

Camden County Senate Bill 40 Board

Housing Voucher Program Guidelines

Program Description

The Camden County Senate Bill 40 Board Housing Voucher Program (HVP) has been established in hopes of promoting independent and integrated living for Camden County residents with developmental disabilities. HVP is designed to assist individuals with developmental disabilities and families or guardians who have individuals with developmental disabilities living with them to obtain safe, decent, sanitary, and affordable housing within and throughout Camden County. The HVP offers rental assistance payments on behalf of eligible participants to landlords who choose to participate in the program. The monthly rental assistance payment is paid directly to the landlord on behalf of the participant(s), and the amount paid is based on the total household income of the participant(s).

How it Works

An individual, family, or guardian applies for rental assistance at the Camden County Senate Bill 40 Board office. Staff will determine eligibility. Once determined eligible, a rental dwelling is sought and determined. Staff will calculate the portion of the rental payments to be paid by the Camden County Senate Bill 40 Board and the portion of the rental payments to be paid by the individual or family. Staff will then contact the landlord for the home chosen to determine if the landlord is willing to participate in the program and to schedule a date for an initial inspection of the dwelling. Once the dwelling passes inspection; all parties sign all contracts, addenda, and agreements; and all monies due are paid to the landlord, the individual or family will begin occupying the dwelling. Each year thereafter, the process will be repeated.

Participant Eligibility

The following conditions apply to individuals or families to become eligible and remain eligible for participation in the HVP:

- The participant or participant family/household member must be determined to have a developmental disability as defined in RSMo 630.005 and be approved to receive Targeted Case Management services through the Camden County Senate Bill 40 Board or contracted entity by the State of Missouri Department of Mental Health, Division of Developmental Disabilities
- The participant or participant family/household member must be a resident(s) or in transition to becoming a resident(s) of Camden County
- The participant or participant family/household gross annual household income must be considered "Low Income" (80%) by the most recently published income limits per household size as determined by the United States Department of Housing and Urban Development (HUD)
- The participant or participant family/household cannot own a home(s), land, or other real estate
- The participant or participant family/household must be recertified no less than once annually on or before the participation anniversary date and must immediately (within 5 business days) report any changes in household composition or income for ongoing eligibility redetermination
- Only those individuals listed on the application for the HVP program will be allowed to reside in the home – failure to report a change in household composition will result in the immediate termination of HVP rental assistance (maximum amount of time visitors can stay is 1 week without prior written approval from the landlord and the Camden County Senate Bill 40 Board)
- Failure to report any increase in household income will result in the immediate termination of HVP rental assistance

- The participant or participant family/household must abide by the lease contract with the landlord and the provisions established within the HVP
- The participant or participant family/household must pay his/her/their portion of the rent (and late fees if paid late), utilities, and any other fees demanded as a condition of tenancy each month
- The participant or participant family/household member must be determined eligible to lease the home by the landlord's approval guidelines (tenant selection criteria)
- Residents/participants of Individual Supported Living (ISL), Group Home, Residential Care Facility (RCF), or other State programs are not eligible for participation in the HVP; however, if the residency/participation terminates, he/she/they will become eligible to participate in the HVP

Eligible Homes

To be an eligible home for participation in the HVP, the following conditions must apply:

- The home can be any single-family home not considered to be a "mobile" home or "trailer"
- The home can be an apartment, duplex, triplex, fourplex, or any other similar multi-family structure not considered to be a "mobile" home or "trailer"
- The home must pass a Housing Quality Standards inspection prior to occupancy and each year thereafter (special inspections may be required at any time due to complaints, remodeling, reasonable accommodation requests, tenant neglect, natural disaster, catastrophic damage, or other various reasons)
- The owner (landlord) must be willing to participate in the HVP and abide by the provisions established within the HVP
- Occupancy must comply with the standards established by the State of Missouri, i.e., no more than 2 occupants per bedroom except for the birth of a child or children during the effective lease contract period
- There cannot be less occupants than the total number of bedrooms in the home unless:
 - there is an approved personal assistant or supportive service individual(s) residing at the home or staying overnight on a regular basis as a condition of the supportive services agreement or other similar agreement related to the care and the well-being of the participant
 - there are not enough or no dwelling units available from landlords participating in the program at the time the dwelling unit is sought or needed

(NOTE: Effort to find the appropriate size dwelling unit must be documented and these exceptions MUST be approved by the Executive Director)
- Amenities of the home (i.e. pools, spas, hot tubs, exercise rooms, community rooms, or other features/fixtures) must comply with local, State, and/or Federal statutory/code requirements
- The participant or participant family/household portion of the monthly rent cannot exceed 40% of the gross annual household income if the monthly rent amount is higher than the most recently published "Fair Market Rents" schedule for Camden County by HUD (see next paragraph "Rents and Deposits")
- Homes identified as accommodating ISL, Group Home, RCF, or other State programs are not eligible homes for participation unless the proposed home is a separate, independent living area

Calculating Gross and Net Annual Income

Total calculated gross annual household income is the anticipated amount of individual or household income available from all sources collectively on an annual basis. Sources of income to be calculated include, but are not limited to, the following:

- Employment
- Government benefits (Unemployment, Social Security, Disability, etc.)
- Annuity payments
- Income from assets set aside on behalf of the participant or participant family/household member not conveyed by another household member, which includes inheritances, certificates of deposits, trusts,

retirement accounts, or other similar accounts, assets, or instruments of conveyance not immediately accessible to the participant or participant family/household – the lump sum cash value of the account, asset, or instrument is not considered income unless it is in the immediate possession of or immediately accessible for expenditure by the participant or a participant family/household member; however, periodic cash distributions from the accounts or instruments are considered income unless the monies are spent on services or supplies that are vital to the care of the eligible participant or participant member of the family/household (proof of receipts for such expenditures are required)

- Interest on checking and savings accounts
- Cash contributions from friends or family members for household or living expenses
- Lottery, raffle, gambling, or other proceeds/winnings in excess of \$600
- Other income, income from assets, or cash contributions to the household

Sources of income **NOT** included in the gross annual household income calculation are:

- Child Support
- Food Stamps
- WIC
- TANF
- Donations from non-profit organizations
- Payments made to vendors, creditors, or providers on behalf of the participant or participant family/household (excluding reimbursable or reimbursed child care expenses)
- Income tax rebates or refunds

The gross annual household income from all sources less allowable deductions equals net annual household income. Allowable deductions include:

- Out-of-pocket childcare or daycare expenses or applicable portion thereof being purchased on behalf of the eligible participant family/household member which is not reimbursable, being reimbursed, or paid by another person, agency, or entity (must be verifiable and show proof of cost)
- Out-of-pocket health, vision, dental, life, accidental death, or other related insurance premium expenses or applicable portion thereof being purchased on behalf of the eligible participant family/household member which is not reimbursable, being reimbursed, or paid by another person, agency, or entity (must be verifiable and show proof of cost)
- Medicaid Spend-down/Premium expense or applicable portion thereof being paid on behalf of the eligible participant family/household member which is not reimbursable, being reimbursed, or paid by another person, agency, or entity (must be verifiable and show proof of cost)
- Out-of-pocket expenses or applicable portion thereof directly related to the treatment of the eligible participant family/household member which is not reimbursable, being reimbursed, or paid by another person, agency, or entity (must be verifiable and show proof of cost)
- Utility allowance for all applicable utilities paid by the participant or participant family/household according to the most recently published Pulaski County Public Housing Agency Utility Allowance Schedule for Camden County by applicable bedroom size

Rents and Deposits

Any required security deposits shall be paid by the participant or participant family/household. The HVP rent calculation will be based on an amount not to exceed the most recently published “Fair Market Rents” schedule for Camden County by HUD or the actual contract rent, whichever is less. If the contract rent is below the “Fair Market Rent” amount, the participant(s) portion of rent will be 30% of net annual household income divided by 12, which will be rounded down to the nearest whole dollar amount; and the HVP portion of rent will be the contract

rent less the participant(s) portion of rent. If the contract rent is higher than the “Fair Market Rent”, the participant(s) portion of rent will be 30% of the annual household income divided by 12 plus the difference in the contract rent less the “Fair Market Rent”, which will be rounded down to the nearest whole dollar amount; and the HVP portion of rent will be the “Fair Market Rent” less the 30% of the participant(s) household income divided by 12 calculation.

Example #1 – Contract Rent is Higher than “Fair Market Rent”: An eligible participant lives alone and wishes to rent a one-bedroom apartment. The apartment is an “all electric” home, and the landlord pays for water, trash, and sewer. The eligible participant’s gross annual household income is \$12,000. The eligible participant is a Medicaid recipient with no other deductions other than a utility allowance. The contract rent for the apartment is \$600 monthly. The most recently published “Fair Market Rent” for a one-bedroom apartment is \$528 monthly. The Utility Allowance deduction is \$146 per month (\$1,752 annually). The calculation for the participant(s) and HVP portions of rent is as follows:

Participant’s Portion

\$12,000 (gross annual household income) - \$1,752 (annual utility allowance deduction) = \$10,248 (net annual household income)

\$10,248 X 30% = \$3,074.40

\$3,074.40 ÷ 12 = \$256.20, which is rounded down to \$256 (participant portion of monthly rent based on net annual household income)

\$600 (contract rent) - \$528 (“Fair Market Rent”) = \$72

\$256 + \$72 = \$328

Participant’s portion of monthly contract rent is \$328

HVP Portion

\$528 (“Fair Market Rent”) - \$256 (30% of participant’s monthly income) = \$272

HVP portion of monthly contract rent is \$272 (The minimum HVP portion shall be no less than \$100)

Please Note: The participant or participant family/household portion of the monthly rent cannot exceed 40% of the gross annual household income. In this scenario, the maximum rent to pay to be an eligible home would be: \$12,000 X 40% ÷ 12 = \$400

Example #2 – Contract Rent is Below “Fair Market Rent”: An eligible participant lives alone and wishes to rent a one-bedroom apartment. The apartment is an “all electric” home, and the landlord pays for water, trash, and sewer. The eligible participant’s gross annual household income is \$12,000. The eligible participant is a Medicaid recipient with no other deductions other than a utility allowance. The contract rent for the apartment is \$500 monthly. The most recently published “Fair Market Rent” for a one-bedroom apartment is \$528 monthly. The Utility Allowance deduction is \$146 per month (\$1,752 annually). The calculation for the participant(s) and HVP portions of rent is as follows:

Participant’s Portion

\$12,000 (gross annual household income) - \$1,752 (annual utility allowance deduction) = \$10,248 (net annual household income)

\$10,248 X 30% = \$3,074.40

\$3,074.40 ÷ 12 = \$256.20, which is rounded down to \$256 (participant portion of monthly rent based on net annual household income)

Participant’s portion of monthly contract rent is \$256

HVP Portion

\$500 (contract rent) - \$256 (participant’s portion of rent) = \$244

HVP portion of monthly contract rent is \$244 (The minimum HVP portion shall be no less than \$100)

I/We have read, understand, and agree to follow the Housing Voucher Program Guidelines. I/we understand any intentionally falsified or undisclosed information may result in disqualification of program participation, repayment by the household for rental assistance payments made on behalf of the household, and/or civil/criminal prosecution.

(All individuals 18 years-of-age or older residing in the household and/or guardian(s) must sign)

Head of Household Signature	Date	Spouse Signature	Date
Roommate Signature	Date	Roommate Signature	Date
Guardian/Power of Attorney Signature	Date	Guardian/Power of Attorney Signature	Date



**CAMDEN COUNTY SENATE BILL 40 BOARD
HOUSING VOUCHER PROGRAM
RECERTIFICATION FORM**

NAME (Head of Household): _____
 Current Street Address: _____
 City, County, State, Zip Code: _____
 Home Phone: _____ Alternate Phone: _____

HOUSEHOLD COMPOSITION

Member's Full Name	Relationship	Birthdate	Age	Sex	Social Security No.

Please check any that apply to you.

If applicable, has there been a change in designated guardian(s) or designated individual(s) with power of attorney over your estate/affairs?

If yes, please identify the guardian(s) or individual(s) with power of attorney:

Do you pay daycare or childcare expenses on behalf of the identified individual(s)?

If yes, please briefly explain:

Do you pay for health insurance, vision insurance, dental insurance, or a Medicaid "spend-down" on behalf of the identified individual(s)?

If yes, please briefly explain:

Do you pay any "out-of-pocket" expenses or applicable portion thereof (not reimbursed, reimbursable, or paid by another person, agency, or entity) directly related to the treatment of the identified individual(s)?

If yes, please briefly explain:

Do you currently own a home, land, or other real estate?

If yes, please provide the address or location:

INCOME INFORMATION

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, monthly, etc.)

(Use separate piece of paper if necessary to complete all information)

ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Full Name	Type and Source of Asset (bank accounts, investments, trusts, etc.)	Cash Value of Asset	Annual Income from Asset

(Use separate piece of paper if necessary to complete all information)

CERTIFICATION: I/we understand that the above information is being collected to determine if I/we continue to be eligible to receive rental assistance. I/we authorize the Camden County Senate Bill 40 Board to verify all information provided on this Recertification Form. The information I/we have provided is true and correct to the best of my/our knowledge. I/we understand any intentionally falsified or undisclosed information related to this application for rental assistance may result in disqualification of eligibility. I/we understand if our application is approved and rental assistance is paid on behalf of the household, any falsified or undisclosed information may result in disqualification of program participation, repayment by the household for rental assistance payments made on behalf of the household, and/or civil/criminal prosecution.

Head of Household Signature	Date	Spouse Signature	Date
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Roommate Signature	Date	Roommate Signature	Date
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Guardian/Power of Attorney Signature	Date	Guardian/Power of Attorney Signature	Date
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All individuals 18 years-of-age or older residing in the household and/or guardian(s) must sign this application. All proof of income, proof of assets, proof of qualifying expenses, income tax returns, and other supportive documentation must be attached with this application.



**CASE MANAGER NOTES
AND/OR
ADDITIONAL INFORMATION**



FY 2015 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2015 Income Limits Summary

FY 2015 Income Limit Area	Median Income <input type="button" value="Explanation"/>	FY 2015 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Camden County	\$52,600	Very Low (50%) Income Limits (\$) <input type="button" value="Explanation"/>	18,450	21,050	23,700	26,300	28,450	30,550	32,650	34,750
		Extremely Low (30%) Income Limits (\$)* <input type="button" value="Explanation"/>	11,770	15,930	20,090	24,250	28,410	30,550*	32,650*	34,750*
		Low (80%) Income Limits (\$) <input type="button" value="Explanation"/>	29,500	33,700	37,900	42,100	45,500	48,850	52,250	55,600

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low (30%) income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2015 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2015 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

Select a different county or county equivalent in Missouri:

Select any FY2015 HUD Metropolitan FMR Area's Income Limits:



FY 2015 FAIR MARKET RENT DOCUMENTATION SYSTEM

The Final FY 2015 Camden County FMRs for All Bedroom Sizes

The following table shows the Final FY 2015 FMRs by unit bedrooms for
Camden County, Missouri.

Final FY 2015 FMRs By Unit Bedrooms				
Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
\$438	\$560	\$664	\$946	\$1,176

[Click Here for FY2014 FMRs](#)

FY 2015 FMR areas continue to use the revised Office of Management and Budget (OMB) area definitions that were first issued in 2003 along with HUD Defined Metropolitan Areas (HMFAs) as described in the FY2011 FMR documentation, which can be found at ([Camden County FY2011 FMR Documentation system](#)). Although OMB issued new Metropolitan area definitions in [February 2013](#), the Census Bureau [did not incorporate these definitions](#) into the 2012 American Community Survey (ACS) data. No changes have been made to these OMB-defined areas since the publication of Final FY2011 FMRs.

Camden County is a non-metropolitan county.

Fair Market Rent Calculation Methodology

— [Show/Hide Methodology Narrative](#) —

Fair Market Rents for metropolitan areas and non-metropolitan FMR areas are developed as follows:

1. 2008-2012 5-year American Community Survey (ACS) estimates of 2-bedroom adjusted standard quality gross rents calculated for each FMR area are used as the new basis for FY2015.

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
SECTION 8 EXISTING HOUSING ALLOWANCES FOR TENANT-
FURNISHED UTILITIES AND OTHER SERVICES**

Date Effective:
February 1, 2015

Locality: Pulaski County PHA				Camden, Laclede, Miller, Pulaski											
UTILITY OR SERVICE				MONTHLY DOLLAR ALLOWANCES											
				1 BR			2BR			3 BR			4BR		
				APT	TRL	HS	APT	TRL	HS	APT	TRL	HS	APT	TRL	HS
HEATING															
a: Natural Gas				24	39	45	28	44	50	32	49	55	36	53	60
b: Bottle Gas				47	79	94	55	92	106	63	104	120	71	116	134
c: Electric				14	35	33	19	36	39	24	37	44	29	38	49
d: Oil/Other															
COOKING															
a: Natural Gas				5	5	5	6	6	6	9	9	9	10	10	10
b: Bottle Gas				8	8	8	10	10	10	16	16	16	18	18	18
c: Electric				6	6	6	7	7	7	8	8	8	10	10	10
d. Coal/Other															
OTHER ELECTRIC				22	28	31	29	39	40	35	50	48	41	60	57
AIR CONDITIONING				5	6	7	8	10	12	11	14	16	14	17	20
WATER HEATING															
a: Natural Gas				15	15	15	21	21	21	26	26	26	29	29	29
b: Bottle Gas				26	26	26	39	39	39	47	47	47	53	53	53
c: Electric				13	13	13	19	19	19	23	23	23	27	27	27
d: Oil/Other															
WATER				20	20	20	24	24	24	28	28	28	32	32	32
SEWER				30	30	30	34	34	34	37	37	37	41	41	41
TRASH				11	11	11	11	11	11	11	11	11	11	11	11
RANGE/MICROWAVE				12	12	12	12	12	12	12	12	12	12	12	12
REFRIGERATOR				13	13	13	13	13	13	13	13	13	13	13	13
OTHER- MONTHLY ELECTRIC FEE				15	15	15	15	15	15	15	15	15	15	15	15
MONTHLY NATURAL GAS FEE				10	10	10	10	10	10	10	10	10	10	10	10

ACTUAL FAMILY ALLOWANCES: To be used by the family to compute allowance. Complete below for the actual unit rented.		Utility or Service	Per Month Cost
Name of Family		Heating	\$
		Cooking	\$
		Other Electric	\$
Address of Unit		Air Conditioning	\$
		Water Heating	\$
		Water	\$
		Sewer	\$
		Trash	\$
		Range/Microwave	\$
		Refridgerator	\$
Number of Bedrooms		Other	\$
		Other	\$
		Total	\$