

HEART OF FLORIDA UNITED WAY

HOPWA PROGRAM FILE GUIDANCE

| HOPWA Client Forms | File Under/CW Label | Completed |
|--|---|--|
| Consent to Release Information | HOPWA | At enrollment and at least once per year for all active clients |
| Memorandum of Understanding for Confidentiality of Client Information | Personnel File & Sent to HFUW | At contract execution and upon new hire |
| Participation Agreement | HOPWA | At enrollment and reviewed annually with the client |
| Participant Rights and Responsibilities | HOPWA | At enrollment and reviewed annually with the client |
| Income Eligibility Calculation Worksheet | HOPWA | At enrollment and as changes occur to income and with access to a new HOPWA subservice |
| Florida State HOPWA Program Checklist | HOPWA | At enrollment and with access to a new HOPWA subservice |
| Application Form for Housing Assistance | HOPWA | At enrollment and with access to a new HOPWA subservice |
| Client Needs Assessment for Assistance | HOPWA | At enrollment and with access to a new HOPWA subservice |
| Client Budget Worksheet | HOPWA | At enrollment and as changes occur to income and with access to a new HOPWA subservice |
| Housing Plan of Care | HOPWA or HOPWA - Plan of Care (updates) | Within 15 days and updated at least monthly |
| Worksheet for Calculating the Maximum Subsidy for Resident Rent/Mortgage Payment | HOPWA | At enrollment and with access to a new HOPWA subservice |
| Landlord Agreement, if applicable (rent only) | ShareFile with PO | At enrollment and updated yearly |
| Security Deposit Agreement, if applicable (PHP only) | ShareFile with PO | At enrollment and updated yearly |
| Client Agreement for Return of Security Deposit, if applicable | HOPWA | At enrollment and only repeated pending the return of security deposit |

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| Client Housing and Support Service Payment Assistance Worksheet | HOPWA | At enrollment and updated with each HOPWA access |
| Rent Reasonableness Checklist and Certification, if applicable (TBRA only) | HOPWA | At enrollment and repeated once per year or as rent changes |
| Disallowance of Increase in Annual Income (Earned Income Disregard), if applicable (TBRA) | HOPWA | At enrollment and repeated once per year and as income/household changes |
| Zero Income Affidavit, if applicable | HOPWA | At enrollment and repeated once per year |
| HOPWA Housing Quality Standards Habitability Standards, if applicable; TBRA only | HOPWA | At enrollment and repeated once per year |
| Termination of Assistance Letter, if applicable; | HOPWA | N/A (HFUW only) |
| Participant Conference/Termination Checklist, if applicable; | HOPWA | Upon termination |
| Shared Housing Rent Calculation, if applicable; TBRA only | HOPWA | At enrollment and repeated once per year and as income/household changes |
| Domestic Partnership Declaration for HOPWA Assistance, if applicable. | HOPWA | At enrollment and repeated once per year and as income/household changes |
| Income Eligibility Calculation, Share Housing Rent Calculation, and Earned Income Disregard Worksheets; if applicable | HOPWA | At enrollment and repeated once per year and as income/household changes |