

# Supportive Services for Veteran Families (SSVF) Referral for One-Time Temporary Financial Assistance (TFA)

The Supportive Services for Veteran Families (SSVF) program provides supportive services and financial assistance to very low-income Veterans and their families who are literally homeless or at risk of becoming literally homeless. SSVF's primary goal is to support Veterans who "but for" SSVF assistance will become or remain literally homeless.

*The purpose of this packet is to provide one-time temporary financial assistance (TFA) for Veterans enrolled in various VHA Homeless Programs (HUD-VASH, GPD, HCHV/CRS).*

## **Select SSVF Service Requested**

- ☐ HUD-VASH Housing Navigation Assistance (Packet provided for co-enrollment data provision)
- ☐ One-Time TFA Assistance – Housing Move-in

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## Use of Packet

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The Supportive Services for Veteran Families (SSVF) program provides supportive services and financial assistance to very low-income Veterans and their families who are literally homeless or at risk of becoming literally homeless. The purpose of “the packet” is to reduce the burden to Veterans in collecting duplicate information during program intakes in situations where SSVF will only provide TFA to assist Veterans in obtaining housing or where a Veteran is being co-enrolled for Housing Navigation with HUD-VASH associated with the FY22 Supplemental NOFA. **SSVF is required to collect certain data elements for all Veterans receiving services.**

The referral packet must be utilized when seeking one-time TFA for literally homeless Veteran households who would remain homeless **“but for”** SSVF assistance.

The packet should not be seen as a replacement for local coordination and communication practices that will be a key element of the referral process and the local distribution of resources. Not all SSVF grantees may have capacity to provide all possible resources, which may require VA Homeless Programs to prioritize referrals for assistance.

**NOTE: This packet does not apply to Homelessness Prevention Assistance requests for HUD-VASH Veterans. The grantee will need to be contacted directly about requests for Homelessness Prevention.**

# Eligibility for SSVF Assistance

To receive SSVF TFA, Veteran households in VA Homeless Programs must validate:

1. Literal Homelessness, meaning:
  - a. Household lives in a place not meant for human habitation, safe haven, transitional housing, or in an emergency shelter.
2. Have a household income that does not exceed 80% of the local Area Medium Income (AMI):  
[https://www.huduser.gov/portal/datasets/il.html#documents\\_2025](https://www.huduser.gov/portal/datasets/il.html#documents_2025)
3. All other possible resources, including resources the Veteran household and natural supports has, have been explored and **“but for”** SSVF TFA the household will remain literally homeless.
4. Referral packet has been provided to SSVF grantee **prior to** a lease being signed.

*NOTE: Veteran families who have received TFA in the past 24 months may not be eligible for any/all requested assistance.*

*Case Conferencing should be conducted ensuring all providers understand currently available TFA options and discuss any changing needs of the household.*

## Types of Eligible Assistance

These services should be one-time events, and this packet must be completed to access funding. Not all SSVF grantees have the capacity to provide all resources. Continual engagement with your SSVF grantees will be required to determine types of TFA available.

### All VA Homeless Programs

1. Security Deposits, not to exceed value of 2 months' rent.
2. Reasonable broker and application fees for the unit acquired.
3. Utility Deposits.
4. General Housing Stability Assistance (GHSA), such as bed linens, mattress, and kitchen utensils, if available through the grantee.
5. When essential to ensure lease up, landlord incentives up to 2 months' rent (for new leases of at least one year) may be provided. Not all grantees have capacity to provide these resources. Contact your local SSVF grantees about availability.
6. When essential to Veteran engagement for housing, up to \$1000 supplemental tenant incentive for Veteran households with a new lease (of not less than one year) may be provided to cover miscellaneous move-in expenses. Contact your SSVF grantees about availability.

### HUD-VASH Only

1. Rental Assistance when necessary to allow Veteran to obtain a unit when there are delays in PHA inspections or processing times.
  - a. SSVF and HUD-VASH staff will need to communicate about specific needs and timelines.
2. Housing Navigation services associated with the FY22 Supplemental NOFA for select VAMC catchment areas only. This must be fully coordinated across programs and requires co-enrollment during the service period.
  - a. Please contact your Regional Coordinator if you are unsure if your VAMC has this resource with SSVF grantees in your area.

*NOTE: Additional types of services and TFA for the Veteran and family members may be available from SSVF grantees. VA Homeless Program staff should assess whether additional services may be needed to support a family's ability to successfully maintain their housing placement. In cases where ongoing service delivery or TFA will be needed for the Veteran or household member, the grantee will need to complete a full enrollment directly with the Veteran family.*

*Please follow local referral processes when this need is identified.*

## SSVF Request Workflow

As housing search is being conducted, the VA Homeless team should be preparing to submit the full packet.

*NOTE: Packet must be submitted to SSVF grantee **prior to** lease signing for assistance to be provided.*

### HUD-VASH Documentation Submission and Expectations

1. HUD-VASH staff will submit a complete packet to SSVF grantee for processing.
  - a. A complete packet includes all supporting documentation as described in the "Documentation Checklist" (Attachment 1).
2. SSVF grantee will acknowledge receipt of the packet within 2 business days.
  - a. This acknowledgement will include a list of documents still missing to complete the packet.
  - b. If the packet is incomplete, the referral will be placed and remain in **hold status** and priority will be given to completed packets. This delay may result in funding not being available.
3. HUD-VASH staff will provide the remaining missing documentation to the SSVF grantee to take the packet out of **hold status** for processing.
  - a. It is expected HUD-VASH will provide missing documentation within 2 business days.
4. SSVF grantee will acknowledge receipt of the additional information within 2 business days.
  - a. This acknowledgement will include a list of documents still missing to complete the packet.
5. SSVF grantee will review the packet and notify HUD-VASH staff of approval and coordinate next steps within 2 business days.
  - a. PHA NSPIRE inspection does **NOT** need to be submitted to SSVF grantee.

*NOTE: HUD-VASH staff will certify income eligibility for household and Veteran status on eligibility form. Proof of income and/or Veteran status is **NOT** required to be submitted with the packet.*

### All other VA Homeless Program Submissions and Expectations

1. VA Homeless staff will submit a complete packet to SSVF grantee for processing.
  - a. A complete packet includes all supporting documentation as described in the "Documentation Checklist" (Attachment 1).
  - b. A complete packet from non-HUD-VASH programs should also include:
    - i. Proof of Veteran status
    - ii. Proof of household income
2. SSVF grantee will acknowledge receipt of the packet within 2 business days.
  - c. This acknowledgement will include a list of documents still missing to complete the packet.

- d. If the packet is incomplete, the referral will be placed and remain in **hold status** and priority will be given to completed packets. This delay may result in funding not being available.
- 3. VA Homeless staff will provide the remaining missing documentation to the SSVF grantee to take the packet out of **hold status** for processing.
  - e. It is expected VA Homeless Program will provide missing documentation within 2 business days.
- 4. SSVF grantee will acknowledge receipt of the additional information within 2 business days.
  - f. This acknowledgement will include a list of documents still missing to complete the packet.
- 5. SSVF grantee will review the packet and notify VA Homeless staff of approval and coordinate next steps within 2 business days.
  - g. Housing Inspection (NSPIRE or Habitability) documentation does **NOT** need to be submitted with the packet. However, SSVF must conduct a Habitability inspection for non-HUD-VASH units prior to payment of TFA assistance.

## SSVF Check Request Process

Once all required documentation is in place, a check request may be made.

- 1. Intent to Rent Form (Attachment 7) will be used by SSVF to internally process the TFA check request.
  - a. Letter of promise to pay may be provided by SSVF grantee to landlord if needed.
- 2. Once this process is initiated, and the lease is signed, the SSVF grantee will provide the check to the landlord or landlord agent.
  - a. VA Homeless provider and SSVF grantee should coordinate lease signing date and provision of payment to landlord at lease signing if possible or within five working days.
  - b. Checks cannot be delivered until a signed lease is in place.

# SSVF Documentation Checklist (Attachment 1)

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This document **MUST** be submitted along with all supporting documentation to the SSVF grantee.

**Veteran Name:**

**Last 4 SSN:**

**Household Size:**

**Household Information**

*Check box or write N/A for item not applicable to specific Veteran requests.*

- ☐ SSVF Basic Eligibility Certification (included in this packet)
- ☐ SSVF Participation Agreement (included in this packet)
- ☐ SSVF Referral Form (included in this packet)
- ☐ SSVF TFA Request Form (included in this packet)
- ☐ HMIS Release of Information (SSVF provided)
- ☐ HMIS ID (for VA programs entering directly to HMIS)
- ☐ HOMES Assessment Form (VA provided)

## Landlord Information

*Documentation required for Landlord Incentive, Security Deposits, and Rental Assistance*

- ☐ W-9 Form (IRS document [IRS W-9 Form](#))
- ☐ Intent to Rent Form (Attachment 7 & linked here: [SSVF Landlord Intent to Rent](#))

## Utility Information

*Documentation required for utility deposits or arrearages. (Not all grantees may provide this assistance, please case conference about resources available.)*

- ☐ Statement for utility company(s) with deposit charges
- ☐ Statement or invoice from utility company(s) with arrearage information

## Other TFA

*Documentation required for other request types. (Not all grantees may provide this assistance, please case conference about resources available.)*

- ☐ Documentation of any broker or application fees
- ☐ Documentation details of requested GHSA items
- ☐ SSVF Incentive(s) Referral Form (Attachment 6)

Note any missing documentation, plan to secure and anticipated timeline to submit. This information will help the SSVF grantee plan for check requests and other housing needs.

# SSVF Basic Eligibility Certification (Attachment 2)

VA Homeless Program staff must use this form to confirm basic eligibility of any Veteran referred for SSVF services.

- ☐ Yes, the individual is a Veteran eligible for SSVF assistance and has a discharge status that is not Dishonorable or Bad Conduct by general court martial. **(Non-HUD-VASH programs must provide Veteran eligibility documentation.)**
- ☐ Yes, Veteran is currently literally homeless. Household lives in a place not meant for human habitation, safe have, transitional housing or in an emergency shelter.
- ☐ Yes, Veteran household has an annual income not exceeding 80% AMI ([Income Limits | HUD USER](#)). Documentation of household income is provided on SSVF Referral Form. **(Non-HUD-VASH programs must provide income verification documentation.)**

*NOTE: Local AMI limits may be lower based on local needs and resources. Please coordinate with local grantees regarding local AMI.*

## Veteran's current living situation

### Eligible Housing Situation for Packet Referral

- ☐ Place not meant for habitation (outdoors, automobile, truck boat, etc.)
- ☐ Emergency shelter
- ☐ Transitional housing program
- ☐ Fleeing or attempting to flee a domestic violence situation.
- ☐ Hotel/motel **paid by** charitable organization, Federal, State, or local government.
- ☐ Hospital (Only eligible if less than 90 days and homeless prior to entry)
- ☐ Residential treatment (Only eligible if less than 90 days and homeless prior to entry)
- ☐ Prison or jail (Only eligible if less than 90 days and homeless prior to entry)

### Non-Eligible Housing Situation for Packet Referral

- ☐ Housing owned or rented by Veteran.
- ☐ Staying or living with family or friend
- ☐ Hotel/motel **not paid by** charitable organization, Federal, State, or local government.

VA Homeless Program/Site Staff Name: \_\_\_\_\_

VA Homeless Program/Site Staff Signature: \_\_\_\_\_

Date of Form Completion: \_\_\_\_\_

*Should delays in the housing process exceeds 90 days from the time of referral, VA Homeless Program/Site staff will be requested to provide email verification about ongoing Veteran status and income eligibility. SSVF grantees are required by regulation to verify ongoing eligibility every 90 days.*

# SSVF Participation Agreement (Attachment 3)

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VA Homeless Program staff should review this agreement with all Veterans seeking SSVF services.

***I, \_\_\_\_\_ am applying for temporary assistance available through the Supportive Services for Veteran Families (SSVF) program. My signature below confirms the following:***

1. My participation in the SSVF Program is voluntary for me and my household.
2. I understand that SSVF programs provide temporary (short-term) assistance only, and the amount of any assistance is governed by SSVF regulations and depend on my specific circumstances. I further understand that no permanent assistance is available from SSVF.
3. I understand that I am not automatically entitled to assistance. My eligibility for SSVF assistance is determined at the discretion of SSVF program. It depends on various factors including regulations, specific household needs, and available resources, and non-abusive language and behavior.
4. I understand that the information I provide to the SSVF program must be complete and accurate to the best of my knowledge. I acknowledge that I have a continuing obligation to promptly update, complete, or correct this information. Failure to do so could result in my loss of assistance, including assistance that has already been paid or promised to pay to others on my behalf.
5. I understand that if I failure to cooperate with SSVF program, or if I provide incomplete or inaccurate information, I may be disqualified from the program. This may result in loss of assistance, and I may be required to return funds that have previously been paid to others on my behalf.

**Veteran Signature:** \_\_\_\_\_

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



# SSVF Referral Form (Attachment 4)

This form provides required data elements that SSVF grantees are required to capture and enter into HMIS. On occasion, local CoCs require additional data elements for organizations which receive HUD funding. When SSVF grantee agencies must also uphold this obligation, additional data elements may be requested.

*NOTE: HOMES assessments may be provided in lieu of data requested on this form (Household Composition through Non-cash benefits). Family information does need to be provided, due to SSVF grantee data entry requirements.*

*Due to HOMES documentation standards, it may be necessary for VA Homeless Program staff to note changes that may not be reflected in the HOMES system at the time of referral.*

Date:	Referring POC Name:
Anticipated Move-In Date:	Referring VAMC or Site:
City, County of Housing Unit:	Referring POC Phone & Email:
Amount of Assistance Requested:	Alternative POC Name & Email:

## Veteran Contact Information:

Name:	Phone:
Email:	Discharge Status:

## Financial Information:

Previously applied for and/or received SSVF Assistance: ☐ Yes ☐ No  
 If yes, approximate date:  
 Veteran currently employed: ☐ Yes ☐ No  
 Currently receiving VA benefits and/or services: ☐ Yes ☐ No

*NOTE: Should GPD or HCHV/CRS provider capture this data in HMIS, the HMIS ID or copy of data may be provided in lieu of data requested on this form (Household Composition through Non-cash benefits). Family information does need to be provided, due to SSVF grantee data entry requirements.*

**Household Composition**

Name (First, Middle, Last)	Relation to Veteran	SSN	Vet? (Y/N)	Gender	Race/ Ethnicity	Disabling Condition (Y/N)	Date of Birth

**Education**

Last grade completed for any adults in the household **excluding** the head of household Veteran

Name: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Name: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

**Monthly Income for Veteran Household (Adults Only)**

Who:	Source:	Amount: \$
Who:	Source:	Amount: \$
Who:	Source:	Amount: \$
Who:	Source:	Amount: \$
Total Monthly Income:		Total Annual Income:

**Non-Cash Benefits Received for all Adult Non-Veteran Household Members**

Non-Cash Benefits Received	Name of Adult Non-Veteran Receiving Benefit
Supplemental Nutrition Assistance Program (SNAP)	
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	
TANF Child Care Services	
TANF Transportation services	
Other TANF-funded services	
Section 8 ongoing rental assistance	
Other source of ongoing rental assistance	
Temporary rental assistance	

# TFA Request Form (Attachment 5)

Supporting documentation, including invoices for utility deposits, broker's fees, etc. should be included with the packet.

**NOTE:** This information may change throughout the housing process. VA Homeless Program/Staff and SSVF grantee should discuss changes as they arise. SSVF grantee should note date and time of change on this form. A new TFA Request Form is NOT required.

## Housing Unit Assistance:

- ☐ Security Deposit: total amount requesting \$
- ☐ Rental Assistance: total amount requesting \$
- ☐ Broker's Fee: total amount requesting \$
- ☐ Application Fee: total amount requesting \$

## Utility Deposit Assistance:

(If arrears are needed, please contact grantee about availability)

- ☐ Electric (bill/invoice needed): total amount requesting \$
- ☐ Gas (bill/invoice needed): total amount requesting \$
- ☐ Water (bill/invoice needed): total amount requesting \$
- ☐ Internet (bill/invoice needed): total amount requesting \$

## General Housing Stability Assistance Needs:

(Case conference with SSVF grantee about needs and availability)

Basic Household Goods (please specify):

Amount: \$

Other (please specify):

Amount: \$

Mattress: Queen Quantity/cost:

Full Quantity/cost:

Twin Quantity/cost:

## Incentive(s):

- ☐ Landlord Incentive (Incentive Request Form must be provided)

Amount: \$

- ☐ Tenant Incentive (Incentive Request Form must be provided)

Amount: \$

## Total SSVF TFA Requested for Household: \$

VA Homeless Program/Staff Name:

VA Homeless Program/Staff Signature (Electronic Signature is accepted): \_\_\_\_\_

Date of Form Completion:

# SSVF Incentive Referral Form (Attachment 6)

Requests for landlord and/or tenant incentives will be approved contingent on available grantee resources and locally established prioritization and will be approved on a case-by-case basis.

*Case Conferencing with SSVF grantee about landlord incentives should be completed prior to commitment to landlord for incentive payment.*

## **Landlord Incentive Request: (Check all that apply)**

If requesting landlord incentive, the Landlord Intent to Rent must be submitted.

- ☐ Sex offender status
- ☐ Other criminal history
- ☐ Eviction history
- ☐ New landlord engagement
- ☐ Limited unit availability in rental market
- ☐ Other: describe

**Rent Amount \$**

**Incentive Amount Requested (not to exceed 2 months' rent) \$**

## **Tenant Incentive Request:**

Describe need and anticipated purchases (provide additional pages/information for actual purchase links or products for SSVF to consider).

Examples of allowable incentives:

- Furniture (bed, sofa, dresser, coffee table, etc.)
- Electronic Equipment (computer, television, laptop, electronic reading device, etc.)
- Recreational items such as bike, sports, or exercise equipment
- Educational items such as books
- Hobby materials such as crafts and games

**Estimated Cost (not to exceed \$1000) \$**

**I certify that I have reviewed this request and find it reasonable, necessary and in alignment with local expectations for landlord and/or tenant incentives.**

VA Homeless Program Supervisor Name:

VA Homeless Program Supervisor Signature (Electronic is accepted): \_\_\_\_\_

# Landlord Intent to Rent Agreement (Attachment 7)

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Landlords or landlord agents may substitute their own Intent to Rent form if all elements below are included.

**Lessee/Tenant name:**

**Lessor/Landlord/Landlord agent:**

**Address of premises:**

**Unit rent: \$**

**Security Deposit: \$**

**Expected lease/occupancy date:**

This form serves as an official intent to rent this property to lessee noted above. Lessor agrees the amount of rent and security deposit, listed above) required by the lessee to occupy the unit. Lessor additionally agrees to accept payment from a third party for the security deposit. The security deposit will be paid within 5-7 days of lease signing and tenant's access to the above-named premises.

**Third Party/SSVF Provider:**

Lessor/landlord/landlord agent is required to provide a W-9 (linked here: [IRS W-9](#)). Information on the W-9 must match payee information. All SSVF financial assistance payments should be mailed to:

**Payee name:**

**Payee phone:**

**Payee Address:**

**City:**

**ZIP:**

Thank you for the partnership in assisting Veterans and their families and we look forward to continued collaborations.

Lessor/landlord/landlord agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lessee/Tenant signature: \_\_\_\_\_ Date: \_\_\_\_\_