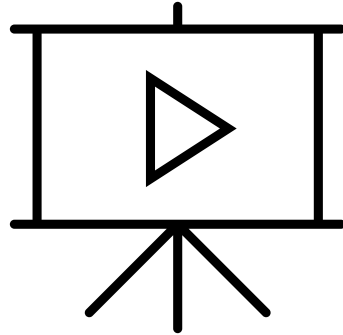


# HomeBASE Monthly Training



# Trainings



- Thank you for coming
- We will be recording today's session!

For All Re-Housing Tools and Resources:  
**[www.mass.gov/ReHousingPortal](http://www.mass.gov/ReHousingPortal)**

# What is HomeBASE?





HomeBASE provides an **alternative response to shelter** through **flexible financial assistance for housing and stabilization** with the goal of **rapidly ending homelessness and increasing economic self-sufficiency.**





# HomeBASE is...

- 🏠 **A rapid rehousing program designed to support low-income families to secure long term housing stability.**
  
- 🏠 **Overseen by the Executive Office of Housing and Livable Communities**
  
- 🏠 Available to:
  - 🏠 **Families experiencing homelessness** who also qualify for Emergency Assistance (EA) temporary shelter
  
- 🏠 **Administered regionally by non-profit Regional Administering Agencies (RAAs), in coordination with certain EOHLC staff**

# HomeBASE Assistance



# HomeBASE Assistance

HomeBASE provides a financial benefit of up to \$30,000.00 over a 24-month period to help families experiencing homelessness stabilize their housing situation.

- Short-term Housing Assistance*
- Targets families who are eligible for EA Emergency Family Shelter to quickly find stable housing*
- Benefit up to \$30,000 in Y1 + Y2*


For additional information on the HomeBASE Program see:

- [HomeBASE flyer](#)
- Rapid Re-housing [Portal](#)
- [HomeBASE FAQs](#)

# HomeBASE FAQs

## The HomeBASE FAQs provide guidance on:

- Eligible uses of HomeBASE funding
- Lease start dates
- Benefits distribution and rental stipend calculations
- Document gathering for the HomeBASE application
- Landlord communication
- Timeline for application submission and processing
- Other HomeBASE topics



The screenshot shows the cover page of the HomeBASE FAQs Reference Document. At the top left is the logo of the Executive Office of Housing and Livable Communities. To the right of the logo, the text reads "Executive Office of Housing and Livable Communities" and "HomeBASE FAQs Reference Document | Last Updated: 11/1/2024". Below this header, the title "HomeBASE FAQs" is displayed in blue. Underneath is the "Table of Contents" section, which lists five items: 1. HomeBASE Award Limits, Distribution of Funds, & Allowable Expenses; 2. HomeBASE Application Documents & Requirements; 3. Application Status & Processing; 4. Application Approval & Family Move-in; and 5. Other Questions. Below the table of contents, the title "HomeBASE Award Limits, Distribution of Funds, & Allowable Expenses" is shown in blue. At the bottom, the text "Question #1: How much HomeBASE funding may families receive?" is displayed.

Executive Office of Housing and Livable Communities  
HomeBASE FAQs Reference Document | Last Updated: 11/1/2024

## HomeBASE FAQs

### Table of Contents

1. [HomeBASE Award Limits, Distribution of Funds, & Allowable Expenses](#)
2. [HomeBASE Application Documents & Requirements](#)
3. [Application Status & Processing](#)
4. [Application Approval & Family Move-in](#)
5. [Other Questions](#)

### HomeBASE Award Limits, Distribution of Funds, & Allowable Expenses

Question #1: How much HomeBASE funding may families receive?

# Eligible Payment Types



## Incentive Payments (up to 50% of costs)

HomeBASE funds may be used for incentive payments paid to:

- Renters who wish to host an EA family (with permission) or homeowners who wish to allow an EA family to move in with them
  - Host Renters: A host renter's landlord must provide written, notarized confirmation of additional occupants to host. HomeBASE assistance may cover up to 50% of the sublet rental cost for the EA family.
  - Host Homeowners: HomeBASE assistance may cover up to 50% of utilities/monthly mortgage costs to the homeowner hosting an EA family; this is determined according to the assistance requested by the host homeowner. The homeowner must provide safe living space and adequate bedrooms per family.
- Households in co-share lease arrangement
  - In a co-share arrangement, the HomeBASE participant must pay equal proportion of the monthly costs as the family they are co-sharing with.
- Landlord bonuses to execute a lease (= 1 month rent)

## Rental Stipends

- Partial rent or co-share contribution (family must pay minimum of 30%+ of gross income toward rent share)
- Paid directly to property owner (who is informed of rules, benefit type, and level of assistance)
- Rental Stipends: NOT for subsidized housing or out- of -state moves

## Furniture, Utilities, and Debt

- To maintain or establish tenancies
- Covers furniture Beds/Cribs (Children 14 and younger: crib or twin bed; children 15-17: twin or full Bed; single or adult couples 18 or older: full or queen bed) Kitchen or dining table, kitchen or dining chairs. (\$2,500 cap & type restrictions/exceptions applies); Families can request a waiver. Can be used for outstanding debt (rent/utility arrears); if the arrears are preventing the family from moving into the new unit or from renewing the current lease; capped at \$5,000



# Eligible Payment Types

## Moving Assistance (requires lease/availability verification)

- In-state: first/last/security, storage, moving vans, bus tickets
- Out-of-state: covers bus/air travel
  - no ongoing assistance (lifetime cap of one-time HomeBASE use)
  - requires most economical strategy by providers
  - One move per 24 months (exception for no fault subsequent move)
- Out of country moving costs are NOT eligible
- Broker fees (additional conditions)

## Education, employment, other goals

- Needs EOHLC approval
- To meet stabilization goals and requirements related to education, employment, or training
- Payments directly to vendor/third party

# HomeBASE Required Documentation



## Stabilization and Participant Agreement

- HomeBASE Data Collection Summary Form
- Stabilization Agreement Program Participant Obligations
- Voluntary Authorization to Release Information
- Appeal Rights
- Single Incident Reasons for Termination Form
- **Only required if the family is moving into a co-living arrangement:**  
HomeBASE Host Family or Guest Household Assistance Agreement

## HomeBASE Checklist

- Signed Lease
- Breakdown of Funds *(see the Rental Stipend Calculator tool for guidance)*
- Proof of EA Eligibility
  - EA Provider Shelter Letter *(for families entering HomeBASE from EA shelter if the family's shelter entry was before April 11, 2025; must include the date the family entered shelter, and family members on the grant)*
  - NFL-9A *(for families entering HomeBASE from Diversions, or entering HomeBASE from EA shelter if their shelter entry date was on or after April 11, 2025)*
  - Shelter letter *(letter confirming family was residing in shelter and is now leaving – DV/BSAS referrals only)*

**Case-dependent required documents.** *The following documents are only required in specific cases where HomeBASE is being used for the noted expenses. These documents need to be uploaded into E2E if applicable.*

- Rent share letter from a housing subsidy provider *(if applicable)*
- Proof of arrears from a landlord or utility provider *(if applicable)*
- Furniture invoice *(if applicable)*
- HomeBASE Host Family/Guest Household Agreement *(if co-sharing, scanned from the Stabilization and Participant Agreement )*
- Letter of Compliance (LOC) with Massachusetts Lead Law, or Letter of Interim Control, which addresses urgent lead hazards and is valid for up to two years (valid for one year with an option to renew), is also acceptable. LOCs do not expire and are considered valid so long as the conditions of the home remain the same. *(these must be provided **only** if a building pre-dates 1978 and the family has a child under six years old.)*



## HomeBASE Stabilization and Participant Agreement

- **HomeBASE Stabilization and Participant Agreement - 08/08/2024:** This document outlines the HomeBASE participation expectations, as well as language pertaining to appeal or grievance rights, and other necessary disclosures. It also includes the HomeBASE Host/Family/Guest Household Assistance Agreement to be used when HomeBASE participant will be co-sharing a unit with another family. Here are the links to this document in different languages: [English](#) | [Spanish](#) | [Portuguese](#) | [Haitian Creole](#) | [Cape Verdean Creole](#)



**Please remember to use the updated version from the Rapid Re-housing Resource Portal.**



Version Update: August2024

(To be used when HomeBASE participant will be co-sharing a unit with another family)

**HOMEBASE Host Family/Guest HOUSEHOLD ASSISTANCE AGREEMENT**

HomeBASE assistance will be provided by: (HomeBASE Administering Agency Name)

\_\_\_\_\_ on behalf of the  
Participant family to the following: Co-share Tenant/ Owner circle as appropriate):

\_\_\_\_\_.

**The following parties:** \_\_\_\_\_ (Co-share/Host Family)  
\_\_\_\_\_ (HomeBASE Participant)  
\_\_\_\_\_ (Owner/Landlord)

**We agree to the following HomeBASE HOUSEHOLD ASSISTANCE rules:**

All parties to this Agreement represent that this housing situation complies with Chapter II of the State Sanitary Code, the State Building Code, and the State Lead Paint Law if the family includes a child age 6 or younger;

That the household is not overcrowded, and the housing situation meets the definition of Appropriate Size Unit (in 760 CMR 65.02) for the total number of residents including the Participant Family;  
If the tenant resides in a subsidized unit, or a unit that does not meet the above requirements, that the primary tenant has the ability to transfer to another unit that meets these requirements;  
All parties further represent that the owner approves of the Participant Family's residence in the unit for a period equal to the lease term, provided all lease requirements are met.

All parties must agree to work with HomeBASE stabilization staff if leasing in the State of Massachusetts, who will monitor this agreement and will work with both parties if changes to the family's plan need to be made.

All parties understand that they are responsible for complying with the terms of this agreement. If the conditions of this plan are not followed by any of the parties, the HomeBASE assistance being provided can be discontinued.

Printed Name Participant: Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name Co-share Tenant: Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name Owner/Landlord: Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**HomeBASE Host Family  
or Guest Household  
Assistance Agreement**

# Example of Lease

Check to ensure the lease includes the name of EA HOH, lease start date and end date, agreed upon terms including monthly rent, signatures from landlord and tenant/EA HOH.

**Property Management Company**  
[REDACTED] Lease Agreement

**I. Cover Page**

**A. PARTIES.** This Lease Agreement ("Lease") is made on the **22nd** day of **APRIL, 2024**, by and among [REDACTED] ("Owner"), as landlord, the owner of [REDACTED] ("Community") and [REDACTED] (collectively, "Resident", "you", "your", whether one or more).

The terms "you" and "your" refer to Resident and to occupants aged 18 and above. You are leasing Apartment # [REDACTED] and parking # [REDACTED] (the "Apartment") at a legal address of [REDACTED] MA [REDACTED]. For purpose of service of process and service of notices and demands, you agree that your address is the Apartment.

**Windsor Property Management Company** ("Agent") manages the Community. The terms "we", "us" and "our" refer to Owner or Agent, as applicable. The Leasing Office address for the Community is [REDACTED] MA [REDACTED] ("Leasing Office"); telephone: [REDACTED]. Notices, demands and service of process for Owner and/or Agent may be served upon Agent at the Leasing Office.

**B. PERMITTED OCCUPANTS.** The following people, who must be 17 years of age and under, may occupy the Apartment in addition to you ("Permitted Occupants"). You agree that any occupant not listed is unauthorized. You agree to limit visitors to 4 consecutive days and 2 occasions in any one month. You agree that the total number of occupants may be limited by state and local laws and regulations. You also understand and agree that the presence of unauthorized occupants in the Apartment is a breach of the Lease. You agree you are responsible for the actions of Permitted Occupants, guests and visitors, whether authorized or not.

[REDACTED]

**C. TERM, RENEWAL/NON-RENEWAL, NOTICE TO VACATE.**

**1.** The term of the Lease ("Term") begins at 12:00 noon on [REDACTED] ("Commencement Date") and ends at 12:00 noon on [REDACTED] ("Termination Date").

**2.** Upon expiration of the Term of the Lease, but not upon the earlier termination of the Lease, the Lease shall continue as a month-to-month tenancy unless one of the following occurs:

- (a) You sign and return a renewal lease to us at least 60 days prior to the Termination Date;
- (b) You give us written notice to vacate at least 60 days prior to the Termination Date stating that the month-to-month tenancy shall not commence;
- (c) We give you at least 30 days' written notice to vacate prior to the Termination Date stating that the month-to-month tenancy shall not commence; or
- (d) You exercise the Early Lease Termination Option set forth in the Terms and Conditions section of the Lease.

[REDACTED]

including termination of the Lease or recovery of damages from Owner or from any other Representatives or Released Parties.

**WITNESS OUR RESPECTIVE HANDS THIS 22nd DAY OF APRIL, 2024.**

<b>RESIDENTS</b> (Includes all occupants aged 18 and above)	<b>OWNER</b>
[REDACTED]	By: [REDACTED]
[REDACTED]	Company, Its Agent
[REDACTED]	By: [REDACTED]
[REDACTED]	Authorized Signatory
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

*(Insert name of Resident under signature line)*

# Example of Furniture Invoice

**INVOICE**

NO.

**B.D.'s**

Square One Mall, 1201 Broadway + Saugus , MA, 01906 (781)233-4400

90 Washington Street + Dorchester, MA 02121 (617) 427-8700

699 Hartford Ave. + Providence, RI 02909 (401) 331-8200

282 Border Street + East Boston, MA 02128 (617) 569-0111

SOLD TO: 290 Broadway + Chelsea, MA 02150 (617) 884-9470 4-23-2024

NAME :	[REDACTED]		TELEPHONE :	[REDACTED]
STREET :	[REDACTED]		DIRECTION FOR DELIVERY	
CITY :	[REDACTED]	STATE	ZIP CODE	

QTY. ORDERED	DESCRIPTION	UNIT	AMOUNT
	Twin mattress & box		250
	full mattress & box		300
2	Metal frame	70x2	140
	Table and 4 chairs		450
	Delivery & setup		150

			SUBTOTAL	
			Tax	
			<b>TOTAL</b>	<b>1290</b>

# HomeBASE Type & Level Determinations

Examining a family's unique circumstances

Note: Determined based on the needs of the family.





# Benefit Distribution Plan

Determined by EA Shelter, and RAA staff in collaboration with EA Family.

Based on individualized needs:

- Benefit amount
- Distribution plan
- Correspondent to housing stability needs
- Driven by goal of rapid rehousing
- Subsidized housing or moves out-of-state may not require full maximum benefit amount



# Benefit Determinations

- EA shelter and RAA staff conduct assessments to determine benefit (e.g., dollar amount up to cap), based on family situation.
- Family receives a copy of the “Stabilization and Participant Agreement”, including “Notice Regarding Level and Type of Benefit”
  - Type of assistance
  - Participation expectations
  - Rights to an appeal or grievance
  - Disclosures
- Staff must support households in reasonable plans to end homelessness
  - RAA reviews proposed amount to ensure rent coverage (after family’s minimum 30% of household income portion) & housing stability for minimally 24 months
- Families may accept, or appeal within 7 days of receipt of notice

# HomeBASE Rental Stipend Calculator (Original)

The *original Rental Stipend Calculator* helps calculate families' HomeBASE rental stipends and develop a benefits distribution plan.

	Year 1												Total	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Rent Due														\$ -
Family Income														\$ -
% of Income Family Will Contribute														
SRI/ED Funds														\$ -
Other HomeBASE Allowable Expenses (Security deposit, furniture, arrears, etc.)														\$ -
Family Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HomeBASE Monthly Rental Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total HomeBASE Payments (Other Allowable Expenses + Monthly Rental)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

- ① **Providers input the amount** of rent due, the family's income, the % of income the family will contribute, the amount of SRI/ED funds, and other HomeBASE Allowable expenses (other than rental stipends) for each month.
- ① The tool calculates **the amount the family should contribute each month** and the **monthly HomeBASE payments**.
- ① The tool tracks **yearly totals and provides color-coded alerts** if the distribution plan is at risk or out of compliance with Admin Plan requirements.

Access the tool here: [HomeBASE Rental Stipend Calculator](#)

# HomeBASE Stipend & Contribution Calculator (NEW!)



The NEW **HomeBASE Stipend & Contribution Calculator** helps to develop a HomeBASE distribution

	Year 1												Total	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Rent Due														\$ -
Family Gross Income														\$ -
Family Contribution (must be at least 30% of their income)														
% of Income Family Will Contribute														
SRI/ED Funds														\$ -
Other HomeBASE Allowable Expenses (Security deposit, furniture, arrears,														\$ -
Family Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HomeBASE Monthly Rental Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total HomeBASE Payments (Other Allowable Expenses + Monthly Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

- ★ **Providers input amounts:** rent due, family income, money the family will contribute\*, SRI/ED funds, and other HomeBASE Allowable expenses (other than rental stipends) for each month.
- ★ The tool calculates **the amount the family *should* contribute each month** and the **monthly HomeBASE payments**.
- ★ The tool tracks **yearly totals and provides color-coded alerts** if the distribution plan is at risk or out of compliance with Admin Plan requirements.

\* The updated tool now shows if a family's contribution to rent meets HomeBASE requirements.

Access the NEW tool here: [HomeBASE Stipend & Contribution Calculator](#)



# HomeBASE Reallocation of Funds Form

## Where to find :

- **Rapid Re-housing [Portal](#)**
- **HomeBASE Reallocation of Funds Form-** HomeBASE Reallocation of Funds Form completed by the Stabilization Case Manager and submitted to the Regional Administering Agency (RAA) for review along with invoices if applicable. Use the original HomeBASE tenant application submitted at the start of the HomeBASE benefit. Do not start a new application in E2E. If there is a new owner/landlord, the new owner/landlord will need to create/submit a new landlord application in E2E after the HomeBASE Reallocation of Funds Form has been approved by the RAA.

# HomeBASE Required Documentation



## Stabilization and Participant Agreement

- HomeBASE Data Collection Summary Form
- Stabilization Agreement Program Participant Obligations
- Voluntary Authorization to Release Information
- Appeal Rights
- Single Incident Reasons for Termination Form
- **Only required if the family is moving into a co-living arrangement:**  
HomeBASE Host Family or Guest Household Assistance Agreement

## HomeBASE Checklist

- Signed Lease
- Breakdown of Funds (see the Rental Stipend Calculator tool for guidance)
- Proof of EA Eligibility
  - EA Provider Shelter Letter (for families entering HomeBASE from EA shelter if the family's shelter entry was before April 11, 2025; must include the date the family entered shelter, and family members on the grant)
  - NFL-9A (for families entering HomeBASE from Diversions, or entering HomeBASE from EA shelter if their shelter entry date was on or after April 11, 2025)
  - Shelter letter (letter confirming family was residing in shelter and is now leaving – DV/BSAS referrals only)

**Case-dependent required documents.** The following documents are only required in specific cases where HomeBASE is being used for the noted expenses. These documents need to be uploaded into E2E if applicable.

- Rent share letter from a housing subsidy provider (if applicable)
- Proof of arrears from a landlord or utility provider (if applicable)
- Furniture invoice (if applicable)
- HomeBASE Host Family/Guest Household Agreement (if co-sharing, scanned from the Stabilization and Participant Agreement)
- Letter of Compliance (LOC) with Massachusetts Lead Law, or Letter of Interim Control, which addresses urgent lead hazards and is valid for up to two years (valid for one year with an option to renew), is also acceptable. LOCs do not expire and are considered valid so long as the conditions of the home remain the same. (these must be provided **only** if a building pre-dates 1978 and the family has a child under six years old.)

# HomeBASE Reallocation of Funds Form Example 1

## HomeBASE REALLOCATION OF FUNDS REQUEST FORM

Clients Name: Jane Smith Date: 12/10/2024

E2E Case Number: 0000001 Transperfect Code:                     

HomeBASE Reallocation of Funds Form completed by the Stabilization Case Manager and submitted to the Regional Administering Agency (RAA) for review along with invoices if applicable. Use the original HomeBASE tenant application submitted at the start of the HomeBASE benefit. Do not start a new application in E2E. If there is a new owner/landlord, the new owner/landlord will need to create/submit a new landlord application in E2E after the HomeBASE Reallocation of Funds Form has been approved by the RAA.

Year 1 or 2 Reallocation Request

Request for reallocation of HomeBASE funds (amount must be available from remaining HomeBASE balance): \$25000

Year 3

Request for year 3 HomeBASE funds amount, up to \$15,000. (Please see the HomeBASE Administrative Plan for additional year 3 guidance): \$                     

Remain in current unit

Moving to a new unit

New owner/landlord (if box is checked landlord application will need to be submitted in E2E once RAA approves the HomeBASE reallocation of Funds request)

Please provide a short narrative explaining the need for reallocation request and the breakdown of the amount requested. If requesting a change in stipends, first, last, or security, be sure to check the box above in page 1 indicating if the payments is to a new owner.

The family lost hours at work and their income decreased. The families 30% contribution towards rent will need to be reduced, please see updated rental stipend calculations based on the families new monthly income of \$1700.

If requesting reallocation of HomeBASE stipends, please complete below:

Month Feb.	Month March	Month April	Month May	Month June	Month July	Month Aug.	Month Sept.	Month Oct.	Month Nov.	Month Dec.	Month Jan.
HBHA \$2000	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 2000
Client \$ 0	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 0

HomeBASE Head of Household Signature: 

Date: 12/13/2024

Stabilization Case Manager Signature: 

Date: 12/13/2024

Approved: Yes  No

RAA Signature: 

Date: 12/17/2024

Reallocation of funds request Form is required to be uploaded to E2E for the Regional Administering Agency to begin reviewing and processing the HomeBASE request.

# HomeBASE Reallocation of Funds Form Example 2

## HomeBASE REALLOCATION OF FUNDS REQUEST FORM

Clients Name: **John Smith**

Date: 12/10/2024

E2E Case Number: 0000000 Transperfect Code: Enter Transperfect Code

HomeBASE Reallocation of Funds Form completed by the Stabilization Case Manager and submitted to the Regional Administering Agency (RAA) for review along with invoices if applicable. Use the original HomeBASE tenant application submitted at the start of the HomeBASE benefit. Do not start a new application in E2E. If there is a new owner/landlord, the new owner/landlord will need to create/submit a new landlord application in E2E after the HomeBASE Reallocation of Funds Form has been approved by the RAA.

Year 1 or 2 Reallocation Request

Request for reallocation of HomeBASE funds (amount must be available from remaining HomeBASE balance): \$ 14,800

Year 3

Request for year 3 HomeBASE funds amount, up to \$15,000. (Please see the HomeBASE Administrative Plan for additional year 3 guidance) : \$ Enter amount

Remain in current unit

Moving to a new unit

New owner/landlord (if box is checked landlord application will need to be submitted in E2E once RAA approves the HomeBASE reallocation of Funds request)

Please provide a short narrative explaining the need for reallocation request and the breakdown of the amount requested. If requesting a change in stipends, first, last, or security, be sure to check the box above in page 1 indicating if the payments is to a new owner.

Family's lease ended and new unit was located for family to move. Family would like to use remaining HomeBASE funds to relocate to new unit. Family will need First and last as well as stipends. First and Last are in the amount of \$2000.

If requesting reallocation of HomeBASE stipends, please complete below:

Month Feb.	Month March	Month April	Month May	Month June	Month July	Month Aug.	Month Sept.	Month Oct.	Month Nov.	Month Dec.	Month Jan.
HBHA \$2000	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 1080	HBHA \$ 2000
Client \$ 0	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 920	Client \$ 0

HomeBASE Head of Household Signature: 

Date: 12/13/2024

Stabilization Case Manager Signature: 

Date: 12/13/2024

Approved: Yes  No

RAA Signature: 

Date: 12/17/2024

Reallocation of funds request form is required to be uploaded to E2E for the Regional Administering Agency to begin reviewing and processing the HomeBASE request.

# The Re-Housing Provider Checklist



The new **Re-Housing Provider Checklist** can help you prepare for each family's Re-Housing Plan!

Print the checklist or save a digital copy for each family in your case load.

To download the checklist and begin using it, click either link below:

[Printable checklist](#) | [Fillable checklist](#)

You can also find these and other resources on the [Rapid Re-Housing Resource Portal](#).

**Re-Housing Provider Checklist** | Version 4.18.2025  
Executive Office of Housing and Livable Communities

HOH Name: \_\_\_\_\_  
ETO/HHH Case Number: \_\_\_\_\_

When completing the RHP, use this checklist to see what steps are needed to move forward with housing the family and completing the HomeBASE application.

New Unit Address Street: \_\_\_\_\_ City/Town: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Info Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

	Question	Yes	No	Details / Notes
Housing Search	Did the family provide a lease for the new unit?	<input type="checkbox"/>	<input type="checkbox"/>	Lease Start 1-2 Weeks out: Yes <input type="checkbox"/> No <input type="checkbox"/> Signatures: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is a child in the family under 6 or was the unit built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>	Did the Landlord provide a Lead Compliance Letter? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
	Was the family given an <a href="#">apartment habitability checklist</a> ?	<input type="checkbox"/>	<input type="checkbox"/>	
	Did the family complete a unit viewing?	<input type="checkbox"/>	<input type="checkbox"/>	
	Has the family used HomeBASE in the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, last payout date: ___ / ___ / _____ Amount used in the last 24 months: \$ _____
	Does the family have a subsidy?	<input type="checkbox"/>	<input type="checkbox"/>	Have they received the rent share letter? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
	Does the family need FMR, LMR, SD or Stipends?	<input type="checkbox"/>	<input type="checkbox"/>	Check all that apply: <input type="checkbox"/> FMR <input type="checkbox"/> LMR <input type="checkbox"/> SD <input type="checkbox"/> Stipends <input type="checkbox"/> Other:
	Has the family used the <a href="#">HomeBASE Rental Stipend Calculator</a> tool completed?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does the family need furniture? (Allowed: table, chairs, bedframes. Not allowed: sofas, dressers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Vendor: Needed (fill in number): Beds: __ Twin __ Full __ Queen Other: __ Chair(s) __ Table
	Has the family used HomeBASE for a Broker Fee?	<input type="checkbox"/>	<input type="checkbox"/>	

Executive Office of Housing and Livable Communities | Division of Housing Stabilization
1

# The Re-Housing Provider Checklist

Why does EOHLC now ask the question, “**Has the family used HomeBASE in the last 24 months?**”

Did the family complete a unit viewing?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the family used HomeBASE in the last 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, last payout date: ___ / ___ / _____ Amount used in the last 24 months: \$ _____

From the [HomeBASE FY 2025 Admin Plan](#),  
Pursuant to [760 CMR 65.03\(3\)\(a\)](#):

- Families that receive the HomeBASE benefit must wait **12 months following the date of receipt of their last HomeBASE payment before reapplying** for the HomeBASE program.
- Participants **shall not access more than \$30,000 within a 24-month period, and not more than \$15,000.00 within an additional 3rd year.**

Make sure you include, if you answer “**Yes**”:

- ✓ an **accurate last payout date** AND
- ✓ the **total amount received** from HomeBASE to ensure alignment with the statute