a rental cost of \$ \_\_\_\_\_ per month. Agreed that the  
Security Deposit amount will be \$ \_\_\_\_\_ and be paid prior to the  
tenant/participant occupying the above property.

By signing the space below, owner/agent and tenant/participant are liable to a binding agreement of holding the property address stated above, while TSA is confirming program eligibility. Any agreement without the presence or knowledge of the program Case Manager will not be honored by this agreement. The owner/landlord and tenant/participant will not sign any lease documentation until program eligibility has been confirmed and financial assistance has been approved by TSA's Finance Department. Failure to follow the steps will VOID this agreement. Security Deposit will be paid to the property stated on the W9 upon confirmation from the Case Manager on program eligibility. The Case Manager will confirm the following to determine the tenant/participant is eligible for the \_\_\_\_\_ program:

- Program Assessment
- Habitability Inspection
- Signed Landlord Agreement form
- Fully Executed Lease Agreement (signed by both parties)

*The Salvation Army appreciates your partnership in assisting the participant and their families and looks forward to a continued collaboration.*

Owner/Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Frequently Asked Questions

## What is a letter of Intent?

A letter of intent is a written summary of the key terms of an agreement between Property/owner and tenant/participant.

## Who will be responsible to pay the Security Deposit?

The Salvation Army, Community Integration Services (C.I.S.) will be responsible to pay the Security Deposit. The Security Deposit will not exceed double the rent.

## What does it mean when a party signs the Intent to Rent?

Submission of the Intent to Rent signals a genuine interest in leasing the referenced property. It serves as a starting point for preparing the more formal definitive agreement (lease).

## What does the Intent to Rent contain?

The Intent to rent highlights two major components:

- The Intent to Rent contains the amount of Security Deposit, The Salvation Army will be paying on behalf of the tenant/participant.
- The Intent to Rent states that the Unit will be on hold for the tenant/participant while The Salvation Army is confirming program eligibility and program enrollment.

## What is Habitability Inspection?

A Habitability Inspection consist of a Housing Inspection of the unit by The Salvation Army program. The Inspection will be conducted by the program's case manager. If the Habitability inspections fails to pass, the program will not be able to continue to pay the Security Deposit until all findings have been corrected.

## How will The Salvation Army support the Landlord during the tenant/participant tenure in the program?

The assigned case manager will provide client centered case management or intensive case management to all participants. The case manager will step in and mediate between the tenant/participant and owner/agent to find a solution. Case Managers will conduct lease training to the tenant/participants for awareness of what constitute a violation of a lease. The Case Manager will collaborate with the tenant/participant to ensure rent is paid on time and minimize any anxiety that a tenant/participant may experience during the tenure of the program. |

## What is a landlord agreement?

The Landlord agreement will inform the owner/agent the parameters of the program. It also clarifies the role of the case manager in relations to the case manager/participant relationship.



## The Salvation Army – Community Integration Services (C.I.S.)

## Landlord Agreement Form

The Programs of Shallow Subsidy and Street 2 Subsidy provide individuals and families with a rent subsidy (percentage) of the total rent. The program is a limited subsidy and assistance is based on the level of need or funding availability. The subsidy will be paid directly to the landlord or property management company via direct deposit or check by The Salvation Army (Direct Deposit preferred). The goal of both subsidy programs is to achieve housing stability, as well as assist the participant toward their goal of assuming the full rent.

Re: Client/Tenant: \_\_\_\_\_

Located at leased address: \_\_\_\_\_

Will be newly enrolled in one of The Salvation Army's Subsidy programs. The program will require a copy of the fully executed lease (all pages) and an IRS W-9 form to provide payment to the landlord. Payments will be made out to the Name/Business provided on the W-9. If interested in setting up direct deposit, an Automated Clearing House (ACH) form will be provided and a voided check/bank form will also need to be attached. TSA is not responsible for late payments due to U.S. Post Office delays. ***It is strongly recommended that ACH setup as the main use of rental payment***

The Salvation Army (TSA) is not responsible for any break in the lease by either party or any violations of the lease. The Owner/Agents understand that the tenant/participant will be entering the following program and receiving a subsidy for the total of the rent:

Mark Appropriately:

- ☐ Shallow Subsidy program will pay 35% of the total rent of the lease
- ☐ Street 2 Subsidy program will pay \_\_\_\_\_ % of the total rent of the lease.



The program would like the Owner/Agent to please confirm the following:

1. Shallow Subsidy program (Initial all that applies):

\_\_\_\_\_ There have been no lease violations within the past 3 months

\_\_\_\_\_ Tenant has made 3 on time payments of a portion of their rent

\_\_\_\_\_ Tenant is not behind on rent

\_\_\_\_\_ Communicate with the Case Manager at all times for tenant support (i.e., report any arrears/lease violations to help the Property Management minimize the problem, rent increase, change of ownership).

2. Street 2 Subsidy program (Initial all that applies):

\_\_\_\_\_ I understand that the annual recertification process may potentially result in the exiting of a participant from the program, which may also affect contribution that The Salvation Army agreed to pay monthly.

\_\_\_\_\_ Agree to work with the tenant/participant's rental history (i.e., Eviction record, bad credit... etc.).

\_\_\_\_\_ Communicate with the Case Manager at all times for tenant support (i.e., report any arrears/lease violations to help the Property Management minimize the problem, rent increase, change of ownership).

\_\_\_\_\_ Will provide a signed Lease and a copy of the W9 to the program's assigned case manager.

***I agree to accept third party payment from The Salvation Army on behalf of the tenant.***

Address where The Salvation Army Subsidy Payments should be mailed to (Address must be on W-9 or Lease/Rental Agreement)

Attn: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below, I have read and understand the above information.

Landlord/Authorized Agent (Print) \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate (optional) \_\_\_\_\_

Email Address \_\_\_\_\_

Signature X \_\_\_\_\_



# W9 form

Form <b>W-9</b> (Rev. November 2017) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification  ► Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.		Give Form to the requester. Do not send to the IRS.																																								
Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Ronald McDonald																																											
	2 Business name/disregarded entity name, if different from above Burger Property Management LLC																																											
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>																																								
	5 Address (number, street, and apt. or suite no.) See instructions. 1234 Burger Street		Requester's name and address (optional)																																									
	6 City, state, and ZIP code Cheeseburger City, CA 90000																																											
	7 List account number(s) here (optional)																																											
	<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																											
<table border="1"><thead><tr><th colspan="9">Social security number</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></tbody></table> <b>OR</b> <table border="1"><thead><tr><th colspan="9">Employer identification number</th></tr></thead><tbody><tr><td>1</td><td>2</td><td></td><td>-</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></tbody></table>					Social security number													-			-				Employer identification number									1	2		-	3	4	5	6	7	8	9
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<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.																																												
<b>Sign Here</b>		Signature of U.S. person ► Ronald McDonald		Date ► 1/1/2022																																								
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> . <b>Purpose of Form</b> An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following. • Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions) • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. <i>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.</i>																																												
Cat. No. 10231X Form <b>W-9</b> (Rev. 11-2017)																																												



# Proof of property ownership





**Daniel Jung**  
Phone: (323) 480-1422  
Daniel.jung@usw.salvationarmy.org

Property Report by PropertyShark.com, for:

1234 Burger St, Cheeseburger City, CA 90000

## General

### 1. Overview

Location		Property Tax	
Property address	1234 Burger St	Tax year	2021
	Cheeseburger City, CA 90000	Land value	\$1,866
Lat/long		Building value	\$50,468
Parcel ID	32.46387,-99.75598	Market value	\$52,334
Geographical ID	26879 23600001000	Property tax	\$1,412
Block	A		
Tract or lot	10	Land	
Legal Description		Property type	Real
CRESCENT HEIGHTS, BLOCK A, LOT 10		Property class	Residential-on Non Farm or Ranch or Multi-Family with Household (A1)
Owner		Acreage	0.214
Name	Ronald McDonald	Lot dimensions	53 ft X 176 ft
	1234 Burger St	Building	
Address	Cheeseburger City, CA 90000	Square footage	1,000
Neighborhood		Year built	1951
Neighborhood	Cobb Park		
School district	Abilene ISD		
Subdivision	Crescent heights		
Municipality	City of Abilene		

# Habitability Inspection



## Habitability Standards for Permanent Housing

Instructions: Please complete the below information and place a check mark to indicate where the property is approved or deficient with respect to each standard. The property must meet all standards to be approved. A copy of this checklist must be placed the participant master file.

PROPERTY INFORMATION:			
<b>Type of Housing:</b> <input type="checkbox"/> Shared Housing-Shared Room <input checked="" type="checkbox"/> Shared Housing- Single Room <input type="checkbox"/> Apartment <input type="checkbox"/> House <b># of Total Bedrooms:</b> 5			
Street Address: 1234 Burger Street		Unit/Apt #: 123	
City: Cheeseburger City	State: CA	Zip Code: 90000	
	Standard (24 CFR Standard R part 576.4003(c))	Approved	Deficient
1.	<b>Structure and materials:</b> The structure is structurally sound to protect residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<b>Space and security:</b> Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided is provided an acceptable place to sleep.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<b>Interior air quality:</b> Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<b>Water Supply:</b> The water supply is free from contamination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<b>Sanitary Facilities:</b> Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<b>Thermal environment:</b> The housing has any necessary heating/ Cooling facilities in proper operating condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	<b>Illumination and electricity:</b> The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliance sin the structure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	<b>Food preparation:</b> All food preparation areas contain suitable space and equipment to store, prepare and serve food in a safe and sanitary manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	<b>Sanitary condition:</b> The housing is maintained in sanitary condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	<b>Fire safety:</b> a) There is a second means of exiting the building in the event of fire or other emergency. b) The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom. c) If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. d) The public areas are equipped with a sufficient number, not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Meets additional recipient/sub recipient standards (if any).	<input type="checkbox"/>	<input type="checkbox"/>



## Habitability Standards for Permanent Housing

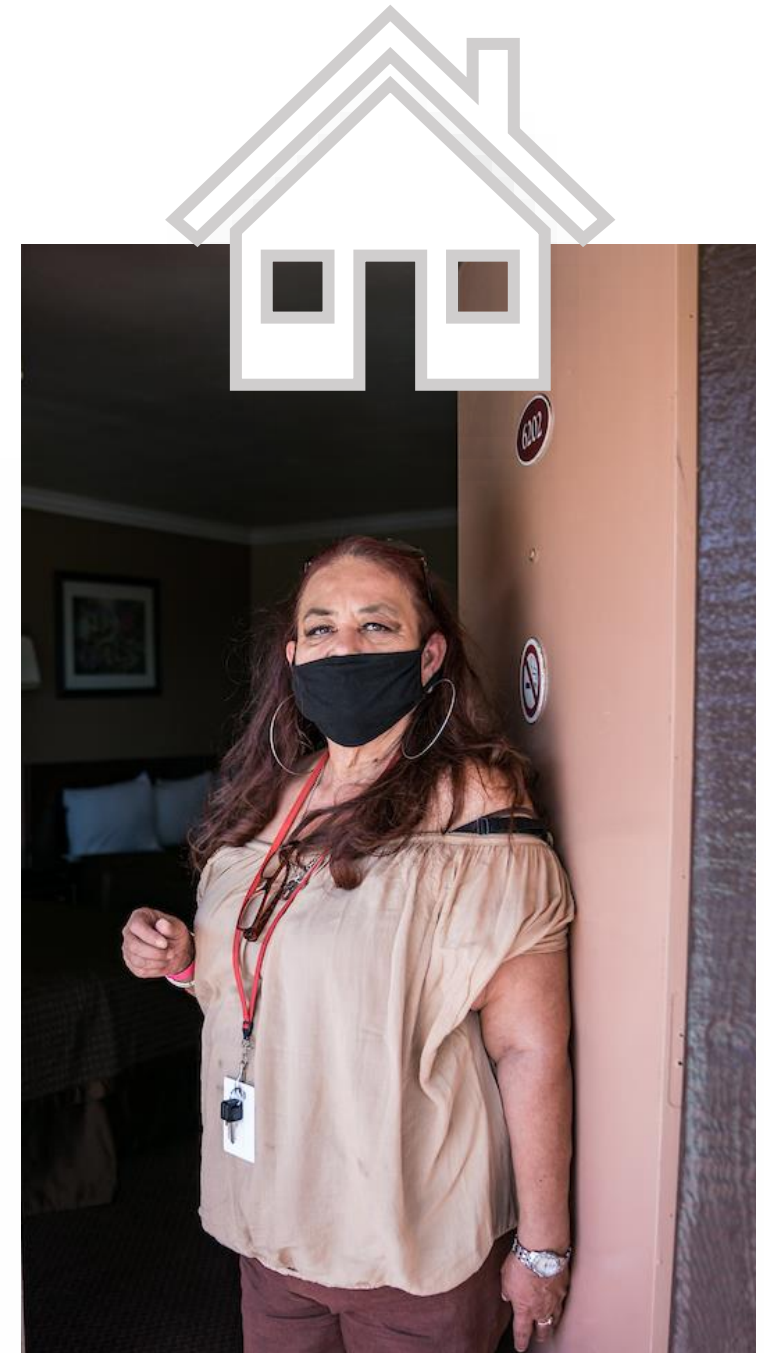
CERTIFICATION STATEMENT	
I certify that I have evaluated the property located at the address indicated in the form to the best of my ability and find the following:	
<input checked="" type="checkbox"/>	Property meets <u>all</u> the standards.
<input type="checkbox"/>	Property does not meet all the standards.
Therefore, I am making the following determination:	
<input checked="" type="checkbox"/>	Property is approved.
<input type="checkbox"/>	Property is not approved.
Comments: Passed inspection	
Certifying Agency: The Salvation Army Staff Name: Daniel Jung Staff Title: S2S Supervisor Staff Signature: <i>Daniel Jung</i> Date Completed: 3/1/22 Supervisor Name: Jennifer Valenzuela Supervisor Title: Supportive Housing Program Manager Supervisor Signature: <i>Jennifer Valenzuela</i> Date Completed: 03/01/2022	
HOUSEHOLD INFORMATION WHO WILL BE OCCUPYING THE UNIT	
Name of Head of Household: John Smith	
Household Size: 1	Number of Adults: 1 Number of Minors: 0

Questions  
about the  
referral  
packet?



# Referral Process

- Pre-approval: Referring agency determines if participant is eligible.
- Assist household with gathering documents for referral packet (Income docs, ID's, budget sheet, referral form, homeless verification)
- Send referral packet (minus the housing docs) to confirm eligibility to [s2s@usw.salvationarmy.org](mailto:s2s@usw.salvationarmy.org)
- Request/receive preliminary subsidy amount based on household income, household size, unit rental price, and household expenses.
- Confirm that there is a slot available for household before signing a lease. Slot availability is first come first served





# Referral Process Cont.

- If slot is available an email will be sent to referring provider to send over entire referral packet including housing docs. Referring provider helps the household obtain necessary housing documents.
- Within seventy-two (72) hours of receiving complete referral packet, TSA will notify the household and their referring staff person about acceptance into the program and confirm the subsidy amount.
- Subsidy amount determination will be based on the participant's expenses, income, and rental amount.
- Salvation Army staff completes S2S Screening Tool Worksheet to confirm information on participants eligibility and determine additional services needed
- Household cannot be housed and pending over 30 days!



**\*Please do not share this information with your clients. All referrals must come from providers.\***

# Referral Process Cont.

## **Subsidy Amount Confirmation:**

Once acceptance notice has been sent to the referring provider along with the S2S documents that require the household's signatures, The Salvation Army will wait for return of S2S documents and Subsidy Amount Confirmation from household before proceeding with enrollment into the program an introduction call with client.

Once enrolled move-in monies will be requested



# Referral Process Cont.

## Lease Signing / Warm handoff

- Once enrolled into the Street 2 Subsidy program, assigned case manager will request move in funds for the household using the information on the Intent-to-rent, W-9, and property ownership documents. If the name of the owner does not match the name on the W-9, additional documentation is required to confirm that the agent/property manager is allowed to conduct business on that property on behalf of the owner.
- Referring provider, program participant, and assigned case manager will attend the lease signing. Assigned CM will provide the check for the Security Deposit and 1<sup>st</sup> month's rent
- This meeting will also serve as a warm handoff of services
- Assigned case manager will also conduct landlord introduction at this time





# Process Flow Chart

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How does it work?



# Street to Subsidy Program Flow Chart

Pre-approval: Determine if the household you want to refer is eligible.

Household is homeless or housed within 30 days

50% or below AMI

On a fixed income

Determine if the the housing situation is eligible

Example of housing situations that aren't eligible are:

Tax-credit homes

Subsidized units

Vouchered households

Complete Referral form

Fill out Pre-lim budget form

Provide homeless verification form

Client's government issued ID

Client's proof of income

(Refer to the cover sheet & make sure you have all documents)

Assist household with housing navigation if they have not already identified a home.

Contact S2S with referral sheet, client identification and income docs to determine eligibility and subsidy amount

Confirm with S2S that there is a slot available, based on first come first served

After receiving notification of slot availability:

Complete Habitability Inspection

Gather W-9 and Property proof of ownership

Intent to rent or lease to be completed with applicant & landlord

Send completed referral packet to [s2s@usw.salvationarmy.org](mailto:s2s@usw.salvationarmy.org)

S2S Supervisor will assign applicant to a housing case manager

Within 72 hours TSA will provide notice of either acceptance or denial

Within 72 hours of notice, referring provider need to provide any of the items that are missing

Assigned housing case manager will send acceptance letter and S2S client intake documents to referring provider

Referring provider assist applicant with filling out S2S client intake docs and email back to Assigned HCM

Assigned HCM calls client and enrolls them to S2S program via telephone

S2S requests for move-in costs (Security Deposit and first month's rent)

Household starts to pay their portion on the second month

Referring agency maintains household enrolled in their program until receiving notice that first payment has been paid by TSA

The Salvation Army - S2S continues subsidy for up to 5 years with an annual recertification. S2S will assist household with obtaining permanent housing subsidy. If the household income increases to above 80% AMI or the household secures a more permanent subsidy, they will be exited from the program.

# Highlighted changes

- No tax-credit homes
- 12-month lease
- Slot based referral acceptance (First come first served)
- Do not move in household before getting a slot
- Once you receive notification that your household has a slot move forward with applying for the unit and gathering housing documents
  - W-9
  - (new) intent to rent or lease
  - landlord agreement form
  - habitability inspection
  - proof of property ownership
  - Agreement between property manager and owner (if owner name not mentioned in the lease)
- After that they will have 30 days to gather housing documents or household will need to be re-referred
- Veterans. Only eligible if they were denied SSVF services

Questions?



# S2S Contact Information

**[s2s@usw.salvationarmy.org](mailto:s2s@usw.salvationarmy.org)**

**Fax #213-640-5777**

**Jennifer Valenzuela – Supportive Housing Manager**

**(310) 869-2932**

**Daniel Jung – Street 2 Subsidy Program Supervisor**

**(323) 480-1422**

