



# **Palm Beach County Permanent Supportive Housing Program Standards**

## **PERMANENT SUPPORTIVE HOUSING INTRODUCTION**

**Permanent Supportive Housing (PSH)** – community-based housing without a designated length of stay. To be in permanent housing, the program participant must be the tenant on a lease/occupancy agreement for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause. Permanent supportive housing means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. (24 CFR 578.3)

### **Program standards ensure:**

- Program accountability to individuals and families experiencing homelessness
- Program compliance with HUD rules
- Program alignment with Housing First
- Program uniformity
- Adequate program staff competence and training, specific to the target population being served
- Units at entry and annually meet the Housing Quality Standards

## **PERMANENT SUPPORTIVE HOUSING CRITERIA**

The program will provide safe, affordable housing that meets participants' needs in accordance with participant intake practices and within HUD guidelines for permanent supportive housing programs.

### **Housing Guidelines:**

- Considers the needs of the individual or family experiencing homelessness;
- Provides assistance in accessing suitable housing;
- For those situations in which the organization is the landlord or is leasing from the landlord and subleasing to the participant, the organization signs the occupancy agreements, leases or subleases (as appropriate) with participants. For situations in which the participant is renting directly from the landlord, the organization reviews the lease with the participant and assists them in negotiating any necessary changes with the landlord.
- Signs addendum regarding Housing Quality Standard inspections if applicable (**Appendix A**);
- For those organizations that own and manage their own properties, the Housing Quality Standard Inspection must be completed by a third party. For those agencies who assist participants in securing a lease, the Housing Specialist will perform or arrange for performance of the Housing Quality Standard inspection and will present the outcomes to the landlord or property manager and the participant. Any necessary changes or repairs needed to meet the HQS must be made before the lease is signed by the participant and the landlord or property manager. The Housing Specialist will review the Addendum to the Lease regarding Quality Standard Inspection repair and timeframes with the landlord or property manager. The Case Manager and/or Housing Specialist will discuss the

Addendum to the Lease regarding Quality Standard Inspection repair timeframes (Appendix A) with the participant prior to participant signing. This addendum will be signed at the time of the lease to ensure the unit meets Housing Quality Standards at all times. Should the landlord fail to meet the timeframes outlined in the Addendum, then the Case Manager will arrange to move the participant as quickly as possible.

- Signs addendum for Violence Against Women’s Act (VAWA) (Form HUD-91067) **(Appendix B)**;
- Enters into a lease agreement for a term of at least one year, which is renewable for terms that are a minimum of one month long, terminable only for cause;
- Not impose occupancy charges as a condition of residing in the housing and;
- Charge rent not to exceed the highest of:
  - a. 30% of the household’s monthly adjusted gross income
  - b. 10% of the household’s monthly income
- Rent should be re-calculated on an annual basis for each participant based on their income, and may be recalculated more often at the participant’s request if there is a reduction in income or change in household composition;
  - a. For a comprehensive overview of how to determine income and calculate rent, please review Section 5.609 and 5.611(a) and Section 578.77 of the CoC Program Interim Rule.
- Provision of housing and related services are provided without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or genetic information;
- Allows the right to dress in accordance with the gender with which a participant self-identifies;
- Participants receive services/support consistent with their self-identified gender.

## **DEFINITIONS**

### **Person-Centered Approach to Service Delivery:**

The programs utilize a respectful, strengths-based approach that views the individual and/or family as a whole. This approach is useful in areas of participant engagement and helps to overcome resistance. Each person is unique with special talents and abilities. Staff assist participants to identify their dreams, their strengths, barriers to housing, and help them to identify short- and long-term goals. Together, these serve as powerful motivators to help people change their lives. Participants are centrally involved in determining their individual goals, plan for discharge, and the type and intensity of services that they receive.

### **Literally Homeless (Category 1):**

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;

- Is living in a 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 and local government programs);
- Is exiting an institution where (s)he has 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;

**Category 2 Homeless (Only Homeless Youth aged 24 and under are eligible for permanent supportive housing under this category)**

An individual or family who will imminently lose their primary nighttime residence, provided that:

1. Residence will be lost within 14 days of the date of application for homeless assistance;
2. No subsequent residence has been identified; *and*
3. The individual or family lacks the resources or support networks needed to obtain other permanent housing.

*Note:* Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.

**Category 4 Homeless (Updated based on Section 605 of VAWA 2022)**

Any individual or family who:

1. Is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized;
2. Has no other safe residence; *and*
3. Lacks the resources to obtain other safe permanent housing.

**Disabling Condition:**

Verification of a disabling condition can be completed as per the instructions outlined on the Supportive Housing Program Verification of Disability form (**Appendix F**). HUD defines a disabling condition as:

- A. A disability as defined in Section 223 of the Social Security Act (as documented by the Social Security Administration);
- B. For individuals with psychiatric disabilities, chronic substance abuse, and HIV/AIDS: a physical, mental, or emotional impairment, which is

- i. expected to be of long-continued and indefinite duration,
  - ii. substantially impedes an individual's ability to live independently, and
  - iii. of such a nature that such ability could be improved by more suitable housing conditions;
- C. A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
- D. The disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome.

**Chronic Homelessness:**

HUD defines chronic homelessness as:

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

\*A "break" in homeless is considered to be 7 or more nights.

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

**Gender Minorities:**

Gender Minorities may include individuals whose gender identity and/or gender expression may be different from their assigned gender at birth irrespective of physical appearance, surgical status, or documentation of identity.

**Vulnerability Index - Service Prioritization Decision Assistance Tool (VI SPDAT & SPDAT):**

Both are an evidence-informed approach to assessing acuity (OrgCode Consulting).

- **VI-SPDAT** is a triage tool. It looks for the presence of an issue.

- **SPDAT** is an assessment tool. It looks at the nuances of the depth and impacts of what is happening in the person or family's life. The SPDAT tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family's life where support is most likely necessary in order to avoid housing instability

### **Family:**

Family includes, but is not limited to the following (regardless of actual or perceived sexual orientation, gender identity, or marital status): a group of persons residing together. Following enrollment into a permanent supportive housing program, individuals may be added to a family by way of birth, adoption or marriage. Any other changes to the household composition must be approved by the permanent supportive housing program on a case by case basis.

## **PSH GUIDING PRINCIPLES**

### **Housing Focused Service Delivery Components Provided in Permanent Supportive Housing:**

Homelessness is first and foremost a housing problem and should be treated as such. Therefore, the guiding principle of permanent supportive housing is permanent housing. The principal components of Housing Focused Service Delivery are:

- **Housing, Resource, and Support Services Assessment** which focuses on housing needs, preferences, and barriers; resource acquisition (e.g., entitlements); and identification of services needed to sustain housing
- **Housing placement assistance** including housing location and placement; financial assistance with housing costs (e.g., security deposit, first month's rent, move-in and utilities connection, short- or long-term housing subsidies); advocacy and assistance in addressing housing barriers (e.g., poor credit history or debt, prior eviction, criminal conviction)
- **Case management services** specifically focused on obtaining and sustaining permanent housing

## **OTHER GUIDING PRINCIPLES**

- The health and safety of participants, volunteers and staff is of the highest importance in each PSH program. Training, policies, procedures and ongoing assessments are intended to encourage, improve and maintain the health and safety of all people residing in PSH programs.
- In order to provide effective PSH programs and services, housing participants should be afforded the opportunity to have a voice in service provision, program planning, and policy development.

- PSH programs are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and coordinated services.
- People who are homeless should be stabilized in permanent housing as quickly as possible and connected to resources necessary to sustain that housing.
- Case Managers will meet at a minimum of once a week during the transition into housing for at least the first 4 weeks and then as defined by the participant's Service Plan. Case Managers should maintain phone contact as participant progresses towards sustaining permanent housing.
- Participants shall be moved into housing as rapidly as possible.
- Compliance with the Permanent Supportive Housing Standards will be a contract requirement to apply/renew PSH funding.

## **APPROACH TO DELIVERING SERVICES**

Permanent Supportive Housing Programs administer services utilizing a housing first approach with no barriers to housing entry. Housing First is a whole-system orientation that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports needed to keep their housing and avoid returning to homelessness. The approach begins with an immediate focus on helping individuals and families secure housing. Income, sobriety and/or participation in treatment or other services are not required as a condition for securing housing. All services are voluntary and are not a condition for retaining housing. Housing provides people with a foundation from which they can pursue other goals. Tenants are assisted in developing or improving skills for independent living while they live in permanent housing instead of requiring them to be housing ready first.

Notwithstanding its emphasis on a Housing First approach, HUD also recognizes the importance of providing individual choice to support various paths towards recovery. Some people pursuing recovery from addiction express a preference for an abstinence-focused residential or housing program where they can live among and be supported by a community of peers who are also focused on pursuing recovery from addiction—environments that are provided by Recovery Housing programs (HUD Recovery Housing Policy Brief).

Palm Beach County adheres to the following principles of Housing First in its PSH programs:

- Admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services. Applicants have a choice about where they want to be housed based upon their available resources (affordability), circumstances (appropriateness) and involvement of landlords to rent to the service participant.
  - Consistent with funding source regulations/rules, participants may be placed in a unit located outside of Palm Beach County, provided that the agency is able to

provide an equivalent level of services as would be provided for units located within the County. Approval to locate a household in a Permanent Supportive Housing unit outside of Palm Beach County will be done on a case by case basis.

- Applicants are not expected to graduate through a continuum before accessing permanent housing (for example: from street to shelter; shelter to transitional housing; transitional housing to permanent housing). Applicants can move directly from their homelessness into permanent housing. Housing is not used as a reward.
- Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions, or behaviors that indicate a lack of “housing readiness.” Applicant’s past criminal convictions may limit the availability of potential units, or ability to be placed into certain programs, such as those that are single site.
- Housing accepts referrals directly from shelters, street outreach, drop-in centers, and other parts of the approved coordinated assessment system frequented by vulnerable people experiencing homelessness.
- Applicants do not need to be compliant with a treatment program i.e. medical, mental health or substance abuse to be housed. However, applicants must follow the requirements outlined in their lease in order to remain in their housing unit.
- Applicants do not need to be compliant with medications to be housed.
- Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly participant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing tenancy. PSH programs may require case management as condition of receiving rental assistance.
- Use of alcohol or drugs in and of itself is not considered a reason for eviction. However, applicants must follow the requirements outlined in their lease in order to remain in their housing unit.
- Participant selection for permanent supportive housing includes a prioritization of eligible participants based on the criteria approved in the Palm Beach County Standards for Coordinated Intake and Assessment which are in compliance with CPD-16-11.
- Participants are given reasonable flexibility in paying their tenant share of rent on time and offered special payment arrangements (e.g. a payment plan) as defined by individual program guidelines for rent arrears and/or assistance with financial management (including representative payee arrangements). Participant refusal to pay their tenant share of rent may be handled by each program according to the requirements of the participant’s lease.
- Case managers are trained in and actively employ evidence-based practices for participant/tenant engagement such as motivational interviewing and person-centered service delivery.
- Participants are not coerced in any way to participate in the program, to select a particular housing unit, to participate in any other community programs, or in any other way.



- Services are provided by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of participant's lives. Participants are engaged in non-judgmental communication regarding drug and alcohol use, and where participants are offered education regarding how to avoid risky behaviors and engage in safer practices. Participants whose drug and alcohol use impacts the safety of minor children including the potential loss of their housing, will be reported to the Department of Children and Families.

## HOUSING QUALITY STANDARDS INSPECTION

- HQS & rent reasonableness must be completed prior to executing a master lease. These documents are good for twelve (12) months unless there is a change in tenants.
- Consistent with HUD rules, these Standards require that "rent reasonableness" be established before the home can be rented using HUD funding. There are two scales that must be considered.
  - The first is "Fair Market Rent" (FMR). This amount can be obtained from § <https://www.huduser.gov/portal/datasets/fmr.html>
  - The second is to establish "Rent Reasonableness" This means that the gross rent (rent plus utilities allowance) paid by the program must be reasonable in relation to rents being charged in the area for comparable space taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit.
  - To establish rent reasonableness, first, obtain the amount of the Local Utility Allowance, (**Appendix C**) and add that amount to the total monthly rent of the unit under consideration. Note that there are different allowances for different types of units: Multifamily (apartment), Row House/Town House, Single Family House, and Manufactured House, and be sure to use the correct allowance. Note that the utility allowance forms from the PBC Housing Authority should be used. They are the utility allowance amounts used on the [affordablehousing.com](http://affordablehousing.com) website.
  - Next, use [www.affordablehousing.com](http://www.affordablehousing.com) to obtain information about rentals prices in the area in which the client wants to rent. Choose at least three rentals that are comparable to the one you have located as a possibility for the client. Be sure they are comparable in terms of number of bedrooms, bathrooms, amenities, etc. [www.affordablehousing.com](http://www.affordablehousing.com) will automatically add the cost of the utility allowance to the properties used for comparison.
- Initial Rental Agreement or Occupancy Agreement should not be written for a time period that exceeds the end date of the master lease. For example, if the master lease was signed on February 1<sup>st</sup> and is good through January 31<sup>st</sup>, but the participant does not move in until April 1<sup>st</sup>, then the initial Rental Agreement or Occupancy Agreement should only be good through January 31<sup>st</sup>, too.
- HQS & rent reasonableness must be completed prior to re-negotiation of the master lease.
- HQS re-inspection must be completed within twelve (12) months of the initial master lease execution. Preference for the re-inspection is to be completed within 30 days prior

to the end of the lease period, but no earlier than 60 days prior to the lease period. In the case of emergencies (such as, infectious illness, natural disaster), the re-inspection may be delayed beyond twelve (12) months of the initial master lease execution. The nature of the emergency should be documented in the participant record. Following the resolution of the emergency, the re-inspection must then be completed within 7 business days.

- If a participant leaves before the end of the initial master lease time period, a new HQS must be completed and the initial Rental Agreement or Occupancy Agreement must only be written for the remaining term of the initial master lease.
- For monitoring purposes, the date the initial master lease is signed sets the timeframe for re-inspections, not the date of the Rental Agreement or Occupancy Agreement.
- The HQS Inspection Checklist approved by HUD as of 7/31/2022 is attached as **Appendix E** of this document.

## **CRITERIA**

- Housing Programs must be an active member in the PBC Coordinated Intake and Assessment System.
- Participants who are in need of housing services must be assessed and determined eligible to be placed onto the acuity list for Permanent Supportive Housing. This eligibility can be established through the Homeless Resource Center (HRC), which serves as the Central Point of Access, or by one of the Homeless Outreach Programs during off-site outreach. Once a participant is referred to a Permanent Supportive Housing provider, that provider is responsible for documenting participant eligibility for permanent supportive housing.
- As stated in the Palm Beach County Coordinated Entry Standards, all clients who are referred should have an active enrollment included in the PBC ByName list at the time of referral. This enrollment should remain active until the client is connected with the referring provider to ensure a warm transfer is provided and that the client continues to be homeless and in need of housing support during the transition period. Connection with referring provider will be confirmed by an open enrollment in the housing program.
- Eligibility: Individuals and families that lack the resources to obtain housing, and are “**Literally Homeless**” (meeting HUD’s Category 1), **Fleeing Domestic Violence** (meeting HUD’s Category 4). In the case of unaccompanied homeless youth, individuals and families may also be at **Imminent Risk of Homelessness** (meeting HUD’s Category 2).
  - Vacant beds must be filled based on chronic status and acuity from highest to lowest as per CPD-16-11.

Each Permanent Supportive Housing program may disqualify an individual or family for the following reasons:

- Criminal backgrounds might impact eligibility based on location of housing or program type (singles vs families). This is evaluated as per individual program guidelines.
- Previous tenancy within a Permanent Supportive Housing program which resulted in termination due to criminal activity, whether arrested or not, or egregious destruction of property. This is evaluated on a case by case basis as per individual program guidelines.

## **HOUSING PRIORITIZATION ACUITY LIST**

Screening is often a collaborative process that occurs within the broader homelessness crisis response system. The VI-SPDAT and SPDAT can be completed by the HRC Navigators or by any of the Homeless Outreach Program Staff that have been trained to administer it.

The HRC maintains a Housing Prioritization Acuity List which serves as the CoC's wait list regardless of how the individual or family is navigated. Participants are advised that once the SPDAT has been completed during the Coordinate Intake and Assessment process, whether they are placed on the Housing Prioritization Acuity List. For more information about the prioritization process, refer to the Palm Beach County Continuum of Care Written Standards of Operating Policies and Procedures for Coordinated Intake and Assessment.

## **ASSESSMENT PROCEDURES**

The SPDAT provides an assessment of participants utilizing an individualized, strengths-based, culturally responsive manner. The initial SPDAT is completed by a Navigator, Intake Staff or any staff conducting Outreach. Prior to acceptance into the program, the staff person who completed the SPDAT gathers the documentation of homelessness, chronic homelessness and disability and provides this information according to HUD's guidelines and PBC Coordinated Intake and Assessment Standards. Once the individual/family is referred to a housing program, the provider may obtain more in-depth information regarding an individual/family, upon their agreement, to document their eligibility.

Following the assessment, the case is reviewed and an acceptance decision is made. At that time, there is a warm handoff of the case from the Navigator/Outreach Staff to the PSH Program.

## **SERVICE PLANNING AND MONITORING**

Each individual/family participates in the development and ongoing review of the Service Plan that is the basis for delivery of appropriate services and support. The plan is developed with the full participation of the individual/family at the time of entry into the program. The plan is

completed within 30 days ( $\pm$  5 business days) of entrance into the program. The plan is signed by the case manager and individual/family.

Plan is individualized, person-centered, and focuses on the achievement of housing-specific goals based on the assessment. The Plan includes:

- Agreed upon goals, desired outcomes, and timeframes
- Services and supports to be provided, and by whom.
- Personal responsibility and self-determination

Service planning provides:

- Available service options
- How the organization can support the achievement of desired outcomes
- Benefits, alternatives, and risks or consequences of services

The Case Manager and participant regularly review progress toward achievement of service goals and sign revisions to service goals and plans at a scheduled case management meetings. When assessing the continuing appropriateness of service goals, it is important to consider the service recipient's current level of housing crisis, continuing need for services, and desired level of program participation. A short-term crisis response goal does not directly address longer-term goals such as treatment or rehabilitation.

The service plan needs reviewed at least quarterly. However, timeframes for the review should be adjusted depending upon: issues and needs of persons receiving services; frequency and intensity of services provided; and program goals. When the need for additional services is identified or a crisis occurs, reviews should occur more frequently.

## **CASE MANAGEMENT SERVICES**

In accordance with the Palm Beach County Continuum of Care Housing Focused Case Management Standards, the program shall provide access to case management services by trained staff to each individual or family participating in the program that are individually tailored to the needs and preferences of service recipients. As part of Case Management services the SPDAT will be administered at move in, 30 days, 90 days, 180 days, 270 days and 365 days ( $\pm$  5 business days for each assessment), and annually thereafter. For those legacy cases already in the program prior to implementation of the SPDAT, an initial SPDAT is required at the participant's anniversary date and then annually until the participant exits the program.

**Services may include but not be limited to:**

- Assessing, planning, coordinating, implementing and evaluating the overall service delivered to the participant;
- Helping participants learn to live in housing, maintain their housing in a safe manner, get along with fellow tenants and the landlord;

- Helping participants create support systems and participate in the community as they desire;
- Individualized budgeting and money management services are provided to program participants as offered by the program;
- Representative payee services may be provided;
- Basic life skills information, including housekeeping, menu planning and food preparation, consumer education, personal hygiene skills, leisure-time activities, transportation, and obtaining vital documents (Social Security card, birth certificate, etc);
- Interpersonal skill building, such as developing positive relationships with others, parenting skills, effective communication, decision making, conflict resolution, and stress management;
- Educational advancement, such as GED preparation and attainment, post-secondary training, and vocational education;
- Job preparation and attainment, such as career counseling, job preparation training, dress and grooming, job placement and job maintenance;
- Assistance in accessing mainstream benefits, including food stamps, child care assistance, and health insurance;
- Mental Health services, such as relapse prevention, crisis intervention, outpatient therapy, psychiatric services, or medication monitoring;
- Services, such as outpatient treatment, relapse prevention and crisis intervention;
- Physical health care, such as routine physicals, health assessments, and family planning education;
- Legal Services related to civil (rent arrears, family law, uncollected benefits) or criminal (warrants, minor infractions, etc.);
- Assistance with food, clothing and/or transportation and
- Planning a path to permanent housing stability

Housing programs may require participants to take part in case management, participants are not required to take part in disability-related services provided through the project as a condition of continued participation in the program. Examples of disability related services include, but are not limited to, mental health services, outpatient health services, and provision of medication, which are provided to a person with a disability to address a condition caused by the disability. For all programs, participants must, however, meet all terms and conditions of tenancy, including lease requirements.

## **TERMINATION**

Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

The program may terminate services when the following occurs:

- a. A participant is evicted by the landlord. Depending on the program type and the nature of the eviction, participant may continue to be enrolled in the program and assisted in finding other housing, if appropriate.

- b. Inability to document Housing Focused Case Management as defined by individual program guidelines.
- c. A participant engages in violent or aggressive behavior toward others, including program staff. This does not include situations where the participant or their household member(s) were the victim of domestic violence (Violence Against Women Act Reauthorization Act of 2022).

**i. Violence Against Women Act Reauthorization Act of 2022 (VAWA 2022)**

**Requirements for Emergency Transfer Plan: Palm Beach County's Continuum of Care, by and through its various social service, public health, faith-based and governmental partners,** in accordance with the federal Violence Against Women Act at 42 U.S.C. 13925 and 42 U.S.C. 14043e et seq. as amended by the Violence Against Women Act Reauthorization Act of 2022 (VAWA 2022) and the implementing regulations for VAWA at 24 CFR part 5, subpart L (the "Implementing Regulations"), is required by law to have in place an Emergency Transfer Plan to assist victims of domestic violence, dating violence, sexual assault, or stalking, as those terms are defined in the Implementing Regulations and further defined in VAWA 2022, and those who experienced a sexual assault which occurred at their residence in the 90 days preceding their request for a move. Persons defined above can request an emergency transfer for themselves and their household if they (1) expressly requesting the transfer; and (2)(a) reasonably believe there is a threat of imminent harm from further violence if they remain in the same unit; or (2)(b) in the case of sexual assault, the sexual assault occurred at their housing during the 90-calendar-day period preceding the date of the transfer request. Public housing agencies and other covered housing programs must adopt an emergency transfer plan, which must among other requirements, allow them to make an internal emergency transfer (to a unit where they would not be categorized as a new applicant) when a safe unit is immediately available. A safe unit is a unit that the person believes is safe. (See [24 C.F.R. § 5.2005\(e\)](#)).

More information regarding eligibility and documentation required for emergency transfer is provided in **Appendix G**, Palm Beach County Emergency Transfer Plan For Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking. HUD is in the process of updating these requirements and is expected that this Transfer Plan will be updated in the near future.

Housing Programs must follow the due process provisions outlined in 24 CFR 578.91 and defined in their Program Handbooks. Termination must include a formal process that recognizes the rights of individuals receiving assistance under the due process of law.

Termination process, at minimum, must consist of:

- Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
- Written notice to the program participant containing a clear statement of the reason for termination;

- Review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
- Prompt written notice of the final decision to the program participant.

Termination under this section does not bar the recipient or sub-recipient from providing further assistance at a later date to the same individual or family.

### **FOLLOW-UP SERVICES**

The program may provide a continuity of services to all participants following their exit from the program. These services can be provided directly and/or through referrals to other agencies or individuals or by monitoring the Homeless Management Information System (HMIS).

Follow up may include but not be limited to:

- Develops exit plans to ensure continued housing stability and connection with community resources, as desired.
- Attempts to follow up with phone or written contact after the participant exits the program.
- Provide follow-up services that include identification of additional needs and referral to other agency or community resources;
- Services may be provided to formerly homeless individuals or families for up to six months after their exit from homelessness or as program resources allow. Follow up services for a participant that was housed in a HUD CoC funded project that include support services costs must be provided through outside program resources (i.e., it is not an eligible expense under HUD CoC funding).

### **PERSONNEL**

The Housing Program shall be adequately staffed by qualified personnel to ensure quality service delivery, effective program management, and the safety of program participants.

#### **Staffing Criteria:**

- Employees and/or volunteers with appropriate knowledge, or experience, for working with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability;
- Provides training to all paid and volunteer staff on both the policies and procedures employed by the program and on specific skill areas as determined by the program;
- Provides ongoing and/or external training, and development to further enhance knowledge and ability to work with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability;
- Abides by the standard operating procedures found in the HMIS Policies and Procedures manual and in the Palm Beach County Continuum of Care Housing Focused Case Management Standards, and adheres to the privacy and confidentiality terms set forth in the User Agreement.

- Agency staff with responsibilities for supervision of the casework, counseling, and/or case management components have, at a minimum, a bachelor's degree in a human service-related or experience in working with the individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability.

## **PARTICIPANT FILES**

Case Files are maintained to include up to date documentation necessary for the effective delivery and tracking of service and kept confidential.

Files at a minimum will include but not be limited to and adhere to:

- Information required by HUD, participation agreements, SPDAT's, service plans, case notes, information on the services provided both directly and through referrals to community agencies and individuals, and any follow-up and evaluation data that are compiled;
- Participant information verifying data has been entered into HMIS in accordance with the data quality, timeliness and additional requirements found in the HMIS Policies and Procedures manual;
- Certification of Domestic Violence Form should be given at each lease signing and in the case of termination, in accordance with Violence Against Women's Act (VAWA) (**Appendix B**);
- Files will be maintained for each participant in a secure place and shall not disclose information from the file without the written permission of the participant's as appropriate except to project staff and other agencies as required by law;
- Informed consent to release any participant identifying data to be utilized for referrals, research, teaching and public interpretation;
- Retained for seven (7) years after the expenditure of all CoC funds from the grant under which the participant was served. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.
- Projects that utilized CoC funds for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 20 years after the date that the project site is first occupied, or used, by program participants; and
- Records pertaining to other funding sources must adhere to those record retention requirements.

## **EVALUATION AND PLANNING**

Housing Programs will participate in ongoing program planning and evaluation.

Evaluation will include but not be limited to:

- Written goals and objectives for its services that meet the outcomes required by HUD;
- Reviews the case management, housing, and follow-up needs and existing services that are available to meet participant needs;
- Revisions, as appropriate to goal, objectives and activities made based on program evaluation.



## Performance Evaluations

- Employment and Income Growth for Adult Leavers and Stayers within the grant period
- Obtain and Maintain Mainstream Benefits
- Retention of Permanent Housing
- Exit Destinations to Permanent Housing

## **List of Appendices:**

Appendix A: Housing Quality Inspection Addendum

Appendix B: Certification of Domestic Violence, Sexual Assault, or Stalking, and Alternate Documentation

Appendix C: Utility Allowances

Appendix E: Housing Quality Inspection Checklist

Appendix F: Supportive Housing Program Verification of Disability Form

Appendix G: Palm Beach County Emergency Transfer Plan

**Adopted by the Homeless and Housing Alliance Membership-  
Reviewed and Updated by the Supportive Services Pillar—September 12, 2023**

Addendum to the Residential lease between \_\_\_\_\_  
(Landlord)

And \_\_\_\_\_ for the apartment located at  
(Tenant)

\_\_\_\_\_  
(Location)

The above reference apartment is a \_\_\_\_\_ and is leased at a rate  
(#of bedrooms & baths)

equal or less than other comparable units in the complex.

Tenant has the right to terminate the lease in the event that HUD funding is discontinued or if the landlord fails to keep the property in compliance with HUD Quality Standard Inspection requirements. The landlord will have 30 days to correct the Quality Standards Deficiencies following notification of the actual problems with the property unless the issue affects immediate safety of the resident. According to HUD guidelines an emergency (life threatening) violation must be corrected within 24 hours.

\_\_\_\_\_  
Signature of Leasing Agent/Landlord

\_\_\_\_\_  
Date

**CERTIFICATION OF U.S. Department of Housing  
DOMESTIC VIOLENCE, and Urban Development  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

OMB Approval No. 2577-0286

**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.

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**Client Signature**

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**Date**

**Utility Allowance Schedule**

See Public Reporting and Instructions on back.

U.S. Department of Housing and Urban Development  
Office of Public and Indian HousingOMB Approval  
No. 25577-0169  
exp.7/31/2022

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Date (mm/dd/yyyy):

Locality: <b>Palm Beach County Housing Authority, FL</b>		Unit Type: <b>Multi-Family (High-Rise/Condo/Garden/ Apartment/Row House/Townhouse/Semi-Detached/ Duplex)</b>					
Utility or Service: <b>Palm Beach County, City of Lake Worth, West Palm Beach, Riviera Beach</b>		<b>0 BR</b>	<b>1 BR</b>	<b>2 BR</b>	<b>3 BR</b>	<b>4 BR</b>	<b>5 BR</b>
		Monthly Dollar Allowances					
<b>Heating</b>							
a.	Natural Gas	\$19.00	\$21.00	\$21.00	\$21.00	\$21.00	\$23.00
b.	Bottle Gas/Propane	\$53.00	\$59.00	\$59.00	\$59.00	\$59.00	\$64.00
c.	Electric	\$5.00	\$6.00	\$7.00	\$7.00	\$7.00	\$8.00
d.	Electric (City of Lake Worth, Riviera Beach, West Palm Beach)	\$6.00	\$7.00	\$7.00	\$8.00	\$8.00	\$8.00
e.	Electric Heat Pump	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$8.00
f.	Electric Heat Pump (City of Lake Worth, Riviera Beach)	\$5.00	\$6.00	\$7.00	\$8.00	\$8.00	\$9.00
<b>Cooking</b>							
a.	Natural Gas	\$7.00	\$7.00	\$12.00	\$14.00	\$19.00	\$21.00
b.	Bottle Gas/Propane	\$18.00	\$18.00	\$29.00	\$41.00	\$53.00	\$59.00
c.	Electric	\$5.00	\$6.00	\$9.00	\$11.00	\$14.00	\$16.00
d.	Electric (City of Lake Worth, Riviera Beach, West Palm Beach)	\$5.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00
<b>Other Electric &amp; Cooling</b>							
Other Electric (Lights & Appliances)		\$19.00	\$22.00	\$31.00	\$40.00	\$48.00	\$57.00
Other Electric (Lights & Appliances) (City of Lake Worth, Riviera Beach, West Palm Beach)		\$21.00	\$24.00	\$34.00	\$43.00	\$53.00	\$62.00
Air Conditioning		\$20.00	\$23.00	\$32.00	\$41.00	\$50.00	\$59.00
Air Conditioning (City of Lake Worth, Riviera Beach, West Palm Beach)		\$21.00	\$25.00	\$35.00	\$44.00	\$54.00	\$64.00
<b>Water Heating</b>							
a.	Natural Gas	\$14.00	\$16.00	\$23.00	\$28.00	\$35.00	\$42.00
b.	Bottle Gas/Propane	\$41.00	\$47.00	\$64.00	\$76.00	\$94.00	\$117.00
c.	Electric	\$11.00	\$13.00	\$16.00	\$20.00	\$23.00	\$27.00
d.	Electric (City of Lake Worth, Riviera Beach, West Palm Beach)	\$12.00	\$14.00	\$18.00	\$21.00	\$25.00	\$29.00
<b>Water, Sewer, Trash Collection</b>							
Water (Palm Beach County)		\$20.00	\$20.00	\$27.00	\$34.00	\$40.00	\$47.00
Water (City of Lake Worth)		\$33.00	\$34.00	\$41.00	\$49.00	\$58.00	\$68.00
Water (City of Riviera Beach)		\$30.00	\$31.00	\$35.00	\$41.00	\$47.00	\$53.00
Water (City of West Palm Beach)		\$41.00	\$41.00	\$47.00	\$54.00	\$62.00	\$69.00
Sewer (Palm Beach County)		\$31.00	\$31.00	\$35.00	\$38.00	\$42.00	\$45.00
Sewer (City of Lake Worth)		\$33.00	\$34.00	\$39.00	\$44.00	\$49.00	\$54.00
Sewer (City of Riviera Beach)		\$28.00	\$28.00	\$32.00	\$37.00	\$41.00	\$45.00
Sewer (City of West Palm Beach)		\$36.00	\$37.00	\$46.00	\$54.00	\$63.00	\$72.00
Trash Collection (Palm Beach County)		N/A	N/A	N/A	N/A	N/A	N/A
Trash Collection (City of Riviera Beach)		\$22.00	\$22.00	\$22.00	\$22.00	\$22.00	\$22.00
Trash Collection (City of West Palm Beach)		\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00

# Utility Allowance Schedule

See Public Reporting and Instructions on back.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

OMB Approval  
No. 25577-0169  
exp.7/31/2022

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

<b>Tenant-supplied Appliances</b>						
Range / Microwave Tenant-supplied	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Refrigerator Tenant-supplied	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
<b>Other--specify: Monthly Charges</b>						
Electric Charge \$10.11	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Electric Charge (City of Lake Worth, Riviera Beach, West Palm Beach)	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Natural Gas Charge \$12.38	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
<b>Actual Family Allowances</b>			Utility or Service		per month cost	
To be used by the family to compute allowance. <i>Complete below for the actual unit rented.</i>			Heating		\$	
			Cooking		\$	
Name of Family			Other Electric		\$	
			Air Conditioning		\$	
			Water Heating		\$	
			Water		\$	
Address of Unit			Sewer		\$	
			Trash Collection		\$	
			Range / Microwave		\$	
			Refrigerator		\$	
			Other		\$	
			Other		\$	
Number of Bedrooms			Total		\$	



# Utility Allowance Schedule

See Public Reporting and Instructions on back.

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

OMB Approval  
No. 25577-0169  
exp.7/31/2022

Date (mm/dd/yyyy):

Locality: <b>Palm Beach County Housing Authority, FL</b>		Unit Type: <b>Single-Family (Detached House/Mobile Home)</b>				
Utility or Service: <b>Palm Beach County, City of Lake Worth, West Palm Beach, Riviera Beach</b>	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Monthly Dollar Allowances						
<b>Heating</b>						
a. Natural Gas	\$26.00	\$30.00	\$30.00	\$30.00	\$30.00	\$33.00
b. Bottle Gas/Propane	\$70.00	\$82.00	\$82.00	\$82.00	\$82.00	\$88.00
c. Electric	\$8.00	\$9.00	\$10.00	\$10.00	\$11.00	\$11.00
d. Electric (City of Lake Worth, Riviera Beach, West Palm Beach)	\$9.00	\$10.00	\$11.00	\$11.00	\$11.00	\$12.00
e. Electric Heat Pump	\$6.00	\$7.00	\$9.00	\$10.00	\$11.00	\$12.00
f. Electric Heat Pump (City of Lake Worth, Riviera Beach, West Palm Beach)	\$7.00	\$8.00	\$10.00	\$11.00	\$12.00	\$13.00
g. Oil						
<b>Cooking</b>						
a. Natural Gas	\$7.00	\$7.00	\$12.00	\$14.00	\$19.00	\$21.00
b. Bottle Gas/Propane	\$18.00	\$18.00	\$29.00	\$41.00	\$53.00	\$59.00
c. Electric	\$5.00	\$6.00	\$9.00	\$11.00	\$14.00	\$16.00
d. Electric (City of Lake Worth, Riviera Beach, West Palm Beach)	\$5.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00
<b>Other Electric &amp; Cooling</b>						
Other Electric (Lights & Appliances)	\$28.00	\$33.00	\$45.00	\$58.00	\$71.00	\$84.00
Other Electric (Lights & Appliances) (City of Lake Worth, Riviera Beach, West Palm Beach)	\$30.00	\$36.00	\$49.00	\$63.00	\$77.00	\$91.00
Air Conditioning	\$15.00	\$18.00	\$40.00	\$62.00	\$85.00	\$107.00
Air Conditioning (City of Lake Worth, Riviera Beach, West Palm Beach)	\$17.00	\$19.00	\$44.00	\$68.00	\$92.00	\$116.00
<b>Water Heating</b>						
a. Natural Gas	\$16.00	\$19.00	\$28.00	\$37.00	\$44.00	\$54.00
b. Bottle Gas/Propane	\$47.00	\$53.00	\$76.00	\$100.00	\$123.00	\$147.00
c. Electric	\$13.00	\$16.00	\$20.00	\$25.00	\$29.00	\$33.00
d. Electric (City of Lake Worth, Riviera Beach, West Palm Beach)	\$15.00	\$17.00	\$22.00	\$27.00	\$31.00	\$36.00
e. Oil						
<b>Water, Sewer, Trash Collection</b>						
Water (Palm Beach County)	\$20.00	\$20.00	\$27.00	\$34.00	\$40.00	\$47.00
Water (City of Lake Worth)	\$33.00	\$34.00	\$41.00	\$49.00	\$58.00	\$68.00
Water (City of Riviera Beach)	\$30.00	\$31.00	\$35.00	\$41.00	\$47.00	\$53.00
Water (City of West Palm Beach)	\$41.00	\$41.00	\$47.00	\$54.00	\$62.00	\$69.00
Sewer (Palm Beach County)	\$31.00	\$31.00	\$35.00	\$38.00	\$42.00	\$45.00
Sewer (City of Lake Worth)	\$33.00	\$34.00	\$39.00	\$44.00	\$49.00	\$54.00
Sewer (City of Riviera Beach)	\$28.00	\$28.00	\$32.00	\$37.00	\$41.00	\$45.00
Sewer (City of West Palm Beach)	\$36.00	\$37.00	\$46.00	\$54.00	\$63.00	\$72.00

# Utility Allowance Schedule

See Public Reporting and Instructions on back.

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval

No. 25577-0169

exp.7/31/2022

Trash Collection (Palm Beach County)	N/A	N/A	N/A	N/A	N/A	N/A
Trash Collection (City of Rivera Beach)	\$22.00	\$22.00	\$22.00	\$22.00	\$22.00	\$22.00
Trash Collection (City of West Palm Beach)	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
<b>Tenant-supplied Appliances</b>						
Range / Microwave Tenant-supplied	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Refrigerator Tenant-supplied	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
<b>Other--specify: Monthly Charges</b>						
Electric Charge \$10.11	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Electric Charge \$10.81(City of Lake Worth, Riviera Beach, West Palm Beach)	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Natural Gas Charge \$12.38	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
<b>Actual Family Allowances</b>			Utility or Service		per month cost	
To be used by the family to compute allowance. Complete below for the actual unit rented.			Heating		\$	
			Cooking		\$	
Name of Family			Other Electric		\$	
			Air Conditioning		\$	
			Water Heating		\$	
Address of Unit			Water		\$	
			Sewer		\$	
			Trash Collection		\$	
			Range / Microwave		\$	
			Refrigerator		\$	
Number of Bedrooms			Other		\$	
			Other		\$	
			Total		\$	





# Inspection Checklist

**U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing**

**Appendix E**

Housing Choice Voucher Program

OMB Approval No. 2577-0169 (Exp. 07/31/2022)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector	Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection Initial            Special            Reinspection	Date of Last Inspection (mm/dd/yyyy)	PHA

**A. General Information**

Inspected Unit	Year Constructed (yyyy)																									
Full Address (including Street, City, County, State, Zip)		<table style="width:100%; border: none;"> <tr> <td style="width:15%;">Housing Type (check appropriate)</td> <td style="width:85%;">as</td> </tr> <tr> <td>Single Family Detached</td> <td></td> </tr> <tr> <td>Duplex or Two Family</td> <td></td> </tr> <tr> <td>Row House or Town House</td> <td></td> </tr> <tr> <td>Low Rise: 3, 4 Stories, Including Garden Apartment</td> <td></td> </tr> <tr> <td>High Rise; 5 or More Stories</td> <td></td> </tr> <tr> <td>Manufactured Home</td> <td></td> </tr> <tr> <td>Congregate Cooperative</td> <td></td> </tr> <tr> <td>Independent Residential Group</td> <td></td> </tr> <tr> <td>Single Room Occupancy</td> <td></td> </tr> <tr> <td>Shared Housing</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </table>	Housing Type (check appropriate)	as	Single Family Detached		Duplex or Two Family		Row House or Town House		Low Rise: 3, 4 Stories, Including Garden Apartment		High Rise; 5 or More Stories		Manufactured Home		Congregate Cooperative		Independent Residential Group		Single Room Occupancy		Shared Housing		Other	
Housing Type (check appropriate)	as																									
Single Family Detached																										
Duplex or Two Family																										
Row House or Town House																										
Low Rise: 3, 4 Stories, Including Garden Apartment																										
High Rise; 5 or More Stories																										
Manufactured Home																										
Congregate Cooperative																										
Independent Residential Group																										
Single Room Occupancy																										
Shared Housing																										
Other																										
Number of Children in Family Under 6																										
<b>Owner</b>																										
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number																								
Address of Owner or Agent																										

**B. Summary Decision On Unit (To be completed after form has been filled out)**

Pass	Fail	Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	

**Inspection Checklist**

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					

1.4	Security				
1.5	Window Condition				
1.6	Ceiling Condition				
1.7	Wall Condition				
1.8	Floor Condition				

Previous editions are obsolete

\* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;  
3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.	1. Living Room (Continued)	Yes Pas	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
<b>2. Kitchen</b>						
2.1	Kitchen Area Present					
2.2	Electricity					
2.3	Electrical Hazards					
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition					
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					
<b>3. Bathroom</b>						
3.1	Bathroom Present					
3.2	Electricity					
3.3	Electrical Hazards					
3.4	Security					
3.5	Window Condition					
3.6	Ceiling Condition					
3.7	Wall Condition					

3.8 Floor Condition					
3.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
3.10 Flush Toilet in Enclosed Room in Unit					
3.11 Fixed Wash Basin or Lavatory in Unit					
3.12 Tub or Shower in Unit					
3.13 Ventilation					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date(mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear _____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two Square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear _____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two Square feet per room and/or 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear _____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two Square feet per room and/or more than 10% of a component?				<input type="checkbox"/> Not Applicable	

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code * and Room Location				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear _____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear _____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
4.10	Smoke Detectors					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				Not Applicable	
6.7	Manufactured Home: Tie Downs					
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
<b>8. General Health and Safety</b>						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead -Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

**C. Special Amenities (Optional)**

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

**Living Room**

- High quality floors or wall coverings
- Working fireplace or stove
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

**Kitchen**

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven/self cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family
- Other: (Specify)

**Other Rooms Used for Living**

- High quality floors or wall coverings
- Working fireplace or stove
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

**Bath**

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: (Specify)

**Overall Characteristics**

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weather stripping)
- Screen doors or windows
- Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: (Specify)

**Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability

**D. Questions to Ask the Tenant (Optional)**

1. Does owner make repairs when asked?
  
2. How many people live here? \_\_\_\_\_
  
3. How much money do you pay to the owner/agent for rent? \$ \_\_\_\_\_
  
4. Do you pay for anything else? (specify) \_\_\_\_\_
  
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range \_\_\_\_\_ Refrigerator \_\_\_\_\_ Microwave \_\_\_\_\_
  
6. Is there anything else you want to tell us? (specify)

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Previous editions are obsolete

**E. Inspection Summary/Comments (Optional)**

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Item #	Reason for "Fail" or "Pass with Comments"
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\_\_\_\_\_  
Tenant #

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date of Inspection

Type of Inspection



Continued on additional page    Yes    No

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Previous editions are obsolete

HUD-52580 (4/2015) ref Handbook 7420.8

## Supportive Housing Program Verification of Disability Form

### Instructions:

A qualified professional with one of the following credentials (MD, DO, LCPC, LCSW, APRN-BC, NP) must complete this form. Sections 1 & 2 of the form which apply to:

\_\_\_\_\_ **DOB:** \_\_\_\_\_

### Section 1: Applies to individuals with Psychiatric Disabilities, Chronic Substance Abuse and HIV/AIDS.

The above individual is an adult having a physical, mental or emotional impairment that:

- (a) is expected to be of long-continued and indefinite duration.
- (b) substantially impedes the person's ability to live independently.
- (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

If A, B, and C are true then please check 'Yes', otherwise check 'No':  Yes  No

### Section 2: Applies to all individuals.

For each numbered item below, mark an 'X' in the box that accurately describes the person listed above.

1.  Yes  No Has a physical, mental or emotional impairment that is expected to be long-continued and indefinite duration, substantially impedes the person's ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2.  Yes  No Is a person with developmental disability, as defined in Section 102(7) of the developmental Disability Assistance and Bill of Rights Act (42 U.S.C. 6001(8), i.e., a person with a severe chronic disability that:
  - a) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b) Is manifested before the person attains age 22;
  - c) Is likely to continue indefinitely;
  - d) Results in substantial functional limitation in three or more of the following areas of major life activity:
    - i. Self-Care
    - ii. Receptive and Expressive Language
    - iii. Learning
    - iv. Mobility
    - v. Self-Direction
    - vi. Capacity for Independent Living
    - vii. Economic Self-Sufficiency
  - e) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3.  Yes  No A person with a chronic mental illness, i.e. he or she has a severe and persistent mental or emotional impairment that seriously limits her of her ability to live independently to live independently, and whose impairment could be improved by more suitable housing conditions.
4.  Yes  No A person whose sole impairment is alcoholism or drug addiction.

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**Name and Title of person supplying the information**

**Firm/Organization Name**

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**Signature**

**Date**

**Release:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

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**Signature**

**Date**

**NOTE TO APPLICANT/TENANT:** You do not have to sign this form if either the requesting organization or the organization providing the information is left blank.

**Palm Beach County Emergency Transfer Plan**  
**For**  
**Victims of Domestic Violence, Dating Violence,**  
**Sexual Assault or Stalking**

**Effective August 23, 2018**

**This Plan is also available on the Homeless and Housing Alliance website as well as the Ending Homelessness website.**

**Palm Beach County's Continuum of Care, by and through its various social service, public health, faith-based and governmental partners**, in accordance with the federal Violence Against Women Act at 42 U.S.C. 13925 and 42 U.S.C. 14043e et seq. ("VAWA") and the implementing regulations for VAWA at 24 CFR part 5, subpart L (the "Implementing Regulations"), is required by law to extend special concerns and efforts to and on behalf of a certain class of tenants who live in housing located within Palm Beach County, or under certain programs, a certain class of tenants who live in eligible housing located within Palm Beach County, an a certain class of homeless persons who live in Palm Beach County, each of who benefit from or are supported by funding provided by program of U.S. Department of Housing and Urban Development (HUD)(such persons, collectively, are Eligible Persons).

### **About VAWA**

VAWA provides certain protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not limited to only women but instead are available equally to all qualifying individuals regardless of sex, sexual orientation, or gender identity.

The relevant HUD programs for Palm Beach County purposes are:

1. The HOME Program
2. The Emergency Solutions Grant (ESG)
3. The Continuum of Care (CoC) program
4. HOPWA

For the purpose of this Plan, any housing programs that are supported by funding provided through any of these HUD programs shall be called HUD Program Supported Housing.

### **Eligibility for VAWA Emergency Transfer Plan**

Under the Implementing Regulations, an Eligible Person who is a victim of domestic violence, dating violence, sexual assault, or stalking, as those terms are defined in the Implementing Regulations, is eligible for an emergency unit transfer or in the case of sexual assault, relocation to an appropriate housing provider. All requests must meet one of the following situations and each request must follow the procedures as stated in Documentation section.

- 1) The eligible person reasonably believes there is a threat of imminent harm from further violence if the Eligible Person remains within the same dwelling unit that the Eligible Person is currently occupying.

Or

- 2) In the case of an Eligible Person who is the victim of sexual assault, either the Eligible Persons reasonably believes there is a threat of imminent harm from further violence if the eligible Person remains within the same dwelling unit that the Eligible Person is currently occupying, or the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

An eligible person who is not in good standing under the eligible person's HUD Program Supported Housing may still request emergency transfer if the eligible persons meets the eligibility requirement herein.

#### **Emergency Transfer Request Documentation:**

To request an emergency transfer or relocation, the eligible person shall submit a written request for a transfer to the property or program administrative offices. Each program or property administrative office will provide reasonable accommodations to the policy for persons with disabilities. The eligible person written request for an emergency transfer should include either:

- 1) A statement expressing that the eligible person reasonably believes that there is a threat of imminent harm from further violence if the eligible person were to remain in the same dwelling unit; OR
- 2) A statement that the eligible person was sexually assaulted on the premises during the 90-Day calendar period the proceeding the request for an emergency transfer.

\*please note that each property or program administrator must maintain a confidential record of emergency transfer requests and their outcomes for three years.

#### **Emergency Transfer Timing and Availability**

The housing program cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. However, the housing program, will 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. The housing program may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit. If the housing program has no safe and available units for which a tenant who needs an emergency transfer is eligible, the housing program with the client's permission will collaborate with the Prioritization Committee and present at the weekly case conference meetings to assist the tenant in identifying safe and available units to which the tenant could move. At the tenant's request, the housing program 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.

For households living in assisted units who qualify for an emergency transfer but a safe unit is not immediately available for an internal emergency transfer, the individual or family shall have priority over all other applicants for rental assistance, transitional housing, and permanent supportive housing projects funded under this part, provided that: 1. the individual or family meets all eligibility criteria required by Federal law or regulation or HUD NOFA; and 2. the individual or family meets any additional criteria or preferences established in accordance with 24 CFR 578.93(b)(1),(4),(6), or (7).

The individual or family shall retain their original homeless or chronically homeless status for the purposes of the transfer.

In cases where a household receiving assistance separates in order to effect an emergency transfer, the housing program, in consultation with the CoC, will determine appropriate actions with respect to the non-transferring family member(s). The Housing Provider, with the client's permission, will coordinate with the Lewis Center for placement in a Transition bed, if appropriate and available in an attempt to prevent a return to homelessness for the non-transferring family member.

**Confidentiality:**

Property or Program Administration will keep confidential any information that the eligible person submits in requesting an emergency transfer, and information about the emergency transfer, unless the eligible person gives a specific release of information that is time limited, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance for the covered program. This includes keeping confidential the new location of the dwelling unit of the resident, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault or stalking against the resident.

**This Does Not Replace Other Laws**

This plan does not replace any Federal, State or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. Eligible persons 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.

**Recordkeeping and Reporting:**

The covered housing provider is required, under the Implementing Regulations, to keep certain information in its files. The covered housing provider must keep a record of all emergency transfer requests made and the outcomes of such requests and 1) retain records of such requests and outcomes for three years and 2) while not violating the confidentiality requirements listed above, report certain information to HUD annually.

**Safety and Security of Eligible Persons:**

Eligible persons who have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, the Florida Domestic Violence Hotline at 1-800-500-1119, or a local domestic violence shelter ( YWCA 561-640-8944) ( AVDA 800-355-8547) (Palm Beach County Victim Services, Certified Rape Crisis Center 866-891-7273). For persons with hearing impairments, the National Domestic Violence Hotline can be accessed by calling 1-800-787-3224 (TTY) and the State of Florida Domestic Violence Hotline can be accessed by calling 1-800-621-4202 (TTY).

**Attachments:**

Please see the attached Certification of Domestic Violence form.

**CERTIFICATION OF U.S. Department of Housing  
DOMESTIC VIOLENCE, and Urban Development  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

OMB Approval No. 2577-0286

**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.

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**Client Signature**

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**Date**

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

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

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

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

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

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

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

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

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

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

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



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

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

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