Erie County Department of Social Services
Questions and Answers

RFP # 2026-054VF: Rental Support Program (RSP)

Date: October 15, 2026

Questions submitted via email and at the Informational Session on October 15, 2026

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1. **Please provide the current approved Erie Rental Supplement Program plan and applicable OTDA directive, including its household-size/bedroom FMR schedule, income schedule and calculation method. The original editable Appendix A and Appendix B files, current quarterly-report workbook, and application/award/denial/recertification templates or public download links would be very useful.**

   26-LCM-06 2026-2027 New York State Rental Supplement Program Allocations

   Appendix A

   Appendix B

   Rental Supplement Program (RSP) Application

   Rental Supplement Program (RSP) Landlord Enrollment

   Rental Supplement Program (RSP) Decision

   Rental Supplement Program (RSP) Landlord Notice

   Household-size/bedroom FMR schedule - *https://www.huduser.gov/datasets/fmr/fmr2027/summary?counties=3602999999&reporttype=county&states=36&year=2027&sa_override=1*

   2025-2026 Rental Supplement Program Simplified Quarterly Report - *25-LCM-04 Attachment D*

   Income Schedule:

EMERGENCY ASSISTANCE		
HOUSEHOLD SIZE	MAXIMUM GROSS MONTHLY INCOME	
	Emergency Safety Net Assistance (ESNA) 125% of FPL (APRIL 1, 2026-MAY 31, 2027)	Emergency Assistance to Needy Families with Children (EAF) 200% of FPL (APRIL 1, 2026—MAY 31, 2027)
1	$1,663	$2,660
2	$2,254	$3,607
3	$2,846	$4,553
4	$3,438	$5,500
5	$4,029	$6,447
6	$4,621	$7,393
7	$5,213	$8,340
8	$5,804	$9,287
Each Additional	$592	$947

2. **Page 7 says the supplement ends when household income reaches 30% or more of monthly rent. OTDA 25-LCM-04, page 3, instead says monthly rent must be 30% or**

less of total monthly household income. Please confirm the intended affordability rule for this procurement. Does the 50% AMI limit apply at initial application only, and which income/affordability criteria apply at annual recertification and household changes?

Supplements are to be provided until a household's total monthly rent is 30% or less than their total monthly income.

3. **Appendix B, Table 3, measures administrative overhead against direct programme costs. Page 3 separately caps administration at 15% of the allocation and reserves 2% for county administration. Please confirm how the county reserve and vendor cap should be combined, and which allocation/programme period should be used for services beginning April 2027. We have retained the printed $3,874,568 allocation and $3,797,076 vendor amount.**

   Total funding available to the vendor is $3,797,076. Vendor administrative costs may not exceed $503,693.

4. **Will the County be awarding it to one agency or partnership of agencies**

   DSS will contract with one agency, but agencies may collaborate and submit one proposal.

5. **Historically, what has been the most challenging part of administering this program?**

   Previous challenges:

   - Locating affordable housing in the area.
   - Engaging landlords took time.
   - The number of people that can use the program exceeds those that we are able to serve.
   - Available housing may be affordable but does not meet safety standards or would take longer than desired to rectify.

6. **Is this long term rental assistance? Is there a time limit?**

   The allocation hasn't changed in the last 5 years. We have worked up to 279 clients/yr over that time. Now we estimate to maintain 250 clients per year. The goal has shifted to providing case management to assist clients to become self-sufficient. As clients advance, new clients can enter the program, but there is no forced exit from the program.

7. **Is there an inspection requirement to ensure safe housing?**

   Yes

8. **Caseload Expectations: What is the typical or expected caseload for each case manager under this program?**

   This will be a defining feature of the RFP responses. Given that there are about 280 households served in a year, a case management program needs to provide adequate contacts to provide support, encourage self-sufficiency, education and training and ultimately help clients safely move off the RSP. In your response, please indicate the time and frequency of client contacts and indicate goals on the number of clients successfully transferred from RSP to self-sufficiency. These factors will drive the projected case load size for your response.

9. **Application and Approval Process: Will the program have a set timeframe for processing a client's application, reviewing the necessary documentation, and approving rental assistance?**

   The goal is to have clients assessed and approved for RSP within 30 days of referral from DSS. Receiving RSP (leasing an apartment) can take some time. We'd like to see move-in dates within 3 months of the referral. There are occasions when the process takes longer; as long as the client is making a concerted effort to find and accept housing, this can be acceptable. In cases where the client does not make the appropriate effort, termination is necessary.

10. **Case Management System: Which system will be used to manage and track client information? Will the program use OnBase? If so, what is the access process, and is access required during the proposal submission process or only after a contract is awarded?**

    The program is not an Erie County program. Rather, it is a state funded program awarded to an agency to administer. The awarded agency must use their database to adequately track the client status and the data points needed for the report. Only typical case data is tracked at the county and may be shared as needed with the necessary consents in place.

11. **Reimbursement Timeline: The RFP indicates that reimbursements will be processed monthly. Has the County generally been able to maintain this reimbursement schedule, and what is the typical turnaround time for payments after invoices are submitted?**

    Generally, yes, the reimbursement schedule has been maintained. Typically, payments are made within 30 days of invoicing.

Pre-Tenancy Inspection - RSP

PRE

Department of Social Services

Division of Family Independence | Public Assistance

B-5357RSP (4/2026)

In an effort to prevent fraudulent activity, BFNC reserves the right to re-inspect any dwelling prior to Security Agreement authorization.

Tenant/Client Name(s)	Tenant/Client Phone	
Landlord Name	Landlord Phone	
Dwelling Street Address	Dwelling City/Town	Dwelling Zip Code
Date of Inspection	Anticipated Move-In Date	Anticipated Monthly Rent $

Inspection conducted by: ☐ Owner & Tenant ☐ Property Manager & Tenant	
Has a cash security deposit been received from, or paid on behalf of, the above tenant/client?	☐ Yes ☐ No
At the time the dwelling was inspected: Were the utilities on?	☐ Yes ☐ No
Were smoke detectors operational?	☐ Yes ☐ No
Will anyone outside the tenant/client's household have access to any parts of the dwelling (halls, basement, etc)?	☐ Yes ☐ No
If yes, list name(s), relationship(s), and area(s) of access: _____	

Directions: **Circle the corresponding letter (G=Good, F= Fair, P=Poor, N= Not applicable/ Not accessible by tenant/client household) to describe the present condition of the items listed below. See the reverse side of this document for guidance on determining condition**. Use the Comments section to provide a detailed description of all items marked Poor, as well as any information not otherwise captured by the letter system. NOTE: Future claims **will not be paid** for damage to any items classified as Poor (with no details provided) or Not applicable.

Living Room and Dining Room

Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N
Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N
Lights & Mirrors	G F P N	Closets & Shelves	G F P N	Doors & Jams	G F P N
Heating Unit/ Vent	G F P N	Furnishings+	G F P N	Other:	G F P N

Bedroom(s): #_____

Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N
Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N
Lights & Mirrors	G F P N	Closets & Shelves	G F P N	Doors & Jams	G F P N
Heating Unit/ Vent	G F P N	Furnishings+	G F P N	Other:	G F P N

Kitchen

Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N
Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N
Lights & Mirrors	G F P N	Closets & Shelves	G F P N	Doors & Jams	G F P N
Heating Unit/ Vent	G F P N	Furnishings+	G F P N	Tile & Grout	G F P N
Cabinets	G F P N	Sink & Faucet	G F P N	Garbage Disposal	G F P N
Counter Tops	G F P N	Appliances*	G F P N	Other:	G F P N

Bathroom(s): #_____

Walls & Ceiling	G F P N	Blinds	G F P N	Switches & Outlets	G F P N
Floors & Carpets	G F P N	Curtains & Rods	G F P N	Windows & Screens	G F P N
Lights & Mirrors	G F P N	Closets & Shelves	G F P N	Doors & Jams	G F P N
Heating Unit/ Vent	G F P N	Sink & Faucet	G F P N	Tile & Grout	G F P N
Cabinets	G F P N	Tub & Shower	G F P N	Counter Tops	G F P N
Toilet	G F P N	Towel Bars	G F P N	Other:	G F P N

+ Furnishings may include, but are not limited to, tables, couches, chairs, and beds. * Appliances may include, but are not limited to, refrigerators, stoves, washers and dryers.

External & Common Areas

Doors & Locks	G F P N	Laundry*	G F P N	Fence & Yard	G F P N	Porch, Steps, Railing	G F P N	Lights	G F P N	Basement/ Attic	G F P N	Garage/ Shed	G F P N

Summary of Dwelling Condition

General Condition of Unit ☐ Good ☐ Fair ☐ Poor **Level of Cleanliness ☐ Good ☐ Fair ☐ Poor**

Chipping/Peeling Paint ☐ Yes ☐ No

COMMENTS:

DOCUMENT IS NOT VALID UNLESS REQUIRED SIGNATURES ARE PRESENT AND BOXES CHECKED

☐ **I have read the Notice to Tenant/Client on the reverse of this form and agree to the terms.** _____ Client/Tenant's Signature Date	☐ **I have read the Notice to Tenant/Client on the reverse of this form and agree to the terms.** _____ Client/Tenant's Signature Date
☐ **I have read the Notice to Landlord on the reverse of this form and agree to the terms.** _____ Landlord/Agent's Signature Date	☐ **I certify that this dwelling has been inspected according to Buffalo Federation of Neighborhood Centers (BFNC) standards.** _____ Authorized BFNC Representative Signature Date

Distribution: Copy 1-BFNC Copy 2- Landlord Copy 3- Client/Tenant

Notice to Client/Tenant

Please read before signing

I hereby state that the property was inspected before moving in and found to be in good condition, with any exceptions noted. I understand that it is my responsibility to properly maintain the property and that I will be held liable for any damages occurring during my tenancy, even if someone I have over as a guest causes the damages. I also understand that it is my responsibility to pay my monthly rent and to give the landlord proper notice to vacate the premises; otherwise I may be held responsible for repayment of not only damages but for the final month's rent as well. Furthermore, I understand that failure to do either may result in recovery by any legal means necessary for damages or rent paid on my behalf to the landlord under this agreement.

I declare under penalty of perjury, pursuant to Penal Law section 210.45, that the above information is true and correct, and I also understand that the submission of this invoice to Erie County by any person who knows this invoice to contain false information, constitutes the additional crime of Offering a False Instrument for Filing in the first degree (Penal Law Section 175.35).

This document is submitted to BFNC for the purpose of verification of the facts contained herein. I understand that I may be required to repay any overpayment resulting from false or incorrect information and that I may be prosecuted for Larceny or attempted Larceny for knowingly submitting any such false information on this document.

Notice to Landlord

Please read before signing

Please retain one copy of the pre-inspection form for your records and provide a signed copy to the client/tenant. **Please be aware that submitting a Pre-Tenancy Inspection form in no way guarantees eligibility for, or authorization of, a Security Agreement.** Completion of the Pre-Tenancy Inspection Form is only the first step in the process. Once the form is submitted to BFNC, the client/applicant must still be interviewed and provide appropriate verification for an eligibility determination to be made by the BFNC. If the client/tenant is determined eligible, a Security Agreement will be initiated by BFNC and provided to the client to obtain your signature and agreement to the terms.

I declare under penalty of perjury, pursuant to Penal Law section 210.45, that the above information is true and correct, and I also understand that the submission of this invoice to Erie County by any person who knows this invoice to contain false information, constitutes the additional crime of Offering a False Instrument for Filing in the first degree (Penal Law Section 175.35).

This document is submitted to Erie County for the purpose of verification of the facts contained herein. I understand that I may be required to repay any overpayment resulting from false or incorrect information and that I may be prosecuted for Larceny or attempted Larceny for knowingly submitting any such false information on this document.

INSPECTION DEFINITIONS

Walls	**G**	Freshly painted walls, new wallpaper, paneling free of defects. Few nail holes, marks or scratches; No washing, patching or repainting needed.
	F	Obvious marks; more than 5 small nail holes per wall, 0-5 holes less than 3 inches in diameter. Needs patching and touch-up.
	P	Peeling paint, one or more holes larger than 3 inches in diameter; 6 or more holes less than 3 inches in diameter; graffiti; stains. Needs patching and painting.
Carpets	**G**	New or nearly new; free of rips or stains. Does not need cleaning.
	F	Slight wear in traffic areas; moderate general soil, small stains. Needs routine cleaning.
	P	Large and or multiple burns, tears, stains. Carpet destroyed, requires replacing.
Floors	**G**	New or nearly new vinyl or tile flooring; wood floor recently refinished or repainted; free of defects.
	F	Slight wear, less than 5 small stains or tears, less than 5 damaged tiles; cleaning repair or touch-up needed.
	P	Multiple tiles damaged; multiple stains; replacement, repainting, refinishing needed.
Ceilings	**G**	Freshly painted; free of defects; all tiles in good condition; minor signs of wear, no repainting or repair needed.
	F	Small marks, water spots, or holes; 1or 2 tiles need replacing; needs patching and touch up.
	P	Major stains and/or holes; 3 or more tiles need replacing. Patching and/or repainting required.
Doors	**G**	Minor cosmetic damage to doors not affecting function or safety, appropriate locks operational.
	F	Interior doors off hinges but otherwise undamaged; minor damage, scratches and/or knicks to door frame.
	P	Exterior door unable to be secured; panels split or missing; excessive damage to door frame; locks destroyed.
Cleanliness		
	G	Free of trash and debris, appliances and bathroom fixtures clean, minor amount of cleaning upon move in required- "broom clean"
	F	Moderate amount of cleaning required, light trash and debris, less than one hour of cleaning required per room.
	P	Excessive trash and debris; in excess of one hour per room cleaning required throughout the unit.

For Office Use only:

Case/ Reference #_____ **Active PA** ☐ **One-Time Assistance** ☐

Pre-Tenancy Inspection Form received by BFNC on: _____

(Date)

☐ **Complete** – All required signatures present.

☐ **Incomplete**- BFNC returned to Landlord on _____ for completion.

Completed form received by BFNC on _____.

Distribution: Copy 1-BFNC Copy 2- Landlord Copy 3- Client/Tenant

Rental Supplement Program (RSP) Landlord Enrollment
Department of Social Services
Division of Family Independence | PA
B-5986 (4/2026)

BFNC
Buffalo Federation of Neighborhood Centers

Please return completed form within ten (10) days.

Client Name		
Client Address		Total # Bedrooms
Monthly Rent $	Time Period to	Approved Monthly Supplement $
Pro-rated Rent Amount $	Approved Back Rent Payments $	Approved One-time Security Deposit $
Landlord Name	Landlord Telephone Number	
Federal Tax ID#		
Address		
City	State	Zip Code

I the undersigned, agree to receive payments for Rental Supplement Program payments by paper check.

I attest I am the legal property owner or legally contracted owner representative to enroll this property into the Rental Supplement Program to receive monthly Rental Supplement Program payments and security deposits from the Buffalo Federation of Neighborhood Centers (BFNC) on the approved tenant(s) behalf.

By signing this document, I agree to accept the Rental Supplement Program payment toward the monthly rent indicated above for the stated time period.

Signature	Date
Printed Name	Title
Phone Number	Fax Number

Please return this completed form to:

Buffalo Federation of Neighborhood Centers
2365 Main Street
Buffalo NY 14214

Rental Supplement Program (RSP) Landlord Notice

Department of Social Services
Division of Family Independence | PA
B-5987 (4/2026)

BFNC
Buffalo Federation of Neighborhood Centers

Client Name	Client Address
Worker Name	Phone

New York State Rental Supplement Program (RSP) Status

☐ Approved, time period: _____ to _____

One-time Security Deposit: $_____ ☐ All other options have been explored

Monthly Supplement Amount: $_____

Pro-rated Amount: $_____

A rental supplement check will be issued monthly directly to the landlord within 60 days.

Back rent payments (90 days): $_____

Client's month rent contribution $_____

☐ Recertified, time period: _____ to _____

Monthly Supplement Amount: $_____

A rental supplement check will be issued monthly directly to the landlord within 60 days.

Client's month rent contribution $_____

☐ Supplement Change $_____ Effective: _____ to _____

☐ Discontinued, effective: _____

Reason:

Changes in household composition, rent, landlord information, and any other changes that may affect continued eligibility must be reported to the Buffalo Federation of Neighborhood Centers within 10 days of any change in information. Failure to report changes timely may result in a delay in payments and/or possible discontinuance.

Report changes to:

Buffalo Federation of Neighborhood Centers
2365 Main Street
Buffalo, NY 14214
(716) 852-5065
Email: dball@bfnc.org

Rental Supplement Program (RSP) Decision
Department of Social Services
Division of Family Independence | PA
B-5988 (4/2026)

BFNC
Buffalo Federation of Neighborhood Centers

(Client Name/Address)

(Landlord Name/Address)

Notice Date	SSN / CIN (if applicable)	Category ☐ Shelter ☐ SSI/SSD ☐ PA
Worker Name		Phone

Status

☐ Eligible, time period: _____ to _____
Eligible supplement amount cannot exceed: $_____

☐ Approved, time period: _____ to _____

☐ Supplement Change: $_____ Effective: _____

☐ Pro-rate Rent Total: $_____
One-time Security Deposit: $_____ ☐ All other options have been explored
Monthly Supplement Amount: $_____
Back Rent Payments (-) $_____

☐ Recertified, time period: _____ to _____
Monthly Supplement Amount: $_____

☐ Denied, reason:

☐ Discontinued, effective: _____
Reason:

To appeal the determination, contact BFNC within 3 business days.

☐ Appeal/review requested on: _____
Outcome:

The following is an explanation of how your supplement amount was determined:
Household's Gross Income, $_____ , is less than 50% of the Area Median Income: $_____
Household's Financial Contribution (30% of household's gross income): $_____
Current Rent: $_____
Supplements shall be provided until the household's income reaches 30% or more of their monthly rent. All supplements are rounded to the nearest dollar.

- A supplement check will be issued monthly directly to the landlord within 60 days.
- The supplement recipients will require an annual recertification.
- Changes in household composition, address, landlord information, rent, income and any other changes that may affect your continued eligibility must be reported to the Buffalo Federation of Neighborhood Centers within 10 days of any change in information. Failure to report changes timely may result in a delay in payments and/or possible discontinuance.
- A client may appeal this decision by contacting BFNC at the address or phone number below within 3 business days of the notice date.

Buffalo Federation of Neighborhood Centers
2365 Main Street NY 14214, (716) 852-5065 ext. 132

Rental Supplement Program (RSP) Application

☐ New
☐ Recert

Program:

Name	Date of Birth	SSN / CIN (if applicable)

Please list any other names known by	Do you own your own home or any other property? ☐ Yes ☐ No

Sex	Telephone Number	Email

Address	City	Zip Code

Mailing Address	City	Zip Code

Are you homeless? ☐ Yes ☐ No	If not homeless, do you pay rent? ☐ Yes ☐ No	Amount of rent paid, if applicable $

Is a Security Deposit required, if so, how much? ☐ Yes ☐ No $	Other funding sources pursued

Have you received RSP assistance with a Security Deposit previously, if so how much?

☐ Yes ☐ No $

Are you receiving any Rental Assistance? ☐ Yes ☐ No	If yes, list type of assistance and amount received $

Please list all persons residing with you

Full Name	Relationship	Birth Date	Age	Sex	SSN (if applicable)

Name of landlord	Landlord's phone number	Do you have a current signed lease? ☐ Yes ☐ No

Landlord's address

Is the Landlord willing to accept a supplement ☐ Yes ☐ No	Is anyone in your household pregnant? ☐ Yes ☐ No	If so, list due date

Is anyone in your household receiving SSI or SSD? ☐ Yes ☐ No	If so, list Person Receiving SSI/SSD	Amount Received $

B-5989 (4/2026)

Please enter ALL income sources for everyone in the household and total gross amount received per month. (Gross amount means before any taxes or deductions are taken out.)		
Income Source	Recipient Name	Gross Monthly Amount
Wages		$
Social Security		$
SSI/SSD		$
Child Support		$
Pension		$
Asset Income		$
Other, specify:		$

I hereby certify that all the information on this application is true and accurate to the best of my knowledge and that the income for all household members has been reported.

I authorize the Erie County Department of Social Services (ECDSS), Buffalo Federation of Neighborhood Centers (BFNC) and their staff to contact any individual, agency, office, group, or organization to obtain any information or materials, which are deemed necessary to complete my application.

I understand that I am responsible to notify the ECDSS and BFNC within 10 days of any change in information provided on this application.

Signature of Applicant	Date

RETURN YOUR COMPLETED APPLICATION TO:

Buffalo Federation of Neighborhood Centers
2365 Main Street
Buffalo NY 14214

Rental Supplement Program (RSP)
Consent for Release of Information
Department of Social Services
Division of Family Independence | PA
B-5990 (4/2026)

BFNC
Buffalo Federation of Neighborhood Centers

Name		
Address	City	Zip Code

I, the undersigned, hereby give my consent to the Erie County Department of Social Services to provide my contact and income information to the Buffalo Federation of Neighborhood Centers for evaluation of eligibility in the Rental Supplement Program supported by the Erie County Department of Social Services and delivery of services.

I, the undersigned, hereby give my consent to the Buffalo Federation of Neighborhood Centers to release information to Erie County Department of Social Services relating to the Rental Supplement Program, income verification and assessment process to determine program eligibility and for case management support upon enrollment into the Rental Supplement Program.

I understand these records will be shared between the parties listed above and may also include information pertaining to my presence and involvement in:

- appointments and attendance
- case dispositions, case reports and recommendations
- program discharge information and recommendations
- other, specify: _____

I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance on it.

I understand that signing this authorization is voluntary.

By signing below, I attest that I can read and write English. If not, I have had this read to me or been provided an interpreter and understand this release as it has been explained to me.

I understand that this permission may be revoked and understand that if this permission is revoked, it may not be possible to continue to participate in certain programs. I will be informed of that possibility if I wish to revoke this permission. I also understand that records disclosed before this permission is revoked may not be retrieved.

A COPY OF THIS AUTHORIZATION MAY BE USED IN LIEU OF AN ORIGINAL.

Client Signature	Printed Name	Date
Erie County Department of Social Services Representative	Printed Name	Date

This authorization expires twelve (12) months from its signing unless otherwise noted.

2026-2027 New York State Rental Supplement Program Plan

District:	Erie County
Program Administrator:	Erie County DSS / Buffalo Federation of Neighborhood Centers
Plan Contact Person(s):	Minnie James (EC) / Daysi Ball (BFNC)
Telephone:	716-858-7511/ 716-852-5065 x 132
Email:	Minnie.James@erie.gov / Dball@bfnc.org
Effective Date:	April 1, 2026 – March 31, 2027

Indicate whether the program will be administered using district mechanisms (e.g., direct administration or transfer of funds to county agencies) or by another public agency, contractor or non-profit organization. Administration of the RSP may be delegated in full or in part. Also indicate whether districts will coordinate with the local HUD-funded Continuum of Care, if applicable. If contracting out, please list the contact information for other individuals that OTDA may contact regarding the RSP.

Erie County contracts with the local non-profit agency, Buffalo Federation of Neighborhood Centers (BFNC), to administer the program.

The CoC is notified of clients who are approved to receive RSP assistance. With this coordination, the CoC is able to eliminate the chance for duplicative services and focus on clients who are not eligible for RSP for whom funding is not available.

Anticipated Number of Households to be Served (04/1/26-03/31/27): *243

RSP FMR Percentage to be used: _____85%_____

Include a table that includes the FY 2026 HUD 100% FMR, the 85% FMR calculation, the local cost share (if electing to reimburse above 85% FMR), household sizes and allowable number of bedrooms for each household size. An example is shown below and can be modified as needed.

FMR Buffalo- Cheektowaga- Niagara*							
Total Allocation	$3,874,658						
Admin 15%	$581,198.70						
Supplement Funds available	$3,293,459.30						
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom	Totals	avg monthly payment
Household size**	1	1 or 2	2 to 4	3 to 6	4 to 8		
FY 2026 FMR	$1,105	$1,139	$1,343	$1,640	$1,869		
85% of FMR	$939.25	$968.15	$1,141.55	$1,394.00	$1,588.65		
weight	0.10	0.30	0.30	0.20	0.10		
annual payment per type	$329,345.93	$988,037.79	$988,037.79	$658,691.86	$329,345.93	$3,293,459.30	
monthly	$27,445.49	$82,336.48	$82,336.48	$54,890.99	$27,445.49	$274,454.94	$1,129.23
number of indiv or families assisted per type	29	85	72	39	17	243	
* Source	https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2026_code/select_Geography.odn						
** depending on family makeup							

*243 estimate is based on FMR alone - as Erie County will allow arrears payments and application fees, fewer clients may be served.

Indicate if local funds will be used in addition to or separate from the district funded FMR increase above the 85% FMR shown in the chart above. Provide an explanation on why district funds would be used for the RSP in this instance.

Local funds will not be used to supplement the RSP program.

Describe the outreach mechanisms that will be used. Receipt of PA is not a requirement for determining eligibility for the RSP, but at least 50% of the supplements shall be allocated for households who are in shelter or experiencing homelessness at the time of application (unless sufficient demand does not exist for such households within a district).

Since excess demand exists for a Rental Supplement Program across many types of households and income situations, the need for outreach is minimal and handled in-house based on internal data. As a result of the limited number of recipients and the high demand, Coordinated Entry will not be used as an outreach mechanism.

Indicate the target population and prioritization (if any) of certain households (e.g., those with children under the age of six, single individuals, veterans, individuals and families experiencing domestic violence (DV) and non-DV victims of violence). Eligible participants include individuals and/or families, regardless of immigration status or PA eligibility, who are experiencing homelessness or facing an imminent loss of housing, including individuals and families with or without children.

Priority Group 1. The majority of referred clients are those currently in shelter for 30 days or more and placed by our Homeless Services team. These individuals or families are referred to our contracted agency by our Homeless Team Case Workers. While Erie County has sufficient demand for RSP in this category, the district generally does not have enough available housing. Permanent placement has been slow. Therefore, it is our intent to refer homeless clients for RSP while also shifting some focus to keeping at-risk clients housed. See adjustments in groups 2 and 3.

Priority Group 2. Supplements will be provided to renters in danger of eviction and/or homelessness. This referral group is focused on SSI/SSD recipients and older adults, age 60+. Referrals are also made directly from the SAEF program.

Priority Group 3. Supplements will be provided to renters receiving PA for more than 1 year and have earned income in their budget.

Other groups may be assisted as needs arise or presented to the program administrators.

Group 1 will be referred on a First Come, First Served basis beginning with the longest placements.

Referrals in group 2 will be referred as they present to Emergency Services or the Department of Senior Services for eviction assistance. These clients will essentially be clients with high risk of homelessness. We will assist with Rental Arrears, up to 3 months and provide RSP.

Referrals in group 3 will be made in date order of program involvement.

List any other established eligibility criteria and indicate how each criterion will be determined and documented. Include the following:

- **Will there be any health and safety standards regarding the housing that must be met prior to paying the supplement at a specific location?**

  Yes, a pre-tenancy inspection is required. See inspection document.

- **How will the district handle modifications (e.g., moves, rent increases, changes in household composition, etc.)?**

  All changes are to be reported to BFNC within 10 days.

- **Will the district pay for security deposits and/or rental arrears if there are no other available resources to assist?**

  Rental Arrears and Security Deposits may potentially be paid through the RSP for households approved to receive an ongoing supplement after other sources have been pursued.

    - Security Deposits may be paid by the RSP program. Each RSP recipient is eligible for one (1) security deposit upon initial enrollment into the program. If a recipient intends to move, Security Deposits are to be returned to the recipient and intended to be used on the next housing location.
        - In limited circumstances such as a medical need to break a lease, additional security deposits may be paid if the original deposit is lost through no fault of the client.
        - RSP funds will only be applied after all other forms of Security Deposit or Agreements are investigated.
        - Up to 3 months of rental arrears may be allowed to be paid in order to maintain housing.
        - Up to 3 application fees per client at $25.00 per application on average will be allowed to be paid through the RSP. Many Landlords/ Management Companies require a few to file an application. Any application fees will be paid directly to the landlord or management companies

- If a client leaves permanent housing and leaves it in such a condition that the security deposit is not returned, the client is not eligible for another security deposit.
- Breaking of leases for absent individuals
    - In the event of situations that an apartment is not occupied, such as incarceration, nursing home placement etc., and it cannot be determined if or when a participant will return to the community, RSP is discontinued after 2 months of absence. Every effort is made to contact, plan and coordinate a return date prior to the discontinuation

Indicate the payment mechanism (e.g., check, transfer of funds, etc.) and whether the supplement will be paid to the tenant or the landlord.

Payments are made by check to the landlord.

Indicate how the progress of those served in the RSP will be monitored. Reports that describe the progress of RSP activities and those served will be required on at least a quarterly basis. A report template will be provided. Minimally, reports must include the amount of rental supplement payments provided, the number of households served and certain demographic information including receipt of PA and household composition.

The contracted agency, BFNC, will complete the reports via the report templates provided.

Describe the process for reviewing and considering appeals of applications that are denied or have vouchers reduced/ended.

- Any voucher that is denied, reduced or ended may be reviewed upon request of the client.
    - Clients have 3 business days to appeal, and the agency will respond within 5 business days.
- The contracting agency reviews the denial for accuracy and conferences with the client.
    - Every effort is made to keep clients from homelessness.
- If disagreement remains, the contracting agency communicates the concern/dilemma with the local DSS district, Erie County, for clarity and resolution.
- The decision is relayed to the client via the contracting agency.

Indicate how fraudulent and/or cases determined to otherwise be ineligible will be handled, including the procedure for recouping funds, if necessary.

Ineligible households will receive a denial letter. Cases determined to be fraudulent will be closed and future rent payments stopped. Cases will be closed, and payments will be stopped within 10 days. Households are referred back to the DSS Homeless unit for follow-up.

To the fullest extent possible, RSP funding should not be used to supplement existing Shelter Supplement Programs. Districts who currently have an approved Public Assistance Shelter Supplement Plan (PASS) must indicate the following:

- **How will the RSP be different from the district's currently approved PASS Plan?**

- **How will participating households be distinguished?**

Erie County does not have any other Shelter Supplement Plan at this time.
A plan is being developed.

Provide any additional information regarding the RSP plan in the space below.

Erie County is very close to serving the estimated maximum of 243 households based on our allocation. The program will transition to a maintenance program and offer RSP vouchers only as other households drop off the program.

Attach the forms and/or notices <u>that were not initially approved by OTDA or that have been revised subsequent to approval</u> that will be used to facilitate the application and determination process and include a description of each below. When households requesting a supplement do not meet the criteria established by the district, the denial/discontinuance letter must support the decision by explaining the criteria and the district's decision. When a supplement is approved, an award letter must be provided to both the tenant and landlord and must detail the amount approved to be paid on a monthly basis and the months/term included. Appeals language must be added to notices that notify a household of a change in the rental supplement.

Forms/Notices	Description
B-5357RSP Pre-Tenancy Inspecti	This document is used as a checklist while inspecting client shelter.
B-5986 Rental Supplement Prograr	This document is used to enroll the landlord into the program and gain consent for RSP payment.
B-5987 Rental Supplement Prograr	This document is used to notify the landlord of the decision of the RSP for the tenant (i.e. approved, reauthorized, discontinued).
B-5988 Rental Supplement Prograr	This document is used to notify a client of the decision on their RSP application (i.e. eligible, denied, discontinued, appeal/review request).
B-5989 Rental Supplement Prograr	This document is used as an application and recertification for prospective RSP recipients.

B-5990 Rental Supplement Prograr	This document is used to provide consent for release of information.

Supplemental Program Proposal – Shared Housing

Erie County is in a position to create a pilot program that offers greater flexibility, serves more clients and provides greater financial freedom to our clients. There are several steps that are needed to get a program in place; many are already in place due to the nature of RSP.

Through our contracted agency we:

- have cultivated landlord relationships
- have a team of contracted case managers developing rapport with client and landlords
- understand the nature of the housing supply situation in Erie County
- know single room apartments are difficult to find and are often still too expensive to afford even with the RSP

We have heard from our clients that they are willing to consider a Shared Housing experience to exit their homeless situation sooner.

Barriers to address:

- Primarily we need to work with and educate landlords so that each of our clients has their own lease agreement to cover only their half of the rent. If residents move out, it will be the goal of the RSP to match another resident as quickly as possible.

Similar programs allowing Shared Housing

- HUD allows shared housing in the Housing Choice Voucher program, and all of the following Voucher Programs:

  Mainstream Voucher Program
  Stability Housing Program
  Foster Youth Independence Program
  ESG Voucher Program
  Veteran Administration's VASH and SSVF Programs
  Housing Opportunities for Persons with AIDS(HOPWA)

- CoC Coordinated Entry Programs including PSH and RRH allow shared housing.
- Loan Income Housing Tax Credit Projects also allow for shared housing when linked to mainstream or other voucher programs. Allowing RSP to offer Shared Housing aligns with these programs.

The addition of shared housing in RSP may open doors with the housing provider

community and provide more opportunities for permanent housing and financial flexibility to our residents

Shared Housing Proposal Update

While we remain committed to the cost-saving potential and long-term success of our shared housing model, implementation is currently delayed due to several challenges:

Funding: The Shared Housing model remains a worthwhile idea and solution to some homeless situations. The proposal was brought forth in November of 2024, partly in response to the difficulty the district had in finding permanent housing for single people and the resulting difficulty in using the entire RSP allocation. Upon approval of the RSP plan in late 2025, our RSP provider established greater landlord relationships, provided more subsidies to both single and family units and ultimately is at or near capacity for the number of subsidies that will be provided. Without an identified funding stream, the shared housing model and pilot will be difficult to start. We are committed to developing the model but the urgency is diminished.

Administrative Capacity: Our agencies (DSS and BFNC) are currently managing a high volume of core, complex cases which has limited our ability to focus on this initiative.

Next steps: We are continuing to explore this model and are working with the contracting agency to develop strategies to address operational gaps. We firmly believe this initiative is a viable solution to current housing costs and will provide further updates as milestones are met.

Generalized Shared Housing example situations for households without income

Two singles in a 2-bedroom apartment

Reasonable rent for a 2-bedroom apartment	$	1350.00
Per person split on a shared apartment	$	675.00
85% FMR for a 1-bedroom apartment	$	968.15
Shared apartment rent for 1 person if person was renting an apartment by themselves	$	(675.00)
RSP program monthly savings when an apartment is shared by two people vs separate rent monthly for apartments	$	(293.15)
In a shared housing situation for a 2-bedroom apartment at $1350 a month, the RSP program would pay $675 a month versus $968.15 a month for a cost savings of $293.15 monthly for RSP or $586.30 for RSP monthly for a savings of $7035.60 a year. This would allow the RSP to potentially assist another household.		

Generalized Shared Housing example situations for households with income

Two singles in a 2-bedroom apartment

Reasonable rent for a 1-bedroom apartment	$	1000.00
Client contribution ($1000/mo. income x 30% = $300 monthly contribution)	$	300.00
Remaining monthly rent to be paid by RSP	$	700.00
Reasonable rent for a 2-bedroom apartment split per person ($1,350.00 rent)	$	675.00
Client contribution ($1000/mo. income x 30% = $300 monthly contribution per individual)	$	300.00
RSP program monthly rent to be paid	$	375.00
RSP program savings per individual	**$**	**325.00**
RSP monthly cost when a 2-bedroom apartment is shared by two people	$	750.00
RSP monthly cost if 2 people with income each rent a separate 1-bedroom apartment	$	1400.00
Cost savings for the RSP if households share an apartment versus if they rent alone through the RSP	**$**	**650.00**
85% FMR for a 1-bedroom apartment	$	968.15

In a shared housing situation for a 2-bedroom apartment at $1350 a month, the RSP program would pay $375.00 a month versus $550 a month for a 1-bedroom rental for 1 person with a cost savings of $175.00 monthly for a household with income in a shared apartment situation for a savings of $2100.00 a year. A shared housing situation would also save RSP $650 monthly or $7800 a year. This would allow the RSP to potentially assist other households.

Questions and Answers:

We have been discussing your proposal for Shared Housing and have some additional questions for you to provide a response for. Please see the questions below.

- How will clients be identified for shared housing?
  It will be offered as an option. If RSP clients are interested in shared housing, we will work with them.

- Will separate leases be required?
  Yes

- How will disputes be handled?
  Our partner agency will address disputes when brought to their attention by either a client or a landlord

- How will tenants be matched and replaced?
  Through a matching criterion, we have tools made available to us by the shared housing institute. https://www.sharedhousinginstitute.com/
  A group from Erie County attended a national conference on shared housing, there are tools, guidance materials and more available.

- How will property damages be handled, if applicable?
  This is something to work through yet, we've briefly discussed it. There are a few options to consider but damage issues are a problem now that we work through as needed. A suggestion by the SH institute includes setting up a budget line that can be used for repairs. We'd need to identify funds

- What is the anticipated interest in this program from both clients and landlords?
  Significant. Nationally it has proven to be of interest when offered. Locally, our RSP partner has indicated interest from clients in having a roommate.

- Will this be for single individuals only?
  Yes

- Will clients eligible for this component face any barriers to finding housing elsewhere?
  If they can/want to find other housing options, they are not limited in any way by us to do so

- Is there a case management piece to ultimately move them to their own permanent housing?
  If continuing in RSP, clients always have the program staff to assist as needed. However, shared housing is not intended to be a steppingstone to their own permanent housing. A shared living situation could be the permanent solution. If, however, a client achieves a higher income/ self-sufficiency they can absolutely move on to a different housing situation. Its person centered and all about their choice.

- How will each client's contribution from income be determined when the household is considered to be one household?
  If 2 clients share a two-person home, they will each be eligible for a rental supplement up to 85% FMR for a single household. In most if not all cases, 85% of a single household (x2) will be more than the FMR of a two-person unit. RSP would only pay up to the FMR of the two-person unit. The net result will be that each single person will have a lower cost than if they were in their own apartment. If one person from one or both of the single households has income, they are required to pay 30% of their total monthly household income towards the monthly rent.

- What will the process be when one household does not pay their contribution amount?
  The person that does not pay their client contribution monthly towards the monthly rent, will be faced with program termination, and another participant will be found to rent the shared housing apartment in their place.

  If successful with the RSP clients we could offer a wider, non -RSP, program to help solve the homeless situation here in Erie.

- Do you have specific housing identified for this program and are the landlords willing to participate in this program?
  Not yet. It will take some work, but our RSP provider has good landlord relationships that we will need to build the program.

- What happens if you don't have someone to fill a spot for one apartment? Who pays the other half of the rent for that empty spot? This will be part of the landlord agreement and relationship. We will work with them to understand they will have separate leases and will get ½ from each client. Re-placing into these situations will be a priority.

Check out https://www.sharedhousinginstitute.com/

LDSS-3815 (Rev. 10/25)

Request for an Additional Allowance and/or Other Help by a Temporary Assistance Recipient

Case Name: _____ Case Number: _____

Address: _____

Phone Number: _____

To request a Temporary Assistance allowance or other help for a specific situation, **check all that apply**.

☐ Restaurant or Home-Delivered Meals Allowance because I cannot prepare meals at home.
☐ Pregnancy Allowance
☐ Birth Allowance for Beginning Year (BABY)
☐ Moving Expenses
☐ Rent Security Deposit or Agreement
☐ Brokers' or Finders' Fees
☐ Storage of Furniture and Personal Belongings
☐ Repair of Essential Household Appliances
☐ Property Repairs
☐ Payment of Overdue Rent
☐ Payment of Overdue Mortgage and/or Property Taxes
☐ Purchase or replacement of furniture and Other Household Items

Child Care Assistance because (choose one):

☐ I am working.
☐ I am under 21 and want to get a high school equivalency diploma.
☐ I want to attend work-related training required by the social services district.
☐ I am sick or incapacitated and cannot care for my children.
☐ Other (please describe): _____
_____

For Worker Use Only:

List the documentation the client submitted to support their request:

_____
_____
_____

Client's Signature: _____

Date: _____

Worker's Signature: _____

Date: _____