



**Templates for CoC and ESG-Funded Programs: Supplemental Resource to CoC
Written Standards
Western PA Continuum of Care (PA-601)**

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Purpose/Use of Each Form/ Template

Eligibility Documentation

1. **Homeless Certification (Category 1 – Literally Homeless)** – This form can be used to document a household’s homeless eligibility (category 1 literally homeless, including residing in a place not meant for human habitation or emergency shelter)
2. **Self-Certification of Homelessness (Category 1 – Literally Homeless)** – This form can be completed by a project participant if they are not able to provide third-party verification of literal homelessness. Note that third-party verification is the preferred method of certifying homelessness. Self-declaration is only permitted when attempts have been made, but third party verification cannot be obtained.
3. **Documentation of Domestic Violence, Dating Violence, Sexual Assault, or Stalking** – Survivors may submit any of the following as evidence of project eligibility under Category 4 (fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking):
 - (1) A document signed by survivor and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom the survivor has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
 - (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
 - (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.
 - **(4) Self-certification: we recommend that projects use [HUD’s Form HUD-5283](#) “Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, and Alternate Documentation”.**
4. **Chronic Homelessness Documentation** – This form can be used to document chronic homelessness for CoC-funded PSH projects that require this documentation.
5. **Verification of Disability by a Licensed Professional** – This form can be provided to a licensed medical professional to document disability for CoC-funded PSH projects. Note that other methods to document disability are outlined here:



<https://files.hudexchange.info/resources/documents/Virtual-Binders-At-A-Glance-Disability-Definition.pdf>

Verification of Income

6. **Third-Party Verification of Income** – This form can be completed by an employer if a project participant is not able to provide paystubs or other formal documentation of income.
7. **Self-Certification of Income** – This form can be completed by a project participant if they are not able to provide third-party verification of income. Note that third-party verification is the preferred method of certifying income for grant assistance. Self-declaration is only permitted when attempts have been made but cannot obtain third party verification.

Internal Grant Management Forms

8. **Enrollment Approval** – This form can be used for internal agency use to document a household's enrollment in the project, along with details such as # of bedrooms approved, maximum rent allowed, etc.
9. **Grant Payment Approval** – This form can be used for internal agency use to document the housing/financial assistance approved for a newly enrolled household. This form could be used in CoC and ESG-funded projects with rental assistance or leasing dollars.

Case Management Related Forms

10. **Housing Plan** – This template can be used to create a housing plan for participants (including supports and resources needed to sustain housing). This template should be expanded and/or adjusted by projects as needed.
11. **Crisis Plan** – This template can be used to create a crisis plan for participants. This template should be expanded and/or adjusted by projects as needed.

Lease and Landlord Related Forms

12. **Housing Quality Standards Inspection (CoC)** - CoC-funded projects should use HUD Form 52850 for documenting CoC Housing Quality Standards inspections:
<https://www.hud.gov/sites/dfiles/OCHCO/documents/52580.pdf>
13. **Minimum Habitability Standards Inspections (ESG)** - ESG-funded projects can use HUD's ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing Checklists: <https://www.hudexchange.info/resource/3766/esg-minimum-habitability-standards-for-emergency-shelters-and-permanent-housing/>
14. **Landlord/Agency Rental Agreement** – This form can be used to document agreement between landlord and agency related to housing assistance and rental payments.
15. **Lease Review Sheet** – This form can be used to walk through a lease with project participants and assist participants in understanding the terms of their lease.



16. **Apartment Walk-Through** – This form can be used by project participants to document the status of an apartment prior to move-in, which can be helpful when negotiating return of security deposit at the end of the lease.

CoC Monitoring Tools

17. **CoC Monitoring Tools** – This includes links to the CoC Desk Monitoring Tools, which can be used to monitor compliance with HUD requirements for CoC-funded projects.



Homeless Certification (Category 1 – Literally Homeless)

Applicant Name: _____

This form is to certify that the above-named individual or household is currently experiencing homelessness under HUD’s Category 1 definition. Please complete the information below.

NOTE: For households fleeing domestic violence, dating violence, sexual assault, or stalking, we recommend using [HUD’s Form HUD-5382](#).

Check only one box below 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 for fewer than 90 days, 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):

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 for fewer than 90 days, 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. 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: _____

OR

Living Situation: Hotel/Motel Paid for By Charitable Organizations or Government

- The person(s) named above is/are currently living in a hotel/motel paid for by a charitable organization or government entity.

Certifying Agency: _____

Organization/Entity Paying For Hotel/Motel: _____

Authorized Agency Representative Signature: _____ Date: _____



Self-Certification of Homelessness (Category 1 – Literally Homeless)

Applicant Name: _____

This is to certify that the above-named individual or household is currently experiencing unsheltered homelessness, based on the following and other indicated information and the signed declaration by the applicant.

Check below:

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 certify that the information above and any other information I have provided in applying for 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 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:*

Staff Signature: _____ Date: _____



Self-Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Survivors may provide one of the following as evidence of project eligibility under Category 4:

1. A document signed by survivor and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom the survivor has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
2. A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
3. At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant; or
4. **For self-certification, we recommend that projects use [HUD’s Form HUD-5283](#) “Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, and Alternate Documentation”.**



Chronic Homelessness Documentation

Chronic Homelessness Documentation Checklist

In order to be eligible for housing restricted to chronically homeless individuals or families under the CoC program, participants must meet the definition of chronically homeless:

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
 - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
 - Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; or
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

*A “break” in homeless is considered to be 7 or more nights.

**An individual residing in an institutional care facility does not constitute a break in homelessness.

Please see additional HUD guidance on documenting chronic homelessness:

- <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/recordkeeping-requirements/>
- <https://files.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf>

Client Name:	Date of Birth:
Number in Household:	Client Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No



Part 1: Current Housing Status

Participant must currently be in one of these locations 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 and were literally homeless prior to entering the institution)

Start Date: _____ **End Date:** _____

Location Name/Address:

Current Housing Status Notes:



Part 2: Housing History (continued)	
Break Mo./Yr. & Description or 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? * <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*100% of all households served by a recipient can use self-certification to document periods of homelessness of up to 3 of the 12 months of homelessness. However, recordkeeping requirements provide that up to 25% of all households served by a recipient can use self-certification as documentation for the full period of homelessness in the rare instances where persons have been unsheltered and out of contact for long periods of time. Attempts to obtain third-party documentation and the reason(s) that documentation was not obtained must be documented. At least 75% of households served in an operating year must have 3rd party documentation for 9 of 12 months of homelessness and self-certification may be used for the remaining months. https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/recordkeeping-requirements/</i>



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 a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury, or chronic physical illness that:
 - Is expected to be long-continuing or of indefinite duration; and
 - Substantially impedes the individual's ability to live independently; and
 - Could be improved by the provision of more suitable housing conditions.
- 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 Participant Certifications

Participant 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:
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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:
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Staff Role:	Agency:	
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Verification of Disability by a State-Licensed Professional

NOTE: Verification must be provided by a professional that is licensed by the state to treat whatever disability it is that they are confirming.

To: _____
(Primary care Physician, Psychiatrist, etc.)

Date: _____

Patient Information

Applicant/Patient Name: _____ Contact: _____

RELEASE FROM 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 for your cooperation in providing the following information and return to the office by mail or by email 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 that is
- Expected to be of long continuing or of 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). [More information on HUD requirements.](#)

Does the participant meet the above eligibility requirements? Yes No

(Physician's 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 an authorization or release information:

***Please return this form to:

Name and Title: _____ Phone: _____

Address: _____ 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): _____

Employment is expected to be (circle):

Ongoing Temporary Seasonal Other _____

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:*

Staff Signature: _____ Date: _____



Enrollment Approval

Head of Household Name:
of Household Members (at enrollment):
Case Manager:

Program:	<input type="checkbox"/> ESG	<input type="checkbox"/> PSH
	<input type="checkbox"/> CoC	<input type="checkbox"/> RRH
		<input type="checkbox"/> TH-RRH
		<input type="checkbox"/> TH
		<input type="checkbox"/> SSO
		<input type="checkbox"/> HP

Date of Referral:
Enrolled as of (date):
Annual Assessment Due:

Bedrooms approved (if applicable):
Maximum rent allowed (if applicable):

Details/Information: (household members, homeless definition met, income at enrollment, etc.)

This household is approved for enrollment for stabilization purposes under the _____ (program component) component of _____ (funding source – CoC or ESG).

(ESG HOMELESS PREVENTION ONLY) This applicant qualifies with a yearly income of \$ _____ (which must be below 30% AMI).

Approved by: _____
Name, Position



Grant Payment Approval

Head of Household:

Case Manager:

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:

Details/Information (Participant contributions, proration, payment due date, extenuating circumstances, etc.)

Approved by: _____

Name, Position

Program: ESG PSH
 CoC RRH
 TH-RRH
 TH
 SSO
 HP

Type: Rental Assistance
 Leasing
 Financial Assistance
 Security Deposit
 Utility Deposit
 Utility Payment
 Moving costs
 Storage fees (ESG Only)



Housing Plan

HOUSEHOLD NAME: _____ **DATE CREATED:** _____

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 will be ready to live with greater independence and without Housing Program supports when:

The areas in our life that we are 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	If no: Support Needed/ Desired?
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:

Role/Relationship	Name	Telephone Number

Services/Supports/Referrals Needed:

Provider	Past Involvement	Current Involvement	Referral Desired	Referral Made	N/A
Emergency Pantry					
Public Housing Authority					
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					



Provider	Past Involvement	Current Involvement	Referral Desired	Referral Made	N/A
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 _____					

Participant Signature

Date

Case Manager Signature

Date



Crisis Plan

HOUSEHOLD NAME: _____

Emergency Situation

Immediate Response

_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contact(s):

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

If thoughts of harming yourself or someone else Crisis @ _____

Domestic Violence Services @ _____

Other:

Participant Signature

Date

Case Manager Signature

Date



Housing Quality Standards Inspection (CoC)

CoC-funded projects should use HUD Form 52850 for documenting CoC Housing Quality Standards inspections: <https://www.hud.gov/sites/dfiles/OCHCO/documents/52580.pdf>

NOTE: As of January 2025, the CoC anticipates that HUD will implement new NSPIRE housing inspection standards for CoC-funded projects sometime in 2025 or 2026. More information will be shared when available.



Minimum Habitability Standards Inspections (ESG)

ESG-funded projects can use HUD's ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing Checklists: <https://www.hudexchange.info/resource/3766/esg-minimum-habitability-standards-for-emergency-shelters-and-permanent-housing/>.



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.
 - a. 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.
 - b. The Landlord cannot change the rent amount or any other term of the lease with the tenant while this agreement is in place.
 - c. 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.
 - d. If rental arrearages are being paid by _____ (agency) to stop an eviction proceeding, the landlord agrees to cease such proceedings upon promise of payment.
 - e. The landlord understands that rental subsidy(ies) for 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.

- f. **(IF APPLICABLE – ELECTRONIC FUNDS TRANSFER)** 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)
- 2. The landlord must maintain the housing unit in accordance with Lead Safe Housing Rules and HUD Habitability Standards (ESG) or Housing Quality Standards (CoC) 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:
 - a. The lease is terminated by the landlord or the tenant;
 - b. _____ (agency) terminates program assistance for the tenant; or
 - c. 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 Walk-Through

HOUSEHOLD NAME: _____ DATE OF WALKTHROUGH: _____

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. **Make sure to take photos of any concerns!**

	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.						



CoC Monitoring Tools

CoC-funded projects can use the CoC's Desk Monitoring Tools (self-monitoring tools) to monitor compliance with HUD requirements, including:

- Organizational Level Requirements
- Project Level Requirements
- Fiscal Requirements – Org Level
- Fiscal requirements – Project Level
- Client File Checklist

Desk Monitoring Tools can be found here:

<https://www.dropbox.com/scl/fo/mwwdxfri2jihuk8soxwnh/ALElSRMtdgE26os1kMK8n9w?rlkey=8y5eoo1kog47gtkkwp98n0610&st=zqhu9363&dl=0>.