Housing Support Unit
CalWORKs Housing Support Program (HSP)
Participant Agreement

Head of Household Name: _____ Case Number: _____

By initialing below, I understand continued eligibility and receipt of assistance into the CalWORKs Housing Support Program (HSP) is contingent upon agreeing to and complying with the programs requirements outlined below.

_____ 1. I understand HSP service is for households currently residing in Kern County and certify that I am a Kern County resident. I understand I must notify my Housing Case Manager within 30 days of my intent to move out of the county after program enrollment.

_____ 2. I certify that I meet the homeless or at-risk of homelessness criteria in accordance with California Department of Social Services Housing and Homelessness Division or Housing and Urban Development definitions as explained to me during my program intake.

_____ 3. I understand that I must have an active CalWORKs case in order to maintain eligibility to HSP services. I understand that if I discontinue from CalWORKs due to an increase in income, I will be eligible to continue to receive HSP assistance for up to 6-months beginning after the month in which my CalWORKs eligibility ends. If I discontinue from CalWORKs for any other reason, I will not be eligible for HSP assistance effective the month in which my CalWORKs eligibility ended.

_____ 4. I understand HSP assistance cannot be provided to a household who is already receiving other similar assistance, or living in a housing unit receiving homeless assistance through other federal, State, or local sources. I understand that once I begin to receive HSP assistance, applying and/or receiving other similar project-based assistance through other federal, State, or local sources will result in immediate program termination.

_____ 5. I understand for move-in assistance, rent must be reasonable within the HUD guidelines for Fair Market Rents and rent obligations cannot exceed 80% of Total Monthly Household Income unless previously approved by my Housing Case Manager. I also understand that an HSP inspection must be completed prior to signing a lease for HSP to assist with paying a deposit. For shared housing circumstances, I understand HSP is only able to cover the eligible CalWORKs household members' portion.

_____ 6. I understand approved rental subsidy assistance is provided in monthly intervals paid at a declining graduated scale depending on the status of monthly household income. I understand that HSP rental subsidy assistance is subject to funding availability and is limited to 24 months in a lifetime. I understand I am responsible to pay my portion of the rental expense on time every month.

_____ 7. I understand rental subsidy assistance for households participating in housing navigation is not permanent supportive housing and may be approved for up to 6-months maximum unless approved for one 3-month extension.

_____ 8. I understand that short-term temporary shelter, move-in assistance, eviction prevention assistance, and/or utility arrearages assistance is only available once within a 12-month rolling calendar year and is subject to funding availability. I understand I am required to provide valid documentation that will be verified before assistance is provided. I understand rental subsidy assistance for households who are facing eviction prevention is only available for up to 3-months maximum with no extensions.

_____ 9. I understand that HSP rental subsidy and move-in funds are paid directly to the Landlord or Property Manager and any HSP funds issued directly to me are to be considered as liquid resources and will not be replaced if misused, skimmed, lost, or stolen.

_____ 10. I understand HSP may be discontinued at any time due to funding availability and/or program capacity limitations and that I will be provided with a 30-day written notification prior to discontinuance. I understand that Kern County or its contracted service provider(s) is not my landlord or leaseholder and that I am bound by the parameters of the lease I sign and must abide by all rules therein. I understand that once I have chosen a residence and moved in, I will not be rehoused due to dissatisfaction with the unit I have chosen.

11. I understand that I must provide accurate and honest information, actively participate in housing navigation searches, and meet with my Housing Case Manager at intervals established in my case plan. I understand I must provide current proof of income at any point in which my income increases or decreases in addition to any documentation required by my Housing Case Manager as it pertains to my case plan. I understand failure to communicate changes in my housing situation, income, or failure to actively participate in housing searches and/or maintain ongoing contact with my Housing Case Manager will directly impact my ability to achieve housing stability.

12. I understand that reasons I may be considered in program noncompliance includes, but are not limited to: misrepresentation of eligibility information including failure to verify housing tenancy after program enrollment, misuse of program funds, persistent violation of lease/rental agreements or refusal to participate in landlord-tenant agreements, household behavior while using drugs or alcohol violating lease terms or the rights and safety of participants and staff, persistent failure to adhere to program agreements including failure to actively participate in housing navigation searches, persistent failure to pay monthly rent obligations timely, and/or persistent failure to provide proof or reported changes to who is living in your household. I understand that I will have a mandatory noncompliance review appointment to discuss the issues identified and will be provided a written 30-day notice regarding program termination if necessary.

13. I understand that grounds for immediate termination from HSP include, but are not limited to: misrepresentation of or failure to verify housing tenancy and/or not meeting homeless or at-risk of homelessness eligibility, receiving similar project-based subsidies, having rental obligations exceeding 80% of total monthly household income without prior approval by my Housing Case Manager, no longer residing in Kern County, no longer being CalWORKs eligible, successfully completing rental agreements and having stabilized housing, exceeding program time limit eligibility, and/or securing permanent housing and having self-stabilized.

14. I understand that I may be ineligible for future HSP services for up to 12-months if I'm determined to have committed the following while receiving HSP services: misuse of funds, providing false or misleading information, failing to report changes to who is living in my household resulting in HSP services being paid for non-eligible residents, or committing fraud in order to receive or continue receiving HSP services.

Head of Household Certification

I understand what is expected of my household being enrolled into the CalWORKs Housing Support Program. I understand that Kern County Human Services or its contracted service provider is not responsible for my lease/rental agreement and expenses. Financial assistance will only be paid on my behalf if I am in full compliance with the program requirements and/or lease/rental agreement. I understand this agreement is signed by the head of household on behalf of all household members.

Head of Household Signature	Head of Household Printed Name	Date

County Use Section Only

Housing Support Case Manager	Date processed