

## PSH PROGRAM HANDBOOK

Participant: \_\_\_\_\_ Logan Champaign Family Housing HAP

### 1. DOCUMENTATION

#### ➤ SUBMISSION OF DOCUMENTATION

- Income Verification is required at entry and annually thereafter.
- Income Verification must be submitted in a timely manner as requested

### 2. COMMUNICATION

#### ➤ WITH STAFF

- I will response to contact attempts made by staff.
- I will meetings or visits as scheduled
- I will promptly submit my contact information if it changes
- RA Inc. Contact Information: **Phone: (937) 465-1045 Fax: (937) 465-3617**

### 3. RENT

#### ➤ RENT CALCULATION

- Rent and Utilities combined will not exceed 30 percent of my adjusted monthly total household income. My contribution amount will be calculated using the Rent Determination form which contains data for my monthly income, the current Utility Allowance Formula, the current FMR, and applies various deductions as deemed eligible. The rent is documented as reasonable for the area and guidelines for all calculations are established by HUD. Rent will be calculated at entry and revised annually.
- Participants may provide proof of loss of income or consistent reduction in income, at any time for recalculation of rent accordingly.
- I will provide verification of my income as requested by Residential Administrators, Inc.
- I will report if my income decreases or ends promptly.
- I will complete and sign a self-certification of zero income form if appropriate.

#### ➤ PAYING RENT

- Rent is due on the 1st of each month. It must be paid in the form of money order or check. Cash is not permitted.
- My payment will indicate my name and address
- I am encouraged to keep a copy or receipt of my rent payment
- Mailing Rent: Written Payable to **Residential Administrators, Inc.**  
**Post Office Box 52**  
**Springfield, Ohio 45501**

#### **4. HMIS DATA COLLECTION**

- Participation in the Homeless Management Information System (HMIS) data collection, although optional, is a critical component of the community's ability to provide the most effective services and housing possible.
- I will be asked to give permission to share my information in HMIS with other agencies who use HMIS who also provide housing services.
- The information gathered and prepared by the Agency will be included in a Homeless Management Information System (HMIS) database and shall be used by Agency for the purpose of:
  - Provide individual case management
  - Produce aggregate-level reports regarding use of services
  - Track individual program-level outcomes
  - Identify unfilled service needs and plan for the provision of new services
  - Allocate resources among agencies engaged in the provision of services

#### **5. PROTECTING AND SHARING MY INFORMATION**

- I grant permission for Residential Administrators, Inc. to discuss my case with other entities in order to assist with application for income, verification of income, establish eligibility for assistance, check progress on waiting lists or advocate with current landlords. Such entities will be included on a release of information but may include: the clinical agency which provides me with treatment services, the local public housing authority, Social Security Administration or the Bureau of Disability Determination, the local Department of Jobs and Family Services and my current landlord/housing provider.
- I agree to furnish Residential Administrators, Inc. with a contact person who may be reached in case of an emergency. I agree to grant Residential Administrators, Inc. or the treatment professionals of the clinical agency permission to contact this person if it should appear that an emergency exists
- I understand that records concerning my tenancy may be audited by funders of Residential Administrators, Inc., including, but not limited to the local Alcohol, Drug Addiction and Mental Health Services Board, the Ohio Department of Development, the Ohio Department of Alcohol and Drug Addiction Services, the Ohio Department of Mental Health and the Department of Housing and Urban Development.

#### **6. ISP – SELF ASSESSMENT AND SERVICE PLAN**

- At entry and updated annually, I will complete a self-assessment to identify my current status, my goals, my barriers, strengths, and action plans to reach those goals in the areas of Sustainable Permanent Housing, Cash and Non Cash Benefits, Income, and Greater Self Determination.

## **7. ADDING MEMBERS TO THE HOUSEHOLD**

- The leased premises will be the tenant's only residence and will be occupied by for residence purposes only. The members of the residence are those recorded within the lease. No other persons may reside within the premises without written consent of the Agent.
- Any guests staying in the property more than 2 weeks in any 6 months period will be considered a tenant, rather than a guest, will be added to the sublease agreement. The rent due amount will be updated, based on the revised household income amount.
- If I would like for another adult to reside in the apartment, I will *first* secure approval by submitting a signed, completed "Request for Additional Sub-Tenants" form along with all required documentation
- If the requested subtenant has an outstanding warrant, or has Sex Offender status and the unit location is not acceptable by law, the application will not be approved.
- If indicators show that another person(s) is residing in the apartment without my having secured prior approval I will be told to remove the guest(s).

## **8. TENANT RIGHTS AND FILING A GRIEVANCE**

- As a tenant with services provided by Residential Administrators, Inc., I have certain rights that are protected by law and are summarized in the following information.
- A copy of my "Tenant Rights and Filing a Grievance" document will be provided to me at the time I enter a program. Additionally, a copy of my rights will be made available upon request.

## **9. ACCESSING RESOURCES AND BENEFITS**

- If I have a Housing Case Manager, we will meet on a regular basis to complete all resource paperwork required, to develop ways to carry out my service plan, to help me achieve housing stability, increase my skills and/or income and obtain greater self-sufficiency when needed.
- When I do not have a Housing Case Manager, I am encouraged to request Case Management Services which may be made available from TCN or other agencies to help me achieve housing stability, increase my skills and/or income and obtain greater self-sufficiency when needed.

## **10. TERMINATION OF ASSISTANCE OR EVICTION**

- I understand that any violation of the above stipulations may result in termination of my eligibility to receive rental assistance or eviction.
- I understand that rental subsidies are not guaranteed and are dependent upon the availability of funds for this purpose.
- If these funds are to be discontinued due to breach of this agreement or due to discontinuation of funding for this program to Residential Administrators, Inc., I will be informed 30 days before this termination so that I can make other arrangements for paying rent.

- Residential Administrators, Inc. will exercise judgment and take into consideration extenuating circumstances when I may face termination of assistance or eviction when infractions might discontinue with effective interventions in place.
- Tenant is at high risk of termination of assistance or eviction (process detailed in the program handbook) for the following:
  - Failure to pay Rent or any other amount owed as directed by this Lease
  - Utilities which are payable by The Tenant are disconnected or shut-off because of non-payment
  - Abandoning or apparently abandoning the Tenant's unit (that is, it appears that The Tenant have moved out before the end of the Lease Term because clothes and personal belongings have been substantially moved out of the Tenant's unit for more than 2 weeks)
  - Residing in a location other than the unit identified in the lease.
  - Using the unit for purposes other than the Tenant's residence (i.e. running a business, pet sitting)
  - Making false statement or misrepresentation on any information submitted
  - The Tenant, other members of the household, or guests are arrested for a felony offense in the unit involving actual or potential physical harm to a person, or a felony or misdemeanor offense involving possession, manufacture or delivery of a controlled substance, theft, burglary, pornography, physical assault, domestic violence, indecent exposure, sexual molestation and/or any unlawful conduct involving a minor, regardless of whether such activity results in jail or prison time and/or deferred adjudication.
  - Illegal drugs or illegal drug paraphernalia are found in the Tenant's unit (whether or not we can establish possession)
  - Evidence that additional person(s) reside in the unit without approval
- Failure to submit current income information for all persons on the lease
- If termination of assistance or eviction is necessary, principles of due process will be followed; at minimum, will include:
  - I will receive written notice containing a clear statement of the reason for the termination containing a copy of the Program Handbook from my file
  - I will be given 15 days to request a hearing
  - I will receive notice of Hearing date, time, and location promptly
  - A review meeting of the decision, during which I have the opportunity to present written or verbal objections before someone other than the person (or a subordinate of the person) who made or approved the termination decision;
  - I will receive Hearing results promptly afterward, stating next steps
  - If I forgo a meeting, the agency will proceed with ending assistance or eviction.

**11.** Under the protection of the Violence against Women Act (VAWA), if I am a victim of domestic violence, dating violence, sexual assault, or stalking, I may request an emergency transfer.

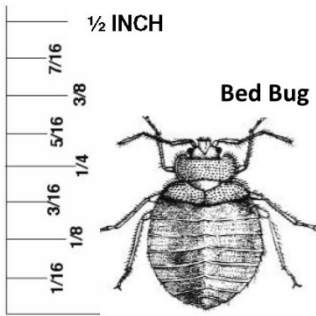
- The Agency cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request.
- The Agency will, however, act as quickly as possible to move a tenant to another unit, subject to availability and safety of a unit.
- I have been be given a VAWA Occupancy Rights and Emergency Transfer Plan document for my reference.

## 12. BED BUGS

- I will report any signs of bed bugs in my residence to PSH Staff and/or the landlord.
- I will inform RA Inc. Staff before entering if I have seen bed bugs in my residence.
- I will avoid persons who have bed bugs in their residence to enter mine.
- If I have bed bugs, I risk being responsible for extermination fees.

### Bed Bugs Information Sheet

Ohio Department of Health



#### Have you ever seen a bed bug?

Adult bed bugs are reddish-brown, wingless insects about the size of an apple seed (1/4 to 3/8 inches long). When viewed from the side, they are flat, which allows them to fit into narrow spaces. Newly hatched bugs are white or yellowish and resemble the adults, but are smaller. Bed bug eggs are white, about the size of a pinhead (1/10 inches long) and are found in crevices in clusters of 10-50 eggs.

#### What are bed bugs?

Bed bugs are insects that feed on human blood and have lived with people for thousands of years. References to bed bugs are present in literature from as far back as 400 B.C., and they were a common part of life in Europe by the 1600s. These insects were once thought to be eradicated from the United States, but they have made a comeback and are present in communities throughout Ohio. Significant increases in bed bug reports to local health departments in recent years highlight the need for education and effective action against infestations.

#### Why have bed bugs returned?

Although the bugs were nearly wiped out in the United States in the 1950s, other parts of the world did not see a similar decline. Changing pesticide use in combination with international travel and commerce left an opening for bed bugs to again take hold in the United States. Pesticide resistance contributes to the challenge of controlling this pest.

#### Where are bed bugs found?

Bed bugs are often found near sleeping areas in the seams of mattresses, box springs and cracks and crevices in bed frames. They usually spread to gaps behind baseboards, pictures, wallpaper and electrical outlets. They may hitchhike into a home on used furniture, clothing or other items brought from infested areas.

#### Can bed bugs cause disease?

Bed bugs are not known to transmit disease. Their bites are painless and typically happen at night while you sleep. Bed bugs feed for about three to 10 minutes before crawling off to a sheltered crevice. They will bite anywhere on the body, but especially on exposed areas such as the face, neck, arms and hands. Some people are hardly aware they have been bitten, but others suffer an allergic reaction and may develop painful swellings similar to those associated with mosquito or flea bites. The bites may itch for up to two weeks before healing, so resist the urge to scratch to prevent a secondary bacterial infection. Wash the bites with soap and water to reduce the risk of infection.

**Residential Administrators, Inc.  
Program Handbook SIGN OFF**

\_\_\_\_\_ **I have read and understand the Program Handbook**

\_\_\_\_\_ **I have received a copy of this document**

\_\_\_\_\_ **I hereby agree to the terms as stated within the document**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

RA, Inc Signature \_\_\_\_\_ Date \_\_\_\_\_