

PHONE (231) 947-3780 (800) 632-7334 FAX (231) 947-4935 SATELLITE OFFICE: 1640 MARTY PAUL CADILLAC, MI 49601

(231) 775-9781 (800) 443-2297 FAX (231) 775-1448 SATELLITE OFFICE: 2202 MITCHELL PARK, SUITE 4 PETOSKEY, MI 49770

> (231) 347-9070 (800) 443-5518 FAX (231) 347-3664

Dear Landlord(s)/Property Owner(s),

On behalf of Northwest Michigan Community Action Agency's (NMCAA) Homeless Prevention department, we would like to thank you for your interest and willingness to work with our **(MSHDA) Michigan State Housing Development Authority** programs. We rely on valued community partners like you for safe and affordable housing for our clients and their families, and your support is a key component to their long-term stability.

As all of our programs are state and/or federally funded with specific standards and grant requirements, it is our goal to ensure that you clearly understand the program and all that it entails. Please take a few moments to review the information contained in this packet and certify your understanding by signing the participation agreement (page 6).

The NMCAA Case Manager assigned to the case, and their supervisor's contact information is also included (page 6), so please feel free to contact them if you have any questions or would like additional information. We look forward to working with you and would like to thank you again for the tremendous service you provide to our clients and community!

Sincerely,

Grant D. Card / Homeless Programs Operations Manager

Northwest Michigan Community Action Agency, Inc. (NMCAA)

Website: <a href="https://nmcaa.net/homeless-prevention-programs/">https://nmcaa.net/homeless-prevention-programs/</a>
Main Office: 3963 Three Mile Rd. Traverse City, MI 49686

Email: gcard@nmcaa.net

Grant D. Carl

**Phone:** (231) 947-3780 / **Cell:** (231) 631-2693

**Serving:** Alpena, Alcona, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Iosco, Mason, Manistee, Missaukee, Montmorency, Oceana, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon and Wexford counties



PHONE (231) 947-3780 (800) 632-7334 FAX (231) 947-4935 SATELLITE OFFICE: 1640 MARTY PAUL CADILLAC, MI 49601

(231) 775-9781 (800) 443-2297 FAX (231) 775-1448 SATELLITE OFFICE: 2202 MITCHELL PARK, SUITE 4 PETOSKEY, MI 49770

> (231) 347-9070 (800) 443-5518 FAX (231) 347-3664

# MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY (MSHDA) SHELTER DIVERSION PILOT (SDP) PROGRAM OVERVIEW

Northwest Michigan Community Action Agency, Inc.'s Homeless Prevention Department provides the **SHELTER DIVERSION PROGRAM (SDP)** program and services to homeless individuals and families across 5 counties (Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau) in rural Northwest Michigan supported by a grant from the Michigan State Housing Development Authority (MSHDA).

The purpose of the MSHDA SDP program is to end an individual or family's experience of homelessness as quickly as possible while empowering them to regain control over their situation. The emphasis is on securing safe, appropriate options in community – even temporary options – rather than an emergency shelter stay, whenever possible. This limits the trauma of homelessness while supporting the availability of limited shelter beds for those most in need.

Shelter diversion is an intensive, short-term intervention narrowly focused on families and individuals at the point they have lost access to their housing option, but prior to, or shortly following entry in emergency shelter. A shelter diversion intervention should generally take no more than fourteen days. Clients may stay in shelter or in other housing during this time. Shelter diversion elevates creative problem solving and conflict resolution to empower people experiencing a housing crisis to find an immediate alternative to shelter and return to more stable housing. Effective shelter diversion includes staff with trained expertise in the following skills and practices:

- A <u>Trauma-Informed</u> approach to engagement focused on creating safety, transparency, and an overview of the Specialist/household partnership.
- Incorporation of <u>Motivational Interviewing</u> skills throughout the partnership, in particular active listening, open-ended questions, empathy, and a focus on goals.
- Exploration of strengths, opportunities, and resources to move from crisis to **Empowerment** to regain confidence and identify options in addressing the housing issue.
- Collaborative identification of safe, appropriate options and next steps that can be reality-tested and validated as **SMART Goals** (Specific, Measurable, Actionable, Realistic & Timed).
- <u>Connections</u> to other <u>Community Resources</u> will be essential. <u>Mediation</u> is valued as a worthwhile endeavor to improve relationships between households, landlords, and/or potential host households.
- <u>Effective and Timely Communication</u> that summarizes the action steps and follow-up with specifics including activities, persons responsible, timelines, and communication expectations.

Flexible financial assistance also plays a critical role by allowing Diversion Specialists the ability to provide unique supports for each household based on individually identified needs. Areas of unique support include transportation, food, education, employment, childcare, and household bill contribution, among others. Traditional financial and rental assistance, like housing application fees, mediation, and monthly rental payments, are also available through this pilot. However, households served through shelter diversion should still be considered for other housing resources as eligible, necessary, and available through the Coordinated Entry System (ex. HUD Programs, ESG, etc.).

The core components of the MSHDA SDP program and services are designed to assist eligible individuals and/or households in securing safe, appropriate housing options in community – even temporary options – rather than an emergency shelter stay, whenever possible, and while maintaining their housing, becoming socially and economically integrated into their communities, and accessing the necessary services and supports available to help meet their needs.



PHONE (231) 947-3780 (800) 632-7334 FAX (231) 947-4935 SATELLITE OFFICE: 1640 MARTY PAUL CADILLAC, MI 49601

(231) 775-9781 (800) 443-2297 FAX (231) 775-1448 SATELLITE OFFICE: 2202 MITCHELL PARK, SUITE 4 PETOSKEY, MI 49770

> (231) 347-9070 (800) 443-5518 FAX (231) 347-3664

### **GENERAL MSHDA (SDP) PROGRAM INFORMATION**

#### Each Client/Household is assigned a Diversion Specialist (Case Manager) upon program entry.

Case Management facilitates the achievement of client wellness and autonomy through the targeted use of  $\underline{C}$  ommunication,  $\underline{A}$  dvocacy,  $\underline{A}$  ssessment,  $\underline{S}$  ervice facilitation,  $\underline{P}$  lanning,  $\underline{E}$  ducation, and  $\underline{R}$  esource management (CAASPER), and consists of the following core components: Intake, Strengths & Needs Assessment, Service Planning, Linking, and Monitoring & Evaluation. The Diversion Specialist works with the client/household on an intensive short-term (typically no more than fourteen (14) days) intervention that is narrowly focused on assisting them either avoid or quickly exit emergency shelter

#### The assigned Diversion Specialist is available to mediate and address concerns related to the client's housing (only).

All Landlord(s)/Property Owner(s) will be provided the Diversion Specialist's (and their supervisor's) contact information and will be available to mediate or address any housing issues/concerns while the client/household is enrolled in the SDP program. They are your first point of contact, so please feel free to contact them directly in the event of any questions or concerns.

#### Diversion Specialists are NOT Crisis Workers, Mental Health Providers, or Emergency Medical Technicians.

Due to the time-limited nature of SDP services, Case Management in this context focuses on needs that can be addressed within a set timeframe and with available resources. A participant's long-term needs, medical, behavioral health, and all other "non-housing" related issues/crises are not the focus of the program, and Diversion Specialists are not trained nor equipped to assist or intervene in such situations.

Diversion Specialist/Case Management staff are only available during normal business hours (Monday-Friday 7:30am-4:30pm).

#### All Rental Assistance must be paid to a third-party.

Rental Assistance funds cannot be disbursed directly to an SDP client (or household member) and will only be provided if it is necessary to enable the participant in obtaining or retaining stable housing.

#### Rental/ Flexible Financial Assistance is not guaranteed.

All Rental and/or Financial Assistance is dependent on the following State and Federal grant guidelines/requirements:

- Client/Household eligibility for SDP
- Client/Household (continued) program participation
- Client/Household SDP enrollment timelines

- Landlord/Property Owner documentation requirements
- Client/Household tenancy; and
- The continued availability of SDP grant funds.

Leases/Rental Agreements are legal contracts between Client/Household (Tenants) and the Landlord/Property Owner. NMCAA may provide Rental/Flexible Financial Assistance for eligible participants, but assumes, and is under no legal obligation for Tenant rent or the payment/collection of any claim(s) made by Landlord/Property Owner against the Tenant.

Additionally, if an SDP client/household (tenant) vacates a/the unit, it is the Landlord/Property Owner's responsibility to notify NMCAA (within 5 business days or less), and if any payments were issued by NMCAA prior to said period of non-tenancy, it is the Landlord/Property Owner's responsibility to return said funds. If tenancy is not reestablished and verified by NMCAA, the issuing agency (NMCAA) is no longer responsible for any future payments.

#### The MSHDA SDP program does not allow for the payment of rental unit damages (outside of the security deposit's value).

As the Lease/Rental Agreement is between the client/household (Tenant) and the Landlord/Property Owner, the cost of any damages exceeding the value of the security deposit are the sole responsibility of the legal Tenant(s).

#### NMCAA policy prohibits the advance payment of rent.

Rental/Flexible Financial Assistance is paid on a month-to-month basis, and the maximum amount any one participant or household can receive is dependent on length of program enrollment, their continued program eligibility & participation, and the availability of grant funds.

#### Due to NMCAA policy and State & Federal regulations, Rental/Flexible Financial Assistance may not arrive on the 1st of the month.

Due to specific financial standards dictated by the Office of Federal Financial Management (OFFM) and the Office of Management and Budget (OMB), payments cannot be processed by NMCAA's Business Office until a series of internal controls have been satisfied. These controls include:

- Check Request submission and initial review of supporting documents, rent reasonableness, allowability, allocability, etc.
- Vendor identification (W-9) review and IRS e-services TIN matching
- Managerial review and approval of Check Request(s)/Invoice(s)
- Business Office/Accounts Payable review
- Controller/Executive Director final review/approval; and
- Payment processing/issuance

NMCAA is flexible and will be as accommodating as possible to ensure payments are issued in a timely manner (typically received by the 4th or 5th of the month). Direct Deposit options are always available, and the most efficient and speedy form of payment.

## MSHDA (SDP) PROGRAM STAFF CONTACT INFORMATION

Assigned Diversion Specialist	Diversion Specialist's Main Office Address	Email Address	Office Phone Number			
SDP Program Supervisor	Supervisor's Main Office Address	Email Address	Office Phone Number			



PHONE (231) 947-3780 (800) 632-7334 FAX (231) 947-4935 SATELLITE OFFICE: 1640 MARTY PAUL CADILLAC, MI 49601

(231) 775-9781 (800) 443-2297 FAX (231) 775-1448 SATELLITE OFFICE: 2202 MITCHELL PARK, SUITE 4 PETOSKEY, MI 49770

> (231) 347-9070 (800) 443-5518 FAX (231) 347-3664

# LANDLORD - PROPERTY OWNER - VENDOR REQUIREMENTS

If a client/household is eligible for the SDP program, prior to NMCAA determining if Rental/Financial Assistance will be provided, the following are required from the Landlord(s)/Property Owner(s):

- 1) Rent for clients/households receiving short-term SDP-funded Rental Assistance must comply with HUD's standard of rent reasonableness meaning that the rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for up to three (3) comparable unassisted units; and
- 2) A copy of the current lease agreement of at least one month (and lead-based paint addendum, if applicable), and it must identify:
  - The payee (the client/household) as a/the tenant
  - The terms of the agreement (dates of tenancy, monthly amount(s) due, and if the client/household owes utility fees, a copy of utility bill, itemized by month, and proof that the client/household is responsible for payment); and
  - The lease must be signed and dated by all parties; and
- 3) A completed Request for Taxpayer Identification Number and Payment Remittance Information form (W-9) for the Landlord(s)/Property Owner(s) receiving payments (and if applicable, a completed Direct Deposit Authorization form); and a signed copy of the Landlord / Property Owner / Vendor Participation Agreement (below).

## LANDLORD / PROPERTY OWNER / VENDOR PARTICIPATION AGREEMENT

By signing this document, I acknowledge that I have received and understand the information provided and agree to the terms and conditions outlined herein.

Landlord/Property Owner #1 Name	Landlord/Property Owner #1 Signature	Signature Date
Landlord/Property Owner #2 Name	Landlord/Property Owner #2 Signature	Signature Date



Or

MAIN OFFICE: 3963 THREE MILE ROAD TRAVERSE CITY, MI 49686

PHONE (231) 947-3780 (800) 632-7334 FAX (231) 947-4935 SATELLITE OFFICE: 1640 MARTY PAUL CADILLAC, MI 49601

(231) 775-9781 (800) 443-2297 FAX (231) 775-1448 SATELLITE OFFICE: 2202 MITCHELL PARK, SUITE 4 PETOSKEY, MI 49770

> (231) 347-9070 (800) 443-5518 FAX (231) 347-3664

# LANDLORD / PROPERTY OWNER / VENDOR DIRECT DEPOSIT REQUEST FORM

Please note that a voided check, or a letter from your bank is required to confirm your account/routing number, and NMCAA is not responsible if either account/routing number is written incorrectly on this form or if a voided check/bank letter was not provided.

Landlord/Property Owner/Vendor N	lame(s)		
Address	City	State	Zip Code
Please have my payments automatica	ally deposited into th	e following account:	
Checking Account Number			
Savings Account number			
Your bank's routing number			
LANDLORD/VENDOR AUTHOR By signing below, I authorize NORTH automatically deposit my payments into notice to cancel it. We do not "pre-note" Taxpayer Identification Number and Pay	my account listed above the account. All payments	e. This authorization will remain into the are dependent upon NMCAA re	n effect until I give writter
Landlord/Property Owner/Vendor Signa	ture	Signature Date	
NOTE: Any charges to the agency due to an a	account change/closing wi charged bac		ffice at (231) 947-3780 will be



## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 N	ame (as shown on your income tax return). Name is required on this line; do not leave this line blank.				-					
ge 2.	1	2 Business name/disregarded entity name, if different from above									
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC				cer	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)					
		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)   Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.			Exe	Exemption from FATCA reporting code (if any)					
들드	Ιп	Other (see instructions) ►				(Applies to accounts maintained outside the U.S.)					
ecific	5 A	ddress (number, street, and apt. or suite no.)	Requester's name a			ddress	(optio	onal)			
See <b>S</b> p	<b>6</b> C	6 City, state, and ZIP code									
	7 Li	ist account number(s) here (optional)									
Par	tΙ	Taxpayer Identification Number (TIN)									
Enter	vour	TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	oid	Social	securit	y numb	er				
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>					-						
TIN o	n pag	ge 3.		or							
<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for			yer identification number								
		on whose number to enter.							T		
					-						
Par	t II	Certification									
Unde	r pen	alties of perjury, I certify that:									
	•	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	er to be	issued	l to me	e); ar	ıd			
Se	rvice	t subject to backup withholding because: (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest cer subject to backup withholding; and	I have r or divide	not been nds, or	notifie (c) the	d by tl IRS h	he In as no	ternal otified	Reve me th	nue at I am	
3. I am a U.S. citizen or other U.S. person (defined below); and											
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.											
intere gener instru	st pa ally, p ctions	on instructions. You must cross out item 2 above if you have been notified by the IRS the ou have failed to report all interest and dividends on your tax return. For real estate transatid, acquisition or abandonment of secured property, cancellation of debt, contributions to a payments other than interest and dividends, you are not required to sign the certification, is on page 3.	ictions, i an indivi	tem 2 d dual ret	oes no iremen	t apply it arrar	y. Foi ngem	r morto nent (If	gage RA), a	and	
Sign Here		Signature of U.S. person ► Da	ıte ►								

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at <a href="https://www.irs.gov/fw9">www.irs.gov/fw9</a>.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.