



ONE COMMUNITY NOW

HOME - Tenant Based Rental Assistance Program (TBRA)

One Community Now will utilize the TBRA funding for 2024-2026 to support the Pasco County Consolidated Plan placing an emphasis on assisting senior citizens (aged 60 and above), who are currently housed but are at risk of homelessness. The program aims to provide rental subsidies, case management, and supportive services to ensure stable and affordable housing for vulnerable populations.

Agencies, Organizations and Churches may refer clients using the referral form attached. For more information email Patti@onecommunitynow.com

Some Eligibility Criteria:

- Must be a current renter within Pasco County
- Total household income must be at or below 60% of the area median income (AMI)
- Renters who receive any type of federally funded rental subsidy cannot qualify for this program
- Must be current on rent



Area Median Income Limits

60% Limits

1 Person	2 Persons	3 Persons	4 Persons
\$40,200	\$45,900	\$51,640	\$62,400

For further information or assistance, please contact One Community Now at 727-849-4724 or by email: patti@onecommunitynow.com





Tenant-Based Rental Assistance (TBRA) Referral Form

One Community Now will utilize the TBRA funding for 2024-2026 to support the Pasco County Consolidated Plan placing an emphasis on assisting senior citizens (aged 60 and above), who are currently housed but are at risk of homelessness. The program aims to provide rental subsidies, case management, and supportive services to ensure stable and affordable housing for vulnerable populations. The program adheres to the guidelines set forth by the U.S. Department of Housing and Urban Development (HUD) as outlined in 24 CFR Part 92.

Referral Agency Information

Agency Name: _____ Date of Referral: _____

Agency Contact : _____ Position/Title: _____

Phone: _____ Email: _____

Client Information

Full Name of Client: _____ DOB: _____ Age: _____

Phone: _____ Email: _____

Current Address: _____ City _____ Zip _____

Gender: ___ Male ___ Female ___ Other ___ Prefer not to say Preferred Language: _____

Household Composition: Number of Household Members: _____ Household Monthly Income: \$ _____

Eligibility Requirements:

The client must be renting in Pasco County. Does the client have an active lease in Pasco County? ___ YES ___ NO

Does the client’s household income fall at or below 60% AMI? ___ YES ___ NO

Housing Status:

- At imminent risk of homelessness due to 3 day notice or eviction notice.
- At imminent risk of homelessness due to inability to afford current rent. Tenant is paying over 50% of household income toward rent and utilities.
- Other: _____

Referral Source Signature

By signing below, I certify that I have discussed this referral with the client and believe they meet the initial criteria for One Community Now’s TBRA program.

Signature of Referring Agent: _____ Print Name: _____

Client Acknowledgment

I acknowledge that I have been referred to the TBRA program administered by One Community Now and that all information provided above is accurate to the best of my knowledge. I am willing to provide additional documentation to verify my income and lack of resources to maintain housing.

Client Signature: _____ Print Name: _____

Date: _____