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**Templates for CoC and ESG-Funded Programs: Supplemental Resource to CoC Written Standards**

**Western PA Continuum of Care (PA-601)**

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# Grant Enrollment Approval

#

**Program:** \_\_\_ESG \_\_\_PSH

 \_\_\_CoC \_\_\_RRH

 \_\_\_HP

**Head of Household:**

**Case Manager:**

**Date of Application:**

**Enrolled as of:**

**Annual Assessment Due:**

**# Bedrooms approved:**

**Maximum rent allowed:**

**Description: (household members, homeless definition met, income at enrollment)**

This household is approved for grant enrollment for stabilization purposes under the \_\_\_\_\_\_\_\_
(program component) component of \_\_\_\_\_\_\_\_\_ (funding source).

This applicant qualifies with a yearly income of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the Extremely Low-Income Limit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Name, Position Name, Position

# Grant Payment Approval

#

**Program:** \_\_\_ESG \_\_\_PSH

 \_\_\_CoC \_\_\_RRH

 \_\_\_HP

**Head of Household:**

**Case Manager:**

 **Type:** \_\_Rental Assistance for: \_\_\_\_\_\_\_\_\_\_\_\_

 **\_**\_Financial Assistance

 \_\_Security Deposit

 \_\_Utility Deposit

 \_\_Utility Payment

 \_\_Moving costs

 \_\_Storage fees

**Enrolled as of:**

**Payment approved on:**

**Annual Assessment due:**

**# Bedrooms approved:**

**# Bedrooms rented:**

**Maximum rent allowed:**

**Amount requested:** **Lease expires on:**

 **Send to:** **Rental Address on Lease:**

**Description (ESG/Participant contributions, proration, payment disbursal date, extenuating circumstances, etc.)**

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Name, Position Name, Position

# Grant Recertification Approval

#

**Program:** \_\_\_ESG \_\_\_PSH

 \_\_\_CoC \_\_\_RRH

 \_\_\_HP

**Head of Household:**

**Case Manager:**

**Date of Application:**

**Enrolled as of:**

**Annual Assessment due:**

**Annual Assessment Completed/Recertified as of:**

**Exit Assessment due (2 years from Enrolled as of date):**

**Rental Address on lease:**

**Description (stabilizing factors, income at recertification, extenuating circumstances, housing situation):**

\* Approved application already sent to fiscal.

\*\* This recertification extends the approval for an additional \_\_\_\_\_ (number of months) months.

This household continues to be approved for grant enrollment for stabilization purposes under the \_\_\_\_\_\_\_\_ (program component) component of \_\_\_\_\_\_\_\_\_ (funding source).

Details/description of housing situation (e.g., why the housing crisis has not been resolved yet):

This applicant continues to qualify with a yearly income of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the Extremely Low
Income Limit of \_\_\_\_\_\_\_\_\_.

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Name, Position Name, Position

# Grant Enrollment Discharge Approval

#

**Head of Household:**

**Program:** \_\_\_ESG \_\_\_PSH

 \_\_\_CoC \_\_\_RRH

 \_\_\_HP

**Case Manager:**

**Enrolled as of:**

**Discharged as of:**

**Last known address:**

**Description (stabilizing factors, income at exit, housing situation):**

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Name, Position Name, Position

# HMIS Data: During Enrollment/Recert/Exits

(please complete for each household member)

#

**FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASSESSMENT DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Recertification Exit Current Certification expires: \_\_\_\_\_\_\_\_\_\_

 Still member New member Left household

If not a continuing, date applicant joined/left household: \_\_\_\_\_\_\_\_

Current total members in household: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_I have reviewed my most recent HMIS application on file and I certify that no information has changed. (Self-verification of Income and paystubs for the last 30 days are still required, even if unchanged. Please attach).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

**OR**

*\_\_\_\_\_\_\_* I have reviewed my most recent HMIS application and I certify that the following items have changed. (Self-verification of Income and paystubs for the last 30 days are required. Please attach and use extra paper if more space is needed for changes requested below.)

**Item Past Answer Current Answer**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Signature Date

# Third-Party Verification of Income

#

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Instructions for Employer/Payment Source Representative:***

This is to certify the income received by the above-named individual for purposes of participating in our housing assistance program. This information will be used only to determine the eligibility status and level of benefit for the household. Please complete only the selected section below that includes and authorization or release information:

\*\*\*Please return this form to:

Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Participant Release:***

I hereby authorize the release of the following employment information:

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

***Employer Representative to complete this Section:***

The person named above is employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(employer) since\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (start date).

Person named above is paid $\_\_\_\_\_\_\_\_\_\_\_ (pay rate) on a \_\_\_\_\_\_ (frequency) basis and is currently working an average of \_\_\_\_\_\_\_\_ (average hours) hours per \_\_\_\_\_\_\_\_\_\_ (week, month, etc.).

Additional compensation please specify (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probability of continued employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Self-Certification of Income

#

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is to certify the income status for the above named individual. Income includes:**

• The full amount of **gross income** earned before taxes and deductions.

• The net income earned from the operation of a business (i.e., total revenue minus business operating expenses). This also includes any withdrawals of cash from the business or profession for your personal use.

• Monthly interest/dividend income credited to an applicant’s bank account available for use.

• The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.

• Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.

• Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.

• Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.

• All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

#

\_\_ I certify, under penalty of perjury, that I currently receive the following income:

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

\_\_ I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#

**Staff Verification & Due Diligence (REQUIRED)**

I understand that third-party verification is the preferred method of certifying income for grant assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification. *Documentation of attempt made for third-party verification:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

#

# Homeless Certification

#

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.**

**Check only one box and complete only that section.**

#

**Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)**

\_\_ The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or campground.

Description of current living situation (attach additional pages if needed and pictures if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Authorized Agency Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

**Living Situation: Emergency Shelter**

\_\_ The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Agency Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

**Living Situation: Transitional Housing**

\_\_ The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program. Immediately prior to entering transitional housing the person(s) named above was/were residing in emergency shelter OR a place unfit for human habitation.

Transitional Housing Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Agency Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Self-Certification of Housing Status

#

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.**

#

**Check only one:**

\_\_ I [and my children] am/are currently homeless and living on the street (i.e., a car, park, abandoned building, bus station, airport, or campground).

\_\_ I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.

\_\_ I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next \_\_\_\_ days.

**I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.**

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#

**Staff Verification & Due Diligence (REQUIRED)**

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for grant assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification. *Documentation of attempt made for third-party verification:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Chronic Homelessness Definition

This tool provides some sample recordkeeping tools for the Chronic Homelessness Definition. To review the exact language, please refer to 24 CFR Parts 91 & 578 and the [HUD Exchange](https://www.hudexchange.info/).



# Chronic Homelessness Documentation

#

**Chronic Homelessness Documentation Checklist**

*An individual is defined by HUD as “Chronically Homeless” if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility will not count as a break in homelessness. Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above-mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).*

|  |  |
| --- | --- |
| **Client Name:** | **Date of Birth:** |
| **Number in Household:** | **Client Head of Household:** ☐ Yes ☐ No |

|  |
| --- |
| **Part 1: Current Housing Status** |
| *Client must currently be in one of these locations in order to be considered chronically homeless.* **Client is currently residing:**☐ In Emergency Shelter☐ On the Streets/Place not Meant for Human Habitation ☐ In the Safe Haven☐ In an Institutional Care Facility (Where they have been for fewer than 90 days)**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Location Name/Address:** |
| **Current Housing Status Notes:** |

|  |
| --- |
| **Part 2: Housing History** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Month** **# 1** | **Month** **# 2** | **Month** **# 3** | **Month** **# 4** | **Month** **# 5** | **Month** **# 6** | **Month** **# 7** | **Month** **# 8** | **Month** **# 9** | **Month** **# 10** | **Month** **# 11** | **Month** **# 12** |
| mm/yy | (Current) |  |  |  |  |  |  |  |  |  |  |  |
| Where?*Check all that Apply* | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) | ☐ Streets☐ Shelter☐ Safe Haven☐ Inst.  (<90 days) |
| Doc. Type*Check One* | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence | ☐ HMIS☐ Obsv. By Outreach ☐ Comp. Database☐Discharge Paperwork☐ Referral ☐ Self-Cert.☐ Staff  Doc. of Situation☐ Doc. of steps to obtain evidence |
| Doc. Att. | ☐Yes ☐No  | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No |

|  |
| --- |
| **Part 2: Housing History (continued)** |
| Break Mo./Yr. & Descriptionor N/A | Break 1:Break 2:Break 3:If there are additional breaks please detail and attach. |
| Notes |  |
| Self-Cert. Check | Does the documentation include more than 3 Months of Self-Certifications? \* ☐ Yes ☐ No*\* Please be advised that if you answered* ***YES****, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified.* ***Please check with you project administrator to ensure your project has not exceeded its self-certification cap.*** |

|  |
| --- |
| **Part 3: Disability Status** |
| *The term homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that:** *Is expected to be long-continuing or of indefinite duration;*
	+ *Substantially impedes the individual's ability to live independently;*
	+ *Could be improved by the provision of more suitable housing conditions; and*
	+ *Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;*
* *Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or*
* *Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.*
 |
| The head of household has been diagnosed with one or more of the above eligible disabilities: ☐ Yes ☐ No |
| Documentation Attached:☐ Written verification of the disability from a licensed professional;☐ Written verification from the Social Security Administration;☐ The receipt of a disability check; or☐ Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.  |

|  |
| --- |
| **Part 4: Staff and Client Certifications** |
| **Client Certification:** *To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *of any changes in my housing status or address in writing during program participation. I understand that my application may be cancelled if I fail to do so.*  |
| **Client Name: (Printed)** | **Client Signature:** | **Date:** |
| **Staff Certification:** *To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.* |
| **Staff Name: (Printed)** | **Staff Signature:** | **Date:** |
| **Staff Role:** | **Agency:** |  |

# Physician’s Verification of Disability

#

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Primary care Physician, Psychiatrist, etc.)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Information**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE** \* Applicant I authorize the above named professional to disclose any requested and necessary information to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-named client is applying for a supportive housing program through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We ask your cooperation in providing the following information and return to the office by mail or by fax as soon as possible. Your prompt attention of this information will help to assure timely processing for the requested assistance. The applicant needs to consent to this release of information as shown below.

The guidelines require that we have a written verification from a state licensed qualified source that can diagnose and treat the individual applying for services. A qualifying disability is:

* A physical, mental, or emotional impairment and
* Expected to be of long continued indefinite duration, substantially impedes (is an obstacle) the individual’s ability to live independently and the individual’s ability to

live independently could be improved by more suitable housing conditions.

Examples include developmental disabilities, substance use disorder, serious mental illness, post-traumatic stress disorder, cognitive impairments resulting from brain injury, chronic physical illness or disability, diseases of acquired immunodeficiency syndrome (AIDS).

**Does the participant meet the above eligibility requirements? ☐ Yes ☐ No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Physicians Signature) (Date)**

# Housing Plan: Goal Plan

**HOUSEHOLD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE CREATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Short term/ Target Complete**

 **Long term Date Date**

Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Step: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Step: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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 Step: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Step: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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 Step: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Step: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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 Step: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Step: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

# Housing Plan: Services and Supports

**HOUSEHOLD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|

| **Provider**  | **Past****Involvement** |  **Current****Involvement** | **Referral Desired** | **Referral****Made** | **N/A** |
| --- | --- | --- | --- | --- | --- |
| Emergency Pantry |  |  |  |  |  |
| Public Housing Authority |  |  |  |  |  |
| Baby Pantry |  |  |  |  |  |
| WIC |  |  |  |  |  |
| Social Security Administration |  |  |  |  |  |
| Behavioral Health |  |  |  |  |  |
| Intellectual Disabilities |  |  |  |  |  |
| Veterans Assistance Office |  |  |  |  |  |
| County Assistance Office |  |  |  |  |  |
| Representative Payee |  |  |  |  |  |
| Domestic Violence Services |  |  |  |  |  |
| Independent Living Services |  |  |  |  |  |
| Office of Vocational Rehabilitation |  |  |  |  |  |
| Area Agency on Aging |  |  |  |  |  |
| Transportation |  |  |  |  |  |
| Early Intervention |  |  |  |  |  |
| CCIS (Childcare assistance) |  |  |  |  |  |
| Drug and Alcohol Services  |  |  |  |  |  |
| Family Unification Program/Foster Youth to Independence Initiative Voucher program (through PHA) |  |  |  |  |  |
| Other |  |  |  |  |  |
| Other |  |  |  |  |  |

 |

# Housing Plan: Crisis Plan

**HOUSEHOLD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Situation Immediate Response**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact(s):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If thoughts of harming yourself or someone else** Crisis @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Domestic Violence Services** @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other:**

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# Housing Plan: Financial Subsidy Plan

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**HOUSEHOLD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE CREATED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RE-ASSESSMENT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPECTED DURATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Grant funding for: Rent Utility Other

 Payment disbursed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Monthly Due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Agreed Terms** | (office use only) |
| **To be paid in Calendar month:** | **Total****Amount Due** | **Grant****contributes** | **Applicant****contributes** | Grant | App. |
| **Arrears or Deposit Amount Due** |  |  |  |  |  |  |
| **Monthly Payment 1** (possibly prorated) |  |  |  |  |  |  |
| **Monthly Payment 2**  |  |  |  |  |  |  |
| **Monthly Payment 3**  |  |  |  |  |  |  |

I understand that payment of the agreed upon subsidy(ies) to the landlord is dependent on availability of funding and potential income changes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date Staff Signature Date

# Exit Plan

**HOUSEHOLD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE CREATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***About Us***

|  |  |
| --- | --- |
| **Head(s) of Household:** |  |
| **Address:** |  |
| **Health Insurance** |  |

***Emergency/Medical Contacts***

|  |  |  |
| --- | --- | --- |
| **Role/Relationship** | **Name** | **Telephone Number** |
|  |  |  |
|  |  |  |
|  |  |  |

***Plan to Maintain Housing***

We will continue to pay our rent by making sure we do the following things:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We will make sure that we do not get kicked out of our home by doing/not doing the following things:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are ready to live with greater independence and without Housing Program supports because:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The areas in our life that we are still working on are:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We are going to work on these areas by:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signs that our housing is becoming unstable are:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If our housing is becoming unstable, we will:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signs our housing is unstable are:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If our housing is unstable we will: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Should we ever receive an eviction notice or be told by our landlord that we need to leave, we will:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***We are confident that we have the skills to:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Task** | **Yes** | **No** | **N/A** |
| **Clean the apartment** |  |  |  |
| **Go grocery shopping** |  |  |  |
| **Pay rent** |  |  |  |
| **Speak with landlord** |  |  |  |
| **Do laundry** |  |  |  |
| **Budget** |  |  |  |
| **Pay other bills** |  |  |  |
| **Be responsible tenants** |  |  |  |
| **Set goals & take action** |  |  |  |
| **Problem-solve with a level head** |  |  |  |
| **Keep emotions in check when frustrated/angry** |  |  |  |
| **Follow crisis plan when necessary** |  |  |  |
| **Make appointments and keep them** |  |  |  |
| **Follow doctor instructions** |  |  |  |
| **Follow psychiatrist instructions** |  |  |  |
| **Take medicine** |  |  |  |
| **Refill medicine** |  |  |  |
| **Have fun without creating problems** |  |  |  |
| **Fill the days with things that make us happy** |  |  |  |
| **Invite guests over and know when to ask them to leave** |  |  |  |
| **Seek out help when we need it** |  |  |  |
| **Keep our apartment** |  |  |  |

***Our Support Network***

The following people are considered to be part of my support network, and we recognize that our Housing Program support worker will no longer be part of my support network:

|  |  |  |
| --- | --- | --- |
| **Role/Relationship** | **Name** | **Telephone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

We would like our exit plan shared with our support network and other social service organizations as deemed appropriate by my case manager. \_\_\_\_\_Yes \_\_\_\_\_\_\_No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date Case Manager Signature Date

# Minimum Habitability Standards for Permanent Housing: ESG

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**Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the Participant file.

|  |  |  |
| --- | --- | --- |
| **Passes** | **Fails** | **Standard***(24 CFR part 576.403(c))* |
|  |  | *Structure and materials*: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents. |
|  |  | *Space and security*: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep. |
|  |  | *Interior air quality*: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents. |
|  |  | *Water Supply*: The water supply is free from contamination. |
|  |  | *Sanitary Facilities*: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.  |
|  |  | *Thermal environment*: The housing has any necessary heating/cooling facilities in proper operating condition. |
|  |  | *Illumination and electricity*: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.  |
|  |  | *Food preparation*: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.  |
|  |  | *Sanitary condition*: The housing is maintained in sanitary condition. |
|  |  | *Fire safety*:  |
|  |  | 1. There is a second means of exiting the building in the event of fire or other emergency.
2. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.
3. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
4. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved** | **Deficient** | **Inconclusive** | **Lead-Based Paint Standard** *(24 CFR 35, Parts A, B, H, J, K, M, and R)* |
|  |  |  | All painted surfaces are free of deteriorated paint. |
|  |  |  | If not, all deteriorated surfaces do not exceed two square feet per room and/or is more that 10% of a component? |

#

**CERTIFICATION STATEMENT**

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

☐ Property meets all of the above standards.

☐ Property does not meet all of the above standards.

**COMMENTS:**

|  |
| --- |
| ESG Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ESG Subrecipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apartment: \_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approving Official Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approving Official Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Landlord/Agency Rental Agreement

#

This Agreement made between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Landlord),

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Landlord’s address), and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency), shall be in effect from today through the tenant’s duration in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program. WHEREAS, landlord owns said property at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Property Address) and WHEREAS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (tenant) resides at said property. Tenant shall occupy said rental property under the terms and conditions specified in the attached lease executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) between landlord and tenant.

THEREFORE, it is agreed by the parties hereto as follows:

1. Agency rep will provide to the landlord rent subsidy payments on behalf of the tenant in accordance with the project requirements and the terms of this agreement.
	1. The landlord recognizes that the amount of rent subsidy is affected by the tenant’s income and length of time in program, participation/ compliance and funding available therefore the amount of rent subsidy is subject to change.
	2. The Landlord cannot change the rent amount or any other term of the lease with the tenant while this agreement is in place.
	3. Tenant is responsible for payment of any portion of rent not covered by the subsidy. This payment shall be made directly to the Landlord. The landlord will be made aware of subsidy amount & tenant responsibility.
	4. If rental arrearages are being paid by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency) to stop an eviction proceeding, the landlord agrees to cease such proceedings upon promise of payment.
	5. The landlord understands that rental subsidy(ies) for recurring rent will be issued on the \_\_\_\_\_\_\_\_ (day of month)of every month unless the due date falls on a weekend or holiday (refer to attached payment schedule) and mailed via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ directly to the Landlord.
	6. **(IF APPLICABLE**) Landlord understands the option to enroll (at no cost) in Electronic Funds Transfer (EFT) in which rental subsidy will be electronically deposited directly into the specified account of the Landlord on the \_\_\_\_\_\_\_\_of every month unless the \_\_\_\_\_\_\_\_falls on a weekend or holiday (refer to attached payment schedule)
	7. **(IF NOT USING ELECTRONIC FUNDS TRANFER**) Rental subsidy will be paid via \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (method) on the \_\_\_\_\_\_\_\_of every month unless the \_\_\_\_\_\_\_\_falls on a weekend or holiday (refer to attached payment schedule)
2. The landlord must maintain the housing unit in accordance with Lead Safe Housing Rules and HUD Habitability Standards or this agreement may be terminated.
3. While this agreement is in place, the landlord must furnish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency) with a copy of any notice to vacate given to the tenant, or any complaint used under state or local law to commence an eviction action against the tenant.
4. This agreement terminates automatically if:
	1. The lease is terminated by the landlord or the tenant;
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency) terminates program assistance for the tenant; or
	3. The tenant moves from the housing unit.
5. Any and all lease/rental agreements shall be between tenant and landlord only. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency) is not a party to the lease nor does \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency) assume any liability for rent owed, damages occurred, or other obligations of tenant.

I understand this Agreement and that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(agency) is not a party to my lease.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Signature Date Staff Signature Date

(Valid only after signed by both parties)

# Lease Review Sheet

#

**HOUSEHOLD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| What is the exact address of the property you will be living in? |
| How long is the lease for? Start Date End Date |
| What is the amount of rent $ Security Deposit Amount $ If returned, the security goes back to:  |
| What day of the month is rent due?  Is there a late fee? After how many days? Amount $ |
| Who do you pay rent to? Name Address Phone Email |
| What types of payments can be used for rent? (if cash, get a receipt!)  |
| Who do you contact for repairs or problems? Name Address Phone Email |
| Are there any other fees? Amount Paid $ For What?  |
| What utilities are included in your rent? |
| What costs are you responsible for? (if utility, switch into your name ASAP!) |
| Are pets allowed? |
| Is smoking allowed? If so, what are the rules regarding smoking? |
| Is there a limit to how many nights a guest may stay? Number of nights allowed: |
| Can additional people move in with you?  If so, what must be done? |
| What is required if you want to move?  What type of notice is required? |
| Additional Important Information:  |

# Apartment Walkthrough

**HOUSEHOLD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF WALKTHROUGH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **Make Sure to take photos of any concerns!** Documenting the condition of a rental property before you move in is a great way to help ensure that your security deposit is returned if you decide to move. This can be a very simple thing to do. In the top row is the name of each room in your apartment. The column on the left side of the page has some basic items you should check for in each room. Walk through each area of the apartment and note any issues.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Living Room** | **Kitchen** | **Bathroom** | **Bedroom****1** | **Bedroom 2** | **Other** |
| **Ceilings/Walls**Look for cracks/ holes/peeling/ paint/water stains |  |  |  |  |  |  |
| **Floors** Look for rips/holes/stains/burn marks/wear |  |  |  |  |  |  |
| **Windows** Note if latches are in working order/ if there are cracks in the glass  |  |  |  |  |  |  |
| **Electrical** Make sure outlets and switches are in working order. Make sure light fixtures are in working order or if they are chipped or cracked.  |  |  |  |  |  |  |
| **Appliances** Note if they are in working order and if they have any scratches or dents. |  |  |  |  |  |  |
| **Safety** Check that all locks work. Make sure there are smoke detectors in the unit and that they work. |  |  |  |  |  |  |

# Appointment Form

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**Participant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**In Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Things to go over during appointment**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To do:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Signature Date

# Group Meeting Time Tracking

#

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Present:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Signature | Agency/Unit | Check if providing casenote |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Purpose/Summary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Time Tracking Log for Match

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Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Casework Activity Code | Summary | Duration of time for activity(1/4 hour increments) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CASEWORK ACTIVITIES**  Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Outreach & Engagement E. Placement G. Indiv. Housing Plan G5. Negotiation w/ Landlord

B. Documenting Eligibility F. Moving Arrangements G2. Goals G9. Legal Services Ref.

C. Housing Search H. Transition to Stability G3. Progress Notes G7. Negotiation/ Mediation w/ Utilities

D. Housing Inspection I. Transition to Termination G4. Monitor G8. Credit Repair Ref.

Caseworker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caseworker Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest that the information provided is true and accurate to the best of my knowledge.

Caseworker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Chart Review

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**Participant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Reviewed**: \_\_\_\_\_\_\_\_\_\_\_ **Initials**: \_\_\_\_\_\_\_

**Contract Year(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program**: COC ESG HAP H4G PHARE

Documentation: Yes: No: N/A: Comment:

Case Notes ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Status ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCED Housing Status Checklist ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability Status ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exit Form ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Subsidy Plan ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fair Market Rent (FMR) ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal Plan ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HMIS Client Consent ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeless Status ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Verification ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Elig. Worksheet ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake(s) ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lease ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Agency Agreement ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recertification ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Releases ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent Reasonableness ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VI-SPDAT ☐ ☐ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_