Flexible Housing Subsidy Pool
Unit Identification Packet

Unit Identification Process

The **Unit Identification (UID)** is a standardized procedure designed to facilitate the identification and application for rental housing units by participants enrolled in the Flexible Housing Subsidy Pool (FHSP) program. This process entails a collaborative housing search conducted with each participant, targeting units available within the Los Angeles County rental market.

All active FHSP participants who are currently unhoused are required to engage in the UID Process as part of their housing placement pathway. This packet should be completed by case management, and all entities involved in the housing navigation process supporting FHSP participants are responsible for ensuring that participants receive appropriate support and guidance throughout the process.

Forms to complete and submit to Brilliant Corners (included within the packet):

1. UID Form
2. AB12 Attestation Form
3. W-9 for Property Provider
4. Direct Deposit Authorization Form
5. Bank Letter (if Property Provider is requesting to be paid ACH/direct deposit)

Unit Identification Timeline

Process Steps	Business Days	Role/Responsibility
Unit Viewing & Rental Application	1 – 3 Days	Case Manager
UID Packet Submission	1 Day	Case Manager
UID Packet Review/Housing Episode	3 – 5 Days	FHSP Program Supervisor & Operations
UID Approval	3 – 5 Days	FHSP Program Supervisor & Housing Acquisitions
Inspection, Lease Signing & Move-in	3 – 5 Days	Housing Coordinator
Furniture & Utility Deposit Request	Submit Within 3 Days of the Lease	Case Manager
Average Time from Unit Identity Move-in:	**17 Days**	

Occupancy Standards

FHSP program participants will be housed based on the following occupancy standards:

Number of Household Members	Number of Bedrooms
1 – 2	0 – 1
3 – 4	2
5 – 6	3
7 – 8	4
9 – 10	5
11 – 12	6

Occupancy Standards (Continued)

FHSP participants can request an exception to occupancy standards through a Reasonable Accommodation Request. This may be granted for reasons such as needing space for a live-in aide or medical equipment, and requests must be submitted through the participant's Housing Coordinator.

Click here for more information on HACLA Section 8 Occupancy Standards.

Fair Market Rates and Voucher Payment Standards

Fair Market Rates (FMRs) refer to the estimated amount of rent that a property would reasonably command in a competitive market. These rates are determined by the U.S. Department of Housing and Urban Development (HUD) and are based on factors like location, unit size, and local rental market conditions. FMRs must always comply with rent reasonableness standards, which ensure that the rent charged is not more than what is typically charged for similar, unassisted units in the same area. This helps prevent overcharging and ensures fairness for both tenants and landlords. FMRs are used to set baseline rental costs in a given area and to help local housing authorities set payment standards.

To determine the maximum allowable rent for a specific area, Brilliant Corners refers to the property's local Public Housing Authority's (PHA) Voucher Payment Standards (VPS). Please use the provided links to verify the VPS based on the property's ZIP code. The rent for the unit cannot be higher than the comparable rent determined by Brilliant Corners, with VPS being the maximum monthly cap. If a Property Provider requests a rate that is above VPS, it will be reviewed by the FHSP Housing Acquisitions team and approved by the funder. If an exception is needed to the VPS due to a Reasonable Accommodation, please submit a request along with the Unit ID packet per our Policy.

Click here to view Brilliant Corners' Reasonable Accommodation Policy.

- HACLA (LA City) Rates By Zip Code: HACLA Voucher Payment Standards
- LACDA (LA County) Payment Standards: LACDA.org/Section-8/tenants
  - Navigate to Payment Standards

Bank Letters

Property Providers are required to submit a bank letter instead of a voided check to receive direct deposit in the following scenarios:

- A new property provider requesting direct deposit payment
- An existing property provider requesting to change any bank account information (i.e., change of bank, change of account name, change of bank account number)
- An existing property provider requesting to change from check to direct deposit as their method of payment

Click here to view a sample bank letter.

Bank Letters (Continued)

In addition, Brilliant Corners reserves the right to contact the property provider's bank directly to validate the bank account information provided. This validation process may take up to 7 business days after we receive the bank letter. Please be sure to set this expectation when communicating with vendors to avoid confusion about processing timelines.

If property providers need more time to obtain a bank letter, they may still receive payment via check by submitting a W-9.

Our existing procedures for issuing check payments have not changed. Offering check payments can be a practical interim solution for property providers who are concerned about delays in payment while gathering the necessary bank documentation. When communicating with property providers, please reassure them that this option is available and can help ensure timely payment during the transition to direct deposit.

This change is being implemented to significantly reduce the risk of fraud—a growing concern across industries—and to protect both our organization and our property providers. While we understand that this introduces a new step in the process, it's an important safeguard that benefits everyone.

Inspections

Starting Tuesday, July 1, 2025, Brilliant Corners Housing Coordinators will be conducting unit inspections. This will occur on the day of the lease signing. To ensure a smooth move–in process, **Case Managers** are asked to notify Housing Coordinators of any major visual deficiencies during the unit walkthrough and to document on the bottom of the UID form, any of the below issues they observe during the participant walkthrough of the unit at the time of unit application.

A major deficiency is:

- Broken or non-functional windows or doors
- Electrical hazards or exposed wiring
- Inoperable appliances (if provided by the Property Provider)
- Lack of hot water
- Missing carbon monoxide detectors
- Missing smoke detectors
- Missing refrigerator
- Missing stove
- Non-functional plumbing fixtures
- Pest infestations
- Structural damage
- Unsanitary living conditions
- Visible mold-like substances or mildew
- Water damage or active leaks

This is extremely important for Case Management to document. It serves as an additional safeguard to support a smooth transition for participants moving from homelessness into housing.

Note: Case Managers should be especially mindful of exit dates from interim or temporary housing. If a unit does not pass inspection, we want to prevent participants from being left without a place to stay.

Unit Identification Instructions

Ownership of process: This process relies heavily on **Case Managers** and FHSP participants to identify housing options.

1. **Unit Identification:**
   The UID process begins when **case management** and an FHSP participant identify a potential unit in the LA County housing market. The unit **must** support the participant's housing needs and comply with FHSP program guidelines.

2. **Unit Viewing & Rental Application:**
   Once a potential unit is identified, the **Case Manager** and the FHSP participant should schedule a unit viewing. If the participant would like to move forward with renting the unit, the **Case Manager**/Service Provider must assist the FHSP participant with submitting a rental application directly to the property provider. The **Case Manager**/Service Provider is responsible for helping the FHSP participant follow up on the rental application status with the property provider. **Participants should not pay any security deposits or one month's rent during this process**. Brilliant Corners does **not** pay for holding fees unless explicitly approved by the funder.

3. **UID Form Submission & Approval:**
   Once the FHSP participant's rental application is approved, the **Case Manager**/Service Provider must submit the UID Packet to the assigned Brilliant Corners FHSP Housing Coordinator within **24 hours**. Email the completed UID Packet to the participant's assigned Housing Coordinator and/or the Program Supervisor. If the unit's rent exceeds FMR, approval from a Brilliant Corners Supervisor is required. The Housing Acquisitions team will then handle negotiations with the landlord.

4. **Inspections:**
   Beginning Tuesday, July 1, 2025, the FHSP will conduct unit inspections in coordination with the Brilliant Corners Housing Quality Standards (HQS) team prior to a participant signing a lease. Once a UID has been submitted, the Housing Coordinator will contact the property provider and coordinate a lease signing in which the Housing Coordinator will show up prior to or at minimum 30 minutes prior to the lease signing to conduct the inspection. **Note:** Brilliant Corners will not subsidize a unit that does not pass inspection and will not permit a participant to sign a lease or move into an uninhabitable unit. In accordance with California Assembly Bill 628 (AB 628), which amended California Civil Code §1941.1, landlords are required to provide functioning stoves and refrigerators in all residential rental units effective January 1, 2026.

Unit Identification Instructions (Continued)

5. **Participant Move-in:**
   After a lease signing date is established with the property manager, the Housing Coordinator will work with the **Case Manager**/Service Provider and coordinate next steps. Both the Housing Coordinator and **Case Managers**/Service Provider must be present for the lease signing. The Housing Coordinator will review the lease, rental portion, utility set up, and all move in documents during the lease signing. The **Case Manager**/Service Provider will review all the other move-in requirements.
   The following documents will be reviewed or signed at the time of the lease signing:
   - Move-in Letter
   - Lease Agreement (must be executed by the participant and the Property Manager on that same day)
   - Participant RSA (between participant and Brilliant Corners)
   - Property Provider RSA (between Brilliant Corners & Property Management)
   - Brilliant Corners provides all required payment to the Property Manager via ACH or check, based on their preference
   - Portal Instructions (provided to **Case Manager**/Service Provider)

6. **Move in Assistance:**

   The **Case Manager** submits a CalAIM request in CHAMP, including:
   - Move-in Letter
   - FHSP Release of Information (ROI)
   - Signed Lease Agreement (both tenant and property management)
   - CORT Order for furniture and PDF of appliances outside of CORT (if applicable)
   - Move-In Letter from Brilliant Corners (rent breakdown)
   - Property Provider W-9

   Note: Please ensure that all forms and signatures are current and dated within the past year.

   Process: The Los Angeles Department of Homeless Services and Housing will determine the participant's CalAIM eligibility and submit the eligibility and payment details to the Brilliant Corners FHSP Move-In Assistance (MIA) Team. The MIA Team reviews, flags for missing documents, or approves and processes the request. Vendor payments typically take 3-7 business days, with an additional 1-3 days for check or ACH processing (after bank letter verification by the Brilliant Corners Finance Team). Click here to view the CalAIM resource.

   For Relocations or CalAIM-Ineligible Participants: The **Case Manager**/Service Provider submits a CORT request to FHSP Portal under the MIA tab within 1-3 days of lease signing. **Case Manager**/Service Provider will submit a utility deposit request via the FHSP Portal under the MIA tab if the participant needs assistance with the utility deposit. Click here to access the Brilliant Corners Portal. If a participant is determined to be **ineligible for CalAIM**, the **Case Manager** must send the denial confirmation to the Housing Coordinator. This ensures the Housing Coordinator can initiate and internal payment request. Without this communication, our Housing Coordinators are unaware of the denial. For questions about MIA, please email **FHSPMoveIn@brilliantcorners.org**.

Flexible Housing Subsidy Pool Program Unit Identification Form

527 W. 7th St., Floor 11, Los Angeles, CA 90014

Please complete the fillable form below and email it, along with all required attachments, directly to the Housing Coordinator assigned to your participant. Note: A rental application must be submitted to the landlord or property management before Brilliant Corners can initiate contact.

Date Submitted:		**Referral Agency:**	
Participant Name:		**Referring Case Manager:**	
Participant ID#:		**Case Manager Phone:**	
Relocation:	**Yes** ☐ **No** ☐	**Case Manager Email:**	

Property Management/Owner Name:			
Property Management Contact Number:		**Property Management Email:**	
Payee (Name on W9):			
Unit Address, Unit, City, State, Zip:			
Rent Amount $:	**$**		
Security Deposit $:	**$**		

Household Size:

Number of Adults in the Household (18 or older, including participant):	
Number of minors (under the age of 18) in household:	
Does the household include a live in aid?	**Yes** ☐ **No** ☐

Unit Information

Unit Size:

Shared Room	☐	**Single Room**	☐	**SRO**	☐	**Studio**	☐		
1-Bedroom	☐	**2-Bedroom**	☐	**3-Bedroom**	☐	**4 Bedroom**	☐	If **Other**, specify bedroom count.	
# of Bathrooms									

Property Type:

Year Built/Remodeled													
Apartment	☐	**Condominium**	☐	**Single-family home**	☐	**Duplex**	☐	**Triplex**	☐	**4-plex**	☐	**Mobile Home**	☐
Is unit ADA compliant?	**Yes**	☐	**No**	☐									
Ground floor unit?	**Yes**	☐	**No**	☐	**Is there an elevator?**	**Yes**	☐	**No**	☐				
Are there any steps at the entryway?	**Yes**	☐	**No**	☐	If **Yes**, specify number of steps.								

Parking:

Is there a designated spot included for the tenant?	**Yes** ☐	**No** ☐	If **Yes**, enter how many parking spots are included.		

Unit Features:

Required Unit Feature

Dishwasher	☐	**Microwave**	☐	**Refrigerator***	☐	**Stove***	☐	**Washer/Dryer Hookups**	☐	**Washer**	☐	**Dryer**	☐

Unit Conditions

Review each item below and check any issues that apply to the unit.

☐	**Non-Functional Plumbing Fixtures**	☐	**Unsanitary Living Conditions**
☐	**Water Damage or Leaks**	☐	**Electrical Hazards/Exposed Wiring**
☐	**Visible Mold-Like Substances or Mildew**	☐	**Broken or Non-Functional Windows Doors**
☐	**Lack of Hot Water**	☐	**Structural Damage**
☐	**Pest Infestations**	☐	**Inoperable Appliances**
		☐	**Smoke & Carbon Monoxide Detectors Missing**

Paid Fees & Utilities

Fees

Is there a rental application fee?	**Yes**	☐	**No**	☐	If **Yes**, enter the amount.	**$**
Is there an Systematic Code Enforcement Program (SCEP) fee?	**Yes**	☐	**No**	☐	If **Yes**, enter the amount.	**$**
Is there a Rental Stabilization Ordinance (RSO) fee?	**Yes**	☐	**No**	☐	If **Yes**, enter the amount.	**$**

Utilities

	Gas	**Electric**	**Water**	**Trash**
	Check ✓ who pays for each utility.			
Utilities Paid by Tenant	☐	☐	☐	☐
Utilities Paid by Property Owner	☐	☐	☐	☐
Ratio Utility Billing System (RUBS)	☐	☐	☐	☐

*(*RUBS divides utility costs among tenants in buildings without individual meters, based on usage or set criteria.)*

Appliance Power Source

	Gas	**Electric**	**Unknown**
Heat	☐	☐	☐
Cooking	☐	☐	☐
Water Heater	☐	☐	☐

Additional Notes *(Optional)*

Include any key details **not already captured in the form**, if needed.

OWNER CERTIFICATION REGARDING SECURITY DEPOSIT
(FHSP-Deposit Amount)

This certification (the "Certification") is executed and delivered by _____ (the "Owner") to Shine BC-LA ("SBC") as a condition to SBC funding a deposit (the "Deposit") pursuant to the FHSP Property Provider Rent Subsidy Agreement (the "Agreement") anticipated to be executed by the Owner and SBC regarding certain rent subsidies to be paid by SBC to Owner on behalf of _____, an individual (the "Participant"). Pursuant to the Agreement (if executed), SBC shall fund the Deposit for the benefit of the Participant, and the Owner shall be entitled to utilize the Deposit in certain circumstances, as set forth in the Agreement. The Deposit is made to satisfy any requirement of the Participant to provide a security deposit to the Owner pursuant to any lease entered into between Owner, as landlord, and Participant, as tenant (the "Lease"). California Civil Code 1950.5 limits the amount of a security deposit the Owner may demand or receive to one (1) month's rent, except in certain limited circumstances as set forth in California Civil Code 1950.5(c)(4)(A). The Owner hereby certifies to SBC the following information regarding the Owner's ability to demand or receive a security deposit under the Lease in an amount not to exceed two (2) month's rent in accordance with Civil Code 1950.5(c)(4)(A):

1. The Owner is a natural person or a limited liability company in which all members are natural persons.
2. The Owner owns no more than two (2) residential rental properties that collectively include no more than four (4) dwelling units offered for rent.

By executing this Certification, Owner agrees that: (i) SBC is relying in good faith on the truth and accuracy of the statements and information provided by the Owner and would not fund the amount of the Deposit without this Certification; (ii) all of the statements made in this Certification are true and correct; (iii) all other information provided by, or on behalf of, Owner in connection with this Certification is true and correct; and (iv) if any false or misleading statements are made in any documents governing the Deposit, or in this Certification, then the SBC shall have the right to immediately terminate any negotiation regarding the Agreement (prior to execution), or declare Owner in breach of the Agreement (if the Agreement has been executed), and demand the immediate reduction of the Deposit. In addition, SBC shall have the right to file an action at law or in equity as may be appropriate in connection with such false or misleading statement(s).

SBC shall maintain this Certification, and all information and documentation submitted by Owner (collectively, the "Owner's Information") as confidential, and SBC shall not share any of the Owner Information with any third-parties, other than SBC's funders, attorneys, and accountants as necessary to implement fund the Deposit. Owner's submittal of this Certification shall not obligate SBC to enter into the Agreement, or any other agreement regarding the Participant's proposed tenancy.

This Certification is executed by the Owner on the date below under penalty of perjury.

By: _____ _____

Owner Signature **Date**

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ – ___ – ____

or

Employer identification number

__ – _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Brilliant Corners
854 Folsom Street
San Francisco, CA 94107

Direct Deposit Authorization Form

Authorization Agreement

I, _____, hereby authorize Brilliant Corners to initiate automatic deposits to my account at the financial institution named below.

Further, I, _____, agree not to hold Brilliant Corners responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Brilliant Corners receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Housing Department.

Account Information

Financial Institution Name: _____

Account Name: _____

Routing Number: _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a bank letter (on official bank letterhead) and return this form to your Brilliant Corners FHSP point of contact.

A sample bank letter is attached for reference. Please note, as part of our verification process, Brilliant Corners reserves the right to contact your financial institution directly to confirm the authenticity of the information provided. This verification process can take up to 7 business days.

SAMPLE BANK LETTER

Bank Letterhead



Date of Letter

January 1, 2025

To Whom It May Concern:
Re: **123 Mainstreet Inc.**

Business Entity Name on the Account

For your records and account verification, **123 Mainstreet Inc**. is a private banking client in a good standing at **Chase Bank**. As of **January 1, 2025** the account details are as follows:

Name of Bank

Date of Letter

Bank Name: Chase Bank
Bank Address: 1111 Maple Street, Los Angeles, CA 90011
Routing Number: 12312312
Swift Code: AAAABBC1D3D
Account Name: 123 Mainstreet Inc.
Account Number: 7777777777

Bank Account Information

For any further questions or concerns please feel free to contact me directly at **(213) 100-8888 ext. 12.**

Sincerely,

John Smith

Name of contact at local bank branch

Title/Position

John Smith
Personal Banker
1111 Maple Street, Los Angeles, CA 90011
Chase Bank
(213) 100-8888 ext. 12

Address of local bank branch

Name of bank

Direct phone number to point of contact at local branch