



# **Kentucky Housing Corporation**

## **Emergency Solutions Grant Program Toolkit**

**March 2017**

ESG 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 119, Form 139, Form 173, Sample Correct PAR, Sample ESG Prevention/Rapid Rehousing Client File Checklist, and ESG Helpful Links.	Details on changed forms are outlined below. HMIS documents are now links to the most current versions of each form. Also in this version, all forms in the toolkit are now PDF fillable forms.
6/2015	Updated Copyright Information	Copyright updated to cover dissemination language.
3/2017	Forms changed: Form 139, 158, 171, ESG Line Item Detail, HUD Form 5380, HUD Form 5381, HUD Form 5382, HUD Form HUD Form 5383, Sample ESG Prevention/Rapid Rehousing Client File Checklist, Conflict of Interest Guidelines, ESG Helpful Links	Original.

**ESG Toolkit Cover Page:** The updated KHC logo was inserted.

**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.

**Form 119 At Risk of Homeless Checklist:**

- The format of the form was modified so that name of the form, form number, and fair housing logo are within the page margins when printed.  
*The content of the form was not modified; therefore the revision date on the bottom of the form remained the same.*

**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 171 Rental Assistance Agreement for ESG**

- Removed Security Deposits as type of assistance provided.

**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

## **Removed ESG Line Item Detail.**

### **SAMPLE Correct PAR:**

- The dated signature was corrected from 2013 to 2014.

### **SAMPLE ESG Prevention/Rapid Rehousing Client File Checklist:**

- Security Deposit was added to the Housing Relocation and Stabilization Services list.
- The words “Does not apply to just case management or to the previous unit when paying arrears” were removed from the Habitability Inspection line item.
- Added security deposits Copy of Lease – required when paying. rearranged wording under Housing relocation to align with budget, updated other wording and spacing throughout to make more user friendly

### **Form 173 Lead Screening Worksheet:**

- All references to ESG were removed so the form could also be used for COC projects, if necessary.

### **ESG Helpful Links:**

Updated links from OneCPD to HUDEXchange for the following:

- ✓ ESG Information Page
- ✓ ESG Interim Rule
- ✓ Habitability Inspection Guidance
- ✓ Guidance between Renovation and Maintenance
- ✓ 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 ESG Compliance monitoring tool link

Fair Market Rent limits were also added to the form.

### **Resources:**

Added KHC’s Conflict of Interest Guidelines

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Published in the United States of America by:

Kentucky Housing Corporation  
1231 Louisville Road  
Frankfort, KY 40601

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## Notice

This toolkit serves as a reference for Kentucky Housing Corporation's administration of the Emergency Solutions Grant (ESG). 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 a KHC program representative if you have questions or need additional assistance with materials within this toolkit.

Revision Date: March 2017

## **Basic ESG Overview**

***\*Refer to 24 CFR 576 for all eligible costs and requirements.***

The ESG Program provides funds for a wide range of housing, social services, program planning, and development costs.

24 CFR 576.100 – 576.108 describes the six program components for which ESG funds may be used and the eligible activities for each. Following is a brief description of these components and activities.

- **Street Outreach** is intended to provide essential services to homeless clients who are unsheltered. Eligible costs for the Street Outreach component include engagement, case management, emergency health services, emergency mental health services, transportation and services for special populations.
- **Emergency Shelter** provides funds to renovate and operate the physical structure of an emergency shelter as well as the cost of providing essential services to individuals housed in the shelter. Essential services include case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment, transportation and services for special populations.
- **Homelessness Prevention** funds are intended to assist clients facing the possibility of homelessness. Eligible costs for this component include financial assistance for things such as application fees, security deposits, utility deposits, utility payments, and rental assistance; case management services, legal services, housing search and placement services, and credit repair.
- **Rapid Re-housing** funds are intended to rapidly house clients who have become homeless. Eligible costs for this component include financial assistance for things such as application fees, security deposits, utility deposits, utility payments, and rental assistance; case management services, legal services, housing search and placement services, and credit repair.
- **HMIS** funds assist the agency with the costs involved with using and maintaining the Homeless Management Information System (HMIS). Eligible costs under this component include the purchase or lease of hardware, software and equipment, space costs such as rent and utilities, and the salaries and travel expenses for staff to attend HUD trainings.
- **Administrative** funds provide for the general management, oversight and coordination of ESG services and training.

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Release of Information

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KYHMIS Training Videos



## **Required Standard Forms Overview**

The forms in this section are forms standardized by Kentucky Housing Corporation (KHC). When seeking information requested by one of these forms, this form is required to be used.

### **General Forms**

- Receipt of Required Documents: Used to document the client has received copies of the required policies and notices.

### **Homeless Eligibility Documentation**

- Homeless Eligibility Verification Checklist: Guides agency staff in determining the applicant's eligibility through the steps and processes required to document homeless eligibility.
- Homeless Eligibility Documentation: Used to document the required information as identified on the checklist.
- At Risk Checklist: Guides staff in determining the applicant's eligibility through the steps and processes required to document "at risk" eligibility.
- At Risk Eligibility Forms: Used to document the required information as identified on the checklist

### **Income Documentation**

- Income Verification: Used to verify household income of the applicant/client.
- Asset Verification: Used to verify household assets of the applicant/client.
- Expense Verification: These forms are not required to verify income eligibility for ESG, as gross income is used to determine eligibility. However, agencies who have chosen to base rental assistance on adjusted household income, these forms will be used to verify the expenses that can be deducted from gross income to arrive at the adjusted income.

## **Housing Plan**

The Housing Plan documents many required ESG elements. The forms are to be completed in succession. The required elements captured in these forms include:

- Evaluation of housing barriers and client needs
- Goals and steps that will be taken to address barrier and needs
- Referrals and assistance given to clients in obtaining supportive services;
- Ongoing updates to each area listed above during case management sessions
- Plan for client to sustain, retain, or obtain housing once ESG assistance ends, and
- Exit and outcome information

## **Rent Reasonableness and Fair Market Rents**

Rent Reasonableness and Fair Market Rent forms provide instruction to properly complete the rent reasonableness and FMR comparison. An example of a properly completed form and a blank template are provided.

Rent Reasonableness and FMR comparisons are required when a client is assisted with rental assistance and/or rental arrears.

## **Instructions for Calculating Utility Allowance**

This document provides instructions for calculating and determining the utility allowance when a client is responsible for payment of their own utilities. The utility allowance calculation is used in conjunction with the rent reasonableness form. Once a unit is determined to meet the FMR and rent reasonableness requirements, ESG funds may be used to pay for the actual utility costs. The utility allowance calculation is only used to determine if unit meets the FMR standard.

## **Habitability Inspection**

This inspection form is to be used for permanent housing and not a shelter facility. This will be the only version acceptable for KHC ESG projects. It incorporates lead based paint questions that will help the agency to determine if the Lead Screening Worksheets are required to be completed.

Habitability inspections are required for activities listed under both the Prevention and Rapid Rehousing components. The requirement applies when an agency assists a client to remain in or move to a unit. When a client assisted with ESG funds moves from one unit into another unit, the habitability inspection is required on the new unit. For clients already living in a unit and seeking prevention assistance to remain in the unit, a habitability inspection is required prior to receiving ESG assistance. In the event the client's current unit does not pass a habitability inspection, the client may be eligible for assistance in relocating to another unit.

For habitability requirements of a shelter facility please see the resource section of this toolkit for a link to HUD's habitability guidance.

**Lead Screening Worksheets**

Instructions are located at the bottom of each form which prompts the user when additional forms must be completed.

**Rental Assistance Agreement**

If additional information is required, a separate addendum should be attached. The Rental Assistance Agreement form is required whenever ESG funds are used for rental assistance, including arrears.

## Verification of Receipt of Required Documents

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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
<b>The Street Category 1(i)</b>	<b>1 Third Party:</b> <b>a)</b> Documentation from outreach worker on <b>Form 101</b> or on the respective agency's letterhead with ALL of the information from <b>Form 101</b> . Forward <b>Form 101</b> to third-party to use as template to ensure all required information is obtained.		
	<b>b)</b> Written referral from another housing or service provider on <b>Form 102</b> or on agency letterhead with ALL of the information from <b>Form 102</b> . Forward <b>Form 102</b> to third party to use as template to ensure all required information is obtained.		
	<b>c) Oral:</b> Documented statement obtained from third-party when written third-party is not available. <b>Form 103</b> must be completed by agency staff. If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a and 1b were not obtainable.		
	<b>2) Intake Staff Observation:</b> Intake staff observations must be documented on <b>Form 104</b> . If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a and 1b were not obtainable.		
	<b>3) Self Certification:</b> A self certification by the individual seeking assistance must be completed on <b>Form 105</b> . <b>Note: If <u>all</u> criteria in section 2 of <b>Form 105</b> are not applicable to the applicant's situation, this applicant is not eligible under this category.</b> If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a, 1b and 2 were not obtainable.		
	<b>Due Diligence:</b> <b>Form 110</b> completed by agency staff describing efforts to obtain third-party verification.		
<b>Shelter Category 1(ii)</b>	<b>1 Third Party:</b> <b>a)</b> HMIS Report; <b>OR</b>		
	<b>b)</b> Documentation from the emergency shelter's staff on <b>Form 106</b> or on the respective agency's letterhead with ALL of the information from <b>Form 106</b> . Forward <b>Form 106</b> to third party to use as template to ensure all required information is obtained;		
	<b>c) Oral:</b> Documented statement obtained from emergency shelter when written third-party is not available. <b>Form 107</b> must be completed by agency staff. If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a and 1b were not obtainable.		
	<b>2) Self Certification:</b> A self certification by the individual seeking assistance must be completed on <b>Form 105</b> . <b>Note: If <u>all</u> criteria in section 2 of <b>Form 105</b> are not applicable to the applicant's situation, this applicant is not eligible under this category.</b> If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a and 1b were not obtainable.		
	<b>Due Diligence:</b> <b>Form 110</b> 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
<b>Transitional Housing Category 1(ii)</b>	<b>1 Third Party:</b> <b>a)</b> HMIS report; <b>OR</b>		
	<b>b)</b> Documentation from the transitional housing provider's staff on <b>Form 108</b> or on the respective agency's letterhead with ALL of the information from <b>Form 108</b> . Forward <b>Form 108</b> to third party to use as a template to ensure all required information is obtained		
	<b>c) Oral:</b> Documented statement obtained from third-party transitional housing provider when written third-party documentation is not available. <b>Form 109</b> must be completed by agency staff. If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a and 1b were not obtainable.		
	<b>Due Diligence:</b> <b>Form 110</b> completed by agency staff describing efforts to obtain third-party verification.		
	<b>AND for PSH projects only, verify the status of the individual(s) prior to entering TH use one of the following methods</b>		
	<b>Category 1(i) The Street; or Category 1(ii) Shelter</b>		
<b>Hotel/Motel Category 1(ii)</b>	<b>1 Third Party:</b> <b>a)</b> Documentation from charitable organization, federal, state or local government or hotel/motel staff on <b>Form 111</b> or on the respective agency's letterhead with ALL of the information from <b>Form 111</b> . Forward <b>Form 111</b> to third party to use as a template to ensure all required information is obtained; <b>OR</b>		
	<b>b) Oral:</b> Documented statement obtained from third-party entity providing hotel/motel assistance when written third-party documentation is not available. <b>Form 112</b> must be completed by agency staff. If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through method 1a was not obtained.		
	<b>2) Self Certification:</b> A self certification by the individual seeking assistance must be completed on <b>Form 105</b> . <b>Note: If <u>all</u> criteria in section 2 of <b>Form 105</b> are not applicable to the applicant's situation, this applicant is not eligible under this category.</b> If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a 1b were not obtainable.		
	<b>Due Diligence:</b> <b>Form 110</b> completed by agency staff describing efforts to obtain third-party verification.		
<b>Institution Category 1(iii)</b>	<b>1 Third Party:</b> <b>a)</b> Discharge paperwork from the institution.		
	<b>b)</b> Documentation from institution on <b>Form 113</b> or on the respective agency's letterhead with ALL of the information from <b>Form 113</b> . Forward <b>Form 113</b> to third party to use as a template to ensure all required information is obtained.		
	<b>c) Oral:</b> Documented statement obtained from institution when written third-party documentation is not available. <b>Form 114</b> must be completed by agency staff. If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a and 1b were not obtainable.		
	<b>2) Self Certification:</b> A self certification by the individual seeking assistance must be completed on <b>Form 105</b> . <b>Note: If <u>all</u> criteria in section 2 of <b>Form 105</b> are not applicable to the applicant's situation, this applicant is not eligible under this category.</b> If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through methods 1a, 1b and 1c were not obtainable.		
	<b>Due Diligence:</b> <b>Form 110</b> completed by agency staff describing efforts to obtain third-party verification.		
	<b>AND to verify the status of the individual(s) prior to entering the institution use one of the following methods</b>		
	<b>Category 1(i) The Street; or Category 1(ii) Shelter</b>		

Staff Name

Signature

Date

<b>Category 2</b> 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	<b>Only Acceptable Verification:</b> 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 - <b>Forcible Detainer</b> .		
	AND		
	Form 115 completed by the applicant. <b>Note:</b> If <u>all</u> criteria on <b>Form 115</b> are not applicable to the applicant's situation, this applicant is not eligible under this category.		
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. <b>Note:</b> If <u>all</u> criteria on <b>Form 115</b> 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.	<b>Only Acceptable Verification:</b> An oral statement by the individual or head of household to the intake worker who must record the statement on <b>Form 116</b> .		
	AND must be found credible by one of the following methods		
	1) A written certification by the owner or renter on <b>Form 117</b> or a signed written statement from the owner or renter with ALL of the information on <b>Form 117</b> ; <b>OR</b>		
	2) <b>Oral:</b> An oral statement from the owner or renter which is recorded by the intake worker on <b>Form 118</b> . If you are using this method, you must also complete <b>Form 110</b> documenting the reason verification through method 1 was not obtained; <b>OR</b>		
	3) <b>Form 110</b> completed by agency staff describing efforts to obtain the owner's or renter's verification.		
	AND		
	Form 115 completed by the applicant. <b>Note:</b> If <u>all</u> criteria on <b>Form 115</b> 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
<b>Victim Service Provider (VSP)</b>	<b>VSP Client Statement Certification:</b> A certification by the individual/head of household seeking assistance documented by the individual or intake staff must be completed on <b>Form 120</b> . <b>Note:</b> If <u>all</u> criteria on <b>Form 120</b> are not applicable to the applicant's situation, this applicant is not eligible under this category.		
<b>Non-VSP</b>	<b>Non- VSP Client Statement Certification:</b> A certification by the individual/head of household seeking assistance documented by the individual must be completed on <b>Form 121</b> . <b>Note:</b> If <u>all</u> criteria on <b>Form 121</b> are not applicable to the applicant's situation, this applicant is not eligible under this category.		
	<b>Where the safety of the individual or family would not be jeopardized, the situation must be verified by</b>		
	A written observation by the intake worker on <b>Form 121</b> . 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. <b>OR</b> 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 <b>Form 122</b> .		

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.**



## Intake Staff 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 intake staff 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.

### SECTION BELOW TO BE COMPLETED BY INTAKE STAFF

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

- |                          |                            |                     |
|--------------------------|----------------------------|---------------------|
| <input type="checkbox"/> | car _____                  | from _____ to _____ |
| <input type="checkbox"/> | park _____                 | from _____ to _____ |
| <input type="checkbox"/> | abandoned building _____   | from _____ to _____ |
| <input type="checkbox"/> | bus or train station _____ | from _____ to _____ |
| <input type="checkbox"/> | airport _____              | from _____ to _____ |
| <input type="checkbox"/> | camping ground _____       | from _____ to _____ |
| <input type="checkbox"/> | 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.**



## 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

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## Documenting Due Diligence

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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.**

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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
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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 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

**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

**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 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 housing. A certification from the individual or head of household seeking assistance is required.

Where the safety of the individual is not in jeopardy, the condition must be verified by a written observation by the intake worker or a written referral from an appropriate source. 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, stalking, or other dangerous or life-threatening condition.

### SECTION BELOW TO BE COMPLETED BY THE INDIVIDUAL/HEAD OF HOUSEHOLD

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.

Can this information be verified without jeopardizing your safety? ☐ Yes ☐ No

How can this information be verified? \_\_\_\_\_

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

\_\_\_\_\_  
Name (print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If applicant answered "Yes" above, the following information must be completed by intake staff.**

☐ Written observation

**OR**

☐ Written referral obtained

\_\_\_\_\_  
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.**



# At Risk of Homelessness Checklist

**Directions:** (1.) Determine if the applicant household meets the income requirement of being below 30% Area Median Income (AMI), and complete all required fields in Section 1. (2.) Obtain a self certification from the head of household acknowledging insufficient resources or support networks to prevent moving into an emergency shelter or other place not meant for human habitation on Form 125. The applicant must also select a risk factor on Form 125. Indicate the date when this is obtained. (3.) Evidence of insufficient resources must be obtained, if practical. Specify the source of information and place a check mark in the corresponding box. (4.) Verification of the applicable risk factor(s) must be obtained. Circle the applicable risk factor(s) and follow the methods of verification for that factor. Specify the source of information and place a check mark in the corresponding box. (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 pages of this checklist and the verifications that were obtained in the participant file as verification of eligibility status.

<b>1. Does the household have an annual income below 30 percent of AMI, as determined by HUD?</b>				Yes	No	
County: _____ Household Size: _____ AMI: _____ Household Income: _____						
The documentation used to calculate annual income must be retained in the client file.						
<b>2. Self Certification: A self certification by the individual seeking assistance must be completed on Form 125.</b> This form contains the self certification of insufficient resources or support networks to prevent the household from moving into an emergency shelter or other place not meant for human habitation, as well as the applicable risk factor(s). <span style="float: right;">Date obtained: _____</span>						
<b>3. The lack of resources or support networks must be documented by one of the following third-party methods.</b> The verification process must be attempted in the order below. If third-party verification cannot be obtained, the intake staff must document due diligence.				<b>Specify source (e.g. lease, eviction notice, landlord, etc.)</b>	<b>Document(s) Attached (select)</b>	
<b>a) Source Documents</b>	Examples include: notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears					
<b>b) Written Third-Party</b>	Examples include: a letter from a former employer, public administrator, or a relative.					
<b>c) Oral Third-Party</b>	The written certification by intake staff of the oral verification by the relevant third party that the applicant meets one or both of the criteria under paragraph 1 (ii) of the definition of "at risk of homeless".					
<b>4. The risk factor(s) identified on Form 125 must be verified by the following methods.</b>						
<b>Category 1. Identify risk factor of the applicant. (circle one)</b>	<b>Documentation Required</b>			<b>Specify source (e.g. eviction notice, renter, utility bill, etc.)</b>	<b>Document(s) Attached (select)</b>	
<b>Risk 1: Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance</b>	<b>Housing history of move #1</b>	a) HMIS report or source documentation verifying move				
		b) Written referral from another housing or service provider on <b>Form 126</b> or on agency letterhead with ALL of the information from <b>Form 126</b> . Forward <b>Form 126</b> to third party to use as template to ensure all required information is obtained.*				
		c) A written verification from the landlord or renter on <b>Form 127</b> or a signed written statement on other stationary from the landlord or renter with ALL of the information on <b>Form 127</b> .*				
		d) Documented statement obtained from the third-party on the applicable Form by agency staff when written third-party documentation is not available.*				
	<b>AND</b>					
	<b>Housing history of move #2</b>	a) HMIS report or source documentation verifying move				
		b) Written referral from another housing or service provider on <b>Form 126</b> or on agency letterhead with ALL of the information from <b>Form 126</b> . Forward <b>Form 126</b> to third party to use as template to ensure all required information is obtained.*				
		c) A written verification from the landlord or renter on <b>Form 127</b> or a signed written statement on other stationary from the landlord or renter with ALL of the information on <b>Form 127</b> .*				
		d) Documented statement obtained from the third-party on the applicable Form by agency staff when written third-party documentation is not available.*				
	<b>AND</b>					
	<b>Economic reasons</b>	a) Source documents may include: a termination of employment, medical bills of unexpected medical costs, a utility disconnect notice, etc				
		b) Third Party Written*				
c) Third Party Oral*						

Staff Name	Signature	Date	Supervisor Initial/Date
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# At Risk of Homelessness Checklist

Category 1 (cont.) Identify risk factor of the applicant. (circle one)	Documentation Required		Specify source (e.g. eviction notice, renter, utility bill, etc.)	Document(s) Attached (select)
<b>Risk 2: Is living in the home of another because of economic hardship</b>	<b>Housing history</b>	a) A written verification from the landlord or renter on <b>Form 127</b> or a signed written statement on other stationary from the landlord or renter with ALL of the information on <b>Form 127</b> .		
		b) An oral statement from the landlord or renter which is recorded by the intake worker on <b>Form 128</b> .*		
		c) An intake worker observation documented on <b>Form 131</b> .*		
	<b>AND</b>			
	<b>Economic hardship</b>	a) Source documents may include: termination of employment, unexpected medical costs, inability to maintain housing/utility costs, etc		
		b) Third Party Written*		
c) Third Party Oral*				
<b>Risk 3: Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance</b>	<b>If a Tenant/homeowner</b>	a) Source documents may include: an eviction notice or court order to leave within 21 days		
		b) A written verification from the landlord on <b>Form 127</b> or a signed written statement on other stationary from the landlord with ALL of the information on <b>Form 127</b> .*		
	<b>OR</b>			
<b>If living with another</b>	A written verification from the landlord or renter on <b>Form 127</b> or a signed written statement on other stationary from the landlord or renter with ALL of the information on <b>Form 127</b> .			
<b>Risk 4: Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals</b>	<b>If paid by credit card or check</b>	a) Source documents may include: a cancelled check or credit card statement showing payments made to the hotel/motel will serve as documentation of both the stay and payment		
		b) A written verification from hotel/motel staff on <b>Form 111</b> or on the company's stationary with ALL of the information from <b>Form 111</b> . Forward <b>Form 111</b> to third party to use as a template to ensure all required information is obtained.*		
		b) Documented oral statement obtained from hotel/motel staff when written third-party documentation is not available. <b>Form 112</b> must be completed by agency staff.*		
	<b>OR</b>			
	<b>If paid by cash</b>	a) A written verification from hotel/motel staff on <b>Form 111</b> or on the company's stationary with ALL of the information from <b>Form 111</b> . Forward <b>Form 111</b> to third party to use as a template to ensure all required information is obtained.		
		b) Documented oral statement obtained from hotel/motel staff when written third-party documentation is not available. <b>Form 112</b> must be completed by agency staff.*		
<b>Risk 5: Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau</b>	a) Source documents include: a lease with the names of occupants and the size of the unit, unit details may be obtained from the tax assessor's office, etc.			
	b) A written verification from the landlord on <b>Form 127</b> or a signed written statement on other stationary from the landlord with ALL of the information on <b>Form 127</b> .*			
	c) An intake worker observation of the location, the number of bedrooms and number of persons living in the unit on <b>Form 131</b> .*			
<b>Risk 6: Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution)</b>	a) Discharge paperwork			
	b) A written verification from institution staff on <b>Form 129</b> or on the respective agency's letterhead with ALL of the information from <b>Form 129</b> . Forward <b>Form 129</b> to third party to use as a template to ensure all required information is obtained.*			
	c) An oral statement from institution staff recorded by the intake worker on <b>Form 130</b> .*			
<b>Risk 7: Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan: 1) does not have running water, or 2) does not have electricity or has an inadequate or unsafe electrical service, or 3) does not have a safe or adequate source of heat.</b>	a) Source documents may include: termination of service, inspection by another service provider, etc.			
	b) A written verification from a relevant third party verifying one of the applicable conditions.*			
	c) The written certification by intake staff of the oral verification by the relevant third party that the housing meets one of the applicable conditions.*			
	d) An intake worker observation documented on <b>Form 131</b> or a completed Habitability Inspection.*			

Staff Name

Signature

Date

Supervisor Initial/Date

\*If unable to obtain the preferred documentation method and move onto the next step you must complete Form 110 documenting your attempts to obtain the preferred method(s).

KHC Form HCA-119 (Rev.8/14)

# At Risk of Homlessness Checklist

Identify risk factor of the applicant. (circle one)	Documentation Required	Specify source (e.g. eviction notice, renter, utility bill, etc.)	Document(s) Attached (select)
Category 2 - A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15))	The only acceptable verification is written third party. A certification of the child or youth's homeless status by the agency or organization responsible for administering assistance is required.		
Category 3- A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.	The only acceptable verification is written third party. Certification of homeless status may be a letter or referral provided by agency administering the federal program. The referral must confirm that the family/guardian is residing with the child or youth.		

<b>Staff Name</b>	<b>Signature</b>	<b>Date</b>	<b>Supervisor Initial/Date</b>
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## At Risk Client Certification

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

Federal regulations permit the use of housing funds for individuals or families who are at risk of homelessness. At risk of homelessness is defined as an individual or family who has an annual income below 30 percent of median family income for the area, does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or a place not meant for human habitation, **and** meets one of the conditions listed below. A certification from the individual or head of household seeking assistance and verification of the condition is required.

### SECTION BELOW TO BE COMPLETED BY THE INDIVIDUAL OR HEAD OF HOUSEHOLD

I certify that I/we have insufficient financial resources and support networks; e.g., family, friends, faith-based or other social networks, immediately available to attain housing stability. I also certify that I/we (select all that apply):

- ☐ have moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance.
- ☐ am living in the home of another because of economic hardship. This is commonly referred to as "doubled up".
- ☐ have been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance.
- ☐ am living in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals.
- ☐ am living in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or in a larger housing unit in which there reside more than 1.5 persons per bedroom, as defined by the U.S. Census Bureau.
- ☐ am exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution).
- ☐ am living in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan (i.e. the housing unit does not have running water; does not have electricity or has inadequate or unsafe electrical service; or, does not have a safe or adequate source of heat).
- ☐ am a child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)).
- ☐ am a child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

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

Name (print clearly)	Signature	Date
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## Written Referral from Housing/Service Provider for At Risk

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. A written referral from a housing or service provider must be obtained. The verification must include: the location and the date(s) of the individual's residence, 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

\_\_\_\_\_ is currently/was receiving assistance through a  
housing or service program administered by \_\_\_\_\_.

While receiving assistance the client resided at \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_.

Additional information:

Name of agency: \_\_\_\_\_

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

**I certify this information is true and complete.**

\_\_\_\_\_  
Name 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 Housing Status and History

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 and history of this individual. Verification must come from the landlord or renter of the residence where the applicant is currently residing, or has resided. The verification must include: the address and dates of residence, and if applicable, the date and 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

### SECTION BELOW TO BE COMPLETED BY LANDLORD OR RENTER OF THE RESIDENCE

\_\_\_\_\_ (Applicant name) is residing/has resided at  
\_\_\_\_\_ (Address)

from \_\_\_\_\_ to \_\_\_\_\_.

Number of Bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

**(If Applicable)** He/She must vacate the residence by \_\_\_\_\_ due to the  
following reason(s):

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

**I certify this information is true and complete.**

\_\_\_\_\_  
Name (print clearly) Signature Date

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

**SECTION BELOW TO BE COMPLETED BY INTAKE STAFF**

Name/Title	Signature	Date
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EQUAL HOUSING  
OPPORTUNITY

## Written Verification of Institution Stay for At Risk

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 \_\_\_\_\_.

**I certify this information is true and complete.**

\_\_\_\_\_  
Staff Name 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 for At Risk

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 \_\_\_\_\_.

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.**



## Intake Staff Observation for At Risk

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 an observation by intake staff of the individual's housing status must be completed. The verification must include: the applicant's name, the location of the observation, what was observed, and the signature and title of agency staff.

### SECTION BELOW TO BE COMPLETED BY INTAKE STAFF

The housing situation for (Applicant) \_\_\_\_\_ was observed on  
(Date)\_\_\_\_\_.

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

Number of Bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Is the applicant the property owner? Yes No

Is the applicant the leaseholder? Yes No

Additional information:

**I certify this information is true and complete.**

\_\_\_\_\_  
Staff Name/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 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

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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: \_\_\_\_\_

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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.**

## 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

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## Income Verification Due Diligence

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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

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## General Telephone Verification

**THIS FORM TO BE COMPLETED BY AGENCY STAFF PARTICIPATING IN THE  
TELEPHONE CONVERSATION**

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

Date of call: \_\_\_\_\_

Time of call: \_\_\_\_\_

Third Party Company Name: \_\_\_\_\_

Phone number called: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Title: \_\_\_\_\_

Conversation:

I certify the information above is a true and accurate representation of the telephone conversation that took place:

\_\_\_\_\_  
Staff Name/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.**

KHC Form HCA- 170 (Rev. 8/14)



## 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
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Financial Institution	Telephone Number
-----------------------	------------------

Address	City	State	Zip
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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.**



## 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

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## 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.**

## Verification of Medical 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 must be provided by a third party, such as a doctor or pharmacist, familiar with the actual or estimated out-of-pocket medical expenses of the participant for the next 12-month period. If not available, please 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, PHARMACIST OR OFFICE STAFF

Description of Medical 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.



## Initial Client Housing Plan for ESG

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

Current housing situation: \_\_\_\_\_

Number in household: \_\_\_\_\_

Identify needs & barriers; establish goals, document referrals/supportive services

Housing Objective: establish or better maintain a stable living environment; help keep the focus on immediate needs, while assisting in the development of long term housing plan; reduce risk of homelessness

1. Identify needs/barriers to housing (What is causing housing crisis?)	Yes	No	Maybe
a) Lack of Income			
b) Money management			
c) Rental history			
d) Credit history			
e) Criminal history			
f) Other, specify			

2. Initial housing goals (steps to eliminate barriers identified above)	To be completed by		
	Date	Caseworker √	Client √
a) Steps/Objectives			
b) Steps/Objectives			
c) Steps/Objectives			
d) Steps/Objectives			

3. List referrals/supportive services client received assistance in obtaining	Give details such as dates and referral/supportive service source

My signature below indicates my agreement and commitment to this housing plan. With my consent, my case worker will update and revise this housing plan as I progress through the program.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Advocate/Case Manager: \_\_\_\_\_ 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-175 (Rev. 8/14)



## Ongoing Housing Plan Update for ESG

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

Date of follow-up: \_\_\_\_\_ Were previous housing goal(s) achieved: Yes Partially No

Describe status:

Follow-up housing goals: (revise and/or establish new goals)	To be completed by		
	Date	Caseworker √	Client √
a) Steps/Objectives			
b) Steps/Objectives			
c) Steps/Objectives			
List referrals/supportive services client received assistance in obtaining	Give details such as dates and referral/supportive service source		

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Advocate/Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Date of follow-up: \_\_\_\_\_ Were previous housing goal(s) achieved: Yes Partially No

Describe status:

Follow-up housing goals: (revise and/or establish new goals)	To be completed by		
	Date	Caseworker √	Client √
a) Steps/Objectives			
b) Steps/Objectives			
c) Steps/Objectives			
List referrals/supportive services client received assistance in obtaining	Give details such as dates and referral/supportive service source		

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Advocate/Case Manager: \_\_\_\_\_ 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-176 (Rev. 8/14)



## Plan to Retain Housing for ESG

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

### Form to be completed at client exit

Final follow-up date: \_\_\_\_\_

1. Is client permanently housed? Yes No

If "no" list reason(s):

2. Does client have the capability to sustain/retain housing once ESG assistance ends? Yes No

3. Describe accomplishments and current status:

4. Describe how client will be able to sustain current housing	Yes	No	Somewhat
a) Increased/stabilized income			
b) Decreased/stabilized expenses			
c) Educated in budgeting and money management			
d) Educated in landlord/tenant relations			
e) Other			
f) Other			
g) Other			

5. Referrals/supportive services client received assistance in obtaining	Give details such as dates and referral/supportive service source

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Advocate/Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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KHC Form HCA-177 (Rev. 8/14)



## Rent Reasonableness Checklist and Certification for ESG

**24 CFR 576.106(d) Rent restrictions.** (1) Rental assistance cannot be provided unless the rent does not exceed the Fair Market Rent established by HUD, as provided under 24 CFR part 888, and complies with HUD's standard of rent reasonableness, as established under 24 CFR 982.507. (2) For purposes of calculating rent under this section, the rent shall equal the sum of the total monthly rent for the unit, any fees required for occupancy under the lease (other than late fees and pet fees) and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located.

\*\*See utility allowance instruction in calculating utility allowances.

	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 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.

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

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

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

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KHC Form HCA-174 (Rev. 8/14)



## **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.

**24 CFR 576.106(d) Rent restrictions.** (1) Rental assistance cannot be provided unless the rent does not exceed the Fair Market Rent established by HUD, as provided under 24 CFR part 888, and complies with HUD's standard of rent reasonableness, as established under 24 CFR 982.507. (2) For purposes of calculating rent under this section, the rent shall equal the sum of the total monthly rent for the unit, any fees required for occupancy under the lease (other than late fees and pet fees) and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located.

	Proposed Unit	Unit #1 (if possible, same owner as proposed unit)	Unit #2	Unit #3
Address	123 Main Street, # 2 Frankfort, KY 40601	123 Main Street, # 5 Frankfort, KY 40601	456 First Street, # 1 Frankfort, KY 40601	789 Maple Street, # 2 Frankfort, KY 40601
Number of Bedrooms	2	2	2	2
Square Feet	900	900	1000	950
Type of Unit/Construction	Apt./Garden	Apt./Garden	Apt./Garden	Apt./Garden
Housing Condition	Good (recently renovated)	Good (recently renovated)	Fair (repairs needed)	Good(well maintained)
Location/ Accessibility	Downtown	Downtown	Downtown	Downtown
Amenities	Washer /Dryer hookup	Washer /Dryer hookup	Washer Dryer	Dishwasher
Unit:	Off street parking	Off street parking	Property Mgt Company/onsite maintenance	Laundry Facilities
Site:				Elevator
Neighborhood:	Public transportation/grocery	Public transportation/grocery	Park	Nearby Shopping
Year of Construction	1942	1942	1979	1983
Which Utilities are Provided by the Owner (type-Gas, Electric, etc.)	All	All	All	Water, Sewer, Garbage
Unit Rent	\$650	\$650	\$675	\$650
Utility Allowance**	0	0	0	111
Gross Rent	\$650	\$650	\$675	\$761
Handicap Accessible?	No	No	Yes	Yes
Most Recent Rent Charged For Proposed Unit	\$575	Reason For Change: recently renovated and addition of off street parking		

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



EQUAL HOUSING  
OPPORTUNITY

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[illegible]

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[illegible]

documentation in the cloud.

## References

## Habitability Inspection Form ESG

If the answer to both of these questions is "yes," then a visual assessment is triggered for this unit and program staff must continue to the Lead Screening Worksheet.

1. Was the property constructed before 1978? ☐ Yes ☐ No
2. Will a child under the age of six be living in the unit occupied by the household receiving ESG assistance? ☐ Yes ☐ No

### Certification Statement

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

- ☐ Property meets all of the above standards.
- ☐ Property does not meet all of the above standards.

COMMENTS:

Agency name:	
ESG client household name:	
<u>Property address</u> Street Address and apt # (if applicable) City, state, zip:	
Year property was constructed:	
Date of Inspection:	

Lead Screening Worksheet and or Visual Assessment attached? ☐ Yes ☐ No

Inspector name (print): \_\_\_\_\_

Inspector signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Lead Screening Worksheet

### About this Tool

The *Lead Screening Worksheet* is intended to guide agencies through the lead-based paint inspection process to ensure compliance with the rule. Staff can use this worksheet to document any exemptions that may apply. The accompanying *Lead Visual Assessment Worksheet* can be used to document whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the Lead Screening Worksheet and the Lead Visual Assessment Worksheet (if applicable) along with any related documentation must be kept in the client file.

### Instructions

To prevent lead-poisoning in young children, recipient agency must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, parts A, B, H, J, K, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed.

**Note:** All pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

Agency name:

Client household name:

Property address:

Street address and apt # (if applicable)

City, State, Zip:

### Additional Exemptions

If the answer to any of the following questions is "yes," the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet **and all supporting documentation** for each exemption in the client file.

1. Is this unit a zero-bedroom or SRO unit? ☐ Yes ☐ No
2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint? ☐ Yes ☐ No
3. Has this unit had all lead-based paint identified and removed in accordance with HUD regulations? ☐ Yes ☐ No
4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving assistance for security deposit or arrears)? ☐ Yes ☐ No
5. Does this property meet any of the other exemptions described in 24 CFR 35.115(a)? ☐ Yes ☐ No



If the answer to any of the above questions is "yes," stop. No further action is needed.

If the answer to all of these questions is "no," then continue on to the Visual Assessment Worksheet.

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Lead Screening Worksheet

### Lead Visual Assessment Worksheet

#### Instructions

The lead visual assessment is used to determine if there are any identified problems with paint surfaces. Program staff must conduct a visual assessment prior to providing financial assistance to the unit.

**Prior to conducting visual assessments, the program staff responsible for conducting assessments must complete training on HUD's website at:**

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>

The initial visual assessment should be conducted at the same time the inspection of the unit is conducted, with the inspector/assessor noting any problems with painted surfaces. Once the assessment has occurred, complete the section below and place in the client file along with any additional documentation.

If any problems with paint surfaces are identified during the initial visual assessment, then continue to Page 2 to determine whether safe work practices and clearance are required.

Agency name:	
Client household name:	
<u>Property address</u>	
Street address and apt # (if applicable)	
City, State, Zip:	
Date of inspection/assessment:	

☐ Initial Visual Assessment & Certification

☐ Follow-up Visual Assessment & Certification

1. Has a visual assessment of the unit been conducted? ☐ Yes ☐ No

2. Were any problems with paint surfaces identified in the unit during the visual assessment? ☐ Yes ☐ No

I certify the following:

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment on the above unit, on the above inspection/assessment date.
- \_\_\_\_ Yes, or \_\_\_\_ No problems with paint surfaces were identified in the unit/common areas.

Lead assessor's name (print): \_\_\_\_\_

Lead assessor's signature: \_\_\_\_\_ Date: \_\_\_\_\_



If no problems with paint surfaces were identified, stop. No further action needed. Place this worksheet certification in the client file.

If problems with paint surfaces were identified, then determine if the client should choose another unit or if repairs will be attempted. If repairs will be attempted, continue to the De Minimus Level Worksheet.

**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.**

## Lead Screening Worksheet

### De Minimus Level Worksheet

#### Instructions

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the "de minimus levels", as defined below, the use of lead safe work practices and clearance is also required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed the "de minimus levels", then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

Complete the information below to determine if the deteriorated paint exceeds the "de minimus levels" and place this worksheet, along with any supporting documentation, in the client file.

Agency name:	
Client household name:	
<u>Property address</u>	
Street address and apt # (if applicable):	
City, State, Zip:	
<u>Date of inspection/assessment:</u>	

1. For exterior surfaces, is the deteriorated paint at least 20 square feet in area? ☐ Yes ☐ No

2. For interior surfaces, in one room or space, is the deteriorated paint at least 2 square feet in area?

☐ Yes ☐ No

3. For both exterior and interior surfaces, is the deteriorated paint at least 10% of the total surface area on a component with a small surface area, such as a window sill, baseboard, door, handrail, or trim?

☐ Yes ☐ No

Lead assessor's name (print): \_\_\_\_\_

Lead assessor's signature: \_\_\_\_\_ Date: \_\_\_\_\_



If the answer to all of the above are "no," then, stop, place a copy of this worksheet and any supporting documentation in the client file, and determine if the client should choose another unit or if repairs will be attempted. If repairs are attempted, paint must be repaired and/or stabilized; however safe work practices and clearance are not required. Once repairs are made, conduct a follow-up visual assessment, and complete the Paint Stabilization Confirmation Worksheet.

If the answer to any of the above questions is "yes," then place a copy of this worksheet and any supporting documentation in the client file, and determine if the client should choose another unit or if repairs will be attempted. If repairs are attempted, safe work practices and a clearance inspection must be conducted by an independent certified lead professional. **Please note**, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint. Once repairs are made and clearance inspection is complete, conduct a follow-up visual assessment, and continue to the Paint Stabilization Confirmation Worksheet.

**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.**

## Lead Screening Worksheet

### Paint Stabilization Confirmation Worksheet

#### Instructions

Program staff should work with property owners and/or managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the "de minimus level", safe work practices and a clearance inspection are not required (though safe work practices are always recommended). In these cases, the program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the "de minimus level", program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

Complete a follow-up lead visual assessment and then complete this confirmation worksheet and gather supporting documentation such as a copy of the clearance inspection report, a copy of the certified inspector's credentials, and documentation safe work practices were used in the stabilization efforts and place them in the client file.

Agency name:	
Client household name:	
<u>Property address</u>	
Street address and apt # (if applicable)	
City, State, Zip:	
Date of initial inspection/assessment:	
Date of follow-up inspection/assessment:	

1. Has a follow-up visual assessment of the unit been conducted? ☐ Yes ☐ No
2. Have all identified problems with the paint surfaces been repaired? ☐ Yes ☐ No
3. Were paint surfaces repaired using safe work practices? ☐ Yes ☐ No ☐ N/A
4. Was a clearance inspection conducted by an independent, certified lead professional?  
☐ Yes ☐ No ☐ N/A
5. Did the unit pass the clearance inspection? ☐ Yes ☐ No ☐ N/A

Lead assessor's name (print): \_\_\_\_\_

Lead assessor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This worksheet, as well as all other lead worksheets, and all supporting documentation should be maintained in the client file.

**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.**



## Rental Assistance Agreement for ESG

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

Client name / Tenant: \_\_\_\_\_

Unit address: \_\_\_\_\_

Please indicate the type of rental assistance being provided (check all that apply)

Tenant based rental assistance

Project based rental assistance

Current/Ongoing

Arrears only

**This rental assistance agreement** is by and between \_\_\_\_\_

(Agency Name) and \_\_\_\_\_ (Landlord/Owner). The effective date is

\_\_\_\_\_. The total unit rent as identified in the lease, is \$ \_\_\_\_\_ per month and is due

on the \_\_\_\_\_ day of each month. The owner/landlord agrees to accept and

\_\_\_\_\_ agrees to pay rental assistance payments for the above reference tenant for

a period not to exceed \_\_\_\_\_ months. This rental assistance agreement will terminate on one of the

following:

The date this agreement is scheduled to end \_\_\_\_\_

- (1) The tenant moves out of the housing unit
- (2) The lease terminates and is not renewed
- (3) The tenant becomes ineligible to receive ESG rental assistance
- (4) If the unit fails to meet the habitability standards of 24 CFR 576.403(c)

The landlord/owner further agrees that during the term of this agreement, the landlord/owner will provide \_\_\_\_\_ (agency name) with copies of any lease violations, or notice to vacate the unit that are provided to the tenant. Rental assistance will be paid as follows:

\_\_\_\_\_ (agency name) agrees to pay the full monthly rent amount

\_\_\_\_\_ (agency name) will pay a portion of the monthly rent as described below:

\$ \_\_\_\_\_ will be/is \_\_\_\_\_ (agency name) responsibility

\$ \_\_\_\_\_ will be/is tenant's responsibility

\_\_\_\_\_  
Landlord/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
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-171 (Rev. 3/17)



## **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.

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## **Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

### **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.<sup>2</sup> 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

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

<sup>2</sup> 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]**

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## **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),<sup>1</sup> 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.<sup>2</sup> 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

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<sup>1</sup> 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.

<sup>2</sup> 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):

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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) \_\_\_\_\_

## **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 applicants-client's information.

### **Client File Checklists**

This checklist serves to ensure that all the necessary documentation has been completed and required supporting documentation has been obtained.

### **Personnel Activity Reports**

These 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.

### **Landlord Phone Verification**

This form may be used when it is not feasible to obtain written verification from the landlord.

### **ESG Oral Verification of Utility**

This form is used to obtain verification from utility companies.

## 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)





## ESG Prevention /Rapid Rehousing Client File Checklist

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

✓	N/A	<b>Required Documents in Client File</b> This is not an all-inclusive document, other documentation may be required per ESG regulations and guidance	Date received & comments
		Application	
		<b>General Authorization to Release form, HCA-139 (Optional)</b>	
		HMIS Release of Information form	
		HMIS Intake forms for all household members	
		<b>Client Verification of Receipt of Required Documents form, SIGNED BY ALL ADULT HOUSEHOLD MEMBERS, HCA-158</b>	
		<b>Homelessness Eligibility Verification Checklist, HCA-100 or HCA-119</b>	
		Homelessness status supporting documentation / forms (from HCA-100 or HCA-119)	
		Income documentation (Initial certification for Prevention and at <b>ALL</b> recerts)	
		Income calculations – documentation of how income was calculated – if required.	
		<b>Initial Client Housing Plan form, HCA-175</b> (This is documentation of Initial Assessment / Case Management and other related ESG requirements )	
		<b>Habitability Inspection form, HCA -172</b> (required whenever the client is assisted to stay in a unit or with a move to another unit.	
		<b>Lead Screening Worksheets, HCA-173</b> (except for units constructed post 1978, required same as Habitability Inspection as indicated above)	
		Copy of Lease – required when paying rent & rental arrears, can also be used to verify security deposit.	
		If Housing Relocation and Stabilization Services – source documentation of each expense: _____ Rental Application Fee (letter, receipt, invoice) _____ Security Deposit (letter, lease) _____ Utility Deposit or Utility Payments, Utility Arrears (letter, invoice) _____ Moving cost (Invoice, receipt) _____ Housing Search & Placement (PARS) _____ Housing Stability & Case Management (PARS) _____ Legal / Mediation (Invoice, receipt) _____ Credit repair (PARS) - cannot be used to pay debts or purchase credit report	
		If Rental Assistance: Is the rental assistance: _____short term _____ medium term _____arrears _____ Copy of Lease _____ <b>Rental Assistance Agreement form HCA-171</b> _____ <b>ESG Rent Reasonableness Checklist form HCA-174</b> _____ Utility Allowance Chart (from HCA Help Desk, use instructions in toolkit to complete) _____ Printout of HUD's current FMR data _____ If rental assistance is Income based: Proof of income & income / rent calculations	
		<b>Ongoing Housing Plan Update Form HCA-176</b> (This is documentation of Monthly Case Management and other related ESG requirements )	
		Recertification _____ Prevention (quarterly) _____Rapid Rehousing (annually) _____ Recertification declaration _____ Income documentation _____ Income calculation _____ <b>Habitability Inspection Form, HCA-172</b> (ongoing assistance requires re-inspection) _____ <b>Lead Screening Worksheets, HCA -173</b> , if applicable _____ Written notification to client of recertification outcome _____ HMIS Interim Form (annually)	
		Additional Case Management notes	
		<b>Client Plan to Retain Housing Form, HCA-177</b> (completed upon exit from the program, This is documentation of Outcome, Monthly Case Management and other related ESG requirements)	
		Documentation of termination of assistance, if applicable	
		HMIS Exit form	



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 Smithtown tent 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
Stabilization	Management				
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 Guidance

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.

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

Employee Name: \_\_\_\_\_

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

Category	Eligible Activity	Detail	Client(s)	Time Spent	Grant

Total Hours  
worked: 0

Hours per source:


Employee Signature: \_\_\_\_\_

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

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

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

Rev.8/14

## ESG Landlord Phone Verification

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

Date of call: \_\_\_\_\_ Time of call: \_\_\_\_\_

Phone #: \_\_\_\_\_

Spoke with: \_\_\_\_\_ Title: \_\_\_\_\_

Property Name: \_\_\_\_\_

Address of unit being verified: \_\_\_\_\_

Indicate Amounts verified:

Application Fees \$ \_\_\_\_\_

Security Deposit (and/or last month's rent if applicable) \$ \_\_\_\_\_

First Month's Pro-rated Rent \$ \_\_\_\_\_

Monthly Rent (current) \$ \_\_\_\_\_

Late Fee\* \$ \_\_\_\_\_

Arrearages Due (past due rent – previous month or earlier) \$ \_\_\_\_\_

If Arrearages, obtain dates covered in arrearage \_\_\_\_\_ to \_\_\_\_\_

Other Fee\*\*: \_\_\_\_\_ \$ \_\_\_\_\_  
Please specify

TOTAL AMOUNT DUE \$ \_\_\_\_\_

Due by Date: \_\_\_\_\_

\*Late fees due to client late payment are eligible, however late fees due to agency late payment are **not eligible**.

\*\*Most other fees are not eligible (such as damages, key fee, mailbox fee, etc.) check regulations prior to payment with federal funds.

I certify the information above is a true and accurate representation of the telephone conversation that took place:

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

## Oral Verification of Utility

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

### SECTION BELOW TO BE COMPLETED BY AGENCY STAFF

Utility Company Name: \_\_\_\_\_

Type of Utility: \_\_\_\_\_ Electric \_\_\_\_\_ Natural Gas/Propane \_\_\_\_\_ Water/Sewer \_\_\_\_\_ Garbage

Service Address: \_\_\_\_\_ (must match assisted unit address)

Customer Name: \_\_\_\_\_ (must be household member)

Indicate Amounts verified as applicable:

Deposit Amount \$ \_\_\_\_\_ Membership Fee (if CO-OP) \$ \_\_\_\_\_

Disconnect Fee \$ \_\_\_\_\_ Reconnect Fee \$ \_\_\_\_\_

Late Fee\* \$ \_\_\_\_\_ Bill Amount \$ \_\_\_\_\_

Arrearages Due \$ \_\_\_\_\_

If Arrearages, obtain dates covered in arrearage \_\_\_\_\_ to \_\_\_\_\_

Other Fee: (description) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total amount due \$ \_\_\_\_\_

Due by Date: \_\_\_\_\_

\*Late fees due to client late payment are eligible, however late fees due to agency late payment are not eligible.

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

\_\_\_\_\_  
Name (print clearly) Title Signature Date

## **Resources Overview**

The documents in this category provide guidance and instruction to assist agencies in meeting program requirements.

### **ESG Shelter Application Guidance**

### **ESG Prevention Application Guidance**

### **ESG Rapid Rehousing Application Guidance**

### **List of Required Agency Policies**

### **Conflict of Interest Guidance**

- **Kentucky Housing Corporation's Conflict of Interest Guidance**

### **Required Elements of a Lease**

A lease must identify the landlord, the tenant, the terms of the agreement (start date, lease term, monthly amount and security deposit amount if applicable, due date, etc.) and the lease must be signed by both parties and dated.

**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 information needed in regards to their particular program guidelines that are in addition to the minimal information listed here.

Handwritten applications should be completed and signed by the applicant, in applicant's own handwriting. Electronic Applications must be signed by the applicant. If an applicant asks for assistance in completing the application, it is acceptable to assist, however this should be rare. Applications taken over the phone should be clearly marked as such at the top.

**Review:** Once the application is complete, the intake worker should review the application to ensure that all information has been completed. For areas that are incomplete, the intake worker should question the applicant to ascertain if this was:

1. An oversight
2. Applicant was unsure how to answer, in which the intake worker should explain the question further, and if necessary help the applicant determine the appropriate answer
3. The question does not apply, in which the intake worker should mark with N/A.

**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 ESG program.

- Head of household name, current address (if applicable), phone # (if applicable)
- List all household members (including head), and dates of birth
- Services applicant is requesting
- Applicant's current living situation, including the names of any housing or service providers that can verify this living situation
- Applicant signature and date
- Intake worker signature and date
- Any information as required for HMIS entries
- Identification for all household members (driver's license, social security cards, or birth certificates, etc.)
- Applicant conflict of interest questions
- Source documents to support information on application. (If applicant does not have the source documentation such as a forcible detainer, discharge papers, or an employment termination letter at the time they apply, then **the agency** should request the necessary verification directly from the third party source. Applicants should 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. If written verification is unavailable, then properly documented phone verification will suffice.)

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## ESG Prevention Application Guidance

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**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 in addition to the minimum information listed here.

Handwritten applications should be completed and signed by the applicant, in the applicant's own handwriting. Electronic applications must be signed 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:** 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; the applicant was unsure how to answer, in which case the intake worker should explain the question further, and if necessary assist the applicant to determine the appropriate answer; or, if the question does not apply, in which case the intake worker should indicate "N/A".

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

- Head of household name, current address (if applicable), phone # (if applicable)
- List all household members (including head), dates of birth
- Household income, source of income, and approximate amount received, and how often received
- Household assets (checking account, savings account), bank name, and approximate amounts
- Prevention services client is requesting (e.g. rental assistance, utility assistance, case management, or legal services, etc.)
- Client's current living situation (including landlord name, contact number, rent amount, any arrearage amounts and type such as rent or utility, if applicable, and any barriers which stand in the way of client maintaining housing.)
- Client's signature and date
- Intake worker's signature and date
- All information required for HMIS entries
- Identification for all household members (driver's license, social security cards, and/ or birth certificates, etc.)
- Client conflict of interest questions
- Source documents to support information on application (If client does not have the source documentation such as check stubs, and bank statement at the time they apply, then **the agency** should request the necessary verification directly from the third party source. Clients should 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. If written verification is unavailable, then properly documented phone verification will suffice.)

**3 Month Recertification:** Prevention clients must be recertified every 3 months to determine if they remain eligible for ESG Prevention assistance. It is recommended program staff begin the recertification process 1 - 2 weeks prior to the 3 month deadline to avoid non-compliance. The recertification process is exactly the same as the application process except that identification and conflict of interest information are only needed if there has been a change in household members.

Clients should complete an application form with current information at this 3 month mark. Program staff will need to obtain new source documentation to verify income and assets. Prevention clients whose household income is determined to be over the 30% AMI limit at the 3 month recertification will no longer qualify for ESG Prevention assistance.



## ESG Rapid Rehousing Application Guidance

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**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 in addition to the minimum information listed here.

Handwritten applications should be completed and signed by the applicant, in the applicant's own handwriting. Electronic applications must be signed by the applicant. If an applicant requests 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:** 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; the applicant was unsure how to answer, in which case the intake worker should explain the question further, and if necessary assist the applicant to determine the appropriate answer; or, if the question does not apply, in which case the intake worker should indicate "N/A".

**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 ESG program.

- Head of household name, current address (if applicable), phone number (if applicable)
- List all household members (including head of household) and dates of birth
- Household income & Assets – Note: income and asset information is not required for initial eligibility under Rapid Rehousing (unless specific to the sub recipient's program); however, income and asset information is needed to assist the sub recipient in identifying affordable solutions for this household
- Identify which Rapid Rehousing services the applicant is requesting – (e.g. lease up assistance, case management, housing search and placement services, etc.)
- Applicant's current living situation including barriers that may stand in the way of the applicant obtaining or maintaining housing, i.e. criminal record, past evictions, arrearages, unstable income
- Applicant signature and date
- Intake worker signature and date
- Any information as required for HMIS entries
- Obtain identification for all household members (driver's license, social security cards, birth certificates, etc.)
- Review possible conflicts of interest with applicant

Obtain source documents to support the information recorded on the application. If the applicant does not have source documentation such as check stubs and bank statements at the time of application **the agency** should request the necessary verification directly from the third-party source. Applicants should 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. If written verification is unobtainable, properly documented phone verification may then be used.

## ESG Rapid Rehousing Application Guidance

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**Annual Recertification:** Rapid Rehousing applicants must be recertified at least annually to determine if they remain eligible for ESG Rapid Rehousing assistance. Program staff should begin the recertification process 2 weeks prior to the annual deadline to avoid non-compliance. The recertification process is the same as the application process with the exception of obtaining identification and reviewing conflict of interest information which are only required to be updated if there has been a change in household members.

Applicants should complete an application form with current information at this 12 month mark. Program staff will need to obtain new source documentation to verify income and assets. Rapid Rehousing applicants whose household income is determined to be over the 30% AMI limit at the annual recertification will no longer qualify for ESG Rapid Rehousing assistance.

## ESG Required Agency Policies

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**Agencies utilizing Emergency Solutions Grant (ESG) funds are required to maintain written policies and procedures by which to consistently administer the ESG grant. The following individual agency policies should be established and maintained in program policies and procedures.**

- Termination of assistance policy: 24 CFR 576.402, Grant Agreement section 4.1(ix)
- Grievance policy: 24 CFR 966.50, Grant Agreement sec 5.2.7
- Conflict of interest policy: 24 CFR 576.500(p), 24 CFR 576.404(a) and (b); Grant Agreement, Section 5.2.5
- Nondiscrimination and equal opportunity policy: 24 CFR 576.407, Grant Agreement, section 5.2.5 & 6
- Notification of Rights to Fair Housing: Grant Agreement, Section 5.2.5
- Personal Privacy Protection Policy: 24 CFR 576.500(a), Grant Agreement, Section 5.2.4
- Drug-Free Workplace Policy: Drug free Workplace Act of 1988, Grant Agreement, section 7.12, 2 CFR 2429(HUD), 2 CFR 182(OMB)
- Minority Business Enterprise/Women Business Enterprise (MBE/WBE): Grant Agreement, Section 5.2.5
- 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.

## Conflict of Interest Guidance ESG

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### Regulation: 24 CFR 576.404

#### Organizational Conflicts

- 1) The provision of any type or amount of ESG assistance may not be conditioned on the client's acceptance or occupancy of emergency shelter or housing owned by the sub-recipient agency, or a parent or subsidiary of the subrecipient agency.
- 2) Agencies may not carry out the initial evaluation or administer homelessness prevention assistance for clients that are occupying housing owned by the subrecipient agency, or a parent or subsidiary of the subrecipient agency.

#### Individual (personal) Conflicts

- 1) For the procurement of goods and services, the subrecipient agency must comply with codes of conduct and conflict of interest requirements under 24 CFR 85.36 or 24 CFR 84.42.
- 2) No person (employee, agent, consultant, contractor, officer, or elected or appointed official) of the subrecipient may obtain a financial interest or benefit from an assisted activity (including contracts, subcontracts, agreements and any proceeds derived from an activity) for either themselves or for family members or business partners, unless an exception has been requested and approved by HUD. For example:
  - a. Agencies must not serve employees (or a member of an employee's family) without receiving an exception from HUD allowing that employee to be served. Please see the regulation at 24 CFR 404(b) and (c), and how to request an exception at 24 CFR 404(b)(3).
  - b. Agencies must not pay a CPA with ESG funds (or ESG match funds) if that CPA or one of the partners in the CPA's firm is on the board of directors for the agency without receiving an exception from HUD.
  - c. Agencies must not pay a landlord with ESG funds (or ESG match funds) if that landlord has family or business ties with someone at the agency without receiving an exception from HUD.

#### Recordkeeping Requirements for Conflict of Interest (24 CFR 576.500p)

- 1) Subrecipient agencies must keep records to show compliance with conflicts of interest.
- 2) Subrecipient agencies must keep records of the personal conflicts of interest policy or codes of conduct developed and implemented to comply with the requirements in 24 CFR 576.404(b).
- 3) Subrecipient agencies must keep records supporting exceptions to personal conflict.



## Housing Contract Administration

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### Conflict of Interest

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**December 2016**

## GUIDELINES

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



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Published in the United States of America by:

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1231 Louisville Road  
Frankfort, KY 40601  
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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...

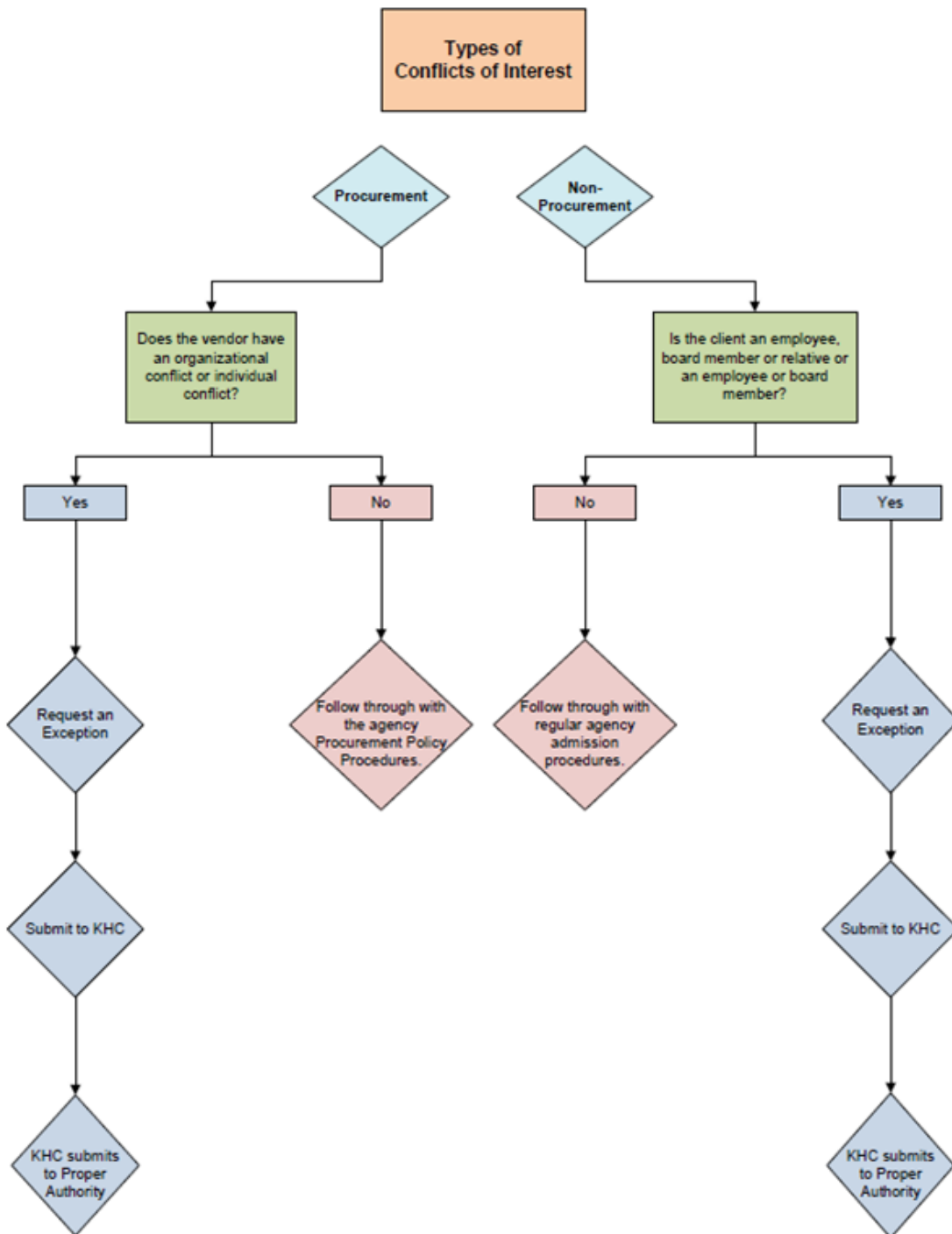
...For either him or herself, or for those with whom he or she has family or business ties, during his or her tenure or during the one-year period following his or her tenure.

**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.



## **Helpful Links**

- HUD Exchange website, Emergency Solutions Grant  
Page: <https://www.hudexchange.info/esg>
- Emergency Solutions Grant Interim Rule 24 CFR Parts 91 and 576: [https://www.hudexchange.info/resources/documents/HEARTH\\_ESGInterimRule&ConPlanConformingAmendments.pdf](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf)
- Defining Homeless Final Rule 24 576.2 <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr;sid=f4cb3f6fd1176e8fdc839249ef53f9da;rgn=div5;view=text;node=24%3A3.1.1.3.8;idno=24;cc=ecfr#24:3.1.1.3.8.1.1.2>
- OMB Circulars – NOW 2 CFR 200: <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=e9d04b6379450bca991cbebf947507e6&n=pt2.1.200&r=PART&ty=HTML>
- HUD Habitability Inspection Guidance:  
<https://www.Hudexchange.info/resource/3766/esg-minimum-habitability-standards-for-emergency-shelters-and-permanent-housing/>
- The Lead-Safe Housing  
Rule: [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/healthy\\_homes/enforcement/lshr](http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/enforcement/lshr)
- Disclosure of information on lead based paint: [http://www.hud.gov/offices/lead/library/enforcement/lesr\\_eng.pdf](http://www.hud.gov/offices/lead/library/enforcement/lesr_eng.pdf)
- Protect Your Family from Lead Booklet: <http://www2.epa.gov/lead/protect-your-family-lead-your-home>
- Fair Market Rent limits: <http://www.huduser.org/portal/datasets/fmr.html>
- Model Personnel Activity Reports (PAR) that Comply with OMB Circular A-122:  
[http://portal.hud.gov/hudportal/documents/huddoc?id=ohc\\_mpar080112.pdf](http://portal.hud.gov/hudportal/documents/huddoc?id=ohc_mpar080112.pdf)
- Guidance between Renovation and Maintenance activities:  
<https://www.hudexchange.info/news/snaps-shots-emergency-shelters-distinguishing-between-renovation-conversion-and-maintenance-activities>
- 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>.

## **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](#)
- [ESG Data Collection Forms](#)
- [KYHMIS Agency-Related Forms](#)
- [KYHMIS Training Videos](#)