

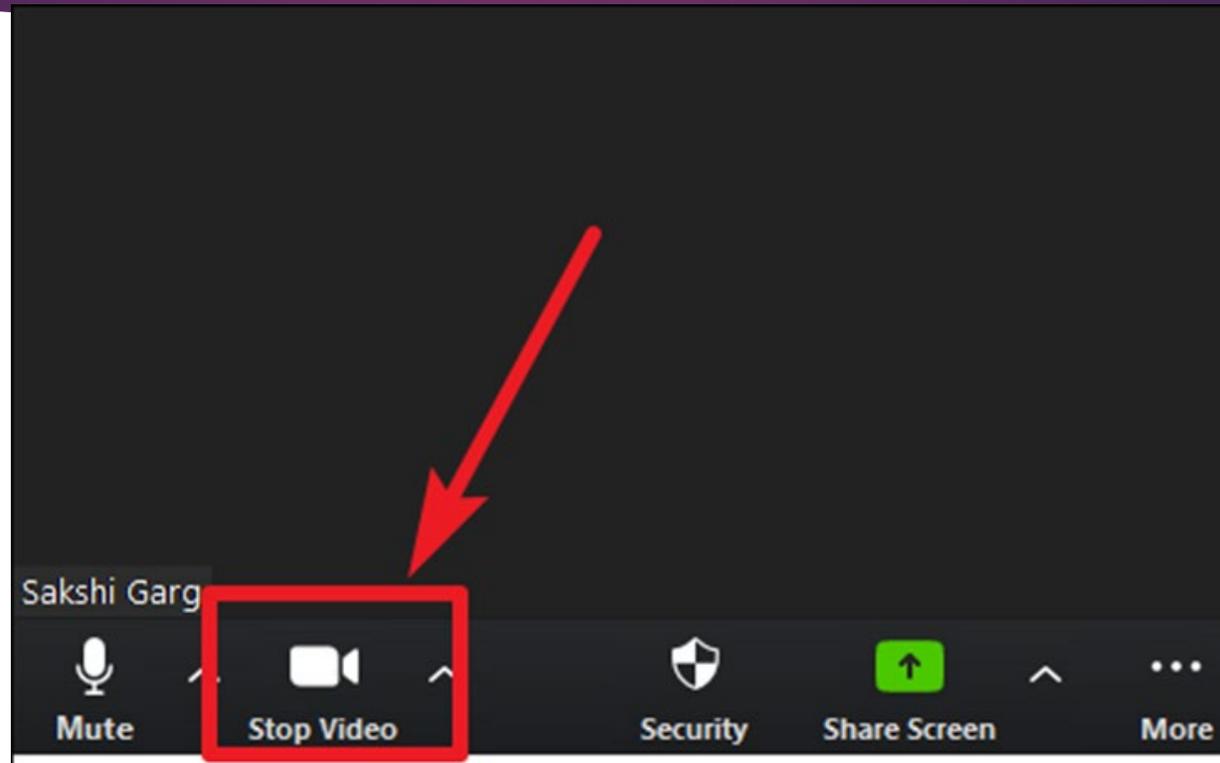
RAPID REHOUSING/TICKETING SYSTEMS TRAINING

ADVANCING CONNECTICUT TOGETHER (ACT)
FINANCE DEPARTMENT

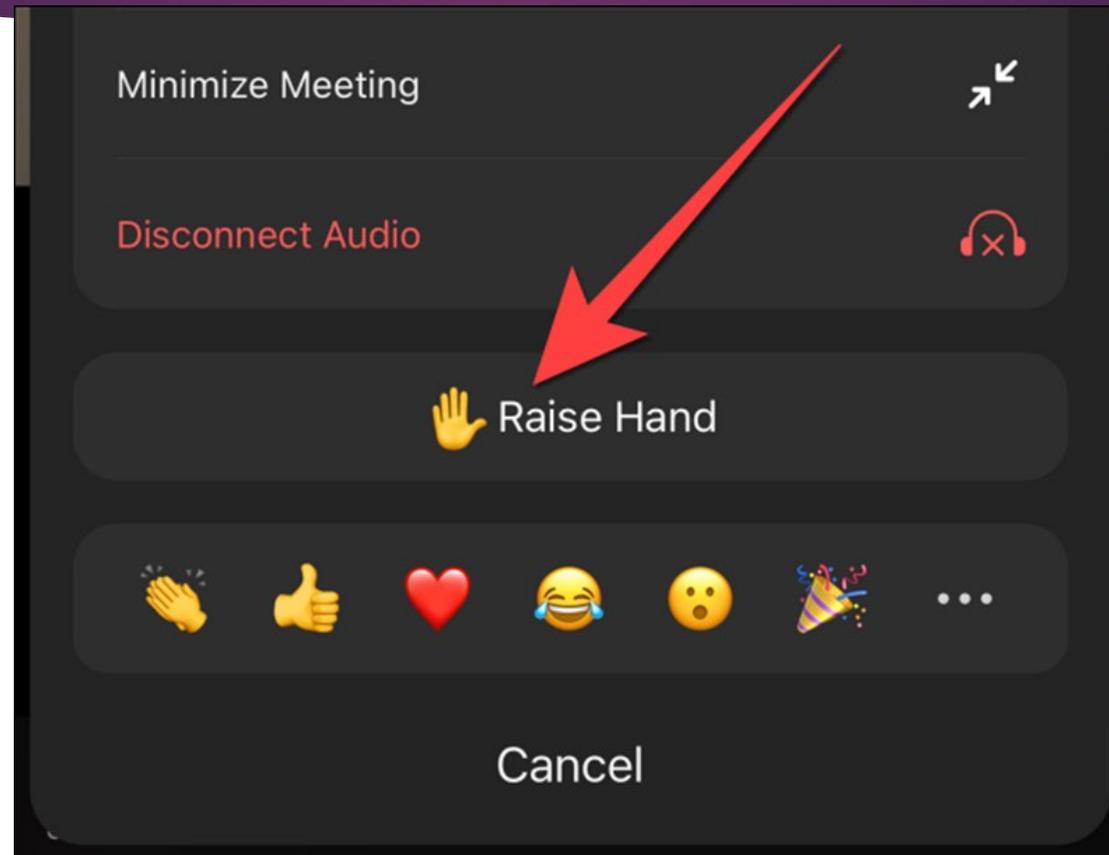


Advanci
Connect

Please turn your cameras on (if possible).
We want to make sure everyone is present
for this discussion



All questions/comments are welcome and encouraged. Please raise your hand and your question/concern will be addressed.



Meet The Team

- ▶ Ismael Colon- Chief Operating Officer
- ▶ Candra Quetant- Accounting Specialist/RRH Coordinator
- ▶ Jill Menard- Accounting Specialist
- ▶ Maria Diaz- Rapid Rehousing Assistant
- ▶ Lakiesha Leonard- Rapid Rehousing Assistant
- ▶ Shamia Cannon- Rapid Rehousing Assistant



PROCESSING TIMELINE

1. Case Manager submits a rental request to **community_assistance@act-ct.org**
2. ACT team member assigns RRH ticket to a processor for review
3. Processing timeline begins (Requests can be placed in an assigned, approved, pending, or rejected status)
4. Updates are given via email (through the ticketing system) to update Case Manager on the current status
5. Once the rental request is approved a check is uploaded to the client's file in HMIS, the ticket is marked as check cut, and an email notification is sent to the Case Manager.
6. Submission is closed and the FSR is released. The status of the FSR will be changed from Pending Approval to Approved (in HMIS)



Rapid Rehousing Fund Request Form

- Everyone should be using the most updated document.
- Upload the completed document in your client's HMIS profile (files and documents section)
- This document should indicate if the rental request is an initial, ongoing, recert, etc.
- If the payments go beyond 12 months please provide the necessary documents (i.e. exception form, Inspection form, and recertification)

Rapid Re-Housing Fund Request Checklist

To request rental assistance payment:

- 1) Complete Financial Service Request in HMIS
- 2) Use the attached checklist to upload Supporting Documents to HMIS
- 3) Email community_assistance@act-ct.org to submit ticket. Do not send documents via email.

Initial Request
 Monthly Request _____ **Month/Year**
 3 Month Recertification
(Month / Year)
 Annual Recertification
 Rapid Exit

Agency Submitting Request **ACT** _____

Funding Source
 CoC
 YHDP
 ESG
 CSSD Pre-Trial
 CSSD Probation
 ARPA
 Project Longevity (PL)

Month # _____ (Prorated 1 2 3 4 5 6 7 8 9 10 11 12 **13** 14 15 16 17 18 19 20 21 22 23 24)

Prorated Rent: For move-ins on the 15th of the month and later, please write "Initial Pro-Rated" next to Month # and then the following month will be Month #1. This is for rent calculation purposes only. A tenant will receive 100% rental assistance for the pro-rated month and month 1. For the YHDP rental calculation, the tenant will receive up to 80% of rent financial assistance for the pro-rated month and for months 1-3. For move-ins that were on the 2nd-14th of the month, if the final lease payment is a pro-rated partial month, please note that next to the month #.

Reminder: Exit planning begins before the participant is housed with the expectation that the participant will move on from the program within the initial 12 month lease term. Recertification should be completed in the third month of receiving rental assistance and submitted with the month 4 request and then again in the sixth month and submitted for month 7 and so on – recertifying every 90 days as applicable. Rental assistance beyond 12 months requires an approved exception form, annual HQS inspection, recertification, and other listed forms to be submitted for month 13. Rental/utility assistance cannot exceed 24 months.

Household Composition

HMIS ID (HoH Only)	Name	Relationship to Head of Household	Sex	DOB
123456	Jane Doe	Head of household	F	01/01/200

Confirmation:

- Landlord contact information and address as listed in HMIS Financial Service Request is correct.
- HMIS Financial Service Request in HMIS is complete and accurate (funding amounts match rental/utility calculation tool).

Rapid Rehousing Fund Request Form Continued.

- The funding source and the type of request needs to be selected and the amount requested needs to be listed.

Rapid Re-Housing Fund Request Checklist

Funding Source - CoC YHDP

Rental Assistance **Amount Requested:** \$ _____
 Rental Assistance is expected to be on-going

Security Deposit Assistance (2 months max; 1 month if 62 yo+) **Amount Requested:** \$ _____

Property damage payment **Amount Requested:** \$ _____

Utility Assistance (on-going utility allowance as applicable/not arrearage) **Amount Requested:** \$ _____

Funding Source - ESG CSSD ARPA PL

Rental Assistance **Amount Requested:** \$ _____
 Rental Assistance is expected to be on-going

Rental Arrears (one time up to 6 months, including late fees) **Amount Requested:** \$ _____

Security Deposit Assistance (2 months max; 1 month if 62 yo+) **Amount Requested:** \$ _____

Rental Application Fees **Amount Requested:** \$ _____
 ___ Lease indicating rental application fees **OR** letter from landlord documenting rental application fees

Moving Cost Assistance (3 months max storage) **Amount Requested:** \$ _____
 ___ Truck rental quote/bill, **AND/OR** ___ Storage fee quote/bill, **AND/OR** ___ Moving co. quote/bill
 W9 Form HMIS Release of Information

Utility Assistance (on-going utility allowance as applicable) **Amount Requested:** \$ _____

Utility Arrearage (up to 6 months of arrearage/must provide documentation of monthly amount) **Amount Requested:** \$ _____
 ___ Household member name on account or other proof of responsibility

(CSSD & PL Only) Other expense as approved by DOH **Amount Requested:** \$ _____
 Description of Expense _____

RRH Checklist

- Initial request
- Ongoing request
- Recertification Request

If you are not sure what documents to use, please use the link below to make sure you are using the most updated document.

<https://www.ctbos.org/resources/>

Rapid Re-Housing Fund Request Checklist

Attach and upload to HMIS the following forms to the completed housing fund request form. Check the boxes.

<input type="checkbox"/> Initial Housing Request		<input type="checkbox"/> Monthly Rental Assistance Request	<input type="checkbox"/> Re-Certification (Completed within 90 days of Move-in date & every 90 days thereafter)
<input type="checkbox"/> (19) – Fund Request Form	<input type="checkbox"/> Income Verification* or (15) Zero Income Affidavit	<input type="checkbox"/> (19) – Fund Request Form	<input type="checkbox"/> (19) – Fund Request Form
<input type="checkbox"/> (0) - HMIS Release of Information	<input type="checkbox"/> Utility Company Account Information (if applicable) and (13) – Utility Payment Permission (CoC/YHDP only)	<input type="checkbox"/> (25A / 25B) Rental/Utility Calculation Tool	<input type="checkbox"/> (20) - Recertification form
<input type="checkbox"/> (1A) - Documentation of Homelessness	<input type="checkbox"/> (25) –Rental/Utility Calculation Tool**	<input type="checkbox"/> Income Verification* or (15) Zero Income Affidavit (only required if over \$40 decrease)	<input type="checkbox"/> (7) – Updated Housing Stabilization Plan or equivalent
<input type="checkbox"/> Date of Birth Documentation (all household members age 18+ on the subsidized lease) (YHDP Only)	<input type="checkbox"/> Proof of Property Ownership	<input type="checkbox"/> Property Damage Documentation (if applicable)	<input type="checkbox"/> Income Verification* or (15) Zero Income Affidavit
<input type="checkbox"/> (6) - Participant Docs Received Checklist	<input type="checkbox"/> Lease		<input type="checkbox"/> Utility Company Account Information (if applicable) and (13) - Utility Payment Permission (CoC/YHDP only)
<input type="checkbox"/> (7) - Housing Stabilization Plan or equivalent	<input type="checkbox"/> (16) - Rental Assistance Agreement**		<input type="checkbox"/> (25) – Rental/Utility Calculation Tool
<input type="checkbox"/> (8) - Rent Reasonableness Form	<input type="checkbox"/> (16A) - VAWA Lease Addendum		<input type="checkbox"/> (21) - Exception Form (required if beyond 12 months rental assistance)
<input type="checkbox"/> (9) -HQS Inspection	<input type="checkbox"/> (18) - Property Owner W-9 Form		<input type="checkbox"/> Property Damage Documentation (if applicable)
<input type="checkbox"/> (11) - Lead Disclosure Form	<input type="checkbox"/> (18) - W-9 form for utility reimbursement, if applicable		<input type="checkbox"/> If approved to renew at annual, also need: <ul style="list-style-type: none"> • (9) – HQS Inspection • Lease • (16A) VAWA Lease Addendum • (8) Rent Reasonableness Form • (16) Rental assistance Agreement (if there are changes)

*See (Form 14) – Accepted Forms of Income Verification.

** Doesn't apply to Rapid Exit

Rapid Rehousing Fund Request Form

Fund Request Signatures

Must be signed by **both the Case Manager and Supervisor**

If the **Supervisor** submits the request, **only their signature** is required

Rapid Re-Housing Fund Request Checklist

By signing this form, Case Manager and Supervisor certify that there is no conflict of interest between agency, client, and landlord/rental agency. They also confirm that the necessary documentation has been submitted in HMIS (see checklist on page 4). In addition, Supervisor has reviewed and approved requested amounts in HMIS.

Name of Case Manager: Jane Doe Agency: ACT

Phone: 860-123-4567 Email: JaneDoe@gmsil.com

Jane Doe 10/25/25
Signature of CT-RR Case Manager Date

Jane Doe 10/25/25
Signature of Supervisor (or authorized individual) Date

Poll:



Financial Service Requests (FSRs)

- FSRs need to be completed before submitting a rental request via the ticketing system.
- Property owner information, mailing address, etc. needs to match the information you submit on a rental request application.
- Enrollment, account name and provider must always match.



Common Errors (FSR_s)

- ▶ The reference line needs to mention the month, year, and type of request (security deposit, ongoing, utility).
- ▶ If/When the property is under new management, a new W-9, VAWA, Rental Agreement, and FSR need to be submitted to HMIS.
- ▶ Please be sure the account name and provider match on the FSRs. If they do not match, please ensure the client is enrolled in the correct program and you are working under the correct HMIS role.



Identifying Common FSR Errors



View Service Request Form (ID 1000001388)

First Name: John

Last Name: Doe

A

Requesting Service From

Enrollment: DOH-Project Longevity-Hartford Prevention(HP)(DOH)-DOH Project Longevity HP 07/14/2023

Client ID: 124369

Status: Referral

Account Name: DOH Project Longevity HP

Service: Utility Assistance

Provider: New Reach- New Haven RRH (CT083)

Additional Service:

Refer to Person:

Referral Date: 06/23/2025

Payment To

Referring to: 29 Oak Open LLC

Address: P.O Box 22331

Address 2:

Zip Code:

City: HARTFORD State:

Request Information

Reference: 25-July- 124369-JD

Reference Date: 06/23/2025 Due Date:

Quantity: 2.00

Unit Rate: 1145 Requested Amount: 1145.00

Authorized By:

Pledge Information

Pledge Date: 06/23/2025

Pledge Amount: 0

View Service Request Form (ID 1000001388)

First Name: John

Last Name: Doe

B

Requesting Service From

Enrollment: DOH-Project Longevity-Hartford Prevention(HP)(DOH)-DOH Project Longevity HP 07/14/2023

Client ID:124369

Status: Pending Approval

Account Name: DOH Project Longevity HP

Service: Rental Assistance

Provider: DOH Project Longevity HP

Additional Service:

Refer to Person:

Referral Date: 09/26/2025

Payment To

Referring to: 29 Oak Open LLC

Address: P.O Box 261053

Address 2:

Zip Code: 06126

City: HARTFORD State: CT

Request Information

Reference: October Rent 2025- JD

Reference Date: 09/26/2025 Due Date:

Quantity: 1.00

Unit Rate: 1145 Requested Amount: 1145.00

Authorized By:

Pledge Information

Pledge Date: 09/26/2025

Pledge Amount: 0

Poll:



FSR Completed
Correctly

View Service Request Form (ID [REDACTED])

First Name: John Last Name: Doe

Requesting Service From

Enrollment: ✓ DOH-Project Longevity-Hartford Prevention(HP)(DOH)-DOH Project Longevity HP 07/14/2023 Client ID:124369
Status: ✓ Pending Approval Account Name: DOH Project Longevity HP
Service: ✓ Rental Assistance Provider: DOH Project Longevity HP
Additional Service:
Refer to Person:
Referral Date: 09/26/2025

Payment To

Referring to: 29 Oak Open LLC
Address: P.O Box 261053 Address 2:
Zip Code: 06126 City: HARTFORD State: CT

Request Information

Reference: October Rent 2025- JD Reference Date: 09/26/2025 Due Date:
Quantity: 1.00 Unit Rate: 1145 Requested Amount: 1145.00
Authorized By:

Pledge Information

Pledge Date: 09/26/2025 Pledge Amount: 0

W-9

- The Name/Business Name and address on the W-9 must exactly match the information listed on the FSR.
- Only one tax identifier can be listed.
- Use either an individual's SSN (Social Security Number) or a business's EIN (Employer Identification Number)- not both-when submitting a rental payment.
- If there is a change in property ownership or address, a new W-9 must be submitted.
- The new form must include the updated property owner's information and needed documents.

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.																	
▶ Go to www.irs.gov/FormW9 for instructions and the latest information.																			
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.																			
2 Business name/disregarded entity name, if different from above																			
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.																		
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____																		
		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>																	
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)																	
6 City, state, and ZIP code																			
7 List account number(s) here (optional)																			
Part I Taxpayer Identification Number (TIN)																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																			
		Social security number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">-</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">-</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>					-				-								
				-				-											
		Or Employer identification number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;">-</td> <td style="width: 25px;"> </td> </tr> </table>											-						
										-									
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																			
Part II Certification																			
Under penalties of perjury, I certify that:																			
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.																			
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.																			
Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____																	

Submitting Tickets

****Submit only ONE email submission per rental request****

1. Submit requests to community_assistance@act-ct.org
 - a. Subject Line = HMIS ID - type of Application (Initial, Ongoing, Recert, UTL) - Month of assistance - Year **(e.g. HMIS I.D 12345 ongoing Jan 2024)**
2. ACT team member assigns RRH ticket to the processor.
3. You will receive a confirmation email that your submission has been received and a ticket number will be automatically generated.
4. Utility requests should be submitted separately on their own ticket. Any ticket with both UTL and rent will not be accepted. If there are multiple UTL's please note that in the subject line.



Application Statuses

Approved and submitted to finance for payment processing (no errors):

- ▶ When your submission has been reviewed and approved, you will receive an update that your submission has been forwarded to our finance department.

If pending (errors/missing information):

- ▶ If your submission is pending you will receive an email detailing the information needed to complete the application. (e.g. for example, TIN mismatch, Missing paperwork, additional clarification, HMIS ROI release, etc.)
- ▶ You will receive a systematic email every 48 hours until the information has been received.
- ▶ Case managers are responsible for uploading documents to HMIS, **and** notifying ACT staff when a pending issue has been resolved.

Rejected Applications:

- ▶ If a team member identifies an incorrect subject line (no HMIS ID/month/year/type of application), your ticket will be rejected and a new ticket will need to be submitted.
- ▶ If a duplicate ticket is created it will be rejected. Do not respond to rejected tickets.



UTILITIES

When submitting a utility request be sure to include:

- ▶ The Utility Funds Request
- ▶ Utility Calculation Sheet
- ▶ Invoice of the utility bill with the account number clearly listed
- ▶ Payment address and FSR address need to match each other and the UTL bill
- ▶ On the reference line indicate Month, Utility, and year(e.g. Utility May 2025)
- ▶ CoC/YHDP Utility Participant Agreement
- ▶ If the client opts out of RRH paying the utility company - they would need to provide a W9 to be paid directly. The client will receive a 1099 if they receive funds over \$599.00
- ▶ **Please note:** Utility requests must be submitted separately on their own ticket. Any ticket that includes both utilities (UTL) and rent will not be accepted.

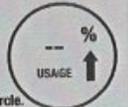


Utilities Examples:

How Your Use Changed

Beginning with your next statement, your monthly electric use will be displayed here.

After being at this address for a year, comparative yearly energy information will be displayed in circle.



News For You

We use more energy to keep cool in the summer which means your bill may be higher. Learn how to use less energy while staying cool at eversource.com/energy-saving-tips.

Remit Payment To: Eversource, PO Box 56002, Boston, MA 02205-6302

CE_PA_240713PROD.TXT

Please make your check payable to Eversource and consider adding \$1 for Operation Fuel. You can also add \$2 or \$3 when paying your bill online. 100% of your tax-deductible donation provides energy assistance grants. If mailing, please allow up to 5 business days to post.

EVERSOURCE

Account Number: _____

Non-residential and residential hardship customers may be subject to a 1.00% late payment charge if the "Total Amount Due" is not received by 08/09/24.

Payment Plan Amount now due by 08/10/24 **\$46.00**

Amount Enclosed _____

an also add more when paying your bill provides energy assistance grants.

12/10/2024

Amount Now Due **\$73.23**

Amount Paid _____

Please send payment to:

THE UNITED ILLUMINATING COMPANY
PO BOX 847818
BOSTON, MA 02284-7818



Utility Example:



No Payment is Due

Account Number: 040-232882-1961
Statement Date: 09/19/2025

Current Charges for Natural Gas

Service Location:
Ismael Colon
110 Bartholomew Avenue, Suite 3050
HARTFORD, CT 06106-2251
POD-ID: 40000000319664
Customer Name Key: Colo

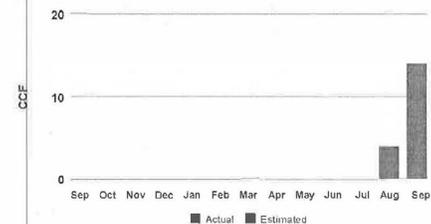
Supply	Delivery	Public Benefits
\$7.08	\$30.17	\$0.64
Cost of Natural Gas purchased for you by CNG and regulated by PURA; or for Commercial Customers by CNG or a supplier which is deregulated but is based on competitive procurements. This charge is dependent on usage.	Cost of CNG to build, maintain, and repair gas pipelines, and meters that deliver Natural Gas. Regulated by PURA and dependent on usage.	Cost to support energy programs authorized by the state. Charge dependent on usage.
19%	81%	
\$0	\$7	\$15
	\$22	\$30
		\$37

Percentages may not total 100% due to rounding. Percentages less than 4% and negative amounts will not appear in the graph.

Rate: CNG Residential Heating

Meter Reading Cycle: 11
Bill Period: 08/16/25 to 09/16/25
Next Meter Reading: On or about 10/15/25

Usage History - Total Monthly CCF



Avg. Temp: 67° 58° 49° 35° 29° 31° 44° 52° 61° 72° 77° 75° 67°

How Your Use Changed

This Month's Natural Gas Use: 14 CCF
This month you used 100.00% more than at the same time last year.

Your Natural Gas Supplier Information



Connecticut Natural Gas Corporation
PO BOX 1500
HARTFORD, CT 06144-1500
1-860-524-8361
www.cngcorp.com

Have a question for CNG?
Visit cngcorp.com/support/contactus or call us at 860.524.8361 (Greater Hartford) or 203.869.6900 (Greenwich).

Your Messages:

Our Mobile App is the top-rated way customers choose to connect with us. It's fast, convenient and puts your account information right at your fingertips. Download our free app by searching CNG in the App Store or Google Play. Asking for help can be hard. With a variety of assistance programs available, we can help if you're having trouble managing your energy bills. Please call us at 860.524.8361 (Hartford area) or 203.869.6900 (Greenwich). Or visit cngcorp.com/HelpWithBill.

Please return this stub with your payment. Please allow 7 to 10 business days for processing. Do not send cash or coins, and do not return with staples or paper clips. Please make your check payable to: CNG

Please consider adding \$1, \$2, or \$3 for Operation Fuel. You can also add more when paying your bill online or by phone. 100% of your tax-deductible donation provides energy assistance grants.

Account Number

040-232882-1961

Due Date

No Payment is Due

Amount Paid

Ismael Colon
110 Bartholomew Avenue, Suite 3050
Hartford, CT 060106-2251

Please send payment to:



CONNECTICUT NATURAL GAS CORPORATION
PO BOX 847820
BOSTON MA 02284-7820

040001123238820000037890000137990000100100

ACT Funds

If there are any questions regarding a request after the ticket has been closed please email funds@act-ct.org. The community resource email is only for the submission of rental requests.

Examples:

“I need to cancel a ticket submission”

“I am requesting status on a check”

“The check needs to be picked up in person”

“Stop payment on a check”

Note: Please wait 3 weeks after the check cut date before requesting a reissue



Support Contact Information

For help or support feel free to contact a member of our team:

Phone: (860) 247-2437

Department Email Addresses: funds@act-ct.org

Department Homepage: [RRH Website](#)



Questions?

