



# Alameda County Home Stretch Housing Assistance Fund

Health Care Services Agency

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# Agenda

- Home Stretch Housing Assistance Fund Overview
- Eligibility
- Eligible Expenses
- Application Process

# POLL

Have you ever submitted an application for the Home Stretch Housing Assistance Fund before?

- No, never
- Yes, but not many
- Yes, I have submitted many of them

# Home Stretch Housing Assistance Fund Overview

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The Home Stretch Housing Assistance Fund provides a flexible source of funding to help consumers and their families obtain and maintain long-term, stable housing of their choice.

# Who is eligible?

The applicant must:

- Have active Medi-Cal in Alameda County
- Be an Alameda County resident
- Be currently experiencing homelessness, at-risk of homelessness, have experienced homelessness in the past 24 months or been identified as a frequent user of multiple systems by AC Care Connect.\*
- Be working with an eligible service provider who will assist the consumer through the application process
- Agree that Alameda County can follow up with them and their service provider for up to 13 months after the assistance is provided

\*Must be exiting homelessness to be eligible for certain types of assistance.

# Eligible Expenses

There are three categories of eligible expenses:

Up to \$8,000 based on need:

- Rental Assistance
- Move In Assistance
  - Approximately \$1,000-\$4,000 per household

Up to \$8,000 based on need:

- Safety and Accessibility
- This is designed to be one-time assistance, however if a household experiences a separate instance of need, a new application can be considered after 12 months.

# Rental Assistance

- Security Deposit
- 1<sup>st</sup> Month's Rent
- Only available to households exiting homelessness and cannot be used for housing transitions.
- Cannot be used for ongoing rent or back rent.



# Move In Assistance

- Utility Start-Up Costs
- Application Fees
- Essential Home Furnishings
- Household Items
- Moving Services



- Utility start up costs and application fees available for households exiting homelessness.
- One time support for household items and home furnishings within 24 months of exiting homelessness.

# Safety & Accessibility

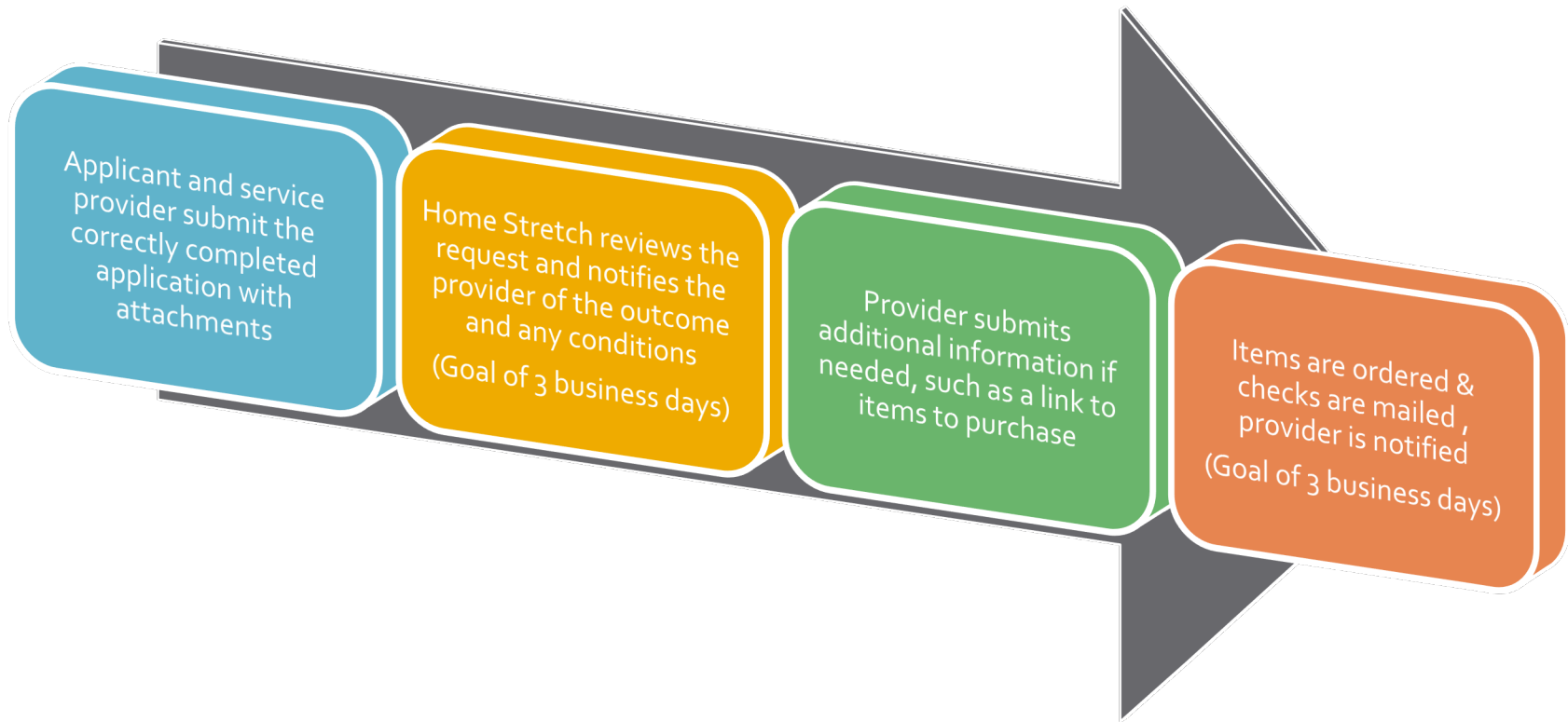
- Unit modifications
- Pest Control
- Hoarding Clean Up
- Medical Equipment Not Covered by Insurance

# What this Fund Does Not Pay For

- Ongoing Rent or Subsidies
- Back Rent
- Cleaning Supplies
- Food
- Services that Should be Covered by the  
Landlord or Property Management Company

# Application Process

# Application Process



# Application Checklist

- Application
- HMIS Release of Information, Client Profile Form, and Client Intake Form
- Copy of applicant's lease or rental agreement
  - Verification of housing authority inspection, if applicable.
  - If the applicant has a subsidy not reflected on the lease, include subsidy documentation that states the tenant rent portion and subsidy type.

## **For Rent Payments and New Vendors for Unit Modifications, Moving Services and Safety Requests**

The HCSA finance department requires *a signed invoice AND W-9 form* in order to process approved payments to landlords/property managers and other new vendors.

- Fully completed, signed, invoice
  - W-9 form with signature
  - Business Vendor Add/Update Form
- Once a vendor is established the W-9 and vendor form are not needed unless there have been changes.

## **For Utility Startup Costs**

- Copy of utility bill with account number information

## **For Unit Modifications and Medical Equipment**

- Verification of medical necessity from a medical professional for requests for unit modifications or medical equipment. For medical equipment, verification that the applicant has attempted to obtain the items using their health insurance is also necessary.

# Approval of Requests

Based on:

- Eligibility
- Completed Application & Attachments
- Timely submission
  - Applications requesting rental assistance should be submitted prior to or at move in. Requests not fully complete within 30 days of move will not be approved.
- Likelihood that there will be a positive long-term, measurable impact in addressing the applicant's homelessness or housing stability.
- Funding is not guaranteed until an application is approved by HCSA, please do not promise funding without approval.

# The Application

- Service Provider Information
- Applicant Basic Information
- HUD/HMIS Demographic Questions
- Housing Stability Plan (short narrative)
- Information Based on Request Type
- Fund Agreement

# Rental and Housing Information

## For Rental Assistance Requests:

- Signed W-9 & Invoice are submitted
- Business Vendor Add/Update form submitted
- Verification of Housing Authority Inspection needed for HA subsidy holders

Payments: Check will be mailed directly to the landlord or property management company.

RENTAL/HOUSING INFORMATION		
Please include a copy of the lease with the application.		
What size is the applicant's current/proposed unit? _____ How many people will live there? _____		
What is the total rent the client will pay? _____		
What is the total rent for the unit: _____		
Is there a housing subsidy like Section 8, VASH, Shelter + Care, if so which one? _____		
Has the unit passed a housing authority inspection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please include a copy of the inspection report with the application.		
Does the applicant have a bank account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant or their parent/guardian have a payee that manages their money?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who is their payee: _____		

Is this financially sustainable?

# Utility Startup Costs

- Utility bill with the applicant's account number
- Utility deposits can be included
- Utility payments can only be made for utility start up costs
- CARE & FERA programs – [www.pge.com/care](http://www.pge.com/care)

Payments: HCSA will pay the utility company directly.

## HOUSING UTILITY COSTS – IF APPLICABLE

Please include a copy of the utility bill with the applicant's account number.

What is the amount owed? \_\_\_\_\_

Is the applicant required to pay a deposit in order to establish service? If so, how much? \_\_\_\_\_

What is the total amount requested? \_\_\_\_\_

In order to increase affordability of utility costs associated with PG&E, please learn more about the CARE or FERA programs. You can visit this link [www.pge.com/care](http://www.pge.com/care) or call 1-866-743-2273 for more information.

# Home Furnishings & Household Items Requests

- Approved Household Furnishings and Household Items Checklist submitted
- on approval of request, applicant chooses their items from an approved vendor:
  - Follow instructions for the approved vendor
  - Must send the link to [HomeStretchFund@acgov.org](mailto:HomeStretchFund@acgov.org)
  - This can be done at the time of application if desired
- The service provider must follow up with Home Stretch Staff once all items are received.
- Tax & shipping must be included in cost calculations.
- Initial requests can have an estimate for household items/furnishings costs.

Payments: Items are bought by HCSA and shipped to the applicant, or in some cases, the service provider.

HOME FURNISHINGS AND HOUSEHOLD ITEMS – IF APPLICABLE
Please enclose a completed Approved Home Furnishings and Household Items checklist.
What is the estimated total cost of all items requested? \$ _____
List address where the items should be delivered: _____
_____
(Number, Street, City, Zip Code)

It is very important that the address is correct and complete.

# Approved Household Items and Home Furnishings Vendors

- Target
  - Amazon
  - Bed, Bath & Beyond
  - Overstock.com
  - Living Spaces
- Households can choose items from up to 2 vendors

# Preventing Lost or Stolen Items

- Providers and consumers are responsible for planning for deliveries in order to minimize the risk of damage, theft, or lost items
- Consider having household items delivered to offices
- Make sure the address on the application is correct
- Ensure that someone will be available to receive deliveries
- HCSA will be limited in our ability to respond to lost items

# Share in the Chat, Unmute or Show and Tell!

What is something on the approved list that you own that helps you feel at home?



# Unit Modification & Safety Requests

The service provider will be responsible for assisting the applicant to secure a vendor to provide the unit modifications or services. The approval will include a maximum amount that the modifications can cost. Once the work is complete, the County will pay the vendor. Vendors must be licensed, bonded and insured; the service provider is responsible for ensuring that the vendor meets these standards.

- Verification of medical necessity from a medical professional
- Signed W-9 & Invoice are submitted
- Business Vendor Add/Update form submitted

Are you requesting any unit modifications? If so, what modifications are needed? \_\_\_\_\_

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Verification of need must be provided for anything listed in this section.

What is the estimated cost of the unit modifications? \_\_\_\_\_

Has the landlord agreed to the unit modifications?

Yes ☐

No ☐

# Medical Equipment Requests

- Verification of medical necessity from a medical professional
- Verification that the applicant attempted to obtain any requested medical equipment through their health insurance.
- Service provider should work with the County to identify an appropriate vendor.

Payments: Medical equipment will be shipped directly to the applicant, or in some cases, the service provider.

Are you requesting medical equipment? If so, what is needed? \_\_\_\_\_

\_\_\_\_\_

Verification of need as well as verification of an attempt to obtain the requested equipment utilizing health insurance must be included.

What is the estimated cost of the equipment? \_\_\_\_\_

Address where the items should be delivered: \_\_\_\_\_

\_\_\_\_\_

(Number, Street, City, Zip Code)

# Moving Service & Other Allowable Expenses Requests

- Costs must be determined in advance
  - Moving service with rates based on mileage is not allowable
- Signed W-9 & Invoice are submitted
- Business Vendor Add/Update form submitted

Payments: Payment will be made directly to the vendor.

## OTHER ALLOWABLE EXPENSES – MOVING SERVICE – IF APPLICABLE

For Other Allowable Expenses (i.e. Moving Service; Pest Control, etc.):

Please keep in mind that the amount of funding needed must be determined in advance. This means that a moving service with rates based on mileage is not an allowable expense.

Please write an explanation of what is needed: \_\_\_\_\_

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

What is estimated cost? \_\_\_\_\_

# Let's Speed Up the Process: Common Errors

- Incomplete applications
- Demographic Info on the Vendor Add/Update Form
- Application should be completed jointly
- Review the registry:
  - All items must be reasonably priced
  - Only items on the list will be approved
  - Use the approved items list to ensure client has everything they need
  - For most items, only 1 per person or household can be approved (i.e. one couch per household, one dresser per person)

Is this business a non-profit or a faith-based organization? ☐ Yes ☐ No  
*If "Yes" to one of the above, please skip Ethnicity/Gender questions below. The collection of business ethnicity and gender data is for statistical and demographic purposes only. Please check the ONE most applicable in each category that describes the ethnic and gender makeup of your business.*

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**Ethnicity:** ☐ African American or Black (> 50%) ☐ Hispanic or Latino (> 50%) ☐ Asian (> 50%)  
☐ American Indian or Alaskan Native (> 50%) ☐ Native Hawaiian or other Pacific Islander (> 50%)  
☐ Multi-ethnic minority ownership (> 50%) ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)  
☐ Caucasian / White (> 50%)

**Gender:** ☐ Female (> 50% ownership) ☐ Male (> 50% ownership)

# POLL

- On a scale of 1-5 how confident are you that you can successfully complete the application process?



# Questions?

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