



**McHenry County**  
**Department of Planning and Development**

**OFFICE:** McHenry County Admin. Bldg.  
667 Ware Road, Woodstock, Illinois

**MAIL:** 2200 N. Seminary Ave.  
Woodstock, Illinois 60098



**Community Development**  
**Division**

[www.mchenrycountyil.gov/cd](http://www.mchenrycountyil.gov/cd)

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# **McHenry County**

## **CDBG and HOME**

### **Reimbursement Request Basics Guide**

July 12, 2019

## **Purpose of this Guide**

The purpose of this guide is to provide a guideline on the required documents necessary to complete a Requisition for Reimbursement (referred to as a Reimbursement Request) for McHenry County Community Development Block Grant (CDBG) and/or HOME Investment Partnerships Program (HOME) funding. Until the publication of this guide, all Reimbursement Requests have been following a fairly similar structure, but standardization of the Reimbursement Request Packets is needed to assist McHenry County Department of Planning and Development, Community Development Division (herein referred to as CD Division) and McHenry County Auditor's Office (herein referred to as Auditor's Office) staff in reviewing and processing of submitted reimbursement requests.

This guide is directed towards Subrecipients that received an allocation of CDBG and/or HOME funding to assist in identifying and explaining the required documentation for reimbursement requests, and provide clarification on the steps taken by the CD Division and Auditor's Office to complete a reimbursement for eligible project costs.

While each project type may require different documentation, this guide will detail the basic document required for all project types as well as state the Reimbursement Request Packet structure that is required for all reimbursement requests. Additional documents based on the project type will be noted later in this guide.

It should be noted that different expenses can be compiled within one Reimbursement Request Packet as long as the expenses are connected to the same project, except for HOME housing rehabilitation or homebuyer projects. For example, a CDBG housing rehabilitation project Reimbursement Request Packet can have contain documents for employee labor costs, contractor costs and material costs from multiple homes within the same request as long as the homes are benefitting from the same project. HOME funded housing rehabilitation or homebuyer projects will have separate requests based on the home's address.

All reimbursement requests must contain the following attachments in order to create the Reimbursement Request Packet (herein referred to as the Packet):

1. Cover letter
2. Reimbursement Request Form
3. Invoice Summary List
4. Supporting Documentation

Packets missing any of the above attachments will be considered incomplete and will not be reviewed until missing documents are submitted.

## **Reimbursement Request Packet Make-up and Structures**

### **Cover Letter**

The cover letter is to assist CD Division staff is tracking each reimbursement and providing a brief summary of the expenses within the Packet. This cover letter is especially important as it provides the Auditor's Office an abstract to the request. While the Auditor's Office is intertwined in processing of the Packets, the Auditor's Office staff members are not actively involved with CDBG/HOME funded projects. The cover letter allows them to gain an understanding of what project and information they are reviewing.

Due to the importance of this document, a cover letter is required to be submitted with each Packet. Failure to include a cover letter will result in a rejection of your Packet for further action. The cover letter does not need to be extensive, but must contain the following:

1. Printed on agency letter head
2. Addressed to Hans Mach, Community Development Administrator, at the following address:  
Department of Planning and Development  
Community Development Division  
2200 N. Seminary Ave.  
Woodstock, IL 60098
3. State the name of the project
4. State the amount being requested by this reimbursement
5. State the reimbursement request's number
  - a. First, second, third, etc. and final
6. Provide a very brief description on what is being reimbursed
7. Signed by authorized representative
  - a. Generally the individual who signed the project's Subrecipient Agreement

A cover letter template can be found as **Exhibit A**. This template should be used as a reference in creating the project's cover letter.

The cover letter should be the first page of the Packet.

### **Reimbursement Request Form**

Every reimbursement request requires a Requisition for Reimbursement form or commonly known as the Reimbursement Request Form. This form is provided to each Subrecipient to as a means to track project expenditures, determine project match amount, and certify the amount being requested by the Subrecipient is accurate. An example form can be found in **Exhibit B**.

The Reimbursement Request Form contains formulas to assist in tracking the project's reimbursement requests and should not be altered. This form is vital to the Packet as it enables

the CD Division and the Subrecipient the ability to track past eligible project costs and determine how much funding remains to be reimbursed. Due to this importance, **accuracy on the form is required**. Any inaccurate information will result in the Packet being rejected (see *Rejection of Reimbursement Request Packets*).

Your project's specific Reimbursement Request Form will be provided to you by the CD Division. In the event the Reimbursement Request Form is updated, the CD Division will provide the newest version to all Subrecipients as well as state what changes occurred.

The Reimbursement Request Form should be the second page of your packet.

### **Invoice Summary List**

The Invoice Summary List is a page listing all the supporting documentation within the Packet. The Invoice Summary List will assist the review process as CD Division and Auditor's Office staff can quickly verify all the required documents are within the Packet. The page will also assist in verifying the amounts noted on each supporting document total the request amount. This list will also assist the CD Division in submitting questions or concerns on specific supporting documents by being able to state which document is under review. An example of the Invoice Summary List can be found in **Exhibit C**.

The Supporting Document Summary List should be the third page of your packet.

### **Supporting Documentation**

The supporting documentation portion of the Reimbursement Request Packet will make up majority of the Packet's composition. This portion of the Packet will contain the evidence to support eligible costs being reimbursed. At its basic level, supporting documents must show a project cost/service has been incurred and paid. If there is no documentation of a cost and payment, then there is no proof the expenditure occurred. The funding can only be reimbursed for costs for which acceptable proof has been provided. In rare circumstances, wire transfers may be employed to acquire property. These situations require prior approval from the County.

All supporting documentation should meet the following criteria:

1. Single sided
2. Labeled correctly to match the Invoice Summary List
3. Not stapled
  - a. Paperclip or binder clip is acceptable
4. If photocopied, required information is not cut off or blurry

While this guide does not intend to list all supporting documentation for each project type, the following details basic information that should be included in the supporting documentation

portion of the Packet. This list is not exhaustive and additional document may be required. If there are questions as to what supporting documentation is required, please contact the CD Division.

#### Public Services Project

- Employee timesheet noting the hours allocated to funding activities
  - The employee and direct supervisor must sign timesheets to verify accuracy of the employee's time
- Payroll sheet or pay stub showing employee was paid for time being reimbursed
- Invoice and proof of payment on eligible project costs associated with the project

#### Infrastructure Projects

- Partial or full lien waivers
- Contractor invoice(s)
- Signed certified payroll sheets (see *Davis Bacon and Illinois Prevailing Wage* below)
  - Department of Labor payroll (WH-347)
- Proof contractor invoice paid (example: copy of check)

#### **Davis-Bacon and Illinois Prevailing Wage**

For projects utilizing over \$2,000.00 in CDBG funding to pay for infrastructure/public facility costs, the contracted workers must be paid at or above the set Davis-Bacon Wage rate for that contractor's job classification. The certified payroll will document the rate for each contracted employee.

Similar to Davis-Bacon, Illinois has a Prevailing Wage Law. Subrecipients must verify contracted workers are being paid at either the Davis-Bacon or Illinois Prevailing Wage rate, whichever is higher. These rates should be reviewed and established during the procurement phase of the project.

Davis-Bacon Wage rates do not apply to the following:

- a) Work completed by organization/municipal staff
- b) Owners of the contractor organization
- c) For CDBG housing rehabilitation, completing of rehabilitation to a structure with eight (8) or more housing units receiving assistance
- d) For HOME, rehabilitation or construction of a structure with twelve (12) or more HOME assisted units

### Public Facility Projects

- Documentation required for Infrastructure Projects

### Home Rehabilitation Projects

- Partial or full lien waivers
- Contractor invoice
- Documentation certifying work was completed/client is satisfied with work
- Certified payroll sheets if applicable
- Employee timesheets
- Employee payroll sheet or pay stub
- Material invoices and proof of payment

### Other project types

- Tenant Based Rental Assistance (TBRA) forms such as rental assistance calculator print out and apartment lease as shown in **Exhibit D**.

### **Project Leverage /Match**

Leverage/match documentation (herein referred to as match) is needed for all CDBG and HOME funded projects. The amount of match pledged for the project will be identified in Subrecipient Agreement as well as listed on the Reimbursement Request Form. Like documenting reimbursable costs, proof is required in the Packet when documenting project match.

For supporting documents containing both reimbursable costs and match, the Subrecipient must write on the supporting document what amount is being reimbursed and what is being evidenced as match. For example, if a payroll stub for \$1,265.00 will have half of the cost reimbursed by CDBG funding and the other half of it is match, the Subrecipient should write “\$632.50 is CDBG funding --- \$632.50 is match.”

For supporting match documents where the match documentation does not contain any reimbursable costs, those documents should be placed at the end of the Packet with the word “Match” written across the top. These documents should be listed on the Invoice Summary List similar to what is shown in **Exhibit C**.

### **Redacting Sensitive Information**

Reimbursement Request Packets are not exempt from Freedom of Information Act (FOIA) requests. While CD Division staff will attempt to redact all sensitive information prior to the

Reimbursement Request Packets prior to being submitted to the Auditor's Office, some information should be redacted by the Subrecipient.

The following information should be redacted from supporting documents:

- First five (5) digits of employee/contractor's Social Security Number
- First twelve (12) digits of a Credit Card
- Bank routing/account numbers on checks
- Employee's home address
- Minor's name
- Minor's address
- Employee's birthdate
- Employee's personal cell phone number
- Medical tests/diagnoses
  - For Home Rehabilitation Projects that specifically address the occupant's medical situation, this information should be provided when the Environmental Review is being conducted. The Environmental Review must be completed before work may commence.

Information not listed above should not be redacted prior to the Packet being submitted. For home rehabilitation projects, the name and address of the occupant should not be redacted. If you have question on sensitive information not listed above but believe redaction should occur, please contact the CD Division.

### **Submission and Review Process**

Once all the required documentation is compiled and signature(s) have been obtained, the Subrecipient must submit a physical copy of the Packet to the CD Division. Subrecipients may submit the Packet in person, by courier, or by mail. When submitting, try to not fold any of the documents. Electronic submission is not available at this time.

Once received, a CD Division staff member will begin reviewing the Packet for eligibility and accuracy and verifying that all required documentation has been included. It is during this time that CD Division staff may reach out to request additional information, request a cleaner copy of a supporting documentation, ask questions/clarification, or provide a statement on why the Packet is being rejected and what steps are needed to amend and resubmit the Packet.

After the CD Division staff member determines the Packet contains all required documentation, funding will be requested from the Integrated Disbursement and Information System (IDIS). The Packet will then be submitted to the Community Development Administrator and Director of Planning and Development for additional review and signature. Once these steps are completed, the Packet will be uploaded to the County's invoicing/financial system, and submitted to the Auditor's Office.

The Auditor's Office will complete their review of the request and supporting document and may request clarification or additional documentation. While the CD Division will try to address the Auditor's Office clarification requests, if the CD Division is unable to provide sufficient explanation, then the request will be forwarded to the project's main contact. If this were to occur, the Packet will not move forward in the review process until all Auditor's Office requests have been addressed.

Upon receiving approval from the Auditor's Office a check will be cut and mailed to the address noted in the Subrecipient Agreement which is also noted on the Reimbursement Request Form. CD Division staff will attempt to track when checks are mailed to verify reimbursements make it to their final destination.

### **Potential Length of Time to Fully Reimbursement Requests**

Due to the steps noted in the process above, reimbursements may take thirty (30) to sixty (60) days to be fulfilled. The CD Division intends to process Reimbursements Requests for eligible project costs as quickly as possible; however, missing or erroneous documents in the Packet, CD Division staff capacity, conflicting meeting or training schedules, and glitches/errors in any of the above noted systems may cause delays in fulfilling requests.

It should be noted that if a Packet is found to be missing documents and/or contains errors, the processing time is frozen from the date of the notice of deficiencies is submitted to the Subrecipient until the deficiencies have been fully corrected and acknowledged by the CD Division. CD Division staff will make every effort to keep the Subrecipient updated on the status of the reimbursement requests.

### **Rejection of Reimbursement Request Packets**

If the CD Division staff or the Auditor's Office determines there are substantial deficiencies in the Packet, the full Packet may be rejected back to the Subrecipient. Substantial deficiencies included, but not limited to, request amount on the Reimbursement Request Form does not match the cover letter and/or Invoice Summary List, inaccurate amounts within the Reimbursement Request Form, numerous errors on the Invoice Summary List, and missing required documentation.

Unless otherwise stated by CD Division staff, a physical copy of the revised or missing documentation must be submitted. There may be incidences when documents may be submitted via email; however, this type of submission is at the discretion of the CD Division.



## **Submission Timing**

The Subrecipient Agreement will note the frequency in which a Reimbursement Request must be submitted to the CD Division. With exception to construction or non-housing related rehabilitation, requests more than likely should be submitted monthly. Monthly submissions reduce the Packet size, which allows faster review and therefore a shorter processing time. This also provides for a more consistent Subrecipient cash flow.

For construction, infrastructure and public facility projects, Reimbursement Requests should be submitted as soon as the contractors have been paid and all supporting documents have been compiled. Reimbursement Requests will be accepted with partial lien waivers as long as all other required documentation is included and funding is not fully expended with the request.

Barring delays in receiving funding from HUD, Reimbursement Requests containing an invoice and payment documents that are over three (3) months old from the date the request was submitted are highly discouraged and subject to rejection.

## **Final Reimbursement Request**

Final Reimbursement Requests must adhere to the requirements stated above with the addition of the following:

- Within the cover letter, the Subrecipient must state this is the final request

The final Reimbursement Request does not need to be a request for all remaining project funding. In cases in which bidding and/or other project costs are lower than anticipated, the remaining allocation will be deobligated from the project after the final reimbursement has occurred and swept to the CDBG/HOME funding pool(s) for future funding competitions.

The final Packet must also contain a Final Project Report. Outside of instances in which the CD Division has informed the Subrecipient additional reporting may be needed for a project after the final Reimbursement Request, this will be the last Report to be submitted for the project. The final Reimbursement Request will not be processed until a complete and accurate Final Report is submitted. If Final Reports for the project's type are not available on the CD Division's "CD Planning Documents" webpage, please contact the CD Division.

## **Final Comments**

CD Division staff plans to host a Reimbursement Request training each year, but may also host individual training if requested in writing and where timing permits. Notices of trainings will be emailed to active Subrecipients and entities that have been allocated CDBG and/or HOME funding.

If at any time there is concern or confusion regarding a Reimbursement Request Packet, supporting documentation, or eligible cost(s), please contact the CD Division. The CD Division can be contacted at 815-334-4560, option 5 or at the following email addresses:

Hans Mach – [HDMach@mchenrycountyil.gov](mailto:HDMach@mchenrycountyil.gov)

Zachary Klehr – [ZAKlehr@mchenrycountyilg.gov](mailto:ZAKlehr@mchenrycountyilg.gov)

Jena Hencin – [JMHencin@mchenrycountyil.gov](mailto:JMHencin@mchenrycountyil.gov)

Bianca Gonzalez – [BLGonzalez@mchenrycountyil.gov](mailto:BLGonzalez@mchenrycountyil.gov)

Thank you for your support of the people of McHenry County!

ComDev Development  
123 Someplace Rd.  
Anywhere, IL 61234



July 12, 2019

**Re: Green Neighborhood Project Second Reimbursement Request**

Dear Mr. Mach,

ComDev Development respectfully requests \$3,511.74 in CDBG funding for its Green Neighborhood Project. This reimbursement request will cover eligible tests, materials and labor costs associated with the project.

Please find attached with this letter the reimbursement form, Invoice Summary Log and all required supportive documents for this second reimbursement request.

This request also contains evidence of \$3,109.26 in match.

If additional information is required, please do not hesitate to contact me. Thank you for your support for the Green Neighborhood Project.

Sincerely,

*John Doe*

John Doe  
Executive Director  
ComDev Development

Underlined words are key information that should be detailed in all requests.

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM- REQUISITION FOR REIMBURSEMENT**



**Claimant:** ComDev Development **REMIT TO Address:** 123 Someplace Rd. **City:** Anywhere **State:** IL **Zip:** 61234

**Project Title:** Green Neighborhood Project **Program Year:** 2018 **Activity#** 123 **Award Amount:** \$ 50,000.00

Budget Item Description (ex: Construction)	Approved Grant Funded Amount (\$50,000.00)	Less Amount Previously Requested (\$12,000.00)	Equals Current Remaining Balance (\$38,000.00)	Less Amount Requested for THIS Requisition (\$7,500.00)	Equals Balance Carried Forward (\$30,500.00)
Salaries and fringes	\$ 10,000.00	\$ 1,250.00	\$ 8,750.00	\$ 1,255.25	\$ 7,494.75
Construction materials	\$ 25,000.00	\$ 5,000.00	\$ 20,000.00	\$ 1,381.49	\$ 18,618.51
Contracting costs	\$ 15,000.00	\$ 1,000.00	\$ 14,000.00	\$ 875.00	\$ 13,125.00
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTALS:</b>	\$ 50,000.00	\$ 7,250.00	\$ 42,750.00	\$ <b>3,511.74</b>	\$ 39,238.26

Program Match Description	Required Amount of Match	Less Amt Previously Evidenced	Equals Remaining Match Balance	Less Match evidenced THIS Requisition	Equals Match Balance to be submitted
Construction materials	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 76.26	\$ 2,423.74
Contracting costs	\$ 5,000.00	\$ -	\$ 5,000.00	\$ 3,033.00	\$ 1,967.00
<b>TOTAL:</b>	\$ 7,500.00	\$ -	\$ 7,500.00	\$ 3,109.26	\$ 4,390.74

I, John Doe, do solemnly swear that the expenditures listed above are agreed upon with McHenry County, under contract, and represent actual dollar amounts expended for the services/work procured or provided, or materials purchased for the program activity listed above. Supporting documentation including sales receipts, billing invoices, and/or copies of payroll checks have been furnished with this requisition form. Supporting documentation for the listed expenditures are copies of actual receipts, invoices, or checks provided to support the expenditures listed above.

State of Illinois, County of McHenry

Signed (or subscribed or attested) before me on Date: \_\_\_\_\_

By: \_\_\_\_\_

(Signature of the person whose name appears in the sworn statement above)

(Notary Public seal)

\_\_\_\_\_  
Signature of Notary Public

**Office Use Only:** Current Quarterly Report? Y \_\_\_ N \_\_\_

CD Division Approval: \_\_\_\_\_

Director Approval: \_\_\_\_\_

Vendor # \_\_\_\_\_ Grant # \_\_\_\_\_

Division # \_\_\_\_\_ OBJ LVL # \_\_\_\_\_

Invoice # \_\_\_\_\_ PO / DP \_\_\_\_\_

Invoice Summary List for Green Neighborhood Project**Reimbursement**

Item	Description of cost	Amount	Document #
Payroll	Hourly pay	\$ 1,255.25	1
Construction materials	Siding	\$ 110.92	2
Construction materials	Flooring	\$ 1,270.57	3
Frank's Lighting	Electrical contracting	\$ 525.00	4
Hot & Cold, Inc.	Plumbing installation	\$ 150.00	5
Lead-Be-Gone	Lead testing	\$ 200.00	6
<b>Total:</b>		<b>\$ 3,511.74</b>	

**Match**

Item	Description of cost	Amount	Document #
Construction materials	Door frame	\$ 76.26	2
Hot & Cold, Inc.	HVAC contracting	\$ 2,683.00	7
Frank's Lighting	Lighting installation	\$ 350.00	8
<b>Total:</b>		<b>\$ 3,109.26</b>	

McHenry County Community Development

# HOME TBRA

Reimbursement Instructions

Jena Hencin  
3-29-2019

# HOME TBRA Drawdown Guidance – Step 1: Draw Form

The expenses that can be reimbursed under the HOME portion of your grant are:

- a. Rent – Can vary, but requires explanatory documentation
- b. Utility Allowance – Agency can give money to client or pay utilities directly
- c. Habitability Inspection – flat fee reimbursement of \$50
- d. Income Verification – flat fee reimbursement of \$75

HOME INVESTMENT PARTNERHSIPS PROGRAM - REQUISITION FOR REIMBURSEMENT						
Claimant: Agency		REMIT TO Address:	Address	City: Woodstock	State: IL	Zip: 60098
Project Title: (address of house)		Program Year:	CPS#	Activity#	Award Amount: \$ 50,000.00	
Budget Item Description <i>(ex: Construction)</i>	Approved Grant Funded Amount <i>(\$50,000.00)</i>	Less Amount Previously Requested <i>(\$12,000.00)</i>	Equals Current Remaining Balance <i>(\$38,000.00)</i>	Less Amount Requested for THIS Requisition <i>(\$7,500.00)</i>	Equals Balance Carried Forward <i>(\$30,500.00)</i>	
Rent & Utility Jan 2019	\$ 50,000.00	\$ -	\$ 50,000.00	\$ 1,200.00	\$ 48,800.00	
	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>TOTALS:</b>	\$ 50,000.00	\$ -	\$ 50,000.00	\$ 1,200.00	\$ 48,800.00	



HOME INVESTMENT PARTNERHSIPS PROGRAM - REQUISITION FOR REIMBURSEMENT						
Claimant: Agency		REMIT TO Address:	Address	City: Woodstock	State: IL	Zip: 60098
Project Title: (address of house)		Program Year:	CPS#	Activity#	Award Amount: \$ 50,000.00	
Budget Item Description <i>(ex: Construction)</i>	Approved Grant Funded Amount <i>(\$50,000.00)</i>	Less Amount Previously Requested <i>(\$12,000.00)</i>	Equals Current Remaining Balance <i>(\$38,000.00)</i>	Less Amount Requested for THIS Requisition <i>(\$7,500.00)</i>	Equals Balance Carried Forward <i>(\$30,500.00)</i>	
Habitability Inspection & Income Verification	\$ 50,000.00	\$ 1,200.00	\$ 48,800.00	\$ 125.00	\$ 48,675.00	
	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>TOTALS:</b>	\$ 50,000.00	\$ 1,200.00	\$ 48,800.00	\$ 125.00	\$ 48,675.00	





# HOME TBRA Drawdown Guidance – Step 2: Rent Documentation

There are three documents needed for the monthly rent reimbursement:

1. CD Requisition Form
2. Internal requisition/check request form
3. Invoice

This is the correct way to fill out the CD requisition form. The County auditor will only reimburse the agency for rent already paid on behalf of the tenant. Therefore, all payments sent from the county will be addressed to the agency providing the assistance.

	<b>McHenry County</b> <b>Department of Planning and Development</b>	 <b>Community Development</b> <b>Division</b>
	<small>OFFICE: McHenry County Admin. Bldg. 667 Ware Road, Woodstock, Illinois</small>	<small>MAIL: 2200 N. Seminary Ave. Woodstock, Illinois 60098</small>
		<small>Ph: 815-334-4560 Fax: 815-334-4608 mchenrycountycomdev@mchenrycountyil.gov</small>

HOME Tenant Based Rental Assistance Monthly Rent Requisition Form

Pursuant to 24 CFR 92.209, I am requesting rent for the month of December 2018 for the unit located at:

\_\_\_\_\_

Address of Unit

In the amount of \$610.00

The monthly subsidy sent directly to the landlord shall be no greater than \$610.00 and will begin with the first month's payment on December 1, 2018 and terminating with the twelfth consecutive payment, or until such time that the lease is declared void and no longer in effect.

Make Check Payable to: Home of the Sparrow, Inc.

Mailing Address: 4209 W. Shamrock Lane, Unit B

City, State, Zip: McHenry, IL 60050

<b>Agency Name:</b>	Home of the Sparrow, Inc.
<b>Requested by:</b>	Robert Laurie
<b>Total Amount:</b>	610.00
<b>Head of Household HMIS Number:</b>	_____
<b>Date Submitted:</b>	March 1, 2019

CD Approval: *Alan* Date: 3/11/19



# HOME TBRA Drawdown Guidance – Step 2: Rent Documentation

This is an example of an internal requisition form:

Dec Rent
JH

**Home of the Sparrow, Inc.**  
**Check Requisition**  
 (Form must be completed in its entirety)

<b>Needed By Date</b>	<b>Request Date</b>	<b>Payable to:</b>
<i>Internal</i> 12/1/2018	11/30/18	[REDACTED]

Check to be mailed or picked up?  
 Mailed  Picked up

Date	Description	Memo	Acct.	Class	Amount
11/30/2018	CS Dec. Rent	[REDACTED]			\$610.00
		[REDACTED]			
<b>Total Requested:</b>					<b>\$610.00</b>

Requestor: Lorraine Bruning  
 Approver: [REDACTED]

Please Check Applicable Program Below ↓

"ESG Rapid"   IDHS/HUD ESG HRSS   308.5.3   6904.2   7/1/18 - 6/30/19	
"TH Rapid"   HUD TH/RRH   308.49   6704.2   9/1/18 - 8/31/19	
"Regular Rapid"   HUD RRH   308.45   6704.7   11/1/18 - 10/31/19	
TBRA   308.14   6562.3	
HOME41   308.14   6265.3	X

# HOME TBRA Drawdown Guidance – Step 2: Rent Documentation

This is an example of an invoice or “bill” for rent:

<b>Home of the Sparrow, Inc.</b> 4209 W. Shamrock Lane, Unit B McHenry, IL 60050-8700		<b>Invoice</b>
<b>Bill To:</b> [REDACTED]		[REDACTED] Invoice Date: 12/1/2018 Due Date: 12/1/2018 Project: P.O. Number:
Date	Description	Amount
12/1/2018	[REDACTED]	610.00
	Sales Tax	0.00
		<b>Total</b> \$610.00
		<b>Payments/Credits</b> \$0.00
		<b>Balance Due</b> \$610.00

# HOME TBRA Drawdown Guidance – Step 3: Utility Allowance Documentation

You need two documents each month that you're requesting utility allowance reimbursement.

1. Internal Requisition
2. Payment record

This is an acceptable internal requisition form:

## Home of the Sparrow, Inc.

### Check Requisition

(Form must be completed in its entirety) DEC 03 2018

<b>Needed By Date</b>	<b>Request Date</b>	<b>Payable to:</b>	
12/5/2018	11/30/18		
		Check to be mailed or picked up? Mailed ___ Picked up <u>x</u>	

Date	Description	Memo	Acct.	Class	Amount
11/30/2018	CS Dec. Utility Allowance	December Utility Allowance			\$155.00
<b>Total Requested:</b>					<b>\$155.00</b>

Requestor: Lorraine Bruning  
 Approver: [REDACTED]

Please Check Applicable Program Below ↓

"ESG Rapid"   IDHS/HUD ESG HRSS   308.5.3   6904.2   7/1/18 - 6/30/19	
"TH Rapid"   HUD TH/RRH   308.49   6704.2   9/1/18 - 8/31/19	
"Regular Rapid"   HUD RRH   308.45   6704.7   11/1/18 - 10/31/19	
TBRA   308.14   6562.3	
HOME41   308.14   6265.3	X

RST ✓

# HOME TBRA Drawdown Guidance – Step 3: Utility Allowance Documentation

This is an example of a payment record:

HOME OF THE SPARROW, INC.							20738
Date	Type	Reference	Original Amt.	Balance Due	12/5/2018 Discount	Payment	
12/3/2018	Bill	Dec 2018 Util Allow	155.00	155.00		155.00	
						Check Amount	155.00
PAYMENT RECORD							
CL Bank & Trust 1688 Dec 2018 Util Allow							155.00
							Raw 3/11

HOME OF THE SPARROW, INC.							21053
Date	Type	Reference	Original Amt.	Balance Due	2/1/2019 Discount	Payment	
1/24/2019	Bill	Feb 2019 Util Allow	155.00	155.00		155.00	
						Check Amount	155.00
PAYMENT RECORD							
CL Bank & Trust 1688 Feb 2019 Util Allow - Home 41							155.00

# HOME TBRA Drawdown Guidance – Step 4: Proof of Program Eligibility & Executed Landlord Contract

The Auditor has requested the following three documents be submitted each month with the reimbursement request. This is because each payment is unique, and for County accounting purposes, they want the first page from the following three documents:

1. CPD Rental Assistance Calculator Print out
2. HOME Rental Assistance Contract
3. Apartment Lease

The rental assistance calculator print out needed is the *subsidy determination* sheet:

U.S. Department of Housing and Urban Development  
Office of Community Planning and Development  
Income Eligibility Calculator

RENTAL ASSISTANCE CALCULATION – RENTAL VOUCHER MODEL  
Completed on: 02/20/2019

(This form is a continuation of the CPD Income Eligibility Calculator's Adjusted Income Calculation form.)

15. Rent Standard:	15.	\$1,500.00
16. 30% of Monthly Adjusted Income:	16.	\$66.00
17. Maximum Subsidy (line 15 minus line 16):	17.	\$1,434.00
18. Rent Charged by Owner:	18.	\$610.00
19. Utility Allowance (if any):	19.	\$221.00
20. Gross Rent for the Unit (line 18 plus line 19):	20.	\$831.00
21. Gross Rent minus Maximum Subsidy (line 20 minus line 17):	21.	\$0.00
22. 10% of Monthly Annual Income:	22.	\$30.00
23. Total Household Contribution (higher of line 21 or line 22):	23.	\$30.00
24. Gross Rent minus Household Contribution (line 20 minus line 23):	24.	\$801.00
25. Total Voucher Subsidy (lower of line 17 or line 24):	25.	\$801.00
26. PJ Payment to Owner (lower of line 18 or line 25):	26.	\$610.00
27. Household Rent to Owner (line 18 minus line 26):	27.	\$0.00
28. Utility Reimbursement to Household (line 25 minus line 26):	28.	\$191.00

COMPLETE SIGNATURES ON SECOND PAGE

The Auditor is aware the monthly rent request may vary as client circumstances change. However, the amount of rent and utility allowance reimbursed can never exceed the *Total Voucher Subsidy*. Additionally, the client can never be charged more than 30% of their *Monthly Adjusted Income*.

# HOME TBRA Drawdown Guidance – Step 4: Proof of Program Eligibility & Executed Landlord Contract

Next is the first page of the agreement that binds your organization to the client and the landlord—thereby authorizing the county to reimburse monthly rent and utility allowance.

## HOME RENTAL ASSISTANCE CONTRACT



This HOME Rental Assistance Contract ("Contract") is entered into between the "City of Anytown, Department of HQS" (program administrator) and the Landlord identified above. This Contract applies only to the Tenant family and the dwelling unit identified above.

### 1. TERM OF THE CONTRACT

The term of this Contract shall begin on 12/1/18<sup>1</sup> and end no later than 11/30/19.<sup>2</sup> The Contract automatically terminates on the last day of the term of the Lease.

### 2. SECURITY DEPOSIT<sup>3</sup>

A. The (program administrator) will pay a security deposit to the Landlord in the amount of [REDACTED]. The Landlord will hold this security deposit during the period the Tenant occupies the dwelling unit under the Lease. The Landlord shall comply with state and local laws regarding interest payments on security deposits.

B. After the Tenant has moved from the dwelling unit, the Landlord may, subject to state and local law, use the security deposit, including any interest on the deposit, as reimbursement for rent or any other amounts payable by the Tenant under the Lease. The Landlord will give the Tenant a written list of all items charged against the security deposit and the amount of each item. After deducting the amount used as reimbursement to the Landlord, the Landlord shall promptly refund the full amount of the balance to the [Tenant/program administrator].

C. The Landlord shall immediately notify the (program administrator) when the Tenant has moved from the Contract unit.

### 3. RENT AND AMOUNTS PAYABLE BY TENANT AND (program administrator)

A. *Initial Rent.* The initial total monthly rent payable to the Landlord for the first twelve months of this Contract is \$ 610.

B. *Rent Adjustments.* With no less than 60<sup>4</sup> days' notice to the Tenant and the (program administrator), the owner may propose a reasonable adjustment to be effective no earlier than the 13th month of this Contract. The proposed rent may be rejected by either the Tenant or the (program administrator). The Tenant may reject the proposed rent by providing the Landlord

<sup>1</sup> Insert the first day of the term of the Lease.


<sup>2</sup> The maximum allowable length of a HOME Coupon Contract is two years.

<sup>3</sup> Modify the paragraph based on PJ policy.



<sup>4</sup> Insert the number of days notice the owner must provide of a rent increase. At least 60 days is recommended to enable the program administrator 30 days to review the rent and still enable the landlord to give the tenant 30 days notice.

# HOME TBRA Drawdown Guidance – Step 4: Proof of Program Eligibility & Executed Landlord Contract

The last document needed in step 4 is the first page of the lease.



## APARTMENT LEASE

LEASE SUMMARY				
DATE OF PREPARATION	TERM OF LEASE		MONTHLY PAYMENT TO OWNER	SECURITY DEPOSIT
11/27/2018	BEGINS	ENDS	RENT:       \$ <u>610.00</u> OTHER:      \$ <u>N/A</u> (SPECIFY):   \$ _____ TOTAL:       \$ <u>610.00</u>	\$ <u>0.00</u>
	12:01 a.m. December 1, 2018	Midnight November 30, 2019		
NAME: UNIT #: BUILDING: ADDRESS: DEVELOPMENT:		RESIDENT: 		
		AGENT FOR OWNER: 		
ATTACHMENTS: (if none write none) Drug-Free Housing Addendum, Notice of Recertification Rider, Bedbug Addendum, Firearms Addendum, Smoking Addendum, Snow Removal Addendum, Prorated Rent, Tenant Manual				
*For each occupant other than Resident, indicate that person's name and relationship to Resident.				
THIS LEASE SUMMARY IS A PART OF THIS LEASE				

1. LEASE: Owner hereby leases to Resident the parking space, if any, and the Unit in the Building identified in the Lease for the term as set forth therein in accordance with the provisions and conditions set forth herein.

2. RENT: Resident shall pay Owner at Owner's address as identified above, or at such place as may be designated by the advance by the 1st day of each month the total monthly payment as set forth above, additional payments and rental surcharge for in this Lease.

3. UTILITY SERVICE: A) Owner Agrees to provide the following utilities and services at no additional cost to Resident:

ELECTRICITY	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	GAS	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
WATER	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	REFUSE	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Owner will not be responsible for failure to furnish such services and utilities by reason of any cause beyond Owner's control.  
 B) Resident shall furnish the following utilities and service at Resident's own expense: electricity, gas, refuse, and water

23 4. SECURITY DEPOSIT: Resident has deposited with Owner a security deposit in the amount shown in the Lease Summary to secure performance of every agreement and covenant of Resident in this Lease. Owner may apply the deposit toward reimbursement for any costs incurred by Owner due to Resident's violation of this Lease, including nonpayment of rent. In the event the deposit is applied for such reimbursement, resident shall provide Owner with such additional amount as is required to replace the amount applied within ten (10) days after notice by Owner. However, Resident's liability for breaches of this Lease is not limited to the amount of Resident's security deposit.

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