



**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM
WAIVER OF STATE EMERGENCY RELIEF DENIAL LETTER**

The Department of Human Services (DHS) and the Michigan State Housing Development Authority (MSHDA), for the purposes of the Homeless Prevention and Rapid Re-housing (HPRP) denial for the State Emergency Relief (SER) program, have agreed upon the following scenarios that would result in immediate denial through DHS. For the purposes of HPRP, if any of the following scenarios are encountered by the HPRP CHAP Lead Agency then that agency may use this form in place of an SER Denial **for providing rental assistance, paying rental arrearages, and security deposits only.**

The HPRP CHAP Lead Agency is still required to refer clients to DHS for other SER and entitlement benefit assistance that an individual or family may qualify for.

Instructions:

If any of the following scenarios apply to a client, please check the appropriate box below and retain a copy of this form in the HPRP client file. Proper documentation to support the following scenarios must also be placed in the client file.

Please check the boxes below that make a person ineligible for SER:

- If the client is currently living with family members or friends (doubled up) at the time of HPRP screening then **HPRP Prevention Assistance** may be provided, unless one of the following exists:
 - o Living with others due to a fire that occurred 60 days prior;
 - o Living with others to escape Domestic Violence;

- If the client needs rental assistance but does not at the time of HPRP screening have a court-ordered eviction notice, court summons, or court judgment then **HPRP Prevention Assistance** may be provided.

- If the client is found to be in non-compliance with DHS child support requirements then **HPRP Prevention Assistance** may be provided.

- If the client reports zero household income for all household members or in any case where the rent obligation exceeds income, the DHS Affordability Policy would apply, and then **HPRP Rapid Re-housing or Prevention Assistance** may be provided.

Please provide the following signatures stating that the above information and scenario has been met and that proper documentation to support the information has been provided.

CHAP Lead Agency Staff: _____ Date: _____

Client Signature: _____ Date: _____