2024-2025 New York State Rental Supplement Program Plan

District:	
Program Operator:	
Contact Person(s):	
Telephone:	
Email:	
Effective Date:	
Indicate whether the program will be administered using district mecha administration or transfer of funds to county agencies) or by another purcontractor or non-profit organization. Administration of the RSP may be or in part. Also indicate whether districts will coordinate with the local H Continuum of Care, if applicable. If contracting out, please list the contact the individuals that OTDA may contact regarding the RSP.	ublic agency, e delegated in full HUD-funded
Anticipated Number of Households to be Served (04/1/24-03/31/25):RSP FMR Percentage to be used:	

Include a table that includes the FY 2024 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% FY2024 HUD FMR	85% FY2024 HUD FMR State Reimbursement	Max Supplement Amount	District Fund Amount
1	0				
1	1				
2	1				
3	2				
4	2				
5	3				
6	4				

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).

Attach the forms and/or notices that were not initially approved by OTDA or that have been revised subsequent to approval 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.
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.
List any other established eligibility criteria <u>and indicate how each criterion will be</u> <u>determined and documented.</u> 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.)?