

**EMERGENCY**

**RENTAL ASSISTANCE**

**PROGRAM**

**(ERAP)**

**INSTRUCTIONS AND REQUIREMENTS**

**March 2021**

**Tom Wolf, Teresa Miller,**

**Governor Secretary**

**Administered by:**

**Office of Income Maintenance Bureau of Policy**

**Elizabeth Tilahun, Deputy Secretary Cathy Buhrig, Director**

**Emergency Rental Assistance Program Management**

**Adam Riggs, Program Manager**

**Desanie Miller, Program Supervisor**

[**RA-PWERAPOIM@pa.gov**](mailto:RA-PWERAPOIM@pa.gov)

[**www.dhs.pa.gov**](http://www.dhs.pa.gov)

**TABLE OF CONTENTS Page**

**1. Overview 4**

**2. General Component Description 5**

**3. Rental Assistance 10**

**4. Housing Stability Services 11**

**5.** **Household Eligibility 12**

**6. Income Eligibility 14**

**7. ERAP Expenditures 17**

**8. County/ERAP Provider Responsibilities 18**

**9**. **ERAP Fiscal Responsibilities** **22**

**10. Reallocation of Funds 23**

**11. Maintaining Fiscal Records 25**

**12. County Human Services Planning and Expenditure Report 26**

**13. Client Appeals 27**

**14. Program Monitoring** **28**

**Appendices**

**Appendix A – Client Records 30**

**Appendix B – HIPAA Authorization Form 32**

**Appendix C – DHS Notice of Privacy Practices 35**

**Appendix D – HUD Income Inclusions and Exclusions 40**

**Appendix E – Income Calculation Worksheet 44**

**Appendix F – AMI Tables 46**

**Appendix G – ERAP Monthly Report 50**

**Appendix H – Certifications 52**

**Appendix I – Key Dates 54**

1. **OVERVIEW**
   1. INTRODUCTION
      1. The Emergency Rental Assistance Program (ERAP) was established by section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020). The Rental and Utility Assistance Grant Program component of Act 1 of 2021 signed into law by Governor Wolf on February 5, 2021, gives the Department of Human Services (DHS) the authority to establish programmatic and eligibility guidelines for the Emergency Rental Assistance Program.
      2. ERAP is a county-administered program that offers rental assistance and housing stability services to individuals and families experiencing or at risk for homelessness due to the novel coronavirus disease (COVID-19). The ERAP Instructions & Requirements guidance will focus on these two components:
         1. Rental and Utility Assistance
         2. Housing Stability Services
      3. The ERAP I & R manual provides operational guidance for implementing the Pennsylvania ERAP including program goals, descriptions of the two ERAP components, criteria for client eligibility, allowable ERAP expenditures, fiscal reporting requirements, and expectations for program monitoring.
      4. The term “ERAP provider” refers to the county office or agency designated by the county to administer the ERAP program and benefit issuance, whereas, the term “county or counties” refers to the county commissioners office or the county department receiving allocated funds.
   2. ERAP GOALS
      1. Counties receiving ERAP funding must develop programs to achieve the following goals:
         1. Mitigate the effects of homelessness on families and individuals impacted directly or indirectly by the COVID-19 Public Health Emergency.
         2. Provide eligible families and individuals financial assistance for rent, rental arrears, utilities and home energy costs, utility and home energy costs arrears, and other expenses related to housing incurred due, directly or indirectly, to COVID-19.
         3. At the counties option, provide housing stability services, such as case management.
         4. Comply with programmatic requirements (e.g. verifying and calculating income, maintaining case notes, etc.), reporting requirements, and monitoring requirements as outlined in the ERAP I & R.
2. **GENERAL COMPONENT DESCRIPTIONS**
   1. RENTAL AND UTILITY ASSISTANCE -Rental and utility assistance related to the COVID-19 outbreak or unemployment includes assistance that enables eligible households to prevent homelessness or near homelessness by aiding households where housing stability is at risk. Rental, utility and other expenses related to housing, separately or when combined, can be made only for up to 12 months plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds.
      1. Payment for Rental Arrears
         1. To provide eligible households with payment of rental arrears for up to 12-months (plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds) for past due rent that has been accrued on or after March 13, 2020.
         2. Rental arrears provided to an eligible household shall be made to a landlord on behalf of the eligible household.
         3. If the landlord does not agree to accept such payment from the ERAP provider after outreach, the provider may make such payments directly to the tenant for the purpose of making payments to the landlord.

* + - * 1. A payment received by a tenant must be forwarded to the landlord to reduce the tenant's obligation.

* + - 1. A landlord can apply on behalf of the tenant, and the tenant must co-sign the application.
      2. For any payments made by an ERAP provider to a landlord, the provider must provide documentation of such payments to the eligible household tenant.
    1. Payment for Prospective Rent

1. An eligible household may apply for prospective rent payments up to three months at a time (for up to 12-months plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds).

* 1. An ERAP provider shall not provide an eligible household with financial assistance for prospective rent payments for more than three months at a time based on any application by or on behalf of the household. The total months of rental assistance may not exceed 12 months (plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds).
  2. Every three months, a new application and eligibility determination is required for additional months requested for a total prospective rent payment of not more than 12 months (plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds).

1. ERAP providers may assist households for only prospective benefits, however, payment to reduce rental arrears, if any, must be provided before prospective rental benefits can be provided.
2. An ERAP provider shall make future rent payments for an eligible household to a landlord on behalf of the eligible household.
3. If the landlord does not agree to accept such payment from the ERAP provider after outreach to the landlord by the provider, the provider may make such payments directly to the tenant of the eligible household for the purpose of making payments to the landlord.
   1. A payment received by a tenant must be forwarded to the landlord to reduce the tenant's obligation.
4. For any payments made by an ERAP provider to a landlord on behalf of an eligible household, the provider must provide documentation of such payments to the eligible household tenant.
5. An eligible household may receive prospective rent payments for additional months not to exceed 12 months plus an additional three months, if necessary, to ensure housing stability for the household:
   * + - 1. Subject to the availability of remaining funds.
         2. Based on a subsequent application and eligibility determination.
         3. Not to exceed three months of assistance allowed at one time.
6. Based on income recertification every three months when monthly income or attestation without documentation is used for income eligibility determination of prospective rental assistance.
7. To the extent that applicants have rental arrears, ERAP providers may not make commitments for prospective rent payments unless they have provided assistance to reduce an eligible household’s rental arrears.
   * 1. Payment for Utility and Home Energy Costs
        1. Utilities and home energy costs are separately stated charges related to the occupancy of rental property.
           1. Utilities include separately stated electricity, gas, water, sewer, trash removal and energy costs, such as fuel oil.
           2. Telecommunication services (telephone, cable, internet) delivered to the rental dwelling are not considered to be utilities.

* + - * 1. Utilities that are covered by the landlord within rent must be treated as rent and paid as rent or rental arrears.
      1. An eligible household may apply for payment of utility and home energy costs for up to 12-months (plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds).
      2. The ERAP provider shall make payments to a utility provider on behalf of the eligible household.
      3. If the utility provider does not agree to accept an ERAP payment after outreach to the utility provider, the ERAP provider may make such payments directly to the tenant of the eligible household for the purpose of making payments to the utility provider.
         1. A payment received by a tenant must be forwarded to the utility service provider to reduce the tenant’s obligation.
      4. For any payments made by an ERAP provider to a utility provider, the ERAP provider must provide documentation of such payments to the tenant of the eligible household.
    1. Payment for Utility and Home Energy Costs Arrears
       1. An ERAP provider shall provide eligible households with payment of utility arrears for up to 12 months for arrearages that have been accrued on or after March 13, 2020.
       2. An ERAP provider shall make payments to a utility provider on behalf of the tenant of the eligible household for utilities and home energy costs arrears.
       3. If the utility provider does not agree to accept such payment from the ERAP provider after outreach to the utility provider by the ERAP provider, the ERAP provider may make such payments directly to the tenant of the eligible household for the purpose of making payments to the utility provider.
          1. A payment received by a tenant must be forwarded to the utility service provider to reduce the tenant’s obligation.
       4. For any payments made by an ERAP provider to a utility provider on behalf of an eligible household, the ERAP provider must provide documentation of such payments to the tenant of the eligible household.
    2. Payments for Other Expenses Related to Housing
       1. A provider may provide payments for other expenses related to housing incurred due, directly or indirectly, to the COVID-19 outbreak. Such assistance shall be provided for a period not to exceed 12 months for expenses accrued after March 13, 2020, except that providers may provide assistance for an additional 3 months, (beyond the 12 month limitation), only if necessary to ensure housing stability for a household subject to the availability of funds.
       2. Other expenses related to housing include but are not limited to relocation expenses, rental fees, reasonable late fees, internet services if needed for work or home schooling or telemedicine.
       3. An ERAP provider shall make payments to a provider on behalf of the tenant of the eligible household for other expenses related to housing.
       4. If the provider of the related housing expense does not agree to accept such payment from the ERAP provider after outreach to the provider by the ERAP provider, the ERAP provider may make such payments directly to the tenant of the eligible household for the purpose of making payments to the housing expense provider.
          1. A payment received by a tenant must be forwarded to the utility service provider to reduce the tenant’s obligation.
       5. For any payments made by an ERAP provider to a housing expense provider on behalf of an eligible household, the ERAP provider must provide documentation of such payments to the tenant of the eligible household.
  1. HOUSING STABILITY SERVICES – Housing stability services related to the COVID-19 outbreak include those that enable eligible households to maintain or obtain housing. Housing stability services are optional services and are not required under ERAP. Housing stability services may include:
     1. Housing or fair housing counseling.
     2. Case management related to housing stability.
     3. Housing related services for survivors of domestic abuse or human trafficking.
     4. Attorney fees related to eviction or utility termination proceedings to include counsel, advice, or representation for mediation and housing services, resource navigation and income support, and other legal services designed to help tenants remain in their home or prevent homelessness.
     5. Specialized service for individuals with disabilities or seniors that supports their ability to access or maintain housing.

1. **RENTAL ASSISTANCE**
   1. ERAP Providers are required to ensure that the following procedures are in place:
      1. Processing applications for assistance so that the household is served in time to resolve the crisis and prevent eviction ensures that individuals do not have a break in housing. Providing timely assistance prevents additional expenditures for the household, the landlord and the agency. It is recommended that providers, to the best of their ability:
         1. Permit individuals to apply for rental assistance on the same day they visit the office whenever possible
         2. Review the application on the same day the applicant applies whenever possible for rental assistance or within a reasonable amount of time from application.
         3. Provide an applicant with a pending verification list and a reasonable due date for returning the pending items if all verification items are not presented with the application.
         4. If all required verification is presented, determine eligibility as expeditiously as possible
      2. Individuals or families living in subsidized housing and Section 8 housing are also eligible for rental assistance.
      3. Rental assistance includes rental costs for trailers and trailer lots.
      4. Providers may consider hotels, motels, and boarding homes as long-term housing and the county may or may not choose to assist clients with rental assistance payments in these situations. Clients requesting this type of assistance must provide written documentation of long-term living arrangements. This documentation may include a receipt for a security deposit, a signed lease agreement, or other documentation that verifies the unit will be or has been a long-term living arrangement.
      5. Provide the client with a written notice approving or denying their request for assistance.
      6. Provide the client with written details on their right to appeal adverse actions and the process to do so (see “Client Appeals” for more details on the appeal process).
      7. Utilize collateral contacts to assist in obtaining verifications to determine eligibility and for questionable documents.
   2. Counties may choose, but are not obligated, to use funds to move clients from one county to another county. If a county chooses to provide funding to move a client to another county, the county should contact the receiving county agency to inform them of the services provided and the payment amount to avoid duplication of services.
2. **HOUSING STABILITY SERVICES**
   1. Counties may use the housing stability services component to coordinate the activities necessary for the client to maintain or obtain housing.
   2. Housing stability services shall not exceed 9.09 percent of the amount of the total DHS ERAP allocation. (REMINDER: The maximum allowed administrative costs, up to 5 percent, is also deducted from the 9.09 percent.)
   3. DHS recommends ERAP providers leverage existing working relationships with other community service providers and any agencies that can support the family in maintaining and securing housing. By working with a local network of human service agencies, the ERAP provider can also become aware, as confidentiality allows, of the service plans within other agencies and establish goals that do not conflict. For any referrals or exchange of identifying information, the client must sign a valid written HIPAA compliant authorization. (See ‘Appendix B” HIPAA Authorization Form.)
   4. CASE MANAGEMENT UNDER HOUSING STABILITY SERVICES
      1. The following provisions under this section D are applicable when ERAP providers opt to provide case management under Housing Stability Services for the client to obtain or retain housing and to achieve self-sufficiency.
      2. Case management is defined as a “collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client’s health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.” For case management resources visit the [HUD Exchange](https://www.hudexchange.info/resources/housingsearchtool/?housingsearchtoolaction=public:main.client-intake-and-case-management-resources).
      3. Protecting the client's confidentiality in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
3. **HOUSEHOLD ELIGIBILITY**
   1. Eligible Household:
      1. The term “eligible household” means a household of one or more individuals who are obligated to pay rent on a residential dwelling and with respect to which the ERAP providers involved determines -
         1. That one or more individuals within the household has
            1. Qualified for unemployment benefits, or
            2. Experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID–19 outbreak, which the applicant shall demonstrate or attest in writing.
         2. That one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability, which may include:
            1. a past due utility or rent notice or eviction notice.
            2. unsafe or unhealthy living conditions; or
            3. any other evidence of such risk, as determined by the ERAP provider involved; and
         3. The household has an annual or monthly household income that is not more than 80 percent of the Area Median Income (AMI) for the household size.
      2. Youths 17 years of age and younger, living as part of a family unit, and not emancipated, are not eligible to apply for ERAP services.
      3. An individual is considered an emancipated minor and may apply for ERAP services if he or she is 17 years of age or younger and living as a separate family unit from their parents or is married or separated from a spouse or is a parent caring for children.
      4. Counties must respect client confidentiality, provide a Notice Of Privacy Practices (see “Appendix C” DHS Notice of Privacy Practices) and seek written permission for release of information from the client. Counties must maintain written releases in the client record.
      5. In reviewing applications for financial assistance, the ERAP provider shall prioritize consideration of the applications of an eligible household that satisfies any of the following conditions:
         1. The income of the household does not exceed 50 percent of the AMI for the household **OR**
         2. One or more individuals within the household are unemployed as of the date of the application for assistance and have not been employed for the 90-day period preceding such date.
      6. Rental assistance may not be duplicative of other federally funded rental assistance provided to households.
      7. ERAP Providers may use a signed attestation from the applicant affirming they have not used any other federal funded assistance for the same expense. The county must also verify that the expense is still outstanding.
4. **Income Eligibility**
   1. This section outlines the income guidelines that ERAP providers must follow to ensure consistency in determining financial eligibility across ERAP.
   2. ERAP providers may determine income eligibility based on either the household’s total annual income for calendar year 2020 or the household’s monthly income at the time of application.
      1. Annual Income is the total gross income of all adult household members before any deductions are taken.
      2. Monthly Income is the total monthly gross income of all adult members provided at application and extrapolated over a 12-month period to determine whether household income exceeds 80 percent of the area median income.
   3. Providers must count the total gross income of each adult person (18 years of age or older and not in high school full-time) when determining eligibility.
   4. Providers must retain copies of the income verification, the calculations used to calculate eligibility, and amount of assistance granted in the client record.
   5. Income Determination:
      1. In determining the income of a household for eligibility purposes, the ERAP provider involved shall consider:
         1. The household’s total gross annual income for calendar year 2020, or
         2. Sufficient confirmation of the household’s monthly gross income (30 days prior to the date of application), or
         3. Categorical eligibility where income has been verified with a determination letter in connection with participation in another federal, state or local government program with income limits at or below 80% AMI.
      2. Using monthly income requires redetermination of eligibility of a household after each period of prospective rent of three months based on the subsequent application required to be filed for each three-month period.
      3. To calculate annual gross income using monthly income information when determining eligibility, the ERAP provider will follow these steps: (see “Appendix E” for the Income Calculation Worksheet example).
         1. STEP 1: Add the gross income in the 30 days prior to the date of application (from all sources) to arrive at a total.
         2. STEP 2: Divide the total by the number of weeks in the 30-day period. The provider uses this weekly average as a representative week.
         3. STEP 3: Multiply the representative week by 52 to arrive at an estimated annual gross income.
         4. STEP 4: Clients with an estimated annual gross income at or below the county’s AMI limit for the household size are income eligible for ERAP services (see “Appendix F” AMI Tables).
      4. Income used to determine eligibility follows HUD income inclusions and exclusions requirements at 24 CFR 5.609(b) and (c). (See “Appendix D” HUD Income Inclusions and Exclusions for a complete list.)
   6. Calculating Income from Self-Employment.
      1. When an applicant is self-employed, the profit from self-employment counts as gross earned income. An individual is self-employed when he or she owns and operates his or her own business, trade, or profession. Examples of self-employment include day care provider, hair stylist, nail technician, mowing lawns, shoveling snow, selling cosmetic products, selling produce, and renting a room in one's home.
      2. Use the best information available to estimate the income the applicant expects to receive from self-employment. The ERAP provider may base the estimate on prior earnings, if it correctly represents the self-employment income, or the provider may use income tax returns and other records.
      3. To determine profit from self-employment:
         1. Total the prior earnings or the income from the tax returns or other records.
         2. Deduct any allowable costs of producing self-employment income.
         3. Divide the result by the number of months the income is expected to cover and use that as the representative month.
      4. Allowable costs of producing self-employment income are the day-to-day expenses of operating a business, but not the costs of establishing or improving a business. If the applicant does not provide verification of the allowable cost, compute profit without the deduction.
         1. Examples of allowable costs:
            1. Costs of maintaining a place of business such as rent, utilities, insurance on the business and its property, and property taxes.
            2. Interest on the purchase of income-producing equipment and property.
            3. Employee labor costs.
            4. Cost of goods sold, supplies, and materials.
            5. Advertising costs.
            6. Accounting and legal fees.
            7. Professional licensing fees and union dues, if necessary, to practice a profession or trade; and
            8. Transportation costs necessary to produce income.
5. **ERAP EXPENDITURES**
   1. Overview
      1. DHS will financially participate only in expenditures that are:
         1. Necessary and proper for the operation of the ERAP and for providing eligible services to eligible clients.
         2. Limited to the amount of the grant.
      2. DHS is not responsible for funding a deficit incurred by a county or ERAP provider.
      3. Not more than 5 percent of the grant funds shall be utilized to cover the costs of administering the program.
   2. Expenditures – Rental and Utility Assistance and Other Housing Expenses
      1. Allowable:
         1. The total combined months that a household can receive rental, utility and/or other expenses related to housing up to 12 months (plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds).
            1. Example: If a household receives 3 months of only utility arrears, it can only get 9 months of prospective rent payments (plus an additional three months, if necessary, to ensure housing stability for the household). If getting all three types of assistance for the same month, it would only count as one month toward the limitation.
            2. Example: Tenant was provided prospective rent for July and August (2 months) and then applies in September for Utility arrears for August. The tenant still only used 2 months, July and August.
         2. Total prospective rental payments, (including but not limited to, lot rental payments) for up to three months at a time for a total of 12 months plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds.
         3. Total amount of rental arrearages (including lot rental arrearages), incurred on or after March 13, 2020, for up to 12 months plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds.
         4. Total utility arrearages incurred on or after March 13, 2020, for up to 12 months plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds. (The current utility bill is considered an arrearage if the service has been provided.)
         5. Other expenses related to housing incurred due, directly or indirectly, to COVID-19 for up to 12 months plus an additional three months, if necessary, to ensure housing stability for the household, subject to the availability of funds. See Section 2(A)(v).
   3. ADMINISTRATIVE COSTS
      1. Associated administrative costs may not exceed more than 5 percent of the total allocated funds. Administrative costs are costs attributable to providing financial assistance and housing stability services respectively, including data collection, landlord outreach and reporting requirements related to such funds.
      2. Administrative costs factor into the overall percent allowed for housing stability services.
         1. EXAMPLE: If only 3 percent is spent on administrative costs then 6.09 percent may be used for housing stability services. The combined total of administrative costs and housing stability services shall not exceed 9.09 percent and the total administrative costs shall not exceed 5 percent.
6. **COUNTY/ERAP PROVIDER RESPONSIBILITIES**
   1. General
      1. The county may retain primary responsibility for deliveringERAP services orthe county may subgrant funds to nonprofit agencies to deliver services.
      2. If the county subgrants the administration of the ERAP, the subgrantee is responsible to meet all county requirements.
      3. When a county subgrants ERAP services to other agencies, the county remains the department’s point of contact for the county ERAP services.
      4. When the county ERAP administrator is unavailable, the department reserves the right to contact subgrantees directly.
      5. Counties must provide the department ERAP Program Manager with a list of subgrantees and contact information. In all cases, the county is ultimately responsible for compliance with the county and ERAP provider requirements:
   2. County Responsibilities
      1. Administer and disburse grant funds for the provision of rental and utility assistance and housing stability services in accordance with these guidelines, information from the department and federal and state requirements.
      2. Establish or maintain, in agreement with another county, local collaborative arrangements for the delivery of rental and utility assistance and housing stability services.
      3. Determine and redetermine, in accordance with the information provided by the department, whether a household is eligible to participate in the program.
      4. Submit monthly reports to the department, which shall include identified excess or insufficient funding and an itemization of expenditures for administrative costs. The reports shall be subject to audit as determined by the department.
      5. Review, approve, and summarize all ERAP reports submitted to the county by service providers and submit the county summaries ONLYto the department. The county must maintain the provider reports.
      6. Comply with timeframes for reporting and requests outlined in Appendix G ERAP Monthly report and Appendix I Key Dates.
      7. Ensure that participation in the ERAP is not dependent upon a client's affiliation with, or attendance at, religious or political activities.
      8. Ensure that the program does not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, gender, disability, lifestyle, or sexual orientation. Any person who asserts that denial or termination of services is based on discrimination because of any of these reasons must be informed by the county of their right to appeal to the Pennsylvania Human Relations Commission.
      9. Ensure that clients are served with ERAP funds and that funds are expended only on allowable services as described in these Instructions and Requirements.
      10. Meet applicable Fire and Panic Regulations, and applicable health and safety requirements for all facilities where service is provided, whether rented or owned by the county or ERAP provider.
   3. Outreach
      1. ERAP providers must make reasonable efforts to obtain the cooperation of landlords and utility providers to accept payments from ERAP before determining that the landlord or utility provider will not accept direct payment from the ERAP provider. Outreach efforts should be documented in case records for non-participating landlords or utility providers.
      2. In general, rental and utility assistance can be provided most effectively and efficiently when the landlord or utility provider participates in the program. Outreach will be considered complete if
         1. A request for participation is sent in writing, by mail, to the landlord or utility provider, and the addressee does not respond to the request within 14 calendar days after mailing, or
         2. The ERAP provider has made at least three attempts by phone, text, or e-mail over a 10 calendar-day period to request the landlord or utility provider’s participation, or
         3. A landlord confirms in writing that the landlord does not wish to participate. The final outreach attempt or notice to the landlord must be documented.
   4. Client Records
      1. ERAP providers must maintain client case records, client intake procedures, and maintenance of service records for each client. The provider must maintain records in accordance to client confidentiality and HIPAA requirements. Keep copies of any signed releases of HIPAA information and note in the case records the client was given a Notice of Privacy Practices.
      2. Counties and ERAP providers should consider the populations they serve and understand the risks and implications for clients and entities involved if confidentiality is breached. ERAP providers must provide the client with a Notice of Privacy Practices (See “Appendix C” Notice of Privacy Practices for DHS example).
      3. ERAP providers may choose the format for their client records. The ERAP I & R provides a sample in Appendix A Client Records, which can guide how counties and providers design comprehensive, easily navigated client records.
      4. At a minimum, client records must contain:
         1. Written authorizations for releases of information
         2. Verification documents of the applicants identity
            1. Applicants should provide documentary evidence to verify identity and to ensure that duplicative payments are not made to the same household. If an SSN is provided, record only the last 4 digits.
         3. Intake and assessment forms
         4. Acknowledgements of rules and regulations, rights and responsibilities, appeal process, etc.
         5. Service plans when case management is provided under Housing Stability Services
         6. Application form including the signed applicant attestation that all information is correct and complete
         7. Verification or written attestations of income
         8. Verifications provided demonstrating need for services (e.g. eviction notices, leases, bills, utility termination notices, etc.)
            1. Written attestation is acceptable as verification when documentation used to determine eligibility is not obtainable. Attestations may be from employers, landlords, caseworkers, the tenant or others with knowledge of the household’s circumstances.
         9. The amounts and dates of assistance
         10. Case notes
         11. Approval or denial notices
         12. Appeal and hearing information
   5. Signed Certifications
      1. DHS has developed Tenant and Landlord Certification forms and will provide access to the forms for use in application processing. (See “Appendix H” Certifications)
      2. An ERAP provider can use their agency’s existing forms or utilize the forms provided by DHS.
      3. The Tenant Certification acknowledges that the landlord is applying on behalf of the tenant.
      4. The Landlord Certification acknowledges the landlord will or will not accept direct payment of ERAP funds. The Landlord Certification will justify instances where the payment is sent directly to the tenant rather than the landlord.
7. **ERAP FISCAL RESPONSIBILITIES**
   1. FISCAL RESPONSIBILITIES
      1. Grant Revocation
         1. In the event of termination or cancellation of the grant, the county must submit a financial accounting of revenue and expenditures to the department no later than thirty days after the termination date. Counties with more than one ERAP provider must compile fiscal data and submit one summarized report.
      2. Payments
         1. Counties will be paid a full ERAP allocation in one initial payment. Reallocation of funds is addressed in the Reallocation of Grants section.
      3. Automated Clearing House Process
         1. Counties may choose the Automated Clearing House (ACH) process for receiving payments verses the United States mail system. The ACH process provides for electronic transmission (direct deposit) of Emergency Rental Assistance Program (ERAP) payments into a designated account. If the county is interested in participating in the ACH process, contact the Commonwealth of Pennsylvania, Bureau of Payable Services at 717-346-2676.
         2. After the ACH is set up, the county must forward the vendor number (including the suffix, if applicable), bank and account information to [ra-cyunit@pa.gov](mailto:ra-cyunit@pa.gov) so DHS’s Bureau of Financial Operations can update its records and be sure that prospective payments are submitted as ACH.
8. **REALLOCATION OF FUNDS**
   1. Obligated Funds
      1. Counties must certify the following to the department by July 31, 2021:
         1. Whether the county has obligated 65 percent of its grant funds under section 102-D(c) of Act 1 of 2021.
         2. The amount of funding that is expected to be obligated for the period August 1, 2021, through December 31, 2021, along with projections of any excess funding or a funding shortfall through December 31, 2021.
         3. If the county certifies that excess funds will remain on December 31, 2021, beginning August 15, 2021, the department may recoup and reallocate excess funding to other counties that have demonstrated a funding shortfall. Any funding shall be reallocated by the department according to the reallocation methodology under section 103-D(a)(7) of Act 1 of 2021.
   2. Additional Allocation
      1. If the Commonwealth receives an additional federal allocation under the Consolidated Appropriations Act, 2021, as a result of other states not having met their threshold under Federal law, the department shall distribute reallocated funding to counties who have obligated at least 65 percent of their initial allocation by July 31, 2021, according to the reallocation methodology under Pa Act 1 of 2021 section 103-D(a)(7) and have certified a shortfall demonstrating additional need.
      2. Earned Interest
         1. All funds received by the county through the ERAP must be placed in an interest-bearing account and interest earned shall be spent for the ERAP components. Income received from interest and other sources must be considered as first funds spent. The interest earned must also be reported to the department on the final expenditure report; however, it is available for use by the county in the ERAP.
      3. Accrual Accounting
         1. The county and ERAP providers must report expenditures and revenues on an accrual basis. This requires the reporting of expenses, purchases and other bills in the period when incurred (regardless of when paid), and the reporting of revenues, fees, and contributions in the period when earned (regardless of when received). The intent of this requirement is to provide an accurate financial statement of the expenditures.
      4. Audits
         1. All counties and ERAP providers are subject to review and audit by the department, Auditor General, federal auditors (where applicable), and persons authorized by the department to determine compliance with statutes, regulations, and policies. The county must submit to the department information on this program for the single county audit.
         2. The department encourages the counties to include in their written agreement with ERAP providers the requirement for a single audit. For accountability purposes, counties are encouraged to require a program audit that, if needed, can be used by the county single auditor. Costs for the audit may be considered county or subgrantee administration costs. The audit of the program may be used to support the single audit, but duplication of costs may not occur. All funds received by the county through the ERAP grant will be subject to the single county audit.
9. **MAINTAINING FISCAL RECORDS**
   1. The counties and ERAP providers must maintain books, records, documents, and other evidence pertaining to costs and expenses of the grant to the extent and in such detail as will properly reflect all costs and expenses of whatever nature for which reimbursement is claimed or payment is made under the grant. Books, records, documents, and other evidence will be maintained according to generally accepted accounting principles.
   2. Financial records, supporting documents, statistical records, and all other records pertinent to ERAP grants will be retained for a period of five years following submission of the Final Expenditure and Client Reports to the department.
   3. If any litigation, claims, or audit is started before the expiration of the five-year retention period, the records will be retained until litigation, claims, or audit findings involving the records is resolved.
   4. Authorized representatives of the department or federal government, where applicable, will have access to any pertinent books, documents, papers, and records to make audits, examinations, excerpts, and transcripts. If it is determined that the records possess a long-term value, they will be transferred, as requested, to the department.
10. **COUNTY HUMAN SERVICES PLANNING AND EXPENDITURE REPORTS** 
    1. The Department of Human Services, Bureau of Financial Operations and/or Bureau of Policy provides the reporting guidelines, templates, and reporting due dates to the counties. Counties must make revisions to these plans through the department’s, Bureau of Financial Operations and/or Bureau of Policy.
    2. ERAP Monthly Report
       1. A county summarized ERAP Monthly Report must be submitted to the ERAP Program Manager. Counties must provide the monthly report to the ERAP Program Manager by the 10th of the month starting May 10, 2021. The ERAP Program Manager will provide the report template to the counties. The ERAP I & R provides directions for completing the ERAP Monthly Report.

* + 1. Counties will submit ERAP Monthly Reports to the department, to help them assess service usage and to make preparing the final report manageable.

* + 1. Counties with subgrantees are responsible for collecting and aggregating provider reports and preparing one county report for the ERAP Program Manager. Counties must maintain provider reports and have them available to auditors and department staff upon request.
    2. The ERAP Monthly Report collects information used by the department to show the population of households served and in need of rental assistance and housing stability services. Collecting accurate information is vital for ensuring that the department is capturing the data required by the federal government.
    3. Counties will be granted access to the department’s COMPASS ERAP reporting tool.
    4. The reporting tool will allow counties to:
       1. Track applications submitted through COMPASS.
       2. Record demographic information
          1. Gender
          2. Race
          3. Ethnicity
          4. Veteran
       3. Record the type and amount of assistance authorized for each application.
       4. Record the household income level and the annual or monthly method used for eligibility.
       5. Add information on paper applications received and processed.
       6. Enter the accrued fiscal expenditures for ERAP.
    5. The application information entered will be systematically complied into an aggregate client data report for federal reporting requirements.
    6. See Appendix G ERAP Monthly Report for a list of the report data fields.

1. **CLIENT APPEALS**
   1. For the DHS ERAP program component the first appeal level is the DHS Office of Hearings and Appeals, P.O. Box 2675, Harrisburg, Pennsylvania 17105. DHS will provide, in writing, all decisions resulting from an appeal to the client, the county and the ERAP provider. County ERAP allocation letters will indicate the county is receiving federal funding.
   2. At intake, counties must inform clients, in writing, of their right to appeal and of the availability of a review process at the county and state levels. The client is not entitled to, but may receive, service during the time of review at the ERAP providers discretion.
   3. The county will use existing appeal procedures when the appeal is not related to ERAP to allow clients to appeal denied assistance or terminated services and afford them the opportunity to have their cases reviewed by the county agency. Counties must provide all decisions resulting from a county appeal to the client and the provider, in writing.
   4. The ERAP provider must provide the following information in writing to any client to whom it denies or terminates from service:
      1. The action being taken
      2. The reason for the action
      3. The effective date of the action and
      4. The availability of an appeal process at the state level.
   5. The ERAP provider must make every attempt to provide a warning or advance notice of termination, when possible.
      1. Counties must submit copies of state level appeals at the time of resolution to:
2. [RA-PWERAPOIM@pa.gov](https://pagov-my.sharepoint.com/personal/adriggs_pa_gov/Documents/PROJECTS/Fed%20ERA%202021/Procedures/ERAP%20Instruction%20and%20Requirements/RA-PWERAPOIM@pa.gov)  OR
3. Emergency Rental Assistance Program

Attn: Desanie Miller, WOB Room 227

Office of Income Maintenance

P.O. Box 2675, Harrisburg, PA 17015-2675

1. **PROGRAM MONITORING**
   1. Counties that subcontract with other agencies are required to monitor each ERAP providers’ compliance with the ERAP Instructions and Requirements document. The county must maintain monitoring reports at the county office. The reports must identify any programmatic or administrative issues that the service provider must resolve and the service provider's plan for resolution and follow-up. These reports are subject to review by DHS, Auditor General, federal auditors, and other persons authorized by the department.
   2. The department will periodically monitor counties receiving ERAP funds to ensure they and their subcontractors are following ERAP requirements as outlined in the ERAP I & R. Counties can expect a review of ERAP records and must cooperate with the departments monitoring activities.
   3. The department monitor will conduct an entrance interview with the ERAP county describing what will occur during the review.
   4. Once the ERAP county monitoring review is complete, the department monitor will conduct an exit interview with the county.
   5. The department monitor will send a cover letter and an ERAP monitoring report to the ERAP county.
   6. The county has 30 days from the receipt of the ERAP monitoring report to comment or, if necessary, provide a corrective action plan. If the county provides comments, the ERAP program manager or monitor will incorporate them into the final monitoring report. If the county provides a corrective action plan, the ERAP program manager or monitor will revisit the county, ensure that the county has implemented the corrective actions, and incorporate the findings into the final monitoring report.
   7. The department shall send a cover letter signed by the by the Bureau of Policy Director to the county commissioners, with the final monitoring report attached and shall send a copy to the ERAP county contact person.

**APPENDIX A**

**CLIENT RECORDS**

1. The ERAP provider must maintain records in accordance with client confidentiality requirements. Counties and ERAP providers should consider the populations they serve and understand the risks and implications for clients and entities involved if confidentiality is breached. (e.g. when serving people experiencing both homelessness and domestic violence, the ERAP provider must be cognizant of the risks facing the client and not allow breaches of confidentiality to place the person at increased risk).
2. ERAP providers may choose the format for their client records. At a minimum, client records must contain:
   1. Releases of information
   2. Copies of documents establishing applicants identity to ensure that duplicative payments are not made to the same household. If an SSN is provided, record only the last 4 digits.
   3. Intake and assessment forms
   4. Acknowledgements of rules and regulations, rights and responsibilities, appeal process, etc.
   5. Housing Stability case management service plans if applicable
   6. Referral forms if applicable
   7. Verifications or written attestations of income
   8. Verifications provided demonstrating need for services (e.g. eviction notices, leases, bills, utility termination notices, etc.)
   9. Calculation worksheets used to determine income eligibility
      1. 0 percent – 30 percent AMI
      2. 30 percent – 50 percent AMI
      3. 50 percent – 80 percent AMI
   10. Eligibility and amount/type of assistance provided through ERAP (rent, utility, arrears, etc.)
   11. The amounts and dates of assistance
   12. Case notes
   13. Approval or denial notices
   14. Any document specific to a client’s participation in a particular component.
3. In this example of a client record, the provider divided the record into four sections. Each section includes the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1:**  **Client Information** | **SECTION 2:**  **Housing Information** | **SECTION 3:**  **Financial** | **SECTION 4:**  **Housing Stability Services** |
| Releases | Landlord Certification | Income verifications | Intake forms |
| ID, SSN, etc. | Rental Arrears,  Utility Arrears | Taxes (1040) | Entry Assessment |
| Sex, race, gender | Landlord/Utility information | Written Income attestations without documentation | Notes |
| Client Certifications or Attestations | W9 form | Income Calculation worksheet | Correspondence |
| Appeal Forms | Eviction notice if applicable | Household AMI percent bracket (30, 50, 80) |  |
|  | Lease |  |  |
|  | Housing expense/cost written attestation w/out documentation |  |  |

**APPENDIX B**

**HIPAA Authorization Form**

**Authorization for Use or Disclosure of Personal Information**

**PART A - General Information**

Information to be disclosed and time period of information requested (Identify specifically the information to be used/disclosed such as welfare records, lien records, inspection records, etc. If information to be used or disclosed includes mental health, drug and alcohol, or HIV-related information, please complete section of this form that relates to that information):

This information is to be disclosed to:

(Name or title of the individual/organization to whom disclosure is to be made)

|  |
| --- |
|  |

I authorize the use/disclosure of individual information as described below from the records of:

|  |
| --- |
| Name: |
| DOB: |
| Phone: |
| Address: |

**Reason for disclosure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that:**

1. This authorization may be revoked at any time by writing to the individual/organization identified in section 1 except to the extent that information has already been disclosed. If information has already been disclosed in reliance on this authorization, revoking it will only prevent future disclosure.
2. The Department and its health and human services programs will not condition treatment, payment, enrollment or eligibility on the provision of this authorization.
3. Information (except drug and alcohol information) disclosed pursuant to this authorization may be subject to redisclosure by the individual/organization identified in section A.2 below and is no longer protected by federal privacy regulations.
4. The department, its programs, services, employees, officers, and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.
5. I may refuse to sign this authorization.

**This authorization expires as indicated:**

Once Acted Upon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify date or event) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B - Special Categories of Medical Information**

**B1. Drug and Alcohol Information**

If my medical record includes drug and alcohol information, I want to send that information to the individual/organization identified in Part A of this form.

\_\_\_\_\_Yes \_\_\_\_\_No or Not Applicable

This information will be disclosed from records protected by Federal Confidentiality rules (42 CFR Part 2). The Federal rules prohibit the individual/organization identified in Part A of this form from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the

person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**B2. Mental Health Information**

If my medical record includes mental health information, I want to send that information to the individual/organization identified in Part A of this form.

\_\_\_\_\_ Yes \_\_\_\_\_No or Not Applicable

**B3. HIV/AIDS Information**

If my medical record includes HIV/Aids information, I want to send that information to the individual/organization identified in Part A of this form.

\_\_\_\_\_Yes \_\_\_\_\_No or Not Applicable

This information will be disclosed from records protected by Pennsylvania law. Pennsylvania law prohibits further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Individual or Personal Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If personal representative, state relationship to individual

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness

(necessary for release of Mental Health and Drug and Alcohol information)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX C**

**DHS Notice of Privacy Practices**

The Department of Human Services (DHS) provides and pays for many types of benefits and social services. We also determine an individual’s eligibility to receive benefits and services. To do these things, we have to collect personal and health information about you and/or your family. The information we collect about you and/or your family is private. We call this information “protected health information.”

DHS does not use or disclose health information unless it is permitted or required by law. DHS is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices concerning

protected health information and to notify affected individuals in the case of a breach of unsecured protected health information. As a “covered entity,” DHS must follow applicable laws protecting the privacy of your protected health information which include

the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. Under HIPAA, Medicaid agencies, certain health plans and health care providers are examples of covered entities that must comply with HIPAA. Other laws that may apply include rules concerning confidential information about Medical Assistance, other benefits, behavioral health, substance abuse/treatment and HIV/AIDS. When we use or disclose protected health information, we make every reasonable effort to limit its use or disclosure to the minimum necessary to accomplish the intended purpose. This notice explains your right to privacy of your protected health information and how we may use and disclose that information. For more information on DHS privacy practices, or to receive another copy of this notice, please contact us. For information on how to contact us, see the “Complaints” section on the last.

We are required by law to follow the terms of this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain. If we make an important change in our privacy

policies or procedures, we will post a revised copy of the notice on our website and/or provide you with a new privacy notice by mail or in person. You may request and receive a paper copy of this notice at any time.

**What is protected health information?**

Protected health information is information about you that relates to a past, present or future physical or mental health condition, treatment or payment for treatment, and that can be used to identify you. This information includes any information, whether verbal or recorded in any form, that is created or received by DHS or persons or organizations that contract with DHS. This includes electronic information and information in any other form or medium that could identify you, for example:

**What is protected health information?**

Your name (or names of your children)

Address

Date of birth

Admission/discharge date

Diagnostic code

Telephone number

DHS case number

Social Security number

Medical procedure code

**Who sees and shares my health information?**

DHS professionals (such as caseworkers and other county assistance office and program staff) and people outside of DHS (such as our contractors, health maintenance organization (HMO) staff, nurses, doctors, therapists, social workers and administrators)

may see and use your health information to determine your eligibility for benefits, treatment, payment or for other required or permitted reasons. Sharing your health information may relate to services and benefits you had before, receive now, or may

receive later. DHS will not use or share genetic information about you when deciding if you are eligible for Medicaid.

**Why is my protected health information used and disclosed by DHS?**

There are different reasons why we may use or disclose your protected health information. The law says that we may use or disclose information without your consent or authorization for the reasons described below.

For Treatment: We may use or disclose information so that you can receive medical treatment or services. For example, we may disclose information your doctor, hospital or therapist needs to know to give you quality care and to coordinate your treatment

with others helping with your care.

For Payment: We may use or disclose information to pay for your treatment and other services. For example, we may exchange information about you with your doctor, hospital, nursing home, or another government agency to pay the bills for your treatment and services.

For Operating Our Programs: We may use or disclose information in the course of our ordinary business as we manage our various programs. For example, we may use your health information to contact you to provide information about appointments,

health-related information and benefits and services. We may also review information we receive from your doctor, hospital, nursing home and other health care providers to review how our programs are working or to review the need for and quality of health care services provided to you and/or your family.

For Public Health Activities: We report public health information to other government agencies concerning such things as contagious diseases, immunization information, and the tracking of some diseases such as cancer.

For Law Enforcement Purposes and As Required by Legal Proceedings: We will disclose information to the police or other law enforcement authorities as required by court order.

For Government Programs: We may disclose information to a provider, government agency or other organization that needs to know if you are enrolled in one of our programs or receiving benefits under other programs such as the Workers’ Compensation Program.

For National Security: We may disclose information requested by the federal government when they are investigating something important to protect our country.

For Public Health and Safety: We may disclose information to prevent serious threats to health or safety of a person or the public.

For Research: We may disclose information for permitted research purposes and to develop reports. These reports do not identify specific people.

For Coroners, Funeral Directors and Organ Donation**:** We may disclose information to a coroner or medical examiner for identification purposes, cause of death determinations, organ donation and related reasons. We may also disclose information

to funeral directors to carry out funeral-related duties.

For Reasons Otherwise Required By Law: DHS may use or disclose your protected health information to the extent that the use or disclosure is otherwise required by law. The use or disclosure is made in compliance with the law and is limited to the

requirements of the law.

**Do other laws also protect certain health information about me?**

DHS also follows other federal and state laws that provide additional privacy protections for the use and disclosure of information about you. For example, if we have HIV or substance abuse information, with a few exceptions, we may not release it without

special, signed written permission that complies with the law. In some situations, the law also requires us to obtain written permission before we use or release information concerning mental health or intellectual disabilities and certain other information.

**Can I ask DHS to use or disclose my health information?**

Sometimes, you may need or want to have your protected health information sent or otherwise disclosed to someone or somewhere for reasons other than treatment, payment, operating our programs, or other permitted or required purpose not

needing your written authorization. If so, you may be asked to sign an authorization form, allowing us to send or otherwise disclose your protected health care information as you request.

The authorization form tells us what, where and to whom the information will be sent or otherwise disclosed. You may revoke your authorization or limit the amount of information to be disclosed at any time by letting us know in writing, except to the extent that DHS has already taken action in reliance upon the authorization.

If you are younger than 18 years old and, by law, you are able to consent for your own health care, then you will have control of that health information. You may ask to have your health information sent to any person who is helping you with your health care.

Except as described in this Notice, we will not use or disclose your health information without your written authorization. For example, HIPAA generally requires written authorization before a covered entity may use or disclose an individual’s psychotherapy

notes. In most cases, HIPAA also requires written authorization before a covered entity may use or disclose protected health information for marketing purposes or before it sells it.

**What are my rights regarding my health information?**

You have the following rights regarding your protected health information that we use and disclose:

Right to See and Copy Your Health Information: You have the right to see most of your protected health information and to receive a copy of it. If you want copies of information you have a right to see, you may be charged a small fee. However, generally,

you may not see or receive a copy of: (1) psychotherapy notes; or (2) information that may not be released to you under federal law.

If we deny your request for protected health information, we will provide you a written explanation for the denial and your rights regarding the denial.

DHS does not receive or keep a file of all of your protected health information. Doctors, hospitals, nursing homes and other health care providers (including an HMO, if you are enrolled in one) may also have your protected health information. You also have a right to your health information through your doctor or other provider who has these records.

Right to Correct or Add Information: If you think some of the protected health information, we have is wrong, you may ask us in writing to correct or add new information. You may ask us to send the corrected or new information to others who have received your health information from us. In certain cases, we may deny your request to correct or add information. If we deny your request, we will provide you a written explanation of why we denied your request. We will also explain what you can do if you disagree with our decision.

Right to Receive a List of Disclosures: You have the right to receive a list of where your protected health information has been sent, unless it was sent for purposes relating to treatment, payment, operating our programs, or if the law says we are not required to add the disclosure to the list. For example, the law does not require us to add to the list any disclosures we may have made to you, to family or persons involved in your care, to others you have authorized us to disclose to, or for information disclosed before April 14, 2003.

Right to Request Restrictions on Use and Disclosure: You have the right to ask us to restrict the use and disclosure of your protected health information. We may not be able to agree to your request. In fact, in some situations, we are not permitted to restrict the use or disclosure of the information. If we cannot comply with your request, we will tell you why. Except as otherwise required by law, we must grant your request to restrict

disclosure to a health plan if the purpose of disclosure is not for treatment and the medical services to which the request applies have been paid out-of-pocket in full.

Right to Request Confidential Communication: You may ask us to communicate with you in a certain way or at a certain location. For example, you may ask us to contact you only by mail.

Right to Receive Notification of a Breach: You have the right to receive notification if there is a breach of your unsecured protected health information.

**Whom do I contact about my rights or to ask questions about this notice?**

You can contact the DHS HIPAA helpline, toll-free at 800-692-7462 to discuss your rights or to ask questions about this notice. You can also contact your caseworker or health care provider or write to DHS’s Privacy Office, 3rd Floor West, Health and

Welfare Building, 7th and Forster Streets, Harrisburg, PA 17120. You can receive important information or updates to this notice by visiting DHS’s Web site at [www.dhs.pa.gov](http://www.dhs.pa.gov).

**How do I file a complaint?**

You may contact either office listed below if you want to file a complaint about how DHS has used or disclosed information about you. There is no penalty for filing a complaint. Your benefits will not be affected or changed if you file a complaint. DHS and its

employees and contractors cannot and will not retaliate against you for filing a complaint.

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES PRIVACY OFFICE

3RD FLOOR WEST, HEALTH AND WELFARE BUILDING

7TH AND FORSTER STREETS

HARRISBURG, PA 17120

REGION III

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE FOR CIVIL RIGHTS

150 S. INDEPENDENCE MALL WEST - SUITE 372

PHILADELPHIA, PA 19106-9111

**APPENDIX D**

**HUD Income Inclusions and Exclusions**

24 CFR 5.609(b) and (c)

HUD Exhibit 5-1 Income Inclusions and Exclusions

Examples included in parentheses have been added to the regulatory language for clarification.

**INCOME INCLUSIONS**

(1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;

(2) The net income from operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family;

(3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (2) above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of $5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;

(4) The full amount of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a \*\*periodic amount (e.g., Black Lung Sick benefits, Veterans Disability, Dependent Indemnity Compensation, payments to the widow of a serviceman killed in action). See paragraph (13) under Income Exclusions for an exception to this paragraph;\*\*

(5) Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay, except as provided in paragraph (3) under Income Exclusions; (6) Welfare Assistance.

(a) Welfare assistance received by the family.

(b) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:

(c) The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus

(d) The maximum amount that the welfare assistance agency could in fact allow the family for

shelter and utilities. If the family’s welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.

(7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling; and

(8) All regular pay, special pay, and allowances of a member of the Armed Forces, except as provided in paragraph (7) under Income Exclusions.

(9) For Section 8 programs only and as provided in 24 CFR 5.612, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall be considered income to that individual, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children. For purposes of this paragraph “financial assistance” does not include loan proceeds for the purpose of determining income. \*(Note: This paragraph also does not apply to a student who is living with his/her parents who are applying for or receiving Section 8 assistance.)\*

**INCOME EXLCUSIONS:**

(1) Income from employment of children (including foster children) under the age of 18 years;

(2) Payments received for the care of foster children or foster adults (usually persons with disabilities unrelated to the tenant family, who are unable to live alone);

(3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker’s compensation), capital gains, and settlement for personal or property losses, except as provided in paragraph (5) under Income Inclusions;

(4) Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;

(5) Income of a live-in aide, as defined in 24 CFR 5.403;

(6) The full amount of student financial assistance paid directly to the student or to the educational institution (see Income Inclusions (9), above, for students receiving Section 8 assistance);

(7) The special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm);

(8) (a) Amounts received under training programs funded by HUD (e.g., training received under Section 3);

(b) Amounts received by a person with a disability that are disregarded for a limited time for purposes of supplemental security income eligibility and benefits because they are set-aside for use under a Plan to Attain Self-Sufficiency (PASS);

(c) Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program;

(d) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed $200 per month) received by a resident for performing a service for the owner, on a part-time basis, that enhances the quality of life in the project. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiative coordination. No resident may receive more than one such stipend during the same period of time; or

(e) Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training programs not affiliated with a local government) and training of a family member as a resident management staff person. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program.

(9) Temporary, nonrecurring, or sporadic income (including gifts);

(10) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era. (Examples include payments by the German and Japanese governments for atrocities committed during the Nazi era);

**APPENDIX E**

**INCOME CALCULATION WORKSHEETS**

1. Counties may create their own worksheets; however, they must show time periods covered, sources of income, payment dates, gross amounts, calculations, and eligibility determination.

|  |  |  |  |
| --- | --- | --- | --- |
| **ERAP INCOME COMPUTATION WORKSHEET** | | | |
| **ANNUAL INCOME** | | | |
| **APPLICANT/TENANT NAME** |  | | |
| **APPLICATION SIGNED DATE** |  | | |
| **START DATE** |  | | |
| **END DATE** |  | | |
|  |  |  |  |
| **SOURCE** | **HH MEMBER NAME** | **YEAR** | **GROSS AMOUNT** |
|  |  | 2020 | $500.00 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Grand Total Yearly Gross Income:** | | | **$500.00** |
|  |  |  |  |
| **FAMILY SIZE** |  |  |  |
| **ANNUAL INCOME LIMIT** |  |  |  |
| **INCOME ELIGIBLE?** |  |  |  |
|  |  |  |  |
| **COMPLETED BY:** |  | | |
| **DATE:** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ERAP INCOME COMPUTATION WORKSHEET** | | | | | |
| **INCOME GOING BACK 30 DAYS** | | | | | |
| **APPLICANT/ADULT MEMBER NAME** | | **APPLICATION SIGNED DATE** | | **START DATE** | **END DATE** |
|  | |  | |  |  |
| **HH MEMBER:** | | | **HH MEMBER:** | | |
| **SOURCE** | **PAID DATE** | **GROSS AMOUNT** | **SOURCE** | **PAID DATE** | **GROSS AMOUNT** |
|  |  | $5.00 |  |  | $10.00 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total $ Amount:** | $5.00 | | **Total $ Amount:** | $10.00 | |
| **HH MEMBER:** | | | **HH MEMBER:** | | |
| **SOURCE** | **PAID DATE** | **GROSS AMOUNT** | **SOURCE** | **PAID DATE** | **GROSS AMOUNT** |
|  |  | $15.00 |  |  | $20.00 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total $ Amount:** | $15.00 | | **Total $ Amount:** | $20.00 | |
| **GRAND TOTAL ALL HOUSEHOLD MEMBER'S GROSS INCOME:** | | | | | **$50.00** |
|  |  |  |  |  |  |
| **GRAND TOTAL** | $50.00 |  |  |  |  |
| **NUMBER OF WEEKS IN PAY PERIOD** |  |  |  |  |  |
| **REPRESENTATIVE WEEK  TOTAL** | $200.00 |  |  |  |  |
| **ESTIMATED MONTHLY GROSS INCOME** | $866.00 |  |  |  |  |
| **ESTIMATED ANNUAL  GROSS INCOME** | $10,400.00 |  |  |  |  |
|  |  |  |  |  |  |
| **FAMILY SIZE** | 4 |  |  |  |  |
| **ANNUAL INCOME LIMIT** |  |  |  |  |  |
| **INCOME ELIGIBLE?** |  |  |  |  |  |
|  |  |  |  |  |  |
| **COMPLETED BY:** |  | | |  |  |
| **DATE:** |  |  |  |  |  |

**APPENDIX F**

**AMI Tables – 80 percent, 50 percent, and 30 percent**







**APPENDIX G**

**ERAP MONTHLY REPORT**

1. The monthly ERAP report is completed monthly with a final cumulative report at the conclusion of the program. The monthly report is due to the department by the 10th of the following month.
   1. The report should contain total grant period figures.
   2. Submit the monthly ERAP report, electronically via the COMPASS portal or at [RA-PWERAPOIM@pa.gov](mailto:RA-PWERAPOIM@pa.gov) if not participating in COMPASS.
2. The monthly report format will capture the aggregated cumulative data from the application tracking system and the county entered fiscal expenditure information.
3. Application tracking data fields: (currently in development)
   1. County
   2. COMPASS application number or unique county application ID.
   3. Application Status – Pending, Approved, Denied
   4. Gender
   5. Race
   6. Ethnicity
   7. Veteran
   8. Rental Assistance Amount
   9. Rental Arrears Amount
   10. Utility Assistance Amount
   11. Utility Arrears Amount
   12. Other Expenses Related to Housing
   13. Housing Stability Amount
   14. Total Assistance Amount
   15. Number of Months covered with Rental Assistance
   16. Number of Months covered with Utility Assistance
   17. Household Income Level
       1. Does not exceed 30% AMI
       2. Exceeds 30% but does not exceed 50% AMI
       3. Exceeds 50% but does not exceed 80% AMI
   18. Used 2020 Annual Income Calculation – Yes or No
   19. Used Monthly Income Calculation – Yes or No
4. Fiscal report data fields: (currently under development)
   1. Expenditure Type – Personnel, Operating, Purchased Services,
   2. Revenue Type – Earned Interest, ERAP Funding, Other
   3. Administrative Dollars
   4. Rental Assistance Dollars
   5. Utility Assistance Dollars
   6. Housing Stability Dollars
   7. Totals
   8. Clients Served Count

**APPENDIX H**

**CERTIFICATIONS**

**Emergency Rental Assistance Program**

**TENANT CERTIFICATION**

I CERTIFY THAT:

I am the tenant or future tenant of the residence stated below. I am at least one month in arrears of rent payment and in danger of eviction or I am an existing/new tenant and requesting funding for occupancy at this location:

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code \_\_\_\_\_\_\_\_\_

I acknowledge that the Landlord may apply for assistance on my behalf for payment of said arrearage or occupancy.

Monthly rent: $\_\_\_\_\_\_\_\_\_\_\_\_ Rental Arrears: $ \_\_\_\_\_\_\_\_\_\_\_

LANDLORD NAME (PLEASE PRINT) RENTER NAME (PLEASE PRINT)

ADDRESS ADDRESS

CITY ZIP CODE CITY ZIP CODE

PHONE NUMBER PHONE NUMBER

LANDLORD SIGNATURE/DATE RENTER SIGNATURE/DATE

**Emergency Rental Assistance Program**

**LANDLORD CERTIFICATION**

I CERTIFY THAT:

I am the owner or legal agent of the residence stated below. The renter is at least one month in arrears of rent payment and is in danger of eviction or the renter is an existing/new tenant and is requesting funding for occupancy at this location:

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code \_\_\_\_\_\_\_\_\_

I accept payment for said arrearage or occupancy.

I refuse to participate and will not accept payment.

Monthly rent: $\_\_\_\_\_\_\_\_\_\_\_\_ Rental Arrears: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANDLORD NAME (PLEASE PRINT) RENTER NAME (PLEASE PRINT)

ADDRESS ADDRESS

CITY ZIP CODE CITY ZIP CODE

PHONE NUMBER PHONE NUMBER

LANDLORD SIGNATURE/DATE RENTER SIGNATURE/DATE

**APPENDIX I**

**KEY DATES**

May 10, 2021 Monthly report Due (March and April)

June 10, 2021 Monthly Report Due

July 10, 2021 Monthly and First Quarterly Report Due

July 31, 2021 Obligated Funds report

August 10, 2021 Monthly Report Due

August 15, 2021 Recoupment/Reallocation of Excess Funding period starts

September 10, 2021 Monthly Report Due

September 30, 2021 Obligated funds report

October 10, 2021 Monthly and Second Quarterly Report Due

November 10, 2021 Monthly Report Due

December 10, 2021 Monthly and Third Quarterly Report Due

December 31, 2021 Return Excess Funding

January 31, 2022 Final ERAP Cumulative Report Due