Community-Based Housing Subsidy Program Quarterly Income and Expense Verification Form Guidelines

Quarterly Income and Expense Verification Reporting

A system for Quarterly Income and Expense Verification reporting can be available to support agencies at the discretion of the regional Community-Based Housing Subsidy Program Liaison. The income and expense verification report will only need to be submitted once a quarter. If there are three individuals living at the same approved location, please reach out to the regional Community-Based Housing Subsidy Program Liaison for more details on reporting. Agencies or individuals who have successfully followed the monthly reporting system will be considered.

The basic requirements to qualify for quarterly reporting are as follows:

- Agencies that submit for multiple participants will have one agency contact person who will be available for monthly contact with Regional Community- Based Housing Subsidy Liaison
- Participants have earned and unearned entitlements income that does not fluctuate significantly from month to month. (A change of more than $100/month in income may be considered significant and must be reported immediately).
- Participants are on or are working towards arranging budget plans for utilities

Quarterly reports do not require back-up documentation for monthly bills or proof of earned and unearned income to be submitted to the Community-Based Housing Subsidy Program Liaison, however, providers must keep this information on record. The amount an individual receives is based on the quarterly report and will not change during the quarter.

If there are periodic bills such as oil and lawn care, a copy of each bill must be submitted immediately upon receipt. The additional costs will be used to adjust the next quarterly subsidy amount to ensure the individual has the funds to pay the bill, if needed.

To ensure the individual receives the appropriate subsidy amount, any significant transitions must be reported to the regional Community-Based Housing Subsidy Program Liaison. Monthly communication will be arranged with the regional Community-Based Housing Subsidy Program Liaison.

Examples of significant transitions are:

- Pending plans to change the current living arrangement
- Individual moves out of Community-Based Housing Subsidy Program approved location
- A change in the number of roommates at a residence
- The individual's earned income changes due to gaining or ending employment
- The individual's unearned income increases or decreases significantly

- The individual becomes eligible for or loses eligibility for MED-Connect Medicaid

If a subsidy is over- or underpaid due to inaccurate or delayed income/expense reporting, adjustments will be made in the next payment cycle after the discrepancy is identified.

The Community-Based Housing Subsidy Program is subject to random audits from DDS Internal Audit or other state agencies. Therefore, it is a requirement for the agency or Employer of Record to maintain and make available upon request the following documentation:

- Monthly bank statements
- COLA letters from Social Security
- DSS award letters
- Documentation of earned income for each quarter
- Copies of all utility bills covered by the Community-Based Housing Subsidy Program

If the requirements of quarterly reporting are not or cannot be followed, based on the discretion of the Regional Community-Based Housing Subsidy Program Liaison, individuals will be required to returned to the monthly reporting system.

Submission

Quarterly reports are due on or before the 10th of the last month of the quarter. (March, June, September, and December).

If required documents are not yet available at the time of reporting, please notify the Liaison and submit the documentation as soon as it becomes available. Incomplete reports may delay processing of the subsidy.

Submit all required documents together via fax or the email provided by the Regional Community-Based Housing Liaison. Please include a cover sheet.

DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY BASED HOUSING PROGRAM
QUARTERLY REPORTING

Agency:				**Submit Month:**	
Address:				**Total Rent:**	
Month	**Electric**	**Gas**	**Oil**	**H2O/Sewer**	**Other**
Average:					

Individual's Name:					
Month	**SSD/SSA**	**SSI**	**DSS Cash Assistance**	**Gross Wages**	**Other**
Average:					
Assets over $1,600.00 ☐ **Y OR** N ☐					

Individual's Name:					
Month	**SSD/SSA**	**SSI**	**DSS Cash Assistance**	**Gross Wages**	**Other**
Average:					
Assets over $1,600.00 ☐ **Y OR N** ☐					

Individual's Name:					
Month	**SSD/SSA**	**SSI**	**DSS Cash Assistance**	**Gross Wages**	**Other**
Average:					
Assets over $1,600.00 ☐ **Y OR** N ☐					

Comments:			
Completed By:		**Date:**	