**Memorandum of Understanding**

This Memorandum of Understanding (MOU) has been created and entered into on [***Insert execution date***] by and between the following parties.

[PHA Name and Address]

[Permanent Supportive Housing Provider Name and Address]

1. **Introduction and Goals:**
	1. [PHA Name] and [CoC Name or Referring Permanent Supportive Housing (PSH) Organization and Project Name] commit to collaborating in the administration of the Eastern PA CoC’s Moving On process.
	2. [PHA Name] commits to administering the housing. This will include:
		1. maintaining the waiting list [include any language related to preferences for Moving On Households here]
		2. determining household eligibility
		3. leasing up households or issuing vouchers
		4. conducting household intake appointments/ briefings
		5. communicating with eligible households about required documentation, timelines, what they need to do to retain eligibility, etc.
		6. determining whether or not the housing unit meets rent and affordability criteria if the household is being housed in a unit in the community
		7. assisting with lease negotiations as needed
		8. conducting housing unit inspections
		9. conducting annual recertifications
		10. processing interim changes to rent calculations if income changes
		11. Data tracking
		12. participating in coordination meetings with the CoC or referring housing provider as needed
	3. [CoC Name] commits to:
		1. Training staff on the assessment and referral process
		2. implementing a system to identify and refer eligible households through the CoC’s established process
		3. Data tracking
		4. Participating in coordination meetings with [PHA Name] and referring PSH provider as needed
	4. [Referring PSH Organization and Project Name] commits to:
		1. supporting households in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance, while aiding households in addressing barriers
		2. documenting eligibility for households who are referred
		3. ensuring eligible households are notified about intake appointments with [PHA Name] and attending said appointments as needed to support eligible households navigate the process
		4. engaging with landlords
		5. providing up to 6 months of transition supports and aftercare to promote stabilization, including but not limited to:
			1. housing search assistance
			2. case management, including connecting households to community-based services and mainstream resources
			3. collecting necessary verifications/ documentation to support referrals, including referrals for security deposits, utility hook-up fees, and utility deposits
			4. housing counseling, including compliance with rental lease requirements
		6. participating in household intake/ briefings with [PHA Name]
		7. participating in coordination meetings with [PHA Name] and CoC as needed
		8. Data tracking
	5. [PHA Name] and [CoC Name or Referring PSH Organization and Project Name] goals and standards of success in administering the Moving On Process.
		1. **Goal # 1:** Refer [identify a target #/ goal] eligible Moving On households from [CoC Name or Referring PSH Organization and Project Name] to [PHA Name] annually.
		2. **Goal #2**: Work expeditiously to house / lease up Moving On households with [PHA Name] in <60 days from date of referral.
		3. **Goal #3**: Enhance cross-agency coordination, communication, and partnership to streamline lease up process and maximize occupancy of units
		4. **Goal #4:** Reduce homelessness in the CoC through the Moving On Process, which will make units of PSH available to households currently experiencing homelessness
		5. **Goal #5:** Support the ongoing stability of households accepted by [PHA Name] via the provision of transition/ aftercare supports and the ongoing coordination between stakeholders
	6. Identification of staff position at the [PHA Name] and [CoC Name or Referring PSH Organization and Project Name] who will serve as the lead Moving On liaisons.
		1. [PHA Name]

Liaison Name:

Liaison Email Address:

Liaison Phone Number:

Responsibilities of the liaison [\*\*Optional\*\*]:

* + 1. [CoC Name or Referring PSH Organization and Project Name]

Liaison Name:

Liaison Email Address:

Liaison Phone Number:

Responsibilities of the liaison [\*\*Optional\*\*]:

1. Household Eligibility
	1. In order to be eligible for [PHA Name] assistance, a household must meet the following criteria:
		1. Is currently housed in PSH
		2. Wants to move on from PSH to independent housing
		3. Meets the CoC Moving On Assessment Threshold Score for Moving On referral
		4. Meets [PHA Name]’s minimum eligibility requirements [add additional minimum eligibility criteria to the list below as applicable]:
			1. Gross household income does not exceed 50% of AMI
			2. No member of the household is subject to a lifetime registration requirement under a State sex-offender registration program
			3. No member of the household has ever been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing
			4. At least one member of the household is a US citizen or has eligible immigration status
			5. No member of the household owes debt to another PHA that they are not working to pay off

The [PHA Name] and [CoC Name or Referring PSH Organization and Project Name] agree to cooperate and comply with the terms of this MOU for a period of one year from the date of execution. The [PHA Name] and [CoC Name or Referring PSH Organization and Project Name] agree to review the terms of this MOU and update as necessary not less than once a year.

Signed by:

[Name] Date

Executive Director, [PHA Name]

[Name] Date

[Representative Name, CoC Name or Referring PSH Organization and Project Name]