HRSN Housing Service Plan Form

(to be completed by YCCO HRSN Housing Provider)

**Note-HRSN Providers can bill O&E while gathering this information with YCCO member. Once member qualifies, Providers can bill "Tenancy Services" when continuing to provide case management to qualified HRSN Members.*

OHP Member's Name:_____

Rental Property Address:_____ # of bedrooms in home:_____

Landlord Name/Property Managment Company: (name where rent is sent):

_____

Landlord's Phone: _____ Landlord's Email:_____

Landlord's Address: _____

Rent and Utility Assistance: *Members may only receive this service once over the lifetime of the demonstration (through September 2027)*

Exclusions: *parking garage fees, amenities fees, landlord paid property taxes, home costs including mortgage, or other costs, or property insurance.*

Family Size:

Member Income: *(must attach pay statement or other proof of income)*

County where dwelling is located: _____ Current Monthly Rent Payment:_____

Rent Past Due (if any):_____

Is Member in Arrears: Yes ☐ No ☐ if yes - # of months, amount owed: _____

Are utilities included in Member's rent? Yes ☐ No ☐

IF YES, please check the utilities that are included: ☐ Garbage/Recycle ☐ Sewage ☐ Gas ☐ Electric ☐ Water ☐ Intenet ☐ Land Line ☐ Cell Phone

Is Member in Arrears with Utilities? Yes ☐ No ☐

If Yes, complete the utilities in arrears below:

☐ Garbage/Recycle Arrears Amount:_____ ☐ Sewage Arrears Amount:_____ ☐ Gas Arrears Amount:_____ ☐ Electric Arrears Amount:_____

☐ Water Arrears Amount:_____ ☐ Internet Arrears Amount:_____ ☐ Land Line Arrears Amount:_____ ☐ Cell Phone Arrears Amount:_____

Arrears Amount: _____

Utility Providers: Members requesting no more than 6 months total of Utility payments. Must be receiving HRSN Rent Assistance

Is member requesting Utility Set-up costs? Yes ☐ No ☐

Check which utilities require set-up fee:

☐ Garbage/Recycle ☐ Sewage ☐ Gas ☐ Electric ☐ Water ☐ Internet ☐ Land Line ☐ Cell Phone

Member Utility Costs:

Garbage/Recycle:

Vendor Name:_____ Account Number:_____ Phone Number:_____

Deposit Amount: (if required)_____ Monthly Payment Amount:_____

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Sewage:
Vendor Name:_____ Account Number:_____ Phone Number:_____
Deposit Amount: (if required)_____ Monthly Payment Amount:_____

Gas:
Vendor Name:_____ Account Number:_____ Phone Number:_____
Deposit Amount: (if required)_____ Monthly Payment Amount:_____

Electric:
Vendor Name:_____ Account Number:_____ Phone Number:_____
Deposit Amount: (if required)_____ Monthly Payment Amount:_____

Water:
Vendor Name:_____ Account Number:_____ Phone Number:_____
Deposit Amount: (if required)_____ Monthly Payment Amount:_____

Internet:
Vendor Name:_____ Account Number:_____ Phone Number:_____
Deposit Amount: (if required)_____ Monthly Payment Amount:_____

Land Line:
Vendor Name:_____ Account Number:_____ Phone Number:_____
Deposit Amount: (if required)_____ Monthly Payment Amount:_____

Cell Phone:
Vendor Name:_____ Account Number:_____ Phone Number:_____
Deposit Amount: (if required)_____ Monthly Payment Amount:_____

Medically Necessary Home Modification: Yes ☐ No ☐

If yes, check the home modification necessary to improve member's health condition

☐ Ramps ☐ Grip Bars in bathroom, Kitchen ☐ Door and cabinet handles for members who have difficulty due to dexterity issues

Medically Necessary Home Remediation: Yes ☐ No ☐

Note: Mold removal is not included. If mold in home is affecting member's health condition, HRSN Provider can bill O&E to assist the member with legal services.

If yes, check the home remediation necessary to improve member's health condition

☐ Pest eradication ☐ Installation of washable curtains or synthetic blinds to prevent allergens

☐ Chore Services, inclusive of the following:

- ☐ Heavy housecleaning to ensure the Member can safely navigate in their home
- ☐ Removal of hazardous waste, debris, or dirt from the home
- ☐ Removal of yard hazards to ensure the outside of the home is safe for the member to enter and exit their home

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☐ **Storage Fees:** (Total of 6 months) *Member is only eligible if receiving rental assistance*.
Monthly Max allowable: $135.00

# of months for storage of household items:_____ Amount of storage Unit:_____

Hotel/Motel Stay Request: Member must be "at-risk of losing housing" AND be eligible for Home Modification/Remediation. Homeowners are not eligible for Hotel/Motel stays. *Up to 3 months at which time a Member may be reassessed for an additional 3 months. No longer than a total of 6 months. Any combination of Rent and Hotel/Motel stays may not add up to more than 6 months of coverage*

Hotel Name: _____Room Rate: (not to exceed $135.00) _____

Tenancy Services: If member is eligible for any Housing Service, they will automatically qualify for Tenancy Services.

☐ Member has **agreed** to participate in Tenancy Services ☐ Member has **declined** Tenancy Services

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through HRSN Rental Assistance Program, or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of OHP Member/Legal Guardian	Printed Name of OHP Member	Date

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through HRSN Rental Assistance Program, or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of Primary Leaseholder (if different than OHP Member)	Printed Name of Primary Leaseholder	Date

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through HRSN Rental Assistance Program, or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of Landlord	Printed Name of Landlord	Date

Past-Due Rent/Utilities Worksheet

	Month/Year	Past-Due Rent	Past-Due Utilities	Amount Paid by other Program(s)	Total Amount Still Due
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					