

2026-2027 New York State Rental Supplement Program Plan

District: Sullivan County

Program Operator: Department of Social Services

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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.

The program is administered by the local district. We coordinate with the local Continuum of Care, which assists us in avoiding a duplication of benefits with other supplemental programs that exist in our County. Since we administer a shelter supplement program for the Safety Net population and a shelter supplement for families under our FFFS plan, it fits our plan to administer this program as well.

Anticipated Number of Households to be served (04/1/25-03/31/26): 70

RSP FMR Percentage to be used: 85%

Include a table that includes the FY 2025 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.

Household Size	Allowable Number of Bedrooms	100% FY2025 HUD FMR	85% FY2025 HUD FMR State Reimbursed	Max Supplement Amount	District Funded Amount
1-2	0	\$945	\$803	\$803	\$142
1-3	1	\$1,039	\$ 883	\$883	\$156
3-5	2	\$1,223	\$1,040	\$1,040	\$183
3-8	3	\$1,714	\$1,457	\$1,457	\$257
4-12	4	\$1,821	\$1,548	\$1,548	\$273

Describe the outreach mechanisms that will be used. Receipt of TA 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).

Sullivan County works closely with our local Continuum of Care (CoC) members and discuss referrals through the monthly Coordinated Entry meetings. 90% of our allocation will be used to serve households who are currently in temporary emergency housing. Currently, we are housing 307 individuals in temporary emergency housing. This total is comprised of 159 individuals and 46 families.

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 TA eligibility, who are experiencing homelessness or facing an imminent loss of housing, including individuals and families with or without children.

The target population includes any household currently in temporary emergency housing with a focus on families. Other households to be served include recipients of social security benefits, chronically homeless, and victims of domestic violence. The rental supplement will be available until funds are exhausted.

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?**
- **How will the district handle modifications (e.g., moves, rent increases, changes in household composition, etc.)?**
- **Will the district pay for security deposits and/or rental arrears if there are no other available resources to assist?**

We will require a lease or lease agreement. If the household is unable to obtain one, we will accept the Shelter form included in the packet.

We coordinate with local code enforcement to ensure that there are no code violations or health and safety concerns and where applicable obtain rental permits for the rental location.

If a case becomes ineligible for the rental supplement under this program due to a change in household composition, income, rent increase, or other significant change, we will meet with them to evaluate their situation, and the rental supplement may be discontinued. The rental supplement will be discontinued if a client moves out of the local district. If a third-party contributor reduces or increases their contribution to the household, the circumstances will be examined, and the rental supplement will be reevaluated.

Sullivan County Rental Supplement Plan will be paying arrears for a three-month maximum if they had an emergency situation, for example car repair, lost job. We will not be paying arrears for clients who are moving to a new apartment.

Sullivan County Rental Supplement Plan will pay one month security to move into a new apartment but it is not to exceed one month of the rental cost.

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

The payments are made via check directly 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 TA and household composition.

Sullivan County uses the database that we have created. Sullivan County has been using this database for the past few years, this system is working very well for Sullivan County. Sullivan County uses this data base to track the rental amount we are paying for each client. The spreadsheet is used by our accounting department and the housing unit. Sullivan County will now project the yearly amount needed for every client.

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

If a client disputes a decision, they may request an appeal to try to resolve the dispute. In order to do this, they MUST contact the Sullivan County Dept. of Social Services office in writing or verbally within 30 calendar days of the date of the letter they receive. If they request an appeal verbally, they MUST speak with staff to confirm that their request has been received. If they contact staff by phone, they MUST leave a voicemail and include a working callback phone number. If they do not request an appeal within the thirty (30) day period, they will have waived their right to dispute the termination and will no longer receive housing assistance from the agency.

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

We will make a referral to our Special Investigations Unit for further investigation. If there is a need to recoup funds, we will work with our SIU and Accounting department to set up a claims account to pursue repayment.

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 (PASS) Plan must indicate the following:

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

This program will primarily serve our homeless families, social security recipients, victims of domestic violence, and others housed in temporary emergency housing, not eligible for any other rental supplement program. Our other supplement program recipients have to be TA eligible unlike this plan. The agency will run a report to determine who is receiving a shelter supplement from another plan to ensure that those clients are not enrolled into this plan.

Attachment B

If a household could be eligible for multiple supplement programs, we will determine which one would be most cost effective and enroll them in that one.