Joseph L. Smith Chairman, Board of Commissioners

Janet Abrahams President / Chief Executive Officer



## March 13, 2020

## NOTICE ABOUT RENT ADJUSTMENTS FOR LOSS OF INCOME DUE TO THE CORONAVIRUS (COVID-19)

## To: HABC Housing Choice Voucher Program (Section 8) Participants

The Housing Authority of Baltimore City (HABC) is providing notice that Housing Choice Voucher Program ("HCVP" or "Section 8") Participants who experience a loss of income through employer business shutdowns or a quarantine that prevents work, due to the Coronavirus (COVID-19), will be processed for an interim rent adjustment for loss of income upon request.

This policy will apply only to Participants and their household members who have lost income as a result of the Coronavirus (COVID-19). Participants who lose income resulting from their employers shutting down their business due to the Coronavirus (COVID-19) or a quarantine after potential contact with the Coronavirus (COVID-19), <u>must contact the HCVP Office as applicable</u>, **by phone or email ONLY**.

HCVP Participants must call <u>(443) 984-2222</u> or email <u>HCVP.Info@habc.org</u> to request an "<u>Interim</u> <u>Rent Adjustment for Loss of Income Due to Coronavirus (COVID-19)</u>."

Participants may also contact Maryland Relay at <u>410-547-9247</u>.

## Participants seeking an interim rent adjustment due to loss of income as a result of the Coronavirus (COVID-19) <u>are NOT</u> to come into any HABC Office and are NOT to mail any documentation.

If a Participant requests an interim rent adjustment for Loss of Income Due to the Coronavirus (COVID-19), HABC will process the request in the following manner:

- 1. Any person in the Participant's household who experiences a loss of income due to the Coronavirus (COVID-19) as described above will be processed as a zero-income individual for one month, if the loss of income lasts for less than 30 days. If such loss of income due to the Coronavirus (COVID-19) continues, the person will remain a zero-income individual until the person returns to work.
- 2. HABC will request a letter from the employer or doctor for the Participant or household member who lost income due to the Coronavirus (COVID-19). If the Participant is self-employed, HABC will request the business records for the Participant or household member's business. HABC will

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instruct the employer or doctor that the <u>letter is to be sent via **email only** and not by mail</u>. Participants affected by Coronavirus (COVID-19) are NOT to bring in or mail any documentation to HABC. All documentation should be sent via email (scanned and emailed), if possible. If a Participant is unable to scan the letter to send via email, they must take a picture of the letter and send it via email as a photo attachment.

- 3. If there is no letter from an employer or doctor, HABC will request the Participant to provide contact information for a third-party verification.
- 4. If a Participant is unable to send a letter or have one sent to HABC, and HABC is unable to obtain third-party verification of a loss of household income due to the Coronavirus (COVID-19), HABC will accept a conditional self-certification from the Participant.
- 5. The conditional self-certification must be sent to HABC by email. Participants cannot come to any HABC Office to submit a conditional self-certification.
- 6. The conditional self-certification will be subject to the following:
  - a. The conditional self-certifications will only be accepted for loss of income resulting from the Coronavirus (COVID-19) that cannot be verified through an employer, doctor, or other third-party;
  - b. Verification of the information in the conditional self-certification will be made by HABC after the Participant or household member returns to work, at which time the Participant will have ten (10) calendar days to submit the missing information;
  - c. If a Participant is unable or unwilling to submit the required documentation for verification, the adjustment that was processed based on a conditional self-certification of loss of income due to the Coronavirus (COVID-19) will be reversed and the Participant's rent will be reinstated retroactively to the amount that it was at the time of the conditional self-certification.

In addition, Participants who experience increased medical expenses due to the Coronavirus (COVID-19) may also contact HABC by email or phone only as described above, to request an interim rent adjustment and submit medical verification. Self-certification will not be acceptable as verification of increased medical expenses.

Sincerely,

Janet Abrahams President and Chief Executive Officer