

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

HOUSING ASSISTANCE PROGRAM
GUIDELINES/PROCEDURES

SUBJECT	DATE REVISED	PAGE
Housing Assistance Program Eligibility and Procedures for Accessing the Funds	March 3, 2026	1 of 9

1.0 PURPOSE

- 1.1 To provide a description of the Department of Mental Health's (DMH) Housing Assistance Program (HAP) and the eligibility criteria for each component.
- 1.2 To provide the process and procedures for accessing the program.

2.0 PROGRAM DESCRIPTION

- 2.1 HAP provides a variety of funding sources to assist individuals with serious and persistent mental illness who are homeless and who lack the financial resources to afford the move-in costs associated with moving into permanent housing such as paying the security deposit and/or deposit for utility services and purchasing household goods needed to start a home. In addition, HAP provides resources for eviction prevention due to an unexpected financial hardship and provides temporary rental assistance to mental health consumers who are receiving services from a Directly-Operated Full Service Partnership (FSP) program.
 - 2.1.1 The program is composed of five components: Security Deposit, Utility Assistance-Service Initiation Deposit, Household Goods, Eviction Prevention and Temporary Rental Assistance.
 - 2.1.2 HAP is overseen by DMH's Housing Division (HD) Flexible Housing Subsidy Pool (FHSP) unit and is administrated by DMH's fiscal intermediary Brilliant Corners.

3.0 APPLICANT ELIGIBILITY CRITERIA

- 3.1 Homeless as defined by the Federal Department of Housing and Urban Development ¹ or as approved by DMH.
- 3.2 Diagnosed with a serious and persistent mental illness and receiving mental health services from a DMH directly operated or contracted agency or as verified by a licensed clinical professional, (with the Verification of Serious Mental Illness Form attached) only for those individuals who have been approved to move into a Project-Based MHSA funded unit.
- 3.3 Evidence of having financial need, as verified by case manager.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

HOUSING ASSISTANCE PROGRAM
GUIDELINES/PROCEDURES

SUBJECT	DATE REVISED	PAGE
Housing Assistance Program Eligibility and Procedures for Accessing the Funds	March 3, 2026	2 of 9

3.4 Recipient of a housing subsidy such as Housing Choice Voucher or Continuum of Care.

For those without a Federal or local subsidy, verification that the rent is affordable defined as the person is not paying more than 70% of their income on rent.

3.4.1 Moved into permanent housing within the last 90 days.

4.0 PROGRAM COMPONENT DEFINITIONS AND PROCEDURES:

4.1 **Security Deposit** provides financial assistance for applicants who are homeless and in the process of acquiring rental housing and do not have the means to pay the required security deposit at the time of leasing the unit. California Law restricts the total security deposit to be no more than two times the monthly rent unless the unit is furnished allowing up to three times the monthly rent.

4.1.1 If the applicant is a recipient of a Federal rental subsidy, the application packet must include the Letter of Determination from the relevant Housing Authority or on the signed lease.

4.1.1.1 FHSP will only authorize payment for the amount stated on the Letter of Determination from the relevant Housing Authority or the signed lease.

4.1.2 Security Deposits paid by DMH remain the property of the Department. When the recipient of the security deposit moves out of the unit, the Department has the sole discretion to allow the consumer to use the funds for the security deposit at their next unit or have the deposit amount returned to the Department.

4.2 **Utility Assistance** provides funds for a required deposit to establish utility services/connection for applicant transitioning from homelessness.

4.2.1 The application packet must include a copy of the utility bill with the applicant's name along with the utility application form. If the name on the bill is different from the name on the housing assistance application, a letter of explanation signed by the case manager must be submitted with the application packet otherwise the application will be rejected.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

**HOUSING ASSISTANCE PROGRAM
GUIDELINES/PROCEDURES**

SUBJECT Housing Assistance Program Eligibility and Procedures for Accessing the Funds	DATE REVISED March 3, 2026	PAGE 3 of 9
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- 4.2.2 The utility payment will be mailed directly to the utility company on behalf of the applicant unless otherwise approved.
- 4.2.3 If arrangements are made for a check to be picked up by the case manager, the case manager or other clinic representative **MUST** accompany the applicant to the utility company when paying for utility services in person. **NO** check(s) shall be given directly to the applicant, under any circumstances.
- 4.3 **Household Goods** provides financial assistance with purchasing necessary household items such as appliances, kitchenware, linens, and furnishings for applicants who are moving into permanent housing from homelessness. Household goods are limited to \$2,500 per applicant receiving services from a DMH directly-operated FSP or for applicants with larger families as needed. The limit for all others is \$2,000. The maximum amount allowable for items such as appliances are based on the DMH's current Client Supportive Services (CSS) Reasonable and Allowable Purchase Limits which were revised on July 1, 2022, as indicated in the chart below. The CSS list of allowable purchases is available for DMH's directly-operated FSP only. However, DMH will consider the CSS allowable purchases for non-FSP, that are not included on the HAP negotiated pricing list below, with a letter justifying the request. It is recommended that the case manager request a housing consultation by emailing DMH-HAP@dmh.lacounty.gov prior to submitting their request to avoid delays in processing the application. Decisions will be made on a case-by-case basis.

CSS Reasonable and Allowable Purchase Limits			
Appliances		Furniture	
Stove	\$600	Bedroom Furniture	\$400
Washer/Dryer	\$1,000	Mattresses	\$450
Refrigerator	\$600	Living Room Furniture	\$550
Microwave	\$90	Dining Table Set	\$300
Television	\$400	Vacuum Cleaner	\$120

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

HOUSING ASSISTANCE PROGRAM
GUIDELINES/PROCEDURES

SUBJECT	DATE REVISED	PAGE
Housing Assistance Program Eligibility and Procedures for Accessing the Funds	March 3, 2026	5 of 9

4.4 **Merchant Invoicing Process**

4.4.1 Present pre-selected items detailed on a merchant's invoice with the total purchase price including taxes and other associated fees with the application for household goods.

4.4.2 If the invoiced items and amounts are approved, a check will be generated and mailed to the vendor unless the case manager indicates in the email with the application submittal that they want to pick up the check or have it mailed to their office.

4.4.3 If the vendor receives the check directly from Brilliant Corners, the vendor will provide written verification to Brilliant Corners that the merchandise was delivered and received by the applicant.

4.4.4 If the case manager is picking up the check and will be delivering or sending the check to the vendor, the case manager is responsible for obtaining a copy of the shipping receipt with the applicant's signature. The case manager must deliver or email a scanned copy to Brilliant Corners within one week of delivery.

4.4.5 Checks are **NOT** to be given directly to the applicant.

4.5 **Eviction Prevention** provides a one-time payment up to one month of the resident's portion of the rent which is in arrears as indicated in the Landlord Verification Form and any reasonable late fees as indicated in the lease agreement for households that are at risk of eviction. The payment is only made to avert an eviction. The payment will be made to the property owner as indicated on the W9 form and/or the Landlord Verification Form.

4.5.1 Applicant must provide proof of occupancy for a minimum of 6 months at that address as indicated on the lease agreement or utility bill.

4.5.2 Applicant must show proof of sufficient monthly income to maintain the monthly rent payments subsequent to the one-time intervention.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

HOUSING ASSISTANCE PROGRAM
GUIDELINES/PROCEDURES

SUBJECT	DATE REVISED	PAGE
Housing Assistance Program Eligibility and Procedures for Accessing the Funds	March 3, 2026	6 of 9

- 4.5.3 If the applicant is more than one month in arrears, the case manager may submit a letter with a justification requesting payment of additional months that is signed by the case manager to DMH-HAP@dmh.lacounty.gov. Decisions will be made on a case-by-case basis.
- 4.6 **Temporary Rental Assistance is only available for applicants served by DMH Directly-Operated FSP programs.** Temporary rental assistance provides full or partial payment of the monthly rent not to exceed fair market rent for the locality of the unit, adult residential facilities rate, or acceptable rents for that housing type. Temporary Rental Assistance is initially approved for up to 6 months with opportunities for extensions. The extension form requires the case manager to provide the following: Housing Plan; Status of Efforts to Obtain Income/Benefits; and/or, Efforts to Obtain Legal Immigration Status. Each extension is for up to 3 months. If the case manager requests an extension, the extension form must include the clinic Program Manager's approval. The extension requests will be processed on a case-by-case basis.
- 4.6.1 Applicants who are engaged in treatment through a DMH Directly-Operated FSP program may qualify for 100% of their rent payment through temporary rental assistance if the applicant does not have an income. Applicants with income must contribute 30% of their income towards the rent.
- 4.6.2 Case managers may assist eligible applicants with moving into an approved/authorized vendor's housing without prior approval from FHSP, if necessary, but the Housing Assistance application must be submitted within 2 business days of move in.
- 4.6.3 For approved Temporary Rental Assistance applicants, case managers must email the Residential Verification Form to DMH-HAP@dmh.lacounty.gov by the 21st of each month stating the housing status of each applicant in order to ensure timely payment of rent for the following month.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

HOUSING ASSISTANCE PROGRAM
GUIDELINES/PROCEDURES

SUBJECT	DATE REVISED	PAGE
Housing Assistance Program Eligibility and Procedures for Accessing the Funds	March 3, 2026	7 of 9

5.0 ROLES AND RESPONSIBILITIES

5.1 Referring Clinic/Agency/Case Manager

- 5.1.1 For consumers in need of HAP resources, complete the HAP application and obtain all required signatures such as the applicant, case manager, clinical Program Manager and landlord/property manager, as required, and ensure the HAP Guidelines/Procedures are followed when requesting funds.
- 5.1.2 Conduct housing searches to assist with the identification of potential housing options.
- 5.1.3 For applicants of Security Deposit or Eviction Prevention, inform the property owner about DMH's HAP program and confirm their willingness to accept a third-party payment through its agent and willingness to complete a W9 form. Negotiate with property owners to obtain a reasonable security deposit and ensure the deposit does not exceed the security deposit limits.
- 5.1.4 For applicants of household goods who want to use a vendor other than NuWay Mattress, negotiate and confirm the local merchant's willingness to provide a purchase agreement for household goods and acceptance of third-party payment.
- 5.1.5 Obtain required documentation from local Housing Authorities to confirm federal housing subsidies, as appropriate.
- 5.1.6 Complete the HAP application packet including required documents as indicated on page 2 of application.
- 5.1.7 Email the completed application packet to **Brilliant Corners** at hapapps@brilliantcorners.org through the encrypted email system.
- 5.1.8 Ensure the applicant receives approved assistance and make arrangements to pick up checks as needed.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

HOUSING ASSISTANCE PROGRAM
GUIDELINES/PROCEDURES

SUBJECT	DATE REVISED	PAGE
Housing Assistance Program Eligibility and Procedures for Accessing the Funds	March 3, 2026	8 of 9

5.2 Brilliant Corners

- 5.2.1 Review all HAP application packets within three business days to determine if the packet is complete and includes all the required documents, confirm applicant eligibility, confirm funding requests are within stated limits and process the applicant's request make any authorized payments.
- 5.2.2 For packets with incomplete or missing documents, inform the case manager of the incomplete or missing documents and indicate the entire application packet must be resubmitted with the corrected or missing documents.
- 5.2.3 Enter information from completed HAP applications into the DMH database.
- 5.2.4 Generate the Approval Request Report from DMH's HAP database and email to DMH-HAP@dmh.lacounty.gov each Friday.
- 5.2.5 Upon receipt of the Approval Request Report, forward payment requests to the Brilliant Corner's Accounting Division for processing.
- 5.2.6 Send FHSP a copy of the HAP database on the last working day of the month.

5.3 DMH FHSP Unit

- 5.3.1 Oversee the management and administration of the program.
- 5.3.2 Consult with case managers and Brilliant Corners as needed.
- 5.3.3 Review any requests for exceptions to the guidelines and approve or deny as appropriate.
- 5.3.4 Review the Approval Request Report received from Brilliant Corners each Friday to confirm eligibility of the applicants; select the appropriate HAP funding source for each request; and forward the Approval Request Report back to Brilliant Corners within 5 business days with feedback. Resolve any issues related to eligibility.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

HOUSING ASSISTANCE PROGRAM
GUIDELINES/PROCEDURES

SUBJECT	DATE REVISED	PAGE
Housing Assistance Program Eligibility and Procedures for Accessing the Funds	March 3, 2026	9 of 9

5.3.5 Review the HAP database information monthly for any missing data and return to Brilliant Corners within 5 business days with feedback on missing data that needs to be added.

¹ Not applicable to the Eviction Prevention Component