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COVID-19 Supplemental Payment Request (HUD Form 52671-E DRAFT)

Project Name
FHA Project Number
Rental Assistance Contract Number(s)
Contract Type (Section 8 HAP, 202 PRAC, 811 PRAC, 202 PAC, 202 SPRAC)

Owner/Management Agent Name
Owner/Management Agent Phone Number
Owner/Management Agent Email Address

Requested
Amount

Line # Part I. Amounts Requested for Eligible COVID-19 Operating Expense Increases

- 1 Payroll Costs: Custodial or Other Operational Staff (OT or other staff increase) (6510)
- 2 Contract Services: Cleaning/Sanitization or Security Services (6520/6530)
- 3 Payroll Costs: Administrative Functions (OT or increase in hours if part-time) (6310)
- 4 Contract Services: Administrative Functions (6390)
- 5 Cleaning/Sanitizing Supplies and PPE (6515/6590)
- 6 Office Equipment/ IT (6311)
- 7 Other Allowable Costs (Specify Budget Line_____)
- 8 Total Request Part I (*calculated field*)

\$0

Part II. Multifamily Service Coordination for the Elderly and Disabled (Eligible Section 8 and Section 202 Properties Only; see Notice H 2020-X, Section V)

- 9 Payroll Costs (OT or Increase in hours if Part-Time) (MFSC) (6900)
- 10 Coordinator Contract Services (MFSC) (6900)
- 11 Office Equipment/IT (MFSC) (6900)
- 12 PPE (MFSC) (6900)
- 13 Total Request Part II (*calculated field*)

14 TOTAL COVID-19 Supplemental Payment Requested

\$0

Part III. Calculation of Standard Payment Cap

- 15 Number of Assisted Units Under Contract
- 17 Unit-Based Allowance (*calculated field; \$60 per unit*)
- 18 Additional Property Allowance Where Designated to Serve the Elderly (see Notice H 2020-8 footnote 1)
- 19 Standard Property Allocation
- 20 Allowance for Ongoing Service Coordination (Eligible Budget-Based Coordinators Only)
(calculated field; lesser of \$3,000 or line 13 total)
- 21 **Maximum Allowable under Tier 1 Standard Payment** (*calculated field*)

-
\$2,000
\$2,000

Part IV. Tier II Request Information

Properties requesting funding at or below the Tier 1 Standard Payment Cap (line 21) do not need to complete Part IV and should skip to Part V. CSP request for amount above the Tier 1 cap require completion of Section V and submission of documentation for expenses. Please see Section VIII of Notice H 2020-x for additional details on threshold eligibility requirement and documentation requirements for Tier II requests.

- 22 Requested Tier II Funding Increment (calculated field; amount above line 21 Standard Payment Cap) (\$2,000)
Which of the following apply for the requesting property? (check boxes)

- 23 Multiple resident cases of COVID-19;
- 24 Documented on-site exposure threatening a high-risk population;
- 25 An infection rate in the surrounding county exceeding 1,000 confirmed cases per 100,000 people.

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Justification Narrative for *Tier II* Payment Request (See Notice H 2020-08, Section VIII)

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Financial Need Justification for *Tier II* (Only Required for Properties with Recent Surplus Cash; See Notice H 2020-08, Section VIII)

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Part V. Other Supplemental Information

- 28 Has this property/ownership entity received funding from other assistance program authorized by the CARES Act (P.L. Public Law 116-136)? (Y/N)
- 29 If yes, which program? How much was awarded/provided?
- 30 Do you currently have a budget-based rent increase pending with HUD? (Y/N)
- 31 Have you withdrawn or requested withdrawal of balances from residual receipts in 2020 for COVID-19 Expenses? (Y/N) If yes, how much?

Part V. Certification and Acceptance of Terms

Owner's Certification: I certify that 1) the requested payment was computed in accordance with HUD's Housing Notice H-2020-XX. It reflects only expenses incurred from March 27, 2020 and July 31, 2020 for eligible activities and purposes. (2) No amount included on this funding request has been paid from other forms of governmental or philanthropic assistance provided to address the impact of COVID-19. (3) I have considered current project funds and anticipated revenues over the next 12 months and require this funding in order to address project operating costs. (4) If receiving CSP assistance for a Section 8 HAP contract, I agree to deposit an amount equal to the amount of the CSP in the residual receipt account, prior to taking any cash distributions before July 31, 2021. Or, if the Section 8 contract and governing regulations do not require the project owner to maintain a residual receipt account, I agree that upon taking distributions at any point from the issue date of this notice through July 31, 2021, an amount at least equal to the amount of the CSP must be retained in the operating account to address future project costs, over-and-above the resources needed for current operating requirements. (5) The property and ownership are in good standing with HUD, as defined in in Section VII of Housing Notice 2020-XX. (6) If receiving CSP assistance for a Section 8 HAP contract that expires within 120-days, I anticipate renewal of the contract and have not communicated intent to opt-out. (7) Upon request by the Department of Housing and Urban Development, its duly authorized representative, or the Comptroller General of the United States, I will make available for audit all books, records and documents related to this assistance payment for which funds are in. Warning: HUD will prosecute false claims & statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. Sections 1001, 1010, 1012; 31 U.S.C. Sections 3729, 3802).

32 Owner/Owner Agent Signature

33 Date

Part VI. HUD/CA Use Only

34 Date Received by HUD/CA

35 Total Amount Eligible for Payment

36 Notes on Any Disallowed Costs:

37 Approved By

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Signature
38 Date Approved