

# 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 Management 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  Internet  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

# HRSN Housing Service Plan Form

Optional: Past-Due Rent/Utilities Worksheet



## 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					