

RENTAL ASSISTANCE FOR HOUSING FOR CLIENT HARDHIP

Behavioral Health wishes to provide assistance to persons who are at risk of losing their housing and who are considered low income according to the United States Department of Housing and Urban Development-HUD guidelines. Behavioral Health's rental/mortgage assistance may be used to help individual households afford housing costs in the form of rent or mortgage. The maximum number of months allowed is 3 months in a 12 month span. Help with security deposits are not permitted under this assistance. With that in mind, the policy of Behavioral Health is to help all prospective applicants regardless of race, color, religion, sex, handicap, familial status, national origin, age, creed, sexual orientation, gender identity, marital status, and status with regard to public assistance. In addition, Saginaw Chippewa Indian Tribe-SCIT of Michigan complies with local fair housing and civil rights laws and will help with reasonable rent/mortgage payment for applicants if they or any family member has a disability or handicap. The purpose of this document is to describe the policies, practices and procedures of SCIT in the Client Eligibility and Process for accessing funds to help aid them in paying for a portion of their monthly rent/mortgage.

SCIT Behavioral Health practices a Harm Reduction and Trauma- informed approach. We embrace the idea that people participating in a housing program should be assisted with housing even if they are struggling with issues of chemical dependency, mental illness and/or other barriers to housing that might render them ineligible under more traditional models of housing. Generally, individuals have faced multiple barriers to obtaining or maintaining housing due to: criminal histories, chronic and/or persistent mental illness, substance use disorders, health issues, unemployment and/or underemployment.

CORE ELEMENTS OF RENTAL ASSISTANCE:

- In order to be eligible for assistance one's income must be considered low income in Michigan according to the United States Department of Housing and Urban Development-HUD in this area.
- Acceptance of applicants regardless of their sobriety, any past or current use of substances, any completion of rehabilitation or treatment or participation in any other supportive services.
- Applicants are not rejected solely on the basis of poor credit or financial history, poor or absent rental history or any other behaviors that are generally held to indicate a lack of "housing readiness."
- Use of alcohol, Drugs, or mental illness diagnosis in and of itself is not considered a reason for denial for help with funding to pay for housing.

PROPERTY PRIORITIES/ELIGIBILITY SCREENING PROCESS

- Clients must be a SCIT member or direct descendant in order to be eligible for assistance with housing. Clients are also eligible if they are members of a Federally recognized tribe and are residing in the defined service areas of Isabella, Midland, Clare, Missaukee, or Arenac counties.
- SCIT Behavioral Health will determine the individual's housing status, tribal affiliation and whether or not the tenant is able to abide by the terms of this agreement and could benefit from rental assistance for housing or from assistance with paying their mortgage payment.
- To determine eligibility based on income, one must provide 4 weeks of paycheck stubs

- and/or the first 2 pages of the prior year's income tax return along with the application.
- Individuals who are deemed eligible to receive assistance may be eligible for 100% of 3 month's mortgage/rental payment.
 - The cap per year, one person can receive is \$3,300.
 - Assistance for furniture, security deposits, utilities such as electric, water, and heat are not permitted through this funding source.
 - Behavioral Health is not responsible for locating or securing housing. Each participant is responsible for finding housing for themselves.

APPLICATION PROCEDURE

- A. An applicant must submit a completed application and 4 weeks of paycheck stubs or the first 2 pages of last year's income tax return to be considered for rental/mortgage assistance. Applications can be located on the SCIT website at www.sagchip.org under Behavioral Health/Forms/Housing Assistance Application. You may also obtain an application at Behavioral Health by calling 989-775-4850 or by stopping by the front office. Staff from Behavioral Health will assist potential applicants with filling out the application if needed.
- B. The completed application and supporting income documentation should be submitted to Behavioral Health for initial screening and eligibility determination.
- C. Rental/Mortgage Assistance from Behavioral Health does not automatically guarantee continued placement in an apartment or house beyond the 3 months rental assistance that's provided. See "Occupancy Standards" below for more detail.

NOTIFICATION OF DENIALS

Once applicant screening is completed and all documents have been verified and evaluated, any application not meeting the above criteria will be denied. Behavioral Health must give the applicant prompt notice of the denial by phone (within 5 business days from the receipt of the application and income documentation). The phone notice must include the reason for the denial and the notice must be documented with the date and time the phone call was made.

OCCUPANCY STANDARDS

Clients will be required to meet the following standards for receiving rental assistance:

- Acknowledge and sign a rental/mortgage assistance agreement, as part of the application. The agreement states the assistance will be in effect for no more than 3 months' rent per 12 month time span.
- When rental/mortgage assistance funds are used to pay rent on units, the lease must be between the program participant/applicant and the landowner.
- Rent is paid directly to the landlord or property management company or the lien holder on the mortgage.
- Each program participant, on whose behalf rental/mortgage assistance payments are made, must begin to pay 100% of their rent/mortgage the first month following the

receipt of 3 month rental/mortgage assistance from Behavioral Health.

- Participants agree to actively pursue other means to pay for their rent, beginning the first month they receive assistance from Behavioral Health to pay for rent.
- Rent may be paid in advance, up to 3 months' rent/mortgage in a 12 month time span.
- Participants must meet with Behavioral Health on a monthly basis to determine steps taken by the applicant to secure other financial means to pay for their rent/mortgage. If the participant misses these required appointment(s) for any reason, any further assistance toward rental payments may be terminated/ended.
- Participants determined to be eligible for rental/mortgage assistance may receive assistance for no more than 3 months per 12 month time span, beginning from the time the applicant receives the first month's rent. (Example: January's month rent is paid. Applicant has not secured other means for paying for their rent/mortgage so February's rent is paid. Applicant continues to struggle with securing other means to pay for their rent/mortgage so March's rent is paid. Once the 3rd month's rent/mortgage is paid and the applicant has not secured other means to pay for future month's rent/mortgage, there will be a plan developed in order to help them secure other funding, up to a potential 30 day eviction notice from the house/apartment landlord they're renting from).
- Behavioral Health will not pay any incurred late fees.
- Persons who have a current eviction notice AND are in arrears for more than \$3,300 are not eligible for rental assistance.
- The participants must use the rental/mortgage assisted unit as their primary and only residence.
- Participants agree to make all utility payments on time.
- Participants agree to follow all rules in their lease/mortgage agreement.
- Participant will notify Behavioral Health immediately with any changes (ability to secure other means of rental/mortgage payment, family size, student status, or telephone number, etc.).
- Participant will notify Behavioral Health before vacating your home or moving to a different home in order for any financial assistance to continue under this agreement.

MODIFICATION OF PLAN

SCIT Behavioral Health will review this Rental/Mortgage Assistance Plan at least once annually to ensure that it reflects current eligibility requirements and program priorities. If SCIT Behavioral Health decide to modify the plan in any way, a notice of such modification will be provided by mail to applicants.



FY 2022 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](#) [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2022 Income Limits Summary

Selecting any of the buttons labeled "Click for More Detail" will display detailed calculation steps for each of the various parameters.

| FY 2022 Income Limit Area | Median Family Income Click for More Detail | FY 2022 Income Limit Category | Persons in Family | | | | | | | |
|---------------------------------|---|---|-------------------|--------|--------|---------------|--------|--------|--------|--------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Isabella County, MI | \$69,800 | Very Low (50%) Income Limits (\$) Click for More Detail | 25,050 | 28,600 | 32,200 | 35,750 | 38,650 | 41,500 | 44,350 | 47,200 |
| | | Extremely Low Income Limits (\$)* Click for More Detail | 15,050 | 18,310 | 23,030 | 27,750 | 32,470 | 37,190 | 41,910 | 46,630 |
| | | Low (80%) Income Limits (\$) Click for More Detail | 40,050 | 45,800 | 51,500 | 57,200 | 61,800 | 66,400 | 70,950 | 75,550 |

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

SAGINAW CHIPPEWA INDIAN TRIBE BEHAVIORAL HEALTH APPLICATION FOR RENTAL ASSISTANCE

* Total amount of Current Monthly Rental Payment: _____

Rental Assistance through SAMHSA may be responsible for paying this amount per month determined by low income eligibility HUD guidelines. This rental assistance is limited to 3 months maximum per 12 month time span.

Applicant Information

Name: _____

Current Address: _____

City, State, Zip Code: _____

Home/Cell Phone: _____

Tribal Affiliation: _____ Membership Number: _____

Spouse/Significant Other Information

Name: _____

Current Address: _____

City, State, Zip Code: _____

Home/Cell Phone: _____

Tribal Affiliation: _____ Membership Number: _____

List Names, Addresses and Phone Numbers of two relatives or friends who generally know how to contact you:

1. Name: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

2. Name: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

CURRENT HOUSING STATUS

Are you being evicted? _____ If yes, explain: _____

Are you being displaced? _____ If yes, explain: _____

Do you believe you qualify as low income according the HUD guidelines? Yes No

- If your answer is no, then you are ineligible for this service. If you are in question, then apply and the review team will determine eligibility.

APPLICANT CERTIFICATION

By signing this agreement I agree to the following statements.

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- Certify that if selected to receive assistance, the unit I/we occupy will be my only residence.
 - Authorize Behavioral Health designee to contact the owner/management/landlord to verify all information provided on this application or to provide other information which may be released to appropriate Federal, State, Tribal or local agencies.
 - I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and beliefs.
 - I/we understand that false statements or information are punishable under Federal Law.
 - I/We understand that rental assistance through Behavioral Health is allowable for a maximum of 3 months per calendar year.
 - I/We understand that Behavioral Health has the full authority to revoke rental assistance at any time.
 - I/We understand that it is my/our responsibility to begin 100% of the monthly payments after the 3 months I/We received in assistance from Behavioral Health.
 - I/We also agree to actively pursue other means of payment beginning the first month I/We receive assistance from Behavioral Health.
 - I/We have read, understand, and agree with the Standard Operating Procedures we were provided upon applying for this assistance.
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Signed: _____ Date: _____
Applicant

Signed: _____ Date: _____
Spouse/Significant Other
