

# HOUSING RESOURCE PACKET

KEEP AT HOME

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May also contain other documents.

## PROOF OF INCOME

\*\* Other Income form provided by counselor

TYPES OF INCOME	ACCEPTABLE PROOF
Cash Gifts and Contributions	Use other income form provided by counselor
Child/Spousal Support	Court Award letter, domestic relations printout
Department of Public Welfare (TANF)	Benefits letter, Notice to Applicant Letter
Foster Care	Statement from Social Services
Insurance Proceeds	NOT considered income
Military Pay	Only if household has access to person's wages
Pension	Copy of check & stub or letter from pension board
Recent loss of ANY type of income	Follow No Income Guidelines
Rent paid by HUD	NOT considered Income
Rental Income	Lease or notarized statement
Reverse Mortgage Income	NOT considered income
Room and Board income	Use Other Income form provided by counselor
Salary/Wages	<ol style="list-style-type: none"> <li>1. Paystubs to cover last 30 day period</li> <li>2. Newly employed (less than 30 days)</li> </ol> *must have at least 1 pay stub *must recertify within 3 months
Self Employed	Current Tax Return Documentation <ul style="list-style-type: none"> <li>• i.e. Form 1040 and Schedule C</li> </ul>
SSI, SS, SSD or Veteran's Benefits	Letter for Social Security Administration Copy of check or direct deposit statement
Student Loans	NOT considered income
"Under the Table"	Use Other Income form provided by counselor
Unemployment	Letter of Determination
Utility Allowances	NOT considered income
Work Study	NOT considered income
Workers Compensation	Statement from Workers Compensation
	If none of the above is available, acceptable proof is Self-Declaration of Income

## NOTICE OF YOUR RIGHT TO APPEAL

You have the right to request a hearing to appeal a decision if you believe it is unfair or incorrect.

Step 1 - Request an information review by contacting:

Bradford County Human Services  
Attn: Housing  
220 Main Street, Unit 1  
Towanda, PA 18848  
(570) 265-1760

If you still disagree or feel you have been discriminated against, you may request a hearing with the fair housing officer. This request must be in writing, and may be sent to:

Bradford County Fair Housing Officer  
Megan Johnson  
301 Main Street  
Towanda, PA 18848

If you still disagree, you have the right to ask for a DHS hearing to appeal a decision if you believe it was unfair or incorrect. You may file an appeal at:

DHS Office of Hearings and Appeals  
PO Box 2675  
Harrisburg, PA 17105

If you appeal, you may also request a conference before the hearing by contacting the ERAP program manager via email at: [ra-pwerapoim@pa.gov](mailto:ra-pwerapoim@pa.gov).

At the hearing you may represent yourself, or someone else, such as a lawyer, friend, or relative may represent you.



## FY 2022 Income Limits Summary

Selecting any of the buttons labeled "Click for More Detail" will display detailed calculation steps for each of the various parameters.

FY 2022 Income Limit Area	Median Family Income <a href="#">Click for More Detail</a>	FY 2022 Income Limit								
		Category	1	2	3	4	5	6	7	8
Bradford County, PA	\$71,500	Very Low (50%) Income Limits (\$) <a href="#">Click for More Detail</a>	25,550	29,200	32,850	<b>36,450</b>	39,400	42,300	45,200	48,150
		Extremely Low Income Limits (\$)* <a href="#">Click for More Detail</a>	15,300	18,310	23,030	<b>27,750</b>	32,470	37,190	41,910	46,630
		Low (80%) Income Limits (\$) <a href="#">Click for More Detail</a>	40,850	46,650	52,500	<b>58,300</b>	63,000	67,650	72,300	77,000

For ERAP applications only, proof of income is not required if the household has a verified open SNAP case.



## Client Copy

### Bradford County Human Services

#### HOUSING ASSISTANCE

(Security Deposit, Rent, Utilities, Food, Transportation)

#### RENTAL ASSISTANCE:

If you are homeless or within 14 days of eviction, the following resources may be available:

- Call 211 (Dial 211 or 1-855-587-5341 or text your zip code to 898211) – this is a free service to help you reach local resources. Some programs may REQUIRE a 211 referral for you to qualify for funding.
- Endless Mountain Mission Center: Homeless Shelter and Rapid Rehousing/Homelessness Prevention funds 570-297-4489
- The Main Link: Homeless Assistance Program and Emergency Shelter funds 570-637-8789
- Bradford/Tioga Housing Authority: Public Low-Income Housing and Section 8 Housing Choice Vouchers 570-265-3678  
570-638-2151
- The Bridge (Valley area only): Emergency rent/utility assistance; used furniture 570-888-8826
- Graco Connections: Rental & Utility Assistance and food bank, furniture vouchers (serves Towanda, Wyalusing, and Northeast School Districts) 570-268-0431
- Salvation Army, Towanda 570-265-5932
- Salvation Army, Sayre 570-888-2153

Both Salvation Army's provide rent and utility assistance for their Respective coverage areas, as well as seasonal needs such as School supplies (back pack program), Christmas for low income Families, etc.

#### UTILITY ASSISTANCE:

If you are facing a shut-off notice, the following resources may be available to you:

- Bradford County Trehab: (Claverak/UGI/Valley Energy Customers) Utility Assistance Program, Celeste Kranick 570-265-2072
- Low Income Energy Bill Assistance Program (LIHEAP) 866-857-7095
- Dollar Energy (Penoloc Customers): NOTE: On-Hold Wait times are high. 800-375-1388

Updated: 9/14/2020

## Client Copy

### Other agencies that may help with assistance:

Abuse & Rape Crisis Center (ARCC) 570-265-5333  
 Area Agency on Aging, Towanda 570-265-6121  
 Bradford County Human Services 570-265-1760  
 Canton Food Pantry, Canton 570-673-7732  
 Child Hunger Outreach Partners 570-485-5050  
 Children & Youth Services:  
 -Bradford County 570-265-1760  
 -Sullivan County 570-928-0307  
 -Chemung County, NY 607-737-5302  
 Department of Public Welfare (Bradford), Towanda 570-265-9186  
 Department of Public Welfare (Sullivan), Laporte 570-928-8596  
 Elmira Homeless Shelter, Elmira, NY 607-732-5954  
 Helping Hands, Wyalusing 570-726-1384  
 Housing Authority – Sullivan County, Laporte 570-946-7677  
 Housing Authority – Bradford/Tioga County 570-638-2151  
 Open Door Mission Men's Shelter, Tioga County, NY 607-687-1121  
 Sullivan County Food Pantry, Dushore 570-928-8253  
 TACO Food Pantry, Wysox 570-265-4422  
 TRESHAB – Affordable Housing Units 570-265-2072  
 Troy Food Bank, Troy 570-297-1095  
 Valley Food Pantry, Waverly, NY 607-565-8718  
 Veterans Affairs, Towanda 570-265-1704

### Transportation:

BEST Transit Authority 570-888-7330  
 Valley Taxi 570-888-2365

Updated: 9/14/2020



## **Attachment A**

### **Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**Bradford County Human Services –Intellectual Disabilities program has a legal duty to safeguard your protected health information (PHI).**

All employees, volunteers, staff, doctors, health professional and other personnel are legally required to and must abide by the policies set forth in this notice to protect the privacy of your health information.

**This protected health information, or PHI for short, includes information that can be used to identify you. We collect or receive this information about your past, present, or future health condition to provide health care to you, or to receive payment for this health care.**

We must provide you with this notice about our privacy practices that explain how, when, and why we use and disclose (release) your PHI. With some health exceptions, we may not use or release any more of our PHI than is necessary to accomplish the need for information. We must abide by the terms of the notice of privacy practices currently in effect.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to the PHI already in existence. Before we make any change to our policies, we will promptly change this notice and post a new notice in our lobby. You can also request a copy of this notice from the contact person listed at the end of this notice any time.

**We may use and release your protected health information** for many different reasons. The Commonwealth of Pennsylvania provides a broad range of services through a wide variety of health and human services programs. If you receive services from Commonwealth program, the Commonwealth program may use your protected health information and disclose it to other Commonwealth health and human services programs and outside the Commonwealth. For some of these reasons we will need your permission for a specific signed authorization. Below, we describe the different categories of when we use and release your PHI, give you some examples of each category and tell you when we need your permission.

**We may use, or disclose your protected health information for treatment, payment, or health care operations. Your consent is not required for these purposes.**

**For treatment,** we may release your PHI to physicians, nurses, medical students, and other health care personnel and agencies and business associates who provide or are involved in your health care. For example, if you are being treated by one program, which sees a need for other services, we may release your PHI to other county departments/programs in order to coordinate your care.

**To obtain payment for treatment.** We may use and release your PHI in order to bill and collect payment for services provided to you. It is important that you provide us with correct and up-to-date PHI. For example, we may release portions of your PHI with our billing department and your health plan to get paid for the health care services we provided to you. We may also release your PHI to our business associates, such as billing companies, claims

processing companies and others.

**To run our health care business.** We may release your PHI in order to operate our facility in compliance with healthcare regulations. For example, we may use your PHI to review the quality of our services and to evaluate the performance of our staff in caring for you.

**We also do not require your consent to use or release your PHI**

**When federal, state, or local law, judicial or administrative proceedings, or law enforcement agencies request your Protected Health Information.**

We release your protected health information only when a law requires that we report information to government agencies or law enforcement personnel. For example, we would notify the appropriate authorities about victims of child abuse, or neglect. We would also notify Law Enforcement officials about the following: for notification and identification purposes when a crime has occurred in missing person cases, or when ordered in a judicial or administrative proceeding.

**For public health activities.** We report information about births, deaths, and various diseases to government officials in charge of collecting that information and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

**For purposes of organ donation.** For patients that have previously agreed to organ donation, we may notify organ procurement to assist them in organ, eye or tissue donation and transplants.

**To avoid harm.** In order to avoid a serious threat to health or safety of a person or the public, we may provide your demographic PHI to law enforcement personnel or persons able to prevent or lessen such harm.

**For worker's compensation purposes.** We may release your PHI in order to comply with worker's compensation laws. If you do not want worker's compensation notified, alternate insurance or payment information must be supplied.

**For appointment reminders and health-related benefits and services.** We may use your demographic PHI to contact you as a reminder that you have an appointment or to recommend possible treatment options or alternatives that may be of interest to you.

**For fundraising activities.** We may use your demographic PHI to communicate with you to raise funds for our healthcare system. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the person listed at the end of this notice.

**For health oversight activities.** We may use PHI and may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions or other activities necessary for oversight of the healthcare system, government benefit programs, or entities subject to government regulation or civil rights laws.



**You have the opportunity to agree to or object to the following.**

1. **Patient Directories.** We may include your name, location in our facility, and your general condition in our patient directory, to direct visitors who ask for you by name. We may also include your religious affiliation for use by clergy, unless you object in whole or part. Your choice to object may be made at any time.
2. **Information shared with family, friends, or others.** We may release your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or part. Your choice to object may be made at any time. You will be notified if one of the persons asks to access your PHI.

**Your prior written authorization is required for any uses and disclosures of your protected health information not included above.** We will ask for your written authorization before using or releasing any of your PHI except as previously stated, or in an emergency situation. If you choose to sign an authorization to release your PHI, you may later cancel that authorization in writing. This will stop any future release of your PHI for the purposes your previously authorized.

**Your rights regarding your protected health information**

**You have the right to request limits on how we use and release your PHI.** If we accept your request we will put any limits in writing and abide by them except in emergency situation. You may not limit PHI that we are legally required or allowed to release.

**You have the right to choose how we communicate PHI to you.** All of our communications to you are considered confidential. You have the right to ask that we send information to you to an alternative address (for example, email instead of regular mail). We must agree to your request so long as we can easily provide it in the format you request. Any additional expenses will be passed onto you for payment.

**You have the right to see and get copies of your PHI.**

You must make the request in writing. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request, if we do, we will tell you in writing why we denied your request. You have the right to have the denial reviewed. We will choose a licensed healthcare professional to review your request and the denial. The person conducting the review will not be the person who denied your first request. You can request a summary or a copy of the entire medical record as long as you agree to the cost in advance. If your request to see the medical information is approved, we will arrange this in accordance with established hospital policy. Please submit all request for this information to the supports coordinator.

**You have the right to get a list of instances of when and to whom we have disclosed your PHI.**

This list will not include uses you have already authorized, or those for treatment payment or operations. This list will not include uses made for national security purposes, to corrections or law enforcement personnel, if you were in custody, or disclosures made before April 14, 2003. We will respond within 60 days of receiving your request. The list we will provide will include the last six years of

activity unless you request a shorter time. The list will include dates when your PHIO was released and why, with whom your PHI was released (including their address if known) and a description of the information released. The first list you request within a 12-month period will be free. You will be charged a reasonable fee for additional lists within that time frame., Please submit all request for this information to the Director of the Intellectual Disabilities Program.

**You have the right to correct or update your PHI.** If you believe there was a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing or add the missing information. We can do this for as long as the information is retained by our facility. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. If we deny your request, our written denial will state our reason and explain your right to file a written state of disagreement. If you do not file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future uses or releases of your PHI. If we approve your request we will make the change to your PHI, tell you that we have done it and tell others that need to know about the change or amendment to your PHI. Please submit all request for amendments to the supports coordinator.

**You have the right to get this privacy notice by email**

Even if you agreed to receive notice by email you also have the right to request a paper copy of this notice.

**How to voice your concerns about our privacy practices:** If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI you may file a complaint with the person listed below or with the Secretary of the DHHS:

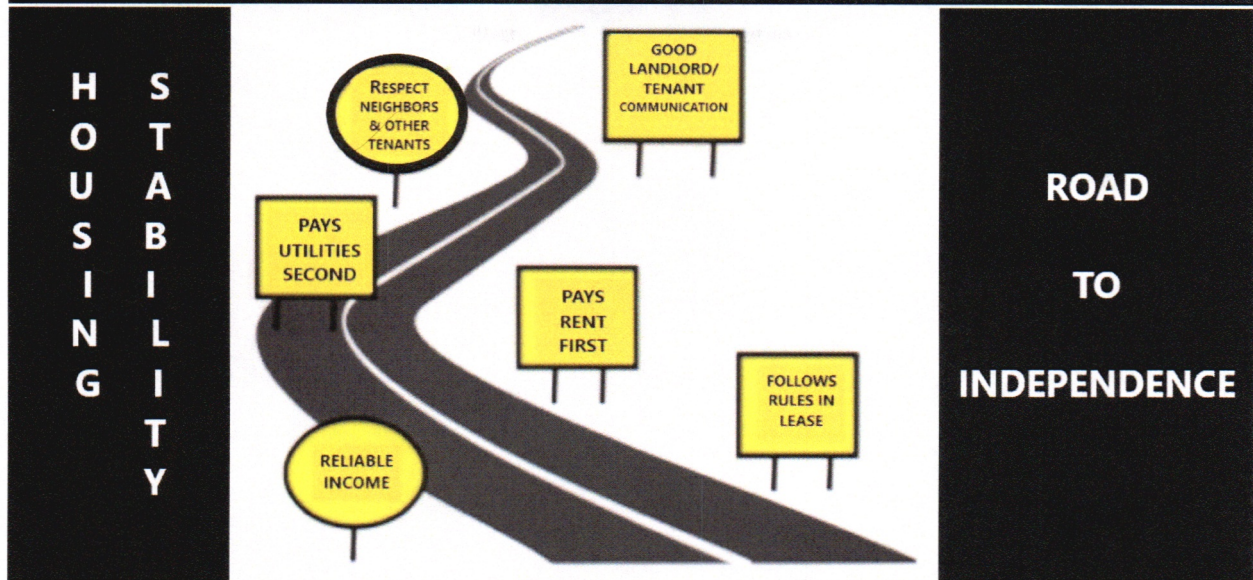
**Person to contact for information about this notice or to voice your concerns about our privacy practices:**

Director, Intellectual Disabilities Program  
(570)-265-1760 – You will not be penalized for filing a complaint.

**Effective Date of this notice:** This notice went into effect on June 11<sup>th</sup>, 2003



## EMERGENCY RENTAL ASSISTANCE 2 PROGRAM



Based on current COVID-19 trends, the Department of Health and Human Services (HHS) is planning for the federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service (PHS) Act, to expire at the end of the day on May 11, 2023.

Due to overwhelming demand and lack of remaining funds, Bradford County Emergency Rental Assistance Program will stop accepting applications beginning May 1, 2023.

Below are some suggestions on what tenants can do to help keep housing stable moving forward as the ERAP 2 program continues to wind down and program funding ends.

- Take steps to increase their income and/or decrease non-essential expenses now, before their funding runs out or the program closes
- Apply for programs such as SNAP and LIHEAP to help supplement income and pay for basic necessities such as heat and food
- Prioritize spending so that rent is always paid first and electric/heating bills second, every month
- While ERAP is assisting with rent and/or utilities open a savings account to save for future emergencies or pay down some larger debts
- Take steps to increase tenancy skills such as completing a housing course or budgeting class
- Take ownership of and pride in their housing
- Utilize community resources such as food or community hygiene pantries to help reduce your grocery bill
- Follow ALL of the terms of your lease or rental agreement
- TALK to your landlord about problems when they are small, before they become bigger problems
- Follow landlord/tenant procedures properly when handling disputes

ERAP Program hours are Monday through Friday from 8:00 a.m. – Noon.\*

\*Fridays are reserved for application processing.