

CITY OF ELIZABETH

Dept. of Planning & Community Development
Elizabeth Home Improvement Program (EHIP)
50 Winfield Scott Plaza- Room 109
Elizabeth, New Jersey 07201

**2018 Tenant Based Rental Assistance (TBRA)
Application**

Agency Name:

Contact Person: _____

Address _____

Phone: _____

Fax: _____

E-Mail: _____

TOTAL FUNDS REQUESTED: \$ _____

of Households to be Assisted _____

Avg. Amount of Program Funds Requested Per Household \$ _____

PROJECT DESCRIPTION

1. Briefly describe the proposed Program and how the funds requested will be utilized:

2. TBRA Budget is attached Yes No

3. Will the project serve special needs populations? Yes No
(i.e. the homeless, elderly, persons with disabilities, large families, etc.)

If Yes, please identify the populations to be served _____

4. Will supportive services (Self-Sufficiency Program) be provided to/required of the beneficiaries? Yes No

If Yes, Please describe: _____

5. Describe the impact your project will have on the community and provide an explanation for market demand. *(How your program will address neighborhood needs.)*

6. Describe any community coordination that has taken place to date. Provide details of meetings or consultations with residents and/or neighborhood organizations pertaining to the proposed program.

7. LEP 4 Factor Analysis & LAP / Implementation Plan is attached? Yes No

AGENCY EXPERIENCE & CAPACITY

1. Does your agency have experience operating a Tenant Based Rental Assistance (TBRA) Program?

Yes No

If yes, How many years' experience:

0-1 years 2 years 3-5 years 6+ years

If no, does your Agency have experience (*in years*) with the following:

Contract Administration (*Executing & Monitoring*)

0-1 years 2 years 3-5 years 6+ years

Also, please submit evidence of executed contract agreements and provide job descriptions & resumes of staff responsible for administration.

Inspecting Housing Units (*Housing Quality Standards – HQS*)

0-1 years 2 years 3-5 years 6+ years

Also, please submit evidence of HQS reports completed copies of inspection staff job descriptions and resumes.

Case Management (*Comprehensive including intake & determining income eligibility*)

0-1 years 2 years 3-5 years 6+ years

Also, please submit evidence of Case Management/intake/eligibility documentation, Case Management staff job descriptions and resumes.

Subsidized Housing (*Ownership or Management*)

0-1 years 2 years 3-5 years 6+ years

Also, please submit evidence of property title, lease agreements or management agreements.

2. If you have completed previous Elizabeth Programs/Units, are there any outstanding annual monitoring compliance issues that need to be resolved? Yes No

If Yes, Please explain and include the estimated date of resolution: _____

3. Identify specific staff members who will manage this program:

Name	Title	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

POLICIES AND PROCEDURES

1. Please describe how potential clients will be identified:

2. Does your agency have TBRA Tenant Selection Policies? Yes No

If Yes, please provide evidence such as: copy of adopted policy, lease and rental subsidy portability statement.

3. Please describe how potential landlords will be identified:

4. Does your agency have a TBRA Landlord Outreach Plan? Yes No

If Yes, please provide evidence such as: the approved plan and landlord agreement.

ADDITIONAL INFORMATION CHECKLIST (please attach)

- TBRA Budget;
- Language Assisted Plan (LAP) [see form attached];
- If Necessary - Contract agreements and provide job descriptions & resumes of staff responsible for administration;
 - HQS reports completed copies of inspection staff job descriptions and resumes.
 - Case Management/intake/eligibility documentation, Case Management staff job descriptions and resumes;
 - Property title, lease agreements or management agreements.
- TBRA Tenant Selection Policy;
- TBRA Landlord Outreach Plan/Agreement;
- Affidavit [see form attached];
- Most recent Audit;
- Financial Statement;

One (1) original, two (2) copies, and one USB - or instead of USB we will accept an E-Mail of entire application.

AGENCY CERTIFICATION

I _____ hereby certify that the **information contained in this proposal**
(Name & Title)

is, to the best of my knowledge, true and correct. Should any information change from that originally submitted, I agree to promptly advise the City of Elizabeth, Department of Planning & Community Development, Elizabeth Home Improvement Program (EHIP). I understand that erroneous, misleading or false information, as well as, any willful misstatement of material fact, may be grounds for disqualification.

I also certify that **no other program assistance, other than that which has been described in the application, will be provided to the proposed project.** Should other program assistance be sought or obtained after the date of submission of this application, the City of Elizabeth will be notified immediately.

Signature

Date