



## State of New Jersey

Department of Human Services  
Division of Family Development  
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JEANETTE PAGE-HAWKINS  
*Director*  
TEL: (609) 588-2000

SEPTEMBER 09, 2013

TO: COUNTY WELFARE AGENCY DIRECTORS  
COUNTY WFNJ DIRECTORS  
COUNTY INCOME MAINTENANCE ADMINISTRATIVE SUPERVISORS  
COUNTY CASE MANAGEMENT SUPERVISORS  
COUNTY FISCAL OFFICERS  
COUNTY DOCUMENT CONTROL UNIT COORDINATORS  
COUNTY WELFARE AGENCY TRAINERS  
COUNTY SOCIAL SERVICE ADMINISTRATIVE SUPERVISORS  
COUNTY WFNJ/GA ADMINISTRATIVE SUPERVISORS  
MUNICIPAL WELFARE DIRECTORS  
COMPREHENSIVE EMERGENCY ASSISTANCE SYSTEM CHAIRS  
HUMAN SERVICE ADVISORY COUNCIL DIRECTORS  
COUNTY ADMINISTRATIVE ENTITIES

### **SUBJECT: Sandy Homeowner/Renter Assistance Program**

**DFD Instruction No. 13-09-01**

### **PURPOSE**

The Division of Family Development (DFD) has received funds to assist with Superstorm Sandy Recovery. Therefore, the purpose of this instruction is to implement the Sandy Homeowner/Renter Assistance Program (SHRAP) due to the disaster caused by Superstorm Sandy.

### **PROGRAM**

The Sandy Homeowner/Renter Assistance Program is a temporary relief program designed to assist individuals and families who are experiencing a housing crisis as a result of Superstorm Sandy. The program is intended to provide housing stability by offering support to those affected by Superstorm Sandy with 1) maintaining temporary housing while their primary residence is repaired/rebuilt; 2) maintaining a primary residence for the household to return to when repair/reconstruction is completed; 3) maintaining housing after a reduction in income; and 4) ensuring that affected households have items deemed essential for health and safety upon return to a primary residence.

To accomplish this mission, eligible households will be provided with assistance for paying mortgage, rent, retroactive or current utility payments and the purchase of essential furnishings/appliances. To ensure that the maximum number of households receive assistance, the following limitations apply:

- A household may not receive greater than **\$15,000** in total assistance (any combination of housing cost, utility, and essential items);
- A household may not receive assistance for essential items in amounts greater than those listed in the table below; and
- A household may not receive assistance for more than six months during the implementation of the program.

Assistance beyond the household limits will be considered on a case by case basis, and will require prior approval by the Division of Family Development – Office of County Operations. Assistance will be made available through this program until funding is exhausted, but no later than September 30, 2015. SHRAP will be administered locally by provider agencies currently under contract with DFD to provide the Supportive Housing Assistance Program, unless DFD identifies an alternative provider agency.

This program may not be used to duplicate or supplant any subsidies, benefits, or services that have been or will be provided by the Federal Emergency Management Agency (FEMA), NJ Department of Community Affairs (DCA), or any other federal, state, local or private agency, or insurance company.

### **Eligibility:**

The Sandy Homeowner/Renter Assistance Program is time-limited to six months of assistance per household. In order to be eligible for the program, an individual or family unit must:

- Have a financial distress directly related to housing which is a direct result of Superstorm Sandy;
- Be a U.S. citizen or eligible alien;
- Not be currently receiving Work First New Jersey (WFNJ) benefits or eligible for WFNJ/SSI Emergency Assistance; and
- Household members must be legally or blood related.

### **Services:**

Assistance will be available to assist individuals/families with expenses for housing, retroactive or current utility payments and the replacement of essential items such as furniture and appliances. To be eligible for assistance, the expense must be a direct result of the disaster.

Housing payments are issued to meet a need for the current and/or retroactive months. If a household needs assistance with ongoing housing expenses, the household must request assistance with a new affidavit/worksheet every month to ensure that program funding remains available.

All assistance payments are to be issued as a vendor payment or through a voucher. Cash payments are **NOT** to be issued directly to the household.

Allowable expense limits for the program are as follows:

Assistance Service Types	Allowable Expenses	Allowable Payment Limits																																																			
Housing (Current or Retroactive)	Retroactive Rent/Mortgage payments will be counted as one month toward the program limit for every month of rent/mortgage paid. Payment of security deposits and first month's rent are permitted and will count as one month of assistance.	Actual rent/mortgage amounts owed.																																																			
Utility Payments (Current or Retroactive)	Retroactive utility payments will be allowable. Two months of back utilities will count as one month toward the limit on the program.	Actual amounts owed.																																																			
Essential Items	<p>Up to the following limits based upon the size of the household:</p> <p>1 Person = \$5,000            2 Persons = \$5,800            3 Persons = \$6,600            4 Persons = \$7,400            + \$800 for each additional household member</p> <p>Assistance may be granted, up to the following limits, towards the purchase of the following Essential Items:</p> <table border="0" data-bbox="581 1102 1029 1858"> <thead> <tr> <th></th> <th>Household of 1</th> <th></th> </tr> </thead> <tbody> <tr> <td>Bed + Linens</td> <td>\$525</td> <td>(+ \$525 for each additional bed)</td> </tr> <tr> <td>Crib + Linens</td> <td>\$240</td> <td>(+ 240 for each additional crib)</td> </tr> <tr> <td>Dining furniture</td> <td>\$532</td> <td></td> </tr> <tr> <td>Washing Machine</td> <td>\$550</td> <td></td> </tr> <tr> <td>Clothes Dryer</td> <td>\$550</td> <td></td> </tr> <tr> <td>Refrigerator</td> <td>\$695</td> <td></td> </tr> <tr> <td>Sofa</td> <td>\$550</td> <td></td> </tr> <tr> <td>Air Conditioner</td> <td>\$275</td> <td></td> </tr> <tr> <td>Lamps</td> <td>\$25</td> <td>(+ \$25 for each additional member)</td> </tr> <tr> <td>Dresser</td> <td>\$200</td> <td>(+ \$200 for each additional member)</td> </tr> <tr> <td>Microwave</td> <td>\$190</td> <td></td> </tr> <tr> <td>Stove</td> <td>\$665</td> <td></td> </tr> <tr> <td>Pots &amp; Pans</td> <td>\$80</td> <td></td> </tr> <tr> <td>Dinnerware</td> <td>\$80</td> <td>(+ \$20 for each additional member)</td> </tr> <tr> <td>Towels</td> <td>\$30</td> <td>(+ \$30 for each additional member)</td> </tr> <tr> <td>Hot Water Heater</td> <td>\$1,200</td> <td>(Includes installation)</td> </tr> </tbody> </table>		Household of 1		Bed + Linens	\$525	(+ \$525 for each additional bed)	Crib + Linens	\$240	(+ 240 for each additional crib)	Dining furniture	\$532		Washing Machine	\$550		Clothes Dryer	\$550		Refrigerator	\$695		Sofa	\$550		Air Conditioner	\$275		Lamps	\$25	(+ \$25 for each additional member)	Dresser	\$200	(+ \$200 for each additional member)	Microwave	\$190		Stove	\$665		Pots & Pans	\$80		Dinnerware	\$80	(+ \$20 for each additional member)	Towels	\$30	(+ \$30 for each additional member)	Hot Water Heater	\$1,200	(Includes installation)	
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## **Verification:**

Prior to providing services, all eligibility elements (financial need, citizenship/alien status, need resulting from Sandy, not eligible for WFNJ/SSI EA and family relationship) must be verified. The primary method of verifying identity/residency is expected to be an NJ Driver's License; however, verifications may include, but are not limited to:

- A valid driver's license or state-issued photo ID;
- A mortgage statement;
- A lease agreement;
- A utility bill;
- Birth certificate;
- An affidavit or statement regarding current living arrangements;
- Homeowner's Insurance documents; or
- Proof of FEMA registration (if applicable).

## **Program Integrity:**

Applicant households that contain an individual who is employed by either the Division of Family Development, a County Welfare Agency, or the vendor contracted to provide SHRAP services must have the eligibility determination approved by an Administrator. All assistance provided to employees will be subject to an integrity review.

## **Homeless Management Information System (HMIS)**

The Foothold Homeless Management Information System (HMIS) is the federally approved project reporting and payment tracking system which must be used to track payments and the implementation of SHRAP. The following information is to be used for coding of SHRAP cases.

Creating a SHRAP Prevention (Service Only) Program

1. **Opening Menu**
2. **System Set Up**
3. **Agency Program Information**
4. **Add/Edit Entire Program**
5. **Add New Program**
6. **General Settings Tab:** Fill in Program Name
  - **Program Name should be** "SHRAP – Your Program Name – Your County".  
**The Program Group should be** "Supportive Services Only".
  - **Program Category Type is** "SSO Supportive Services Only".
  - **Input Intake form is (SINGLE STEP is Recommended).**
  - All other fields on the tab are left blank except **Monthly Service Units** which should contain an estimate of the number of clients you will serve.
7. Click on **Optional Settings Tab:**
  - **Submits HUD APR must be checked on all programs.**
  - **Consumer Lookup Record Sharing – Select "Consumer Choice".**

- **Consent Expiration Terms** – (input in months how long the consent forms are good for)
  - **Serves Homeless Only must be checked**
8. Click on **HMIS Settings Tab**:
    - **Other Program Name** (enter the name as it appears on the HIC),
    - **Site Configuration Type** (i.e., **multiple sites**),
    - **Site Type is** (Residential: Special Needs and Non-special Needs),
    - **Housing Type is** (Single Apartment (Non SRO) Units),
    - **HUD Program Type is** (Service Only Program),
    - **Target Population A is** (SMF+HC),
    - **Target Population B is** (N/A),
    - Select your **Continuum of Care, County, Zip Code and GEO Code**,
    - **HPRP Grantee ID must be** (N/A),
    - **Direct Service Code is** (Yes),
    - **Operational Calendar is** (Full Year),
    - HUD Contract # (if required);
  9. **Address/Contact Information Tab**: Input Agency Address and Contact Number.
  10. **Click Continue**
  11. Confirm that your information was entered correctly.

**When documenting services in the contact log, please use the correct funding source from the dropdown – The funding source should be “SHRAP.”**

## **FISCAL/CONTRACT**

**The provider agency will be responsible for ensuring compliance with the detailed Annex A contract program requirements and key statutory and regulatory requirements under this contract. Provider agencies will be responsible to:**

- a. Determine who is eligible to receive financial assistance;
- b. Have internal controls and performance measures to determine whether the rules are accurately applied;
- c. Adhere to applicable Federal rules and State program compliance requirements; and
- d. Assure appropriate use of allowable government funds to carry out the goals and objectives of the program.

### **Fiscal Standards and Accountability**

Recipients and sub-recipients of Federal and State funds are responsible for the proper use of such funds. Simply, this means that the funds are used for the intended purpose with compliance with all Federal, State and contract regulations. All parties are responsible for the transparency and accountability for the funds and are subject to administrative, contractual and legal sanctions for the misuse and/or improper use of these funds. Provider Agencies are considered sub-grantee/recipients under the contract modification and are subject to Federal laws, regulations and provisions of this contract as set forth in this document, and must ensure adherence to all applicable regulations.

The agency must meet all contract expectations as detailed in the contract modification. Failure to meet any performance standard and contract expectations can be grounds for revision of the contract whereby current funding is reduced, or the contract is suspended or terminated, and can affect future consideration for funding.

In addition to the core areas of program delivery, Provider Agencies must maintain administrative and fiscal accountability, meet reporting requirements, and ensure program integrity to meet all program compliance and performance standards. As recipients of government funds, all agencies must adhere to all Federal and State laws and regulations as stated above.

## **Reporting Requirements**

The agency is required to submit program and fiscal reports within the required timeframes.

**At a minimum, the following reports are required:**

### **I. Fiscal Reports**

#### **A. Monthly Report of Expenditures (ROE)**

Fiscal reporting is required on a monthly basis combining subcontracted and direct agency expenditures. Actual expenditures must be reported using the Annex B form on a monthly basis by the **20th day** of the following month.

#### **B. Final Report of Expenditures**

The Final Report of Expenditures is due on October 30, 2015.

All expenditure reports must contain an original signature of the CEO and fiscal officer designated by the agency for this program.

All reports are to be sent to:

DFD, Office of Contract Administration  
P.O. Box 716  
Trenton, New Jersey 08625-0716  
Attention: Contract Fiscal Unit

### **II. Program Reports**

The SHRAP program will be tracked through the Foothold Homeless Management Information System (HMIS). HMIS will provide real time county and provider agency expenditure and programmatic level of service reports and data. HMIS can also provide service specific detail and provide unduplicated totals for the number of applicants who have been provided service more than once during the Program's lifetime.

Additional program reports are to be submitted to the Program Office as specified in the Annex A.

### **III. Payment Terms**

The initial advance payment representing 25% of the contract modification ceiling will be issued when the contract modification is approved and signed. Subsequent quarterly advance payments will be issued upon receipt and review of the quarterly report of expenditures (ROE) and assuming all other contract obligations are current and there are no violations of any other contract provisions. Adjustments to a quarterly payment may be made for a variety of reasons, including provider agency spending patterns, DFD fiscal review issues, audit matters that come to our attention, or as needed to meet program delivery and DFD Budget/ Fiscal issues.

### **IV. Fiscal Monitoring**

The counties will be subject to the current contract monitoring procedures in place for regular SSBG funding in addition to the Superstorm Sandy monitoring procedures set up by the Office of the Comptroller, the Governor's Office of Recovery and Rebuilding, the Department of Human Services – Division of Family Development, and the US DHHS Administration for Children and Families.

Current DHS third party contract process and regulations will be used. This includes review and approval of detailed budgets, routine contract monitoring and oversight, quarterly expenditure reporting (the frequency may be enhanced for Sandy services), fiscal monitoring and oversight of the expenditure reporting, coordination with program oversight staff and on-site field visits as deemed applicable.

## **FORMS**

The Sandy Homeowner/Renter Assistance Program Affidavit (SHRAP-1) is provided, and must be used, for securing a statement from the applicant's household regarding the need and status of the household.

The Sandy Assistance Program Worksheet (SHRAP-2) is provided, and must be used, for documenting eligibility components, verifications, calculations and assistance authorizations.

Forms will be available at <http://nj.gov/comptroller/sandytransparency/>.

## **TRAINING**

DFD will be providing mandatory training for the CWAs and vendors to provide information on implementation of the Sandy Homeowner/Renter Assistance Program. Training will be provided in three regional settings:

- **Southern Region: Wednesday September 11, 2013, 9:30am-1pm.**

- Location: Camden One Stop Center, Large Conference Room, 2600 Mt. Ephraim Avenue, Camden.
- Attendees: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem.
  
- **Central Region: Thursday September 12, 2013, 9:30am-1pm.**
  - Location: NJ Department of Health, Public Health Environment and Agricultural Laboratories (PHEAL), 1<sup>st</sup> Floor Auditorium, 3 Schwarzkopf Drive, West Trenton.
  - Attendees: Hudson, Mercer, Middlesex, Monmouth and Union.
  
- **Northern Region: Friday September 13, 2013, 9:30am-1pm.**
  - Location: Morris County Firefighters Training Academy, Room 139, 500 West Hanover Avenue, Parsippany.
  - Attendees: Bergen, Essex, Hunterdon, Morris, Passaic, Somerset, Sussex and Warren.

Should you have any questions regarding the trainings, please contact Lisa Ashbaugh, Manager, Human Resource Development Unit at (609) 588-2250.

Please bring this information to the attention of appropriate staff. Questions may be directed to your field representative.

Sincerely,

**SIGNED**

Jeanette Page-Hawkins  
Director

JPH:AKS:LB:TC:c

Attachment

c: Dr. Allison Blake, Commissioner  
Department of Children and Families

Valerie J. Harr, Director  
Division of Medical Assistance and Health Services

## Sandy Homeowner/Renter Assistance Program Affidavit

The Sandy Homeowner/Renter Assistance Program is a temporary relief effort to assist individuals and families who are experiencing a housing crisis as a result of Superstorm Sandy.

I (we) are requesting services as a result of one or more of the following crises:

- I (we) are unemployed or underemployed as a direct result of Superstorm Sandy. Please explain: \_\_\_\_\_  
\_\_\_\_\_
- I (we) have paid both mortgage and rent for temporary housing since I (we) could not live at our primary residence due to Superstorm Sandy.
- My (our) business suffered damage (physical damage, business interruption or reduced revenue) from Superstorm Sandy. Please explain: \_\_\_\_\_  
\_\_\_\_\_
- I (we) have taken a loan to repair damage caused by Superstorm Sandy to my (our) home, and am now in repayment which reduces my (our) available income.
- Other (Please explain how Superstorm Sandy caused financial hardship related to the relief you are seeking): \_\_\_\_\_  
\_\_\_\_\_

This program may not be used to duplicate or supplant any subsidies, benefits, or services that have been, or will be, provided by the Federal Emergency Management Agency (FEMA), NJ Department of Community Affairs (DCA), or any other Federal, State, local, or private agency or insurance company.

By signing below:

- I (we) certify that I (we) are seeking assistance because my (our) **primary** residence was affected by Superstorm Sandy.
- I (we) attest that I (we) have not received funding from any other state or federal agency, private insurance, or charitable organization for the items/services currently being requested.
- I (we) understand that any information I (we) provide may be subject to verification.
- I (we) certify that all the information I (we) provided is true and complete to the best of my (our) knowledge.
- I (we) attest that I (we) have read and agree to these statements and fully realize that the Division of Family Development relies upon truth and accuracy of my (our) statements.

Certification:

My (our) household is in need of homeowner/renter assistance as a result of Superstorm Sandy. I (we) understand the statements on this affidavit and the penalties for hiding or giving false information, including but not limited to, criminal penalties for false swearing pursuant to NJSA 2C:28-2, and civil penalties under 45 C.F.R. 79.3 for program fraud. I (we) certify, under penalty of perjury, that the information I (we) have given is correct and complete to the best of my knowledge. I (we) also authorize the release of any information necessary to determine the correctness of my certification.

\_\_\_\_\_  
Applicant Name (Print/Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant (Print/Sign if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative (Print/Sign)

\_\_\_\_\_  
Date

## Sandy Assistance Program Worksheet

<p><b><u>Name:</u></b></p> <p><b><u>Address:</u></b></p>	<p><b><u>Date:</u></b></p> <p>Is any member of the household an employee of DFD, the CWA, or the SHRAP vendor?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Eligibility Criteria</b>	<b>Verification</b> (At least one form of verification must be documented for each eligibility component)
<p><b><u>Sandy Related Need</u></b> Does the household have a housing and/or assistance need directly related to Sandy?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> FEMA Registration <input type="checkbox"/> DCA Registration <input type="checkbox"/> Other:
<p><b><u>For Housing Needs Only</u></b> Does the household have either past due or currently due Sandy-related housing needs?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Past Due Rent Bills <input type="checkbox"/> Past Due Mortgage Statements <input type="checkbox"/> Currently Due Rent Bill <input type="checkbox"/> Currently Due Mortgage Statement
<p><b><u>Duplicative Benefits</u></b> Has the applicant/household applied for, or received, any other benefits (FEMA, other Federal, State, local or private agency) that duplicate SHRAP?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> FEMA Registration <input type="checkbox"/> DCA Registration <input type="checkbox"/> Other:
<p><b><u>Residency</u></b> Is the applicant able to verify that their housing need is for their primary residence at the time of the storm?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> State Issued Driver's License <input type="checkbox"/> Mortgage Statement / Lease Agreement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other:
<p><b><u>WFNJ/SSI Eligibility</u></b> Is the applicant/household eligible for WFNJ, Emergency Assistance or SSI?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Verified with CWA/MWA <input type="checkbox"/> Bank Account Statement <input type="checkbox"/> Income Tax Return <input type="checkbox"/> Other:
<p><b><u>Citizenship/Eligible Alien Status</u></b> Is at least one member of the applicant's household a United States citizen or an eligible alien?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Voter Identification Card <input type="checkbox"/> Legal Permanent Resident Card <input type="checkbox"/> Other:
<p><b><u>Household Composition</u></b> Number of household members? _____  Are the household members legally or blood related?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Income Tax Return <input type="checkbox"/> School Records <input type="checkbox"/> Legal Guardianship Papers <input type="checkbox"/> Other:
<b>Services Authorized</b>	
<input type="checkbox"/> Rent/Mortgage Payment      Amount: _____      Months Provided: _____      Total: _____ <input type="checkbox"/> Utility Payment                      Amount: _____      Months Provided: _____      Total: _____ <input type="checkbox"/> Essential Furniture/Appliances      Amount: _____      Months Provided: _____      Total: _____	
Notes:	