



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

Tenant Based Rental Assistance (TBRA) Set Up Form HOME Program

Executed agreement with the grant recipient must be attached with this form

Check appropriate box: [] Original Submission [] Change Owner's Address [] Ownership Transfer [] Revision Name and Phone Number of Person Completing Form:

A. General and Activity Information

1. Name of Participant 2. County Code: 3. IDIS Activity ID Number: 4. Activity Name:

SET UP TBRA ACTIVITY

B. Objectives and Outcomes (for PHCD use only)

1. Objective [] (1) Create suitable living environment [] (2) Provide decent affordable housing [] (3) Create economic opportunities 2. Outcome [] (1) Availability/accessibility [] (2) Affordability [] (3) Sustainability

C. Beneficiaries (Refer to codes on page 2, where applicable.) Assisting more than 16 tenants? Use additional copies of this page for more space.

Table with columns: Last Name, # of Bdrms, Security Deposit, Monthly Rent (Tenant, TBRA, Total), Household (% Median, Hispanic?, Race, Size, Type), Tenant Contract (Paid to O=Owner, T=Tenant, New?, Months (1 to 24)).

D. Total/Subtotal of HOME Funds Requested: \$



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E. TBRA Units:

Number of TBRA Units:

Designated for the homeless:

Of those, the number designated for the chronically homeless:

F. Was this activity carried out a Faith-based Organization Yes No

of Bdrms
0 - SRO/Efficiency
1 - 1 bedroom
2 - 2 bedrooms
3 - 3 bedrooms
4 - 4 bedrooms
5 - 5 or more bedrooms

Household % of Median
1 - 0 to 30%
2 - 30+ to 50%
3 - 50+ to 60%
4 - 60+ to 80%

Household Race
11 - White
12 - Black or African American
13 - Asian
14 - American Indian or Alaska Native
15 - Native Hawaiian or Other Pacific Islander
16 - American Indian or Alaska Native & White
17 - Asian & White
18 - Black or African American & White
19 - American Indian or Alaska Native & Black or African American
20 - Other Multi Racial

Household Type
1 - Single, non-elderly
2 - Elderly
3 - Single parent
4 - Two parents
5 - Other

Household Size
1 - 1 person
2 - 2 persons
3 - 3 persons
4 - 4 persons
5 - 5 persons
6 - 6 persons
7 - 7 persons
8 - 8 or more persons



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Instructions on Completing the Tenant-Based Rental Assistance Set-up Report

Read the instructions for each item carefully before completing the form.

- **Applicability.** The purpose of this report is to assist with the collection of information to be entered into HUD’s Integrated Disbursement and Information System (IDIS). This report is to be completed for each TBRA activity set-up in IDIS.
- **Timing.** Data is to be entered into IDIS before funds may be drawn down for the activity. An amended set-up report should be completed for each draw request to add and/or remove tenants.
- **Attachments.** Executed agreement with the grant recipient must be attached with this form

A. General and Activity Information.

1. **Name of Participant.** Enter the name of the agency administering the TBRA activity.
2. **County Code.** Enter the county code of the agency administering this HOME activity. *(Check with your HOME program officer for your county code.)*
3. **IDIS Activity ID Number.** Enter the activity number assigned by IDIS *(and provided to you by your HOME program officer).*
4. **Activity Name.** Enter the name designated to the activity.

B. Objective and Outcome: *(For PHCD use – provided for informational purposes only)*

- **Objective.** Check the box of the code of the objective that best describes the purpose of the activity. If a code is not entered in IDIS, the system will default the answer to “Decent affordable housing”.
 1. **Suitable living environments.** Applies to activities that benefit communities, families, or individuals by addressing issues in their living environment.
 2. **Decent affordable housing.** Applies to housing activities that meet individual family or community needs. This objective should not be used for activities where housing is an element of a larger effort.
 3. **Creating economic opportunities.** Applies to activities related to economic development, commercial revitalization, and job creation.
- **Outcome.** Check the box of the code of the outcome that best describes the benefits resulting from the activity. If a code is not entered in IDIS, the system will default the answer to “Affordability”.
 1. **Availability/accessibility.** Applies to activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not refer only to physical barriers.
 2. **Affordability.** Applies to activities that provide affordability in a variety of ways. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care.
 3. **Sustainability.** Applies to activities that promote livable or viable communities and neighborhoods by providing services or by removing slums or blighted areas.

C. Household Characteristics.

Complete one line for each tenant receiving tenant-based rental assistance from the HOME program.

- **Tenant’s Last Name.** Enter the tenant’s last name if the name is 5 letters or less. Enter the first five letters of the last name if the name is more than five letters or a unique file identification number.
- **# of Bdrms.** Enter 0 for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.



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- **Sec. Dep.** Enter the amount of HOME funds to be paid to the tenant or owner as a security deposit payment (to the nearest whole dollar).
- **Tenant Monthly Rent.** Enter the actual rent, including utilities, to be paid by the tenant at the time of activity completion (to the nearest whole dollar). If the rent includes utilities, or, if the rent includes partial utilities, *e.g., heat, but not electricity, these utility costs must be added to the rent.* Compute utility costs for the area (and in the case of partial utilities, compute costs for utilities excluded from the rent), by using the utility allowance schedule produced by the Montana Department of Commerce Section 8 Program.
- **TBRA Monthly Rent.** Enter the amount of HOME funds to be paid to the tenant or owner as a rent subsidy payment, including any utility allowances (to the nearest whole dollar).
- **Total Monthly Rent.** Enter the **total** monthly rent.
- **Household % of Med.** For each household assisted with HOME funds, enter one **code** only based on the following definitions:
 1. **0 to 30 Percent of Area Median Income** refers to a household whose annual income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
 2. **30+ to 50 Percent of Area Median Income** refers to a household whose annual income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
 3. **50+ to 60 Percent of Area Median Income** refers to a household whose annual income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
 4. **60+ to 80 Percent of Area Median Income** refers to a household whose annual income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
- **Household Hispanic?** For each household assisted with HOME funds, enter the ethnicity of the head of household as either “Y” for Hispanic or Latino or “N” for not Hispanic nor Latino. Hispanic or Latino ethnicity is defined as a person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”
- **Household Race.** For each household assisted with HOME funds, enter one **code** only based on the following definitions:
 11. **White.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
 12. **Black/African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
 13. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
 14. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.
 15. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.



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- 16. **American Indian/Alaska Native & White.** A person having these multiple race heritages as defined above.
- 17. **Asian & White.** A person having these multiple race heritages as defined above.
- 18. **Black/African American & White.** A person having these multiple race heritages as defined above.
- 19. **American Indian or Alaska Native & Black or African American.** A person having these multiple race heritages as defined above.
- 20. **Other multi-racial.** For reporting individual responses that are not included in any of the other categories listed above.

NOTE: Collection of information on ethnicity and race is mandatory. If the tenant won't volunteer the information, the person filling out this form should make his/her best guess. (See **EXHIBIT 5-E - INDIVIDUAL DIRECT BENEFIT RECORDING FORM** in Chapter 5 of the HOME Program Administration Manual.

- **Household Size.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 (for households of more than 8, enter 8).
- **Household Type.** For each household assisted with HOME funds, enter one **code** only based on the following definitions:
 - 1. **Single, non-elderly.** One-person household in which the person is not elderly.
 - 2. **Elderly.** One or two person household with a person at least 62 years of age.
 - 3. **Single parent.** A single parent household with a dependent child or children (18 years old or younger).
 - 4. **Two parents.** A two-parent household with a dependent child or children (18 years old or younger).
 - 5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.
- **Tenant Contract Paid To.** Enter an "O", if the TBRA Monthly Rent will be paid to the **Owner**. Enter a "T", if it will be paid to the **Tenant**.
- **Tenant Contract New?** Enter a "Y", if the tenant is newly assisted. Enter an "N", if the tenant's assistance is being renewed.
- **Tenant Contract Months.** Enter the number of months in the contract with the tenant. Valid entries are 1 to 24.

D. Total/Subtotal of HOME Funds Requested. Enter the total amount of HOME funds requested for this draw. This amount includes the TBRA Monthly Rent for each tenant and the security deposit amount for each tenant, if requested.

E. TBRA Units:

- **Number of TBRA units designated for the homeless.** Of the total number of TBRA units in the activity, enter the number designated for the homeless. Homeless is defined as:
 - (1) an individual or family who lacks fixed, regular, and adequate nighttime residence; or
 - (2) An individual or family who has a primary nighttime residence that is:
 - (a) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill;



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- (b) an institution that provides a temporary residence for individuals intended to be institutionalized;
or
- (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

- **Of those, the number designated for the chronically homeless.** Of the number of units designated for the homeless, enter the number designated for the **chronically** homeless. A **chronically homeless person** is defined as an unaccompanied homeless individual with a disabling condition who has either:

- (1) been continuously homeless for a year or more, or
- (2) has had at least four episodes of homelessness in the past three years.

A **disabling condition** is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability. For the purpose of determining chronically homelessness, a homeless person an unaccompanied individual sleeping in a place not meant for human habitation or in an emergency homeless shelter.

- F. Faith-based Organization.** Was this activity carried out by a faith-based organization? Check “Yes” if it is known or if the organization declares itself to be a faith-based organization. If not, check “No”.