



Kentucky Housing Corporation

Continuum of Care Program Toolkit

March 2017

COC REVISION HISTORY EXPLANATION		
Revision Date	Affected Pages and Forms	Description of Change
08/2014	All	Original
12/2014	Forms changed: Cover page, Form 100, Form 135, Form 136, Form 139, Sample Correct PAR, Sample CoC Client File Checklist, and CoC Resources and Links.	Details on changed forms are outlined below. HMIS documents are now links to the most current versions of those forms. Also in this version, all forms are now PDF fillable forms.
6/2015	Updated Copyright Information	Copyright updated to cover dissemination language.
3/2017	Forms changed or added: CoC Intake Procedures, Form 124a-g, 139, 158, 180, HUD Form 5380, HUD Form 5381, HUD Form 5382, HUD Form HUD Form 5383, Conflict of Interest Guidelines, CoC Helpful Links	Original.

CoC Toolkit Cover Page: The updated KHC logo was inserted.

CoC Intake Procedures

- Added new procedures.

Form 100 Homeless Eligibility Checklist:

- In the directions on the first page, instruction number six contained a typo; the word “eligibility” was corrected.
- Under the Love Eviction category on the homeless eligibility checklist, the words “Love Eviction” were removed. Additionally, the instructions on finding the certification credible were clarified.

Removed Form 124 – Verification of Chronically Homeless Disability

- Removed form due to new HUD chronic homeless definition.

Forms 124a-g - New HUD’s Definition of Chronic Homelessness documentation

- New required documentation for agencies administering Chronic Homeless projects.

Form 135 SAMPLE Rent Reasonableness Checklist and Certification CoC Leasing:

- The entry for each unit was modified to a year rather than the age in years.

Form 136 SAMPLE Rent Reasonableness Checklist and Certification CoC Rental Assistance:

- The entry for each unit was modified to a year rather than the age in years.

Form 139 Authorization to Release and Consent:

- The second section of the form contained a typo; the word “employees” was corrected to “employers”. Removed Condition. Added Co-Applicant/Resident. Moved to Sample Forms.

Form 158 Verification of Receipt of Required Documents

- Added non-discrimination language. Added VAWA language. Added Condition.

Form 180 – CoC Service Plan and Tracker

- New required form added.

HUD Form 5380

- Notice of Occupancy Rights Under VAWA

HUD Form 5381

- Model Emergency Transfer Plan for Victims of DV, DV, Sexual Assault, or Stalking

HUD Form 5382

- Certification of DV, DV, Sexual Assault, or Stalking

HUD Form 5383

- Emergency Transfer Request for Certain Victims of DV, DV, Sexual Assault, or Stalking

SAMPLE Correct PAR:

- The dated signature was corrected from 2013 to 2014. Added fillable fields.

SAMPLE CoC Client File Checklist:

- Removed habitability inspection from the list at move-in.
- Removed habitability inspection from the list at annual recertification.
- Added additional items to annual recertification list:
 - ✓ Client Renewal Lease Agreements with landlord or agency
 - ✓ KYHMIS Release of Information
 - ✓ Authorization to Release and Consent
 - ✓ Income/Rent Calculation Worksheet
 - ✓ Utility Allowance Chart

CoC Resources and Links: Updated links from OneCPD to HUDEXchange for the following:

- Homeless Eligibility Rule
- CoC Information Page
- CoC FAQs
- HUD System Performance Measures Introductory Guide and Additional Resources
- Income and Rent Calculation Worksheet
- HUD Exchange
- VAWA Implementation Rule
- Updated Super Circular, added additional valuable links and removed obsolete links
- added HCA Help Desk Link
- deleted Sample Language Access plan link
- deleted CoC Compliance monitoring tool link

Resources:

Added KHC's Conflict of Interest Guidelines

Copyright

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Notice

This toolkit serves as a reference for Kentucky Housing Corporation's administration of the Continuum of Care (CoC) program. The purpose of this toolkit is to provide tools and resources to agencies to assist in achieving and maintaining compliance with applicable laws and program regulations and to administer programs more effectively and efficiently.

To the best of our knowledge, the information in this publication is accurate; however, neither Kentucky Housing Corporation nor its affiliates assume any responsibility or liability for the accuracy or completeness of, or consequences arising from, such information. Changes, typos, and technical inaccuracies will be corrected in subsequent publications. This publication is subject to change without notice. The toolkit contains resources and forms used to implement the Continuum of Care program. The toolkit is not inclusive of all resources needed to successfully administer this project.

Please contact the [Housing Contract Administration Help Desk](#) if you have questions or need additional assistance with materials within this toolkit.

Revision Date: March 2017

About CoC

The Continuum of Care Program is designed to assist individuals (including unaccompanied youth) and families experiencing homelessness and to provide the services needed to help such individuals move into transitional and permanent housing, with the goal of long-term stability. More broadly, the CoC Program is designed to promote community-wide planning and strategic use of resources to address homelessness; improve coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; improve data collection and performance measurement; and allow each community to tailor its programs to the particular strengths and challenges in assisting homeless individuals and families within that community.

Basic CoC Overview

**** Refer to 24 CFR Part 578 for all eligible costs and requirements.***

The CoC Program provides funding under five program components: permanent housing, transitional housing, supportive services only, HMIS, and, in some cases, homelessness prevention. These components provide a wide range of housing and services needs to individuals and families experiencing homelessness:

- Acquisition
- Rehabilitation
- New Construction
- Leasing
- Rental Assistance
- Services
- Operations
- Homeless Management Information System
- Project Administration
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COC Intake Procedures

Application: The application for assistance may contain all the information needed on one form or on several forms (i.e. an application packet). It is up to the sub recipient agency to determine what information is required by their agency's program guidelines. Handwritten applications should be completed and signed by the applicant, in the applicant's own handwriting. Electronic applications must be signed and dated by the applicant. If an applicant asks for assistance in completing the application it is permissible to assist them; however, this should be rare. Applications taken by phone should be clearly marked as such at the top.

Review the Application: Once the application is complete the intake worker should review the application to ensure that all information has been documented and all questions answered. If there are areas left blank, the intake worker should question the applicant to ascertain if this was due to: an oversight, applicant was unsure how to answer; or, if the question does not apply.

Screening Process (Initial Assessment):

1. Agencies using the ViSPDAT, conduct the ViSPDAT now. Follow ViSPDAT procedures, if the score allows for continuation of application, proceed to Processing Application. If the ViSPDAT score does not allow for continuation, follow the agency's due process denial procedures.

or
2. Using information gathered from the agencies Initial Assessment forms, determine which funding source of assistance is appropriate for this client. (e.g.: COC, ESG, Other assistance). If COC is determined to be the best option for the client, then continue on to **Processing the Application**. If it is determined that a funding source other than COC is more appropriate, refer this client to the correct agency and/or personnel to start that process.

Processing the Application:

Gather source documents to support information on the application. Areas that need to be verified are:

- Homeless status – Using the COC Toolkit, follow the instruction on KHC form HCA 100 to properly document the clients homeless status. Form HCA 100 will ensure you are following HUD's preferred method of documentation.
- Income & Assets – Using the COC Toolkit, locate the form for the source of income and asset information and follow the instructions for proper documentation. Remember to follow HUD's preferred method of documentation: written source document, Oral source document, and after documenting due diligence, self-certification.

Clients **must not** be responsible for delivering verification forms to and from the source. Verification forms may be mailed, faxed, e-mailed, or hand delivered by agency staff to and from third party sources.

Once all source documentation is gathered and the client is verified as eligible, agency should begin the process to assist the client with one or more of the COC components. If verification evidences the client as ineligible, follow the agency's due process denial procedures.

Assessment of Service Needs (required annually):

Use the Client Service Plan & Tracking tool to assess the client's service needs.

1. Provide the client's current status and identify whether this assessment is an initial assessment, an annual assessment or an update.
2. Identify the client's current service needs through discussion with the client, using the tool to guide the discussion. Identify if the need will be addressed by your agency or if the agency will refer the client to another service provider.
3. List the goals and objectives to address needs that are identified and whether the client, the caseworker, or both will complete the tasks.
4. List the referrals given during this assessment

Required Standard Forms

KHC has issued a set of required standardized forms to be used by all agencies in the administration of CoC projects.

Note: The recipient must keep these records for 5 years after the end of the grant term.

1) Homeless Eligibility Forms

The agency must maintain and follow written intake procedures to ensure compliance with 24 CFR Part 576.500. The procedure requires documentation at intake of the evidence relied upon to establish and verify homeless status in the following order: 1) third-party documentation; 2) intake worker observation; 3) certification from the person seeking assistance. Documentation of homeless status must be maintained in the client file.

2) Disability Verification Forms

While the Permanent Supportive Housing component can only provide assistance to individuals or families in which one adult or child has a disability, other components may need to verify disability status for the purposes of determining adjusted annual income. Intake procedures must require written documentation from HUD-specified qualified source. Disability verifications must be maintained in the client file.

3) Income Verification Forms

Agencies must use these forms to obtain third-party verification of household income. While the CoC programs do not contain an income eligibility threshold, agencies are required to verify income sources for the purpose of calculating annual income. Income verifications must be maintained in the client file.

4) Expense Verification Forms

Agencies must use these forms to obtain third-party verification of out-of-pocket expenses of program participants that are not reimbursed from insurance or another source for the purpose of calculating adjusted annual income. These expense verifications must be maintained in the client file.

5) Rent Reasonableness Form

Agencies may use **leasing funds** to pay up to 100% of the cost of rent of a unit or a structure, as long as rent amounts are at or below FMR and rents are determined reasonable. Rents paid with **rental assistance funds** cannot exceed rent reasonableness. Rent reasonableness means that the rent charged for a unit must be reasonable in relation to rents currently being charged for comparable unassisted units. This worksheet is required to be completed by agencies to document the rents of comparable units and certify rent reasonableness. This form must be maintained in the client file.

Verification of Receipt of Required Documents

RE: _____ SSN XXX-XX-
Applicant's Name (print) (last four digits)

It is required that the client be provided with the information listed below. The client's signature on this document when maintained in the client file will serve as proof of delivery to the client. Check all applicable actions below. The client must initial after each checked box.

- _____ Notification of Rights to Fair Housing information provided and reviewed
- _____ Anti-Discrimination Policy provided and reviewed
- _____ Personal Privacy Protection Policy information provided and reviewed
- _____ Confidentiality Agreement provided and reviewed
- _____ Grievance Policy and Appeals Process provided and reviewed
- _____ Termination Policy provided and reviewed
- _____ Program Policies and Rules provided and reviewed
- _____ Dangers of Lead Based Paint information provided and reviewed
- _____ VAWA Notice of Occupancy Rights (Form HUD-5380)
- _____ VAWA Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternative Documentation (Form HUD-5382)

I certify that I have provided the client with the information and policies noted above. I have reviewed all documents/publications indicated and allowed the client opportunity to ask questions regarding these documents to ensure a thorough understanding of the information.

Signature of intake staff or case manager Date

*******ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS DOCUMENT*******

I/We understand that KHC and/or HUD may review the information contained in my/our file in order to verify my/our eligibility for the program or for auditing purposes.

I/we certify that I/we have received the documents noted above. I/we was provided the opportunity to ask questions and have those questions answered satisfactorily.

Applicant Signature Date

Other Adult Household Member Signature Date



Directions: (1.) Circle the scenario that best describes the situation for the applicable category. (2.) Follow the steps for that specific situation. If the steps are not followed in order, due diligence must be documented. Exceptions to this requirement are noted for Category 4. (3.) Check the box(es) indicating which documents were obtained. (4.) The staff member completing the form should print name and then sign and date the bottom of the applicable page. (5.) Have supervisor (or equivalent) review the checklist and verifications. Upon review, the supervisor will initial and date indicating review and approval. (6.) Retain the applicable page of the Homeless Eligibility Verification Checklist and the verifications that were obtained in the participant file as verification of homeless eligibility status.

Category 1(i) An individual or family with a primary nighttime residence that is a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground. **Category 1(ii)** An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals). **Category 1(iii)** An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

What is the current nighttime residence? (circle one)	Documentation Required	Document(s) Attached (select)	Supervisor Initial/Date
The Street Category 1(i)	1 Third Party: a) Documentation from outreach worker on Form 101 or on the respective agency's letterhead with ALL of the information from Form 101 . Forward Form 101 to third-party to use as template to ensure all required information is obtained.		
	b) Written referral from another housing or service provider on Form 102 or on agency letterhead with ALL of the information from Form 102 . Forward Form 102 to third party to use as template to ensure all required information is obtained.		
	c) Oral: Documented statement obtained from third-party when written third-party is not available. Form 103 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.		
	2) Intake Staff Observation: Intake staff observations must be documented on Form 104 . If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.		
	3) Self Certification: A self certification by the individual seeking assistance must be completed on Form 105 . Note: If all criteria in section 2 of Form 105 are not applicable to the applicant's situation, this applicant is not eligible under this category. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a, 1b and 2 were not obtainable.		
	Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification.		
Shelter Category 1(ii)	1 Third Party: a) HMIS Report; OR		
	b) Documentation from the emergency shelter's staff on Form 106 or on the respective agency's letterhead with ALL of the information from Form 106 . Forward Form 106 to third party to use as template to ensure all required information is obtained;		
	c) Oral: Documented statement obtained from emergency shelter when written third-party is not available. Form 107 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.		
	2) Self Certification: A self certification by the individual seeking assistance must be completed on Form 105 . Note: If all criteria in section 2 of Form 105 are not applicable to the applicant's situation, this applicant is not eligible under this category. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.		
Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification.			

Staff Name

Signature

Date

What is the current nighttime residence? (circle one)	Documentation Required	Document(s) Attached (select)	Supervisor Initial/Date	
Transitional Housing Category 1(ii)	1 Third Party: a) HMIS report; OR			
	b) Documentation from the transitional housing provider's staff on Form 108 or on the respective agency's letterhead with ALL of the information from Form 108 . Forward Form 108 to third party to use as a template to ensure all required information is obtained			
	c) Oral: Documented statement obtained from third-party transitional housing provider when written third-party documentation is not available. Form 109 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.			
	Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification.			
	AND for PSH projects only verify the status of the individual(s) prior to entering TH use one of the following methods			
	Category 1(i) The Street; or Category 1(ii) Shelter			
Hotel/Motel Category 1(ii)	1 Third Party: a) Documentation from charitable organization, federal, state or local government or hotel/motel staff on Form 111 or on the respective agency's letterhead with ALL of the information from Form 111 . Forward Form 111 to third party to use as a template to ensure all required information is obtained; OR			
	b) Oral: Documented statement obtained from third-party entity providing hotel/motel assistance when written third-party documentation is not available. Form 112 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through method 1a was not obtained.			
	2) Self Certification: A self certification by the individual seeking assistance must be completed on Form 105 . Note: If <u>all</u> criteria in section 2 of Form 105 are not applicable to the applicant's situation, this applicant is not eligible under this category. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a 1b were not obtainable.			
	Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification.			
Institution Category 1(iii)	1 Third Party: a) Discharge paperwork from the institution.			
	b) Documentation from institution on Form 113 or on the respective agency's letterhead with ALL of the information from Form 113 . Forward Form 113 to third party to use as a template to ensure all required information is obtained.			
	c) Oral: Documented statement obtained from institution when written third-party documentation is not available. Form 114 must be completed by agency staff. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a and 1b were not obtainable.			
	2) Self Certification: A self certification by the individual seeking assistance must be completed on Form 105 . Note: If <u>all</u> criteria in section 2 of Form 105 are not applicable to the applicant's situation, this applicant is not eligible under this category. If you are using this method, you must also complete Form 110 documenting the reason verification through methods 1a, 1b and 1c were not obtainable.			
	Due Diligence: Form 110 completed by agency staff describing efforts to obtain third-party verification.			
	AND to verify the status of the individual(s) prior to entering the institution use one of the following methods			
Category 1(i) The Street; or				
Category 1(ii) Shelter				

Staff Name

Signature

Date

Category 2 An individual or family who will imminently lose their primary nighttime residence, provided that: (a) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (b) no subsequent residence has been identified; and (c) the individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.		Document(s) Attached (select)	Supervisor Initial/Date
Which scenario describes the current living situation of the individual(s)? (circle one)	Documentation Required		
Landlord/ Tenant Eviction	Only Acceptable Verification: A court order resulting from an eviction action that requires the individual or family to leave their residence within 14 days after the date of their application for homeless assistance; or the equivalent notice under applicable state law - Forcible Detainer.		
	AND		
For individuals and families whose primary nighttime residence is a hotel or motel room not paid for by charitable organizations or federal, state, or local government programs for low-income individuals.	Form 115 completed by the applicant. Note: If <u>all</u> criteria on Form 115 are not applicable to the applicant's situation, this applicant is not eligible under this category.		
	AND		
	Evidence that the individual or family lacks the resources necessary to reside there for more than 14 days after the date of application for homeless assistance, if practical.		
The owner or renter of the housing in which they currently reside will not allow them to stay for more than 14 days after the date of application for homeless assistance.	Only Acceptable Verification: An oral statement by the individual or head of household to the intake worker who must record the statement on Form 116.		
	AND must be found credible by one of the following methods		
	1) A written certification by the owner or renter on Form 117 or a signed written statement from the owner or renter with ALL of the information on Form 117; OR		
	2) Oral: An oral statement from the owner or renter which is recorded by the intake worker on Form 118. If you are using this method, you must also complete Form 110 documenting the reason verification through method 1 was not obtained; OR		
	3) Form 110 completed by agency staff describing efforts to obtain the owner's or renter's verification.		
AND			
	Form 115 completed by the applicant. Note: If <u>all</u> criteria on Form 115 are not applicable to the applicant's situation, this applicant is not eligible under this category.		

Staff Name

Signature

Date

Category 4 An individual or family who (a) is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (b) has no other residence; and (c) lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other housing.

Which scenario describes the agency where the individual(s) is presenting for assistance?	Documentation Required	Document(s) Attached (select)	Supervisor Initial/Date
Victim Service Provider (VSP)	VSP Client Statement Certification: A certification by the individual/head of household seeking assistance documented by the individual or intake staff must be completed on Form 120 . <i>Note: If <u>all</u> criteria on Form 120 are not applicable to the applicant's situation, this applicant is not eligible under this category.</i>		
Non-VSP	Non- VSP Client Statement Certification: A certification by the individual/head of household seeking assistance documented by the individual must be completed on Form 121 . <i>Note: If <u>all</u> criteria on Form 121 are not applicable to the applicant's situation, this applicant is not eligible under this category.</i>		
	Where the safety of the individual or family would not be jeopardized, the situation must be verified by		
	A written observation by the intake worker on Form 121 . The written referral or observation need only include the minimum amount of information necessary to document that the individual or family is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, and stalking. OR		
A written referral by a housing or service provider, social worker, legal assistance provider, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for domestic violence, dating violence, sexual assault, or stalking, or other dangerous or life threatening condition. The written referral or observation need only include the minimum amount of information necessary to document that the individual or family is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, and stalking. This may be completed on Form 122 .			

Staff Name

Signature

Date

Outreach Worker Observation

RE: _____ SSN XXX-XX-
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from an outreach worker must be obtained. The verification must include: the location and the date(s) the individual has slept in a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, and the signature and title of agency staff.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

SECTION BELOW TO BE COMPLETED BY OUTREACH WORKER

(Applicant Name) _____ has slept in the following location(s)
(enter dates for each selection):

- car _____ from _____ to _____
- park _____ from _____ to _____
- abandoned building _____ from _____ to _____
- bus or train station _____ from _____ to _____
- airport _____ from _____ to _____
- camping ground _____ from _____ to _____
- other _____ from _____ to _____

Additional information:

Name of agency: _____

Address: _____

I certify this information is true and complete.

Staff Name and Title Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Written Referral From Housing/Service Provider

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written referral from a housing or service provider must be obtained. The verification must include: the location and the date(s) the individual has slept in a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings, and the signature and title of agency staff. For each occurrence selected below, please specify the dates.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

SECTION BELOW TO BE COMPLETED BY THE HOUSING OR SERVICE PROVIDER STAFF

(Applicant Name) _____ has slept in the following location(s)
(enter dates for each selection):

- car _____ from _____ to _____
- park _____ from _____ to _____
- abandoned building _____ from _____ to _____
- bus or train station _____ from _____ to _____
- airport _____ from _____ to _____
- camping ground _____ from _____ to _____
- other _____ from _____ to _____

Additional information:

Name of agency: _____

Address: _____

I certify this information is true and complete.

Staff Name and Title Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Oral Verification from Outreach Worker or Housing/Service Provider

RE: _____ SSN XXX-XX- _____
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require verification of the homeless status of this individual. Written verification from an outreach worker or a housing/service provider must be obtained.

If unable to obtain written verification, an intake staff from the housing agency may request the information in an oral statement from the outreach worker or housing/service provider and document on this form. The required information includes: the location and date the individual has slept in a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings; signature and title of agency staff.

SECTION BELOW TO BE COMPLETED BY AGENCY STAFF

(Applicant Name) _____ has slept in the following location(s)
(enter dates for each selection):

- car _____ from _____ to _____
- park _____ from _____ to _____
- abandoned building _____ from _____ to _____
- bus or train station _____ from _____ to _____
- airport _____ from _____ to _____
- camping ground _____ from _____ to _____
- other _____ from _____ to _____

Additional information:

Name of individual providing information: _____

Title of individual providing information: _____

Contact number: _____

Date and time of conversation: _____

I certify this information is true and complete.

Staff Name and Title	Signature	Date
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WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Homeless Self-Certification

RE: _____ SSN XXX-XX- _____
Applicant's Name (print) (last four digits)

Federal regulations permit the use of these housing funds for individuals or families who are literally homeless, have not identified a subsequent residence and lack the resources and support networks needed to obtain permanent housing. A certification from the individual or head of household seeking assistance is required. Verification of these circumstances may be required.

THIS SECTION TO BE COMPLETED BY APPLICANT OR HEAD OF HOUSEHOLD

1. My current living situation is (select one and describe):

- car _____
- park _____
- abandoned building _____
- bus or train station _____
- airport _____
- camping ground _____
- shelter _____
- institution
Name _____
Address _____
Living arrangement prior to admission into institution _____

other _____

I last slept in this place _____. I have slept in this place since _____.

2. Select all that apply (N/A for the street or emergency shelter):

- I/We lack the support networks (family, friends, faith-based or social networks, etc.) needed to obtain permanent housing.
- I/We lack the financial resources needed to obtain permanent housing.

Please identify income and assets of the household. Include the source of income as well as amount. Include the type of asset and amount. *These items may need to be verified.*

I/We am unable to identify a subsequent residence and without assistance will be homeless.

I certify that the above selected statements are true and complete.

Name (print clearly) Signature Date

Received by:

Staff Name and Title Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Written Verification from Emergency Shelter

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters) must be obtained. The verification must include: the emergency shelter name and address, applicant's entry and exit dates, and the title and signature of agency staff providing the information.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

SECTION BELOW TO BE COMPLETED BY EMERGENCY SHELTER STAFF

(Applicant Name) _____ is currently homeless and residing at _____ shelter
located at _____.

The client entered the shelter on _____ and exited on _____.

Additional information:

I certify this information is true and complete.

Staff Name and Title Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Oral Verification from Emergency Shelter

RE: _____ SSN XXX-XX-
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters) must be obtained.

If unable to obtain written verification, intake staff from the agency may request the following information in an oral statement from the third party and document on this form. The required information includes: the emergency shelter name and address, applicant's entry and exit dates, name and title of shelter staff providing statement, and signature of agency staff documenting the information.

SECTION BELOW TO BE COMPLETED BY AGENCY STAFF

(Applicant Name) _____ is currently homeless and residing at _____ shelter located at _____.

The client entered the shelter on _____ and exited on _____.

Additional information:

Name of individual providing information: _____

Title of individual providing information: _____

Contact number: _____

Date and time of conversation: _____

I certify this information is true and complete.

Staff Name and Title

Signature

Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Written Transitional Housing Stay Verification

RE: _____ SSN XXX-XX-
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from a transitional housing provider must be obtained. The verification must include: the transitional housing provider name and address; applicant's entry and exit dates; signature and title of agency staff providing the information.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

SECTION BELOW TO BE COMPLETED BY THE TRANSITIONAL HOUSING PROVIDER

(Applicant Name) _____ is currently enrolled in a transitional housing program administered by _____. The client entered the transitional housing program on _____ and will exit on _____.

Please provide any information you may have regarding this individual's living arrangements prior to entering the transitional housing program:

I certify this information is true and complete.

Staff Name and Title Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Oral Transitional Housing Stay Verification

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Written verification from a transitional housing provider must be obtained.

If unable to obtain written verification, intake staff from the agency may request the following information in an oral statement from the third party and document on this form. The required information includes: the applicant's entry and exit dates; the address of the residence, name and title of shelter staff providing statement, and signature of agency staff documenting the information.

SECTION BELOW TO BE COMPLETED BY INTAKE STAFF
--

(Applicant Name) _____ entered our transitional housing program on _____ and exited/or will exit the transitional housing program on _____.

While enrolled in this program he/she resided at (address):

_____.

Please provide any information you may have regarding this individual's living arrangements prior to entering the transitional housing program:

Name of individual providing information: _____

Title of individual providing information: _____

Contact number: _____

Date and time of conversation: _____

I certify this information is true and complete.

Staff Name and Title

Signature

Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Documenting Due Diligence

RE: _____ SSN XXX-XX-
Applicant's Name (print) (last four digits)

The completion of this form is required when third-party source documentation is not provided or HUD's preferred method of verifying homeless status is not followed.

Potential reasons for not providing third-party verification include: safety of the individual(s), no third-party sources identified, inability to contact third party, etc.

Efforts reflecting attempts to follow HUD's preferred order include phone calls, emails, letters, faxes, etc.

When documenting the efforts and outcomes for phone call attempts, descriptions must include the name and title of the individual, contact number, date and time. Copies of efforts to obtain third-party documentation through email correspondence, certified letters, faxes, etc. should be attached to this document.

Describe the reason(s) you were unable to acquire third-party verification:

Describe efforts to follow HUD's preferred method of verification and the outcome:

Document(s) attached: Yes No

If yes, specify:

I certify this information to be true and complete.

Staff Name and Title	Signature	Date
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WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Written Verification of Hotel/Motel Stay

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the housing status of this individual. Written verification of a hotel/motel stay must be obtained. The verification must include: the hotel/motel name and address, applicant's paid length of stay including entry and exit dates and the signature and title of the person providing information.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

**SECTION BELOW TO BE COMPLETED BY CHARITABLE ORGANIZATION STAFF,
GOVERNMENT STAFF OR HOTEL/MOTEL STAFF**

(Applicant Name) _____ is currently residing at (hotel/motel)
_____ located at
_____.

The client entered the hotel/motel on _____ and exited on _____.

Additional information:

Name and address of individual or organization that paid for hotel/motel stay:

I certify this information is true and complete.

Staff Name and Title Signature Date

Company Name Address

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Oral Verification of Hotel/Motel Stay

RE: _____ SSN XXX-XX- _____
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the housing status of this individual. Written verification of a hotel/motel stay must be obtained. The verification must include: the hotel/motel name and address, applicant's paid length of stay including entry and exit dates and the signature and title of the person providing information.

If unable to obtain written verification, intake staff from the agency may request the following information in an oral statement from the third party and document on this form. The required information includes: the hotel/motel name and address, applicant's entry and exit dates, name and title of the individual providing statement, and signature of agency staff documenting the information.

SECTION BELOW TO BE COMPLETED BY AGENCY STAFF

(Applicant Name) _____ is currently residing at (hotel/motel) _____ located at _____.

The client entered the hotel/motel on _____ and exited on _____.

Additional information:

Name and address of individual or organization that paid for hotel/motel stay:

Name of individual providing information: _____

Title of individual providing information: _____

Contact number: _____

Date and time of conversation: _____

I certify this information is true and complete as reported to me.

Staff Name and Title Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Written Verification of Institution Stay

RE: _____ SSN XXX-XX-
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify this individual's stay in your institution. Verification of an institution stay must be a written referral from a social worker, case manager, or other appropriate official of the institution. The referral must include: the institution name and address, the applicant's length of stay including entry and exit dates, and the title and signature of the institution staff providing the information.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

SECTION BELOW TO BE COMPLETED BY INSTITUTION STAFF

(Applicant Name) _____ entered (institution)
_____ located at

on _____ and exited/or will exit the institution on _____.

Please provide any information you may have regarding this individual's living arrangements prior to admission to your facility:

I certify this information is true and complete.

Staff Name and Title Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Oral Verification of Institution Stay

RE: _____ SSN XXX-XX- _____
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify this individual's stay in the institution. Verification of an institution stay must be a written referral from a social worker, case manager, or other appropriate official of the institution.

If unable to obtain written verification, an intake staff from the housing agency may request information in an oral statement from the institution. The referral must include: the institution name and address, the applicant's length of stay including entry and exit dates, name and title of the individual providing statement, and signature of agency staff documenting the information.

SECTION BELOW TO BE COMPLETED BY INTAKE STAFF
--

(Applicant Name) _____ entered (institution) _____ located at _____
_____ on _____ and exited/or will exit the institution on _____.

Please provide any information you may have regarding this individual's living arrangements prior to admission to your facility:

Name of individual providing information: _____
Title of individual providing information: _____
Contact number: _____
Date and time of conversation: _____

I certify this information is true and complete.

Staff Name and Title	Signature	Date
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WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Imminent Risk of Homelessness Certification

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

Federal regulations permit the use of housing program funds for individuals or families who are at imminent risk of homelessness, have not identified a subsequent residence and lack the resources and support networks needed to obtain other permanent housing. A certification from the individual or head of household presenting for assistance is required. Verification of these circumstances may be required.

For individuals and families whose primary nighttime residence is a hotel/motel, evidence that the individual or family lacks the resources necessary to reside there for more than 14 days after the date of application for homeless assistance is required.

**THIS SECTION TO BE COMPLETED BY THE HEAD OF HOUSEHOLD OR INDIVIDUAL
APPLYING FOR ASSISTANCE**

Select all that apply:

- I/We lack the support networks (family, friends, faith-based or social networks, etc.) needed to obtain permanent housing.
- I/We lack the financial resources needed to obtain permanent housing.

Please identify income and assets of the household. Include the source of income as well as amount. Include the type of asset and amount. *These items may need to be verified.*

- I/We cannot identify a subsequent residence and without assistance will be homeless.

Additional information:

I certify that the above selected statements are true and complete.

Name (print clearly)	Signature	Date
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Received by:

Staff Name (print clearly)	Title	Signature	Date
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WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Client Oral Statement of Love Eviction

RE: _____ SSN XXX-XX-
Applicant's Name (print) (last four digits)

Federal regulations permit the use of housing funds for individuals or families who will imminently lose their primary nighttime residence within 14 days. An oral statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay for more than 14 days after the date of application for homeless assistance is required. The details of this situation must be documented by intake staff and found credible.

At minimum the following information must be obtained from the applicant: the address where the applicant is currently residing, dates of residency, the date the applicant must vacate, the reason the applicant must vacate, and the name and contact information of the individual(s) who can verify the situation.

THIS SECTION TO BE COMPLETED BY INTAKE STAFF

The applicant has provided me with the following information:

Name of the leaseholder: _____

Relationship to applicant: _____

Current address: _____

Dates of residency: _____ Date required to vacate: _____

Reason(s) required to vacate:

Please provide contact information for the owner or renter who can verify this situation.

Name: _____

Title (relative, friend, landlord, etc.): _____

Contact Information: _____

I certify this information is true and complete as reported to me.

Staff Name and Title	Signature	Date
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WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Credible Written Statement of Love Eviction

RE: _____ SSN XXX-XX- _____
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Verification must come from the owner or renter of the residence where the applicant is currently residing. The verification must include: the address where the applicant is currently residing, dates of residence, the date the individual(s) must vacate, and the reason the individual(s) must vacate. You may provide the requested information in the area below.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

THIS SECTION TO BE COMPLETED BY OWNER OR RENTER OF THE RESIDENCE

_____ (Applicant Name) has resided at (address)

since _____. He/She must vacate the residence by _____

due to the following reason(s):

Name (print clearly): _____

Title of individual providing information (select one): Renter Owner

I certify this information is true and complete.

Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Credible Oral Statement of Love Eviction

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the homeless status of this individual. Verification must come from the owner or renter of the residence where the applicant is currently residing. The verification must include: the address where the applicant is currently residing, dates of residence, the date the individual(s) must vacate, and the reason the individual(s) must vacate.

THIS SECTION TO BE COMPLETED BY INTAKE STAFF

_____ (Applicant Name) has resided at (Address) _____
since _____. He/She must vacate the residence by _____
due to:

Name of individual providing information: _____
Title of individual providing information (select one): Renter Owner
Contact number: _____
Date and Time of conversation: _____

I certify this information is true and complete as reported to me.

Staff Name and Title	Signature	Date
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WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



VSP Client Statement Certification

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require a documented certification that the individual or family is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; has no other residence; and lacks the resources and support networks needed to obtain other permanent housing. A certification from the individual or head of household seeking assistance or by the intake staff is required.

SECTION BELOW TO BE COMPLETED BY THE INDIVIDUAL/HEAD OF HOUSEHOLD OR INTAKE STAFF

Select all that apply:

- I/We are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against me or a family member, including a child, that has either taken place within my or my family's primary nighttime residence or has made me or my family afraid to return to our primary nighttime residence.

- I/We lack the support networks (family, friends, faith-based or social networks, etc.) or resources needed to obtain other housing.

- I/We have not identified a subsequent residence.

If form completed by applicant:

I certify that the above selected statements are true and complete.

Name (print clearly) Signature Date

If form completed by intake staff:

I certify that the above selected statements are true and complete as reported to me by the applicant.

Staff Name (print clearly) Title Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Non-VSP Written Referral

RE: _____ SSN XXX-XX-
Applicant's Name (print) (last four digits)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the situation of this individual. Where the safety of the individual or family would not be jeopardized, the domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening condition must be verified by a written referral from a housing or service provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor or any other organization from whom the individual or head of household has sought assistance. The written referral or observation need only include the minimum amount of information necessary to document the individual or family's living situation.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

SECTION BELOW TO BE COMPLETED BY THE REFERRAL SOURCE

(Applicant Name) _____ sought assistance at (agency) _____ located at _____ on _____ for reasons of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions.

Please provide the minimum amount of information necessary to document the individual or family was fleeing, or attempting to flee, one of the conditions above:

I certify that the above statements are true and complete.

Name (print clearly) Title Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Verification of Disability

I authorize (agency) _____ to obtain necessary information regarding my disability status or that of a member of my household:

**(Print) Disabled Household Member Relationship to Head/Applicant XXX-XX-
SSN (last 4 digits)**

I understand that this information is to help me qualify for appropriate housing and supportive services. By signing below I authorize the release of this information.

Applicant Signature

Date

The above named person has applied for housing under a U.S. Department of Housing and Urban Development (HUD) program that requires verification of a disability under the applicable HUD definition. Please indicate which condition(s) you have diagnosed this person to have.

1. A condition that:

- Is expected to be long-continuing or of indefinite duration; **AND**
- Substantially impeded the person's ability to live independently; **AND**
- 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.

2. A developmental disability (as defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000 (42 USC 15002)). Which means a severe, chronic disability of an individual that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments; **AND**
- Is manifested before the individual attains age 22; **AND**
- Is likely to continue indefinitely; **AND**
- Results in substantial functional limitations in three or more areas of major life activity; (a) Self-care; (b) Receptive and expressive language; (c) Learning; (d) Mobility; (e) Self-direction; (f) Capacity for independent living; (g) Economic self-sufficiency; **AND**
- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, or individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. **OR**
- An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described above if the individual, without services and supports has a high probability of meeting those criteria later in life.

3. The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiological agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Is not considered disabled according to the above definitions.

Please Print: THIS SECTION MUST BE COMPLETE TO BE VALID

Name of Certifying Official (print clearly)	
Title/License #/State Issued (print clearly)	
Office Address	
Telephone and Fax	

Your signature below certifies that the above named individual meets the disability definition indicated above AND you are professionally licensed by the state in which you practice to diagnose and treat the indicated disability.

Signature

Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

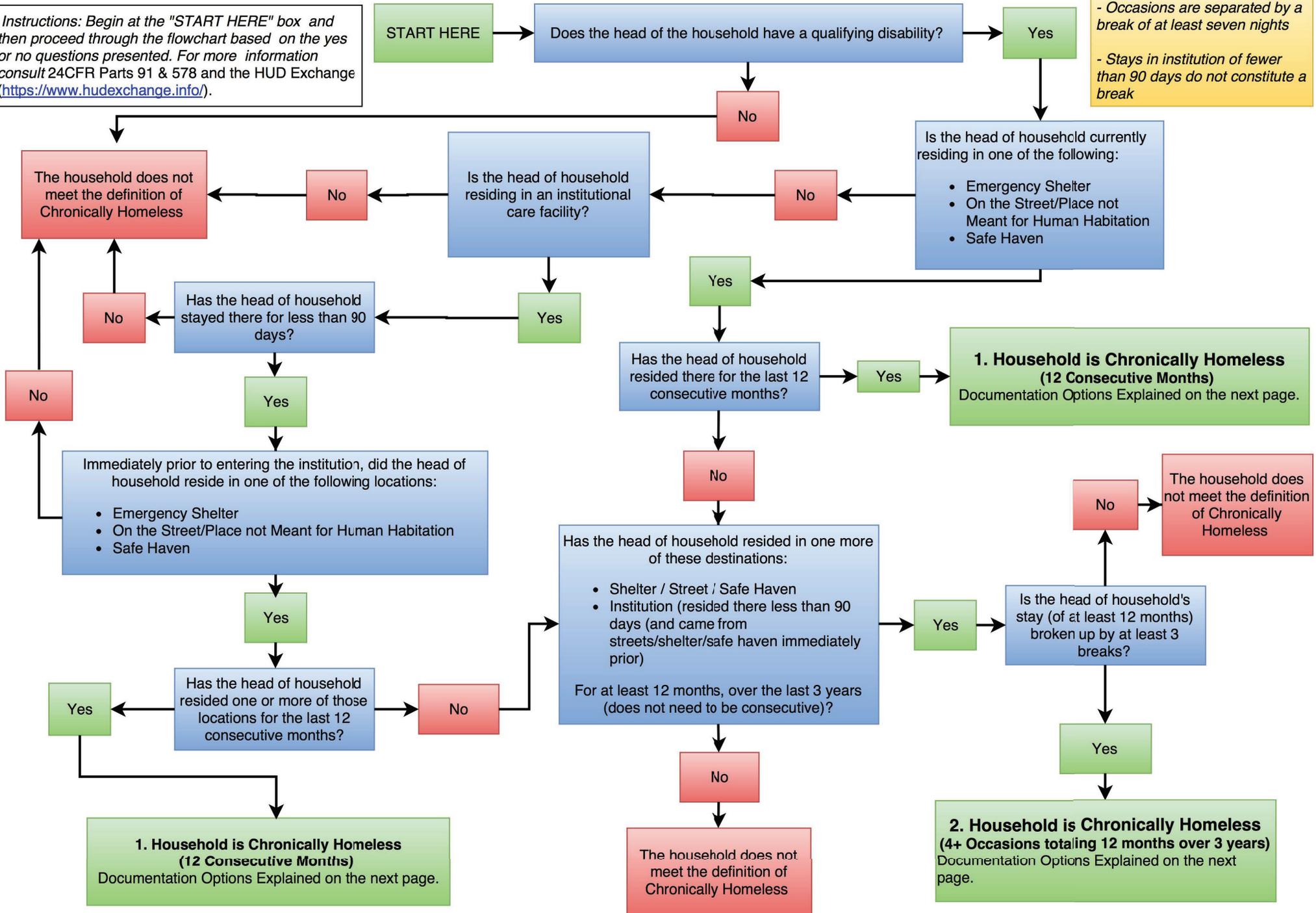
KHC Form HCA-123 (Rev. 8/14)



Flowchart of HUD's Definition of Chronic Homelessness

Instructions: Begin at the "START HERE" box and then proceed through the flowchart based on the yes or no questions presented. For more information consult 24CFR Parts 91 & 578 and the HUD Exchange (<https://www.hudexchange.info/>).

Remember:
 - Occasions are separated by a break of at least seven nights
 - Stays in institution of fewer than 90 days do not constitute a break





Documentation Standards for Chronic Homelessness

Instructions: Based on your navigation of the flowchart on the previous page, locate the appropriate numbered situation on this page and follow the documentation standards noted. This tool summarizes the criteria for the new Chronically Homeless Definition. To review the exact language, please refer to 24 CFR Parts 91 & 578 and the HUD Exchange (<https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>)

Situation	Documentation of Homelessness	Documentation of Disability
<p>1. Household is Chronically Homeless</p> <p>(12 Consecutive Months)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HMIS record or record from a comparable database; or <input type="checkbox"/> Written observation by an outreach worker of the conditions where the individual was living; or <input type="checkbox"/> Written referral by another housing or service provider; or <input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. <p>If the head of household is currently staying in an institution where they have been for less than 90 days (and were in a shelter/street/safe haven immediately prior) their Institutional Stay can be documented by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discharge paperwork or written/oral referral from a social worker or appropriate official of the institutional facility, with start/end dates of client's residence, or <input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. 	<p>Documentation of the head of household's disability, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written verification of the disability from a licensed professional; <input type="checkbox"/> Written verification from the Social Security Administration; <input type="checkbox"/> The receipt of a disability check; or <input type="checkbox"/> Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.
<p>2. Household is Chronically Homeless</p> <p>(4+ Occasions totaling 12 months over 3 years)*</p> <p><i>*May include institution stays of <90 days</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> HMIS record or record from a comparable database; or <input type="checkbox"/> Written observation by an outreach worker of the conditions where the individual was living; or <input type="checkbox"/> Written referral by another housing or service provider; or <input type="checkbox"/> Discharge paperwork or written/oral referral from a social worker or appropriate official of the institutional facility, with start/end dates of client's residence (for institutional stays of less than 90 days) <input type="checkbox"/> Where the evidence above is unavailable, there must be a certification by the individual seeking assistance, accompanied by the intake worker's documentation of the living situation and the steps taken to obtain the evidence listed above. <p><i>* Each separate occasion MUST be documented (minimum of 3 breaks). 100% of the breaks can be documented by self- report.</i></p>	<p>Documentation of the head of household's disability, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written verification of the disability from a licensed professional; <input type="checkbox"/> Written verification from the Social Security Administration; <input type="checkbox"/> The receipt of a disability check; or <input type="checkbox"/> Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.

Important Notes:

- Each individual occasion needs to be fully documented.
- Breaks can be documented by self-report.
- For each Project:
 - 100% of households served can use self-certification for 3 months of their 12 months,
 - 75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and
 - 25% of households served can use self-certification as documentation for any and all months.



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](#).

Recordkeeping Documentation Options Explained

<p>3rd Party Documentation</p>	 <p>Documentation from HMIS/Comparable Database</p> <p><i>Records must show entries/exits at Shelters.</i></p> <p><i>An answer of "Yes" to the question as to whether the individual is chronically homeless (Universal Data Element 3.917) is not sufficient.</i></p>	 <p>Written observation by an outreach worker or Written referral by another housing or service provider</p>	 <p>Documentation from Institutions like Hospitals, Correctional Facilities, etc.</p> <p><i>Must include records about stay the length of stay, signed by Clinician or other appropriate staff.</i></p>
<p>Self Certification</p>	 <p>Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it.</p> <p>Remember that for each Project:</p> <ul style="list-style-type: none"> • 100% of households served can use self-certification for 3 months of their 12 months, • 75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and • 25% of households served can use self-certification as documentation for any and all months. 		

When do you need third party documentation?



Preferred to record all occasions of homelessness to document Chronic Homelessness.



Not necessary to record breaks in homelessness, these can be based on self reports.

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	
Mo./Yr.	(Current Month)												
Location <i>Check all that Apply</i>	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
Doc. Type <i>Check One (Except Self-Cert. select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff <input type="checkbox"/> Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence
Doc. Att.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Break Mo./Yr. & Descr. 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>* 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.</i>												
Key	Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description												

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 following (check all that apply):

- Substance use disorder
- Serious mental illness
- Developmental disability
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability
- Other:

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.

Disability Notes:

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 and 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:

Notes:

Income Verification Due Diligence

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The completion of this form is required when source documents and/or third-party verifications of income are not obtainable and/or HUD's preferred method of verifying income is not followed. HUD specifies the following order for income verifications: source documents, written third-party, oral third-party, and self-certification.

Potential reasons for not obtaining source documents: applicant/participant does not receive paystubs due to direct deposit, the first paycheck has not yet been received, social security award letter has been misplaced or lost, etc.

Potential reasons for not obtaining third-party verification include: inability to contact third party, third party refused to provide information, etc.

Efforts reflecting attempts to follow HUD's preferred order include phone calls, e-mails, letters, faxes, etc.

When documenting the efforts and outcomes for phone call attempts, descriptions must include the name and title of the individual, contact number, date and time. Copies of efforts to obtain third-party documentation through e-mail correspondence, certified letters, faxes, etc. should be attached to this document.

Describe the reason(s) for the inability to acquire HUD's preferred income verification:

Describe efforts to follow HUD's preferred method of verifying income and the outcome:

Document(s) attached: Yes No

If yes, specify: _____

I certify this information is true and complete.

Signature Date

Print Name Title

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Verification of Employment

RE: _____ SSN XXX-XX- _____
Applicant's Name (print) (last four digits)

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify the income of program participants. The information provided will remain confidential to satisfaction of that stated purpose only. I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

SECTION TO BE COMPLETED BY THE EMPLOYER

Employer: _____

Address City State Zip

Employee Job Title: _____

Presently Employed: Yes - Employment Date _____ No - Last Day of Employment _____

Current Wages/Salary: \$ _____
(select one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ through _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____
(select one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks:

Employer's Signature Employer's Printed Name Date

Phone Number: _____ Fax: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Zero Income Certification

I, _____, have applied for emergency or rental assistance through the _____ program. Program regulations require verification of all income from participating households.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

I have stated during this verification process that I have no income at this time. I have not received income since _____. I do not expect to receive any income until _____. I applied for _____ (other financial assistance) on _____ (date).

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program for which I am applying, and may be grounds for termination of assistance. I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income when they occur.

Signature: _____

Date: _____

Witness: _____

Date: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Verification of Child Support

RE: _____ SSN XXX-XX- _____
Applicant's Name (print) (last four digits)

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify the income of program participants. Please complete all information below.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

SECTION BELOW TO BE COMPLETED BY CHILD SUPPORT PROVIDER

Amount of child support payments: \$ _____ weekly; \$ _____ monthly; \$ _____ other

If inconsistent, list total amount in last six months: \$ _____

Date child support payments began: _____ Date ended: _____

Names of children for which payments are made:

Name Name

Name Name

Name Name

I certify this information is true and complete.

Name (Print) Signature Date

Address City State Zip Telephone

Title or relation to participant (agency if applicable)

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Verification of Informal Support

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify all income for the program participant's household. The information provided will remain confidential. Please complete all information below.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

SECTION BELOW TO BE COMPLETED BY INFORMAL SUPPORT PROVIDER

I certify that I provide financial assistance in the amount of \$_____ weekly monthly

The assistance provided is for:

I certify this information is true and complete.

Name (print) Signature Date

Relationship to Participant Agency (if applicable) Telephone

Address City State Zip

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Verification of Benefits or Pension

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify all household income of program participant. The information provided will remain confidential. Please complete all information below.

I do hereby authorize the release of this information:

Applicant Name (print clearly) Signature of Applicant Date

SECTION BELOW TO BE COMPLETED BY BENEFITS ADMINISTRATOR

Amount of monthly payment to participant: \$ _____

OR

Amount of weekly payments to participant: \$ _____

Date Payments Began: _____ Date Payments Ended: _____

Deductions from gross income for medical insurance premiums: \$ _____

Type of Benefit (check one): Pension Annuity Retirement VA Welfare
 Social Security Unemployment Kinship K-TAP Other (please list): _____

I certify this information is true and complete.

Name (print) Signature Date

Title Agency/Company Telephone

Address City State Zip

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Verification of Assets

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The above referenced person is an applicant in a federally assisted housing program. Federal regulations require that we verify all assets of the program participants and their household. This information will remain confidential to the satisfaction of that stated purpose only.

By signing below I authorize the release of this information.

Participant's Signature

Date

SECTION BELOW TO BE COMPLETED BY BANKING INSTITUTION

	<u>Current Balance</u>	<u>Interest Rate on Account</u>	<u>Date Account Opened</u>
Checking Account #1:	\$ _____	\$ _____	_____
Checking Account #2:	\$ _____	\$ _____	_____

	<u>Current Balance</u>	<u>Interest Rate on Account</u>	<u>Date Account Opened</u>
Savings Account #1:	\$ _____	\$ _____	_____
Savings Account #2:	\$ _____	\$ _____	_____

Other Accounts:

<u>Account Type</u>	<u>Current Balance</u>	<u>Interest Rate on Account</u>	<u>Date Account Opened</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

I certify that this information is accurate.

Name (print clearly) Title Signature Date

Financial Institution Telephone Number

Address City State Zip

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Verification of Child Care Expense

RE: _____ SSN XXX-XX-
Applicant's Name (print) (last four digits)

The individual referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify expenses paid for the care of dependent children enabling the family member to be employed or to attend school. The amounts provided must be paid out-of-pocket by the participant and may not be reimbursed from another source.

By signing below I authorize the release of this information and certify that I am not reimbursed from any source for the amount paid:

Applicant's Signature Date

THIS SECTION TO BE COMPLETED BY CHILD CARE PROVIDER

By signing below, I certify that I provide child care services for the above-referenced participant and receive the amount of compensation stated. Please complete all information requested.

Names of children for which child care is provided:

_____	_____
Name	Name
_____	_____
Name	Name

I receive \$_____ weekly for services **(OR)** I receive \$_____ monthly for services.

Date child care began: _____ number of hours child care is provided: _____ daily
(OR) _____ weekly **(OR)** _____ monthly.

Is any portion of the child care expense paid by another source? Yes No

If Yes: Total child care amount: \$_____ Amount paid by another source: \$_____

If amounts are received for child care during holidays, vacations, etc., please provide dates and amount received: _____

I certify that this information is accurate:

Child Care Provider Signature Name (print)

Child Care Facility (if applicable) Telephone #

Address City State Zip

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Verification of Attendant Care Expense

RE: _____ SSN XXX-XX-_____
Applicant's Name (print) (last four digits)

The individual referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify attendant care expenses paid for unreimbursed, anticipated costs. The amounts provided must be paid out-of-pocket by the individual or family member and may not be reimbursed from another source.

By signing below I authorize the release of this information and certify that I am not reimbursed from any source for the amount paid:

Applicant's Signature Date

SECTION BELOW TO BE COMPLETED BY ATTENDANT CARE PROVIDER

By signing below, I certify that I provide attendant care for the above-referenced participant and receive the amount of compensation stated.

Is any portion of the attendant care expense paid by another source? Yes No

If Yes: Total amount: \$_____ Amount paid by another source: \$_____

I receive \$_____ weekly for services **(OR)** I receive \$_____ monthly for services.

Date attendant care began: _____.

Number of hours attendant care is provided: ____ daily **(OR)** ____ weekly **(OR)** ____ monthly.

If amounts are received for attendant care during holidays, vacations, etc., please provide dates and amount received:

I certify this information is true and complete.

Attendant Care Provider Signature Name (print)

Attendant Care Facility (if applicable) Phone Number

Address City State Zip

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Verification of Auxiliary Apparatus Expenses

RE: _____ SSN XXX-XX- _____
Applicant's Name (print) (last four digits)

The individual referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify the out-of-pocket medical expenses of program participants. This information includes the estimated out-of-pocket medical expenses (e.g. wheelchair, walker, ramp, vision impaired expenses, etc.) of the participant for the anticipated next 12-month period. If not available, then provide medical expenses for the past 12-month period. Expenses do not include amounts covered by insurance or reimbursed to the participant.

By signing below I authorize the release of this information and certify that I am not reimbursed from any source for the amount paid:

Applicant's Signature Date

SECTION BELOW TO BE COMPLETED BY DOCTOR OR OFFICE STAFF

Description of Expenses	Total Out-of-Pocket Amount Paid by Participant	
	Anticipated 12 Mo.	(OR) Last Actual 12 Mo.

The information is provided by:

Name (print) Signature Date

Title Name of Business Phone Number

Address City State Zip

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Client Service Plan & Tracker for COC

Client Name: _____ Date of Assessment: _____

(Please check type of Assessment)

Initial Assessment
 Annual Assessment
 Update

1. **Summary.** Client's current status: _____

If Annual / Update: Were previous objectives/goals achieved? ___Yes ___Partially ___No ___N/A

2. Identify Client's Current Needs (for each need below, indicate if your agency will address or if need will be referred to another entity)	Need	Agency to Address	Refer Out	Comments
Housing assistance				
Services Needed - COC Eligible				
a) Assistance with moving costs				
b) Case management <ul style="list-style-type: none"> • Counseling • Developing, securing & coordinating services • Obtaining federal, state, and local benefits • Monitoring and evaluating client progress • Ongoing risk assessment, Safety planning with DV • Developing Housing & Service Plan 				
c) Child care				
d) Education services				
e) Employment assistance & job training				
f) Food				
g) Housing search <ul style="list-style-type: none"> • Assistance to locate, obtain & retain housing • Tenant counseling, understanding leases, arranging utilities & moving • Mediation with landlords • Credit counseling & accessing free credit report • Rental application fees 				
h) Legal services <ul style="list-style-type: none"> • Child support • Guardianship • Paternity • Emancipation • Legal separation • Orders of protection • Civil remedies for victims of DV • Appeal of veteran and public benefit claim denials • Landlord – tenant disputes • Resolution of outstanding criminal warrants 				

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

KHC Form HCA-180 (Rev. 3/17)



Client Service Plan & Tracker for COC

(Cont.) Identify Client Service Needs	Need	Agency to Address	Refer out	Comments
i) Life skills training <ul style="list-style-type: none"> • budgeting of resources • Money management • Household management • Conflict Management • Shopping for food and other items • Nutrition • How to use public transportation • Parenting training 				
j) Mental health services				
k) Outpatient health services				
l) Substance abuse treatment services				
m) Transportation				
n) Utility deposits				
Other Services Needed – Not COC Eligible, Please be Specific.				
(Needs that are not COC eligible, may be paid with from Homeless Matching Funds)				
o)				
p)				
q)				

3. List Goals / Objectives to address needs that has been identified	To be completed by		
	Date	Caseworker √	Client √
a)			
b)			
c)			
d)			
e)			

4. List referrals given
a)
b)
c)

Client signature: _____ Date: _____

Case Manager: _____ Date: _____

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Rent Reasonableness Checklist and Certification - CoC Leasing

24 CFR 578.49 (1) Leasing structures. When grants are used to pay rent for all or part of a structure or structures, the rent paid must be reasonable in relation to rents being charged in the area for comparable space. In addition, the rent paid may not exceed rents currently being charged by the same owner for comparable unassisted space.

24 CFR 578.49 (2) Leasing individual units. When grants are used to pay rent for individual housing units, the rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services. In addition, the rents may not exceed rents currently being charged for comparable units, and the rent paid may not exceed HUD-determined fair market rents.

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction				
Housing Condition				
Location/ Accessibility				
Amenities Unit: Site: Neighborhood:				
Year of Construction				
Which Utilities are Provided by the Owner (type-Gas, Electric, etc.)				
Unit Rent				
Utility Allowance				
Gross Rent				
Handicap Accessible?				
Most Recent Rent Charged For Proposed Unit		Reason For Change:		

CERTIFICATION: Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit _____ **IS** _____ **IS NOT** reasonable.

The rent paid on this unit cannot exceed the HUD-determined Fair Market Rent (FMR) of _____.

Name: _____ Signature: _____ Date: _____

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Rent Reasonableness Checklist and Certification - CoC Leasing

24 CFR 578.49 (1) Leasing structures. When grants are used to pay rent for all or part of a structure or structures, the rent paid must be reasonable in relation to rents being charged in the area for comparable space. In addition, the rent paid may not exceed rents currently being charged by the same owner for comparable unassisted space.

24 CFR 578.49 (2) Leasing individual units. When grants are used to pay rent for individual housing units, the rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services. In addition, the rents may not exceed rents currently being charged for comparable units, and the rent paid may not exceed HUD-determined fair market rents.

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address	<i>123 Main St. Frankfort, Ky 40601</i>	<i>789 Elm St. Frankfort, Ky 40601</i>	<i>456 Oak St. Frankfort, Ky 40601</i>	<i>123 Maple St. Frankfort, Ky 40601</i>
Number of Bedrooms	2	2	2	2
Square Feet	950	900	925	975
Type of Unit/Construction	<i>Apt./Garden</i>	<i>Apt./Garden</i>	<i>Apt./Garden</i>	<i>Apt./Garden</i>
Housing Condition	<i>Good (recently renovated)</i>	<i>Good (well maintained)</i>	<i>Fair (needs repair)</i>	<i>Fair (needs repair)</i>
Location/ Accessibility	<i>Downtown</i>	<i>Downtown</i>	<i>Downtown</i>	<i>Downtown</i>
Amenities	<i>Washer/Dryer Dishwasher</i>	<i>Washer/Dryer Deck</i>	<i>Washer/Dryer Dishwasher</i>	<i>Dishwasher</i>
Unit:				<i>Security Cameras Elevator</i>
Site:	<i>Playground Covered Parking</i>	<i>Reserved Parking Spaces</i>	<i>Property Mgt. Company/ On-site Maintenance</i>	<i>Laundry Facilities</i>
Neighborhood:	<i>Public Transportation/Grocery</i>	<i>Bus Stop at Property</i>	<i>Park & Playground</i>	<i>Bus Stop at Property Nearby Shopping</i>
Year of Construction	1994	1999	1984	1979
Which Utilities are Provided by the Owner (type-Gas, Electric, etc.)	<i>All</i>	<i>Electric</i>	<i>Gas Electric</i>	<i>All</i>
Unit Rent	725	675	650	725
Utility Allowance	0	43	53	0
Gross Rent	725	718	703	725
Handicap Accessible?	Yes	Yes	Yes	Yes
Most Recent Rent Charged For Proposed Unit	650	Reason For Change: completely renovated, updated appliances		

CERTIFICATION: Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit X IS _____ IS NOT reasonable.

The rent paid on this unit cannot exceed the HUD-determined Fair Market Rent (FMR) of \$732 .

Name: _____ Signature: _____ Date: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Rent Reasonableness Checklist and Certification - CoC Rental Assistance

24 CFR 578.51 (g) HUD will only provide rental assistance for a unit if the rent is reasonable. The recipient or subrecipient must determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units.

	Proposed Unit	Unit #1 (if possible, same owner as proposed unit)	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction				
Housing Condition				
Location/ Accessibility				
Amenities				
Unit:				
Site:				
Neighborhood:				
Year of Construction				
Which Utilities are provide by the Owner (type-Gas, Electric, etc.)				
Unit Rent				
Utility Allowance				
Gross Rent				
Handicap Accessible?				
Most Recent Rent Charged For Proposed Unit		Reason For Change:		

CERTIFICATION: Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit _____ IS _____ IS NOT reasonable.

Does rent charged for this unit exceed rents charged by the same owner for comparable units? ___YES ___ NO

Name: _____ Signature: _____ Date: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Rent Reasonableness Checklist and Certification - CoC Rental Assistance

24 CFR 578.51 (g) HUD will only provide rental assistance for a unit if the rent is reasonable. The recipient or subrecipient must determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units.

	Proposed Unit	Unit #1 (if possible, same owner as proposed unit)	Unit #2	Unit #3
Address	123 Main St. Frankfort, Ky 40601	124 Main St. Frankfort, Ky 40601	456 Oak St. Frankfort, Ky 40601	123 Maple St. Frankfort, Ky 40601
Number of Bedrooms	2	2	2	2
Square Feet	950	950	925	975
Type of Unit/Construction	Apt./Garden	Apt./Garden	Apt./Garden	Apt./Garden
Housing Condition	Good (recently renovated)	Good (recently renovated)	Fair (needs repair)	Fair (needs repair)
Location/ Accessibility	Downtown	Downtown	Downtown	Downtown
Amenities	Washer/Dryer Dishwasher	Washer/Dryer Dishwasher	Washer/Dryer Dishwasher	Dishwasher
Unit:				Security Cameras Elevator
Site:	Playground Covered Parking	Playground Covered Parking	Property Mgt. Company/ On-site Maintenance	Laundry Facilities
Neighborhood:	Public Transportation/Grocery	Public Transportation/Grocery	Park & Playground	Bus Stop at Property Nearby Shopping
Year of Construction	1994	1994	1984	1979
Which Utilities are provide by the Owner (type-Gas, Electric, etc.)	All	All	Gas/Electric	All
Unit Rent	725	725	650	750
Utility Allowance	0	0	53	0
Gross Rent	725	725	703	750
Handicap Accessible?	Yes	Yes	Yes	Yes
Most Recent Rent Charged For Proposed Unit	725	Reason For Change: N/A		

CERTIFICATION: Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit X IS IS NOT reasonable.

Does rent charged for this unit exceed rents charged by the same owner for comparable units? YES X NO

Name: _____ Signature: _____ Date: _____

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.



Instructions for Completing the Rent Reasonableness Checklist and Certification

Ensure the applicable rent reasonableness checklist is completed for the type of assistance provided for the unit. The selection of comparables may require the review of similar units owned by the same person/entity who owns the proposed unit. It is recommended that the unit selection be a reasonable reflection of the market to determine rent reasonableness. For example, the selection of three units within the same complex will not demonstrate an accurate comparative market analysis. When completing the form, focus considerations on the factors that affect rent rather than trying to measure against the arbitrary standard of average rents. The person conducting the rent reasonableness should provide sufficient information about the evaluation process so that a supervisor or monitor can understand how the comparables were used to determine the appropriate rent for the program units.

Address: Identify the address of the proposed unit as well as the addresses of the comparable units.

Number of Bedrooms: Identify the number of bedrooms of each unit. Comparable units should have the same number of bedrooms as the proposed unit. In some cases, it may be difficult to identify units that match the location, building type and number of bedrooms. In such cases, the reviewer may need to review units that (a) have the same number of bedrooms and building type but in a broader geographic range, or (b) have the same number of bedrooms and are in the same geographic location but are in other types of buildings. These cases should be rare and documentation should support these exceptions.

Square Feet: Identify the square footage of the living area in the units.

Type of Unit/Construction: Identify the unit type by selecting one of the following: apartment (garden 1-4 stories, mid-rise 5-8 stories, or high-rise 9+ stories), townhouse, duplex, single family house, or other (e.g. mobile home, etc.).

Housing Condition: Describe the condition or quality of the units. Considerations when making this determination may include: newly constructed, completely renovated, partially renovated, no renovation since construction, well maintained, repairs needed soon, minor maintenance required, etc.

Location: Identify the location of the units. Are the comparable units close in proximity or in different geographic areas? Descriptions may include: downtown, rural, the specific name of a neighborhood, etc.

Amenities: Identify amenities provided by the owner. Descriptions may include: central A/C vs. window A/C units, washer/dryer connections, washer/dryer, dishwasher, garbage disposal, balcony, patio, etc. If applicable, identify site amenities. Descriptions may include: playground, covered parking, reserved parking spaces, on-site property management staff, on-site maintenance, security guards, security cameras, laundry facilities, elevator, etc. Identify neighborhood/area amenities. Descriptions may include: nearby shopping, public transportation, park, grocery, walking trail, hospital, etc.

Year of Construction: Identify the year the unit was built: 1978, 2000, 1934, etc.

KHC Instructions for Calculating Utility Allowance

1. Obtain a current Utility Allowance Chart from the appropriate Public Housing Authority (PHA) for the area in which the unit is located. For counties in which KHC is the Section 8 administrator, KHC Utility Allowance Charts will be used. These can be found on the KHC website under Program Compliance. For counties where KHC is not the Section 8 administrator, contact your local PHA to obtain the current year's utility allowance. Utility allowances are updated on an annual basis; please check the date at the top of the utility allowance chart to ensure you are using the current year's numbers.
2. Determine the utilities the client is responsible for and the fuel source for heating, cooking, and water heating (e.g. gas, electric, propane, etc.). Also determine whether the refrigerator and stove are supplied by the landlord (see # 10 below).
3. Determine the category of housing for the unit in question. If the client is responsible for paying heating costs, locate the correct heat/air utility category for the category of house, and select the correct fuel source under the correct bedroom size column and circle the number.
4. If the unit has access to air conditioning, you will always include the air conditioning allowance whether it is a window air conditioner or central air; circle the air conditioning number under the correct bedroom size column.
5. If the client is responsible for paying cooking costs, locate the correct fuel source for cooking and circle the number that corresponds to the correct bedroom size of the unit.
6. If the client is responsible for paying water heating costs, locate the correct fuel source and bedroom size for water heating and circle that number.
7. If the client is responsible for the electric bill, always include the category of other electric. This amount covers the lights and other items that get plugged into electric sockets (including the electricity that runs the refrigerator and stove).
8. If the client is responsible for paying the water and sewer bill, circle those numbers for the correct bedroom size of the unit.
9. If the client is responsible for paying for garbage pickup, circle the number for the correct bedroom size of the unit.
10. Range and refrigerator categories will only be circled if the tenant is responsible for providing their own refrigerator or stove appliance, these categories are not for the utilities to run these appliances. That is covered under other electric.
11. Do not include other appliances which are not specified on the applicable PHA's utility allowance chart (e.g. washer and dryer, etc.).
12. Now you are ready to calculate. Looking over your form you should have circles all in one column which corresponds to the number of bedrooms of the unit. Add all the numbers you have circled to calculate the utility allowance amount.

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that _____ is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under _____, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under _____, you may not be denied assistance, terminated from participation, or be evicted from your rental housing

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under _____ solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for

documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with _____
or _____.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact _____
_____.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact _____.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact

Victims of stalking seeking help may contact _____.

Attachment: Certification form HUD-5382 **[form approved for this program to be included]**

**Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence,
Sexual Assault, or Stalking**

Emergency Transfers

_____ (acronym HP for purposes of this model plan) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),¹ HP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of HP to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model

¹ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that _____ is in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify HP's management office and submit a written request for a transfer to _____. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR

2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HP will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you 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 you have 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.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**EMERGENCY TRANSFER
REQUEST FOR CERTAIN
VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.

If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

(2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____

2. Your name (if different from victim's) _____

3. Name(s) of other family member(s) listed on the lease: _____

4. Name(s) of other family member(s) who would transfer with the victim: _____

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim: _____

7. Name of the accused perpetrator (if known and can be safely disclosed): _____

8. Relationship of the accused perpetrator to the victim: _____

9. Date(s), Time(s) and location(s) of incident(s): _____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

HUD Publishes New Proposed Rule Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs

On April 1, 2015, the Department of Housing and Urban Development issued a **proposed rule** amending HUD's regulations to fully implement the requirements of the Violence Against Women Act (VAWA) as reauthorized in 2013 under the Violence Against Women Reauthorization Act of 2013 (VAWA 2013). VAWA 2013 provides enhanced statutory protections for victims of domestic violence, dating violence, sexual assault, and stalking. VAWA 2013 also expands VAWA protections to HUD programs beyond HUD's public housing and Section 8 programs, which were covered by the reauthorization of VAWA in 2005 (VAWA 2005). In addition to proposing regulatory amendments to fully implement VAWA 2013, HUD has also created two documents concerning tenant protections required by VAWA 2013 – a notice of occupancy rights and an emergency transfer plan.

Sample Forms Overview

Use of *sample* documents in the format provided is not required; however, the documents contain the minimum information necessary and may be referenced for development of agency forms.

General Authorization to Release

This form gives the agency authorization to verify the applicant's or client's information.

Client File Checklist

This checklist serves to ensure that all the necessary paperwork has been completed and required document has been obtained. You may use the Client File Checklist available in this toolkit or the [Word document file of the Client File Checklist](#) is available at the HCA Help Desk to allow creation of a personalized client file checklist.

Personnel Activity Report (PAR)

The sample PAR documents provide examples of an acceptable PAR, an incorrect PAR, a list identifying deficiencies in the incorrect sample, and guidance for developing and completing PARs at your agency. Agencies should use the sample and guidance provided to ensure that the PAR developed at the agency level contains all required information and is completed correctly. You may use the PAR available in this toolkit or the [Word document file of the Personnel Activity Report \(PAR\)](#) is also available at the HCA Help Desk to allow creation of your own PAR.

Authorization to Release and Consent

Agency Name: _____

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income and assets, medical or child care allowances, expenses and cost of services. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation in a Kentucky Housing Corporation (KHC) and or United States Department of Housing and Urban Development (HUD) funded program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and present employers	Welfare agencies	Veterans Administration
Past, present, future landlords	Past, present, future utility providers	Retirement /Pension systems
Public Housing Agencies	Social Security Administration	Banks/other financial institutions
Child support providers	Medical providers	Mental health providers
Child care providers	Alimony providers	Service vendors
State unemployment agencies	Legal service providers	Credit repair providers
Other benefit providers public/private		

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

The undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, assets, expenses and/or cost of services provided to:

SIGNATURES

_____ Applicant/Resident	_____ Print Name	_____ Date
_____ Co-Applicant/Resident	_____ Print Name	_____ Date
_____ Co-Applicant/Resident	_____ Print Name	_____ Date
_____ Other Adult Household Member	_____ Print Name	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

KHC Form HCA-139 (Rev. 03_17)



CoC Client File Checklist

✓ or N/A	<i>Required Documents in Client File</i>	<i>Comments (i.e. date placed in client file, etc.)</i>
	Client intake information	
	Client application	
	Homeless Eligibility verification (3 rd party, intake worker, self-certification)	
	Disability Eligibility verification	
	Income Verifications <input type="checkbox"/> Zero income if household reporting no income <input type="checkbox"/> Employment <input type="checkbox"/> Informal support <input type="checkbox"/> Child support <input type="checkbox"/> Benefits/pension <input type="checkbox"/> Assets <input type="checkbox"/> Banking (checking, savings, etc.)	
	Expense Verifications <input type="checkbox"/> Medical expenses <input type="checkbox"/> Child Care expenses <input type="checkbox"/> Disability expenses	
	Income/Rent Calculation Worksheet	
	Utility Allowance Chart	
	Rent Reasonableness Comparison	
	Release of Confidential Information	
	KYHMIS Release of Information	
	HQS Inspection	
	Environmental Review	
	Client Service Plan	
	Client Lease Agreement with landlord	
	Client Occupancy Agreement with housing agency	
	Client Case Notes	
	Receipt of Required Documents	
	Annual Recertification <input type="checkbox"/> Annual Assessment of Services <input type="checkbox"/> Income/Rent Calculation Worksheet <input type="checkbox"/> Utility Allowance Chart <input type="checkbox"/> Rent Reasonableness Comparison <input type="checkbox"/> HQS Inspection <input type="checkbox"/> Authorization to Release and Consent <input type="checkbox"/> KYHMIS Release of Information <input type="checkbox"/> Client Renewal Lease Agreement with landlord <input type="checkbox"/> Client Occupancy Agreement with housing agency	

***5 year retention required by HUD on all grant files**

(Rev. 12/14)



Agency Name: West Sixth Client Services
 Employee Name: Jimbo Jefferson
 Date: 22-Dec-14

Category	Eligible Activity	Detail	Client(s)	Time Spent	Grant
HMIS	Data Entry	Entering new client information into HMIS	PQ	1	COC PH
HMIS	Data Entry	Entering client exit information into HMIS	BB	1	ESG
Leasing	Leasing Administration	Completing rent reasonableness comparison for client proposed unit	DM	1	COC PH
Supportive Services	Life Skills	Conducted budgeting and nutrition training session with 3 permanent housing clients	DM, L, RAC	1	COC PH
Supportive Services	Case Management	Securing services, assisting client with completion of KTAP application	DM	0.5	COC PH
Street Outreach	Engagement	Delivering meals and blankets to Smithton in front city	JB, JH	1	ESG
Agency task	N/A	Covering phones	N/A	0.5	General
Prevention Rapid Rehousing	Case Management	Initial Evaluation	JD	1	ESG
Leave Time	Vacation	N/A	N/A	1	
Total Hours worked:				8	

Hours per source:

COC PH:	3.5	General:	0.5	Holiday:	
ESG:	3	CSBG:		Vacation	1
HOPWA:		Food Bank:		Sick:	

Employee Signature: Jimbo Jefferson Date: 12/22/2014

Supervisor Signature: Ambet Alebac Date: 12/22/2014

Personnel Activity Reports

An **acceptable** PAR will meet the following criteria:

- ✓ Reflects an after-the-fact determination of the actual activity of the employee.
- ✓ Accounts for the total activity for which the employee is compensated (accounts for the full work day/ work week)
- ✓ Is signed by the employee and a responsible supervisory employee who has firsthand knowledge of the employee's activities
- ✓ Is completed and signed each pay period
- ✓ Is supported by records indicating the total number of hours worked each day
- ✓ If used for meeting match, is completed in the same manner as salaries and wages claimed for reimbursement from the grant
- ✓ Lists the category, the eligible activity, the total time spent on the activity, the grant the activity was conducted for, the client for whom the task was being conducted (if applicable) and adequate details describing the activity

PARS must be reflective of the actual time billed to the grant, therefore the hours reported on the PAR for the grant multiplied by the hourly rate of pay plus fringe should be the equivalent of funds requested from the grant.

Frequent mistakes made on PARS include the following:

- Not reporting the full work day
- Failure to designate the applicable grant
- Bundling clients and/or activities into unclearly designated categories
- Failure to identify an eligible client
- Reporting activities conducted for one funding source to a different funding source
- Designating an activity to an incorrect category
- Reporting holiday's and other paid time off in full for the same time reported as worked
- Not obtaining required signatures
- Not reporting and/or prorating holiday, vacation, or sick leave time

Employee Name: Jimbo Jefferson

Date: 24-Dec-13

Category	Eligible Activity	Detail	Client(s)	Time Spent	Grant
HMIS	Data Entry	Entering and exiting clients into HMIS	PQ, BB, BO	1	#1 COC PH/ ESG
Leasing	Leasing Administration	Completing rent reasonableness comparison	#2	1	COC PH
Supportive Services	Life Skills	#3 Budgeting and nutrition training session with 2 ESG client and 3 COC clients	DOM, KL, RAC, PP, JC	1.5	#3 COC PH
Supportive Services	Case Management	Securing services, assisting client with completion of KTAP application	DM	1	COC PH
Street Outreach	#4 Shelter	Delivering meals and blankets to Smithtown tent	JB, JH	2	ESG
Agency task	N/A	Covering phones and front desk	N/A	1.5	#5 COC PH
Holiday	N/A	Christmas Eve Agency Holiday	N/A	#6 8	#7 ESG
			Total Hours worked:	8	
Hours per source:	#8				
COC PH:		General:		Holiday:	
ESG:		CSBG:		Annual:	
HOPWA:		Food Bank:		Sick:	

Signature: Jimbo Jefferson

Date: #9

Signature: #10

Date: #10

Incorrect PAR Deficiencies

1. Data was entered in HMIS for 3 clients. There is no differentiation of which program each client was enrolled in, and two grants are listed in the grant space. With this method there is no way to determine how much time should be charged to each of the grants.
2. An eligible client is not identified.
3. A total of 5 clients (2 ESG and 3 COC) were provided a budgeting and nutrition training session. The entire training session was charged to COC PH.
4. Time is labeled under an incorrect budget category (street outreach labeled as shelter activity).
5. Time spent on general agency duties is designated to the COC grant.
6. Leave time is reported for hours also reported as worked.
7. Leave time is not prorated to all applicable funding sources, but rather reported to one funding source.
8. Hours per funding source are not totaled.
9. The PAR is not dated by the employee.
10. The supervisor did not sign or date the PAR.

Required Agency Policies

Agencies utilizing CoC program funds are required to maintain written policies and procedures by which to consistently administer the CoC grant. The following individual agency policies and procedures must be established and maintained in the agency's program policies and procedures:

<u>Required Policy</u>	<u>CFR Reference</u>
• Termination of Assistance	24 CFR 578.91
• Conflict of Interest	24 CFR 578.95
• Grievance Policy	24 CFR 966.50
• Nondiscrimination and Equal Opportunity	24 CFR 578.93
• Notification of Rights to Fair Housing	Title VIII of the Civil Rights Act of 1968
• Board Representation of Homeless Clients	24 CFR 578.75
• Faith-based Activities	24 CFR 578.87
• Affirmatively Furthering Fair Housing	24 CFR 578.93
• Other federal requirements	24 CFR 578.99
• Procurement	24 CFR Part 85 & Part 84
• Financial Policies and Procedures	24 CFR Part 85 & Part 84
• Drug Free Work Place	24 CFR Part 85 & Part 84
• Minority Business Enterprise/Women Business Enterprise	24 CFR Part 85 & Part 84
• VAWA Policies: Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs, 24 CFR 5.2001 to 5.2011 and 24 CFR 576 as amended by VAWA.	

KHC Grant Agreement Reference

• Conflict of Interest	Section 4.2.3
• Personal Privacy Protection	Section 4.2.4
• Equal Access Regardless of Sexual Orientation or Gender Identity	Section 4.2.5
• Compliance with Federal Laws	Section 4.2.6
• Program Compliance	Section 4.2.7
• Limited English Proficiency	Section 6.1.10

CoC Application Guidelines

Application: The application for assistance may contain all the information needed on one form or on several forms (i.e. an application packet). It is at the discretion of the sub-recipient agency to determine if additional information is required by their agency's program guidelines in addition to the minimum information listed below.

Handwritten applications should be completed and signed by the applicant, in the applicant's own handwriting. If the client requests assistance with completion of the application it is permissible to assist them, however, this should be rare and should be noted at the top of the application. Electronic applications must be signed by the applicant.

Applicant information to request: At a minimum the following information should be obtained at the time the applicant applies for assistance. The sub recipient agency may require additional information based on the agency's administration of the COC program.

Client name, current address (if applicable), phone number (if applicable)

Social security number and identification for all household members (driver's license, social security cards, and/or birth certificates, etc.)

List all household members (including head of household) and dates of birth

Type of assistance being sought

Determination if other assistance is being received

Household income source and amount

Identify household out-of-pocket expenses, if charging rent or occupancy charge; e.g. child care expense, medical expense, etc.

Program required eligibility status; e.g. disability status

Reasonable accommodation needs if a disability exists

Agency additional screening procedures; e.g. criminal background, sex offender status; etc.

Client signature and date

Required HMIS information

Client conflict of interest questions

CoC Helpful Resources and Links

24 CFR Part 578 - CoC Interim Rule Federal Regulations: <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=9aad749cffb99f800dfa3f96d3057e4c&ty=HTML&h=L&r=PART&n=24y3.1.1.3.9>

24 CFR 84.21 Financial Management Systems Required

Standards: <http://www.gpo.gov/fdsys/pkg/CFR-2012-title24-vol1/xml/CFR-2012-title24-vol1-sec84-21.xml>

OMB Circulars – NOW 2 CFR 200:

<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=e9d04b6379450bca991cbebf947507e6&n=pt2.1.200&r=PART&ty=HTML>

Homeless Eligibility

Rule: https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_finalRule.pdf

CoC Information Page: <https://www.hudexchange.info/coc/>

CoC FAQs: <https://www.hudexchange.info/coc/faqs/>

24 CFR Part 582 - Shelter Plus Care Federal Regulations <http://www.gpo.gov/fdsys/pkg/CFR-2012-title24-vol3/pdf/CFR-2012-title24-vol3-part582.pdf>

HUD Fair Market Rents: <http://www.huduser.org/portal/datasets/fmr.html>

HUD System Performance Measures Introductory Guide and Additional Resources:

<https://www.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf>

HUD Exchange: <https://www.Hudexchange.info>

HUD HQS Inspection: <http://portal.hud.gov/hudportal/documents/huddoc?id=52580.pdf>

KHC Website: <http://www.kyhousing.org/>

Homeless and Support Services eGram

Subscription: http://visitor.r20.constantcontact.com/manage/optin?v=001nInsvTYVCuBC3pBnUZ82oY_vFyQpOdyCwx0qc_shzeHsWoYTC8Yt_9tvW3SoZT8YHADEMIOvwKTHwk-lxnuZGg%3D%3D

The Lead-Safe Housing

Rule: http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/enforcement/shr

Disclosure of information on lead based

paint: http://www.hud.gov/offices/lead/library/enforcement/lesr_eng.pdf

Income and Rent Calculation: <https://www.hudexchange.info/resources/documents/Notice-CPD-96-03-Tenant-Rent-Calculations-Mckinney-Programs.pdf>

24 CFR 5.609 Annual Income: <http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=24:1.1.1.1.5>

24 CFR 5.611 Adjusted Income: <http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=24:1.1.1.1.5>

VAWA Implementation Rule: <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

For all your technical assistance needs regarding any Housing Contract Administration program, please visit our Help Desk at: <https://kyhmis.zendesk.com/home>.



Housing Contract Administration

Conflict of Interest

December 2016

GUIDELINES

Kentucky Housing Corporation
1231 Louisville Road
Frankfort, KY 40601
(502) 564-7630



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Notice

Kentucky Housing Corporation (KHC) provides this guidance as a resource for conflicts of interest that may arise through the administration of the following federal and state funding sources administered by KHC's Housing Contract Administration Department:

- HOME Single Family Production
- AHTF Single Family Production
- GAP Single Family Production
- HouseWorks Single Family Repairs
- HOME Tenant Based Rental Assistance (HOME TBRA)
- Housing Opportunities for Persons with AIDS (HOPWA)
- Emergency Solutions Grant (ESG)
- Continuum of Care (COC)

To the best of our knowledge, the information in this publication is accurate; however, neither Kentucky Housing Corporation nor its affiliates assume any responsibility or liability for the accuracy or completeness of, or consequences arising from, such information. Changes, typos, and technical inaccuracies will be corrected in subsequent publications. This publication is subject to change without notice. The information and descriptions contained in this guide cannot be copied, disseminated, or distributed without the express written consent of Kentucky Housing Corporation. This document is intended for informational purposes only. This guide addresses conflicts of interest only and is not inclusive of all resources needed to successfully administer a project.

Please contact a KHC technical assistance representative at the [Housing Contract Administration \(HCA\) Help Desk](#) if you have questions or need additional assistance.

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Section I - Conflict of Interest Policy

Kentucky Housing Corporation Conflict of Interest Policy: All recipients are responsible for identifying situations in which a conflict of interest, whether real or perceived, may exist. If a conflict of interest is identified, the agency must request an exemption. Applicants must disclose all real, potential, or perceived conflicts of interest to KHC, regarding the receipt of, assistance provided with, or expenditure of KHC funds. All conflicts of interest must be disclosed and resolved prior to providing KHC assistance.

Types of Conflict of Interest transactions: This list is not all-inclusive.

- **Non-Procurement Conflict of Interest transactions:** In general, all HUD Community Planning and Development Program regulations (HOME, ESG, COC, & HOPWA) prohibit grant-assisted activity benefiting subrecipient agency employees, board members, or relatives of employees and board members.
- **Procurement Conflict of Interest transactions:** In general, 2-CFR 200 prohibits procurement of goods or services from organizations with an organizational or individual conflict of interest.
- **Kentucky Non-Profit Conflict of Interest Transaction:** KRS 273.219 – (1) A conflict of interest transaction is a transaction with the nonprofit corporation in which a director of such corporation has a direct or indirect interest...(2) For the purposes of this section, a director of a nonprofit corporation shall be considered to have an indirect interest in a transaction if: (a) Another entity in which he has a material financial interest or in which he is a general partner is a party to the transaction; or (b) Another entity of which he is a director, officer, or trustee is a party to the transaction and the transaction is or should be considered by the board of directors of the corporation.

Due Diligence Documentation: The recipient agency should obtain and maintain evidence that the following groups have been asked to identify potential conflicts of interests:

- Employees/volunteers – Employees and volunteers should be asked if they are:
 - Related to applicants and/or clients
 - Related to contractors, vendors, and landlords
- Board members – Board members should be asked if they are:
 - Related to applicants and/or clients
 - Related to contractors, vendors, and landlords
- Contractors/Vendors (including landlords) – Contractors, vendors, and landlords should be asked if they are:
 - Related to employees and/or board members
 - Related to the applicant and/or client being assisted*
- Applicants/Clients – Applicants and clients should be asked if they are:
 - An employee or related to an employee
 - A board member or related to a board member

Section II – Conflict of Interest Procedures

Step 1: Determine if a *potential* conflict of interest exist

Potential conflicts of interest may arise from many situations. Use the decision tree located at the end of this publication to determine if the situation is or has the appearance of a potential conflict of interest. Some common examples of potential conflicts of interest are, but not limited to:

- A client presents for assistance and/or services and this client is related to someone who works at the agency or who is a board member of the agency
- A vendor or contractor hired by the agency is related to someone who works at the agency or who is a board member of the agency
- A landlord for an assisted unit is related to someone who works at the agency or who is a board member of the agency
- A board member works for a company that has been hired to perform work for the agency
- A landlord for an assisted unit is related to the client being assisted*
- An affiliated, subsidiary, or related agency is receiving or being paid with grant funds for a product or service
- A volunteer or employee at the agency applies for assistance
- A family member of a volunteer or employee applies for assistance
- A vendor or contractor used by the agency for grant related expenditures is asked to donate money, goods, or services to an agency fund-raising event

It is the subrecipient agency's responsibility to identify, disclose, and document potential conflicts of interest. Not doing so can result in findings; frozen, forfeiture or repayment of funds; suspension, debarment, and potential prosecution. Conflicts of interest are situations and not allegations. Even the appearance of a conflict is a potential conflict of interest. If you have questions on whether something constitutes a conflict of interest, you must contact KHC prior to the transaction.

Step 2: Notify KHC

Send written communication through the [HCA Helpdesk](#) indicating you have a potential conflict of interest. A technical assistance representative will assist you through the rest of the process.

Step 3: Complete & submit a waiver request

Your technical assistance representative will email you a link to access the Online Project Modification/Waiver Request form. You will complete the form and attach/upload the following documents and then submit the request:

- A. A written narrative that includes specific information about the potential conflict of interest transaction and any information you have relevant to whether it is, or is not an actual conflict of interest.
- B. A letter from the agency's legal counsel stating that there are no laws, statutes, or local ordinances which would be violated, should an exception be granted.
- C. Evidence of public disclosure of the potential conflict of interest. Example: A copy of the newspaper advertisement with the dates of publication, or a copy of minutes from a board of director's meeting (that is open to the public) in which the potential conflict of interest was disclosed and discussed.

PLEASE NOTE: Submission of a waiver request does not authorize a subrecipient agency to engage in any activity related to the transaction that involves the potential conflict of interest. A waiver or exception is not granted until the subrecipient agency receives such determination in writing.

Step 4: Decision

Upon receipt of the waiver request documentation, KHC will submit the request to the federal agency (e.g. HUD) for consideration, except when the conflict involves state funds, in which case, KHC legal counsel will consider those requests. With federal funding, the federal agency determines whether the threshold requirements are met and whether the circumstances fall within the exception criteria permitted by the regulations. KHC and/or the federal agency may request additional information, if necessary. The subrecipient agency will receive a decision in writing. Until the written decision is received, the subrecipient agency is not authorized to engage in any activity related to the transaction.

* HOPWA allows for a possible exception to the potential conflict of interest created between a landlord and the assisted client by means of a "reasonable accommodation." For more information please see the [HOPWA rule](#).

Section III – Resources

Conflict of Interest Definitions

Employee: For the purpose of conflict of interest, the term employee includes both paid and unpaid (volunteers), as well as those persons paid on a contract basis, and those persons acting as agent or consultant.

Exception: The mechanism by which HUD waives the conflict of interest provisions.

Family ties (i.e., what does “related to” encompass?): The spouse, parent, child, brother, sister, grandparent, grandchild, including steps, and in-laws; and any person cohabitating with a covered person, as well as any immediate family member related by blood, marriage, or adoption, but not distant relations such as cousins, aunts, uncles, who do not reside with the covered person.

Example # 1: A cousin living with the covered person is a potential conflict. A cousin not living with the covered person would not be a potential conflict.

Example # 2: A brother or step-brother living with the covered person is a potential conflict. A brother or step-brother not living with the covered person is still a potential conflict.

Individual Conflict of Interest: An employee, agent, consultant, officer, elected official, or appointed official of the sub-grantee or subrecipient:

1. Who exercises or has exercised any function, or responsibility with respect to activities assisted under the funded program, *or*
2. Who is in a position to participate in a decision making process, *or*
3. Who gains inside information with regard to activities assisted under the program...

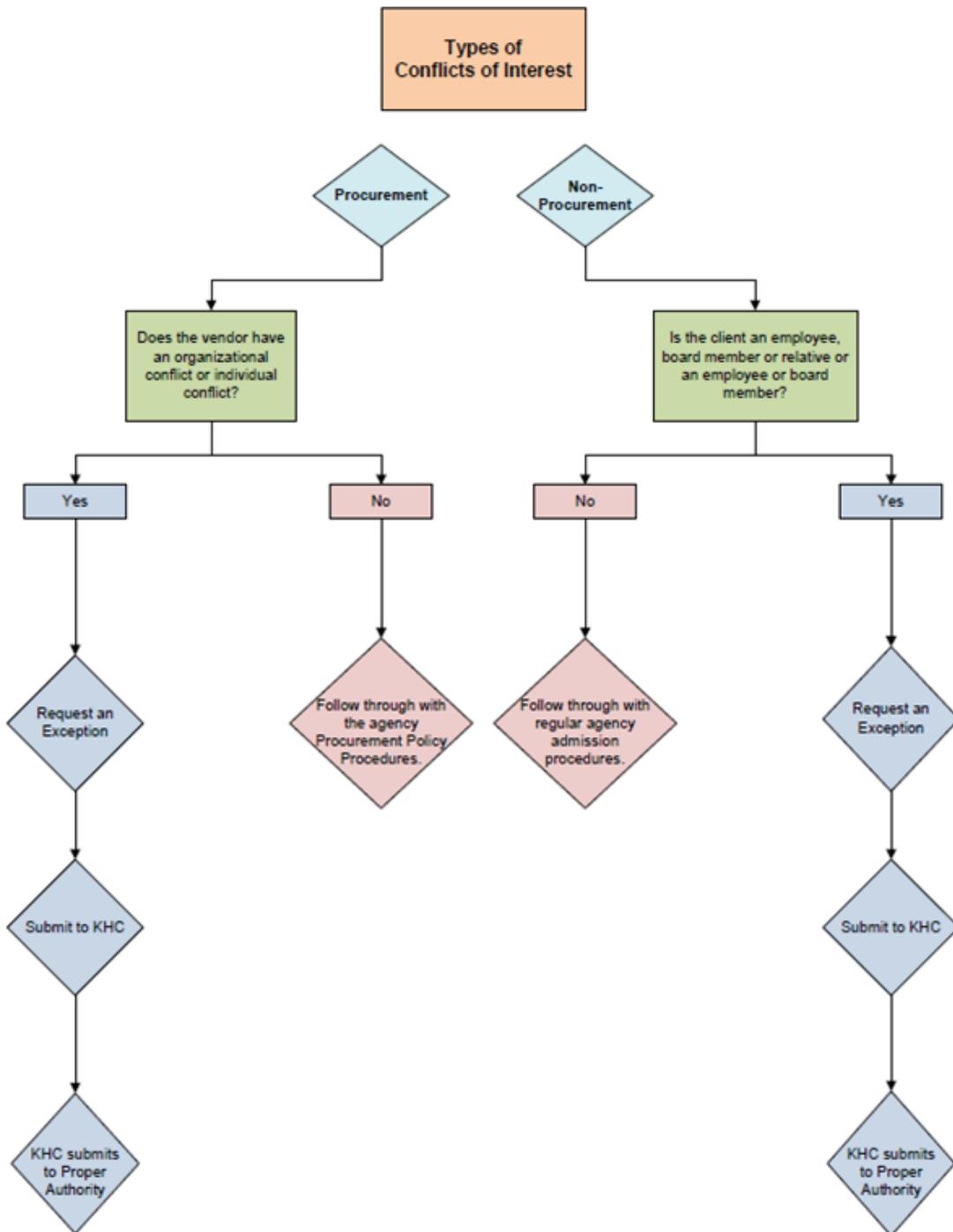
...For either him or herself, or for those with whom he or she has family or business ties, during his or her tenure or during the one-year period following his or her tenure.

Non-Procurement: Transactions that do not involve the procurement of goods, or services.

Organizational Conflict of Interest: Because of relationships with a parent company, affiliate, or subsidiary organization, the recipient/subrecipient entity is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization.

Procurement: Procurement is the process of obtaining any property (purchase or lease), supplies, equipment or services. Some common services include employment, construction, engineering or architecture services, legal services, accounting services, etc.

Vendor: Any person or company you purchase goods or services from, including goods or services purchased on behalf of clients. Some examples are: a building contractor, a landlord, an office supply store, a consultant, a Certified Public Accountant, etc.



Homeless Management Information System (HMIS) Overview

The documents in this category provide links, guidance, and instruction to assist agencies in meeting the Kentucky Homeless Management Information System (KYHMIS) requirements.

- [KYHMIS Privacy Notice](#)
- [Release of Information](#)
- [KYHMIS Participation Agreement](#)
- [CoC Data Collection Forms](#)
- [KYHMIS Agency-Related Forms](#)
- [KYHMIS Training Videos](#)