

# HomeGain II

Housing First For Families & Domestic Violence Survivors

Tenant –Based Rental Assistance  
(TBRA) Program



Program Announcement  
April 27, 2009

 Coalition On Temporary Shelter

**HomeGain II  
Housing First For Families and Domestic Violence Survivors**

**Tenant-Based Rental Assistance (TBRA)**

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### **Summary**

The Coalition On Temporary Shelter (COTS), Permanent Supportive Housing (PSH) Department is pleased to announce that it is seeking applications for its Tenant-Based Rental Assistance (TBRA) program for homeless Michigan families with children and domestic violence survivors. As the permanent supportive housing department of COTS, PSH is responsible for the development of supportive housing and services that will allow homeless persons to live as independently as possible. This project furthers the mission of COTS, the PSH Department, and the goals of the Ten-Year Plan to End Homelessness for Detroit, Hamtramck, and Highland Park by working in partnership with community stakeholders to identify the families with children and domestic violence survivors most in need and effectively provide housing and supportive services using a housing first model.

### **Eligibility**

Applications for Housing Coupons may be submitted by both for profit and nonprofit organizations. (See more information in the “**Eligibility**” section)

### **Deadline**

All applications are due by 5:00 p.m. eastern time on May 29, 2009. (See "**Deadline For Applications**")

### **Contact Information**

For assistance with the programmatic requirements of this solicitation, contact Chellfonté Griffin, at 313-576-0220 or email: [cgriffin@cotsdetroit.org](mailto:cgriffin@cotsdetroit.org). Please include "TBRA09" in the subject line.



## **CONTENTS**

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**Overview**  
**Application Deadline**  
**Eligibility**  
**Selection Criteria**  
**APPENDIX A**

**Overview**

The Coalition On Temporary Shelter (COTS) is seeking applications for HomeGain II Housing First For Families and Domestic Violence Survivors Tenant-Based Rental Assistance (TBRA) program for homeless Michigan families with children and domestic violence survivors. The goal of this program is to address the housing and service needs of Michigan homeless families with children and domestic violence survivors through the provision of rental assistance and voluntary supportive services. The intent of the program is to assist participants in achieving housing independence within a 24-month term. This program also aligns with and supports Moving Forward Together: A Ten-Year Plan to End Homelessness in Detroit, Hamtramck, and Highland Park.

HomeGain II will provide leasing assistance and voluntary supportive services to approximately 25 Michigan households. This project will use leveraged resources for several voluntary services including case management support, emergency furniture and appliances, career development workshops.

### **Application Deadline**

The due date for applying for funding under this announcement is **5:00 p.m. Eastern time on Friday, May 29, 2009.**

### **Eligibility**

MSHDA has allocated HOME funding to support Tenant-Based Rental Assistance (TBRA) Housing Coupons over a maximum of a two-year period for households meeting the Eligibility Requirements identified below.

#### *Homelessness*

For purposes of this program, the qualifying definition of ‘homelessness’ may include persons who reside in any of the following places or situations:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street); or
- In an emergency shelter; or
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters; or
- In any of the above places but is spending a short time in a hospital or other institution; or
- Is being evicted from a private dwelling unit, and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing; or
- Is being discharged within a week from an institution (such as a foster care, mental health or substance abuse treatment facility or a jail/prison) in which the person has been a resident for more than 30 consecutive days, and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing;
- Is fleeing a domestic violence situation, and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing.

#### *Income Guidelines*

The target population are Michigan families with incomes at or below 30% Wayne County Area Median Income (AMI) as defined by MSHDA (please see APPENDIX A).

### **How To Apply**

Complete Michigan State Housing Development Authority Tenant Based Rental Assistance Application Program (form TBRA-1). The completed application should be mailed to:

**Coalition On Temporary Shelter (COTS)  
ATTN: Chellfonté Griffin TBRA09  
26 Peterboro Street  
Detroit, MI 48201**

**Selection Criteria**

The criterion for selection for a TBRA participant's selection is a process that will treat applicants fairly and consistently while providing an effective method for determining eligibility. This includes consistent determinations as to which applicants should be placed on the waiting list, issued a coupon, or determined ineligible to participate in the program, and comply with HUD and MSHDA rules on non-discrimination. COTS believe that an up-to-date and well-managed waiting list promotes fair and consistent treatment of families and ensures that needy families receive assistance as quickly as possible.

Once the application has been received, it will be reviewed for completeness. If the application is complete, the applicant will receive an Application Denial or Application Status form indicating whether the determination was made to deny, place their name on a waiting list or offer TBRA assistance.

## **APPENDIX A**

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY (MSHDA)**  
**Housing Choice Voucher Income Limits**  
**30% of Area Median Income (AMI)**

Effective August 1, 2008 for Wayne County, MI

1 Person - \$14,700  
2 Person - \$16,800  
3 Person - \$18,850  
4 Person - \$20,950  
5 Person - \$22,650  
6 Person - \$24,350  
7 Person - \$26,000  
8 Person - \$27,700

# MSHDA

MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH  
**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**  
**TENANT BASED RENTAL ASSISTANCE PROGRAM**

EQUAL HOUSING OPPORTUNITY

**DATE RECEIVED:** \_\_\_\_\_

## APPLICATION

Applicant Name:		
Current Address (Number & Street):		
City:	State:	ZIP Code:
Telephone: (    )		
Secondary Contact: <i>(This individual will be contacted if the applicant cannot be located)</i>		

### HOUSEHOLD COMPOSITION

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. Also include Social Security Number, Date of Birth, Age, Student Status, Disabled Status, Sex and Race)

MEMBER'S FULL NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	STUDENT (YES, NO)	DISABLED (YES**, NO)	SEX	RACE*
	HEAD OF HOUSEHOLD							

\*Race Code

1. Caucasian 2. Black/African American 3. Asian 4. American Indian/Alaskan Native 5. Native Hawaiian/Other Pacific Islander 6. American Indian/Alaskan Native & White 7. Asian & Caucasian 8. Multi-Racial 9. American Indian/Alaskan Native & Black/African American 10.

Other: \_\_\_\_\_

\*\*Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our program and services?

- No  
 Yes [List specific accommodation(s) required] \_\_\_\_\_

**INCOME AND ASSET INFORMATION**

**Income:** Include wages, salaries and tips, other income such as alimony, child support; and Social Security, FIP or other benefits.

**Asset:** List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset. (Assets may include, but are not limited to, bank accounts, investments, etc.)

MEMBER'S FULL NAME	SOURCE OF INCOME (NOT INCLUDING ASSETS)	ESTIMATED ANNUAL AMOUNT	TYPE AND SOURCE OF ASSET	ESTIMATED CASH VALUE OF ASSET	ESTIMATED ANNUAL INCOME FROM ASSET
<b>TOTAL FOR EACH COLUMN</b>					
<b>ADD TOTALS FOR ALL COLUMNS (GRAND TOTAL)</b>					

**EXPENSE INFORMATION**

Please answer the following questions regarding expense information for your family, check all that apply to you.

Yes  No Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?

Yes  No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?

Yes  No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

**APPLICATION CERTIFICATION:**

I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Program Administrator to verify all information provided on this application.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Spouse Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_