Usage of Waiver: RRH Limit to 24 Months of Rental Assistance

**CoC Program**

On May 22, 2020, the Department of Housing and Urban Development issued a memorandum regarding “Availability of Additional Waivers of Community Planning and Development (CPD) Grant Program and Consolidated Plan Requirements to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Caused by COVID-19.” The memorandum outlined waivers of CoC Program grant requirements available to all CoC grant recipients. [RECIPIENT NAME] notified the HUD San Francisco Regional Office of our intent to implement the RRH Limit to 24 Months of Rental Assistance waiver on [DATE].

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| **RRH Limit to 24 Months of Rental Assistance** |
| **The 24-month cap on rental assistance for RRH participants is waived** for participants who reach 24 months of rental assistance on or after the date of HUD’s memo (May 22, 2020), until public health officials determine special measures are no longer necessary to prevent the spread of COVID-19. Rental assistance can continue, so long as it is still necessary to the client’s housing stability, until up to three months after state or local public health officials determine special measures are no longer necessary. |

# Instructions

This form documents the use of the RRH Limit to 24 Months of Rental Assistance waiver. The waiver may only be used when necessary to keep a client housed and/or ensure their long-term housing stability, in accordance with the CoC’s Quality Assurance Standards and [RECIPIENT/SUBRECIPIENT NAME]’s written policies. Complete this form and insert into the client file every time this waiver is used:

1. Complete the “Documentation Checklist” section of this form to ensure that all necessary additional documentation is included in the client’s file, along with this completed form.
2. Complete the “Justification for Use of Waiver” section of this form.
3. Insert this form (and all documentation listed in the Documentation Checklist) in the client’s file.

# Documentation Checklist:

**Client name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date the Client Reached 24 Months of Rental Assistance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **The following additional documentation is included in the client’s file:** | **Checklist** |
| Documentation of 24 months of rental assistance payments, with the payment for the 24th month on or after May 22, 2020. |  |
| Documentation, covering each month of rental assistance, of how the client’s portion of rent was determined, in compliance with the CoC’s Quality Assurance Standards and the program’s own policies and procedures. |  |

# Justification for Use of Waiver

Explain why it was necessary for the program to provide rental assistance beyond 24 months, in order to keep the client housed or to ensure the client’s long-term housing stability. The explanation must be specific to this client’s situation and the local conditions at this time (for example, the impact of COVID-19 on the job market, the client’s employment, or the client’s ability to perform a job search or begin employment).

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|  | **Justification** | **Did state or local public health officials determine that special measures are no longer necessary to prevent the spread of COVID-19 during this month?** |
| **Month 25****Date:****\_\_\_\_\_\_\_\_\_\_\_\_** |  | No ☐ Yes ☐, on date: \_\_\_\_\_\_\_\_\_\_ |
| **Month 26****Date:****\_\_\_\_\_\_\_\_\_\_\_\_** |  | No ☐ Yes ☐, on date: \_\_\_\_\_\_\_\_\_\_ |
| **Month 27****Date:****\_\_\_\_\_\_\_\_\_\_\_\_** |  | No ☐ Yes ☐, on date: \_\_\_\_\_\_\_\_\_\_ |
| **Month 28****Date:****\_\_\_\_\_\_\_\_\_\_\_\_** |  | No ☐ Yes ☐, on date: \_\_\_\_\_\_\_\_\_\_ |
| **Month 29****Date:****\_\_\_\_\_\_\_\_\_\_\_\_** |  | No ☐ Yes ☐, on date: \_\_\_\_\_\_\_\_\_\_ |
| **Month 30****Date:****\_\_\_\_\_\_\_\_\_\_\_\_** |  | No ☐ Yes ☐, on date: \_\_\_\_\_\_\_\_\_\_ |
| **Month 31****Date:****\_\_\_\_\_\_\_\_\_\_\_\_** |  | No ☐ Yes ☐, on date: \_\_\_\_\_\_\_\_\_\_ |
| **Month 32****Date:****\_\_\_\_\_\_\_\_\_\_\_\_** |  | No ☐ Yes ☐, on date: \_\_\_\_\_\_\_\_\_\_ |
| **Month 33****Date:****\_\_\_\_\_\_\_\_\_\_\_\_** |  | No ☐ Yes ☐, on date: \_\_\_\_\_\_\_\_\_\_ |