

Indiana COVID-19 Rental Assistance Program

In response to the financial challenges during the pandemic, IHCD has implemented the Indiana COVID-19 Rental Assistance Program, made possible by an allocation from Indiana’s CARES Act Discretionary Funding to help those Indiana renter households whose income has been adversely affected by COVID-19. The goal of this program is to increase housing stability for Indiana renters. IHCD is looking for Public Housing Authorities, Community Action Agencies, and Township Trustee Offices to act as Participating Providers for the program.

Participating Provider Roles and Responsibilities

As a Participating Provider your organization will be responsible for processing applications from renters in your community by completing the following tasks:

- Collecting and uploading landlord and applicant information and performing data entry into an IHCD database
- Reviewing lease addendums, direct deposit forms, Unemployment Insurance documentation, and leases for completeness and accuracy
- Moving applicants into an “approved for payment” status once all required documentation is submitted and verified

Participating Provider Benefits

- For each applicant that is approved the Participating Provider will receive a \$40 administrative fee from IHCD
- Participating Providers will primarily serve applicants that live in their communities
- Participating Providers will work with IHCD to increase or decrease their application load based on their capacity

Public Housing Authorities, Community Action Agencies, and Township Trustee Offices that are interested in becoming a Participating Provider should fill out the attached registration of interest form. Once IHCD receives your registration of interest form, IHCD will contact you to provide more information about the program and the Participating Provider Agreement.

We encourage and support the nation’s affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.



Registration of Interest for COVID-19 Rental Assistance

Program Participating Provider

IHCDA is seeking Participating Providers to assist in the administration of the COVID-19 Rental Assistance Program, created in response to the COVID-19 pandemic. As a Participating Provider, your agency will be responsible for the following tasks:

1. Collecting copies of leases, ACH forms, and other documents submitted by applicants and landlords
2. Calculating and completing information included in lease addendums and securing signatures from tenants and landlords
3. Entering related data and payment information in an online platform
4. Moving applicants into approved for payment or denied stage within two business days of receiving all required documents from the landlord and tenant
5. Providing tenants and landlords with customer support throughout the application process

IHCDA will pay Participating Providers a \$40 administrative fee for each application that is processed and approved for payment. By completing and submitting the information below, you are acknowledging that you have reviewed these responsibilities and have the capacity to fulfill all roles of a Participating Provider. Once completed, this form should be sent to RAF@ihcda.in.gov.

Agency Name: _____

Point of Contact Name: _____

Email: _____

Phone: _____

Estimated number of applications your agency can process in a week: _____

Signature

Date