

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**ITEM: 3.32
(ID # 24193)**

MEETING DATE:
Tuesday, April 30, 2024

FROM : HOUSING AND WORKFORCE SOLUTIONS:


SUBJECT: HOUSING AND WORKFORCE SOLUTIONS (HWS): Adopt Resolution No. 2024-061, Approving the County of Riverside's Oasis Mobile Home Park Rental Assistance Program ("OHOP RA Program") and Authorizing the Director of Housing and Workforce Solutions, or Designee, to Administer the OHOP RA Program on Behalf of the County, from Funding Derived from the Grant Received from the State of California Department of Housing and Community Development; District 4. [\$15,000,000 – 100% State HCD Grant Funds for Oasis MHP] [CEQA EXEMPT per State CEQA Guidelines Section 15061(b)(3)] (Clerk of the Board to File Notice of Exemption)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Find that the project is exempt from California Environmental Quality Act ("CEQA") pursuant to State CEQA Guidelines Section 15061 (b) (3);

Continued on Page 2

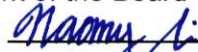
ACTION:Policy


Heidi Marshall, Director 2/22/2024

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Gutierrez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: April 30, 2024
xc: HWS, Recorder/State Clearinghouse

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

RECOMMENDED MOTION: That the Board of Supervisors:

2. Adopt Resolution No. 2024-061, Approving the County of Riverside’s Oasis Mobile Home Park Rental Assistance Program (“OHOP RA Program”) and Authorizing the Director of Housing and Workforce Solutions, or Designee, to Administer the OHOP RA Program on Behalf of the County, from Funding Derived from the Grant Received from the State of California Department of Housing and Community Development;
3. Expand the use of the previously allocated \$15,000,000 in HCD funds to include the OHOP RA Program to provide rental assistance to qualified residents of Oasis MHP;
4. Approve the attached Riverside County Housing and Workforce Solutions Oasis Mobile Home Park Housing Opportunity Rental Assistance Program Manual (“Program Manual”), including attachments thereto;
5. Authorize the Director of Housing and Workforce Solutions (“HWS”), or designee, to make revisions and amendments to the OHOP RA Program Guidelines that stay within the intent of the OHOP RA Program, subject to approval as to form by County Counsel;
6. Authorize the Director of HWS, or designee, to take all necessary steps to implement the OHOP RA Program including, but not limited to, approving expenditures of funding approved by the Board, drafting, negotiating, and executing, subsequent essential and relevant documents, including but not limited, to OHOP RA Program Grant Documents for qualified Oasis Mobile Home Park residents in an amount not to exceed \$100,000 per household, subject to approval as to form by County Counsel; and
7. Direct the Clerk of the Board to file the Notice of Exemption with the County Clerk and the State Clearinghouse at the Office of Planning and Research (OPR) within five (5) business days of approval.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$15,000,000	\$15,000,000	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: 100% Grant from California Department of Housing and Community Development (HCD)			Budget Adjustment:	No
			For Fiscal Year:	24/25

C.E.O. RECOMMENDATION: Approve

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

BACKGROUND:

Summary

Oasis Mobile Home Park ("Oasis MHP") is a mobile home park with approximately 1,000 people residing in 200 unpermitted mobile homes located on Torres Martinez Desert Cahuilla tribal (allotted and fee).

To address existing exceptional circumstances at Oasis MHP – unsafe, non-potable water not suitable for human consumption for which the United States Environmental Protection Agency issued emergency drinking water orders, uninhabitable and dilapidated mobile homes that pose a health and safety risk to the residents, substandard sewer systems, and electrical systems that present fire risks and outages – the State of California, pursuant to the 2021 Budget Act Section 2.00, as amended by Budget Bill Jr. ("SB 129") Chapter 69, Section 57, Item 2240-106-0001, Provision 3, allocated Thirty Million Dollars (\$30,000,000) to the County of Riverside to address relocation of residents of Oasis MHP.

The County and the California Department of Housing and Community Development ("HCD") executed Standard Agreement Number 21-GFD-001 ("Standard Agreement") for \$30,000,000 in grant funds ("HCD Grant") on October 26, 2021 (Minute Order 3.10) to provide emergency housing, develop quality affordable housing, and construct necessary infrastructure to relocate residents of Oasis MHP. Some of the eligible uses of the HCD Grant, include, but are not limited to, the predevelopment, development, acquisition, rehabilitation of rental housing that is affordable to extremely low-, very low-, low-, or moderate-income households and providing rapid rehousing and rental assistance to persons who are experiencing or at risk of homelessness for the purpose of obtaining and retaining housing.

On April 18, 2023 (Minute Order 3.43), the Board of Supervisor's approved the County of Riverside's Oasis Mobile Home Park Housing Opportunities Grant Program ("OHOP" or "OHOP Program") to offer grant funds to eligible residents of Oasis MHP for purposes which include, but are not limited to, securing improved housing either by transporting their current home to a permitted location, purchasing a home in a permitted location, purchasing vacant land to move their existing or new mobile home, or using the funds toward a down payment of a single-family home.

To build upon the OHOP Program and expand relocation opportunities, the County has created the Oasis Mobile Home Park Rental Assistance Program ("OHOP RA Program") to provide financial assistance directly to property owners/landlords on behalf of eligible residents to pay a portion of rent for a unit for up to three years. During that time, the County will deposit \$600 into an escrow account each month. After three years of residing in the unit, the family has the option to: (a) receive the difference between \$100,000 and the total rent paid for three years to purchase a new home; or (b) receive all the funds

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

deposited in the escrow account (\$21,600). All funds are required to be expended on the eligible housing uses set forth in the Budget Act and in the Standard Agreement.

The basic qualifying criteria for OHOP RA Program are households with residency as a tenant on or before October 26, 2021 at the Oasis MHP.

HWS is requesting approval of Resolution No. 2024-061, approving the County of Riverside's Oasis Mobile Home Park Rental Assistance Program ("OHOP RA Program") and authorizing the Director of Housing and Workforce Solutions, or designee, to administer the OHOP RA Program on behalf of the County of Riverside and approval of the Program Manual.

CEQA

Pursuant to the California Environmental Quality Act ("CEQA"), the program was reviewed and determined to be categorically exempt under State CEQA Guidelines Section 15061(b)(3), General Rule or "Common Sense" exemption. It can be seen with certainty that there is no possibility that the approval of the OHOP RA Program and related authorizations will lead to any direct or reasonably indirect physical environmental impacts. Any activities or projects arising out of the OHOP RA Program will be subject to separate CEQA review prior to taking any choice limiting or discretionary action in connection with such projects or activities. A Notice of Exemption will be filed by the Clerk of the Board with the County Clerk and the State Clearinghouse at the Office of Planning and Research (OPR) within 5 business days of approval of this item.

Impact on Residents and Businesses

There is a severe shortage of affordable rental homes available to low-income households in the Coachella Valley. Many of these households are extremely cost-burdened, spending more than half of their income on housing. At Oasis MHP, many of the residents are at risk of homelessness. The establishment of the OHOP RA Program will provide new rapid housing opportunities to eligible resident households of Oasis Mobile Home Park to relocate and access safe and decent housing.

SUPPLEMENTAL:

Additional Fiscal Information

No impact upon the County's General Fund; the County's contribution will be fully funded with the HCD Grant Funds, previously approved and allocated on April 18, 2023 (Minute Order 3.43). The use of the previously allocated funds expands the type of assistance available to residents of Oasis MHP.

ATTACHMENTS:

- Resolution 2024-061
- Oasis Mobile Home Park Rental Assistance Program Manual

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA

- Program Participant Agreement (attached as Exhibit 6 to Manual)
- OHOP Rental Assistance Payments Contract (attached as Exhibit 4 to Manual)
- Notice of Exemption


Brianna Lontajo, Principal Management Analyst

4/24/2024


Aaron Gettis, Chief of Deputy County Counsel

4/17/2024

FILED / POSTED

County of Riverside
Peter Aldana
Assessor-County Clerk-Recorder

E-202400465
04/30/2024 04:01 PM Fee: \$ 50.00
Page 1 of 1



Removed: _____ By: _____ Deputy

Notice of Exemption

To:	<input type="checkbox"/> Office of Planning and Research	From:	Public
<i>For U.S Mail:</i>	<i>Street Address:</i>	Agency:	County of Riverside
P.O. Box 3044	1400 Tenth St.	Address:	4080 Lemon Street, Suite 400
Sacramento, CA 95812-3044	Sacramento, CA 95814	Contact:	Annjanette Aguilar
		Phone:	(760) 863-2541

<input checked="" type="checkbox"/> County Clerk	Lead Agency (if different from above):
County of: <u>Riverside</u>	Address: _____
2724 Gateway Drive	
P.O. Box 751	
Address: Riverside, CA 92502-0751	Contact: <u>Juan Garcia</u>
	Phone: <u>+19519558126</u>

SUBJECT: Filing of Notice of Determination in Compliance with Section 21108 or 21152 of the Public Resources Code.

State Clearinghouse Number (if submitted to State Clearinghouse): _____

Project Title: Oasis Mobile Home Park Rental Assistance Program ("OHOP RA Program") Using State of California Department of Housing and Community Department (HCD) Grant Funds

Project Location (include county): 4th District, County of Riverside, State of California

Project Description: The Department of Housing and Workforce Solutions (HWS) is administering a grant of \$15,000,000 in State of California Department of Housing and Community Department (HCD) Grant Funds already allocated to Oasis Mobile Home Park Housing Opportunities Grant Program ("OHOP" or "OHOP Program") to offer grant funds to eligible residents of Oasis MHP for purposes which include, but are not limited to, securing improved housing either by transporting their current home to a permitted location, purchasing a home in a permitted location, purchasing vacant land to move their existing or new mobile home, or using the funds toward a down payment of a single-family home. The County is proposing to create the Oasis Mobile Home Park Rental Assistance Program ("OHOP RA Program") to provide financial assistance directly to property owners/landlords on behalf of eligible residents to pay a portion to rent in an apartment for up to three years.

Project Sponsor: County of Riverside

This is to advise that the County of Riverside Board of Supervisors approved the above project on

Lead agency or Responsible Agency

April 30, 2024 and has made the following determinations regarding the above described project:
(tentative date)

Find that the Oasis Mobile Home Park Rental Assistance Program ("OHOP RA Program") using State of California Department of Housing and Community Department (HCD) Grant Funds does not constitute a project under California Environmental Quality Act (CEQA) and Section 15061(b)(3) of the CEQA Guidelines in that the program was reviewed and determined to be categorically exempt under State CEQA Guidelines Section 15061(b)(3), General Rule or "Common Sense" exemption. It can be seen with certainty that there is no possibility that the approval of the OHOP RA Program and related authorizations to administer, contract, procure will lead to any direct or reasonably indirect physical environmental impacts. Any activities or projects arising out of the OHOP RA Program will be subject to separate CEQA review prior to taking any choice limiting or discretionary action in connection with such projects or activities.

Signature: (Public Agency) Title: Deputy Director
Juan Garcia

Date: 4/17/24 Date received for filing at OPR: _____

BOARD OF SUPERVISORS

COUNTY OF RIVERSIDE

RESOLUTION NO. 2024-061

APPROVING THE COUNTY OF RIVERSIDE’S OASIS MOBILE HOME PARK RENTAL ASSISTANCE PROGRAM ("OHOP RA PROGRAM") AND AUTHORIZING THE DIRECTOR OF HOUSING AND WORKFORCE SOLUTIONS, OR DESIGNEE, TO ADMINISTER THE OHOP RA PROGRAM ON BEHALF OF THE COUNTY, FROM FUNDING DERIVED FROM THE GRANT RECEIVED FROM THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

WHEREAS, the State of California (the “State”), Department of Housing and Community Development (“HCD”) pursuant to the 2021 Budget Act Section 2.00, as amended by Budget Bill Jr., Chapter 69, Section 57, Item 2240-106-0001, Provision 3 (“Budget Act of 2021”), allocated Thirty Million Dollars (\$30,000,000) to the County of Riverside to address relocation of residents of Oasis Mobile Home Park;

WHEREAS, the County’s Board of Supervisors, on October 26, 2021 (Minute Oder 3.10), adopted Resolution No. 2021-195, Authorizing the Acceptance and Administration of a \$30,000,000 Grant from the California Department of Housing and Community Development and Authorizing the Director of Housing Workforce Solutions, or Designee, to Enter into and Execute the State Standard Agreement and Any Required Documentation, and Amendments Thereto, Necessary to Receive and Administer the Grant;

WHEREAS, the County and the California Department of Housing and Community Development (“HCD”) executed Standard Agreement Number 21-GFD-001 (“Standard Agreement”) for \$30,000,000 in grant funds (“HCD Funds”) to provide emergency housing, develop quality affordable housing, and construct necessary infrastructure to relocate residents of Oasis Mobile Home Park (“Oasis MHP”);

WHEREAS, pursuant to the Standard Agreement, one of the eligible uses of the HCD Funds, include, but are not limited to, assisting persons who are experiencing or at risk of homelessness with providing rapid rehousing and rental assistance to allow people to obtain and retain housing;

WHEREAS, many of the individual and families residing at Oasis MHP are at risk of experiencing homelessness;

WHEREAS, on April 18, 2023 (Minute Order 3.43), the Board approved the Oasis Mobile

*RESOLUTION NO. 2024-061
Housing and Workforce Solutions*

FORM APPROVED COUNTY COUNSEL
BY: AGG AMR/D
DATE: 4/17/2024
DRILLON

1 Home Park Housing Opportunities Program (“OHOP Program”), and allocated up to Fifteen
2 Million Dollars (\$15,000,000) from the HCD Funds towards the OHOP Program; and

3 **WHEREAS**, to build upon the OHOP Program and expand relocation opportunities with
4 the previously allocated Fifteen Million Dollars (\$15,000,000) from the HCD Funds, the County
5 desires to implement the Oasis Mobile Home Park Rental Assistance Program (“OHOP RA
6 Program”) to provide financial assistance directly to property owners/landlords on behalf of
7 eligible residents to pay a portion to rent in an apartment for up to three years in order to prevent
8 homelessness and provide safe and sanitary housing.

9 **NOW THEREFORE, BE IT RESOLVED, FOUND, DETERMINED, AND**
10 **ORDERED** by the Board of Supervisors of the County of Riverside (“Board”), in regular session
11 assembled on April 30, 2024, at 9:30 a.m., or soon thereafter, in the meeting room of the Board
12 located on the 1st floor of the County Administrative Center, 4080 Lemon Street, Riverside,
13 California, that this Board does hereby determine and declare as follows:

- 14 1. That the above recitals are true and correct and incorporated as though set forth herein.
- 15 2. County, in accordance with the Standard Agreement, hereby establishes the Oasis
16 Mobile Home Park Rental Assistance Program (“OHOP RA Program”).
- 17 3. The OHOP RA Program will provide financial assistance directly to property
18 owners/landlords on behalf of eligible residents to pay a portion to rent in an apartment
19 for up to three years in order to prevent homelessness and provide safe and sanitary
20 housing. During this time, the County will deposit \$600 into an escrow account each
21 month. After three (3) years of residing in the apartment, the family has the option to:
22 (a) receive the difference between \$100,000 and the total rent paid for three years to
23 purchase a home; or (b) receive all the funds deposited in the escrow account to be
24 expended on eligible housing uses, subject to the resident’s continued written
25 compliance with the uses set forth in the Budget Act of 2021 and the Standard
26 Agreement.
- 27 4. Residents verified to have occupied a home at Oasis MHP on or before October 26,
28 2021, will be eligible to apply for the OHOP RA Program.

- 1 5. Each eligible household will be assisted with up to \$100,000 per household for up to
2 three years.
- 3 6. The Director of the Housing and Workforce Solutions (“HWS”), or designee, is
4 authorized to administer the OHOP RA program on behalf of the County of Riverside
5 and to make administrative revisions and amendments to the OHOP RA Program
6 guidelines, subject to approval as to form by County Counsel. The Director of HWS,
7 or designee, may also take all necessary steps to implement the OHOP RA Program
8 including, but not limited to, approving expenditures of funding approved by the Board,
9 drafting, negotiating, and executing, subsequent essential and relevant documents,
10 including but not limited to, additional OHOP RA Program documents for qualified
11 Oasis MHP residents in a not to exceed amount of \$100,000 per household, subject to
12 approval as to form by County Counsel.
- 13 7. The Director of HWS, or designee, shall administer the HCD Funds in compliance with
14 the OHOP RA Program objectives.
- 15 8. The Director of HWS, or designee, shall also promptly report any material changes or
16 significant new developments related the OHOP RA Program to the Board.
- 17 9. Each grant allocation to eligible residents from Oasis MHP under the OHOP RA
18 Program shall comply with the Budget Act of 2021, HCD Standard Agreement Number
19 21-GFD-001, and all applicable local, state, and federal laws and regulations.
- 20 10. This Resolution shall take effect immediately upon its adoption.

21 //

2 **RESOLUTION NO. 2024-061**

3 **APPROVING THE COUNTY OF RIVERSIDE’S OASIS MOBILE HOME PARK**
4 **RENTAL ASSISTANCE PROGRAM (“OHOP RA PROGRAM”) AND AUTHORIZING**
5 **THE DIRECTOR OF HOUSING AND WORKFORCE SOLUTIONS, OR DESIGNEE,**
6 **TO ADMINISTER THE OHOP RA PROGRAM ON BEHALF OF THE COUNTY,**
7 **FROM FUNDING DERIVED FROM THE GRANT RECEIVED FROM THE STATE OF**
8 **CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**

9
10 **ROLL CALL:**

11
12 **Ayes:** Jeffries, Washington, Spiegel, Perez, and Gutierrez

13 **Nays:** None

14 **Absent:** None

15
16
17 The foregoing is certified to be a true copy of a resolution duly adopted by said Board of
18 Supervisors on the date therein set forth.

19
20 KIMBERLY A. RECTOR, Clerk of said Board

21
22 By:  _____
23 Deputy

**RIVERSIDE COUNTY
HOUSING AND WORKFORCE SOLUTIONS
OASIS MOBILE HOME PARK HOUSING OPPORTUNITY (OHOP)
RENTAL ASSISTANCE PROGRAM**

MANUAL



FORM APPROVED COUNTY COUNSEL
BY APD DATE 4/17/2024
AMRIT P. DHILLON

This Manual provides the policies and procedures for the implementation of Riverside County's Oasis Mobile Home Park Housing Opportunity Rental Assistance Program, as established by Riverside County Board of Supervisors. In addition to these guidelines, the Oasis Mobile Home Park Housing Opportunity Rental Assistance Program will be administered according to the rules and regulations of the State of California and by the program. In the event of a conflict between this Manual and the OHOP Grant Program Guidelines, the OHOP Grant Program Guidelines shall take precedence. The policies and procedures contained within this Manual are intended to implement the Oasis Mobile Home Park Housing Opportunity Rental Assistance Program.

**HOUSING AND WORKFORCE SOLUTIONS
OASIS MOBILE HOME PARK HOUSING OPPORTUNITY GRANT (OHOP)
RENTAL ASSISTANCE PROGRAM**

POLICIES AND PROCEDURES HANDBOOK

Prepared by:

Riverside County
Housing and Workforce Solutions
760-863-7450

Program initiated April 30, 2024 within fiscal year.

July 1, 2023 – June 30, 2024

Mailing Address:
Riverside County
Housing and Workforce Solutions
44-199 Monroe St
Indio, CA 92201

<https://rivcoeda.org/Departments/Housing>

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INTRODUCTION

Purpose

1. The Riverside County Housing and Workforce Solutions (HWS) Department is offering an Oasis Mobile Home Park Housing Opportunity (OHOP) Rental Assistance Program (OHOP RA, OHOP RA Program, or Program). The primary objective of the OHOP RA Program is to provide financial assistance to residents living at Oasis Mobile Home Park to help them move to safe, adequate, and sanitary housing. The Program will be available to resident tenants of the Oasis Mobile Home Park located on 70th Avenue in the unincorporated community of Oasis. To be eligible, resident tenants must have been tenants at Oasis Mobile Home Park on October 26, 2021, as set forth in the California Department of Housing and Community Development State Standard Agreement 21-GFD-001.
2. This Program will provide financial assistance to approved Oasis Mobile Home Park residents to pay rent for families in an apartment for up to three years. During this time, the county will deposit \$600 into an escrow account each month. After three years of residing in the apartment, the family has the option to:
 - a. Receive the difference between \$100,000 and the total rent paid for three years to purchase a new home (**Example 1**). These funds are restricted to assist the family in purchasing a new home, pursuant to the Oasis Mobile Home Park Housing Opportunity Grant (OHOP) Housing Replacement Finance Program; **or**
 - b. Receive all the funds deposited in the escrow account (\$21,600) to be expended by written agreement on eligible housing uses in compliance with the uses set forth in the Budget Act of 2021 and in the State Standard Agreement (**Example 2**).
3. **The total of amount of financial assistance cannot exceed \$100,000.**

Example 1:

	Rental Payment	After Three (3) Years
Rent	\$1,000	\$36,000
Escrow (Savings)	\$600	\$21,600
Total	\$1,600	\$57,600
Available funds to purchase home	\$64,000	

Example 2:

	Rental Payment	After Three (3) Years
Rent	\$1,000	\$36,000
Escrow (Savings)	\$600	\$21,600
Total	\$2,777	\$100,000

Available funds to purchase home \$21,600

OHOP RA Program

1. The Oasis Mobile Home Park Housing Opportunity Program (OHOP) is funded by the California Department of Housing and Community Development under Standard Agreement 21-GFD-001 (HCD Grant), administered by the County of Riverside Housing and Workforce Solutions as authorized by Board action on October 26, 2021 (Minute Order 3.10).
2. The Oasis Mobile Home Park Housing Opportunity Program (OHOP) was created by County of Riverside Board of Supervisors on April 18, 2023 (Minute Order 3.43) The program provides resources to address the exceptional circumstances at Oasis Mobile Home Park by providing opportunities to resident tenants for relocation.
3. All Program Participants will first be reviewed through the Oasis Mobile Home Park Housing Opportunity Housing Replacement Finance Program (OHOP HRF). OHOP HRF Program Case Manager will refer Program Participants to the OHOP RA Program after evaluating the household's situation and options.

GENERAL PROGRAM REQUIREMENTS

Basic Eligibility

1. Location. The OHOP RA Program is available within the County of Riverside.
2. Income Limits. The OHOP RA Program does not impose an income limit for eligibility. Rather, it is required that Program Participant demonstrates their residence as a tenant on or before October 26, 2021, at the Oasis Mobile Home Park located on 70th Avenue in the unincorporated community of Oasis in Riverside County.
 - a. Although OHOP RA Program does not impose an income limit for eligibility, income documentation will be collected to gauge the household's financial situation to better assist in providing relocation options.
3. Co-signers. Co-signers are permitted so long as they can verify that they were a tenant at Oasis on or before October 26, 2021.
4. United States Residency. The OHOP RA Program does not impose a restriction nor require documentation of immigration status.

Changes to Program Guidelines

Minor changes to these Program Guidelines involving administrative procedures or accommodations to adapt to unique Program Participant situations or opportunities, or regulatory changes may be performed with the approval of the Director of HWS, or designee.

Maximum Term of Assistance

The absolute maximum term of assistance will be three (3) years of rental assistance per household.

Confidentiality

Subject to the California Public Records Act, OHOP RA Program Applications are confidential and will only be discussed with representatives of the renter. OHOP RA Program applications will not be discussed with outside interests. Items containing confidential information (i.e., tax returns, pay stubs, employment verification) should not be faxed.

Conflict of Interest

No employee, officer, or agent of the Riverside County Housing and Workforce Solutions shall participate in the selection, or in the award, or administration of, a contract supported by State funds if a conflict of interest, real or apparent, would be involved. No covered individual who exercise or have exercised any functions or responsibilities with respect to OHOP RA Program assisted activities, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest in any contract, or have a financial interest in any contract, subcontract, or agreement with respect to activities assisted with the OHOP RA Program funding, or with respect to the proceeds from activities assisted with OHOP RA Program funding, either for themselves or those with whom they have business or immediate family ties, during their tenure or for a period of one (1) year thereafter. For purposes of this paragraph, a "covered person" includes any person who is an employee, agent, consultant, officer, or elected or appointed official of the Riverside County Housing and Workforce Solutions, or any designated public agency.

UNIT SELECTION

The County will work closely with Program Participants who have been approved for participation in the OHOP RA Program to identify appropriate housing units available for rent. The County will consider the OHOP RA Program Guidelines when evaluating and assisting in the selection of the unit to be leased, including size of unit, occupancy standards, rent reasonableness and willingness of the Owner to participate in the program.

Eligible Units

The OHOP RA Program offers households flexibility in selecting a housing unit. Households must be free to select the unit of their choice:

1. Units leased to OHOP RA Program Participants may be publicly- or privately-owned. Publicly owned units include public housing, Section 811, Section 202, HOPE 6, Continuum of Care, and HOPWA.
2. OHOP RA Program security and utility deposit assistance cannot be provided to a program participant who is receiving security deposit or utility deposit assistance through other public sources.
3. The OHOP RA Program Case Manager shall disapprove a lease if the County determines the rent is not reasonable, based on rents that are charged for comparable unassisted rental units.
4. Households shall be permitted to move out at the end of the lease term, taking their OHOP assistance with them.
5. Portability is permitted only within Riverside County.

Housing Unit Eligibility

The County shall arrange for an HQS-certified Inspector to inspect each unit identified to receive OHOP assistance. The Inspector shall use the [Housing Quality Standards \(HQS\) Checklist](#) containing the elements necessary to demonstrate housing quality in accordance with the requirements set forth in 24 CFR 982.401. A rental housing unit shall be considered a Standard Unit if it meets the HQS standards. The unit shall be inspected and determined to be in standard condition prior to the provision of OHOP assistance. A copy of the completed HQS Checklist shall be maintained in the Case File.

Additionally, each property must be located within the County. Units must also comply with all applicable County or local City policies and ordinances, including having a valid business license (if applicable).

Unit Size and Occupancy Standards

One of the purposes of the OHOP RA Program is to address persistent conditions of housing overcrowding in the County and at Oasis Mobile Home Park in particular. The Housing Quality under 982.401 (1) states that “The dwelling unit must have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.”

Determining Family Unit Size

For each family, the OHOP RA Program Case Manager determines the appropriate number of bedrooms under the OHOP RA Program subsidy standards and enters the family unit size on the certificate that is issued to the family. The family unit size does not dictate the size of unit the family must lease, nor does it determine who within a household will share a bedroom/sleeping room.

The following requirements apply when the OHOP RA Program Case Manager determines family unit size:

1. The subsidy standards must provide for the smallest number of bedrooms needed to house a family without overcrowding.
2. The subsidy standards must be consistent with space requirements under the housing quality standards. [24 CFR 982.401 (d)]
3. The subsidy standards must be applied consistently for all families of like size and composition.
4. A child who is temporarily away from the home because of placement in foster care is considered a member of the family in determining the family unit size.
5. A family that consists of a pregnant woman (with no other persons) must be treated as a two- person family.
6. Any live-in aide (approved by the OHOP RA Program Case Manager to reside in the unit to care for a family member who is disabled) must be counted in determining the family unit size.
7. Unless a live-in-aide resides with a family, the family unit size for any family consisting of a single person will be a one-bedroom unit.

The OHOP RA Program Case Manager will assign one bedroom for each two persons within the household, except in the following circumstances:

1. Live-in aides will be allocated a separate bedroom. No additional bedrooms will be provided for the live-in aide’s family. The occupancy standards must be consistent with

housing quality standards of no more than two persons per living area (bedrooms, living room, den, family room). Single person families will be allocated a one bedroom.

2. Foster children will be included in determining unit size.
3. A separate bedroom should be allocated for the Head of Household unless there is a spouse/significant other unless there is a spouse/significant other in the household.
4. A separate bedroom should be allocated for the Head of Household if no spouse or cohabitant exists.
5. When someone who has been considered a family member attends school away from home, the person will continue to be considered a family member unless information becomes available to OHOP RA Program Case Manager indicating that the student has established a separate household, or the family declares that the student has established a separate household.
6. A separate bedroom should be allocated where there is an odd number of family members (excluding the head of household, spouse/cohabitant).

The OHOP RA Program Case Manager will reference the following chart in determining the appropriate certificate size for a family:

Unit Size	Persons in Household
1 Bedroom	1-2
2 Bedrooms	2-4
3 Bedrooms	4-6
4 Bedrooms	6-8
5 Bedrooms	8-10

Exceptions to Subsidy Standards

In determining family unit size for a particular family, the OHOP RA Program Case Manager may grant an exception to its established subsidy standards if the OHOP RA Program Case Manager determines that the exception is justified by the age, sex, health, handicap, or relationship of family members or other personal circumstances [24 CFR 982.402(b)(8)]. Reasons may include, but are not limited to:

1. A need for an additional bedroom for medical equipment
2. A need for a separate bedroom for reasons related to a family member's disability, medical or health condition.
3. A need for an additional bedroom for reasons related to an elderly family member's medical or health condition.

The family must request any exception to the subsidy standards in writing within 30 days of the determination of certificate size. The request must explain the need or justification for a larger family unit size and must include appropriate documentation. Requests based on health-related reasons must be verified by a knowledgeable professional source (e.g., doctor or health care professional), unless the disability and the disability-related request for accommodation is readily apparent or otherwise known. The family's need for an additional bedroom due to special medical equipment must be re-verified in writing at annual reexamination.

All exceptions to subsidy standards will be reviewed and determined by the OHOP RA Program Case Manager.

The OHOP RA Program Case Manager will notify the family of its determination within 10 business days of receiving the family's request. If a participant family's request is denied, the notice will inform the family of their right to request an informal hearing.

OHOP assistance moves with the program participant. If a household needs to change location, the household may take the OHOP RA assistance along when it moves to another rental unit.

If a household decides to change location to a new unit, the household will need to provide a request, in writing, to the OHOP RA Program Case Manager. The written request shall include the following information:

1. Notification of the desire to change location of the OHOP assistance.
2. New location is within Riverside County
3. Address of the new location
4. Date of desired move
5. Identify any change in household size (if applicable)

Housing Quality Standards (HQS) Inspections

Any OHOP RA assisted property must meet all applicable County or local host City housing codes and ordinances as well as the Section 8 Housing Quality Standards (HQS). Inspection to verify compliance with HQS and occupancy standards are made both at initial move-in and annually during the term of the OHOP RA assistance. A written inspection form must be signed and dated and retained in the tenant file.

The HQS standards cover the following areas:

1. Sanitary facilities
2. Food preparation and refuse disposal.
3. Space and Security
4. Thermal Environment
5. Illumination and electricity
6. Structure and materials
7. Interior Air Quality
8. Water Supply
9. Lead-based paint
10. Access
11. Site and neighborhood
12. Sanitary condition
13. Smoke Detectors

Housing Quality Standards (HQS) Space Standards

According to the Housing Quality Standards for space within a dwelling unit (24 CFR 982.401 and 982.403) the following is required:

1. Provide adequate space and security for the family.
2. Have at least one bedroom or living/sleeping room for each two persons.

A unit that does not meet these HQS Inspection space standards is defined as overcrowded.

A living room may be used as sleeping (bedroom) space, but no more than two persons may occupy the space. A bedroom or living/sleeping room must have at least:

1. One window
2. Two electrical outlets in proper operating condition (permanent overhead or wall-mounted light fixtures may count as one of the required electrical outlets)

If the OHOP RA Program Case Manager determines that a unit is overcrowded because of an increase in family size or a change in family composition, the family and the OHOP RA Program Case Manager must try to find an acceptable unit as soon as possible. If an acceptable unit is available for rental by the family, the OHOP RA Program Case Manager must terminate the OHOP RA Program agreement in accordance with its terms.

Lead-Based Paint

The Lead-Safe Housing Rule of 24 CFR part 35, subpart M, is applicable to units rented by OHOP RA Program participants pursuant to 24 CFR 92.355 and cannot be waived. The OHOP RA Program Case Manager shall ensure that units built before 1978 undergo visual evaluation and paint repair in accordance with 24 CFR Part 35, subpart M.

All Program Participants will be notified of the hazards of lead-based paint and of the symptoms and treatment of lead-based paint poisoning. Program Participants will be provided with the Lead Paint Disclosure and a copy of the disclosure is to be retained in the Program Participant's file. This is a standard requirement of all applications and the OHOP RA Program Case Manager must collect an acknowledgement signed by the Program Participant indicating receipt of the pamphlet, documenting that disclosure has occurred. The pamphlet and acknowledgement are included with the Program Application.

The OHOP RA Program must adhere to the following requirements of Lead-Safe Housing Rule:

1. Tenants must receive the fact sheet "Ten Tips to Protect Children from Pesticide and Lead Poisonings around the Home" (EPA) and the pamphlet "Protect Your Family from Lead" (EPA) at the time of application.
2. Tenants must receive the Elevated Blood Level form (tenant signature optional) and the Tenant Notice of Defect/Notice of Elevated Blood Level Above 15 ug form prior to move in.
3. A sign-off form, indicating that the tenant has received the four documents, must be kept in tenant files.
4. Visual assessment of units built prior to 1978 must take place during the HQS inspection. Exemptions include 0-bedroom units, SROs, and units exclusively for the elderly and disabled where children aged 6 and under will not/do not occupy the unit.
5. If deteriorated paint is identified in the visual assessment,
6. Lead-based paint stabilization/abatement procedures must take place at the expense of the Owner within 30 days of notification to the Owner (24 CFR Part 35.1330(a) and (b).)
7. The Owner of the unit must meet the requirements of paint stabilization as defined in 24 CFR Part
8. 35.110. Paint stabilization must be conducted in accordance with procedures outlined at 24 CFR 1330(a) & (b). Owners must pay for stabilization and/or abatement procedures prior to move-in (or during occupancy). If the Owner declines to provide stabilization, another unit must be selected.
9. Owner must provide a copy of the clearance report performed in accordance with 24 CFR 35.1340 whenever paint stabilization is undertaken. Owner must provide tenant with a written notice of the results of the clearance exception (24 CFR 35.1215(c).
10. If lead-based paint or deteriorated paint in non-exempt units is identified following move in and/or during an annual or periodic re-inspection, depending on the scope of the work to stabilize the paint, and if deemed necessary, the Owner is responsible for relocating the tenants to a comparable dwelling free of lead-based paint hazards while the work is

taking place.

11. Owner must adopt procedures to ensure that on-going maintenance activities are conducted in accordance with 24 CFR 35.1355 during the term of assisted tenancy.
12. Identification of the number of units built prior to 1978 and the number of children and pregnant women residing in each unit must be provided on OHOP RA tenant project set-up forms.

Rent Reasonableness

OHOP RA assisted units must rent for a reasonable amount, compared to rents charged for comparable, unassisted units. OHOP RA Program Case Manager must document the basis for their rent reasonableness determinations on a form prescribed by OHOP RA Program Case Manager. The prescribed form provides a rent analysis for three (3) comparable unassisted units. Key components of a comparability analysis include:

1. Location in Community: In many markets, location is the key determinant of housing price (i.e., good/safe neighborhood, close to schools/bus routes, etc.).
2. Size: Only units of comparable size (both in terms of number of bedrooms and square footage) should be used.
3. Rent for Unit: Amount of rent being charged by Owner. Utilities Included: Consider the type and fuel source of utilities. Condition: Only units in similar condition should be compared.
4. Amenities: Consider such amenities as garage, appliances, and lot size.

HUD regulations define a reasonable rent as one that does not exceed the rent charged for comparable, unassisted units in the same market area. HUD also requires that Owners not charge more for assisted units than for comparable units on the premises. (24 CFR 92.209)

Participant's Rent Contribution

For the purposes of the County OHOP RA Program, the minimum program participant rent shall be the higher of \$50 or 30 percent of the household's monthly Adjusted Income. Under no circumstances shall rents exceed the Fair Market Exception Rent or the Fair Market Rent (FMR) published by the Riverside County Housing Authority, whichever is higher. In cases where the OHOP RA Program participant has little or no income, exceptions to the minimum \$50 participant rent contribution standard will be considered for approval by the OHOP RA Program Case Manager.

Term of Assistance

The term of OHOP RA may be up to a maximum of three (3) years, subject to the availability of OHOP funds.

Request For OHOP Unit Approval

Once a unit is identified by the Program Participant and the OHOP RA Program Case Manager, with an Owner that is willing to participate in the OHOP RA Program, the Program Participant shall submit a request, see Exhibit 5, for the unit to be approved so that OHOP RA funds can be used to rent the unit. The OHOP RA Program Case Manager will prepare the request form to be signed by the Program Participant and potential Owner.

PARTICIPANT AGREEMENT/LEASE/LEASE ADDENDUM/ RENTAL ASSISTANCE PAYMENTS AGREEMENT

For the OHOP RA Program Case Manager to assist a Program Participant in a particular dwelling unit, or execute a Rental Assistance Payments Agreement with the Owner of a dwelling unit, the OHOP RA Program Case Manager must determine that all the following program requirements are met:

1. The unit itself must qualify as an eligible unit [24 CFR 982.305(a)]
2. The unit must be inspected by the OHOP RA Program Case Manager, or the City Inspector and the unit must meet the inspection standards (refer to Housing Quality Standards (HQS) [24 CFR 982.305(a)]
3. The rent to be charged by the Owner for the unit must be reasonable [24 CFR 982.305(a)]
4. The Owner must be an eligible Owner, approvable by the OHOP RA Program Case Manager, with no conflicts of interest as defined on page 4.

Program Participant Agreement

The OHOP RA Program Participant will enter into an agreement in which the Program Participant agrees to comply with the OHOP RA Program rules and the OHOP RA Program agrees to pay all or a portion of the rent, as specified in the agreement.

The term of the Program Participant Agreement, see exhibit 6, runs in conjunction with the term of the Lease. The Lease cannot exceed three (3) years. The participant agreement automatically terminates on the last day of the term of the Lease. If the participant is no longer eligible for OHOP RA or the Lease is terminated, the participant agreement with the Owner will automatically terminate. The OHOP RA Program will no longer be required to make rental assistance payments to the Owner if the participant is no longer occupying the rental unit or if the tenant remains in the rental units after their rental assistance has ended.

Lease

The County is not a party to the Program Participant/Owner lease and will not be obligated to enforce or intervene in a Program Participant/Owner dispute. The County is not a party to the eviction process. If the Program Participant is legally evicted for cause, the County may terminate assistance to the Program Participant.

The OHOP RA Program Case Manager shall receive and maintain a copy of the lease in the case file.

Review of Lease

The OHOP RA Program Case Manager will review the dwelling lease for compliance with all applicable requirements.

If the dwelling lease is incomplete or incorrect, the OHOP RA Program Case Manager will notify both the Program Participant and the Owner of the deficiencies. Missing and corrected lease information shall be transmitted to the OHOP RA Program Case Manager in writing (revised/corrected and signed lease). The OHOP RA Program Case Manager will not accept missing and corrected information over the phone.

Because the initial leasing process is time-sensitive, the OHOP RA Program Case Manager will attempt to communicate with the Owner and Program Participant by phone or email. The OHOP RA Program Case Manager will use U.S. Postal Service when the parties cannot be reached by phone or email.

The OHOP RA Program Case Manager will not review the Owner's lease for compliance with state/local law.

Lease Addendum

The Program Participant and the Owner will enter into the Lease Addendum (Exhibit 8 –Lease Addendum) in which the Program Participant and the Owner agree to comply with the program requirements and the OHOP RA Program agrees to pay all or a portion of the rent, as specified in the Lease Addendum. Unless explicitly noted in a paragraph in the Addendum, the term of the Lease Addendum shall begin on the date the Lease Addendum is executed and extend through 30 days after the last month of assistance provided, as outlined in the Addendum.

The Owner shall consent (verbally or in writing) to the following program parameters before the OHOP RA Program Case Manager:

1. Owner shall indicate willingness to enter into at least a one-year lease with the OHOP RA Program Participant and shall agree to signing the Lease Addendum (Exhibit 8 – Lease Addendum).
2. Except in extenuating cases where 100% of rent is paid by the OHOP RA Program, Owner shall acknowledge that monthly rent payments will be received from the Program Participant directly and from the County in two separate payments.
3. Owner shall acknowledge willingness to sign a rental assistance contract with the OHOP RA Program Contractor to facilitate rent payments to be made directly from the County.
4. Owner shall acknowledge that the rental unit must meet Housing Quality Standards (HQS) as determined by a County Inspector.

The OHOP RA Program Case Manager must ensure each lease does not include any prohibited lease provisions. This is accomplished through the required Lease Addendum, which counteracts prohibited provisions and eliminates the need for in-depth legal review.

The following lease provisions are prohibited:

1. Agreement by the Program Participant to be sued or to admit guilt, or a judgment in favor of the Owner in a lawsuit brought in connection with the lease.
2. Agreement by the Program Participant that the Owner may take, hold, or sell the personal property of the Program Participant without notice to the Program Participant and a court decision on the rights of the parties (this does not apply to personal property left by the Program Participant after move-out).
3. Agreement by the Program Participant not to hold the Owner or its agents legally responsible for any action or failure to act, whether intentional or negligent.
4. Agreement by the Program Participant that the Owner may institute a lawsuit without notice to the Program Participant.
5. Agreement that the Owner may evict the Program Participant without a civil court proceeding where the Program Participant has the right to present a defense, or before a court decision on the rights of the Program Participant and the Owner.
6. Agreement by the Program Participant to waive a trial by jury.
7. Agreement by the Program Participant to waive the Program Participant's right to appeal or otherwise challenge a court decision.
8. Agreement by the Program Participant to pay attorney fees or other legal costs, even if the Program Participant wins in court.

A copy of the lease and the addendum shall be kept in each participant's file.

Rental Assistance Payments Contract

The Rental Assistance Payments Contract, see Exhibit 4, is a written contract between the OHOP RA Program, and the Owner of the dwelling unit occupied by a Program Participant. The agreement spells out the Owner's responsibilities under the program, as well as the OHOP RA Program Case Manager's obligations.

Under the Rental Assistance Payments Contract, the OHOP RA Program Case Manager agrees to make rental assistance payments to the Owner on behalf of the Program Participant approved by the OHOP RA Program Case Manager to occupy the unit.

When the OHOP RA Program Case Manager has determined that the unit meets program requirements and the tenancy is approvable, the OHOP RA Program Case Manager and Owner must execute the Rental Assistance Payments Contract.

CHANGES IN HOUSEHOLD

Family Breakup—Divorce or Death

When a Program Participant's household breaks up, the rental assistance remains with the eligible Program Participant.

If the Program Participant dies, any remaining members of the household can continue to receive assistance for three full calendar months following the death of the eligible family member given that there is at least one adult family member remaining in the household. After that, the remaining household members will no longer be eligible to receive the OHOP RA Program assistance. To address extenuating circumstances, the OHOP RA Case Manager can recommend exceptions to this rule so long as the maximum 24-month length of assistance period is not exceeded.

Absence From the Unit

The Program Participant may be absent from their unit for up to 90 days for medical-related care or treatment and continue to receive rental assistance. This is with the understanding and agreement of the Program Participant that the tenant share of the rent is being paid according to the lease provisions and that no other person is allowed to stay in the unit (other than approved household members listed on the lease) without the approval of the Owner and OHOP RA Program Case Manager.

The Program Participant may be absent from their rental unit for up to 30 days during a 12-month period for vacation or to visit out-of-town relatives or friends. The OHOP RA Program rental unit is intended to be the primary residence and extended absences may put the Program Participant's rental assistance in jeopardy. If the Program Participant head-of-household or co-head of household plan on being away from the rental unit for more than 14 consecutive days, they must notify the OHOP RA Program Case Manager.

The sole exception to this allowance is incarceration, which causes the OHOP RA Program rental assistance to terminate automatically. Such terminations are evaluated on a case-by-case basis. For example, very brief stays in jail for minor infractions might not be considered incarceration and might not result in immediate termination. Incarceration is defined as a jail

sentence of more than 30 consecutive days. Program Participants are required to notify the OHOP RA Program Case Manager if they plan to be absent from their unit for longer than 30 days.

The participant must also abide by the terms of the lease related to absence from the unit.

Guests And Visitors to The Unit

Program Participants are permitted and encouraged to have guests and visitors at their unit, subject to their Lease with Owner. Program Participants are responsible for their guests or visitors while they are on the property and at their unit. Any problems that guest or visitors cause while they are at the Program Participant's unit or on the property will become the responsibility of the Program Participant.

Guests and visitors are permitted to stay overnight, but no more than 14 days in a 12-month period. If guest stays beyond this period, the participant will be in violation of the OHOP RA Program.

ALLOWABLE MOVES

A Program Participant is allowed to move to a new unit with continued assistance. Permission to move is subject to the restrictions set forth below.

1. The Program Participant has a right to terminate the lease on notice to the Owner (for the Owner's breach or otherwise) and has given a notice of termination to the Owner in accordance with the lease [24 CFR 982.314(b)(3)]. If the Program Participant terminates the lease on notice to the Owner, the Program Participant must give the OHOP RA Program Case Manager a copy of the notice at the same time [24 CFR 982.314(d)(1)].
2. The lease for the Program Participant's unit has been terminated by mutual agreement of the Owner and the Program Participant [24 CFR 92.253]. If the Program Participant and the Owner mutually agree to terminate the lease for the Program Participant's unit, the Program Participant must give the OHOP RA Program Case Manager a copy of the termination agreement.
3. The Owner has given the Program Participant a notice to vacate, has commenced an action to evict the family, or has obtained a court judgment or other process allowing the Owner to evict the Program Participant. The Program Participant must give the OHOP RA Program Case Manager a copy of any Owner eviction notice.
4. The Program Participant or a member of the family is or has been the victim of domestic violence, dating violence, sexual assault, or stalking and the move is needed to protect the health or safety of the Program Participant or family member [24 CFR 982.314(b)(4)]. This condition applies even when the Program Participant has moved out of its unit in violation of the lease, with or without prior notification to the OHOP RA Program Case Manager, if the Program Participant or family member who is the victim reasonably believed that he or she was imminently threatened by harm from further violence if he or she remained in the unit [24 CFR 982.314(b)(4), 24 CFR 982.353(b)]. If a Program Participant requests permission to move with continued assistance based on a claim that the move is necessary to protect the health or safety of a family member who is or has been the victim of domestic violence, dating violence, sexual assault, or stalking, the OHOP RA Program Case Manager will request documentation in accordance with these guidelines. The OHOP RA Program Case Manager reserves the right to waive the documentation requirement if it determines that a statement or other corroborating evidence from the Program Participant or family member will suffice. In such cases the

OHOP RA Program Case Manager will document the waiver in the family's file.

5. The OHOP RA Program Case Manager has terminated the assisted lease for the Program Participant's unit for the Owner's breach.
6. The OHOP RA Program Case Manager determines that the Program Participant's current unit does not meet the HQS space standards because of an increase in family size or a change in family composition. In such cases, the OHOP RA Program Case Manager must issue the Program Participant a new certificate, and the Program Participant and Case Manager must try to find an acceptable unit as soon as possible. If an acceptable unit is available for the Program Participant, the OHOP RA Program Case Manager must terminate the Rental Assistance Payments Agreement for the Program Participant's old unit in accordance with the Rental Assistance Payments Agreement terms and must notify both the Program Participant and the Owner of the termination. The Rental Assistance Payments Agreement terminates at the end of the calendar month that follows the calendar month in which the OHOP RA Program Case Manager gives notice to the Owner.

RESTRICTIONS ON MOVES

A Program Participant's right to move is generally contingent upon the Program Participant's compliance with program requirements. There are three conditions under which the OHOP RA Program Case Manager may deny a Program Participant permission to move:

1. **Insufficient Funding:** The OHOP RA Program Case Manager will deny a Program Participant permission to move on grounds that the OHOP RA Program does not have sufficient funding for continued assistance.
 - a. The OHOP RA Program Case Manager will inform the Program Participant of its policy regarding moves denied due to insufficient funding in a letter to the Program Participant at the time the move is denied.
2. **Grounds for Denial or Termination of Assistance:** The OHOP RA Program Case Manager may deny a Program Participant permission to move if it has grounds for denying or terminating the Program Participant's assistance. If the OHOP RA Program Case Manager has grounds for denying or terminating a Program Participant's assistance, the OHOP RA Program Case Manager will act on those grounds in accordance with the regulations and policies set forth in the OHOP RA Program Guidelines.
 - a. In general, it will not deny a Program Participant permission to move for this reason; however, it retains the discretion to do so under special circumstances.
3. The new housing unit does not meet HQS standards or is located outside of the program jurisdiction.

MOVING PROCESS

If a Program Participant wishes to move to a new unit, the Program Participant must notify the OHOP RA Program Case Manager and the Owner before moving out of the old unit or terminating the lease on notice to the Owner.

Approval

For Program Participants approved to move to a new unit within the OHOP RA Program, the OHOP RA Program Case Manager will issue a new approval letter. The OHOP RA Program Case Manager will follow the guidelines on the lease term, extension, and expiration.

Rental Assistance Payments

When a Program Participant moves out of an assisted unit, the OHOP RA Program Case

Manager may not make any rental assistance payment to the Owner for any month after the month the Program Participant moves out. The Owner may keep the rental assistance payment for the month when the Program Participant moves out of the unit.

If a Program Participant moves from an assisted unit with continued assistance, the term of the assisted lease for the new assisted unit may begin during the month the Program Participant moves out of the first assisted unit. Overlap of the last rental assistance payment (for the month when the family moves out of the old unit) and the first assistance payment for the new unit is not considered to constitute a duplicative housing subsidy.

MOVE OUTS/TERMINATIONS

Grounds for Termination of Assistance

The County will terminate assistance for certain actions and inactions of the Program Participant and when the Program Participant no longer requires assistance. In addition, a Program Participant may decide to withdraw from the program and terminate their OHOP RA assistance at any time by notifying the Program Case Manager.

Relocation to Unpermitted Park

The OHOP RA Program will terminate assistance, if at any time, a Program Participant willingly relocates to an unpermitted mobile home park, such as, Oasis Mobile Home Park. **The Program Participant would forfeit the right to the money placed in the escrow account.**

Eviction

The OHOP RA Program will terminate assistance whenever a Program Participant is evicted from a unit assisted under the OHOP RA Program for a serious or repeated violation of the lease. Incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking may not be construed as serious or repeated violations of the lease by the victim or threatened victim of such violence or stalking. **The Program Participant would forfeit the right to the money placed in the escrow account.**

Termination of Tenancy by Owner

Owners may evict Program Participants following applicable state and local laws. Generally, that means Owners may only evict Program Participant in the event of:

1. Serious or repeated lease violations.
2. Legal violations in connection with the unit or its premises. Criminal activity.
3. Other causes specified by state or local law.

The Program Participant would forfeit the right to the money placed in the escrow account.

Termination of Assistance by the County

The County may terminate assistance or deny renewal of OHOP RA Program assistance to a Program Participant who violates program requirements or is found to have provided false information to the County. **The Program Participant would forfeit the right to the money placed in the escrow account.**

Termination of Assistance to Purchase Home

The Program Participant may request that the OHOP RA Program Case Manager terminate rental assistance payments on behalf of the Program Participant at any time to purchase a home. The request to terminate assistance should be made in writing and signed by the head of

household and spouse, if applicable.

At this time, the OHOP RA Program Case Manager will refer the Program Participant to the OHOP HRF Program Case Manager for further assistance. **The family will receive the difference between \$100,000 and the total rent paid for three years to purchase a new home.**

PROCESSING PROCEDURES

OHOP RA Program Applications will be processed by the County on a first-come first-served basis, in chronological order from the OHOP wait list. The County will maintain a running balance of funds available, and once funds are exhausted, the County will stop accepting applications and notify the Oasis Mobile Home Park residents that the Program is out of funds. The following procedures are to be followed for OHOP RA Program applications.

The OHOP RA Program will not accept any forms with whiteout. This includes the required County forms and all subsequent items that are requested to fund the OHOP RA Program application. If any changes need to be made to forms, please lineout and initial the change.

Eligibility for Program assistance shall be determined upon submission of a completed OHOP Rental Assistance Application (Exhibit 3) with all required information and documents. The Case Manager shall review application information and provide an eligibility determination within 14 days. Information and supporting documentation for each Program Participant shall be recorded in an Program Participant file to demonstrate eligibility/ineligibility for this program. Documents supplied to the County in connection with Program Applications shall not be returned. Program Participants are cautioned not to submit original documents and to only submit copies.

1. A denied Program Participant file shall contain all submitted information and documentation, as well as the reason for denial (e.g., incomplete information, reside outside service area).
2. An approved Program Participant file shall contain all submitted information and documentation necessary to meet all required eligibility criteria and contain completed forms, documentation, and necessary information for all members of a Program Participant's family.

FINANCE PROCEDURE

HACR will issue all payments to the landlord and track the Escrow account of each Program Applicant.

Once Program Applicant is approved, the Case Manager will prepare the file to submit to fiscal, *see Exhibit 7 for templates*. Ensure all items are completed and submitted to the Program Supervisor for approval, as specified below.

Check Request Checklist for Initial Payment

- [Check Request Form](#)
- [Request for Approval of OHOP RA Program Funds](#)
- [OHOP RA Program Financial Assistance Plan](#)
- Inspection Cover Sheet, *see Exhibit 7 for template*.
- Statement from the Owner, *see Exhibit 7 for template*.

- W-9
- SSN
- Proof of Ownership
- Rent Reasonable Valuation
- Local Market Analysis
- Rental Agreement/Lease Requirement Checklist, *see Exhibit 7 for template.*
- Lease Agreement

Check Request Checklist for Subsequent Payments

- [Check Request Form](#)
- [Request for Approval of OHOP RA Program Funds](#)
- [OHOP RA Program Financial Assistance Plan](#)

RESUBMISSION OF DENIED APPLICATIONS

The HWS will only process resubmissions of denied applications if it can be demonstrated that the reasons for denial were based on inaccurate or missing information. Back-up documentation to support all such resubmissions shall be submitted, and the Application will be processed as indicated above.

ACCESSING ESCROW ACCOUNT FUNDS

After three years of residing in the unit, the Program Participant will be able to access the funds deposited in the escrow account.

To access the funds, the Program Participant will enter into a Grant Agreement with the County, through its Department of HWS, to disburse the Grant funds. HWS will pay the tenant in the form of funding draw requests, on a reimbursement basis only, with supporting documents. HWS will review the supporting documents to ensure funds are expended on eligible housing uses in compliance with the uses set forth in the Budget Act of 2021 and in the State Standard Agreement.

Exhibit 1: INCOME AND PROPERTY VALUE LIMITS

MAXIMUM ANNUAL HOUSEHOLD INCOME

The OHOP RA abides by the income limitation in the Budget Act and the State Standard Agreement. Income documentation will be collected to gauge household's financial situation.

MAXIMUM RENT VALUE

The County will establish a payment standard to represent the rent and utility costs of a moderately priced unit. The payment standard can be determined by documented local market conditions reviewed annually or using the published Section 8 Existing Housing fair market rent (FMR).

ASSETS

The OHOP RA does not restrict household assets.

Exhibit 2: OASIS MOBILE HOME PARK HOUSING OPPORTUNITY RENTAL ASSISTANCE PROGRAM DEFINITIONS

Annual Income: Gross amount of income anticipated to be received by all persons residing in the home during the 12 months following the effective date of the determination. Anticipated income is generally determined by annualizing current income for the next 12 months

Contract Rent: The total rent including the tenant portion and the amount of the rental assistance.

Eligible Household: It is required that Program Participant demonstrates their residence as a tenant on October 26, 2021, at the Oasis Mobile Home Park located on 70th Avenue in the unincorporated community of Oasis in Riverside County.

Fair Market Rent: Fair Market Rent (FMR) is local market rental rate set for each county in the nation that establishes a fair market rent for all rental units by bedroom size and unit type. The FMR standard is calculated for the base rent and average cost of utilities for modest rental housing units.

Household: The term “household” refers to individuals or families.

Housing Quality Standards: Housing Quality Standards (HQS) are the HUD minimum quality standards for tenant-based programs. HQS standards are required to be met at initial occupancy and during the term of the lease. HQS standards apply to the building and premises, as well as the unit.

Owner: The term “Owner” refers to any person or entity with the legal right to lease or sublease a unit to a participant in the OHOP RA program. It includes a principal or other interested party, such as a designated agent of the Owner.

Payment Standard: The County must establish a payment standard to represent the rent and utility costs of a moderately priced unit. The payment standard can be determined by documented local market conditions reviewed annually or using the published Section 8 Existing Housing fair market rent (FMR).

Rent Reasonableness: Rent reasonableness means ensuring that a unit that is supported by grant funds is not more expensive than a similar unit that is not supported by grant funds. The rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type and age of unit, as well as any amenities, housing services, maintenance, and utilities provided by the owner.

Standard Unit: A rental housing unit that passes a Housing Quality Standards (HQS) inspection.

Exhibit 3: OHOP Rental Assistance Application

Applicant Information

Name: _____ Date: _____
Last Name First Name

Address _____
Address Space Number

_____ *City State Zipcode*

Phone: _____ Email: _____

Household Size: _____ Move-in Date _____ Monthly Rent Payment : \$ _____

Registered Owner: _____

Would you like to relocate your mobile home? YES NO Explanation? _____

Do you own your own lot? YES NO Yes, I provided a copy of the title

Yes, address or parcel number: _____

Would you like to relocate to a rental property? YES NO

Mobile Home Information

Decal Number _____ Registered: _____

Mobile Home Condition: _____

Budget

Describe your budget for completing the move or purchase of the home (Quantity/Type)

Permission: _____

Inspections: _____

Title: _____

Preparing for local _____

Transportation of the Home _____ Contractor Name _____

Home Installation _____ Contractor Name _____

Home Modifications _____ Contractor Name _____

Describe your budget for rental property (Quantity/Type)

Security Deposit: _____
Utilities: _____
Monthly Rent Contribution: _____
Preparing for local _____

Income

Company: _____ Telephone: _____

Address: _____ Supervisor: _____

Job Title: _____ Gross Income:\$ _____ Frequency: _____

Name: _____

Dates: _____ To: _____ Temporary Worker: _____

Do you have another source of income? YES NO

Company: _____ Telephone: _____

Address: _____ Supervisor: _____

Job Title: _____ Gross Income:\$ _____ Frequency: _____

Name: _____

Dates: _____ To: _____ Temporary Worker: _____

LIST ALL OTHER OCCUPANTS: Everyone over the age of 18 must complete a separate application.
(If additional space is needed, use the back.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

TLMA REVIEW Ombudsman Yesenia Becerril (760) 863-7509	Resolution: <input type="checkbox"/> Feasible <input type="checkbox"/> Not feasible
Signature/Date: _____	
Explanation: _____	
HWS Ombudsman Leah Rodriguez Review (760) 863-2534	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature/Date: _____	
Explanation: _____	

Disclaimer and Signature

By signing this document, I / WE hereby certify that the information provided herein by me is true, complete, and correct to the best of my knowledge, and I hereby authorize the Housing and Workforce Solutions for the County of Riverside to request and obtain any pertinent credit and asset information regarding the individual(s) provided herein by me and I instruct any creditor to provide the requested information to:

Housing and Workforce Solutions
for the County of Riverside
3403 10th Street, Suite 300
Riverside, CA 92501

Housing and Workforce Solutions
for the County of Riverside
44-199 Monroe St., Suite B
Indio, CA 92201

Applicant's Signature: _____	Date: _____
Applicant's Signature: _____	Date: _____
Applicant's Signature: _____	Date: _____
Applicant's Signature: _____	Date: _____

Exhibit 4: OHOP RENTAL ASSISTANCE PAYMENTS CONTRACT

LANDLORD NAME & ADDRESS Telephone No.	UNIT NO. & ADDRESS	TENANT NAME
--	--------------------	-------------

This OHOP Rental Assistance Contract ("Contract") is entered into between the County of Riverside ("Program Administrator") and the Landlord identified above. This Contract applies only to the Tenant family and the dwelling unit identified above.

1. TERM OF THE CONTRACT

The term of this Contract shall begin on _____ and end no later than _____. The Contract automatically terminates on the last day of the term of the Lease or if the Lease is terminated. Upon termination, Landlord shall not receive any additional payment from Program Administrator.

2. SECURITY DEPOSIT

- A. The Program Administrator will pay a security deposit to the Landlord in the amount of \$_____. The Landlord will hold this security deposit during the period the Tenant occupies the dwelling unit under the Lease. The Landlord shall comply with state and local laws regarding interest payments on security deposits.
- B. After the Tenant has moved from the dwelling unit, the Landlord may, subject to California State and local law and regulations as may be amended from time to time, use the security deposit, including any interest on the deposit, as reimbursement for rent or any other amounts payable by the Tenant under the Lease. The Landlord will give the Tenant a written list of all items charged against the security deposit and the amount of each item. After deducting the amount used as reimbursement to the Landlord, the Landlord shall promptly refund the full amount of the balance to the Tenant, subject to the laws and regulations of the State of California and local law.
- C. The Landlord shall immediately notify the Program Administrator when the Tenant has moved from the Contract unit.

3. RENT AND AMOUNTS PAYABLE BY TENANT AND THE COUNTY OF RIVERSIDE

- A. *Initial Rent.* The initial total monthly rent payable to the Landlord for the first twelve months of this Contract is \$_____.
- B. *Rent Adjustments.* With no less than 30 days' notice to the Tenant and the Program Administrator, the owner may propose a reasonable adjustment to be effective no earlier than the 13th month of this Contract. The proposed rent may be rejected by either the Tenant or Program Administrator. The Tenant may reject the proposed rent by providing the Landlord with 30 days' written notice of intent to vacate. If the Program Administrator rejects the proposed rent, the Program Administrator must give both the Tenant and the Landlord 30 days' notice of intent to terminate the Contract.
- C. *Tenant Share of the Rent.* Initially, and until such time as both the Landlord and the Tenant are notified by the Program Administrator, the Tenant's share of the rent shall be \$_____.
- D. *The Program Administrator's Share of the Rent.* Initially, and until such time as both the Landlord and Tenant are notified by the Program Administrator, the Program Administrator's share of the rent shall be \$_____. The Program Administrator's obligation is limited to making rental payments on behalf of the Tenant in accordance with this Contract.

OHOP RENTAL ASSISTANCE CONTRACT (PAGE TWO)

- E. *Payment Conditions.* The right of the owner to receive payments under this Contract shall be subject to compliance with all of the provisions of the Contract. The Landlord shall be paid under this Contract on or about the first day of the month for which the payment is due. The Landlord agrees that the endorsement on the check shall be conclusive evidence that the Landlord received the full amount due for the month, and shall be a certification that:
 - 1. The Contract unit is in decent, safe and sanitary condition, and that the Landlord is providing the services, maintenance and utilities agreed to in the Lease;
 - 2. The Contract unit is leased to and occupied by the Tenant named above in this Contract;
 - 3. The Landlord has not received and will not receive any payments as rent for the Contract unit other than those identified in this Contract; and
 - 4. To the best of the Landlord's knowledge, the unit is used solely as the Tenant's principal place of residence.
- F. *Overpayments.* If the Program Administrator determines that the Landlord is not entitled to any payments received, in addition to other remedies, the Program Administrator may deduct the amount of the overpayment from any amounts due the Landlord, including the amounts due under any other OHOP Rental Assistance Payments Contract.

4. HOUSING QUALITY STANDARDS AND LANDLORD-PROVIDED SERVICES

- A. The Landlord agrees to maintain and operate the Contract unit and related facilities to provide decent, safe and sanitary housing in accordance with 24 CFR Section 882.109, including all of the services, maintenance and utilities agreed to in the Lease.
- B. The Program Administrator shall have the right to inspect the Contract unit and related facilities at least annually, and at such other times as may be necessary to assure that the unit is in decent, safe, and sanitary condition, and that required maintenance, services and utilities are provided.
- C. If the Program Administrator determines that the Landlord is not meeting these obligations, the Program Administrator shall have the right, even if the Tenant continues in occupancy, to terminate payment of the Program Administrator's share of the rent and/or terminate the Contract.

5. TERMINATION OF TENANCY

The Landlord may evict the Tenant following applicable state and local laws. The Landlord must give the Tenant at least 30 days' written notice of the termination and notify the Program Administrator in writing when eviction proceedings are begun. This may be done by providing the Program Administrator with a copy of the required notice to the tenant.

6. FAIR HOUSING REQUIREMENTS

- A. *Nondiscrimination.* The Landlord shall not, in the provision of services or in any other manner, discriminate against any person on the grounds of age, race, color, creed, religion, sex, handicap, national origin, or familial status. The obligation of the Landlord to comply with Fair Housing Requirements insures to the benefit of the United States of America, and the County of Riverside, any of which shall be entitled to involve any of the remedies available by law to redress any breach or to compel compliance by the Landlord.
- B. *Cooperation in Quality Opportunity Compliance Reviews.* The Landlord shall comply with the Program Administrator in conducting compliance reviews and complaint investigations pursuant to all applicable civil rights statutes, Executive Orders and all related rules and regulations.

7. THE COUNTY OF RIVERSIDE ACCESS TO LANDLORD RECORDS

- A. The Landlord shall provide any information pertinent to this Contract which the Program Administrator may reasonably require.
- B. The Landlord shall permit the Program Administrator or any of their authorized representatives, to have access to the premises and, for the purposes of audit and examination, to have access to any books, documents, papers, and records of the Landlord to the extent necessary to determine compliance with this Contract.

8. RIGHTS OF THE COUNTY OF RIVERSIDE IF LANDLORD BREACHES THE CONTRACT

- A. Any of the following shall constitute a breach of the Contract:
 - (1) If the Landlord has violated any obligation under this Contract; or
 - (2) If the Landlord has demonstrated any intention to violate any obligation under this Contract; or
 - (3) If the Landlord has committed any fraud or made any false statement in connection with the Contract or has committed fraud or made any false statement in connection with any Federal housing assistance program.
- B. The County of Riverside's right and remedies under the Contract include recovery of overpayments, termination or reduction of payments, and termination of the Contract. If the County of Riverside determines that a breach has occurred, the County of Riverside may exercise any of its rights or remedies under the Contract. The County of Riverside shall notify the Landlord in writing of such determination, including a brief statement of the reasons for the determination. The notice by the County of Riverside to the landlord may require the Landlord to take corrective action by a time prescribed in the notice.
- C. Any remedies employed by the County of Riverside in accordance with this Contract shall be effective as provided in a written notice by the County of Riverside to the Landlord. The County of Riverside's exercise or non-exercise of any remedy shall not constitute a waiver of the right to exercise that or any other right or remedy at any time.

9. THE PROGRAM ADMINISTRATOR'S RELATION TO THIRD PARTIES

- A. The Program Administrator does not assume any responsibility for, or liability to, any person injured as a result of the Landlord's action or failure to act in connection with the implementation of this Contract, or as a result of any other action or failure to act by the Landlord.
- B. The Landlord is not the agent of the Program Administrator, and this Contract does not create or affect any relationship between the Program Administrator and any lender to the Landlord, or any suppliers, employees, contractors or subcontractors used by the Landlord in connection with this Contract.
- C. Nothing in this Contract shall be construed as creating any right of the Tenant or a third party to enforce any provision of this Contract or to assess any claim the Program Administrator, or the Landlord under this Contract.

10. CONFLICT OF INTEREST PROVISIONS

- A. No employee of the County of Riverside who formulates policy or influences decisions with respect to the OHOP Rental Assistance Program, and no public official or member of a governing body or state or local legislator who exercise his functions or responsibilities with respect to the program shall have any direct or indirect interest during this person's tenure, or for one year thereafter, in this contract or in any proceeds or benefits arising from the Contract or to any benefits which may arise from it.

11. TRANSFER OF THE CONTRACT

The Landlord shall not transfer in any form this Contract without the prior written consent of the Program Administrator. The Program Administrator shall give its consent to a transfer if the transferee agrees in writing (in a form acceptable to the Program Administrator) to comply with all terms and conditions of this Contract.

12. ENTIRE AGREEMENT: INTERPRETATION

- A. This Contract contains the entire agreement between the Landlord and the Program Administrator. No changes in this Contract shall be made except in writing signed by both the Landlord and the Program Administrator.
- B. The Contract shall be interpreted and implemented in accordance with rules and regulations of the State of California.

13. WARRANTY OF LEGAL CAPACITY AND CONDITION OF UNIT

- A. The Landlord warrants the unit is in decent, safe, and sanitary condition, and that the Landlord has the legal right to lease the dwelling unit covered by this Contract during the Contract term.
- C. The party, if any, executing this Contract on behalf of the Landlord hereby warrants that authorization has been given by the Landlord to execute it on behalf of the Landlord.

14. INDEMNIFICATION

Landlord, their officers, employees, subcontractors, agents and representatives, shall indemnify and hold harmless the County of Riverside, the Housing Authority of the County of Riverside, its agencies, districts, special districts, and departments, their respective directors, officers, Board of Supervisors, Board of Commissioners, elected and appointed officials, employees, agents, and representatives (herein referred to as Indemnitees) from any liability, actions, claims or damages whatsoever, based on any and all actions, acts, omissions, claims made by Tenant or Landlord or arising out of or in any way related to this Contract or the dwelling unit, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature. Landlord shall defend the Indemnitees at their own expense including all costs or fees (including, but not limited to, attorneys' fees, cost of investigation, defense and settlement or awards) in any claim or action based upon such actions, omissions, or claims.

With respect to any action or claim subject to indemnification herein, Landlord shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of Indemnitees; provided, however, that any such adjustment, settlement, or compromise in no manner whatsoever limits or circumscribes Landlord's indemnification to Indemnitees set forth herein. Landlord's obligation hereunder shall be satisfied when Landlord has provided to Indemnitees the appropriate form of dismissal relieving Indemnitees from any liability for the action or claim involved.

Landlord Name (Type or Print):	The County of Riverside Representative (Type of Print):
(Signature/Date)	(Signature/Date)

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entries, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.

LANDLORD'S CHECK TO BE MAILED TO:

NAME(S) _____

ADDRESS _____

DATE

SIGNATURE OF OWNER

Exhibit 5: REQUEST FOR UNIT APPROVAL

TENANT NAME	LANDLORD NAME	NO. OF BEDROOMS
UNIT NO. & ADDRESS	LANDLORD'S ADDRESS	

INSTRUCTIONS:

This form should be completed by the Tenant and the Landlord to request Property Owner/Landlord approval of the unit for which the Tenant has elected to receive rental assistance.

Landlord: Please read the sample Lease Addendum and information about Housing Quality Standards provided in the Tenant's Rental Packet. After the Tenant submits this request to the Program Administrator, a staff member will contact you to arrange for an inspection. The Program Administrator is not responsible for any part of the rent prior to unit approval and execution of the OHOP Rental Assistance Payments Contract. Please attach a copy of your proposed lease to this form.

Tenant: With the Landlord, fill out this form completely and return it to:

XXXXXXXXXX
XXXXXXXXXXXXXXXX,
XXXXXXXXXX, CA XXXXXXXXXXXXXXX

Do not sign a lease until the County of Riverside has inspected and approved the unit.

- (1) Type of Unit Single Family Semi-detached/Row House
 Garden/Walk up Elevator/High Rise
 Mobile Home

Date Constructed: _____

(2) Most recent rent charged: _____ Proposed rent to be charged: _____

Were the same utilities/appliances included in the rent: Yes No

(3) <u>Utilities and Appliances</u>	<u>Provided by Owner</u>	<u>Provided by Tenant</u>
Heating (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Cooking (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Range	<input type="checkbox"/>	<input type="checkbox"/>
Trash Collection	<input type="checkbox"/>	<input type="checkbox"/>

OWNER CERTIFICATION: By executing this request, the owner agrees that the required Lease Addendum is acceptable and certifies that: (1) the information provided on the form is accurate and true; (2) the proposed unit is not assisted or covered by any other federally funded rental subsidy contract; (3) the unit currently meets Housing Quality Standards (or will be brought to HQS standard before the Rental Assistance Contract is executed); and (4) this unit is made available, managed, and operated regardless of race, color, creed, religion, sex, sexual orientation, national origin, handicap, or familial status.

TENANT NAME (TYPE OR PRINT):	LANDLORD NAME (TYPE OF PRINT):
(SIGNATURE/DATE)	(SIGNATURE/DATE)

Exhibit 6: PROGRAM PARTICIPANT AGREEMENT

TENANT NAME:	UNIT SIZE:*	COUPON NO:
NUMBER OF HOUSEHOLD MEMBERS:	-BEDROOM	ISSUED ON: EXPIRES ON:
* This is the number of bedrooms for which the tenant family qualifies.		

OHOP Rental Assistance Program

This Program Participant Agreement ("Agreement") has been made between the County of Riverside (County) and the Tenant identified above who is eligible to participate in the OHOP Rental Assistance Program (OHOP RA). Under this program, County makes monthly payments to a Landlord on behalf of an eligible Tenant. The tenant selects a decent, safe and sanitary dwelling unit and County makes payments to the Landlord to help the Tenant to afford the rent.

When the County enters into this Agreement, it fully expects to have money available to provide assistance. However, County is under no obligation to the Tenant or the Landlord or any other party until County has approved the unit and entered into the OHOP Rental Assistance Payment Contract and this Agreement with the Landlord and the Tenant.

AGREEMENT TERMS

1. The Tenant must select a rental unit within the County that meets the program's housing quality standards and has a reasonable rent. When the Tenant finds a suitable unit, the Tenant must give the County a "Request for Unit Approval" form, signed by the Landlord and provide a copy of the Landlord's lease.
 - a. (Note: The Tenant has 60 days after the execution of this Agreement to obtain unit approval. If a Request for Unit Approval has not been submitted by the expiration date shown above, the Agreement will expire unless the County approves an extension.)
2. After the County receives the Request for Unit Approval, the County will inspect the unit and review the Landlord's lease. If the unit meets the program's standards and the rent for the unit is reasonable, the County will notify the Landlord and the Tenant that the unit has been approved.
 - a. [Note: If the unit or lease cannot be approved, County will give the Landlord an opportunity to correct the problem, or the Tenant can begin to look for another unit.]

COUNTY WILL THEN WORK WITH THE LANDLORD AND THE TENANT TO EXECUTE ALL OF THE NECESSARY DOCUMENTS AS FOLLOWS:

1. The Landlord and the Tenant must sign a County approved lease.
2. The Landlord and County must sign a OHOP Rental Assistance Contract.
3. Once all necessary documents have been signed and the Tenant moves into the unit, payments to the Landlord will begin.

SECURITY DEPOSIT

The County will pay a security deposit to the Landlord consistent with local market practices. When the Tenant moves out, any reimbursement of the deposit that are due from the Landlord under state and local laws will be paid to the Tenant.

TENANT AND COUNTY SHARE OF THE RENT

1. The portion of the rent payable by the Tenant to the Landlord ("tenant's share") is 30 percent of the household's monthly Adjusted Income. The Tenant must provide the County with information about income, assets and other family circumstances that affect the amount the Tenant will pay. The Tenant is also responsible for payment of all utilities not included in the rent.
2. Each month County will make a rental payment to the Landlord on behalf of the Tenant. The monthly payment will be equal to the difference between the approved rent the Landlord is charging and the Tenant's share of the rent.

REQUIREMENTS FOR PARTICIPATING TENANTS

1. THE FAMILY MUST:
 - a. Supply information about the family's income, assets, and other family circumstances that affect eligibility and the amount of the Tenant's share, and cooperate fully with any annual re-examinations;
 - b. Allow County to inspect the unit at reasonable times and after giving reasonable notice;
 - c. Notify County when any person moves in or out of the unit and before vacating the dwelling unit; and
 - d. Use the dwelling unit as the family's principal place of residence and solely as a residence for the family.
 - e. The Tenant must not sub-lease or assign the lease.

LENGTH OF COUPON ASSISTANCE

1. Assistance under the OHOP RA Program is not guaranteed. Assistance may be terminated if:
 - a. The Tenant is evicted from the assisted unit;
 - b. The Tenant provides false information or commits any fraud in connection with the program, or fails to cooperate with required re-examinations; or
 - c. Funding for County's OHOP RA Program is terminated.
 - d. The Lease is terminated with the Landlord for any reason.
2. County will give the Tenant at least 30 days' notice of termination of assistance.

EQUAL HOUSING OPPORTUNITY

If a Tenant has reason to believe that he/she has been discriminated against on the basis of age, race, color, creed, religion, sex, handicap, national origin, or familial status, the Tenant may file a complaint with HUD. HUD has set up a "hot line" to answer questions and take complaints about Fair Housing and Equal Opportunity. The toll-free number is (800) 424-8590.

ISSUED BY THE COUNTY OF RIVERSIDE	
NAME:	SIGNATURE:
DATE:	TELEPHONE:
ACCEPTED BY PROGRAM PARTICIPANT	
NAME:	SIGNATURE:
DATE:	TELEPHONE:

Exhibit 7: CHECK REQUEST DOCUMENTS

STATEMENT FROM THE OWNER

(Please print)

I/We certify (under the penalty of perjury) that _____ is legally entitled to rent the
(Owner)

property at _____
(Property street address) City Zip

to _____
(Tenant name)

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: (____) ____ - _____ Owner's Cell (____) ____ - _____

Owner's email _____

PLEASE MAKE THE CHECK PAYABLE TO:

_____ OR _____
PRIMARY PAYEE SECONDARY PAYEE

THE PRIMARY PAYEE'S TAX ID# is: _____ Circle one: [SSN] [EIN]
(This must match the Form W-9)

PAYEE MAILING ADDRESS

_____ (____)
Street Address (include apt/suite number) Phone

_____ City State Zip

Owner Signature Owner Printed Name

Owner Signature Owner Printed Name

A property management agreement must be attached if this statement is being completed by an agent.

Agent's Name _____ Agent Signature: _____

Agent's Address: _____

Agent's Phone Number: (____) ____ - _____ Cell (____) ____ - _____

Agent Email: _____

IF YOU HAVE PURCHASED THIS PROPERTY WITHIN THE LAST 60 DAYS, PLEASE INCLUDE A COPY OF THE RECORDED GRANT DEED OR YOUR FINAL ESCROW SETTLEMENT STATEMENT.

I understand that:

- This statement and any order to revoke this statement will be effective on the date received by the Housing Authority and CANNOT BE RETROACTIVE.
- **Before payments can be made**, this statement, an IRS Form W-9, and Financial Assistance Plan must be properly completed, signed and on file in the Financial Services Department.
- Failing to remove a homeowner's exemption from this property may result in a fine or tax lien.
- Signing this document acknowledges that the Owner and/or Agent has received a copy of the Tenancy Addendum and the Financial Assistance Plan.

TO BE COMPLETED WHEN PROPERTY IS OWNED BY MORE THAN ONE INDIVIDUAL PARTY.

I/we certify (under the penalty of perjury) _____ is legally entitled to rent
(Name of owner authorized to sign for all)
the property at _____
(Property Street Address) City

To _____
(Tenant Name)

IF YOU HAVE PURCHASED THIS PROPERTY WITHIN THE LAST 60 DAYS, PLEASE INCLUDE A COPY OF THE RECORDED GRANT DEED.

By your signature below, you are authorizing the above-named individual to manage said property.

Owner's Name/Signature: _____

Owner's Name/Signature: _____

Owner's Name Signature: _____

Owner's Name/Signature: _____

Owner's Name Signature: _____

Owner's Name Signature: _____

(Ownership will be verified through public records)

PLEASE MAKE THE PAYMENT TO:

_____ OR _____
PRIMARY PAYEE SECONDARY PAYEE

THE PRIMARY PAYEE'S SOCIAL SECURITY/TAX ID# IS _____

PAYEE'S MAILING ADDRESS

Street Address (include apt/suite number) Phone number

Fax number Cell Phone number

City State Zip

Return to: Housing Authority of the
County of Riverside
5555 Arlington Avenue
Riverside, CA 92504

HOUSING AND WORKFORCE SOLUTIONS



**HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE
CHECK REQUEST FORM**

General Ledger Account		GL #	
Description		Acct #	

TYPE OF REQUEST

- | | |
|---|---|
| <input type="checkbox"/> Banking Services | <input type="checkbox"/> Mileage Reimbursement |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Reimbursement to Tenants/Employees |
| <input type="checkbox"/> Port-Out Fees | <input type="checkbox"/> Utility Services |
| <input type="checkbox"/> COD- PO# | <input type="checkbox"/> Contract Progress Payment-PO# |

VENDOR NO: _____ Phone #: _____

Name: _____

Address: _____

Contact Person: _____

Federal ID#: _____ Social Security No.: _____

Quantity	Item Description	Unit Cost	Extended Cost
1	Security Deposit		

Funds Available: () Yes () No	Subtotal
Budget Adjusted: (attach budget adj form)	State Tax
	Shp/Frgt Charges
	Total \$ -

Requestor _____ Date: _____

Supervising Development Specialist (C=\$1,000)	Fiscal Manager (C=\$10,000)
Building Maintenance Supervisor (C=\$2,500)	Deputy Director (C=\$25,000)
Principal Development Specialist (C=\$5,000)	Assistant Director of HWS (C=\$75,000)
Building Maint Superintendent (C=\$10,000)	Director of HWS (C=\$75,000)

HOUSING AND WORKFORCE SOLUTIONS



REQUEST FOR APPROVAL OF OHOP RENTAL ASSISTANCE FUNDS

CUSTOMER NAME:		Case #:	
SUBMITTED BY:		Date of Request:	

AUTHORIZATION PERIOD	
ENTRY DATE	
PROJECTED EXIST DATE	
RENEWAL DATE	

PROJECT DISTRIBUTION OF OHOP FUNDS			
SUPPORT ALLOCATED	DESCRIPTION (Identify rental subsidy month(s) requested)	COST	
Monthly Rental Assistance			
1st Month Prorated Rental Assistance			
Security Deposit			
Credit Check Requests			
	SUBTOTAL	\$0	
Utility Deposits	Electric		
	Gas/Propane		
	Water		
	Trash		
Utility Assistance	Electric		
	Gas/Propane		
	Water		
	Trash		
	SUBTOTAL	\$ -	
Other (please specify)			
	SUBTOTAL	\$ -	
		TOTAL	\$0

Comments (include reason(s) when an amount requested is not approved):
 Pay to:
 Rent:

AUTHORIZING NAME(S)/SIGNATURE(S)	
Case Manager: _____	Date: _____
HWS Admin: _____	Date: _____
OTHER: _____	Date: _____
OTHER: _____	Date: _____

OHOP RA Financial Assistance Plan

Participant Information

Name	_____	Case Number	_____
Address	_____	# of Bedrooms	_____
City, State ZIP	_____	Assistance Start Date	_____
Phone	_____	Assistance End Date	_____
Email	_____	Monthly Contract Rent	_____

Scope of assistance

	Monthly	Yearly
Income		\$ -
Contract Rent		
Month	Your Portion	Rental Subsidy
Security Deposit		
Month XXXX		
Month XXXX		
Month XXXX		
Month XXXX		
Month XXXX		
Month XXXX		
	Total	\$ - \$ -

Notes:

- Assistance with utility deposits (gas, electric, water and trash)
- Tenant is responsible for the cost of the following rent/utility expenses:
 - Utility costs (not listed above)
 - Fully payment of rent for future months beginning: XX/XXX
- If Security Deposit is needed for any repairs on the unit, a receipt should be turned in showing what expenses were used along with the returned monies. Deposits made for rental and utility assistance are considered a loan to the client and the client and/or landlord is required to return the full/remaining amount of the deposit assistance to the Housing Authority.

Please return all Deposits to:
 Housing Authority
 Attn: OHOP RA Program - Fiscal Team 5555 Arlington Ave.,
 Riverside, CA 92504

Acknowledgments

- Tenant and Landlord hereby acknowledge the length and limit of the OHOP financial assistance that will be issued on behalf is not guaranteed and contingent on my eligibility. In the event that the subsidy is discontinued, Tenant will be responsible for the full payment of their rent. Tenant also acknowledges that rent, utility, medical, and food costs must be first priority in their monthly budget and must be paid prior to other significant household expenses such as car payments and cell phone bills.
- Tenant and Landlord acknowledge that upon payment for move-in a check can only be processed if all the necessary documentation has
- Tenant and Landlord hereby acknowledge that an inspection must be conducted before move-in occurs. It is understood that if move-in occurs before the inspection is conducted and passed, the Program Participant may be responsible for paying any/all costs incurred before the unit has been approved.
- The Landlord hereby acknowledges that the tenant cannot be held liable due to delays in payments issued by the Housing Authority and
- Tenant and Landlord hereby acknowledge that the Housing Authority shall not be obligated to pay any late payment penalty if housing assistance payments by the Housing Authority are delayed or denied as a remedy for breach of the Financial Assistance Plan and move-in process (including move-in before approval is given by Housing Authority, recovery of overpayments, suspension of housing assistance
- In signing this document, We acknowledge and accept the above stated terms.

Acceptance

_____	Date	_____	Date
HACR		Program Participant	
_____	Date	_____	Date
Case Manager		Landlord/Owner	

HSP Inspection Cover Sheet

INSPECTION

Date of Inspection Scheduled: _____ Date of Inspection _____

Participant Name: _____ Inspector: _____

Address of Unit: _____

Owner's Name/Phone: _____

PROCEED THROUGH THE INSPECTION AS FOLLOWS

Area	Checklist Category
Room by Room	<input type="checkbox"/> Living Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/> All Other Rooms Used for Living <input type="checkbox"/> All Secondary Rooms Not Used for Living
Outside	<input type="checkbox"/> Building Exterior
Basement or Utility Room	<input type="checkbox"/> Heating and Plumbing
Overall	<input type="checkbox"/> General Health and Safety

SUMMARY

- PASS
- FAIL
- INCONCLUSIVE*

No. of bedroom for purposes of payment	No. of sleeping rooms	No. of bedrooms

*Inspection is inconclusive when missing a stove/refrigerator. Please complete the "Inspection Inconclusive Statement" and submit to the Case Manager once these items are secured and installed in the unit.

MINIMUM STANDARDS FOR PERMANENT HOUSING CHECKLIST

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved	Deficient	Permanent Housing Standard (24 CFR part 576.403(c))
		1. Structure and materials: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
		2. Space and security: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
		3. Interior air quality: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		4. Water Supply: The water supply is free from contamination.
		5. Sanitary Facilities: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		6. Thermal environment: The housing has any necessary heating/cooling facilities in proper operating condition.
		7. Illumination and electricity: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
		8. Food preparation: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. Sanitary condition: The housing is maintained in sanitary condition.
		10. Fire safety: <ul style="list-style-type: none"> a. There is a second means of exiting the building in the event of fire or other emergency. b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom. c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
		11. Meets additional recipient/subrecipient standards (if any).

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find that following:

- Property meets all the above standards.
- Property does not meet all the above standards.

Comments:

Program Participant: _____

Street Address: _____ Apartment No: _____

City: _____ State: _____ Zip code: _____

Inspector/Evaluator Signature: _____ Date of Review: _____

Inspector/Evaluator Name: _____

OWNER INFORMATION
Rental Agreement/Lease Requirement Checklist

The purpose of this checklist is to ensure we have all information needed to complete contracts and issue payments promptly.

All below listed items need to be listed on the lease signed between the tenant and owner. If one item is not listed on the lease correctly, the Housing Authority cannot process payment on the unit until the revised lease is received.

Your Tenant/Landlord Rental Agreement/Lease must include the following:

Action	Completed	Lease Information Needed
Checkmark		Tenant's complete name (must be spelled correctly)
Enter Lease Date		Effective date of lease/rental agreement (must match passed inspection date or later)
Lease Term Length		Term of lease/rental agreement (please make sure to comply with program requirements)
Checkmark		Complete unit address (include city, state, zip)
Enter Rent Amount		Total monthly rent
Enter Deposit Amount		Security Deposit Amount (Please List Pet Deposits if applicable)
Checkmark		Utilities - Make sure to specify which utilities landlord is responsible for paying and which utilities tenant will pay per the RFTA/RUA turned in
Checkmark		Appliances - Specify who will provide refrigerator & stove per the RFTA/RUA turned in
Checkmark		If names of household members are included on lease, please make sure the spelling of each household member is correct
Checkmark		Tenant & Landlord must both sign lease/rental agreement
Checkmark		All pages of lease agreement are included and legible

Please make sure you have checked all the above before submitting your Check Request to Program Supervisor for payment.

This form was completed by: _____ Name: _____ Date: _____

Signature: _____

Exhibit 8: LEASE ADDENDUM

LEASE ADDENDUM

Owner Name: _____ Agent Name (if applicable): _____

Tenant Name: _____

Unit Address: _____

Rent Amount: _____ Deposit: _____

Tenant cannot move in before _____ or inspection pass date (whichever is later) or tenant will be responsible for full rent.

Check all utilities that the **Tenant pays for**:

- _____ Gas
- _____ Electricity
- _____ Water
- _____ Septic
- _____ Sewer
- _____ Trash
- _____ Water Heating
- _____ Garbage Disposal
- _____ Ceiling Fan(s)
- _____ Washer/Dryer hookups
- _____ Dishwasher

Check all utilities that the **Owner pays for**:

- _____ Gas
- _____ Electricity
- _____ Water
- _____ Septic
- _____ Sewer
- _____ Trash
- _____ Water Heating
- _____ Garbage Disposal
- _____ Ceiling Fan(s)
- _____ Washer/Dryer hookups
- _____ Dishwasher

Complete the following:

Heating System is: Central _____ Wall _____ Floor _____

Heating is _____ gas _____ electric

Cooking is _____ gas _____ electric

Water Heating is _____ gas _____ electric

Is there Air Conditioning? _____ yes _____ no Central _____ Wall/Window _____

Stove is supplied by: _____ (Specify tenant or owner)

If stove is supplied by tenant, is the tenant currently renting or making a payment? Yes _____ No _____ If yes, please provide verification.

Refrigerator is supplied by: _____ (Specify tenant or owner)

If refrigerator is supplied by tenant, is the tenant currently renting or making a payment? Yes _____ No _____ If yes, please provide verification.

Is the unit heated by Hydronic Heat (fan blows air using heat from hot water heater) _____ Yes _____ No List any rooms or

List any rooms or additions done to the house WITHOUT approved County permits: _____

I agree the above information is true and correct:

Signature of Owner or Authorized Agent

Date

Signature of Tenant

Date

**Riverside County Board of Supervisors
Request to Speak**



Online

Submit request to Clerk of Board (right of podium),
Speakers are entitled to three (3) minutes, subject to
Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: GENESIS Cardenas

Address: _____
(only if follow-up mail response requested)

City: _____ **Zip:** _____

Phone #: _____

Date: _____ **Agenda #** 3.32

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ **Support** _____ **Oppose** _____ **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: _____

BOARD RULES

Requests to Address Board on "Agenda" Items:

You may request to be heard on a published agenda item. Requests to be heard must be submitted to the Clerk of the Board before the scheduled meeting time.

Requests to Address Board on items that are "NOT" on the Agenda:

Notwithstanding any other provisions of these rules, member of the public shall have the right to address the Board during the mid-morning "Oral Communications" segment of the published agenda. Said purpose for address must pertain to issues which are under the direct jurisdiction of the Board of Supervisors. YOUR TIME WILL BE LIMITED TO THREE (3) MINUTES.

Power Point Presentations/Printed Material:

Speakers who intend to conduct a formalized Power Point presentation or provide printed material must notify the Clerk of the Board's Office by 12 noon on the Monday preceding the Tuesday Board meeting, insuring that the Clerk's Office has sufficient copies of all printed materials and at least one (1) copy of the Power Point CD. Copies of printed material given to the Clerk (by Monday noon deadline) will be provided to each Supervisor. If you have the need to use the overhead "Elmo" projector at the Board meeting, please insure your material is clear and with proper contrast, notifying the Clerk well ahead of the meeting, of your intent to use the Elmo. **Speakers are prohibited from bringing signs, placards or posters into the hearing room.**

Individual Speaker Limits:

Individual speakers are limited to a maximum of three (3) minutes.

Please step up to the podium when the Chairman calls your name and begin speaking immediately. Pull the microphone to your mouth so that the Board, audience, and audio recording system hear you clearly. Once you start speaking, the "green" podium light will light. The "yellow" light will come on when you have one (1) minute remaining. When you have 30 seconds remaining, the "yellow" light will begin flash, indicating you must quickly wrap up your comments. Your time is up when the "red" light flashes. The Chairman adheres to a strict three (3) minutes per speaker. **Note: If you intend to give your time to a "Group/Organized Presentation", please state so clearly at the very bottom of the reverse side of this form.**

Group/Organized Presentations:

Group/organized presentations with more than one (1) speaker will be limited to nine (9) minutes at the Chairman's discretion. The organizer of the presentation will automatically receive the first three (3) minutes, with the remaining six (6) minutes relinquished by other speakers, as requested by them on a completed "Request to Speak" form, and clearly indicated at the front bottom of the form.

Addressing the Board & Acknowledgement by Chairman:

The Chairman will determine what order the speakers will address the Board, and will call on all speakers in pairs. The first speaker should immediately step to the podium and begin addressing the Board. The second speaker should take up a position in one of the chamber aisles in order to quickly step up to the podium after the preceding speaker. This is to afford an efficient and timely Board meeting, giving all attendees the opportunity to make their case. Speakers are prohibited from making personal attacks, and/or using coarse, crude, profane or vulgar language while speaking to the Board members, staff, the general public and/or meeting participants. Such behavior, at the discretion of the Board Chairman may result in removal from the Board Chambers by Sheriff Deputies.

Lopez, Daniel

From: Aquia Mail
Sent: Monday, April 29, 2024 10:17 AM
To: gcardenas@leadershipcounsel.org
Cc: Clerk of the Board
Subject: Request to Speak Web Submission



Thank you for submitting your request to speak. The Clerk of the Board office has received your request and will be prepared to allow you to speak when your item is called. To attend the meeting, please call (669) 900-6833 and use **Meeting ID # 864 4411 6015 . Password is 20240430**. You will be muted until your item is pulled and your name is called. Please dial in at 9:00 am with the phone number you provided in the form so you can be identified during the meeting.

Submitted on April 29, 2024

Submitted values are:

First Name

Genesis

Last Name

Cardenas

Phone

4423245021

Email

gcardenas@leadershipcounsel.org

Agenda Date

04/30/2024

Agenda Item # or Public Comment

3.32

State your position below

Support

Lopez, Daniel

From: Aquia Mail
Sent: Monday, April 29, 2024 10:15 AM
To: mloera@leadershipcounsel.org
Cc: Clerk of the Board
Subject: Request to Speak Web Submission



Thank you for submitting your request to speak. The Clerk of the Board office has received your request and will be prepared to allow you to speak when your item is called. To attend the meeting, please call (669) 900-6833 and use **Meeting ID # 864 4411 6015 . Password is 20240430**. You will be muted until your item is pulled and your name is called. Please dial in at 9:00 am with the phone number you provided in the form so you can be identified during the meeting.

Submitted on April 29, 2024

Submitted values are:

First Name

Mariela

Last Name

Loera

Phone

9097288680

Email

mloera@leadershipcounsel.org

Agenda Date

04/30/2024

Agenda Item # or Public Comment

3.32

State your position below

Support

Lopez, Daniel

From: Aquia Mail
Sent: Monday, April 29, 2024 8:38 AM
To: cestrada@inlandcaregivers.org
Cc: Clerk of the Board
Subject: Request to Speak Web Submission



Thank you for submitting your request to speak. The Clerk of the Board office has received your request and will be prepared to allow you to speak when your item is called. To attend the meeting, please call (669) 900-6833 and use **Meeting ID # 864 4411 6015 . Password is 20240430**. You will be muted until your item is pulled and your name is called. Please dial in at 9:00 am with the phone number you provided in the form so you can be identified during the meeting.

Submitted on April 29, 2024

Submitted values are:

First Name

Carmen

Last Name

Estrada

Address (Street, City and Zip)

1430 E Cooley Dr #240

Phone

9098352099

Email

cestrada@inlandcaregivers.org

Agenda Date

04/30/2024

Agenda Item # or Public Comment

3.43

State your position below

Support

Comments

The Inland Coalition on Aging would like to extend its support to the Riverside County Office on Aging for its 2024 - 2028 Area Plan on Aging, "Aging in Motion". The Coalition is committed to facilitating systems change across networks and developing improved integrated care and service delivery of long-term services and supports in the Inland Empire. The ICA is comprised of social service providers from over 100 organizations across the Inland Empire. We would like to commend the Riverside County Office on Aging on the development of a plan that supports and aligns with our efforts to make the Inland Empire an Age-Friendly Community.

The Aging in Motion plan's 3 goals which focus on: Building inclusive communities, providing individuals with resources and programs that support aging in place, and improving community awareness of public benefits and resources, correlates with the Inland Empire Master Plan for Aging the ICA is currently developing.

We look forward to continuing our collaborative efforts with the Riverside County Office on Aging to age in motion, as we are all aging.