



Rental/Mortgage Customer Acknowledgement Sheet

Dear Customer,

You are applying for Emergency Assistance Rental/Mortgage Assistance. In order to serve you expediently, outlined below are the procedures for this program and the customer expectations.-

Purpose of Service

The purpose of this service is to provide emergency financial assistance to prevent homelessness, and/or establish permanent housing for residence of Columbus and Franklin County.

Benefit Amount

Rental/Mortgage Assistance has a maximum benefit up to **\$3,000**. All amounts over \$3,000 **must be satisfied or a signed payment arrangement with property owner** on letterhead before an application is sent for review. If the customer's rental amount is over \$3,000.00, Partner may request for additional funds, and will be reviewed by IMPACT manager and/or director to determine if funds are available.

Service Criteria

- ✓ Customer's household must be at or below 200% of poverty guidelines.
- ✓ Customer needs the following items:
 - Disclosure of event causing rent to fall behind (qualifying emergency need COVID-19 or Non COVID-19 related).
 - Previous 30 days income for everyone 18 and over in the household
 - Customer may have to provide verification of **sustainable income (customer's ability to pay rent/mortgage after assistance)**
 - Examples include employment, SSI and SSDI.
 - Valid driver's license/photo I.D.
 - Signed ***valid*** Lease agreement
 - Proof of paid deposit (if assistance is for 1st month's rent)

Due to IMPACT's funding constraints, we are unable to cover the following charges:

- | | |
|----------------------|----------------|
| - Attorney Fees | - Late Fees |
| - Extermination Fees | - Pet Fees |
| - Court Costs | - Moving Costs |

I acknowledge that I have read the following document and understand the criteria of this program. If I disagree I will follow the grievance procedures that are in place by IMPACT.

Customer Signature

Date



Rental/Mortgage Assistance Customer Interview Form

Name: _____

Date: _____

PLEASE DESCRIBE TO US YOUR EMERGENCY SITUATION AND NEED FOR ASSISTANCE

How much is your rental/mortgage cost per month? \$

How many months are you past due?

Do you have income to pay rental/mortgage assistance moving forward?

YES NO

If you said YES to the question above, what type?

Are you currently living with friends or family? YES NO

What amount have you paid towards rental/mortgage cost?

(Enter the amount and date)

Please provide us with your landlord's name/address/phone/email below:

CHECKLIST OF DOCUMENTS REQUIRED FOR PROCESSING

- 30 proof of income
- Lease
- SSN Cards of All Household Member
- Proof of Sustainable Income (if available)
- Picture Id
- Past Due Rental Documentation (i.e. eviction notice, 3-day notice)
- Proof of Emergency Need (if available)

By signing this document, I acknowledge that I have read and understand the scope of assistance provided by IMPACT Community Action Rent/Mortgage Program as well as the requirements necessary for consideration. Furthermore, I understand that submission of this application is NOT a guarantee of approval. By signing, I grant permission for IMPACT to gather and report information as needed in the process.

Signature

Date

Rental/Mortgage Assistance Agreement



I understand and agree to the following:

- ✓ This is not an **entitlement service and no guarantees for approval**. Awards of financial assistance are based on many factors, including the potential for long-term housing stability and the availability of resources.
- ✓ You are submitting an application for final review to determine by the Hope Fund/Supportive Service Coordinator (IMPACT).
- ✓ All information I provide will be kept confidential as provided by federal law and regulations. By signing this form, I consent to the collection of data that will be shared with funders, and partners for purposes of application determination, research and evaluation.
- ✓ Service providers staff can exchange information with housing providers, including my current landlord, or Mortgage Company, to assist me in maintaining housing.
- ✓ All information I provide is complete and accurate to the best of my knowledge.
- ✓ All request for financial assistance must be reviewed and approved by Hope Fund Coordinator, IMPACT Community Action, to ensure compliance with program guidelines and funder requirements.

I acknowledge that I have read the following document and understand the criteria of this program. If I disagree with the determination of my application, I will follow the grievance procedures that are in place by IMPACT.

Applicant Signature

Date

Applicant Rights and Responsibilities

Rights



- The right to be treated with consideration and respect for personal dignity, autonomy, and privacy
- The right to a safe, secure, clean environment
- The right not to be discriminated against in the provision of services on the basis of religion, race, color, creed, sexual orientation, nationality, origin, age, lifestyle, physical or mental handicap, or developmental disability
- The right to confidentiality of communications and of all personally identifying information within limitations and requirements for various funding and/or certifying sources, state or federal statutes, unless a release of information is specifically authorized
- The right to be advised of and refuse observation techniques such as one-way mirrors, tape recorders, televisions, movies or photographs
- The right to a current plan that addresses one's own social and economic needs, and that specifies the provision of appropriate and adequate services, as available either by directly or referral as well as the right to active and informed participation in the establishment, periodic review and reassessment of the services
- The right to have an explanation of the reasons for denial of service
- The right to be informed in advance of the reason(s) for discontinuance of service provision and to be involved in planning for the consequences
- The right to have access to one's own record in accordance with agency procedures
- The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to services
- The right to have oral and written instructions for filing a grievance
- The right to file a grievance
- The right to consult with independent specialists or legal counsel at one's own expense
- The right to provide feedback and participate in Quality Improvement processes and surveys

Responsibilities

- Keep appointments as scheduled. If you are unable to keep your appointment, it is expected in an emergency, you will cancel with 24-hours notice. Repeated failure to keep appointments without cancellation may be treated as cause for termination of service(s)
- Not to be abusive, threatening or use disruptive behavior toward other participants or staff, guest of IMPACT and its partners.
- Base your participation in the services provided on honesty and a spirit of cooperation.
- Inform IMPACT/partner staff of any changes in your income
- Inform staff person of any change to your address and telephone number
- Advise staff of your intent to terminate service prior to doing so

I have reviewed and received a copy of IMPACT's Rights and Responsibilities for programs and services

Applicant Signature

Date



Purpose

The purpose of the Client Appeals Procedure is to provide a means by which IMPACT Community Action and customers can resolve a complaint(s) they may have regarding services and/or the delivery of service.

Policy

It is the policy of IMPACT Community Action to resolve complaints at the lowest possible level by conducting an investigation and completing the process in a timely manner whereas a mutually satisfying resolution is reached.

Scope

This policy applies to all persons served by IMPACT Community Action and its partners

Subjects of Appeal

1. The quality of services provided
2. Inappropriate behavior and unprofessional interaction(s) or conduct of an IMPACT/partner staff member; and
3. Reduction or restriction or termination of services
4. Decisions made with regard to the provision of services.

Filing an Appeal

1. All customers at the time of applying for services from IMPACT Community Action are given a copy of the agency's customer rights and responsibilities information explaining their rights and the client appeal procedure.
2. If the customer feels that they have a complaint, based on one of the four subjects listed above, they are to ask the service provider for a customer complaint form. The customer should complete the form and if assistance is needed with completing the form the customer may ask to have the departmental ombudsmen assist him/her with completing the customer complaint form (see attachment B).
3. The completed Complaint form is given by the customer to the person providing service.

Resolving a Complaint

Step 1: The service provider and the customer attempt to resolve the complaint and complete the outcomes section on the form.

- a. If resolved, the Complaint form is completed and given to the immediate Supervisor for review, sign off on and the original is placed in the customer's file and a copy is placed in the Complaint file of the departmental ombudsman for quality assurance purposes.
- b. If the complaint is not resolved, the Complaint form is forwarded to the immediate Supervisor for resolution.

Step 2: The service provider's Supervisor meets with the customer to resolve the Complaint.

- a. If resolved, the Complaint form is completed and given to the Department Director for review, sign off on and the original is placed in the customer's file and a copy is placed in the Complaint file of the departmental ombudsman for quality assurance purposes.
- b. If the Complaint is not resolved, the Complaint form is forwarded to the Department Director for resolution.

Step 3: The service provider's Department Director meets with the customer to resolve the complaint.



- a. If resolved, the Complaint form is completed and given to the Chief Operating Officer for review, sign off on and the original is placed in the customer's file and a copy is placed in the Complaint file of the departmental ombudsman for quality assurance purposes.
- b. If the Complaint is not resolved, the Complaint form is forwarded to the Chief Operating Officer for resolution.

Step 4: The Chief Operating Officer meets with the customer to resolve the complaint.

- a. If resolved, the Complaint form is completed and given to the CEO for review, sign off on and the original is placed in the customer's file and a copy is placed in the Complaint file of the departmental ombudsman for quality assurance purposes.
- b. If the Complaint is not resolved, the Complaint form is forwarded to the CEO for a final resolution.

Step 5: The CEO will review the complaint form(s) and make a determination. The decision of the CEO is final.

Total Quality Management

1. The complaint forms are filed in a "Complaint File" for each departmental ombudsman and are reviewed and summarized quarterly by senior staff to determine the types, source, frequency and resolution of complaints.
2. A report is prepared listing the causes of complaints; solutions to prevent complaints; and goals are set to reduce the number of complaints received. The report is shared with the Program Committee of the Board and with all IMPACT staff.

I have reviewed and received a copy of IMPACT's Customer's Appeals Procedures.

Applicant Signature

Date