

## **Aging and Long-Term Support Administration (AL TSA)** **RENTAL SUBSIDY PARTICIPANT AGREEMENT**

AL TSA subsidies are funded for clients who meet AL TSA eligibility determined through the CARE assessment and agree to the AL TSA Rights and Responsibilities outlined in DSHS form [16-172](#). AL TSA eligibility requires a need for services based on your CARE assessment. Please refer to the document: *Keeping your AL TSA Subsidy* provided in your application packet.

The AL TSA subsidy provides you, the AL TSA client/head of household, with an interim rental subsidy until you find permanent affordable housing. The purpose is to help you pay rent while you search for housing you can afford. Subsidy timeframes are flexible to fit permanent affordable housing waitlist requirements in your area. Time limits will be reviewed by the AL TSA Housing Team on a case-by-case basis.

The Spokane Housing Authority (SHA) administers the AL TSA subsidy for all AL TSA clients statewide. SHA calculates your share of the rent, based on Housing and Urban Development (HUD) guidelines. Your portion of rent will approximately be 30% of your gross monthly household income. The amount of the subsidy is the difference between the rent for an apartment and your calculated portion of the rent.

The AL TSA Rental Subsidy is a voluntary program. If you decide *not* to utilize your subsidy, you will not be penalized in any way or lose any other AL TSA benefits that you are eligible to receive.

### **A. To receive and keep the AL TSA subsidy, it is your responsibility to:**

Please initial where indicated to show that you have read and understand what the requirements of this section

- 1) Maintain an ongoing search for permanent housing you can afford. Support can be provided to you for this requirement.
- 2) Comply with the terms of your lease.
- 3) Complete the subsidy Annual Recertification paperwork.
- 4) Complete an annual CARE assessment and participate in AL TSA long-term care services.
- 5) As a part of the subsidy recertification process, agree to allow Housing Quality Standards (HQS) unit inspections every two (2) years or as requested to ensure that the subsidized unit meets minimum health and safety standards.

\_\_\_\_\_ **(initials)**

### **B. Financial and Eligibility Requirements and Considerations:**

Please initial where indicated to show that you have read and understand what the requirements of this section

- 1) You must be functionally and financially eligible for and agree to participate in AL TSA long-term care services in order to get and continue to receive the subsidy.
- 2) The subsidy will be paid directly to your landlord. You will not receive any money for participating in the subsidy program.
- 3) The AL TSA subsidy will not affect any requirement or responsibility you have to contribute to the cost of Medicaid services, like in-home personal care.

- 4) Funds spent on your behalf for the ALTSA subsidy may be subject to recovery from your estate.
- 5) This Agreement does **not** give you a right to request an administrative hearing. If the subsidy is reduced or terminated, you will have the right to ask for an informal review of the decision. You can inquire with an ALTSA Housing Program Manager about those steps.
- 6) Receiving the subsidy will not affect your right to request an administrative hearing related to other program services.

\_\_\_\_\_ **(initials)**

**C. When the ALTSA Rental Subsidy will end:**

Please initial where indicated to show that you have read and understand what the requirements of this section

Subsidies will end when:

- a) You move into a permanently subsidized apartment
- b) You accept a permanent subsidy
- c) You enter a skilled nursing facility, state hospital or other institutional setting for a continuous 180-day period or more
- d) You fail to complete the Annual Recertification and/or the bi-annual HQS inspection
- e) Your long-term care services are terminated or denied ([WAC 388-106-0047](#))
  - You did not complete an annual assessment within the required time frame, or
  - The CARE assessment has determined that you are not functionally eligible, or
  - A Public Benefits Specialist has determined that you are no longer financially eligible, which includes not completing annual financial recertification paperwork, or
  - You refuse services, or
  - You cannot provide a safe environment for services to be provided in, or
  - If you do not submit a signed service summary document within 60 days of your assessment

\_\_\_\_\_ **(initials)**

I understand that the subsidy belongs to the ALTSA client/head of household and any co-applicant has no rights to it unless they are also an ALTSA client and are approved by ALTSA Housing Program Manager.

**Client initials here:** \_\_\_\_\_

**Co-Applicant initials here:** \_\_\_\_\_

**Authorization:**

**I have read, understand, and agree to the terms of this Participant Agreement. I understand that if I fail to comply with the terms of this Agreement, the subsidy may be terminated and I will be responsible for the entire cost of my housing.**

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Co-Applicant Name (Printed)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed) Legal Guardian/Durable Power of Attorney  
or Client representative name (if applicable)

\_\_\_\_\_  
Legal Guardian/Durable Power of Attorney or  
Client representative name (if applicable)

\_\_\_\_\_  
Date

**I certify that I have reviewed this document with the client.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Job Title

**Certified by:**

\_\_\_\_\_  
ALTSA Housing Program Manager

\_\_\_\_\_  
Date