

KEY RENTAL ASSISTANCE WAIVER PACKET

Helping Persons with Disabilities Access Targeting Program Units with Key Rental Assistance

Key rental assistance makes Targeting Program units (Targeted Units) affordable to low-income persons with disabilities who need supportive services. To be eligible for Targeted Units with Key rent assistance, persons must meet all Key rental assistance eligibility criteria (see Box A). To expand access to these units, referral agencies may sponsor the following types of Key rental assistance waivers for individuals that do not meet certain eligibility criteria:

- **Unit Size Waiver** (pg 2).
- **Older Persons Waiver** (pg 2): waiver for heads of households who are receiving Social Security retirement benefits and are disabled but do not have disability income.
- **Income Adjustment Waivers** (pg 2-4): waiver for households that will suffer an undue burden paying the tenant % of income to rent share.

All waiver requests must be sponsored by a referral agency and submitted to the NC Dept. of Health and Human Services

(DHHS) Division of Aging and Adult Services for review through the DHHS Regional Housing Coordinators. Referral agencies should notify their Regional Housing Coordinator of waivers needed for eligibility purposes at time of making referrals. Regional Housing Coordinators are available to assist referral agencies with waiver requests.

Unit Size Waiver and Older Persons Waiver requests can be completed at time of Targeting Program referral. Income Adjustment Waiver requests cannot be completed until the household is in the lease application process at the property.

To appeal a denied waiver request contact Stephanie Williams, Housing Program Manager, at (919) 855-4992.

Box A

Key Rental Assistance Eligibility Criteria

Household must meet all criteria:

1. Household referred to the Targeting Program by Approved Referral Agency.
2. Household headed by an adult with income based on disability.
3. Total gross household income does not exceed 50% AMI (see Property Listing AMI chart).
4. Household has a minimum of \$300 monthly income.
5. Household meets the minimum household size per unit size (Table A).

Table A

Unit Size	Minimum Household Size	% of Income Paid Toward Rent
1BR	1 person	25%
2BR	2 persons*	20%
3BR	4 persons	15%
4BR	6 persons	10%

**Single persons are eligible for 2BR units at properties built with no 1BR units.*

UNIT SIZE WAIVER

This waiver is for households that need a larger unit size than allowed under Key rental assistance eligibility rules (see the minimum household size per unit size standard in Table A on pg 1). Due to the disability-related needs of household members, households may need an extra bedroom and/or bathroom. Referral agencies may sponsor a Unit Size Waiver at the time of referral or during tenancy.

Households with qualified live-in aides do not need Unit Size Waivers. Property managers follow Low Income Housing Tax Credit Program rules to assess if a caregiver meets the definition of live-in aide. Medical verification may be necessary. If a caregiver meets the live-in aide definition, the household is eligible for a larger unit.

When considering a Unit Size Waiver, referral agencies should discuss the following with consumers: comfort level with a larger unit, higher utility costs, and the implications of having friends or family move in to an extra bedroom, etc. In the future, if tenants wish to have someone move in with them, they must comply with the terms of the lease regarding new household members.

REQUIRED WAIVER REQUEST DOCUMENTATION

- ✓ Key Rental Assistance Waiver Cover Sheet (*Attachment A*)
- ✓ A written statement from the referral agency on agency letterhead with a description of the household's disability-related needs for a larger unit and/or third party medical verification.

OLDER PERSONS WAIVER

This waiver is for households headed by persons who are receiving Social Security retirement income, but previously received disability income benefits or who have become disabled since retirement as defined by Social Security. Older Person Waivers can be requested at the time the person is referred to the Targeting Program.

REQUIRED WAIVER REQUEST DOCUMENTATION

- ✓ Key Rental Assistance Waiver Cover Sheet (*Attachment A*)
- ✓ If the head of household had disability income that converted to regular Social Security income upon retiring and he or she has documentation from the Social Security Administration about previous receipt of disability income benefits, provide this documentation – **OR** – include the Key rental assistance Verification of Disability (*Attachment B*).

INCOME ADJUSTMENT WAIVERS

- Waivers for households that are Key eligible, but face an undue burden paying the tenant rent share due to allowable out-of-pocket expenses.

All Income Adjustment Waivers require a Tenant Income Certification, which the household must obtain from property management. Consequently, these waiver requests cannot be completed until the household has started the lease application process. If approved for an Income Adjustment Waiver, tenant rent share will be adjusted the first day of the month following the date the complete waiver application was received.

Households with Income Adjustment Waivers remain income eligible for the Key rental assistance even if a waiver request is not submitted at time of annual income

recertification. Such households, however, may experience an increase in their rent share. The referral agency must sponsor a new waiver request if the household wishes to have income re-adjusted based on allowable out-of-pocket expenses for the upcoming 12 months.

ALLOWABLE DEDUCTIONS

The Key rental assistance has largely modeled allowable income deductions on the standards used by the federal Dept. of Housing and Urban Development (HUD). Expenses not reimbursed by any other source that may be deducted from annual gross household income include:

- Medical expenses of all household members and
- Disability assistance and child care expenses that enable household members to be employed.

Medical Expenses

Medical expenses include **anticipated, recurring** expenses of all family members not reimbursed by any other source such as Medicaid, Medicare or other insurance. In addition to recurring expenses, outstanding medical bills may be included if the household can document monthly payments. The most common allowable deductions for medical expenses include:

- Services of doctors, health care professionals or health care facilities
- Medical insurance premiums or insurance co-payments
- Prescriptions if prescribed by a physician for a medical condition
- Non-prescription medicines and nutritional supplements **if** recommended in writing as treatment for a specific medical condition diagnosed by a physician or other licensed health care provider.
- Transportation to treatment
- Dental expenses, eyeglasses, hearing aids, batteries
- Live-in or periodic medical assistance such as nursing services or attendant care

- Monthly payments on accumulated medical bills.

Expenses associated with medical savings accounts, health club dues, household help (even if recommended by a doctor), personal use items, and elective cosmetic surgery are **not** allowable deductions.

Allowable expenses must exceed 3% of the household's annual gross income in order to be eligible for a waiver, and only the amount of allowable expenses over 3% of annual gross household income is deducted.

Disability Assistance Expenses (Necessary to Maintain Employment)

Unreimbursed costs for attendant care and "auxiliary apparatus" for each household member who has a disability, to the extent these expenses are reasonable and necessary to enable a household member to be employed, may be deducted from the household's gross annual income. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus.

Attendant Care includes, but is not limited to, reasonable expenses for home medical care, nursing services, housekeeping and errand services, interpreters for persons with hearing impairments, and readers for persons with visual impairments that permit the disabled person or other family member to work. The expenses are not paid to a family member living in the unit.

Auxiliary Apparatus includes, but is not limited to, wheelchairs, ramps, adaptations to vehicles, or other special equipment directly related to permitting the person with a disability or other family member to work.

Payments on a specially-equipped van, to the extent they exceed the payments that would be required on a car purchased for transportation of a person who does not have a disability, may be deducted from the household's gross annual income. The cost of maintenance and upkeep of an auxiliary

apparatus is considered a disability assistance expense (e.g. the cost of maintaining *equipment* that is added to a car, but not the cost of maintaining the car).

Allowable expenses must exceed 3% of the household's annual gross income in order to be eligible for a waiver, and only the amount of allowable expenses over 3% of annual gross household income is deducted.

Child Care Expenses (Necessary to Maintain Employment)

Unreimbursed expenses for the care of children age 12 and under may be deducted from annual income for the upcoming 12 months if:

- Care is necessary to enable a family member to work.
- The family has determined there is no adult family member available to provide care.
- Expenses are not paid to a family member living in the unit.
- Expenses reflect reasonable charges for child care.
- Expenses must not exceed the income earned during the hours for which care is paid.

The full amount of allowable child care expenses are subtracted from annual gross income.

REQUIRED WAIVER REQUEST DOCUMENTATION

All third party documentation for eligible expenses must be dated and reflect anticipated expenses for the next 12 months.

- ✓ Key Rental Assistance Waiver Cover Sheet (*Attachment A*)
- ✓ Key rental assistance Income Calculation Work Sheet (*Attachment C*)
- ✓ Itemized Income Deductions Work Sheet (*Attachment D*)
- ✓ Tenant Income Certification
- ✓ Documentation of expense – **AND –**

proof of payment for each itemized deduction as follows:

Medical Expenses

1. Receipts, cancelled checks, itemized printouts, bills, etc. covering a minimum of the past three months for expenses that will not change over the upcoming year.
2. Regular payments made on outstanding bills not covered by insurance. A payment plan and evidence of first payment must be provided. The annualized deduction cannot exceed the total amount of the outstanding balance.
3. Receipts or ticket stubs covering a minimum of the past three months for transportation expenses directly related to medical appointments that will not change over the upcoming year.

Disability Assistance Expenses

1. Verification of employment.
2. Verification from doctor or rehabilitation agency that use of apparatus or attendant care is necessary to allow household member to be employed.
3. Verification from apparatus provider of cost and purpose of apparatus - **OR** - verification from the attendant of the hours and cost of care and payment frequency.

Child Care Expenses

1. Verification from the employer of hours worked and rate of pay.
2. Verification of child care subsidy application (DSS, Smart Start, Head Start, etc.).
3. Verification from the person or agency providing child care of the amount of payment, hours of care, names of the children, and frequency of payment.

Attachment A: Key Rental Assistance Waiver Cover Sheet

*Waivers can only be requested for units with Key rental assistance rental assistance.
Waiver requests must be processed through DHHS Regional Housing Coordinators, not property management.*

Check the type of waiver(s) requested and submit necessary documentation with this cover sheet.

- ☐ **Unit Size Waiver**
☐ **Older Persons Waiver**
☐ **Income Adjustment Waiver—undue burden**

Head of Household (name): _____ Number of People in Household: _____

Apartment Name: _____ Number of Bedrooms in Unit: _____

For additional information about this application please contact:

Name (please print) Referral Agency

Telephone Email

To the best of my knowledge the information contained in the application is a true statement of this household's needs, expenses and income.

Signature Date

Head of Household Authorization and Certification

I/we authorize _____ to provide information to the NC Department of Health
(Referral Agency representative)

and Human Services on my/our household expenses for purposes of determining Key rental assistance eligibility and/or rent share under the Key rental assistance. In signing this form I/we certify that the information provided accurately reflects the household need for this/these waiver(s) and that I/we understand that knowingly providing false information could result in termination of Key rental assistance rental assistance. I/we understand that this authorization expires in one year unless rescinded by me/us at an earlier date and that information provided will not be shared with others for any other purpose.

Head of Household Signature Date

Second Household Member Signature Date

Point or Back-up Person signature verifying that a copy of this waiver request is saved with referral agency Targeting Program files.

Name (please print) Signature

Attachment B: Key Rental Assistance Verification of Disability

Head of Household: _____

Project Name: _____ Location: _____

The person named above is a tenant/applicant for a dwelling unit in the above referenced project where their rent will be assisted by the Key rental assistance. For the purpose of qualifying for Key rental assistance assistance the tenant must have a disability as defined by the Social Security Act.
(42 U.S.C. 416).

An individual age 18 and older is "disabled" if he or she has:

- 1) a medically determinable physical or mental impairment,
- 2) which: results in the inability to do any substantial gainful activity; and
 - can be expected to result in death; or
 - has lasted or can be expected to last for a continuous period of not less than 12 months.

The term substantial gainful activity describes a level of work activity that is both substantial and gainful. Substantial work activity involves performance of significant physical or mental duties, or a combination of both, which are productive in nature. For activity to be substantial it need not necessarily be performed on a full-time basis; work activity performed on a part-time basis may also be substantial.

The information requested will be kept in strictest confidence. Thank you for your cooperation in completing this form as soon as possible.

Applicant Authorization

I authorize _____ to verify that I meet eligibility
(Name of Qualified Professional)
requirements for this assistance.

Tenant/Applicant Signature

Date

CONFIDENTIAL INFORMATION:

In my opinion, the above referenced tenant/applicant ____ is, ____ is not (CHECK ONE) disabled as defined above.

Signature of Qualified Professional _____

Print Name and Title _____

Date _____ Telephone _____


Attachment C: Key Rental Assistance Income Calculation Work Sheet

1. **Annual Gross Household Income** (1) _____

Enter the amount of annual gross household income found on the Tenant Income Certification form completed by property management

2. **Child Care Allowance** (2) _____

Enter anticipated, unreimbursed expenses for care of children age 12 and under from the Itemized Income Deductions Work Sheet (Attachment D).

 *If expenses exceed earned income, the applicant is not eligible for this waiver.*

3. **Disability Assistance and Medical Expenses** (3) _____

Enter total out-of-pocket disability assistance and/or medical expenses from the Itemized Income Deductions Work Sheet (Attachment D).

4. **Multiply line 1 by 0.03.** (4) _____


5. **Subtract line 4 from line 3.** (5) _____

6. **Total Allowable Deduction Amount** (6) _____

Add line 2 and line 5.

7. **Adjusted Annual Income** (7) _____

Subtract line 6 from line 1.

 *If this waiver is requested during tenancy, STOP HERE. The tenant is eligible for this waiver. Property management will use adjusted annual income on line 7 to calculate the monthly tenant rent share.*

Attached D: Itemized Income Deductions Work Sheet

Description of out-of-pocket expense	Documentation provided to document expense	Documentation provided to document payment	Amount of monthly out-of-pocket expense	Annualized out-of-pocket payment (monthly cost x 12)*
Total amount of deductions being claimed on line 2 and line 3 of the Income Adjustment Waiver Calculation Work Sheet				\$

**Please note that if persons are making monthly payments on outstanding bills, the amount deducted cannot exceed the total balance owed.*