

# HOPWA Claims Supporting Documentation Chart

The chart below outlines the supporting documentation required for each claim submission. For every eligible expense a Project Sponsor claims, they are **REQUIRED** to provide **proof of payment** alongside their completed HOPWA Claims Narrative Form. Project Sponsors are also **REQUIRED** to **redact all personally identifiable information (PII)** during the claims submission process and instead **use the clients' HMIS ID numbers** on all supporting documentation. Fully complying with the supporting documentation requirements will reduce the likelihood of a Project Sponsor's claims being denied and ensure that Project Sponsors are promptly reimbursed.

Eligible Expense	Acceptable Documents to show Proof of Payment
<b>Tenant-Based Rental Assistance (TBRA)</b>	
<b>Rental Payments</b>  <b>Utility Payments</b>	<u>Provide <b>ONE</b> of the following, with PII redacted in favor of HMIS Client ID:</u> <ul style="list-style-type: none"> <li>• Copy of a check to landlord/business</li> <li>• Itemized confirmation of online payment indicating landlord/business name, payment amount, date of payment</li> <li>• Copy of bank statement that details: landlord/business name, payment amount, date of payment</li> <li>• Copy of landlord/business receipt</li> </ul>
<b>Short-Term Rent, Mortgage, and Utilities (STRMU)</b>	
<b>Rental Payments</b>  <b>Utility Payments</b>  <b>Mortgage Payments</b>	<u>Provide <b>ONE</b> of the following, with PII redacted in favor of HMIS Client ID:</u> <ul style="list-style-type: none"> <li>• Copy of a check to landlord/business</li> <li>• Itemized confirmation of online payment indicating landlord/business name, payment amount, date of payment</li> <li>• Copy of bank statement that details: landlord/business name, payment amount, date of payment</li> <li>• Copy of landlord/business receipt</li> </ul>
<b>Long-Term Program Delivery</b>	
<b>Staff time</b>  <b>Fringe</b>  <b>Benefits</b>	<u>Provide the following:</u> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee/contractor name, pay period, pay date, &amp; hourly rate (if applicable)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Individual employee or master timesheet indicating employee/contractor name, hours worked, dates for those hours, and budget line-item/HOPWA activity that claimed time is associated with</li> </ul>

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<b>Staff Mileage</b>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee employee/contractor name, pay period, &amp; indication that employee was reimbursed for mileage</li> <li>• Copy of check demonstrating that the employee was reimbursed for the mileage expense</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Copy of mileage reimbursement report indicating name of employee(s), date of drive/transportation, miles travelled, and the per mile compensation rate</li> </ul>
<b>Short-Term Program Delivery</b>	
<b>Staff time</b>  <b>Fringe</b>  <b>Benefits</b>	<p>Provide the following:</p> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee/contractor name, pay period, pay date, &amp; hourly rate (if applicable)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Individual employee or master timesheet indicating employee/contractor name, hours worked, dates for those hours, and budget line-item/HOPWA activity that claimed time is associated with</li> </ul>
<b>Staff Mileage</b>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee employee/contractor name, pay period, &amp; indication that employee was reimbursed for mileage</li> <li>• Copy of check demonstrating that the employee was reimbursed for the mileage expense</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Copy of mileage reimbursement report indicating name of employee(s), date of drive/transportation, miles travelled, and the per mile compensation rate</li> </ul>
<b>Supportive Services</b>	
<p><b>Supplies</b> (i.e. food, cell phones, ride share fees or bus tickets, or other eligible supplies)</p> <p><b>Healthcare Costs</b></p> <p><b>Third-party vendor/contractor</b> *Documentation associated with the bidding process is not required in claim submissions but must be kept on file.</p>	<p>Provide <b>ONE</b> of the following, with PII redacted in favor of HMIS Client ID:</p> <ul style="list-style-type: none"> <li>• Itemized receipt</li> <li>• Itemized confirmation of online payment indicating company name, payment amount &amp; date of payment</li> <li>• Copy of bank statement that details: company name, payment amount, date of payment &amp; client ID</li> <li>• Paystub/earning statement indicating employee/contractor name, pay period, pay date, &amp; hourly rate (if applicable)</li> </ul>

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<b>Staff time</b>  <b>Fringe</b>  <b>Benefits</b>	<u>Provide the following:</u> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee/contractor name, pay period, pay date, &amp; hourly rate (if applicable)</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>• Individual employee or master timesheet indicating employee/contractor name, hours worked, dates for those hours, and budget line-item/HOPWA activity that claimed time is associated with</li> </ul>
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<b>Facility Operations and Facility-Based Assistance</b>	
<b>Staff Time</b>  <b>Fringe</b>  <b>Benefits</b>	<u>Provide the following:</u> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee/contractor name, pay period, pay date, &amp; hourly rate (if applicable)</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>• Individual employee or master timesheet indicating employee/contractor name, hours worked, dates for those hours, and budget line-item/HOPWA activity that claimed time is associated with</li> </ul>
<b>Staff Mileage</b>	<u>Provide <b>ONE</b> of the following:</u> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee/contractor name, pay period, &amp; indication that employee was reimbursed for mileage</li> <li>• Copy of check demonstrating that the employee was reimbursed for the mileage expense</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>• Copy of mileage reimbursement report indicating name of employee(s), date of drive/transportation, miles travelled, and the per mile compensation rate</li> </ul>

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<p><b>Third-party Vendor or Contracting</b>  *Documentation associated with bid process is not required in claim submissions but must be kept on file.</p>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Itemized receipt</li> <li>• Copy of online payment indicating company name, payment amount &amp; date of payment</li> <li>• Copy of bank statement that details: company name, payment amount, and date of payment</li> <li>• Paystub/earning statement indicating employee/contractor name, pay period, pay date, &amp; hourly rate (if applicable)</li> </ul> <p><b>*If the cost of an expense claimed is over \$15,000, approval must be granted via email from IHCD Community Services and documented in claims submission.</b></p>
<p><b>Rent and/or Utilities of Project Sponsor-run Facility</b> (not associated with a specific unit/client)</p> <p><b>Insurance</b>  (online or in-person purchase)</p> <p><b>Supplies</b></p> <p><b>Equipment*</b></p> <p><b>Basic Furnishings*</b></p>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Itemized receipt</li> <li>• Copy of online payment indicating company name, payment amount &amp; date of payment</li> <li>• Copy of bank statement that details: company name, payment amount, &amp; date of payment</li> </ul> <p><b>*If the cost of a basic furnishing or equipment expense claimed is over \$15,000, approval must be granted via email from IHCD Community Services and documented in claims submission.</b></p>
<p><b>Rental Payments</b></p> <p><b>Utility Payment</b>  (for Clients in Project Sponsor's Housing Facility <u>OR</u> Project-Based Rental Assistance)</p>	<p>Provide <b>ONE</b> of the following, with any PII redacted in favor of HMIS Client ID:</p> <ul style="list-style-type: none"> <li>• Copy of a check to landlord/business</li> <li>• Itemized confirmation of online payment indicating landlord/business name, payment amount, date of payment</li> <li>• Copy of bank statement that details: landlord/business name, payment amount, date of payment</li> <li>• Copy of landlord/business receipt</li> </ul>
<p><b>Housing Information Services</b></p>	
<p><b>Staff time</b></p> <p><b>Fringe</b></p> <p><b>Benefits</b></p>	<p>Provide the following:</p> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee/contractor name, pay period, pay date, &amp; hourly rate (if applicable)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Individual employee or master timesheet indicating employee/contractor name, hours worked, dates for those hours, and budget line-item/HOPWA activity that claimed time is associated with</li> </ul>

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<b>Staff Mileage</b>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee employee/contractor name, pay period, &amp; indication that employee was reimbursed for mileage</li> <li>• Copy of check demonstrating that the employee was reimbursed for the mileage expense</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Copy of mileage reimbursement report indicating name of employee(s), date of drive/transportation, miles travelled, and the per mile compensation rate</li> </ul>
<b>Permanent Housing Placement (PHP)</b>	
<p><b>Application Fees</b></p> <p><b>Administrative fees in lieu of or in addition to a security deposit</b></p> <p><b>Security Deposit</b></p> <p><b>Utility Deposit</b></p> <p><b>Utility Hookup Fee</b> (one time)</p> <p><b>Utility Arrears</b> *Documentation that demonstrates need for arrears must be in client files.</p> <p><b>Credit Check Expenses</b></p> <p><b>First/Last Month's Rent</b></p> <p><b>Renter's Insurance</b> (first month or initial term)</p> <p><b>Rent Arrears</b> *Documentation that demonstrates need for arrears must be in client files.</p> <p><b>Mediation Services</b> (neighbor/landlord issues at time of placing a client into the unit only)</p>	<p>Provide <b>ONE</b> of the following with any PII redacted in favor of HMIS Client ID:</p> <ul style="list-style-type: none"> <li>• Copy of check</li> <li>• Copy of online payment indicating landlord/business name, payment amount, date of payment</li> <li>• Copy of bank statement that details: landlord/business name, payment amount, date of payment, and Client ID</li> <li>• Copy of landlord receipt</li> </ul>

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<p><b>Representative Payee Services</b> (for SSI benefits)</p> <p>*Depending on cost, documentation associated with bid process is not required in claim submissions but must be kept on file.</p>	<p>Provide <b>ONE</b> of the following with any PII redacted in favor of HMIS Client ID:</p> <ul style="list-style-type: none"> <li>• Itemized receipt</li> <li>• Copy of online payment indicating company name, payment amount &amp; date of payment</li> <li>• Copy of bank statement that details: company name, payment amount, date of payment &amp; client ID</li> </ul>
<p><b>Staff time</b></p> <p><b>Fringe</b></p> <p><b>Benefits</b></p>	<p>Provide the following:</p> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee/contractor name, pay period, pay date, &amp; hourly rate (if applicable)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Individual employee or master timesheet indicating employee/contractor name, hours worked, dates for those hours, and budget line-item/HOPWA activity that claimed time is associated with</li> </ul>
<p><b>Staff Mileage</b></p>	<p>Provide <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee employee/contractor name, pay period, &amp; indication that employee was reimbursed for mileage</li> <li>• Copy of check demonstrating that the employee was reimbursed for the mileage expense</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Copy of mileage reimbursement report indicating name of employee(s), date of drive/transportation, miles travelled, and the per mile compensation rate</li> </ul>
<p><b>Resource Identification</b></p>	
<p><b>Staff time</b></p> <p><b>Fringe</b></p> <p><b>Benefits</b></p>	<p>Provide the following:</p> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee/contractor name, pay period, pay date, &amp; hourly rate (if applicable)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Individual employee or master timesheet indicating employee/contractor name, hours worked, dates for those hours, and budget line-item/HOPWA activity that claimed time is associated with</li> </ul>

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<p><b>Staff Mileage</b></p>	<p><u>Provide <b>ONE</b> of the following:</u></p> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee employee/contractor name, pay period, &amp; indication that employee was reimbursed for mileage</li> <li>• Copy of check demonstrating that the employee was reimbursed for the mileage expense</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Copy of mileage reimbursement report indicating name of employee(s), date of drive/transportation, miles travelled, and the per mile compensation rate</li> </ul>
<p><b>Administration</b></p>	
<p><b>Staff time</b></p> <p><b>Fringe</b></p> <p><b>Benefits</b></p>	<p><u>Provide the following:</u></p> <ul style="list-style-type: none"> <li>• Paystub/earning statement indicating employee/contractor name, pay period, pay date, &amp; hourly rate (if applicable)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Individual employee or master timesheet indicating employee/contractor name, hours worked, dates for those hours, and budget line-item/HOPWA activity that claimed time is associated with</li> </ul>
<p><b>HOPWA-specific Trainings</b></p> <p>(only eligible if approval from HUD was granted)</p>	<p><u>Provide <b>ONE</b> of the following:</u></p> <ul style="list-style-type: none"> <li>• Itemized receipt</li> <li>• Itemized confirmation of online payment indicating company name, payment amount &amp; date of payment</li> <li>• Copy of bank statement that details: company name, payment amount, date of payment, &amp; client ID</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Written documentation indicating that HUD approval for expenses associated with a HOPWA-specific training session was granted</li> </ul>
<p><b>Office Supplies and Postage</b></p>	<p><u>Provide <b>ONE</b> of the following:</u></p> <ul style="list-style-type: none"> <li>• Itemized receipt</li> <li>• Itemized confirmation of online payment indicating company name, payment amount &amp; date of payment</li> <li>• Copy of bank statement that details: company name, payment amount, &amp; date of payment</li> </ul>