**HAP Client File Checklist / HOUSING ASSISTANCE PROGRAM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name** |  | **Program** |  |
| **Entry Date** |  | **Exit Date** |  | **Program Type** | Choose an item. |

1. \_\_\_\_\_\_ Documentation of program **enrollment in HMIS** (or comparable database) *(24 CFR 576.500(n))*

*Provide a screenshot of the client’s enrollment in the program, with* ***entry and exit dates.***

1. \_\_\_\_\_\_ **Intake Form**/Initial Assessmentidentifying client’s most pressing needs

*Must be dated within 30 days of entry date.*

1. \_\_\_\_\_\_ Documentation of **homelessness** or at-risk of homelessness
2. \_\_\_\_\_\_ Record of **services provided** while in housing program

|  |  |  |
| --- | --- | --- |
| Housing Payments |  | Supportive Services |
| [ ]  Rental application fees[ ]  Security deposit[ ]  Rental payments[ ]  Rental arrears | [ ]  Utility payments/deposits[ ]  Utility arrears[ ]  Moving costs[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Housing search and placement[ ]  Housing stability case management[ ]  Tenant/landlord mediation[ ]  Legal services[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. \_\_\_\_\_\_ Documentation of **referral and connection** to homeless and mainstream services *(Wis. Stats. 16.306 (2b3))*

 *Must show that the referral/connection(s) occurred while the client was in the program.*

1. \_\_\_\_\_\_ Documentation of provision of, or referral to, **training in self-sufficiency** *(Wis. Stats. 16.306 (2b4))*

*Examples of training in self-sufficiency include budgeting/financial education, tenant education, employment services, job training, life skills education, etc.*

1. \_\_\_\_\_\_ Documentation of provision of **Termination Procedure**

*Include possible reasons for termination and the procedure for if/when a client is terminated from the program*

Was the client terminated from the program? [ ]  Yes [ ]  No

*If yes, provide documentation related to the termination proceeding.*

1. \_\_\_\_\_\_ Documentation that at least **25% of client income** is spent on rent *(Wis. Stats. 16.306 (2b5))*

 *Include income calculation form, income source documentation, and rent calculation form.*

 *If client did not pay required rent, include corrective action plan(s).*

1. \_\_\_\_\_\_ Documentation of **housing and employment status** of each person **at** **program exit** (*Wis. Stats. 16.306 (3c))*

[ ]  N/A: client still in program; not exited

1. \_\_\_\_\_\_ Documentation of **financial assistance** provided, along with supporting documentation *(not rent payments)*

 *Supporting documentation may include lease agreements, utility bills, invoices for moving expenses,*

 *or charges for rental application fees.*

*Include payment documentation (e.g. fiscal ledger, check stubs, etc.) that contains payment dates,*

 *payment amounts, and types of expenses.*

**Was any rental assistance provided to the client?**

[ ]  Yes, with HAP funds [ ]  Yes, with non-HAP funds [ ]  No rental assistance was provided

**If HAP was used to provide rental assistance, the following requirements apply:**

1. \_\_\_\_\_\_ A copy of the **lease agreement** covering the dates of rental assistance provided
2. \_\_\_\_\_\_ Documentation of unit compliance with **Rent Reasonableness**
3. \_\_\_\_\_\_ Documentation of unit compliance with **Habitability Standards** or Housing Quality Standards (HQS)
4. \_\_\_\_\_\_ **Lead Paint** **Disclosure Form**, including provision of Lead Safety Pamphlet

[ ]  N/A: unit built after 1978

[ ]  N/A: no child under 6 or pregnant woman was/will be in residence

1. \_\_\_\_\_\_ **Rental assistance agreement** between agency and landlord outlining the terms of the assistance

*See HAP Program Manual for required elements.*

1. \_\_\_\_\_\_ Documentation of **rental assistance** provided, along with supporting documentation

 *Include payment documentation* *(e.g. fiscal ledger, check stubs, etc.) that contains payment dates,*

*payment amounts, and types of expenses.*

**Notes**

*revised 10/2022*