

Bring It Home Rental Assistance Minnesota NAHRO 2025 Annual Conference





Staff

Local Government Housing Programs

Bring It Home Rental Assistance Program

Dani Salus – Manager Peter Elwell – Program Policy Specialist

Cassi Reissmann-Doring – Program Manager

Agenda

1:35 – 1:40 p.m. Program Oversight and Key Processes

1:40 – 1:55 p.m. Advance Payment and Disbursement procedures

1:55 – 2:00 pm Financial Reconciliation

2:00 – 2:05 p.m. Monitoring

2:05 – 2:20 p.m. Reporting Procedures

2:20 – 2:30 p.m. Required Program Forms

3:00 – 4:30 p.m. Round Table Discussions

Our Vision & Mission

All Minnesotans live and thrive in a stable, safe and accessible home they can afford in a community of their choice.

Housing is foundational to a full life and a thriving state, so we equitably collaborate with individuals, communities and partners to create, preserve and finance housing that is affordable.

Program Oversight



- Must comply with Office of Grants
 Management (OGM) requirements
 and guidance
- Work with Program Administrators through the grant lifecycle



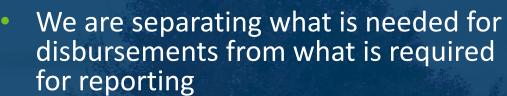
Program Oversight: Key Processes



- Financial Reconciliation compares grantee's request for payments for a given period with supporting documentation to verify accuracy and proper use of funds
- Monitoring review progress against grant goals, ensure compliance, address challenges, and assess any training needs
- Reporting grantees submit updates on programmatic outcomes on the larger scale



Overview of Advanced Payments & Disbursement Procedures



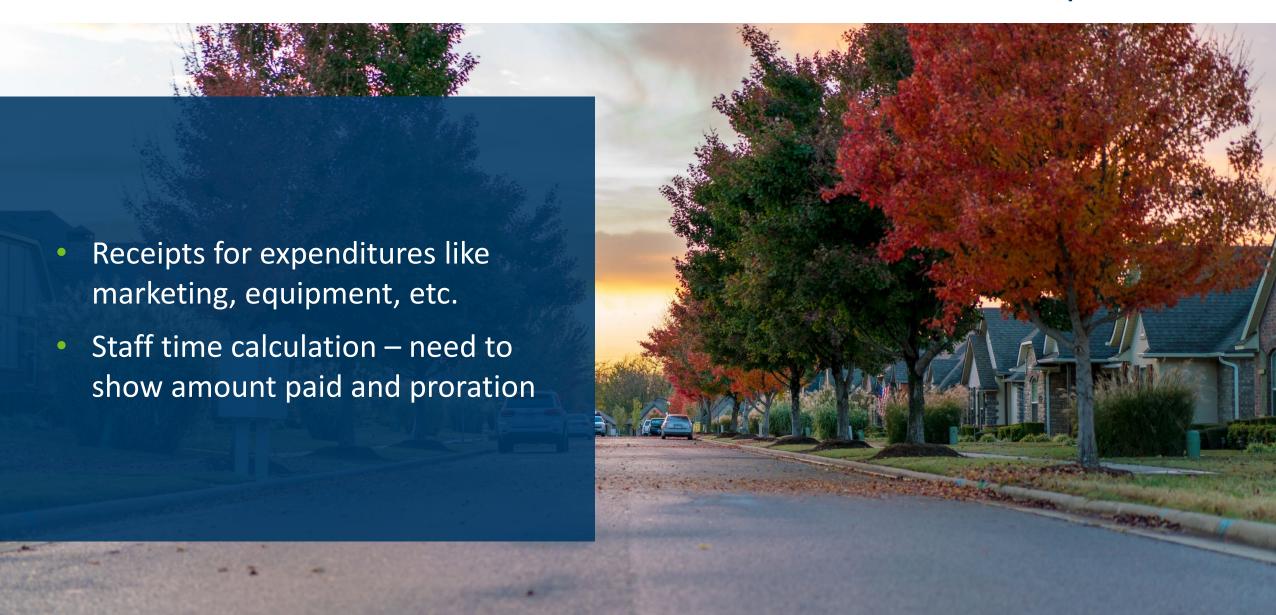
- List of participants receiving HAP will not be required
- List of over/under payments will not be required for disbursements
- Goal is quick disbursement of HAP and Admin
- Supporting documentation requirements differ for Start Up Costs and HAP



Advanced Payments: Start Up Costs



Supporting Documentation Start Up Costs



Expense Tracking Form for Start Up Costs

Bring It Home Rental Assistance Program

Startup Costs Tracking

Minnesota's Favorite Housing Redevelopment Authority

DRAFT

Amount Awarded:	\$ 30,000.00
50% Advanced	\$ 15,000.00
Approved Supporting Documents	\$ (750.00)
Balance of Advance Needing Documentation	\$ 14,250.00

Budget

		Budget		Budget odifications	Updated Budget
Startup Costs					
Initial Staffing					
Advertising and recruitment for program staff	\$	5,000.00	\$	(1,000.00) \$	4,000.00
Onboarding, orientation and training for program staff	\$	10,000.00	\$	1,000.00 \$	
Initial salaries and benefits for program staff (# of staff)				\$	-
Marketing & Outreach					
Materials for advertising and outreach (printing, website updates, social media, etc.)	\$	4,000.00		* \$	4,000.00
Educational outreach for landlords	\$	2,000.00		* \$	2,000.00
Educational outreach for service agencies				\$	-
Educational outreach for potential participants	\$	1,000.00		\$	1,000.00
Translation and interpretation services				*\$	-
Equipment & Technology					
Software updates and licensing fees	\$	5,000.00		\$	5,000.00
Purchase of office equipment, furniture and technology	\$	3,000.00		* \$	3,000.00
Other Startup Costs					
Accounting and audit expenses				\$	-
Legal fees related to the program				*\$	-
Other (please describe in notes)				\$	-
Other (please describe in notes)				\$	-
Startup Cost	s \$	30,000.00	\$	- \$	30,000.00

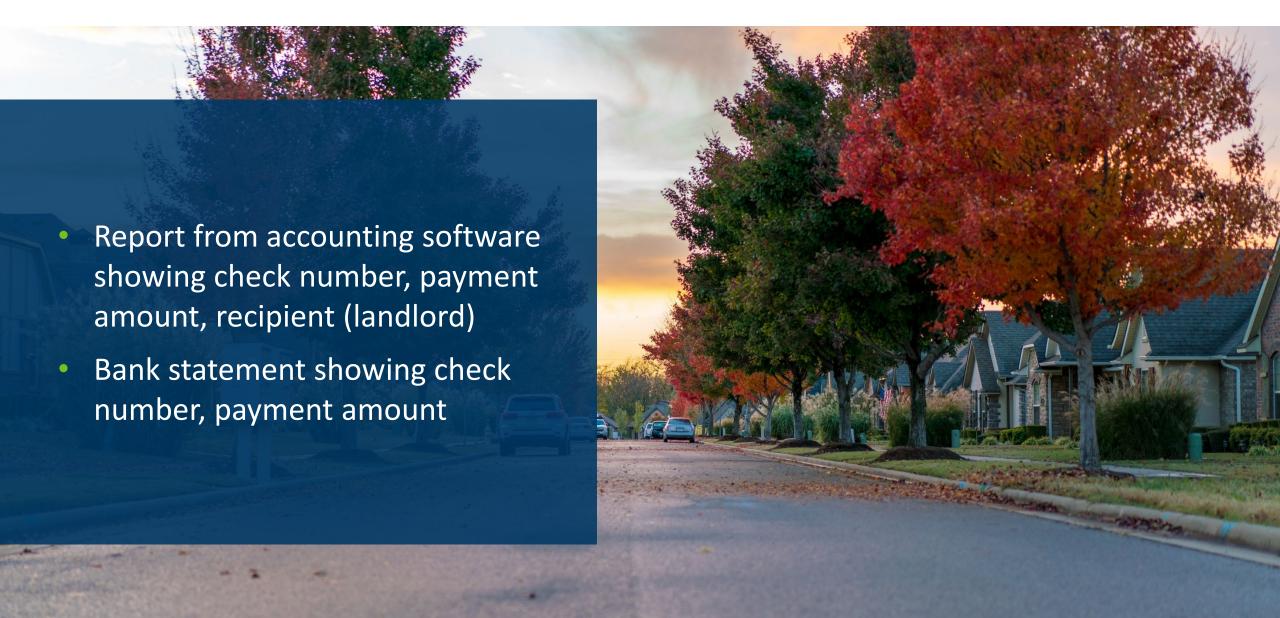
Expenditure Tracking

D	Submitted ocumentation	Expenditure Documentation Approved				
10/15/2025			11/1/2025			
\$	1,000.00	\$	500.00			
\$	250.00	\$	250.00			
\$	1,250.00	\$	750.00			

Advanced Payments: HAP



Supporting Documentation HAP



Disbursement Form for HAP & Admin

Bring It Home Rental Assistance Program

HAP/Admin Reimbursements

Minnesota's Favorite Housing Redevelopment Authority

2 Year HAP Amount	\$ 200,000.00
Amount Advanced	\$ 10,000.00
Total Approved and Disbursed	\$ 5,000.00
Balance of HAP Grant	\$ 185,000.00

2 Year Admin Amount	\$ 75,000.00
Total Approved and Disbursed	\$ 750.00
Balance of Admin Grant	\$ 74,250.00

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Housing Assistance Payments

Reimbursement Tracking

		Grant Amount	Initial Funds Disbursed2 months	Month 1 Reimbursement Requested	Funds Approved and Disbursed	Month 2 Reimbursement Requested	Funds Approved and Disbursed	Month 3 Reimbursement Requested	Funds Approved and Disbursed
			10/1/2025	11/5/2025	11/15/2025	(enter date)	(enter date)	(enter date)	(enter date)
HAP		\$200,000.00	\$10,000.00	\$5,000.00	\$5,000.00				
	HAP	\$200,000.00	\$10,000.00	\$5,000.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00

Administrative Fees

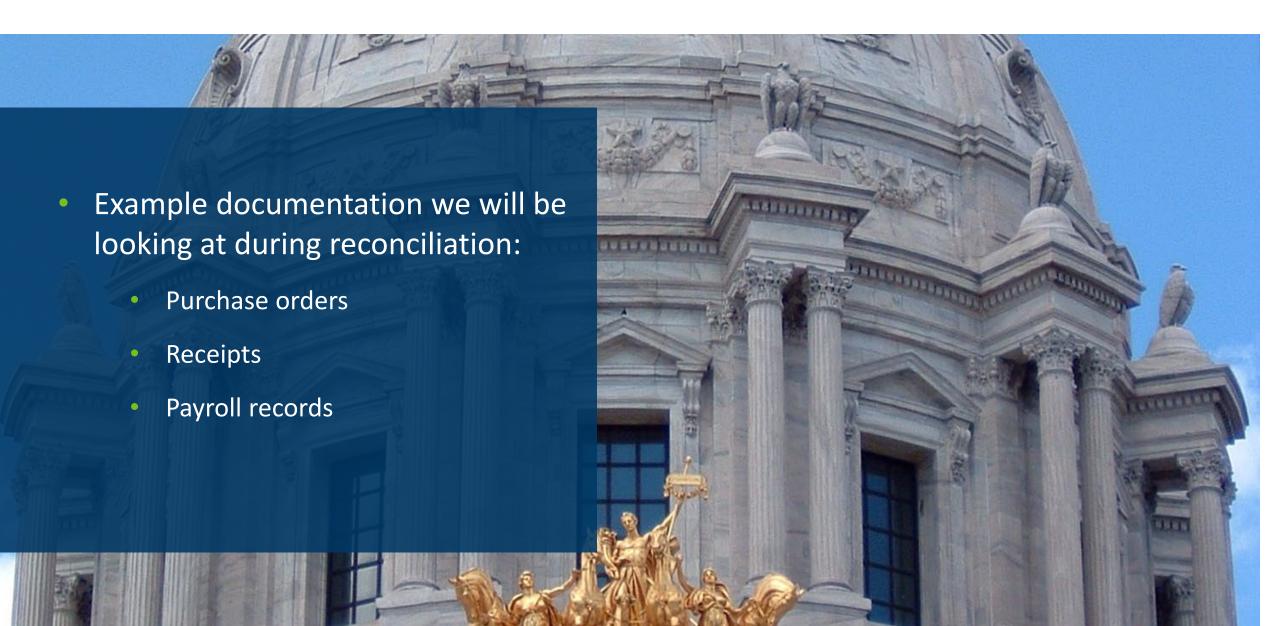
Reimbursement Tracking

	Grant Amount	Month 1 Vouchers issued	Amount Requested	Funds Approved and Disbursed	Month 2 Vouchers issued	Amount Requested	Funds Approved and Disbursed
		10/1/2025		11/15/2025	(enter date)		(enter date)
Admin	\$75,000.00						
# of Tenant Based Vouchers		2	\$300.00	\$300.00			
# of Project Based Vouchers		3	\$450.00	\$450.00			
Admin	\$75,000.00	5	\$750.00	\$750.00		\$0.00	\$0.00

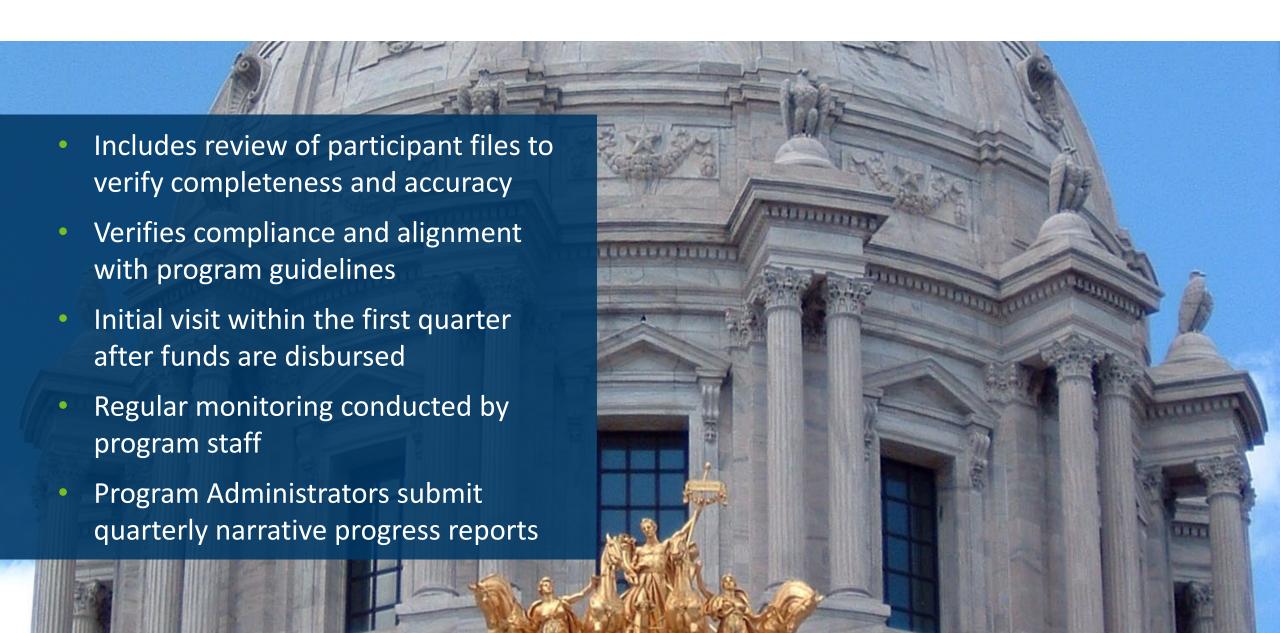
Financial Reconciliation



Financial Reconciliation



Monitoring



Annual Recertification			
Document	If applicable	MHFA form	50058 can substitute
Tenancy Addendum			
Rent Calculation form			X
Bring It Home Application (required annually)		Χ	
Minnesota Government Data Practices			
Income verifications	X		
Asset verifications	X		
Medical expense verifications	X		
Childcare expense verifications	X		
Reasonable Accommodation form/documentation	X		
Release of information			
Rent Increase documentation	X		
Inspection reports	X		
Unit approval or failed inspection notices (as required per Administrative Plan)	Х		
Correspondence related to action			

Monitoring: Record Keeping and File Management

Interim Recertification								
Document	If applicable	MHFA form	50058 can substitute					
Tenancy Addendum								
Rent Calculation form			X					
Interim change trigger forms (e.g., changes in income, household composition, rent increase)								
Income verifications	Х							
Asset verifications	X							
Medical expense verifications	X							
Childcare expense verifications	Х							
Reasonable Accommodation form/documentation	Х							
Rent Increase documentation	Х							
Correspondence related to action								

Voucher and Lease Documents									
Document	If applicable	MHFA form	50058 can substitute						
Issued Bring It Home voucher document showing search dates		Х							
Request for Tenancy Approval form									
Signed lease agreement									
Lead-based paint disclosure form	Х								
Verification that the landlord owns the unit being rented									

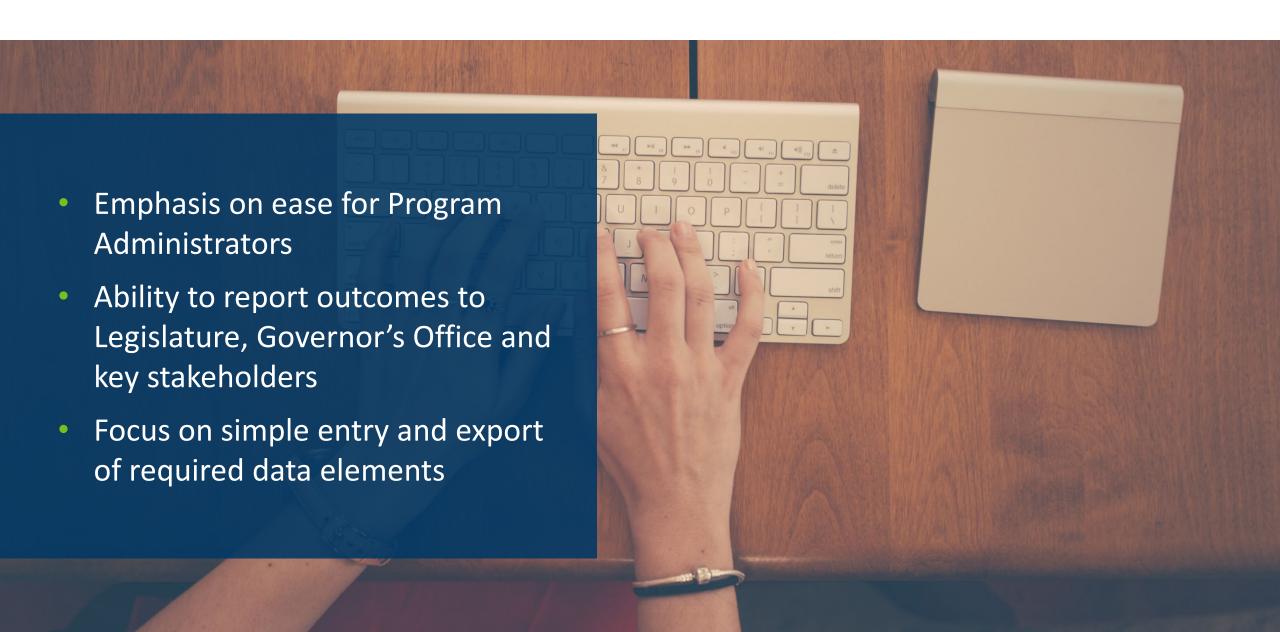
Notices and Correspondence	
Document	If applicable
Termination warnings or termination notices	X
Reasonable accommodation requests and approvals	X
Participant grievance or appeal documentation (as required per Administrative Plan)	Х
Program Violation warnings	Х

Monitoring: Record Keeping and File Management

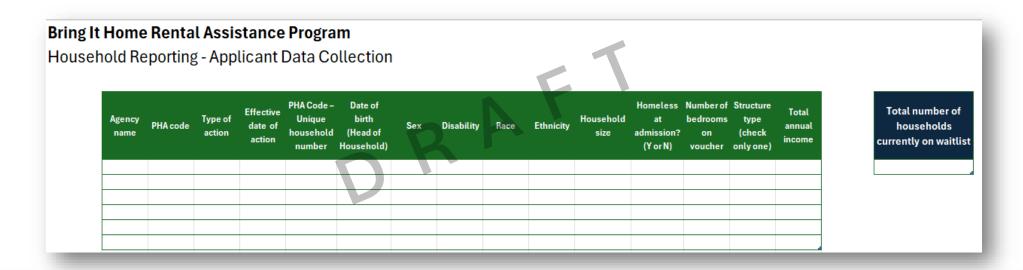
Household Eligibility Documentation and Initial Certification

Document	If applicable	MHFA form	50058 car substitute	
HAP or PBV contract		Χ		
Tenancy Addendum				
Verification that shows household was selected off waitlist properly				
Rent/Income Calculation form			X	
Utility allowance schedule			X	
Payment standard documentation			X	
Rent reasonableness documentation	Х			
Bring It Home Application		Χ		
Minnesota Government Data Practices Act Disclosure Statement				
Verifications				
Proof of Minnesota Residency				
Copy of photo identification				
Income verifications				
Asset verifications	X			
Medical expense verifications	Х			
Childcare expense verifications	Х			
Current lease or proof of cost-burdened status				
Reasonable Accommodation form and documentation	Х			
Release of information				
Inspection reports				
Unit approval or failed inspection notices				
Letters sent to applicant to show when they were selected off				
waitlist				
Additional correspondence as needed	X			

Reporting



Reporting Procedures: Template

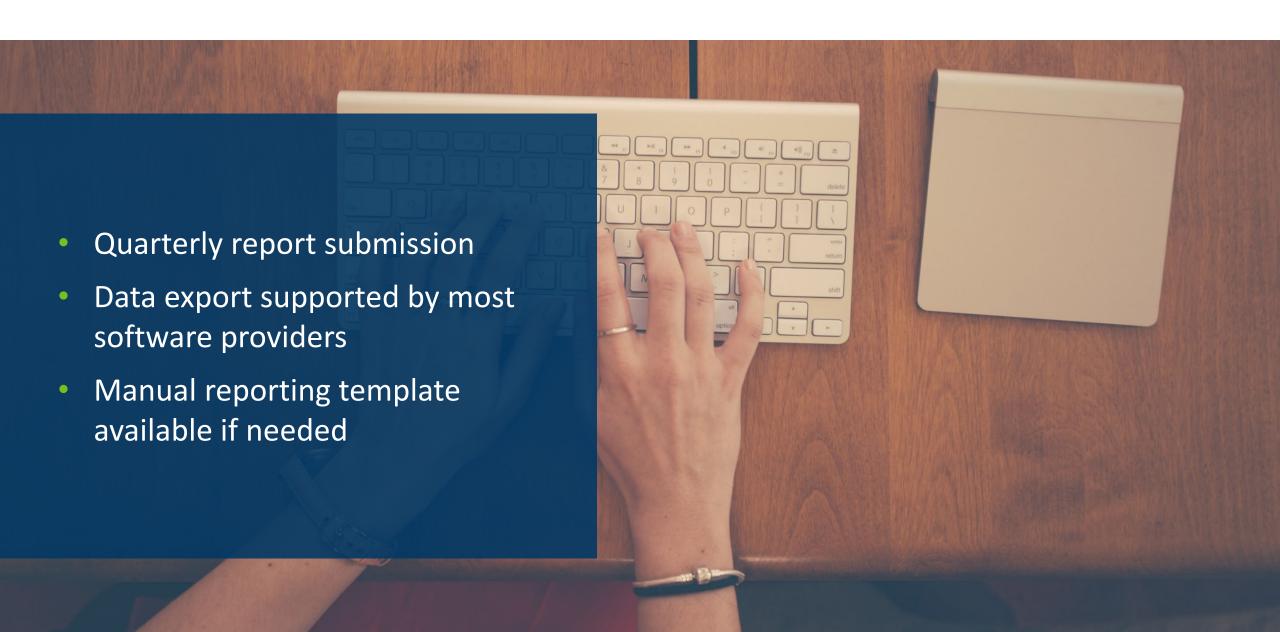


Bring It Home Rental Assistance Program

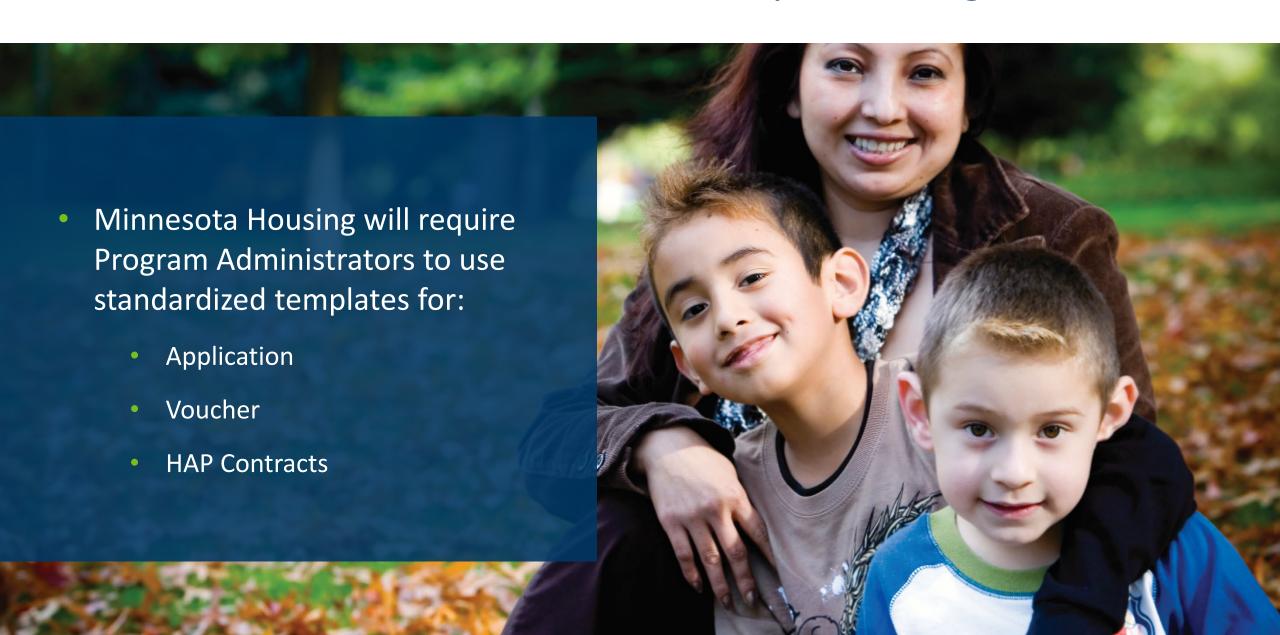
Household Reporting - Tenant Data Collection

Agency name	PHA code	Type of action	Effectiv e date of action	Date of admissio n to program	PHA Code – Unique household number	Date of birth (Head of Household)	Sex	Disability	Race	Ethnici	Homeless at ty admission? (Y or N)	Unit zip code	Number of bedrooms in unit	Structure type (check only one)	Total annual income	Number of dependent s	Adjusted annual income	ΤΤΡ	Payment standard for the household	Rent to owner	HAP to owner	Tenant rent to owner	Utility reimbursement to family

Reporting Procedures: Process



Required Program Forms



Required Program Forms: Application

- Application is still actively being formatted
- Based off common HCV applications
- Can be uploaded into software for online applications



Bring It Home Rental Assistance Participant Application

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The Bring it Home Rental Assistance Program, also referred to as "Bring It Home," is a new program created to provide rental assistance for low-income families across Minnesota.

To be eligible for this program, applicants must:

- Be a Minnesota resident
- Have an annual income of up to 50% of the area median income, adjusted for family size
- Household is paying more than 30% of the household's income on rent or unhoused
- Household is not currently receiving federal tenant-based or project-based assistance under Section 8 of the United States Housing Act of 1937, as amended

Priority for rental assistance must be given to:

- Households with children 18 years of age and under
- Household annual incomes of up to 30% of area median income
- · Other priority populations identified by the Program Administrator

Instructions

When filling out this application, use legal names for all household members. All household members above 18 must sign this application certifying that the information is true and accurate to the best of their knowledge.

Required Program Forms: Application

Head of Household (HOH) Information

- Full Name (First, Middle, Last)
- Address
- Phone Number
- Emai
- Caseworker Information (if applicable)
- Primary Language
- Do you want an interpreter? (Y/N)
- Current Rent Amount (if renting)
- Are you in a current rental agreement with a signed lease?

Household Information

Current housing status:

o Own o Living temporarily with o Hotel o Rent friends/relatives o None o Emergency shelter o Service provider o Other

o Hospital o .

Is anyone in your household pregnant?

All Household Members (including head of household):

Full Name	Relationship to HOH	Date of Birth	Race	Ethnicity	Gender	Disability (Y/N)	Full-Time Student (Y/N)

Household Income

List the monthly amount of gross income that your household receives. Gross income is the total income received before subtracting taxes or other deductions. All income listed will require additional proof to be provided.

Source of Income	Monthly Amount	Household Member	Information (company name/case number)
Employment	\$		
Employment for other HH member	\$		
Employment for other HH member	\$		
Social Security	\$		
Social Security for other HH member	\$		
Social Security for other HH member	\$		
SSDI	\$		
SSDI for other HH member	\$		
SSDI for other HH member	\$		
Annuities	\$		
Insurance Policies	\$		
Retirement Funds	\$		
Pension	\$		
Unemployment	\$		
Workers Compensation	\$		
Severance Pay	\$		
TANF/MFIP/MSA/GA	\$		
Alimony	\$		
Child Support	\$		
Regular Contribution/Gifts	\$		
Other	\$		

Required Program Forms: Application

Household Assets (as needed per Administrative Plan)

List all current amounts of assets in your household. All assets listed will require additional proof to be provided.

Source of Income	Current Amount	Household Member	Information (company name where assets are held)
Savings Account	\$		
Savings for other HH member	\$		
Savings for other HH member	\$		
Checking Account	\$		
Checking for other HH member	\$		
Checking for other HH member	\$		
Cash	\$		
Revocable Trust	\$		
Rental Property Equity	\$		
Stocks/Bonds/CD/Mutual Funds	\$		
Retirement/401(K)	\$		
Annuity	\$		
Pension	\$		
Life Insurance Policy	\$		
Personal Property	\$		
Other	\$		
Other	\$		
Other	\$		

Household Expense Information

Does your household have childcare expenses ((daycare, before,	/after school care	e) that allows the	head
of household to work or go to school full-time?	Y(Y/N)			

If yes, enter monthly amount paid:	

Does your household have out of pocket medical expenses? This is only considered if the head of household is elderly or disabled.

If yes, enter monthly amount paid:	
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Priority Population Verification* (PAs may use additional priority populations but not all listed here)

Does your household have children aged 18 or younger? (Y/N)

Is your household's annual income less than 30% of the Area-Median-Income? (Y/N)

Emergency Contact

Do you give permission to anyone outside of your household to help with this application process? (Before being able to speak with this individual, we will need a release of information.)

If yes, what is their name and contact information:

If you have a caseworker, please write that information here:

Signatures From All Adults

By signing this form, you are certifying that, to the best of	your knowledge, the	provided information is
true and accurate		

Head of Household Signature:	
Other Adult Signature:	

Required Program Forms: Voucher

- Bring It Home Voucher is modeled after the Housing Choice Voucher
- Signature will be required by both
 Program Administrator and Head of Household



Bring It Home Rental Assistance Voucher DRAFT

Privacy Notice. The household and Minnesota Housing Finance Agency (MHRA) must comply with the Minnesota Government Data Proctices Act. Minn. Et al., Ch. 13., as it applies to all data provided by MHRA under this agreement, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the household under this agreement. The civil remedies of Minn. Stat. 13.09 apply to the release of the data referred to in this clause by either the household or MHRA. If the household receives a request to release the data referred to in this Clause, the household must immediately notify PMHRA. MHRA will give the household instructions concerning the release of the data to the requesting party before the data is released. The household rise reposes shall comply what policable laws.

Read entire document before completing	Voucher Number Identifier			
Insert unit size in number of bedrooms	1. Unit Size			
Insert actual date Voucher issued to the household	2. Voucher Issued Date			
3. Insert date Voucher expires after the date issued	3. Voucher Expiration Date			
Insert date Voucher expires after the extension	4. Voucher Extension Expiration Date			
5. Name of Head of Household	Signature of Head of Household		Date Signed	
Name of Program Administrator (PA)				
Name and Title of PA Official	Signature of PA Official		Date Signed	

1. Bring It Home Rental Assistance Program

- A. The program administrator (PA) has determined that the above-named household (item 5) is eligible to participate in the Bring It Home Rental Assistance program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the Bring It Home Rental Assistance program, and if the PA approves the unit, the PA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PA's assistance payment will be determined using the rent calculation standard of the PA.

2. Voucher

A. When issuing this voucher, the PA expects that if the family finds an approvable unit, the PA will have the money available to enter into a HAP contract with the owner. However, the PA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PA does not have any liability to any party by the

Ongoing Submission Schedule







Disbursement Requests

Monthly

Narrative Progress
Reports and Monitoring

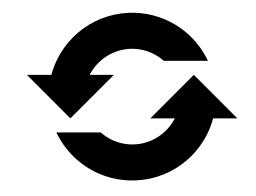
Quarterly

Household Data Reporting

Quarterly

Next Steps









Submit Due diligence Documents

Submit all due diligence documents via your Box

Review & Collaborative Follow-Up

Minnesota Housing reviews submissions and follows up with any needed revisions or clarifications

Batch Contract Routing

Contracts will be prepared in small batches and routed for electronic signature via

DocuSign

Grant Contracts Begin

Once fully executed, you can start spending funds





Thank you!

Additional questions:

BringltHome.MHFA@state.mn.us