

CITY OF SOMERVILLE, MASSACHUSETTS
SOMERVILLE AFFORDABLE HOUSING TRUST FUND
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September 21, 2020

**CPA FUNDING OPPORTUNITY FOR HOUSING PROGRAMS
FY21 RFP #2B – RENTAL ASSISTANCE PROGRAMS**

RFP Information

Issue Date: Monday, September 21, 2020
Closing Date: Monday, November 2, 2020, 3pm

Contact

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City of Somerville
Office of Strategic Planning and Community Development - Housing Division
City Hall Annex
Phone: (617) 625-6600 x2560
Email: kdonato@somervillema.gov (preferred form of contact)

Application Deadline

Submit applications by Monday, November 2, 2020, at 3pm to kdonato@somervillema.gov

Due to Covid-19 and the temporary closure of City Hall Annex we are accepting applications by email only. Please ensure submissions are emailed on or before the deadline date and time. Late applications will not be reviewed.

**SOMERVILLE AFFORDABLE HOUSING TRUST
CPA FUNDING OPPORTUNITY FOR HOUSING PROGRAMS
FY21 RFP #2B – RENTAL ASSISTANCE PROGRAMS**

CPA Background

In November 2012, Somerville voters overwhelmingly approved a 1.5% Community Preservation Act (CPA) surcharge on net property taxes. The Somerville Community Preservation Committee subsequently voted to empower the Somerville Affordable Housing Trust Fund (the “Trust”), which has 30 years of experience preserving, creating, and supporting affordable housing in Somerville, to serve as the housing arm of the Committee. Since Fiscal Year 2015, the Trust has administered CPA funds designated for community housing purposes. It is anticipated that in Fiscal Year 2021, a total of at least \$767,982 of CPA funds will be available for a combination of 1) the acquisition, creation, preservation or rehabilitation (only if the property was purchased with CPA funding) of affordable housing units in Somerville 2) housing programs supporting sustainable tenancies. The Trust is issuing one Request for Proposals (RFP) for affordable housing units and four RFPs for different types of Housing Programs.

Housing Programs and CPA Eligibility

This RFP is designated for housing programs that either create permanently affordable housing units, or provide rental assistance or other financial assistance to income eligible households for the purpose of making housing affordable, resulting in an affordable unit for a defined period of time. The period of program performance for this funding will be July 1, 2021 to June 30, 2022.

CPA funds can serve individuals and households up to 100% AMI. Eligible uses include:

- *Support* – to provide grants, loans, rental assistance, security deposits, interest-rate write downs or other forms of assistance on behalf of an income eligible household for the purpose of making housing affordable. Payments will be made directly to an entity that owns, operates or manages such housing and must be directly tied to a physical unit through a lease or other legal agreement. CPA funds cannot be used for utility payments, moving costs, or case management.

Priorities, Criteria and Requirements

In addition to meeting the proper AMI level and project use, the following priorities apply:

- preserve or increase the supply of affordable housing in Somerville, and
- help low- to moderate-income households gain access to or retain housing that is generally affordable (where monthly housing costs represent between 30-40% of household income) and sustainable.

The following criteria apply in reviewing applications:

- The program will provide a measurable impact.
- The agency has a demonstrated capacity to carry out the program for which they seek funding.
- The agency demonstrates an ability to continue the program beyond the funding period.
- The agency demonstrates a commitment to conform to the requirements of the MA Department of Revenue (DOR) regarding the use of CPA funds, and to the requirements of the City of Somerville and the Trust for the administration of Trust-funded housing programs.
- Applications from non-profit agencies are preferable.
- The agency must demonstrate ability to collaborate and work with other local agencies, and coordinate referrals in case of limited funding.
- The agency must demonstrate an ability to leverage Trust awarded funding, and to ensure that enough other sources of funds can cover arrears where Trust funding will be committed.

This document is **RFP #2B Rental Assistance Programs**. For the scope see Appendix 1 of this RFP. The other RFPs are also posted on the Trust's webpage at: <https://www.somervillema.gov/departments/affordable-housing-trust-fund>

Only one agency will be funded by the Trust to operate an ongoing rental assistance program. If more than one agency applies, the Trust will select only one.

Regulatory and Program Requirements

The following program requirements for CPA Trust and non-CPA Trust funded rental housing programs apply:

- The agency must determine whether a household is income eligible using 24 CFR Part 5.609 income certification process. See Appendix 2 for Fiscal Year 2021 income limits. Income certification is considered current for 12 months from the date issued. Income certification documentation must be kept on file until the end of the contract plus 7 years.
- In order to document a need for assistance, must be homeless or on the verge of becoming homeless. The agency must have an established tenant selection plan that is approved by the Housing Division.
- Unrelated occupants in one unit are counted as members of one household.
- There must be a lease in place that is signed by both the landlord and the tenant when assistance is provided. The signed lease must cover the current term with a start and end date listed. Where a lease does not exist, an Oral Tenancy Certification Form must be used signed by both the landlord and the tenant, which confirms that the tenant will be residing in the unit during the month for which the assistance is being provided. Where ongoing rental assistance is provided, an Oral Tenancy Certification Form must be completed monthly by the landlord and tenant. See Appendix 3 for Oral Tenancy Certification forms.
- Before assistance is provided, the agency providing assistance and the property owner must execute an Agency/Owner Subsidy Agreement in the format to be provided in a contract between the agency and the Trust.
- Assistance must be paid directly to the property owner. It cannot be made to the tenant directly or on behalf of a subtenant to a primary tenant.
- The agency will enter into a contract with the Trust and the City of Somerville in the City's standard contract format. The contract will include invoicing and progress reporting procedures.
- The agency will require clients to sign waivers of confidentiality.
- The agency will share completed client application documents including those used by the agency to establish eligibility for each client and those used to determine the sustainability of their tenancy after assistance is provided, in order for the OSPCD Housing Division to monitor compliance. At the time of issuance, there is a COVID 19 pandemic, and in person monitoring visits are not possible. Once the pandemic safely ends, it is possible that in person monitoring visits will occur.

Additional Information and Application Deadline

Responses are due electronically by 3pm on Monday, November 2, 2020. The electronic copy should be saved as a PDF and sent by email to Kelly Donato at kdonato@somervillema.gov.

If you have any questions, please do not hesitate to contact Kelly Donato via email at the email address listed above.

FY21 RFP #2B – RENTAL ASSISTANCE PROGRAMS

Housing Program Application for CPA Funds

Date of Application _____

A. Agency Information

1. Agency Name and Address: _____

2. Non-profit designation (if applicable): Yes No

3. Contact name, phone number and email address for program manager:

4. Contact name, phone number and email address for contract manager:

5. Contact name, phone number and email address for invoicing:

6. Agency’s DUNS # _____

7. Agency’s Tax ID # _____

B. Program Information

8. Amount of request (CPA): _____

9. Describe details about the number of households or individuals you intend to serve.

10. Timeframe for performance: July 1, 2021 to June 30, 2022

11. Describe the need within the community for the type of program proposed. List other agencies that may be addressing it. If there are differences between this proposal and the operation of other agencies administering this or a similar program please note the differences. Is there a gap in funding to meet the need within the community? If so describe how the amount/size of the gap is determined/measured.

12. Describe other sources of funding available for the type of program proposed. Describe the degree to which your agency is leveraging other sources.

13. Provide the income level of targeted beneficiary/beneficiaries. See Appendix 2 for Fiscal Year 2021 income limits.

14. Description of who the program will benefit (veteran population, chronically homeless, fragile elderly, youth aging out of foster care, etc.) and please note the extent to which beneficiaries are Somerville residents):

15. Will your agency provide case management services and quarterly follow-up with clients after assistance is provided using other sources of funding beyond CPA funds? Please describe.

Program Impacts

16. Describe the program’s performance objectives, and how outcomes of the program will be measured and tracked:

17. Note if your agency has previously been funded by the Trust and, if yes, a concise summary of the number of residents served in the prior fiscal year and the impact of the program:

Financial Information

18. Please attach a complete program budget and include the status of all funding source (note any funds pending or already received) and all sources and uses and the amount of funds that will be leveraged.

19. Describe whether the proposed activity will be carried out with or without any other funding from the Trust.

20. If the agency has operated this program in the past, what is the average amount that each tenant contributes to their rent?

21. If the agency has operated this program in the past, what proportion of clients served were tenants in market-rate housing? What percentage of clients served were tenants in affordable housing?

22. If the agency has a current contract to operate this program, what is the current balance on the contract. Provide a time frame for when you anticipate the remainder of the funds will be spent

down, and what is the basis for your expectation. How many households do you expect to serve with the balance?

Organizational Capacity

23. Experience and capacity of the agency and staff – please describe staff available to work on the project (and note if staff need to be hired) and describe any similar successful programs operated by the agency and how they relate to other programmatic activities. Does your agency have adequate staffing to manage the program’s administrative requirements?

24. Is your agency monitored by HUD or another funder for housing programs?
Yes No

25. If yes, has the monitoring resulted in any currently open findings?
Yes No

26. Does your agency agree to in person monitoring by OSPCD staff when/if possible?
Yes No

Compliance with Requirements for Use of Funds

27. Does your agency agree to share completed client application documents with the Housing Division? These documents will include those used to establish eligibility for each client according to program requirements, and to those used to determine the sustainability of each client’s tenancy after assistance is provided.
Yes No

Does your agency agree to administer the program in accordance with Trust guidelines, and if necessary, agree to work with OSPCD Housing to implement any new guidance or to ensure uniformity?
Yes No

Does your agency agree to in person monitoring by OSPCD staff when/if possible?
Yes No

Furthering the City of Somerville’s Housing Plans and Objectives

28. Explain how the proposed activities/project addresses a need and/or strategy in City of Somerville’s 5 Year Consolidated Plan (Can be viewed online at www.somervillema.gov).

29. Explain how the proposed activities/project addresses a Goal or Action Step in the SomerVision Comprehensive Plan (Can be viewed online at www.somervillema.gov).

APPENDIX 1 – RENTAL ASSISTANCE PROGRAM MODEL SCOPE OF SERVICES

A. GRANTEE'S SERVICES:

The Grantee shall operate the CPA Rental Assistance Program to assist households and individuals with incomes at or below 100% of AMI (the "Tenant") in establishing and maintaining housing stability during a 24-month period. The Grantee shall provide the following services with respect to the CPA Rental Assistance Program:

- (1) Administer the CPA Rental Assistance Program in compliance with the rules and regulations of the Funding Source subject to monitoring by OSPCD.
- (2) Develop the following documents, which shall be provided to and subject to the approval of OSPCD:
 - a. Marketing and Outreach Plan; b. Tenant Selection Plan; and c. Form of Service Plan that can be individualized for a particular Tenant. See Appendix 4 for copy of an Individualized Service Plan (ISP).
- (3) Select Tenants for the CPA Rental Assistance Program in conformance with the approved Tenant Selection Plan.
- (4) Prepare, together with the Tenant, an ISP, outlining each step that must be taken to achieve the goal of permanent housing for the Tenant. A Tenant can decline services but still participate.
- (5) Issue a Rental Assistance Certificate to the Tenant conforming to Occupancy Standards and OSPCD's rental assistance payment standards.
- (6) Assist the Tenant in locating housing (a "Unit") in Somerville.
- (7) Obtain from the Lessor an attestation that they are the Owner of the building at the building's address, and copy of their W-9.
- (8) Arrange for a Housing Inspector from the Housing Office of OSPCD to inspect the Unit, prior to initial occupancy and again prior to any extension of a CPA Rental Assistance Program Contract beyond the initial twelve month period, to ensure that the Unit is in compliance with the Funding Source's Housing Quality Standards at 24 CFR 982.401, HUD Lead-Based Paint Regulations at 24 CFR Part 35, Subpart M – Tenant Based Rental Assistance, and state and local building and health codes. Grantee's request to OSPCD for a Unit inspection shall at a minimum identify the address of the unit, the number of bedrooms, number of occupants that will be occupying the unit, number of children that are less than six years old, and the name and phone number of property owner or other person authorized to show the unit.
- (9) Enter into a Agency/Owner Subsidy Agreement between the Agency and the Lessor in the format provided by the City. The agreement shall include that the Lessor agrees to accept rental payment from the Agency and provides a W-9. The agreement shall include the purpose of the assistance, the length of time of the assistance, and the amount of assistance.
- (10) Ensure that the Lessor and the Tenant enter into a lease ("Lease") for twelve months, unless a shorter period is mutually acceptable to the Lessor and the Tenant. Where there is no lease, an Oral Tenancy Certification Form provided by the City must be completed and submitted every month for the assistance.

(11) Work with other human service agencies to coordinate services to the Tenant, do outreach, and perform other activities furthering the goals of the CPA Rental Assistance Program.

(12) Make payments for security deposits and rental subsidies, in accordance with the applicable CPA Rental Assistance Program Contract directly to the Lessor on behalf of the Tenant. For Tenants that have remained in good standing in the CPA Rental Assistance Program, payment of a security deposit shall be considered a grant to a Tenant and the monies shall be treated as the property of the Tenant at the end of the tenancy. For all other Tenants, the security deposit, plus interest, shall be refunded to the Grantee and applied to subsequent CPA Rental Assistance Program expenses.

(13) Monitor the finances of the CPA Rental Assistance Program and each Tenant's progress in fulfilling the Service Plan.

(14) Promptly provide the following documentation to OSPCD and maintain original documents for inspection by OSPCD for a period of seven years thereafter:

a. The application form for any new Tenant including a gross annual income calculation, along with income and asset verification, signed and dated by the Grantee's project manager (or higher ranking person) certifying each Tenant's eligibility and co-certified by a member of the Grantee's Advisory Committee described in its Tenant Selection Plan. Also a form showing such Tenant's adjusted monthly income and the security deposit and/or respective shares of rent and utilities to be paid by the Tenant and by the Grantee. (The Grantee shall adhere to the provisions contained in "Technical Guide for Determining Income and Allowances for the HOME Program" published by the U.S. Department of Housing and Urban Development). A Tenant's annual income must be at or below 100% of AMI as set by HUD guidelines in order to qualify for and receive CPA Rental Assistance Program assistance, in accordance with the income limits of the Community Preservation Act (CPA). See the Community Preservation Coalition's "Community Housing" information described at <http://www.communitypreservation.org/content/chart-allowable-uses> for more information.

b. Any newly executed Agency/Owner Subsidy Agreement between the Grantee and a Lessor.

c. Any newly executed Lease between a Lessor and a Tenant.

d. Any newly prepared Housing Quality Standards (HQS) report for a Unit.

e. Documentation of compliance with 24 CFR Part 35, Lead-Based Paint Poisoning Prevention in Certain Residential Structures, as required for any new Units and common areas servicing such Units that will be occupied by families or households with children less than 6 years of age.

B. INVOICING:

(1) The Grantee shall invoice for security deposits and rental assistance up to but not in excess of **(Amount of contract)**. The Grantee can invoice up to 15% of the contract amount for administrative costs.

(2) Any invoice for security deposits and or rental assistance shall be documented by copies of cancelled checks and shall contain an Alphabetical listing of Tenants; Addresses of Units; Month the rental assistance or security deposit is for; Lessors' names and addresses; Number of bedrooms in the Unit; Amount of the CPA Rental Assistance Program rent subsidy; Tenant's share of the rent; Allowance for tenant-paid utilities; Total rent for the unit (should not exceed the sum of Tenant's share, CPA Rental

Assistance Program Subsidy, and Utility Allowance); CPA Rental Assistance Program security deposit, if any; and Total amount of rental assistance and security deposits for which the Grantee is seeking reimbursement. The invoice shall also include backup documentation in the form of copies of cancelled checks or rent receipts, copies of leases or monthly oral tenancy certifications, copies of Agency/Owner Subsidy Agreements and client application materials including income certifications.

(3) Invoices shall bear the signature of the Grantee's Executive Director or Chief Operating Officer.

APPENDIX 2 – FISCAL YEAR 2021 INCOME LIMITS

A comprehensive list of Fiscal Year 2021 Income Limits for the City of Somerville is provided on the next page.

Please note:

- The maximum household income limit for CPA-funded housing programs is 100% AMI, adjusted by household size.
- Refer to other AMI thresholds listed for income limits if your program will target very-low, low and/or moderate income households as described in your application.

HOUSING PROGRAM INCOME LIMITS

HOUSEHOLD SIZE	2020 PMSA Boston, MA Area Median Income \$119,000								10% Increase from prior	Each Addition ¹ Person
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person		
HWAP, WAP, LIHEAP & EFSP	60% of State Median (4) Effective 10/1/2019 Federal FY 2020									
	\$37,360	\$48,855	\$60,351	\$71,846	\$83,341	\$94,837	\$98,429	\$102,022	see footnote 5	
30% AMI CDBG	\$26,850	\$30,700	\$34,550	\$38,350	\$41,450	\$44,500	\$47,600	\$50,650	see footnote 2	
30% AMI for HOME	\$26,850	\$30,700	\$34,550	\$38,350	\$41,450	\$44,500	\$47,600	\$50,650	see footnote 2	
30% (HOME) effective date	7/1/2020									
Extremely Low Income (CDBG) effective date	4/1/2020									
Income Targeting Standard (Sec. 8) effective date	4/1/2020									
50% AMI CDBG	\$44,800	\$51,200	\$57,600	\$63,950	\$69,100	\$74,200	\$79,300	\$84,450		
50% AMI for HOME	\$44,800	\$51,200	\$57,600	\$63,950	\$69,100	\$74,200	\$79,300	\$84,450		
Very Low Income (HOME) effective date	7/1/2020									
Low Income (CDBG) effective date	4/1/2020									
Very Low Income (SEC. 8) effective date	4/1/2020									
60% AMI for HOME	\$53,760	\$61,440	\$69,120	\$76,740	\$82,920	\$89,040	\$95,160	\$101,340	see footnote 2	
60% (HOME) effective date	7/1/2020									
80% AMI CDBG (1)	\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650	\$119,350	\$127,050	see footnote 2	
80% AMI for HOME (1)	\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650	\$119,350	\$127,050	see footnote 2	
80% AMI for CPA (7)	\$66,640	\$76,160	\$85,680	\$95,200	\$102,816	\$110,432	\$118,048	\$125,664		
Low Income (HOME) effective date	7/1/2020									
Low / Mod (CDBG) effective date	4/1/2020									
Low / Mod (SEC. 8) effective date	4/1/2020									
Uniform Relocation Act (URA) 49 CFR 24.402(b) effective date	4/1/2020									
Low Income (CPA) effective date	4/1/2020									
100% MEDIAN INCOME (3) CPA	\$83,300	\$95,220	\$107,100	\$119,000	\$128,520	\$138,040	\$147,560	\$157,080	see footnote 2	
Moderate Income (CPA) effective date	4/1/2020									
110% MEDIAN INCOME (3)	\$91,650	\$104,750	\$117,850	\$130,900	\$141,400	\$151,850	\$162,350	\$172,800	see footnote 2	
140% MEDIAN INCOME (3)	\$116,650	\$133,300	\$149,950	\$166,600	\$179,950	\$193,300	\$206,600	\$219,950	see footnote 2	
Somerville Affordable Housing Trust effective date	7/1/2020									
Somerville Zoning Ordinance effective date	7/1/2020									
MassHousing (formerly MHFA)	1-2 persons: check www.masshousing.com									
Get The Lead Out - current as of revised date	\$118,500	\$134,700								
Home Improvement Loan Prgm (HILP) - "	\$100,000	\$114,000								
Purchase & Rehab Program - "	\$107,800	\$145,300								
140% of 50% MFI (6)	\$62,700	\$71,650	\$80,600	\$89,530	\$96,700	\$103,900	\$111,050	\$118,200	see footnote 2	
140% of 80% MFI (6)	\$94,350	\$107,800	\$121,300	\$134,750	\$145,550	\$156,350	\$167,100	\$177,900	see footnote 2	
Inclusionary Max. Recert. Income	07/01/20									

Footnotes:

- (1) The 80% Median Income* has been capped by HUD for Boston PMSA; It is actually 80.88% of AMI. True 80% AMI for 4-prsn hhd is \$95,200 HUD 80% is \$95,200
- (2) 9 person household is 140% of 4 person household. Add 8% for each additional person thereafter; round UP to nearest \$50.
- (3) 100%, 110%, and 140% incomes are calculated directly on Median Income, and are NOT rounded. Effective date is the same as HOME effective date.
- (4) Program opens for applications in November. Camb/Somerville FA using 60% of State Median for eligibility as of FFY2010.
- (5) Add 3% to 6-person limit for each additional person. Uses State Median Income not Boston Area Median Income. STATE Median Income 10, 2019 Printed on 06/18/20
- (6) *140% of the then-current 50% or 80% income limit (rounded up to nearest \$50). Only used for Inclusionary Housing recertifications.
- (7) The CPA Low Income Limits are 80% of the area-wide median income and are slightly different from HUD's Low Income figures.

* The comparison of the capped HUD 80% to true 80% uses the CDBG limits. Until HOME adopts the CDBG limits the comparison may not be accurate for HOME.

APPENDIX 3 - ORAL TENANCY CERTIFICATION FORM
(for use where no written lease exists)

ORAL TENANCY CERTIFICATION
(For monthly rent stabilization)

A. LANDLORD'S ACKNOWLEDGEMENT AND CERTIFICATION

1. I, _____, acknowledge that I am the Owner of the building with an address of _____, Somerville, MA _____ ("Building").
2. I certify that _____ ("Tenant") resides as my tenant in Unit # _____ ("Rental Unit") in the Building of the above-mentioned address.
3. I further certify that the total monthly rental payment due from Tenant for occupancy of the Rental Unit is \$ _____ ("Rent"), due and payable on the _____ day of the month.
4. During the assistance term set forth in the Agreement I have with _____ (name of nonprofit), the tenant's reduced portion of the total rent will be \$ _____ per month.
5. I further certify that Tenant continues to occupy the Rental Unit as of the date hereof. _

Owner's Signature

Date

B. TENANT'S ACKNOWLEDGEMENT AND CERTIFICATION

1. I, _____, Tenant, hereby certify that I rent the above the Rental Unit. 2. I certify that that the amount listed as total monthly Rent is correct.
3. I further certify during the assistance term set forth in the Agreement between my landlord and _____ (name of nonprofit), my reduced portion of the monthly rent listed above is correct.
4. I further certify that I am occupying and will continue to occupy the Rental Unit during this month.

Tenant (Head of Household)'s Signature

Date

APPENDIX 4 - INDIVIDUALIZED SERVICE PLAN FORM

**Tenancy Stabilization Program
Individualized Service Plan**

Client Name: _____ Case Manager/ Staff: _____ Agency: _____

Date of ISP: __/__/____ Date of intake: __/__/____ Changes to ISP made on: __/__/____

List of monthly priority expenses (See monthly budget as a guide).

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Circle what applies to your client. Arrears for or assistance with: Back rent Start-up cost Gas Electricity
Explain briefly the reason of arrears or the need of assistance.

Are Housing costs listed in the top 3? If the answer is yes, ask the client the order in which he/she pays the monthly bills.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Task List for next meeting		Following meeting	
		Time	Date

Client signature _____ Date _____

SHC Staff signature _____ Date _____

Program Manager signature _____ Date _____

Agency: _____

Updated 9/21/20

**Tenancy Stabilization Program
Individualized Service Plan**

Client Name: _____ Case Manager/ Staff: _____ Agency: _____

Date of ISP: ___/___/___ Date of exit and dismissal: ___/___/___ Changes to ISP made on: ___/___/___

Ask the participant if there are any changes in expenses for this month? YES or NO Additional or Decrease

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Has he or she changed their ranking priority? YES/NO

Do you pay your bills in the order that you receive them? YES/NO

Are you willing to change the way in which you pay your monthly bills? Why or Why not?

From the case manager's perspective, what are some current strengths the client has presented during these first 2 sessions? Discuss any budget progress, behavior changes, etc.

Task List for next meeting		Following meeting	
		Time	Date

Client signature _____ Date _____

SHC Staff signature _____ Date _____

Program Manager signature _____ Date _____

Agency: _____

Updated 9/21/20

**Tenancy Stabilization Program
Individualized Service Plan**

Client Name: _____ Case Manager/ Staff: _____ Agency: _____

Date of ISP: __/__/____ Changes made to ISP on: __/__/____

<i>Residential Stability</i>					
Client actions/Goal	Roadblocks	Client task for clearing roadblock	CM task for clearing roadblocks	Target date	Date achieved
Paying Rent in a timely manner					
Paying Utility Bills					
Savings					
Client Goals moving forward					
Suggestions for other clients that would like to improve their budgeting					

Client signature _____ Staff signature _____ Program Manager signature _____

Agency: _____

Updated 9/21/20

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