

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.

- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.

- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: CA-607 - Pasadena CoC

1A-2. Collaborative Applicant Name: City of Pasadena

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Pasadena

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	No	No	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	No	No
Agencies that serve survivors of human trafficking	No	No	No
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran service providers	Yes	Yes	No
Faith-Based Organizations	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

CoC has established committees that meet on an ongoing basis. Veteran service providers have been incorporated into committees and have contributed their knowledge in ways that have provided perspectives towards ending veteran homelessness that may not have happened otherwise which include ensuring housing needs and necessary supportive services are met for veterans who are ineligible for VA services; identifying inefficiencies, and redesigning the process to make it simpler and faster while still meeting necessary regulatory requirements; and using Interagency Service Planning and Navigators to Address Individual Veterans' Needs on a weekly basis. Youth advocates have also contributed knowledge towards ending youth homelessness by helping adopt ways to accurately count youth during unsheltered counts; facilitating greater community awareness of issues contributing to LGBTQ youth homelessness; and ensuring appropriate housing and services are available to address such issues.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Pacific Clinics	No	Yes	No
Hillsides	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Peace Over Violence	No	No
Haven House	No	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	No
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
 (limit 1000 characters)**

CoC encourages all members to be part of one or more committees that address the goals of Opening Doors and each committee recruits appropriate members. Specific committees were tasked with ending homelessness among veterans, youth and families, and chronically homeless persons. Veteran service providers were recruited to be part of one of the committees that focusses on ending homelessness among veterans. Such providers include those who are instrumental in implementing HUD VASH and SSVF and outreach and engagement workers who focus on the chronically homeless and such veterans. Youth and family service providers were recruited to be part of one of the committee that focusses on ending youth and family homelessness. The Coordinated Entry Committee was tasked with ending homelessness among chronically homeless persons and outreach and engagement teams and permanent supportive housing providers were specifically recruited for this committee.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The CoC emailed notification to all agencies that make up the COC as well as other homeless services providers in the larger geographic area shortly after HUD released the CoC NOFA and application for the permanent housing bonus. The CoC conducted a workshop for all interested applicants. Most of these agencies do not currently receive CoC funding. In addition, a notice was posted on the CoC web site. The factors that were used to determine whether to include a new project were identical to the Project Quality Thresholds noted in the NOFA regarding new permanent housing project applications on pages 29 and 30. A new project review committee ensured that these thresholds were applied to the new PH Bonus applications, and selected a proposal based on these thresholds. The CoC Board concurred with the review committee recommendation.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	No
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The Consolidated Applicant for the Pasadena CoC, the City of Pasadena Housing Department, is also the responsible party for the Con Plan and the ESG/CDBG entitlement jurisdiction administrator. Staff responsible for CoC planning is also responsible for ESG planning and coordinates on an ongoing basis with CDBG staff to ensure that the Con Plan fully represents and addresses the needs of homeless individuals and families. Con Plan goals are discussed and developed at the Pasadena CoC meetings.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

ESG recipient participates in CoC meetings, several committees, votes to elect CoC Board, and has representation on the CoC Board. CoC and ESG recipients analyze their grants collectively to determine if the CoC has the right mix of housing and services and if reallocation is necessary. Together, they established written standards and assess data tools, count methodologies, and HMIS. They ensure full participation in HMIS of all CoC and non-CoC funded programs. The CoC provides ESG recipient with Con Plan jurisdiction-level PIT data. They also work together to ensure the implementation of a CES by making sure CoC and non-CoC funded programs participate. ESG funds help fund Bridge housing and RRH. They also work to form strategic partnerships with mainstream agencies and funders and ensure that program staff know how to obtain such resources for clients. They also work together to implement a Housing First approach by making sure funded programs are implementing low barrier programs.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Experience with domestic violence and other victimizing crimes factor into the assessment tool used by the CoC. If these concerns are present, the interview explores when it occurred, if they've received support with the issue(s), if danger still persists, and their current sense of safety and security. For those with recent DV experience or those who feel in danger in relation to an abuser we make them aware of their options and often support them with calling the DV hotline and ask if they'd like support with making a police report. We also explore interest in accessing local services/supports available to victims of violence/crime. As part of shelter intake, families and individuals are asked questions about DV or being a victim of a crime and they jointly make a decision about whether the person will be safe in the shelter location. If they end up staying in a non-DV shelter, we offer supports and linkage to appropriate services and come up with a crisis plan.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
City of Pasadena Housing Department	13.00%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Broad range of sources of affordable housing used, or being considered, to house people experiencing homelessness include: Housing Opportunities for Persons with AIDS (HOPWA); Mental Health Services Act (MHSA) Housing Program; Low-Income Housing Tax Credits (LIHTC); Inclusionary Housing In-lieu Fees; HOME Investment Partnership Program. The number of affordable housing units used to house people experiencing homelessness will be approximately 5 during the next 12 months. Additionally, 14 units of permanent supportive housing funded through sources other than the CoC program will be available.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

not applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Coordinated entry system is linked to street outreach efforts throughout the CoC jurisdiction so that people sleeping on the streets are prioritized for assistance in the same way as all other homeless persons. VI-SPDAT is used as an outreach tool that helps determine chronicity and medical vulnerability. Outreach workers administer VI-SPDAT on the streets, in encampments, and out of site areas that identifies best type of support and housing interventions that fit their needs including PSH with a Housing First approach and RRH. CoC advertises the CES process in various ways that include: 1) leaving business cards of outreach workers; 2) leaving flyers that describe the process and includes contact information; 3) leaving information at service sites; 4) leaving information at public locations; 5) educating mainstream service providers; and 6) at events that attract homeless persons; 7) seasonal shelter programs; 8) 2-1-1 help line; and 9) meal programs at community centers and parks.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

veteran service providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
faith-based organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	13
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	3
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	10
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input type="checkbox"/>
	<input type="checkbox"/>

Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
Primary population represented in 2015 PIT Count	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

CoC did consider the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications as outlined in its written standards. Projects serving those persons with highest needs and greatest barriers towards obtaining and maintaining housing on their own were factored into the CoC's review, ranking, and selection process. For example, projects serving, and new projects proposing to serve, CH Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs were given weighted performance consideration. This also included history of high utilization of crisis services of emergency rooms, jails, and psychiatric facilities and significant health or behavioral health challenges and/or functional impairments which require a significant level of support in order to maintain permanent housing. Projects serving, or proposing to serve, higher percentages of persons coming from the streets were also considered.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The City of Pasadena issued an RFP for reallocated funds on 7/31/15 and for CoC bonus funds on 10/1/15. Both RFPs were made available on the CoC website, and were emailed to a wide range of service providers. CoC rating & ranking was posted on the website at the start of the COC competition.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/17/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 11/04/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC monitors agencies providing CoC funded services that involves a site visit. The monitoring includes a review of program activities, client eligibility; HMIS grievance procedures, posting of privacy notices, HMIS Security, and data sharing agreements. Also, the CoC requires program recipients to submit a Letter of Intent (LOI) to renew to the CoC. The LOI consists of questions regarding the following; LOCCs drawdowns; cost effectiveness; match review; HMIS participation; monitoring findings, and performance measures. In addition, the CoC conducts a monthly review of data entered in HMIS. The HMIS data review is an assessment of HUD performance standards, bed utilization, and data elements. Agencies failing to meet performance standards are offered technical assistance.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. Pg 13 of the governance charter

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name (e.g., ABC Software).

AESEnginuity

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?
Applicant will enter the name of the vendor (e.g., ABC Systems).

Adsystem, INC

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Multiple CoCs

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$140,378
ESG	\$2,401
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$142,779

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$35,095
County	\$0
State	\$0
State and Local - Total Amount	\$35,095

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$177,874
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/15/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	172	36	136	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	101	0	70	69.31%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	269	0	269	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

The CoC will work with Grandview Foundation, a substance abuse treatment facility, to encourage them to enter their transitional housing beds into HMIS by showing them how these will ease their referral and linkage of clients to and from the Continuum of Care.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Quarterly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	9%	0%
3.3 Date of birth	0%	0%
3.4 Race	1%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	1%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	4%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 6

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input checked="" type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input checked="" type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

Methodology included: 1) prior to the PIT count, the HIC that was submitted to HUD in 2014 was updated to include new ES, TH, and overflow beds including motel vouchers or deleted any that were no longer in existence; 2) HMIS was used to verify the beds of participating programs and the total number of occupied beds during the night of the PIT and was used to collect subpopulation data; 3) a program survey was completed by each non-HMIS participating program that included questions that gathered the same information which was gathered through HMIS (the survey was administered by staff); 4) HMIS data and extrapolation techniques was used to estimate the subpopulation information because of missing HMIS data; and 5) data collected through HMIS and the program survey was combined which provided the number of sheltered persons and the breakdown of the number of persons within each subpopulation. These activities ensured the accuracy of data particularly of all subpopulation data.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

not-applicable

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

not-applicable

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

not applicable

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/28/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/15/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

The 2015 homeless count was a city-wide effort that divided the city into 20 zones in which homeless people were counted. The count was also conducted in facilities that serve homeless persons or where homeless persons congregate. A count and survey instrument was used by counters. Counters first asked if the person was homeless. If so, questions were asked to collect information to identify each subpopulation required by HUD and to create a unique identifier to prevent duplication by recording the initials, gender, race, age, and state born of each individual homeless person encountered. If the same person was encountered again, counters would establish the same identifier. The information for every person encountered every time was loaded into a data base. The information was then used to code each person. If the same code appeared more than once, it was assumed it was the same persons and this person would be counted only once in the final tally.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

not-applicable

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

CoC representatives consulted with staff of the major local homeless youth agency in the city to identify areas and programs frequented by homeless youth and the best time to conduct the count. A protocol to reach out to youth was then established based on this input for the day of the count. The youth agency also assisted in recruiting youth to count in the previously identified areas throughout the city and programs frequented by youth. The youth counters were trained in a special session prior to the count, at which time they went out in teams of 2-3 covering all identified areas simultaneously to implement the established protocol.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	666	632	-34
Emergency Shelter Total	138	83	-55
Safe Haven Total	0	0	0
Transitional Housing Total	127	107	-20
Total Sheltered Count	265	190	-75
Total Unsheltered Count	401	442	41

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	956
Emergency Shelter Total	663
Safe Haven Total	0
Transitional Housing Total	293

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

A homeless prevention strategy has been implemented that has helped identify specific risk factors based on fact-finding with general assistance, mainstream, and prevention assistance providers that include unemployment, underemployment, sudden death or illness, and temporary and permanent disability. This strategy includes a homeless RRH prevention strategy in conjunction with the CES which was implemented with CoC and the ESG recipient for individuals and families and provides rental and utility cash assistance to households with the highest likelihood of becoming homeless. Distinguishing criteria includes household income at or below 30% of AMI and whether or not a household has a history of homelessness or not. For families who become homeless, short-term shelter is provided as bridge housing with low barriers until PH is obtained and families receive ongoing case management to help prepare them to maintain their housing after they move in.

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

VI-SPDAT has been implemented including questions regarding the length of time the client has been on the streets or in ES as part of the CES. Client’s length of homelessness, disability status, and chronicity determine the client’s ranking on the CES Prioritization list. CoC also uses HMIS to record episodes of homelessness by program participants who exit ES, RRH, TH, and PSH projects. The current method also uses APRs to monitor participants’ Destination at Program Exit which includes the ability to drill into detailed destination data. HMIS will be used to generate the percentage of each destination data element to ensure how many participants exit to Permanent destination, and which agency is performing positive in housing stability. CoC Data and Performance committee will monitor this system level data. CoC is increasing the supply of PSH and RRH as a strategy to reduce LOT homeless. Households with the longest LOT homeless are housed first.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	1,228
Of the persons in the Universe above, how many of those exited to permanent destinations?	188
% Successful Exits	15.31%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	287
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	261
% Successful Retentions/Exits	90.94%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Four implemented strategies are: 1) expanding the number of RRH programs; 2) providing wrap-around services/case management; and 3) developing landlord liaison relationships and 4) identifying individuals and families who return to homelessness through the CES which is embedded in HMIS. CoC uses HMIS to record episodes of homelessness by program participants who exit RRH, TH, and PSH projects. CoC uses HMIS to monitor participants' Destination at Program Exit as reported in APRs. This report includes the ability to drill into detailed destination data with client name to provide full audit and monitoring capabilities and extract data and perform additional analysis and Outcome report for agencies. CoC generates percentage of each destination data element to ensure how many participants exit to a permanent destination, and which agency has successful outcomes in housing stability. CoC also examines whether participants were provided with services effectively and improve when necessary.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

Every homeless person entering into a residential component of the CoC is assessed for employment as part of a housing first approach. At least one case manager identifies and provides the services needed for employable residents that include pre-employment supports which likely involve life skills such as proper grooming and confidence-building. Other necessary services include job-readiness activities such as effective resumes and interview preparation, and job searching are obtained through referrals as noted in 3A-6a. Residents that are temporarily or not employable are helped with non-employment related income through the Los Angeles County Department of Public Social Services' Pasadena office which provides a wide-range of cash benefits including CalWorks, CalFresh, General Relief, and Medi-Cal Case managers help provide transportation when necessary, complete necessary paperwork, and assist residents with follow-up to ensure benefits are received.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

Foothill Workforce Development Board offers training and education programs and services that include Employer-site, on-the-job training, subsidized wages for employees in training, customized training programs, industry-specific education programs, and skills enhancement. It also provides various events, workshops, and other technical assistance and training activities that also help overcome barriers. There are also specialized programs for youth, older workers, people with disabilities, dislocated workers, and Veterans. Sources Career Development Program provides job search resources, one-on-one career counseling, and on-going support including job retention. DPSS has a Welfare to Work Program for CalWorks recipients that provides training, counseling, education, etc., and a program that provides child care payments to providers on behalf of CalWORKS recipients in approved work or training programs. 60% of projects are regularly connecting participants with employment services.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

Coordination between outreach teams and housing and homeless assistance providers consists of targeted street outreach to all unsheltered individuals and families including those who are CH and hardest to reach. Outreach workers engage unsheltered persons by entering them into a CES by administering the VI-SPDAT which determines chronicity and medical vulnerability of homeless persons and helps identify the best type of support and housing interventions that fit their needs. For families, placement in shelters as bridge housing only occurs when a family's homelessness cannot be immediately prevented. RRH assistance is provided as quickly as possible in order to limit their stay in temporary housing. For individuals, placement in shelters as bridge housing is needed when appropriate PH is not yet available. A housing first approach is used so such persons are able to maintain their temporary housing and in order to help assure that such persons maintain their housing once obtained.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	221	198	-23
Sheltered Count of chronically homeless persons	72	16	-56
Unsheltered Count of chronically homeless persons	149	182	33

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The reason for the change between 2014 and 2015 is because the seasonal Bad Weather Shelter was not open on the day of the count in 2015 as it was in 2014. Thus, the number of chronically persons in the shelter in 2014 were counted among the sheltered population whereas in 2015 they were counted among the unsheltered population.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The CoC has begun to implement a two year plan that will increase the number of PSH beds for CH persons. The plan consists of increasing the number of PSH for CH persons by 1) encouraging PSH programs that do not serve 100% CH to serve 100% CH; 2) requiring PSH programs to fill vacant beds with CH; 3) reallocating other CoC funded TH beds to PSH for CH; 4) reallocating CoC funded SSO projects to PSH for CH; 5) supporting the creation of PSH for CH persons through non-CoC sources of funding. Such funds include state, county, and city funding sources. Support will include funding for the acquisition, rehabilitation, and new construction of units and beds for CH persons; and 6) supporting private investments such as social impact bonds or financing and private foundation grants to support the operations of a PSH for CH. CoC will offer training workshops as well as on-site technical consultation to provide assistance to PSH staff and board members. CoC will monitor the action steps noted above throughout the year through the CoC ranking and review process.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The CoC began implementing all of the activities in the two year plan noted in 3B-1.2 in February of 2014. All of these strategies and actions have been accomplished and continue to be promoted as on-going actions through the written standards, CES, and CoC-wide planning efforts.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	107	44	-63

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

A total of 76 PSH beds were inadvertently left off the 2015 HIC which were included in the 2014 HIC. Twenty-eight (28) beds for CH persons were not noted under the Shelter Plus Care program and 48 beds were not noted under Centennial Place.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

pages 8 -9

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	85
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	24
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	24
FY2015 CoC Application	Page 45
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This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.

100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

In addition to strategies and resources being implemented in 3B-1.2a, CoC will focus resources on 1) concentrating more intensely on CH individuals and families through assertive street outreach and engagement into areas and encampments where CH persons are known to live; 2) engaging CH households through the coordinated entry system to help link them to the appropriate PSH provider and level of supportive services; 3) increasing resources to provide bridge housing for CH households who need a short-term stay while awaiting permanent housing availability that includes low barrier shelter and vouchered stays in motels; 4) connecting CH households to mainstream resources including Medi-Cal and behavioral health services while awaiting PSH placement; 5) connecting CH households to community resources such as food, transportation, money management, housing counseling services, etc. to ensure they maintain their housing; and 6) emphasizing a consumer-driven mindset that is choice-based.

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

The Coordinated Entry System plays a critical role in providing the right intervention for each homeless family to effectively house them within 30 days. The CES is designed to help families avoid entering shelters by offering assistance to families to help them remain in their housing for a short period of time in order to gain time to move them into PH. If ES is need for a family, supportive services are provided to help ensure a stay of no more than 30 days. Such services are provided within a housing first and low barrier environment. RRH assistance is provided to also ensure that a stay in ES is no more than 30 days and is flexible so families with lower barriers receive modest financial assistance and those with higher barriers receive moderate assistance. CoC has reallocated TH programs to RRH and has worked with ESG recipients to allocate more funding to RRH. PSH is targeted to CH in need ongoing subsidies and consistent support services.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	1	1	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	50	47	-3
Sheltered Count of homeless households with children:	46	40	-6
Unsheltered Count of homeless households with children:	4	7	3

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The reason for the change between 2014 and 2015 is because the seasonal Bad Weather Shelter was not open on the day of the count in 2015 as it was in 2014. Thus, the number of households with children in the shelter in 2014 were counted among the sheltered population whereas in 2015 they were counted among the unsheltered population.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	No

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	105	30	-75

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

The unaccompanied youth represented above were all 18-24. There was a reduction in those living in an unsheltered situation due to a concerted outreach effort and the addition of a representative from a TAY-specific organization to the outreach team. With this addition we were better able to connect TAY with resources such as transitional housing and PSH specifically for TAY.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$140,378.00	\$140,378.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$140,378.00	\$140,378.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$0.00	\$0.00	\$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	1
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	1
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	1

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

CoC and school district liaisons work together to develop safeguards to protect students from discrimination based on homelessness by having local education stakeholders on committees who are involved in strategic planning activities regarding homelessness and children. As a result, there is a joint process to identify families experiencing, or at risk of homelessness that often happens while complying with the immediate enrollment mandate because of the lack of, or inaccurate, paperwork. Efforts to confirm the student's living situation are grounded in sensitivity and respect bearing in mind the best interest of the student. Thus, verifying the living status of students through landlords and law enforcement is not practiced. Relationships have been established with shelters and transitional housing programs to assist in identifying students in ways not to create barriers and not embarrass families by conducting minimal investigation to verify the living situation and conditions.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

The CoC meets regularly with local school district liaisons and mutually provide information and resources. Together, they work with CoC and ESG funded programs to identify homeless children and youth through the coordinated entry system. Once placed in a CoC and ESG funded program, program representatives' work with liaisons through designated staff to ensure the identification of homeless youth and children. They also work together to inform homeless families of eligibility for McKinney-Vento education services which includes ensuring that families are aware of educational rights through regular school mailings and handouts at the beginning of the school year. Such materials are provided in English and Spanish and reviewed orally between families, children, youth, case managers, and liaisons. More specifically, they assure families receive a letter verifying eligibility for services, ensure transportation (bused to their school of origin if possible); formally reviews educational rights with parents; posts Educational Rights at program sites; provide mutual advocacy when educational rights are violated, have access to academic tutoring and counseling, and incorporate education in exit planning with clients. If possible, they help ensure every homeless child and youth remain enrolled in the school of their original residence prior to becoming homeless. When necessary, they give families and youth access to shelters and transitional housing programs closest to the school where they are enrolled. Also, when necessary, they work together to help enroll children escaping Domestic Violence in a school of their choice within the district and establish procedures to protect their safety and rights. CoC and ESG funded programs inform liaisons when children have exited their programs to help ensure their education continues uninterrupted.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	41	36	-5
Sheltered count of homeless veterans:	3	4	1
Unsheltered count of homeless veterans:	38	32	-6

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

HUD VASH vouchers and the opening of a permanent supportive housing project for vets were two of the primary reasons for the decrease. The CoC has received 8 new HUD VASH vouchers as well as 25 already allocated HUD VASH vouchers.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

There are several ways: 1) having street outreach teams create a community-wide list of veterans that includes those who are CH; 2) implementing a CES in which street outreach workers and other homeless services staff enter veterans into the system, and thus the list, that helps match them to appropriate housing and services; 3) sharing the community-wide list across agencies that target and prioritize veterans eligible for VA housing programs; 4) coordinating an interagency group that meets weekly to create and implement action plans for veterans on the list who been determined to be eligible for VA services; 5) assigning veterans to housing navigators that help identify housing, including bridge housing if needed, and help veterans obtain and maintain PH; 6) implementing a Housing First approach that moves veterans into PH as quickly as possible with right level of services; 7) ensuring that right level of services including connections to employment and legal services if needed.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

An action plan for veterans who are determined to be ineligible for VA services is initiated by the interagency group and assigned to housing navigators who implement a housing first approach. The primary housing resources include S+C program and PSH units. The total number of S+C certificates is 93 and the total number of other PSH units is 176 Approximately, 20% of the total number of PSH units and units subsidized by S+C turnover annually. CoC Program-funded projects prioritize veterans and their families who cannot be effectively assisted with VA services. When it is determined a veteran cannot be effectively assisted with VA housing and services and has the same level of need as a non-veteran (as determined using a standardized assessment tool) the veteran receives priority. In addition to the CoC Program-funded resources noted above, other such resources include Section 8 Housing Choice Voucher Program; HOPWA, and HOME Program (HOME) tenant-based rental assistance.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	19	36	89.47%
Unsheltered count of homeless veterans:	19	32	68.42%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

In addition, to the strategies and resources noted in 3B-3.2 and 3B-3.3, maximization includes 1) connecting veterans with mainstream resources outside of VA system for veterans ineligible for VA benefits and services and veterans who do but VA benefits can be supplemented; 2) communicating and integrating VA services with non-VA community-based organizations including CoC members in order to provide resources that VA services do not provide, or provide but supplement VA services, which include food, transportation, child care, housing counseling services, financial planning, etc.; 3) increasing resources to provide bridge housing for veterans who need a short-term stay while awaiting permanent housing availability that includes low barrier shelter, vouchered stays in motels, and low barrier transitional housing programs; and 4) increasing resources to help veterans with furnishing permanent housing that includes furniture and other household items.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	13
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	9
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	69%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

The CoC is in California, a Medicaid expansion State. In California, residents living at or below 138% of the Federal Poverty Level (FPL) are eligible for Medicaid (Medi-Cal in California) under the ACA expansion, which began on October 1, 2013.

The CoC collaborates with Covered Pasadena, a public-private collaborative whose mission is to provide outreach, education, enrollment, and post-enrollment services for Pasadena-area individuals and families. Covered Pasadena was formed in the summer of 2013 in the run-up to the first Covered California open enrollment period. Key participants are: Community Health Alliance of Pasadena (ChapCare), a Federally Qualified Health Center (FQHC); Pasadena Public Health Department; Young & Healthy, a local non-profit; and Huntington hospital.

Through this effort 6,000 people have been enrolled into Covered California or Medi-Cal in the last 24 months; of which, many were homeless with 31% earning \$0-\$10,000 per year.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Outreach to Union Station, Pasadena's year-round homeless shelter	<input checked="" type="checkbox"/>
On-site clinic provided by FQHC at Union Station	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	13
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	13
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	13
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	13
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	0	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)**

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
Vets@Home	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Teleconference policy review	10/01/2015	4

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Communication-Rej...	11/10/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Public Posting Ev...	11/18/2015
03. CoC Rating and Review Procedure	Yes	CoC Rating and Re...	11/12/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Posting	11/12/2015
05. CoCs Process for Reallocating	Yes	Reallocation Proc...	11/17/2015
06. CoC's Governance Charter	Yes	CoC Governance Ch...	11/12/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy & Pro...	11/12/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Admin Plan Ho...	11/10/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIS MOU	11/12/2015
11. CoC Written Standards for Order of Priority	No	Permanent Support...	11/10/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Communication-Rejected Projects

Attachment Details

Document Description: Public Posting Evidence

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: Public Posting

Attachment Details

Document Description: Reallocation Procedure

Attachment Details

Document Description: CoC Governance Charter

Attachment Details

Document Description: HMIS Policy & Procedure Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Admin Plan Homeless

Attachment Details

Document Description: HMIS MOU

Attachment Details

Document Description: Permanent Supportive Housing Written Standards

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Attachment Details

Document Description:

Submission Summary

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2G. Sheltered Data - Quality	11/12/2015
2H. Unsheltered PIT	11/12/2015
2I. Unsheltered Data - Methods	11/12/2015
2J. Unsheltered Data - Quality	11/12/2015
3A. System Performance	11/12/2015
3B. Objective 1	11/12/2015
3B. Objective 2	11/12/2015
3B. Objective 3	11/12/2015
4A. Benefits	11/12/2015
4B. Additional Policies	11/12/2015
4C. Attachments	11/18/2015
Submission Summary	No Input Required

Lansing, Anne

From: Lansing, Anne
Sent: Wednesday, November 04, 2015 3:43 PM
To: Michelle White (affhsgservices@sbcglobal.net)
Subject: Inclusion of Project Application in 2015 Continuum of Care Application

Dear Michelle;

This is to inform you that the following application that was submitted to the Pasadena Continuum of Care for renewal will be included the Pasadena Consolidated 2015 Continuum of Care Application to the U.S. Department of Housing & Urban Development (HUD):

Navarro House 2014 Renewal	CA0660L9D071407
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This application was placed in Tier One. As part of the nationwide competition, HUD will fund Tier One projects before it funds Tier Two projects.

The following new application was submitted in response to the PSH Bonus Funding Request for Proposals:

Parke Street Housing

As you were notified on October 20, 2015, the new projects review panel did not recommend this project for funding, and thus it will not be included in the Consolidated 2015 Continuum of Care Application.


The Consolidated Application, including all project applications, will be submitted to HUD no later than November 20, 2015. Funding announcements from HUD are expected in early 2016.

Please contact me if you have any questions or concerns.

Anne Lansing, Project Planner
City of Pasadena Housing Department
626 744-6701

PASADENA PARTNERSHIP TO END HOMELESSNESS

[Governance Charter]



Anne Lansing, Board Member



Michael Watkins, Board Member

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[Introduction]

The Pasadena Partnership to End Homelessness (Pasadena CoC) is dedicated to implementing evidence-based and best practices throughout the City in order to prevent and end homelessness. This Governance Charter, which is updated annually, outlines the composition, governance structure, responsibilities, and regulations of the Pasadena CoC for the purposes of achieving its mission.

NAME

The name of the organization is Pasadena Partnership to End Homelessness (hereinafter referred to as the “Pasadena CoC”).

GEOGRAPHIC BOUNDARIES

The Pasadena CoC is responsible for the area that the U.S. Department of Housing and Urban Development (HUD) has designated for CA-607 Pasadena City which is the boundaries of the City of Pasadena (hereinafter referred to as the “geographic area”).

PURPOSE

The Pasadena CoC serves as the HUD-designated primary decision-making group whose primary purpose and scope is to implement the Continuum of Care program.

The program is designed to:

1. Promote communitywide commitment to the goal of ending homelessness;
2. Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
3. Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
4. Optimize self-sufficiency among individuals and families experiencing homelessness.

COLLABORATIVE APPLICANT

The Collaborative Applicant is the legal entity designated by the Continuum of Care to submit the CoC Program Grant application on behalf of the CoC. The Pasadena CoC Collaborative Applicant will be the City of Pasadena. Guidelines for submission are detailed in the CoC Responsibilities section (VI) below.

MEETINGS

The Pasadena CoC will conduct meetings of the full membership with published agendas at least four times a year. Meetings will be held at the principal office noted below unless otherwise noticed in advance.

PRINCIPAL OFFICE

The principal office of the Pasadena CoC is located within the City of Pasadena Housing Department at 649 N. Fair Oaks Ave., 2nd Floor.

PROVISIONS TO AMEND GOVERNANCE CHARTER

This governance charter may be amended upon a two-thirds majority of all members present during a scheduled meeting.

Membership

Membership is defined as representatives from relevant organizations participating in the responsibilities of the Pasadena CoC through active participation in its board, committees and working groups. Representatives from relevant organizations within the geographic area will be members of the Pasadena CoC. Organizations will include:

- Homeless service providers and agencies
- Victim service providers
- Faith-based organizations
- Local government representatives
- Key civic leaders
- Homeless and formerly homeless people
- Businesses
- Homeless advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Universities and academic institutions
- Affordable housing developers
- Law enforcement and corrections agencies
- Organizations that serve veterans and homeless and formerly homeless individuals
- Substance abuse recovery providers
- Youth service providers
- Employment service providers
- Mainstream resources

NOMINATIONS

A public invitation within the geographic area for new members to join will be extended at least annually. Membership is achieved through a request to be added to the Pasadena CoC and a commitment to actively participate in the responsibilities of the Pasadena CoC.

ELECTION

Election to the Pasadena CoC can happen during any scheduled meeting and is determined by a majority vote of all members present. Those members elected will be seated immediately.

TERMS

There is no term limit. Membership, however, may be terminated by the Pasadena CoC in accordance with the guidelines below.

QUORUM

A number equal to a majority of those serving on the Pasadena CoC will constitute a quorum for the transaction of business at any meeting.

VOTING

At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes will be by voice or ballot at the will of the majority in attendance. Each member agency will have one vote. One person may not represent more than one agency. No member may vote on any item which presents a real or perceived conflict-of-interest.

REMOVAL

Any member of the Pasadena CoC may be removed by a two-thirds majority of all members present during a scheduled meeting for repeated absence, disruptive behavior, misconduct, failure to participate, or violation of conflict of interest policies.

[Officers]

The officers of the Pasadena CoC will be two (2) Co-Chairs and a Secretary. One Co-Chair will non-profit member organization or from a constituent group. The Secretary may be a representative from either a public or private agency.

Co-chairs are responsible for scheduling and setting the agenda for meetings. They will give all notices required by law or by this Governance Charter when necessary.

Secretary will keep accurate records of the acts and proceedings of all meetings including the names of those in attendance. The Secretary will have general charge of Pasadena CoC records and will keep or cause to be kept all such records at the principal office of the Pasadena CoC. The Secretary will chair meetings in the case of the absence of both Co-chairs.

NOMINATIONS

Nominations will be made by members of the Pasadena CoC during the first regular meeting of a new calendar year.

ELECTION

Officers will be elected during the first regular meeting of a new calendar year.

TERM

Each officer will hold office for a term of one (1) year or until their successors have been elected and qualified. No person may hold more than one (1) office.

VACANCIES

Vacancies among the officers may be filled by a vote of the majority of Pasadena CoC representatives at any meeting at which a quorum is present.

COMPENSATION

Officers will not be compensated for their services.

[Board]

The Pasadena CoC Board is the primary planning body for the Pasadena CoC. Board members determine the policy direction of the CoC and ensure that the CoC fulfills its responsibilities as assigned by the U.S. Department of Housing and Urban Development (HUD). Additionally, the board oversees and approves the work of Pasadena CoC committees and workgroups.

COMPOSITION

The Pasadena CoC will establish a board of at least five (5) members to act on its behalf. The board will:

- Have a chair or co-chair
- Be representative of the relevant organizations and of projects serving homeless subpopulations ;
- Include at least one homeless or formerly homeless individual;
- Include an individual from at least one Emergency Solutions Grants program (ESG) recipient agency; and
- Be composed of an uneven number

The board will not consist of representatives from subrecipient agencies that receive Continuum of Care Homeless Assistance or Emergency Solutions Grant (ESG) funding unless representatives from agencies that do not receive Continuum of Care Homeless Assistance or Emergency Solutions Grant (ESG) funding for one or more of the subpopulations listed above cannot be recruited as board members.

NOMINATIONS

Nominations will be made by members of the Pasadena CoC.

ELECTION

CoC Board members will be elected during the first regular meeting of a new calendar year. A Chair and a Vice Chair will be elected by the CoC Board. This process will be reviewed, updated, and approved by the Pasadena CoC at least once every 5 years .

TERM

CoC Board members will serve a staggered term of three (3) years. Absent reappointment or a new appointment, Board Members shall continue to serve indefinitely following the end of their term. There shall be no limit on terms of service.

Immediately after this governance charter goes into effect half of the current Board members will be asked to voluntarily put themselves up for election during the calendar year. Newly elected Board members will start their terms in July 2015. The remaining Board members will stand for election the following year, and those newly elected Board members will start their terms in July 2016.

Board members may be terminated for reasonable cause. Reasonable cause includes, but is not limited to,

the presence of a conflict of interest that cannot be mitigated or if attendance at meetings does not meet standards established by Pasadena CoC.

VACANCIES

Vacancies among the board members may be filled by a vote of the majority of CoC Board representatives at any meeting at which a quorum is present.

MEETINGS

Meetings of the full Board with published agendas will occur at least four times a year. Meetings will be held at the principal office noted in Section VII below unless otherwise noticed in advance.

QUORUM

A number equal to a majority of those serving on the Continuum of Care Board will constitute a quorum for the transaction of business at any meeting.

VOTING

At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes will be by voice or ballot at the will of the majority in attendance. Each representative will have one vote. No member may vote on any item which presents a real or perceived conflict-of-interest.

Committees

The Pasadena CoC will appoint committees, subcommittees, or working groups as the need arises. The purpose of these ad hoc committees and task forces will be to develop recommended solutions to the specific issue for which they were created. These committees may be comprised of members of the CoC and outside individuals with expertise in the subject matter. Committees will meet four times a year or more frequently depending on the tasks to be accomplished.

HOUSING COMMITTEE

The Housing Committee implements strategies that remove barriers and increase rehab and production of affordable housing (including permanent supportive housing) for homeless and at-risk households. In addition, this committee addresses gaps analysis in housing services and puts into practice strategies that promote housing first, homeless prevention, and rapid rehousing. Finally, the housing committee ensures homeless program compliance with fair housing including the needs of the LGBT population and tracks local, state, and national policies that influence and promote the activities noted above and makes recommendations to the CoC to support such policies.

HOMELESS PLANNING & RESEARCH COMMITTEE

The Homeless Planning & Research Committee improves CoC-wide participation in mainstream resources and programs, develops the CoC's centralized/coordinated assessment system, and implements strategies that provide a wide-range of social services. This committee also assists the City with the implementation of discharge planning and plans and improves CoC-wide participation in disaster planning.

HMIS & HOMELESS RESEARCH COMMITTEE

The HMIS and Homeless Research Committee is responsible for gathering data and providing analysis of research projects including homeless service and housing inventories, counts, and surveys. This committee also ensures the implementation of HMIS, including HMIS integration with homeless counts and surveys.

FAITH COMMUNITY COMMITTEE

The Faith Community Committee aims to facilitate faith-based agencies in their efforts to address homelessness in Pasadena. To this end, the Faith Community Committee researches and supports evidence-based and best practices to prevent and end homelessness in Pasadena and recruits representatives from other faith-based organization to participate in these efforts.

10-YEAR PLAN IMPLEMENTATION COMMITTEE

The 10-Year Plan Implementation Committee implements and evaluates the action steps outlined in the 10-Year Strategy to End Homelessness including the integration of the plan with other guiding elements such as the Consolidated Plan, Analysis of Impediments to Fair Housing Choice, and the Housing Element of the General Plan.

[CoC Responsibilities]

The Pasadena CoC is the planning body that provides a forum for discussing plans to end homelessness in the CoC and measuring its effectiveness at meeting that goal. Responsibilities of the CoC are outlined below.

COORDINATED ENTRY SYSTEM

In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, the Pasadena CoC will operate a coordinated entry system (CES) that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. Details about this system can be found in Appendix C: Coordinated Entry System.

Key elements of this system include the following:

Standardized Evaluation

The CES will establish standard policies and procedures for evaluating individuals' and families' eligibility for assistance under CoC and ESG programs.

Prioritization of Clients to Receive Assistance

The CES will also establish policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance, rapid rehousing assistance, and permanent supportive housing assistance.

Rental Assistance Standards

Finally, the CES will set standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance.

PERFORMANCE TARGETS AND EVALUATION

The Pasadena CoC will consult the HUD CoC Program Grant guidelines, Emergency Solutions Grant guidelines, as well as grant recipients to establish performance targets appropriate for population and program type. The CoC will maintain and review HMIS, Annual Performance Reports, and other documentation as necessary to measure the Continuum of Care's progress in meeting HUD CoC Program Grant goals and objectives.

The Continuum of Care Board of Directors may establish additional performance measurement requirements as necessary to report progress on local goals and objectives. Collaborative Applicant staff will communicate with CoC Program Recipient Agencies throughout each program year to ensure that they are aware of expected performance measures required by HUD and the Continuum of Care Board of Directors.

Actions Against Poor Performance

CoC Program recipients who do not meet local and/or HUD performance targets and/or do not meet

expectations and compliance of program and grant management of their CoC programs may be subject to having their projects reduced in whole or in part and reallocated to other projects during the renewal process as allowed in a HUD Notice of Funding Availability.

CONTINUUM OF CARE PLANNING

The Pasadena CoC will coordinate and implement a housing and service system to meet the needs of the homeless population and subpopulations within its geographic area.

Key elements of Pasadena's plan are described below.

Systems Coordination

The Pasadena CoC is responsible for coordinating and implementing a housing and service system that meets the needs of the homeless individuals (including unaccompanied youth) and families within its geographic area. At a minimum, this system will encompass the following:

- Outreach, engagement, and assessment;
- Shelter, housing, and supportive services;
- Prevention strategies.

Point-in-Time Count

Consistent with HUD requirements, the Pasadena CoC is responsible for planning for and conducting an annual point-in-time count of homeless persons within the geographic area that meets the following requirements:

- Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons;
- Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons; and
- Other requirements established by HUD by Notice.

Annual Gaps Analysis

The Pasadena CoC is responsible for conducting an annual gaps analysis of the homeless needs and services available within the geographic area.

Consolidated Plan Information

The Pasadena CoC is responsible for providing information required to complete the Consolidated Plan(s) within the Continuum's geographic area.

ESG Consultation

Emergency Solutions Grants program funds will be allocated, monitored, and evaluated in consultation with Pasadena CoC funds.

DESIGNATING AND OPERATING AN HMIS

The Pasadena CoC is responsible for designating and operating an HMIS and an eligible applicant to manage the HMIS, known as the HMIS Lead, consistent with the requirements in the HEARTH Act. The HMIS Lead is designated by the CoC to carry out the day to day operations of the HMIS, including: reviewing, revising, and approving a privacy plan, security plan, and data quality plan for the HMIS; ensuring consistent participation of recipients and subrecipients in the HMIS; and ensuring the HMIS is administered in compliance with requirements prescribed by HUD.

HMIS Lead Agency Responsibilities

The HMIS Lead Agency which has the responsibility to establish, support, and manage HMIS in a manner that will meet HUD's standards for data quality, privacy, security, and other requirements for organizations participating in HMIS.

Responsibilities include:

- Overseeing the day-to-day administration of the HMIS system;
- Providing staffing for operation of HMIS;
- Providing technical support to participating agencies;
- Ensuring system integrity and availability;
- Providing training on software and related issues;
- Ensuring HMIS software is capable of producing required reporting including summary reports of unduplicated client records;
- Ensuring participation in Annual Homeless Assessment Report (AHAR) and submission of usable data;
- Ensuring participation and reviews accuracy of data in the annual Housing Inventory Chart (HIC) and submission of usable data;
- Ensuring participation and reviews accuracy of data for the annual Point-in-Time (PIT) chart;
- Ensuring compliance with all applicable federal and state laws regarding protection of client privacy and confidentiality regulations;
- Ensuring Participation Agreements with each contributing HMIS organization and ensuring that each HMIS user has signed a HMIS User Agreement;
- Ensuring and maintaining written agreements with participating agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS agencies; and
- Providing information on HMIS agency performance for CoC annual ranking.

PREPARING AN APPLICATION FOR FUNDS

Consistent with HUD requirements, the Pasadena CoC will include the following minimum components in its annual CoC Grant Application:

1. Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a Notice Of Funding Availability (NOFA) published by HUD;

2. Establish priorities for funding projects in the geographic area; and
3. Assign the Collaborative Applicant to collect and combine the required application information from all projects within the geographic area that the Continuum has selected for funding and apply for Continuum of Care planning activities

The Continuum retains all of its responsibilities, including approving the Continuum of Care application.

[CoC Regulations]

CODE OF CONDUCT

The following Code of Conduct provides a foundation of ethics for the Pasadena CoC. The Pasadena CoC prohibits the solicitation and acceptance of gifts or gratuities (anything of monetary value) by officers, employees and agents for their personal benefit. Ask yourself if the gift would have been offered if you did not have your position. If the answer is “No” then you should decline accepting the gift.

- A. The Continuum promotes impartiality in performing official duties, and prohibits any activity representing a conflict of interest. You should not act on a matter if a reasonable person who knew the circumstances of the situation could legitimately question your fairness.
- B. The Continuum prohibits the misuse of position. You cannot use your position with the Continuum for your own personal gain or for the benefit of family or friends.
- C. Officers and employees shall put forth honest effort in the performance of their duties.
- D. Officers and employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Continuum without previous Board approval.
- E. Officers and employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.
- F. Officers and employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.

Violation of this any portion of this code will be subject to disciplinary action which could include immediate termination. The code has been distributed to the Continuum’s Board of Directors, as well as posted on the Continuum’s website. A link to the code has also been distributed to the Continuum’s partner agencies.

CONFLICT OF INTEREST AND RECUSAL POLICY

Members must comply with the conflict of interest and recusal process of the HEARTH Act (§578.95). Pasadena CoC members with actual or perceived conflicts of interest must identify them as they arise. Individuals with a conflict of interest may participate in all discussion but shall recuse themselves from voting on any issue in which they may have a conflict. No member of the CoC Board shall vote upon any matter which shall have a direct financial bearing on the organization that the member represents or sits as a board member on the organization. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions as a result from monitoring activities of CoC and ESG activities.

GRIEVANCE POLICY

It is the policy of the Pasadena Partnership to End Homelessness (Pasadena CoC) to provide its members with a fair and efficient process to present and resolve complaints and grievances. In the case of complaints about programs, it must be clear that the Pasadena CoC is not an official oversight entity but does have considerable influence.

Each HUD funded organization shall have a grievance procedure and shall implement the procedure when applicable.

Written Complaints About the Pasadena CoC

The Pasadena CoC Board will review any written complaint against the Pasadena CoC within ten (10) days of its receipt. The President or the Vice-President will respond within 30 days by:

- Assisting the complainant in articulating/identifying issues, if needed
- Determining what action needs to be taken, if any
- Responding in writing to complainant with clear identification of issue and specifics about its resolution

Complaints About a Program Receiving HUD Funds

A first-person written and/or documented complaint will be considered a grievance. A verbal, second-hand or hearsay complaint will be considered a complaint. The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the organization they are making the grievance or complaint about.

If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the Pasadena CoC will recommend that the person do so and document that recommendation.

If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the grievance or complaint in writing and submit it to the President of the Pasadena CoC. If there is a conflict apparent with reporting problems to the President, reports can be made to the Vice-President. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the President or another Pasadena CoC member will document what has been said.

Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution. All complaints or grievances involving vulnerable adults or children will be immediately turned over to the appropriate authorities.

Once a complaint or grievance has been submitted, the President or Vice-President will approach the problem program's representative, explain the complaint or grievance, and ask for a response to the charge(s). Responses will be documented. It will be up to the President or the Vice-President to decide if the matter needs to be discussed by the Pasadena CoC Board.

If a program received three complaints, the Pasadena CoC Board will review the situation and recommend action. The Executive Director of the program being reviewed will be asked to respond to the Pasadena CoC Board.

Complaints about a Homeless Program Not Involved in or Funded by the CoC

Any complaints received against programs that are components of the Pasadena CoC but not participants in the process will be recorded. Information will be shared with the Pasadena CoC Board and/or funders or other stakeholders if and when deemed appropriate. All complaints or grievances involving vulnerable adults or children will be immediately turned over to the appropriate authorities.

Applicants who are admitted under targeted funding which are not identified as a Special Admission would be identified by codes in the automated system.

B. WAITING LIST PREFERENCES [24 CFR 982.207]

The CoPHD has adopted a local preferences system for applicants' placement on the waiting list and selection of families from the waiting list. Preferences will only be verified at the time the family has been selected from the waiting list.

If an applicant makes a false statement in order to qualify for a preference, the CoPHD will deny the preference. If the applicant falsifies documents in order to qualify for a preference, the application will be disqualified.

C. LOCAL PREFERENCES [24 CFR 982.207]

A notice adapting new local preferences will be publicized and distributed using the same guidelines as those for opening and closing the waiting list.

The CoPHD uses the following local preferences:

1. **Residency preference** for applicants in which the family lives in Pasadena or the head of household or spouse is working or who has been notified that they are hired to work in Pasadena.
2. **Working preference** for applicants in which the head of household or spouse works at least 15 hours a week or attends school full-time within the CoPHD's jurisdiction.
3. **Disabled preference** for applicants in which the head of household or spouse is disabled.
4. **Veteran preference** for applicants in which the head of household or spouse is a current member of the U S Armed Forces, a U S Armed Forces veteran, or the surviving spouse of a U S Armed Forces veteran.
5. **Involuntarily Displaced preference** for applicants who have been involuntarily displaced (as described below).
6. **Substandard housing preference** for applicants who are currently residing in substandard housing (as described below).

An applicant shall be given the benefit of the working preference if the head and spouse, or sole member is age 62 or older or is a person with disabilities.

The CoPHD will take precautions to ensure that the new location of the family is concealed in cases of witness protection.

6. By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.

A hate crime is actual or threatened physical violence or intimidation that is directed against a person or their property, and is based on the person's race, color, religion, sex, national origin, disability or familial status, including sexual orientation, and which occurred within the last 120 days or is of a continuing nature.

7. Displacement by non-suitability of the unit when a member of the family has a mobility and/or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make changes to the unit.

Critical elements are entry and egress of unit and building, a sleeping area, a full bathroom, a kitchen if the person with a disability must do their own food preparation, etc.

8. Due to HUD disposition of a multi-family project under Section 203 of the Housing and Community Development Act Amendments of 1978.

Standard Replacement Housing

In order to receive the displacement preference, applicants who have been displaced must not be living in "standard, permanent replacement housing."

Standard replacement housing is defined as housing that is decent, safe and sanitary according to Housing Quality Standards (HQS), and is adequate for the family size according to HQS.

Standard replacement housing does not include transient facilities, hotels, motels, temporary shelters. In the case of domestic violence, the family will not be eligible for this preference if the family relocates and the abuser continues to reside with the family at the new location. It does not include any individual imprisoned or detained pursuant to State law or an Act of Congress. Shared housing with family or friends is not considered temporary and is considered standard replacement housing.

Substandard Housing

Applicants who live in substandard housing are families whose dwelling meets one or more of the following criteria, provided that the family did not cause the condition:

1. Is dilapidated as cited by officials of a code enforcement office and does not provide safe, adequate shelter; has one or more critical defects or a combination of defects requiring considerable repair; endangers the health, safety, and well-being of the family.
2. Does not have operable indoor plumbing.
3. Does not have a usable flush toilet in the unit for the exclusive use of the family.
4. Does not have usable bathtub or shower in unit for exclusive family use.
5. Does not have adequate, safe electrical service.
6. Does not have an adequate, safe source of heat.
7. Does not have a kitchen. (Single Room Occupancy [SRO] Housing is not substandard solely because it does not contain sanitary and/or food preparation facilities in the unit.)
8. Has been declared unfit for habitation by a government agency.
9. Is overcrowded according to HQS. Note: Persons who reside as part of a family unit shall not be considered a separate family unit for substandard housing definition preference purposes.

Applicants living in Public Housing or publicly assisted housing shall not be denied this preference if unit meets the criteria for the substandard preference.



10. An applicant who is a "homeless family" is considered to be living in substandard housing. A "homeless individual or family" is one who:

Lacks a fixed, regular and adequate nighttime residence and has a primary nighttime residence that is:

- a. A supervised public or private operated shelter designated to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing for mentally ill); or
- b. An institution providing temporary residence for individuals intended to be institutionalized; or
- c. A public or private place not designed for or ordinarily used as a regular sleeping accommodation for humans.

Southern California Regional HMIS Collaborative

Memorandum of Understanding

THIS MEMORANDUM OF UNDERSTANDING (MOU) is made this FIRST day of April 2015, by and between the City of Glendale and the City of Pasadena, each a municipal corporation of the State of California; the Los Angeles Homeless Services Authority, a Joint Powers Authority of the City and County of Los Angeles, and 2-1-1 Orange County, a non-profit organization.

WITNESSETH:

WHEREAS, the Congress of the United States of America, in enacting H.R. 5482, the Departments of Veterans Affairs and Housing and Urban Development (HUD), and Independent Agencies Appropriations Act, 2001, amended subsection (a) of SEC. 226, Section 423 of the Stewart B. McKinney Homeless Assistance Act to include (7) Management Information System funding; and

WHEREAS, the United States Congress, in accepting Conference Report 106-988, indicated that "local jurisdictions should be collecting an array of data on homelessness in order to prevent duplicate counting of homeless persons and to analyze their patterns of use of assistance, including how they enter and exit the homeless assistance system and the effectiveness of the systems. HUD is directed to take the lead in working with communities toward this end and to analyze jurisdictional data within three years"; and

WHEREAS, HUD has since directed the programs it funds to develop a local Homeless Management Information System (HMIS) to collect and report data on the usage of homeless services; and

WHEREAS, HUD further encouraged local communities to determine their own best way to implement such a system; and

WHEREAS, the entities responsible for Continuum of Care planning for homeless programs in the Cities of Pasadena, Glendale, and Los Angeles, the balance of the County of Los Angeles, and Orange County have together planned for this system since December, 2001;

NOW, THEREFORE, IT IS AGREED that the participants in this collaborative wish to affirm their commitment to continue to work together in this Memorandum of Understanding as follows:

I. Background

The Southern California Regional Homeless Management Information System (HMIS) Collaborative (the "SCR Collaborative") is comprised of four HUD Continuum of Care grantees: the Cities of Glendale, and Pasadena, the Los Angeles Homeless Services Authority (LAHSA), and 2-1-1 Orange County. The SCR Collaborative itself is not a legal entity, but refers to the commitments and expectations of its individual members, each of whom will be responsible for enforcing the terms and conditions herein. The SCR Collaborative has implemented a web-based Homeless Management Information System that will permit the sharing of client level

V. Vendor Contracts**A. Vendor Selection**

Having followed a community-based planning process to gather recommendations, the Participants released a Joint Request for Proposals to select an HMIS vendor. A review committee comprised of HMIS Steering Committee members reviewed and rated proposals, leading to a recommended vendor, Adsystem, Inc. Participant representatives are responsible for obtaining the appropriate approvals from their respective decision-making bodies in order to maintain contracts with Adsystem, Inc.

B. Vendor Contracts

The Participants will maintain individual contracts with Adsystem.

VI. Project Management and Oversight**A. All Participants agree to meet the following project management requirements:**

1. Designate a HMIS Collaborative Working Group Lead to contact regarding project management issues;
2. Designate a HMIS Collaborative Working Group Lead to serve on the SCR HMIS Steering Committee for the term of this MOU;
3. Meet their financial obligations to Adsystem in accordance with their respective contracts;
4. Ensure their participating agencies and users meet Collaborative-approved training standards prior to obtaining system access;
5. Jointly create and manage HMIS policies and procedures;
6. Maintain a process to hear and address issues from users under its domain;
7. In situations where users operate programs in multiple Continuum of Care systems, the Participants responsible for those systems agree to work jointly to address problems and concerns.
8. Requests for data for any regional or system wide-reporting will be submitted via email to the HMIS Collaborative Working Group Lead. Requests must be approved or denied within (10) business days of receipt. Data used for such purpose will only be at the aggregate level and at no time will any confidential client information be disclosed.

B. Project Oversight

The SCR HMIS Steering Committee will be responsible for overseeing the coordinated implementation of HMIS in Los Angeles and Orange Counties. The SCR HMIS Steering Committee will meet at least quarterly to review the progress of implementation, identify and resolve problems, update policies and procedures, and review reports from Participants, as needed.

The SCR HMIS Steering Committee will utilize Working Groups to advise the Committee on specific matters related to the implementation and operation of HMIS.

The Steering Committee may also establish ad hoc and other committees as needed.

Likely ad hoc steering committees may include a Program and Policy Committee to manage processes for regional reporting, compliance with revised HMIS Data and

LA/OC HMIS Collaborative

Memorandum of Understanding

City of Glendale

2-1-1 Orange County

Date: 11-5-2015

Date: 11-5-2015

By: [Signature]

By: [Signature]

Title: Community Service Manager

Title: Director, Data & Technology

Print Name: Ivet Samuelson

Print Name: Amber Killinger

City of Pasadena

Los Angeles Homeless Services Authority

Date: 11/6/15

Date: 11/6/15

By: [Signature]

By: [Signature] - Director of Programs

Title: Project Planner

Executive Director (signing authority for Peter Lyen)

Print Name: Ame Lansi

Print Name: Chris Callardillo

PERMANENT SUPPORTIVE HOUSING

[written standards]

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[Introduction]

In accordance with Title 24 of the Code of Federal Regulations (24 CFR) Part 578, the City of Pasadena (City) and the Pasadena Partnership to End Homelessness (Pasadena CoC) have developed the following written standards. In conjunction with 24 CFR Part 578, these standards will apply to all projects that receive Pasadena CoC Permanent Supportive Housing (PSH) funding and are intended as basic minimum standards to which grantees can make additions and more stringent standards applicable to their own projects. In addition, all projects must comply with the Notice of Funding Availability (NOFA) under which the project was originally awarded and, as applicable, the Consolidated Appropriations Act of 2014 and the Further Continuing Appropriations Act of 2015.

The goal of these standards is to synthesize key elements of the HUD regulations with the processes and priorities of the Pasadena CoC to ensure that the PSH program is administered fairly and methodically. The City and the Pasadena CoC will continue to build upon and refine this document.

GUIDING PRINCIPLES

The Pasadena CoC is dedicated to HUD's goal of ending chronic homelessness. Research has consistently found that PSH using a Housing First approach is the most effective solution for people experiencing chronic homelessness. As such, the Pasadena CoC is firmly committed to prioritizing the chronically homeless for PSH and has embraced a Housing First approach for the CoC-PSH.

Prioritizing Chronically Homeless

PSH is not a one-size-fits-all approach and should only be offered to those households that truly need that level of support. Thus, in order to use our limited resources in the most effective means possible, the Pasadena CoC is committed to prioritizing those most in need through an established order of priority. Within that order of priority, all CoC-PSH funded programs are required to fill vacant beds with chronically homeless individuals. In addition, PSH programs that do not receive CoC funding are strongly encouraged to prioritize the chronically homeless.

Housing First

An immediate connection to PSH can ensure that over 80% of homeless individuals remain housed, even among clients with severe substance abuse and mental health conditions. Therefore, the Pasadena CoC has embraced a housing first approach for CoC-PSH to best serve this population.

Housing First is a simple philosophy that offers permanent, affordable housing as quickly as possible to homeless individuals and families. Once in a program, case managers work to engage participants in voluntary supportive services and connect them to community-based supports with the goals of helping them to remain in housing and avoid returns to homelessness. Income, sobriety, participation in treatment and/or other services, are not required as a condition for getting housing.

COC COORDINATION WITH ESG

The Pasadena CoC utilizes the following approaches and procedures to ensure the coordination of resources among grantees:

Coordinated Entry System

To minimize barriers to housing access and ensure timely placement, grantees are required to receive referrals through Pasadena's Coordinated Entry System (CES). The CES uses a no-wrong door approach in which homeless individuals who engage with any agency within the Pasadena CoC are entered into the system. This system ensures that every homeless individual is known by name, provides assistance based on individual's unique needs, and matches them to the right housing fit.

Universal Assessment

All individuals will be assessed using a comprehensive, universal assessment tool called the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT). This tool guarantees that individuals' levels of need and eligibility determinations are made in an informed and objective manner.

Homeless Management Information System

All grantees are required to participate in the Homeless Management Information System (HMIS) per the ESG and CoC Interim Rule (24 CFR 576 and 578). HMIS provides an opportunity to document homelessness and helps to ensure coordination between service providers while avoiding duplication of services and client data.

[Program Overview]

TARGET POPULATION

The eligible population for PSH is individuals with disabilities or families in which one adult or child has a disability. Based on HUD’s recommendations, however, the Pasadena CoC has chosen to target chronically homeless individuals or families for CoC-funded PSH (see Exhibit 1 For definition).

Exhibit 1: Chronically Homeless Definition

Who Can be Chronically Homeless		
01	An individual who meets all three conditions of chronic homelessness (see below)	
02	An individual who has been residing in an institutional care facility for fewer than 90 days (including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility) and met all three conditions of chronic homelessness before entering that facility	
03	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 three conditions of chronic homelessness (including a family whose composition has fluctuated while the head of household has been homeless)	
Three Conditions of Chronic Homelessness		
Currently Homeless	Lengthy or Repeat Homelessness	Disabling Condition
<p>Currently homeless and lives in one of the following:</p> <ul style="list-style-type: none"> ○ An emergency shelter ○ A safe haven ○ A place not meant for human habitation 	<p>Is currently homeless and has been either:</p> <ul style="list-style-type: none"> ○ Continuously for at least one year ○ At least four separate occasions in the last 3 years 	<p>Can be diagnosed with one or more of the following conditions:</p> <ul style="list-style-type: none"> ○ Substance use disorder ○ Serious mental illness ○ Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)) ○ Post-traumatic stress disorder ○ Cognitive impairments resulting from brain injury ○ Chronic physical illness or disability

CORE PROGRAM COMPONENTS

The Pasadena CoC-PSH program provides permanent housing and support services to individuals and families with a disability, prioritizing those who are chronically homeless. The program is designed to reintegrate this highly vulnerable population into the community by addressing their basic needs for housing and providing ongoing support. There are two key components of the Pasadena CoC-PSH program: permanent housing and supportive services.

Permanent Housing

Using a housing first approach, program participants are provided with rapid access to permanent housing with minimal preconditions. Good credit or rental history are not required to receive housing. Each household is placed in a unit that has access to meal preparation facilities or where grantees provide meals.

Tenants can remain in their homes as long as the basic requirements of tenancy are met—paying the rent (as applicable), not interfering with other tenants' use of their homes, not causing property damage, etc. This ensures participants have a private and secure place to make their home, just like other members of the community, and provides them with a stable foundation from which they can pursue their goals.

Supportive Services

Once in housing, program participants have access to the support services that they need and want to live as independently as possible. Although PSH is designed for people who need supportive services, accepting these services is not a condition of housing. A person's home is a place to live rather than a treatment setting. As such, supportive services are voluntary, but can and should be used to persistently engage tenants and ensure housing stability.

Tenants receive assistance in defining their needs and preferences through annual assessments of service needs and individualized support plans that reflect those preferences. On-site residential supervision is provided as needed to facilitate the adequate provision of supportive services to the residents.

[Coordinated Assessment & Prioritization]

COORDINATED ASSESSMENT

All Pasadena CoC-PSH providers are required to fill vacant beds through the region's Coordinated Entry System (CES) to ensure that the CoC's limited resources are being used in the most effective manner possible and that households most in need are being prioritized. The CES consists of three components: universal assessment, housing navigation, and housing match.

Universal Assessment

The CES assesses the most vulnerable homeless residents within the Pasadena CoC using a universal assessment, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT evaluates eligibility and provides an objective and comparable measure of vulnerability and service need.

Housing Navigation

Once individuals have been assessed, those with the greatest needs (scores of 10+) are assigned a Housing Navigator to assist them in locating housing and support them in the collection of documentation (see Recordkeeping Requirements), ensuring they can be matched with PSH as quickly as possible.

Housing Match

PSH providers submit vacancies to the CES when housing becomes available. The CES then matches the most vulnerable individual with that housing unit through a single prioritized waiting list that ranks individuals based on the CoC's designated order of priority (see below).

Housing providers agree to hold turnover beds open for a period of 15 days while the CES Community Matchers consult the existing prioritized waiting list (based on client prioritization guidelines below). If an individual or family who is chronically homeless cannot be found within the 15-day time period, the turnover bed may be filled with the agency's normal process.

PRIORITIZATION

The Pasadena CoC has developed an order of priority to establish a uniform process for prioritizing placement into PSH through the CES. The overarching intent of this order of priority is to ensure that chronically homeless persons with the longest lengths of time homeless and the most severe service needs are prioritized over other eligible households (see Exhibit 2 for definition of Severity of Service Needs). It is important to note that the order of priority established below will be followed with consideration of agency goals and target populations

Exhibit 2: Severity of Service Needs

For the purpose of this policy, persons who have been identified as having the most severe service needs have at least one of the following:

High Utilization of Crisis Services

History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or

Significant Health or Behavioral Challenges

Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing

Severe service needs as defined above should be identified and verified through the CoC's Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT).

(e.g. mental illness). This order of priority may be revisited once the CES has fully automated referrals through HMIS, ensuring it accurately reflects the system’s methods of prioritization which will be based upon HUD’s recommendations.

Order of Priority for PSH Vacancies

All grantees receiving Pasadena CoC funding for PSH must fill vacant beds with chronically homeless persons. Exhibit 3 outlines the Pasadena CoC’s order of priority for filling PSH beds.

Exhibit 3: Order of Priority for PSH Vacancies

Order of Priority	Chronically Homeless	Severe Service Needs	Other Requirement
01	Yes	Yes	At least 12 months continuous or at least 12 months cumulative across 4 episodes in 3 years
02	Yes	Yes	Less than 12 months cumulative across 4 episodes in 3 years
03	Yes	No	At least 12 months continuous or at least 12 months cumulative across 4 episodes in 3 years
04	Yes	No	Less than 12 months cumulative across 4 episodes in 3 years
05	Yes	No	None

Order Of Priority When No CH Is Identified

When no chronically homeless (CH) persons can be identified to fill a PSH vacancy, the CES will fill vacancies according to the priorities listed in Exhibit 4.

Exhibit 4: Order of Priority When No CH is Identified

Order of Priority	Chronically Homeless	Severe Service Needs	Other Requirement
01	No	Yes	Coming from streets, safe haven, or emergency shelter
02	No	No	Coming from the streets, safe haven, or emergency shelter PLUS at least 6 months continuously homeless or at least 3 occasions in 3 years
03	No	No	Coming from the streets, safe haven, or emergency shelter
04	No	No	Coming from transitional housing (first came from streets, safe haven, emergency shelter)

[Eligible Uses of Funds]

Pasadena CoC-PSH grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services, as detailed below. Further detail can be found in 24 CFR Part 578, Subpart D.

ACQUISITION

CoC-PSH funds may be used to pay for up to 100 percent of the cost of acquisition of property for the provision of PSH or supportive services.

REHABILITATION

CoC-PSH funds may be used to pay up to 100 percent of the cost of the rehabilitation of structures to provide PSH or supportive services. Eligible rehabilitation costs include installing cost-effective energy measures and bringing an existing structure to State or local government health and safety standards.

NEW CONSTRUCTION

CoC-PSH funds may be used to pay up to 100 percent of the cost of new construction and the cost of land associated with that construction, for use as housing. New construction includes either the building of a new structure or an addition that increases the floor area of an existing structure by 100 percent or more.

If funds are used for new construction, the costs must either be substantially less than the costs of rehabilitation or there must be a lack of available appropriate units that could be rehabilitated at a cost less than new construction. For purposes of cost comparison, costs of rehabilitation or new construction may include the cost of real property acquisition.

OPERATING COSTS

CoC-PSH funds may be used to pay the costs of day-to-day operation of permanent housing in a single structure or individual housing units. Eligible costs include the maintenance and repair of housing; property taxes and insurance; scheduled payments to a reserve for replacement of major systems of the housing (provided that the payments must be based on the useful life of the system and expected replacement cost); building security for a structure where more than 50 percent of the units or area is paid for with grant funds; electricity, gas, and water; furniture; and equipment.

SUPPORTIVE SERVICES

CoC-PSH funds may be used to pay for eligible costs of supportive services that address the needs of program participants and are necessary to assist them in obtaining and maintaining housing throughout the duration of their residence in the project. For participants who exit PSH, supportive services may only be provided if the resident was homeless in the prior six months (i.e. they were in the program less than six months). Eligible supportive services are detailed in Appendix A.

If the service is being directly delivered by the grantee, eligible costs for those services include the labor or supplies, and materials incurred by the grantee in directly providing support services to program participants and the salary and benefit packages of the grantee staff that directly delivers the services.

If the supportive services are provided in a facility that is separate from the housing structure, the costs of the day-to-day operation of the supportive service facility, including maintenance, repair, building security, furniture, utilities, and equipment are eligible as a supportive service. Staff training and the costs of obtaining professional licenses or certifications needed to provide support services are not eligible costs.

LEASING

Leasing projects involve the leasing of property or portions of property (including single units) not owned by the recipient for use in providing PSH or supportive services. With leasing projects, the lease is between the grantee and the landowner while the occupancy agreement or sublease is between the grantee and program participant.

Leasing funds may be used to pay up to 100% of the costs of leasing a structure for up to three years. When electricity, gas, and water are included in the rent, these utilities may be paid from leasing funds. If the landlord does not provide utilities, these utility costs are an operating cost, except for supportive service facilities.

Leasing funds cannot be used to lease units or structures owned by the recipient, sub-recipient, or their parent, subsidiary, or affiliated organization. HUD has the authority, however, to grant an exception to the ownership clause for good cause.

Other Eligible Costs

As summarized by Exhibit 5, recipients of leasing grants may also use funds to pay for security deposits, in an amount not to exceed 2 months of actual rent. An advance payment of the last month's rent may be provided to the landlord in addition to the security deposit and payment of the first month's rent.

Occupancy Charges

For leasing awards, grantees are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, grantees must treat all participants the same by having a clearly outlined process for determining the amount of charge that follows a specific calculation procedure to ensure participants are not overcharged. Occupancy charges may not exceed the highest of:

- 30% of the family's monthly adjusted income
- 10% of the family's monthly income
- The portion of welfare payments specifically designated by the public welfare agency to meet the family's housing costs

Exhibit 5: Summary of Eligible Leasing Costs

Eligible Leasing Costs

CoC-PSH leasing funds can pay for:

- Leasing of property or portions of property for use in providing permanent housing
- Security deposits (up to 2 months' rent)
- First and/or last month's rent of an individual unit

In addition, grantees can require the program participants to pay for utilities. If the participant is required to pay utilities (excluding telephone) then a utility allowance must be factored into the rent calculation determination. Alternatively, grantees can use program operating funds or other sources to pay for the utilities.

Administration of Funds

With leasing grants, recipients pay rent directly to the landowner. If required, participants pay their portion of the occupancy charge (i.e. rent) directly to the grant recipient.

RENTAL ASSISTANCE

Rental assistance grants are differentiated from leasing grants in that these grants provide rental assistance to eligible persons for permanent housing. For rental assistance grants, the lease is between the program participant and the landowner or sub lessor. Grant funds may be used for permanent supportive housing rental assistance. The rental assistance may be tenant-based, project-based, or sponsor-based, as detailed below and summarized in Exhibit 6.

Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.

Tenant-Based Rental Assistance

Tenant-based rental assistance (TBRA) allows people to choose their own housing unit from the private rental housing market. Participants receive vouchers, entitling them to a reduced rent, which can be used to rent a unit of their choice from a landlord who agrees to accept the voucher. TBRA helps to ensure that participant’s individual preferences and needs are met and that participants are fully integrated into the community.

For TBRA, the rent subsidy is portable, meaning that tenants who have complied with all program requirements retain the rental assistance if they move within the Continuum of Care geographic area. Although TBRA

Exhibit 6: Types of Rental Assistance

Tenant-Based	Sponsor-Based	Project-Based
<p>Rental assistance follows the program participant</p> <ul style="list-style-type: none"> Participant locates housing of their choice If the participant moves, they can take the rental assistance to a new unit 	<p>Rental assistance stays with the sponsor/unit</p> <ul style="list-style-type: none"> Grantee contracts with Sponsor who locates and rents housing units Sponsor then subleases the units to participants If the participant moves out of the unit, the sponsor can then sublease it to the next eligible participant 	<p>Rental assistance stays with the unit</p> <ul style="list-style-type: none"> Grantee contracts with building owner Owner agrees to lease the subsidized unit to program participants If the participant moves out of the unit, the unit is rented to another eligible participant

program participants have the ability to move and retain the rental assistance, grantees may limit where participants may live if it is necessary to facilitate the coordination of supportive services.

Program participants who have complied with all program requirements during their residence and who have been a victim of domestic violence, dating violence, sexual assault, or stalking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence) may retain the rental assistance and move to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety and are able to document the violence and basis for their belief. See recordkeeping requirements to ensure proper documentation of imminent threat of harm.

Sponsor-Based Rental Assistance

Sponsor-based rental assistance uses sponsor agencies to locate and rent housing units in the private market and then sublease these units to people who are homeless. Sponsors may be private, non-profit organizations or community mental health agencies established as a public non-profit organization.

In this model, a sponsor agency owns units or leases units and then subleases the unit to a program participant. Units that receive sponsor-based rental assistance can be owned or leased by the recipient, sub recipient, or private owner in the community.

If the program participant moves out of the unit, the sponsor can then sublease it to the next eligible participant. Or the sponsor can elect to continue SBRA to support the participant in his new unit, or the sponsor can locate another unit in the community and then sublet that unit to the same or a different eligible program participant. The decision is up to the sponsor because the rental assistance stays with the sponsor.

Project-Based Rental Assistance

Project-based rental assistance (PBRA) is provided through a contract with the owner of a building who agrees to lease the subsidized units to program participants. With this model, the program participant does not retain rental assistance if they move. Rather, the unit would be rented to another eligible participant that would benefit from the PBRA.

Other Eligible Costs

As summarized in Exhibit 7, in addition to paying the rent, grantees may use up to two months of rent to pay a security deposit to an owner. All security deposits must be returned to grantees through a written contract with the landlord and used for CoC-eligible costs. In addition, an advance payment of the first and last month's rent may be provided to the landlord.

Grantees may also use rental assistance funds to provide vacancy payments to landlords participating in the program if the unit is vacated before the end of the lease. In this situation, rental assistance may continue for a maximum of 30 days from the end of the month in which the unit is vacated unless occupied by another eligible person. This policy is intended to allow grantees time to engage another person who is homeless to move into the unit without losing the participation of the landlord.

Grantees can also cover up to one month's rent for property damages, but this is limited to one time per participant. Finally, staff time delivering rental assistance such as contracting for the units or inspecting the units, can be covered by rental assistance funds.

Participant Rent

Grantees receiving rental assistance must require program participants to pay a portion of their rent in accordance with section 3(a)(1) of the U.S. Housing Act of 1937, unless they have no income at all. The program participant's rent contribution must be equal to the highest of:

- 30% of the family's monthly adjusted income
- 10% of the family's monthly income
- The portion of welfare payments specifically designated by the public welfare agency to meet the family's housing costs

If the participant is required to pay utilities (excluding telephone) then a utility allowance must be factored into the rent calculation determination.

Administration of Funds

Program participants pay their portion of rent directly to the landlord. Either the grantee or the rental assistance administrator then pays the difference between the total rent and the amount paid by the program participant. Recipients can never cover the cost of the program participant's rent if the program participant fails to pay his or her portion of rent.

The Consolidated Appropriations Act of 2014 (Public Law 113-76, approved January 17, 2014) and the Consolidated and Further Continuing Appropriations Act of 2015 (Public Law 113-235, approved December 16, 2014) authorized nonprofit organizations to administer rental assistance to landlords in permanent housing funded with fiscal year (FY) 2012, FY 2013, FY 2014, or FY 2015. A rental assistance administrator must make rental assistance payments to the landlord for all other rental assistance grants.

Administering rental assistance in the CoC program is:

1. Contracting for and making rental assistance payments to the landlord/landowner; and
2. Conducting the HQS Inspections

The costs of administering rental assistance are considered service delivery costs of rental assistance and are eligible in the CoC Program as rental assistance costs.

Exhibit 7: Summary of Eligible Rental Assistance Costs

Eligible Rental Assistance Costs

CoC-PSH rental assistance funds can pay for:

- Unit rent
- First and/or last month's rent
- Security Deposits (up to 2 months' rent)
- Property damages (up to one month)
- Vacancy payments (up to 30 days)
- Staff costs carrying out eligible activities

[Program Requirements]

RENT LIMITS

HUD mandates specific rent requirements for all PSH rental assistance and leasing awards. As detailed below, both types of awards are subject to rent reasonableness standards. Additionally, leasing awards that provide assistance to participants for individual units are required to meet Fair Market Rent standards.

Rent Reasonableness

Annual certification that rent complies with HUD's standard of rent reasonableness is required for both rental assistance and leasing awards (including structures and individual units). This means that the rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

Form: [The Rent Reasonableness Checklist and Certification form](#) in Appendix B may be used to ensure this guideline has been met.

Fair Market Rent

Rents for individual units paid with CoC leasing grants may not exceed the Fair Market Rent (FMR). Recipients, however, may use other funds to pay rent amounts in excess of FMR. There is no FMR limitation for structures paid with CoC leasing grants.

With rental assistance grants, while awards are calculated based on Fair Market Rent amounts for the applicable unit sizes, a recipient is allowed to pay rents up to the rent reasonable amount even if it is higher than the FMR. If the recipient pays rent beyond FMR levels for some units in a project, they must ensure that they have sufficient funding—such as program participant rent contributions or lower rents in other areas of the community—to serve the contracted number of program participants for the remainder of the grant term.

All units that are required to meet FMR guidelines must be assessed at entry and annually thereafter.

Form: [Los Angeles County Fair Market Rent Guidelines](#) in Appendix B provides current FMR and guidelines for calculating rent.

LEASING & OCCUPANCY AGREEMENTS

A key component in CoC leasing and rental assistance is leasing and occupancy agreements. All participants must have a signed agreement outlining the terms of their housing. Two individuals in a shared housing situation must have their own lease and their own bedroom unless the two individuals are presented together as a household. As pictured in Exhibit 8, the type of leasing arrangement depends on funding type.

Leasing Grants

In projects that receive leasing funds, the recipient contracts for the space from a landowner, and therefore is primarily responsible for the housing or office space, if it's being contracted to provide supportive services. If the space is to be used for permanent housing, the grantee must execute an occupancy agreement with the program participant (i.e. tenant) to formalize his or her rights in the housing and to specify program expectations

regarding continued occupancy in the housing. The occupancy agreement must be for a term of at least one year and be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

Tenant-Based and Project-Based

For tenant-based and project-based rental assistance, landowners have a contract with the grantee and a lease with the program participant (i.e. tenant). The lease agreement must be for a term of at least one year and be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

Sponsor-Based

For sponsor-based rental assistance, grantees have a subrecipient agreement with the sponsor to administer the rental assistance on their behalf. Landowners then enter a contract with the sponsor and a lease with the program participant (i.e. tenant). The lease agreement must be for a term of at least one year and be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

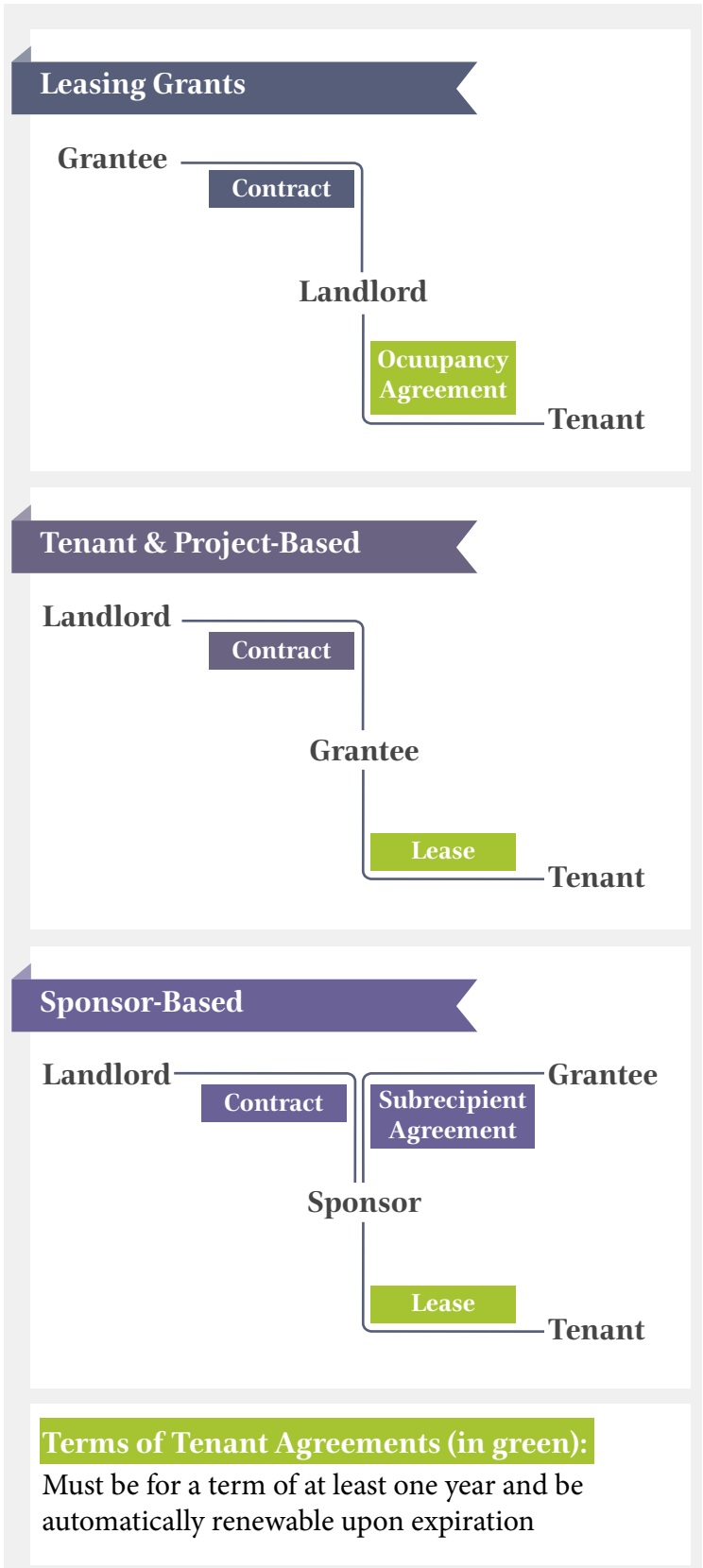
HOUSING STANDARDS

CoC-funded programs with housing programs occupied by program participants are subject to certain housing standards defined by HUD. These standards include Housing Quality Standards (HQS), Suitable Dwelling Unit Size standards, and lead-based paint requirements. Grantees must retain documentation of compliance with these housing standards, including HQS inspection reports.

Housing Quality Standards

All CoC-funded programs with housing programs occupied by program participants must meet the applicable HQS under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) only applies to

Exhibit 8: Types of Leasing Arrangements



program participants receiving TBRA. Before any assistance is provided, each unit must be physically inspected to assure that the unit meets HQS. In addition, grantees must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the grantee verifies that all deficiencies have been corrected.

Form: The [CoC Housing Quality Standards Inspection Guidelines form](#) in Appendix B may be used to ensure this guideline has been met. Appendix D and F provide the accompanying [HQS Long Form](#) and [HQS Short Form](#) respectively.

Suitable Dwelling Size

Each CoC-funded unit must have at least one bedroom or living/sleeping room for each two persons. Children of the opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room. If household composition changes during the term of assistance, grantees may relocate the household to a more appropriately sized unit. The household must still have access to appropriate supportive services.

Lead-Based Paint

All CoC-funded programs with housing programs occupied by program participants are required to incorporate lead-based paint remediation and disclosure requirements. Generally, these provisions require the recipient to screen for, disclose the existence of, and take reasonable precautions regarding the presence of lead-based paint in leased or assisted units constructed prior to 1978.

- **Rehabilitation.** For housing rehabilitated with CoC-PSH funds, the lead-based paint requirements in 24 CFR part 35, subparts A, B, J, and R apply.
- **Rental Assistance.** For housing that receives project-based or sponsor-based rental assistance, 24 CFR part 35, subparts A, B, H, and R apply. Projects that receive tenant-based rental assistance are required to comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations at part 35, subparts A, B, M, and R apply.
- **Acquisition, Leasing, Services or Operating Costs.** For residential property for which CoC-PSH funds are used for acquisition, leasing, services, or operating costs, 24 CFR part 35, subparts A, B, K, and R apply.

ENVIRONMENTAL REVIEW

Before any funds are committed, the City of Pasadena will conduct an environmental review of the grantee project site(s) to demonstrate there are no hazardous materials present that could affect the health and safety of the occupants. Environmental reviews will be conducted by the City of Pasadena and are acceptable for a 5-year time period. The costs of carrying out environmental review responsibilities are an eligible use of administrative funds.

Form: The [Environmental Review Flowchart](#) in Appendix B provides assistance in correctly identifying what level of environmental review is required for the CoC project.

PROGRAM INCOME

HUD defines program income as the income received by the grantee directly generated by a grant-supported activity. For example, rents and occupancy charges collected from program participants are considered program income.

Program income earned during the grant term shall be retained by the recipient, added to funds committed to the project by HUD and the recipient, and used for eligible activities in accordance with the requirements of this part. Costs incident to the generation of program income may be deducted from gross income to calculate program income, provided the costs have not been charged to grant funds.

NONDISCRIMINATION & REASONABLE ACCOMMODATION POLICY

CoC-PSH programs must have written policies regarding nondiscrimination and reasonable accommodations/modifications. CoC Programs must operate in compliance with federal nondiscrimination and equal opportunity requirements including the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act. Programs may not discriminate on the basis of actual or perceived sexual orientation, gender identity or marital status. For persons with disabilities, it is unlawful to: (1) fail to make reasonable accommodation in rules, policies, and services to give a person with a disability equal opportunity to occupy and enjoy the full use of a housing unit and (2) fail to allow reasonable modification to the premises if the modification is necessary to allow full use of the premises.

RETENTION AFTER EXTENUATING CIRCUMSTANCES

Surviving members of any household who were living in a unit assisted with CoC-PSH funds at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization, have the right to rental assistance until the expiration of the lease in effect at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization.

TERMINATION POLICIES

The grantee may terminate assistance to a program participant who violates program requirements or conditions of occupancy. Grantees that are providing PSH for hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases. Termination does not bar the grantee from providing further assistance at a later date to the same individual or family.

In terminating assistance to a program participant, the grantee must provide a formal process that recognizes the rights of the individual receiving assistance under the due process of law. This process, at a minimum, must consist of:

1. Providing the participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
2. Written notice to the program participant containing a clear statement of the reasons for termination
3. A 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
4. Prompt written notice of the final decision to the program participant

[Recordkeeping Requirements]

All CoC-funded programs must establish and maintain policies and procedures for ensuring that CoC program funds are used in accordance with the recordkeeping requirements set forth in 24 CFR 578.103 and Notice CPD-14-012. This section provides an overview of those requirements and the Pasadena CoC's additional recordkeeping requirements.

ELIGIBILITY CRITERIA

All CoC-PSH programs are required to fill vacant beds with chronically homeless individuals or families. According to HUD, a chronically homeless individual or family must meet all three of the following criteria:

Homeless Status. Currently homeless and living in an emergency shelter, a safe haven, or a place not meant for human habitation. A place not meant for human habitation is defined as a place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus/train station, airport, or camping ground. This does not include persons living in housing that is substandard and in need of repair or housing that is crowded.

Length/Frequency of Homelessness. The individual or family was homeless for at least one (1) year or homeless on at least four (4) separate occasions in the last three (3) years. A break in continuous homelessness is considered at least seven (7) or more consecutive nights not residing in a place not meant for human habitation, shelter or safe haven.

Diagnosis with Disorder, Illness, or Disability. Finally, to be considered chronically homeless, an individual or head of household must be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. This disability must be expected to be of a long-continued and indefinite duration, substantially impede his/her ability to live independently, and of such a nature that the disability could improve under more suitable housing conditions.

In addition, an individual who has been residing in an institutional care facility for fewer than 90 days (including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility) and met all three conditions of chronic homelessness listed above before entering that facility.

ESTABLISHING CHRONIC HOMELESS STATUS

To ensure each of the above criteria for chronic homeless status have been met, along with the associated recordkeeping requirements detailed below, the Pasadena CoC has established a Certification of Chronic Homeless Status form. This form is intended to be used as a cover sheet for staff to certify chronic homeless status and must be completed prior to program entry (see appendix C or www.pasadenapartnership.org).

Evidence of Homeless Status and Length/Frequency of Homelessness

HUD has established five options to document homeless status, as well as an order of priority for documentation. To document the length/frequency of the homeless status, the start and end date must be included in the documentation. To help ensure compliance with HUD's requirements, the Pasadena Partnership has developed a set of recordkeeping forms to document each of these methods of verification. Homeless Status Recordkeeping Forms, available in Appendix C as well as on the CoC's website, www.pasadenapartnership.org.

These five options for documenting homeless status are as follows (in order of priority):

1. **HMIS data.** To document a client's homeless status through HMIS data (or a comparable database used by victim service or legal service providers), a program may print an exit report or screen shot that indicates a client's homeless status as described above.

Required Form: Greater Los Angeles and Orange County Interagency Data Sharing Consent Form (to obtain individual client records)

2. **Third party written referral.** Evidence of current living situation may also be documented by a written referral by a housing or service provider that demonstrates the individual or head of household's homeless status.

Required Form: Written Third Party Verification of Homeless Status

3. **A written observation by an outreach worker.** Evidence of the current living situation may be documented by a written observation of an outreach worker.

Required Form: Observation of Homeless Status by Outreach Worker

4. **Third party oral referral.** When a written observation by an outreach worker or written third party referral is not available, evidence of a client's current homeless status may be documented by an oral referral from a third party (e.g. emergency shelter).

Required Form: Oral Third Party Verification of Homeless Status

5. **Self-declaration.** When a written observation by an outreach worker or third party referral is not available, an applicant may submit a signed statement verifying his or her homeless status. This self-declaration must include evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living.

Required Form: Self Declaration of Homeless Status

Please note that when documenting the duration of homelessness for chronically homeless individuals or families, at least nine (9) months of the one-year period or three (3) of the four (4) occasions of homelessness must be documented by one of the first three methods described above (HMIS data, written third party verification, or observation of homeless status by an outreach worker). In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party documentation could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence (self-declaration of homeless status) as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

Finally, in establishing the duration of homelessness, a single encounter with a homeless service provider on a single day within one (1) month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has and a break in homeless status during that month (e.g. evidence in HMIS of a stay in transitional housing).

Evidence of Disabling Condition

In addition being homeless for an extended period of time, to be considered chronically homeless, an individual or head of household must be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 103 of the Developmental Disabilities Assistance Bill of Rights Act of 2000, 42 U.S.C.15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. Documentation of diagnosis must include one of the following:

Written certification. Written verification of the condition from a professional licensed by the State of California to diagnose and treat the condition.

Required Form: Certification of Disability

Verification from SSA. Written verification from the Social Security Administration.

Disability check. Copies of a disability check (e.g. Social Security Disability Insurance check or Veterans Disability Compensation)

Written observation & written certification (45 days after). Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days after the application for assistance and accompanied with one of the types of evidence above.

Required Forms: Observation of Homeless Status & Certification of Disability

Evidence of Institutional Stay

Individuals residing in an institution for less than 90 days (including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility) must provide evidence of homeless status, length/frequency of homelessness and disability (see above requirements) as well as documentation of their stay. Acceptable evidence includes either:

Discharge paperwork or a written or oral referral. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrates the person resided there for less than 90 days. All oral statements must be recorded by the intake worker.

Required Forms: Written or Oral Third-Party Verification of Homeless Status documenting their stay in the institution and evidence of homeless status as described above.

Certification from the person seeking assistance. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days.

Required Form: Self-Declaration of Homeless Status documenting their stay in the institution and evidence of homeless status as described above.

SERVICES PROVIDED

CoC-PSH grantees are required to document and keep records of services provided in HMIS. In addition, grantees are required to document that client records were reviewed at least annually and that the service package offered was adjusted as necessary.

PARTICIPANT INCOME

To determine the amount of contribution towards rent, grantees must examine a program participant's income at entry and annually thereafter (as applicable). If there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly. To ensure proper evaluation of a participant's income, the grantee must keep the following documentation:

Income Evaluation Form

Participants must complete an income evaluation form as specified by HUD to determine contribution towards rent.

Verification of Income

In addition to completing an income evaluation form, participants must provide verification of income. The order of priority for verifying income is:

1. **Source Documents.** Source documents (e.g. most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of evaluation
2. **Third-Party Verification.** To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g. employer, government benefits administrator) or the written certification by the grantee's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period

Forms: Written Third Party Verification of Income or Oral Third Party Verification of Income

3. **Written Certification by the Program Participant.** To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation

Form: Written Self Declaration of Income

RECORDS OF IMMINENT THREAT OF HARM

For each program participant who moved to a different CoC due to imminent threat of further domestic violence, dating violence, sexual assault, or stalking, grantees must retain documentation of the original incidence and documentation of reasonable belief of imminent threat of further harm.

Original Incidence

Documentation of the original incidence of domestic violence, dating violence, sexual assault, or stalking, only if the original violence is not already documented in the program participant's case file. This may be any of the following:

- A written observation of the housing or service provider
- A letter or documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance
- Medical or dental records
- Court records or law enforcement records
- Written certification by the program participant to whom the violence occurred by the head of households

Reasonable Belief of Imminent Threat of Further Harm

Documentation of the reasonable belief of imminent threat of further domestic violence, dating violence, or sexual assault or stalking, which would include threats from a third-party, such as a friend or family member of the perpetrator of the violence. This may be any of the following:

- A written observation by the housing or service provider, 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 the victim has sought assistance
- Current restraining order
- Recent court order of the other court records
- Law enforcement reports 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
- A written certification by the program participant to whom the violence occurred or the head of household

[Appendix A: Eligible Supportive Services]

Housing Services & Related Services

Assist participants in locating, obtaining, and retaining suitable housing, including:

- Housing search
- Tenant counseling
- Understanding leases
- Arranging for utilities
- Making moving arrangements
- Mediation with property owners and landlords
- Credit counseling, assessing a free personal credit report, and resolving personal credit issues
- Payment of rental application fees

Case Management

The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of program participant(s) including:

- Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking
- Using the Coordinated Entry System (CES)
- Counseling
- Developing, securing, and coordinating services
- Obtaining Federal, State, and local benefits
- Monitoring and evaluating program participant progress
- Providing information and referrals to other providers
- Developing an individualized service plan, including planning a path to permanent housing stability
- Conducting required annual assessment of service needs (re-evaluation)

Moving Costs

Reasonable one-time moving costs are eligible and include truck rental and hiring a moving company.

Legal Services

Costs of legal advice and representation in matters that interfere with the homeless individual's or family's ability to obtain and retain housing. Legal services or activities include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling. Filing fees and other necessary court costs are also eligible. If the subrecipient is a legal services provider and performs the services itself, the eligible costs are the subrecipient's employees' salaries and other costs necessary to perform the services.

Legal services are subject to the following provisions:

Eligible Billing Arrangements

CoC funds may be used only for legal advice from and representation by licensed attorneys and by person(s) under the supervision of licensed attorneys.

Costs may be based on:

- Hourly fees
- Fees based on the actual service performed (i.e. fee for service) but only if the cost would be less than the cost of hourly fees

Ineligible Billing Arrangements

Funds must not be used for legal advice and representation purchased through retainer fee arrangements or contingency fee arrangements.

Eligible Subject Matters

Landlord/tenant disputes; child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; resolution of outstanding criminal warrants.

Ineligible Subject Matters

Legal services related to immigration and citizenship matters or related to mortgages and homeownership.

Utility Deposits

Payment of utility deposit, which constitutes a one-time fee paid to utility companies.

Food

The costs of providing program participants with meals or groceries is eligible.

Education Services

The costs of improving knowledge and basic educational skills are eligible. Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).

Component services or activities are:

- Screening, assessment and testing
- Individual or group instruction
- Tutoring
- Provision of books, supplies, and instruction material
- Counseling
- Referral to community resources

Child Care

The costs of establishing and operating child care and providing child care vouchers for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.

- The children must be under the age of 13, unless they are disabled children.
- Disabled children must be under the age of 18
- The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible

Employment Assistance & Job Training

The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online, and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost. Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates. Services that assist individuals in securing employment consist of:

- Employment screening, assessment, or testing
- Structured job skills and job-seeking skills
- Special training and tutoring, including literacy training and prevocational training
- Books and instructional material
- Counseling or job coaching
- Referral to community resources

Life Skills Training

The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness but that are necessary to function independently in the community are eligible. Components of life skills training include:

- Budgeting of resources and money management
- Household management
- Conflict management
- Shopping for food or other needed items
- Nutrition
- The use of public transportation
- Parent training

Mental Health Services

The direct outpatient treatment of mental health conditions by licensed professionals are eligible costs. Components of mental health services include:

- Crisis interventions
- Counseling
- Individual, family, or group therapy sessions
- The prescription of psychotropic medications or explanations about the use and management of medications
- Combinations of therapeutic approaches to address multiple problems

Outpatient Health Services

The direct outpatient treatment of medical conditions by licensed medical professionals are eligible including:

- Providing an analysis or assessment of an individual's health problems and the development of a treatment plan
- Assisting individuals to understand their health needs
- Providing directly or assisting individuals to obtain and utilize appropriate medical treatment
- Preventative medical care and health maintenance services, including in-home health services and emergency services
- Providing follow-up services
- Preventative and non-cosmetic dental care

Outreach Services

Activities to engage persons for the purpose of providing immediate support and intervention and for identifying potential program participants are eligible. Eligible costs include the outreach worker's transportation costs and a cell phone to be used by the individual performing the outreach. The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible. Component activities and services consist of:

- Initial assessment
- Crisis counseling
- Addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries
- Actively connecting and providing people with information and referrals to homeless and mainstream programs
- Publicizing the availability of housing and/or services provided within the geographic area covered by the Continuum of Care Substance abuse treatment services

Transportation

Eligible costs are:

- The costs of program participant's travel on public transportation or in a vehicle provided by the grantee to and from medical care, employment, child care, or other services eligible under this section
- Mileage allowance for service workers to visit program participants and to carry out housing quality inspections
- The costs of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants
- The cost of gas, insurance, taxes, and maintenance for the vehicle

The costs of grantee staff to accompany or assist program participants to utilize public transportation. If public transportation options are not sufficient within the area, the recipient may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:

- Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle
- Payments for car repairs or maintenance must be paid by the grantee directly to the third-party that repairs or maintains the car
- The grantee may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance

[Appendix B: Property Related Forms]

Rent Reasonableness Checklist & Certification

The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private, unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

Gross Rent Calculation

Proposed Contract Rent + Utility Allowance = Proposed Gross Rent

Comparable Units

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction				
Housing Condition				
Location/Accessibility				
Amenities:				
Unit:				
Site:				
Neighborhood:				
Age in Years				
Utilities (type)				
Unit Rent				
Utility Allowance				
Gross Rent				
Handicap Accessible?				

Staff Certification

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit:

- is reasonable
 is not reasonable.

Name: _____ **Signature:** _____ **Date:** _____

Los Angeles County Fair Market Rent Guidelines

Calculating the Gross Rent Amount for FMR Standard

The gross rent of a unit that is being tested by the FMR standard is the:

Total contract rent amount of the unit

+

Any fees required for occupancy under the lease (excluding late fees and pet fees)

+

Monthly utility allowance* (excluding telephone) established by local PHA

**Note: The monthly utility allowance is added only for those utilities that the tenant pays for separately (for more information on utility allowances established by the local public housing agency (PHA), see 24 CFR 982.517). The utility allowance does not include telephone, cable or satellite television service, and internet service. If all utilities are included in the rent, there is not utility allowance.*

Los Angeles County Fair Market Rent (FY 2015)

FMRs for each fiscal year can be found by visiting HUD's website at: www.huduser.org/portal/datasets/fmr.html.

Unit Bedrooms	Final FY 2015 FMR
Efficiency	\$913
1-Bedroom	\$1,103
2-Bedroom	\$1,424
3-Bedroom	\$1,926
4-Bedroom	\$2,145

CoC Housing Quality Standards Inspection Guidelines

The U.S. Department of Housing and Urban Development (HUD) has developed Housing Quality Standards (HQS) that define the minimum health and safety regulations that must be met in housing for which rental assistance payments are made with CoC program funds.

Initial Inspection

Before any assistance may be provided on behalf of a program participant, the grantee must physically inspect each unit using the HQS Long Form (52580-a) to assure that the unit meets HQS. Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the grantee verifies that all deficiencies have been corrected.

Annual

Grantees must also inspect all units at least annually during the grant period to ensure that the units continue to meet HQS (annual must be started within 365 days of the last inspection). The HQS short form 52580 can be utilized on subsequent annual inspections.

[Appendix C: Intake & Assessment Forms]

Certification of Chronic Homeless Status

This checklist may be used for staff persons to assess a client's chronic homeless status. It should be accompanied by supporting documentation of both disability and time homeless. Together, these documents must be maintained in the client's file.

<p>Applicant Name: _____</p>
<p>DIAGNOSIS WITH DISORDER, ILLNESS, OR DISABILITY The HUD definition of a Chronically Homeless Individual or Family is an individual or family that is homeless and has an adult head of household with (check all that apply):</p> <p> <input type="checkbox"/> Substance use disorder <input type="checkbox"/> Serious mental illness <input type="checkbox"/> Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000) <input type="checkbox"/> Post-traumatic stress disorder <input type="checkbox"/> Cognitive impairments resulting from brain injury <input type="checkbox"/> Chronic physical illness or disability </p> <p>Evidence of Diagnosis</p> <p> <input type="checkbox"/> Certification of Disability form; <u>or</u> <input type="checkbox"/> Written verification from the Social Security Administration; <u>or</u> <input type="checkbox"/> Copies of a disability check (e.g. Social Security Disability Insurance or Veterans Disability Compensation); <u>or</u> <input type="checkbox"/> Written Referral form confirmed by a Certification of Disability form no later than 45 days after the application for assistance </p>
<p>HOUSING STATUS Applicant or head of household is:</p> <p><input type="checkbox"/> Homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter</p> <p>Length/Frequency Of Homelessness Applicant meets one of the following length/frequency requirements for chronic homelessness (check one):</p> <p> <input type="checkbox"/> Continuously homeless for at least one year <input type="checkbox"/> Homeless on four (4) separate occasions over three (3) years </p> <p>Evidence of Homeless Status Using any combination of allowable documentation below, document the above selected length/frequency of homelessness:</p> <p> <input type="checkbox"/> HMIS data; <u>or</u> <input type="checkbox"/> Written Third Party Verification of Homeless Status form; <u>or</u> <input type="checkbox"/> Observation of Homeless Status by Outreach Worker form </p> <p>Three(3) of the twelve (12) months of continuous homelessness or one (1) of the four (4) separate occasions may be documented by the following methods (with the remaining time documented by the methods indicated above):</p> <p> <input type="checkbox"/> Oral Third Party Verification of Homeless Status form <input type="checkbox"/> Self-Declaration of Homeless Status form </p> <p>Notes: <i>A place not meant for human habitation is defined as a place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including car, park, abandoned building, bus/train station, airport, or camping ground. This does not include persons living in housing that is substandard and in need of repair or housing is crowded.</i> <i>A break in continuous homelessness is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, shelter or safe haven.</i> <i>A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g. evidence in HMIS of a stay in transitional housing).</i> </p>
<p>INDIVIDUALS RESIDING IN INSTITUTION Evidence of homeless status prior to entry into the institutional care facility should be documented (see above requirements) as well as evidence of residence in an institution for less than 90 days through <u>one</u> of the following (in order of priority):</p> <p> <input type="checkbox"/> Written Third Party Verification of Homeless Status form; <u>or</u> <input type="checkbox"/> Oral Third Party Verification of Homeless Status form; <u>or</u> <input type="checkbox"/> A written record of the intake worker's due diligence in attempting to obtain the evidence of institution stay and a Self-Declaration of Chronic Homeless Status form stating that the individual is exiting or has just exited an institution where s(he) resided for less than 90 days. </p>
<p>EVIDENCE OF SEVERITY OF SERVICE NEEDS</p> <p><input type="checkbox"/> To establish prioritization due to severe service needs, needs must be identified and verified through VI-SPDAT</p>
<p>STAFF CERTIFICATION I certify that the above applicant meets one of the above-described situations in order to qualify for this program.</p> <p>Signature: _____ Printed Name: _____ Date: _____</p> <p>Title: _____ Organization or Agency Name: _____</p> <p>Address: _____ Phone: _____</p>

**Los Angeles & Orange County Homeless Management Information System (LA/OC HMIS)
Greater Los Angeles and Orange County
Interagency Data Sharing Consent Form**

Client Name: _____

SSN/Client ID: _____

Date of Birth: _____

Name of Originating Organization: _____

Name of Organization with which to extend Client Data Sharing:

Client Information to Share (**Client: please INITIAL all forms you want to share**):

- Program Entry Required Questions
- Services Provided
- Case Notes
- Assessment (Client Profile)
- Savings Record
- Program Exit Information
- Group Meetings
- Any information as necessary

Client Signature

Date

Written Third Party Verification of Homeless Status

This document may be used as a written verification to document the housing status of a homeless applicant.

Applicant Name:			
Applicant/Tenant Release Authorization:			
I hereby authorize release to _____ the specific information requested below. (name of organization)			
Signature of Applicant: _____		Date: _____	
Referring Agency:			
Agency Name: _____		Contact Name: _____	
Agency Address: _____		Telephone: _____	
Facility Type			
This facility is classified as one of the following types of institutions:			
<input type="checkbox"/> Emergency shelter			
<input type="checkbox"/> Transitional housing			
<input type="checkbox"/> Other time-limited homeless housing (describe): _____			

Dates of Stay:			
I certify that the applicant above resided at our facility for the following time period(s) of time within the last (3) years:			
Location of Stay	Begin Date	End Date	Number of Days
Total Days			
Prior Residence:			
I further certify that immediately prior to entering this facility the person named above was residing at/in: _____			
Referring Agency Staff Certification			
I certify that the above applicant was 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).			
Name: _____		Signature: _____	
Title: _____		Date: _____	

Observation of Homeless Status by Outreach Worker or Intake Staff

This document may be used by outreach workers to certify that the below named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

<p>Applicant Name</p>
<p>Family Type</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Family with an adult head of household (or if there is no adult in the family, a minor head of household), including a family whose composition has fluctuated while the head of household has been homeless</p> <p>Number of persons in the household: _____</p>
<p>Living Situation</p> <p>The person(s) named above is/are currently living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation, including a car, park, abandoned building, streets/sidewalks or bus station.</p> <p>Description of current living situation: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Duration of Homelessness</p> <p>The person(s) named has been observed living in the above living situation during the following time period:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outreach Worker Certification</p> <p>I certify that the above applicant was observed as homeless and living in a place not designed for, or ordinarily used as a regular sleeping accommodation.</p> <p>Name: _____ Signature: _____</p> <p>Title: _____ Date: _____</p> <p>Agency Name: _____ Phone: _____</p> <p>Address: _____ City, State, Zip: _____</p>

Oral Third Party Verification of Homeless Status

Applicant Name:

Applicant/Tenant Release Authorization:

I hereby authorize release to: _____ the specific information requested below.
(name of organization)

Signature of Applicant: _____ Date: _____

Oral Verification

Oral verification was made on _____ through a conversation with _____
(date) (relevant third-party representative)

Verification was provided:

Over the phone In person

The following information was provided regarding the applicant's homeless status and victim status:

Staff/Intake worker Observation Verification

I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status and available resources. Due to the following factors I certify this applicant's eligibility for assistance.

Efforts to Obtain Third Party Verification

I understand that obtaining written third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for assistance, but cannot meet this standard. I made the following efforts to obtain written third party verification:

Staff Certification

I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance, but cannot obtain source documents. Above, I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.

Name: _____ Title/Position: _____

Staff Signature: _____ Date: _____



Self-Declaration of Homeless Status

When a written observation by an outreach worker or written referral by housing or service provider is not available, an applicant may submit this signed statement verifying his or her situation.

Applicant Information Applicant Name: _____ Number of persons in household: _____ Family Type: <input type="checkbox"/> Individual <input type="checkbox"/> Family with an adult head of household (or if there is no adult in the family, a minor head of household), including a family whose composition has fluctuated while the head of household has been homeless.			
Self-Declaration of Literally Homeless Status (Category 1) (Check only one) <input type="checkbox"/> I am currently living in a place not meant for human habitation; <u>or</u> <input type="checkbox"/> I am currently living in a 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); <u>or</u> <input type="checkbox"/> I am currently living in an institution where I have resided for 90 days or less <u>and</u> resided in an emergency shelter or place not meant for human habitation before entering that institution			
Homeless History Summary (Current & Prior) I certify that I was homeless (sleeping in a place not meant for human habitation such as living on the streets) or living in a homeless emergency shelter during the following period(s) of time:			
Location of Stay & Location Type (e.g. a car, shelter, etc.)	Begin Date	End Date	Number of Days
Total Days			
Self-Declaration of Imminent Risk of Homelessness Status (Category 2) (Check all) I am at imminent risk of losing my primary nighttime residence homelessness and have <u>all of the following circumstances</u> : <input type="checkbox"/> My residence will be lost within 14 days of the date of this notice; <u>and</u> <input type="checkbox"/> No subsequent residence has been identified; <u>and</u> <input type="checkbox"/> I (and my children) lack the resources or support networks needed to obtain permanent housing			
Self-Declaration of Fleeing/Attempting to Flee Domestic Violence (Category 4) (Check all) <input type="checkbox"/> I am fleeing, or attempting to flee, domestic violence (where the safety of the individual or family is not jeopardized this statement must be verified for non-victim service providers); <u>and</u> <input type="checkbox"/> I have no other residence; <u>and</u> <input type="checkbox"/> I lack the resources or support networks to obtain permanent housing			
Additional Details What else would you like to share about your housing history, victim status or available resources? For example, "I cannot remember the name of the place where I was living during the fall of 2013 but I believe that it was an emergency shelter. I have problems with my memory from that time due to an illness." _____ _____ _____			
Applicant Certification I certify that the above information is correct Applicant Signature: _____ Date: _____			
Staff Certification I understand that third-party verification is the preferred method of certifying homelessness for an individual or family who is applying for assistance. I understand self-declaration is only permitted when I have attempted but cannot obtain third party verification. Documentation of attempts made for third-party verification: _____ _____ _____			
I certify that the above information is correct. Staff Signature: _____ Date: _____			



Certification of Disability

Dear Physician / Qualified Health Personnel:

The applicant listed below has claimed eligibility for a federally funded housing program due to a disability. A professional licensed by the State of California to diagnose and treat the condition must certify the claim. For the purpose of this program, a disabled person is one who is diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. This disability must be expected to be of a long-continued and indefinite duration, substantially impede his/her ability to live independently, and is of such a nature that the disability could improve under more suitable housing conditions. This disability may also be developmental.

To certify disability, please provide the information requested below.

Thank you for your prompt reply.

Applicant Name: _____	
Applicant/Tenant Release Authorization: I hereby authorize release to the City of Pasadena Housing Department the specific information requested below.	
Signature of Applicant: _____	Date: _____
Certification of Disability: In my opinion, as a professional licensed by the State of California to diagnose and treat such conditions the applicant has the following disability(s) (<u>check all that apply</u>):	
<input type="checkbox"/> Substance use disorder	
<input type="checkbox"/> Serious mental illness	
<input type="checkbox"/> Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002))	
<input type="checkbox"/> Post-traumatic stress disorder	
<input type="checkbox"/> Cognitive impairments resulting from brain injury	
<input type="checkbox"/> Chronic physical illness or disability	
Medical Certification by Professional:	
Signature of Licensed Professional: _____	Print Name: _____
Professional Title: _____	Telephone: _____
License Number: _____	Name of Medical Group: _____
Address: _____	Date: _____

Written Third Party Verification of Income

This document is to certify the income received by the below named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility status and level of household benefit. Complete only the applicable section (employment income or payments and/or benefits).

Applicant Release:

I hereby authorize the release of the following employment or payment and/or benefit information.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Employment Income

The person(s) named above is/are currently living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation, including a car, park, abandoned building, streets/sidewalks or bus station.

The person named above is employed by _____ since _____. He/she is paid \$_____ on a _____ basis and is currently working an average of _____ hours per _____.

Please specify any additional compensation: _____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Payment and/or Benefit Income

Complete one form for each distinct source of income for each adult member of household and attach supporting evidence to this form in case file.

Type of Payment or Benefit:

- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security/SSI | <input type="checkbox"/> Pension/Retirement | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Alimony Payments | <input type="checkbox"/> Foster Care Payments | <input type="checkbox"/> Child Support Payments |
| <input type="checkbox"/> Armed Forces Income | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

Payments or benefits in the amount of \$_____ are paid on a _____ basis. The expected duration of the payments or benefits is: _____.

Authorized Payment Source Representative Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Please return this form to:

Name: _____ Phone: _____

Title: _____ Fax: _____

Address: _____ Email: _____

Oral Third Party Verification of Income

Income (need name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation)

Applicant Name	
Third Party Verifier Information	
Name: _____	Position/Title: _____
Agency Name: _____	Phone: _____
Address: _____	City, State, Zip: _____
Verification Type	
<input type="checkbox"/> Over the phone <input type="checkbox"/> In person	
Income Information	
Pay Amount _____	Pay frequency _____
Average hours worked per week _____	Amount of any additional compensation _____
Additional Details	
Please provide any additional details discussed about the client's income.	

Efforts to Obtain Third Party Verification	
I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for assistance, but cannot meet this standard. I made the following efforts to obtain third party verification:	

Staff Certification	
I understand that securing written third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance, but cannot obtain source documents. Above, I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.	
Name _____	Title/Position: _____
Staff Signature _____	Date: _____

Self-Declaration of Income

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Applicants: Check only one box and complete only that section

Staff Verification must be completed

<p>ESG Applicant Name:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
<p><input type="checkbox"/> I certify, under penalty of perjury, that I currently receive the following income:</p> <p>Source: _____ Amount: _____ Frequency: _____</p> <p>Source: _____ Amount: _____ Frequency: _____</p> <p>Source: _____ Amount: _____ Frequency: _____</p> <p>Applicant Signature: _____ Date: _____</p>
<p><input type="checkbox"/> I certify, under penalty of perjury, that I do not have any income from any source at this time.</p> <p>Applicant Signature: _____ Date: _____</p>
<p>ESG Staff Verification</p> <p>I understand that third-party verification is the preferred method of certifying income for assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third-party verification.</p> <p>Documentation of attempt made for thid-party verification:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <p>Staff Signature: _____ Date: _____</p>

[Appendix D: HQS Long Form]

Inspection Form
Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.25 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.

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 the 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.

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.

PHA		Tenant ID Number		Date of Request (mm/dd/yyyy)					
Inspector		Date Last Inspection (mm/dd/yyyy)		Date of Inspection (mm/dd/yyyy)					
Neighborhood/Census Tract		Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Project Number					
A. General Information									
Street Address of Inspected Unit				Housing Type (check as appropriate)					
City County State Zip				<input type="checkbox"/> Single Family Detached					
Name of Family Current Telephone of Family				<input type="checkbox"/> Duplex or Two Family Row					
Current Street Address of Family				<input type="checkbox"/> House or Town House					
City County State Zip				<input type="checkbox"/> Low Rise: 3,4 Stories, Including Garden Apartment					
Number of Children in Family Under 6									
Name of Owner or Agent Authorized to Lease Unit Inspected						Telephone of Owner or Agent		<input type="checkbox"/> High Rise: 5 or More Stories	
Address of Owner or Agent								<input type="checkbox"/> Manufactured Home	
<input type="checkbox"/> Congregate									
<input type="checkbox"/> Cooperative									
<input type="checkbox"/> Independent Group Residence									
<input type="checkbox"/> Single Room Occupancy									
<input type="checkbox"/> Shared Housing									
<input type="checkbox"/> Other:(Specify)									

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

Housing Quality Standard Pass or Fail

1. **Fail** If there are any checks under the column headed "Fail" the unit fails the minimum housing quality standards. Discuss with the owner the repairs noted that would be necessary to bring the unit up to the standard.

2. **Inconclusive** If there are no checks under the column headed "Fail" and there are checks under the column headed "Inconclusive," obtain additional information necessary for a decision (question owner or tenant as indicated in the item instructions given in this checklist). Once additional information is obtained, change the rating for the item and record the date of verification at the far right of the form.

3. **Pass** If neither (1) nor (2) above is checked, the unit passes the minimum housing quality standards. Any additional conditions described in the right hand column of the form should serve to (a) establish the precondition of the unit, (b) indicate possible additional areas to negotiate with the owner, (c) aid in assessing the reasonableness of the rent of the unit, and (d) aid the tenant in deciding among possible units to be rented. The tenant is responsible for deciding whether he or she finds these conditions acceptable.

Unit Size: Count the number of bedrooms for purposes of the FMR or Payment Standard. Record in the box provided.

Year Constructed: Enter from Line 5 of the Request for Tenancy Approval form. Record in the box provided.

Number of Sleeping Rooms: Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or currently occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating & Plumbing
outside	7. Building Exterior
overall	8. General Health & Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security "in the Living Room.)

In the space to the right of the description of the item, if the decision on the item is: "Fail" write what repairs are necessary; If "Inconclusive" write in details.

Also, if "Pass" but there are some conditions present that need to be brought to the attention of the owner or the tenant, write these in the space to the right.

If it is an annual inspection, record to the right of the form any repairs made since the last inspection. If possible, record reason for repair (e.g., ordinary maintenance, tenant damage).

If it is a complaint inspection, fill out only those checklist items for which complaint is lodged. Determine, if possible, tenant or owner cause.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

Previous editions are obsolete

1. Living Room

1.1 Living Room Present

Note: If the unit is an efficiency apartment, consider the living room present.

1.2 Electricity

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as two outlets, i.e., there must be **two** of these in the room, or **one** of these **plus a permanently installed ceiling or wall light fixture**.

Both the outlets and/or the light must be working. Usually, a room will have sufficient lights or electrical appliances plugged into outlets to determine workability. Be sure light fixture does not fail just because the bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: Table or floor lamps (these are **not** permanent light fixtures); ceiling lamps plugged into socket; extension cords.

If the electric service to the unit has been temporarily turned off check "Inconclusive." Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

1.3 Electrical Hazards

Examples of what this means: broken wiring; non-insulated wiring; frayed wiring; improper types of wiring, connections or insulation; wires lying in or located near standing water or other unsafe places; light fixture hanging from electric wiring without other firm support or fixture; missing cover plates on switches or outlets; badly cracked outlets; exposed fuse box connections; overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).

Check "Inconclusive" if you are uncertain about severity of the problem and seek expert advice.

1.4 Security

"Accessible to outside" means: doors open to the outside or to a common public hall; windows accessible from the outside (e.g. basement and first floor); windows or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened. A storm window lock that is working properly is acceptable. Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

1.5 Window Condition

Rate the windows in the room (including windows in doors).

"Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: missing or broken-out panes; dangerously loose cracked panes; windows that will not close; windows that, when closed, do not form a reasonably tight seal.

If more than one window in the room is in this condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably weather-tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: minor crack in window pane; splintered sill; signs of some minor rotting in the window frame or the window itself; window panes loose because of missing window putty. Also for deteriorated and peeling paint see 1.9. If more than one window is in this condition, give details in the space provided on the right of the form.

1.6 Ceiling Condition

“Unsound or hazardous” means the presence of such serious defects that either a potential exists for structural collapse or that large cracks or holes allow significant drafts to enter the unit. The condition includes: severe bulging or buckling; large holes; missing parts; falling or in danger of falling loose surface materials (other than paper or paint).

Pass ceilings that are basically sound but have some nonhazardous defects, including: small holes or cracks; missing or broken ceiling tiles; water stains; soiled surfaces; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.7 Wall Condition

“Unsound or hazardous” includes: serious defects such that the structural safety of the building is threatened, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air infiltration.

Pass walls that are basically sound but have some nonhazardous defects, including: small or shallow holes; cracks; loose or missing parts; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.8 Floor Condition

“Unsound or hazardous” means the presence of such serious defects that a potential exists for structural collapse or other threats to safety (e.g., stripping) or large cracks or holes allow substantial drafts from below the floor. The condition includes: severe buckling or major movements under walking stress; damaged or missing parts.

Pass floors that are basically sound but have some nonhazardous defects, including: heavily worn or damaged floor surface (for example, scratches or gouges in surface, missing portions of tile or linoleum, previous water damage). If there is a floor covering, also note the condition, especially if badly worn or soiled. If there is a floor covering, including paint or sealant, also note the conditions, especially if badly worn, soiled or peeling (for peeling paint, see 1.9).

1.9 Lead-Based Paint

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under age six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

1. Living Room

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
1.1 Living Room Present	Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>			
1.2 Electricity	Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
1.5 Window Condition	Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
1.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
1.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

2. Kitchen

2.1 Kitchen Area Present

Note: A kitchen is an area used for preparation of meals. It may be either a separate room or an area of a larger room (for example, a kitchen area in an efficiency apartment).

2.2 - 2.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

2.2 Electricity

Note: The requirement is that at least one outlet and one permanent light fixture are present and working.

2.5 Window Condition

Note: The absence of a window does not fail this item in the kitchen. If there is no window, check "Pass."

2.10 Stove or Range with Oven

Both an oven and a stove (or range) with top burners must be present and working. If either is missing and you know that the owner is responsible for supplying these appliances, check "Fail." Put check in "Inconclusive" column if the tenant is responsible for supplying the appliances and he or she has not yet moved in. Contact tenant or prospective tenant to gain verification that facility will be supplied and is in working condition. Hot plates are not acceptable substitutes for these facilities.

An oven is not working if it will not heat up. To be working a stove or range must have all burners working and knobs to turn them off and on. Under "working condition," also look for hazardous gas hook-ups evidenced by strong gas smells; these should fail. (Be sure that this condition is not confused with an unlit pilot light -a condition that should be noted, but does not fail.)

If both an oven and a stove or range are present, but the gas or electricity are turned off, check "Inconclusive." Contact owner or manager to get verification that facility works when gas is turned on. If both an oven and a stove or range are present and working, but defects exist, check "Pass" and note these to the right of the form. Possible defects are marked, dented, or scratched surfaces; cracked burner ring; limited size relative to family needs.

A microwave oven may be substituted for a tenant-supplied oven and stove (or range).

A microwave oven may be substituted for an owner-supplied oven and stove (or range) if the tenant agrees and microwave ovens are furnished instead of ovens and stoves (or ranges) to both subsidized and unsubsidized tenants in the building or premises.

2.11 Refrigerator

If no refrigerator is present, use the same criteria for marking either "Fail" or "Inconclusive" as were used for the oven and stove or range.

A refrigerator is not working if it will not maintain a temperature low enough to keep food from spoiling over a reasonable period of time. If the electricity is turned off, mark "Inconclusive." Contact owner (or tenant if unit is occupied) to get verification of working condition.

If the refrigerator is present and working but defects exist, note these to the right of the form. Possible minor defects include: broken or missing interior shelving; dented or scratched interior or exterior surfaces; minor deterioration of door seal; loose door handle.

2.12 Sink

If a permanently attached kitchen sink is not present in the kitchen or kitchen area, mark "Fail." A sink in a bathroom or a portable basin will not satisfy this requirement. A sink is not working unless it has running hot and cold water from the faucets and a properly connected and properly working drain (with a "gas trap"). In a vacant apartment, the hot water may have been turned off and there will be no hot water. Mark this "Inconclusive." Check with owner or manager to verify that hot water is available when service is turned on.

If a working sink has defects, note this to the right of the item. Possible minor defects include: dripping faucet; marked, dented, or scratched surface; slow drain; missing or broken drain stopper.

2.13 Space for Storage, Preparation, and Serving of Food

Some space must be available for the storage, preparation, and serving of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable storage cabinet will satisfy the requirement. If there is no built-in space, and no room for a table and portable cabinet, check "Inconclusive" and discuss with the tenant. The tenant makes the final determination as to whether or not this space is acceptable. If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs.

2. Kitchen

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
2.1 Kitchen Area Present	Is there a kitchen?	<input type="checkbox"/>	<input type="checkbox"/>			
2.2 Electricity	Are there at least one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3 Electrical Hazards	Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
2.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
2.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
2.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
2.10 Stove or Range with Oven	Is there a working oven, and a stove (or range) with top burners that work? If no oven and stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove (or range)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.11 Refrigerator	Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.12 Sink	Is there a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.13 Space for Storage, Preparation, and Serving of Food	Is there space to store, prepare, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

3. Bathroom

3.1 Bathroom Present

Most units have easily identifiable bathrooms (i.e., a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e., toilet, washbasin and tub or shower located in separate parts of the unit). At a minimum, there must be an enclosure around the toilet. In this case, count the enclosure around the toilet as the bathroom and proceed with 3.2-3.9 below, with respect to this enclosure. If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room. (See Inspection Manual for additional notes on rating the second bathroom.)

3.2 - 3.9 Explanation for these items is the same as that provided for "Living Room" with the following modifications:

3.2 Electricity

Note: The requirement is that at least one permanent light fixture is present and working

3.3 Electrical Hazards

Note: In addition to the previously mentioned hazards, outlets that are located where water might splash or collect are considered an electrical hazard.

3.5 Window Condition

Note: The absence of a window does not fail this item in the bathroom (see item 3.13, Ventilation, for relevance of window with respect to ventilation). If there is no window, but a working vent system is present, check "Pass."

3.7 Wall Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: broken or loose tile; deteriorated grouting at tub/wall and tub/floor joints, or tiled surfaces; water stains.

3.8 Floor Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: missing floor tiles; water stains.

3.10 Flush Toilet in Enclosed Room in Unit

The toilet must be contained within the unit, be in proper operating condition, and be available for the exclusive use of the occupants of the unit (i.e., outhouses or facilities shared by occupants of other units are not acceptable). It must allow for privacy.

Not working means: the toilet is not connected to a water supply; it is not connected to a sewer drain; it is clogged; it does not have a trap; the connections, vents or traps are faulty to the extent that severe leakage of water or escape of gases occurs; the flushing mechanism does not function properly. If the water to the unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that facility works properly when water is turned on.

Comment to the right of the form if the toilet is "present, exclusive, and working," but has the following types of defects: constant running; chipped or broken porcelain; slow draining.

If drain blockage is more serious and occurs further in the sewer line, causing backup, check item 7.6, "Fail," under the plumbing and heating part of the checklist. A sign of serious sewer blockage is the presence of numerous backed-up drains.

3.11 Fixed Wash Basin or Lavatory in Unit

The wash basin must be permanently installed (i.e., a portable wash basin does not satisfy the requirement). Also, a kitchen sink used to pass the requirements under Part 2 of the checklist (kitchen facilities) cannot also serve as the bathroom wash basin. The wash basin may be located separate from the other bathroom facilities (e.g., in a hallway).

Not working means: the wash basin is not connected to a system that will deliver hot and cold running water; it is not connected to a properly operating drain; the connectors (or vents or traps) are faulty to the extent that severe leakage of water or escape of sewer gases occurs. If the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner or manager that the system is in working condition.

Comment to the right of the form if the wash basin is "present and working," but has the following types of minor defects: insufficient water pressure; dripping faucets; minor leaks; cracked or chipped porcelain; slow drain (see discussion above under 3.10).

3.12 Tub or Shower in Unit

Not present means that neither a tub nor shower is present in the unit. Again, these facilities need not be in the same room with the rest of the bathroom facilities. They must, however, be private.

Not working covers the same requirements detailed above for wash basin (3.11).

Comment to the right of the form if the tub or shower is present and working, but has the following types of defects: dripping faucet; minor leaks; cracked porcelain; slow drain (see discussion under 3.10); absent or broken support rod for shower curtain.

3.13 Ventilation

Working vent systems include: ventilation shafts (non-mechanical vents) and electric fans. Electric vent fans must function when switch is turned on. (Make sure that any malfunctions are not due to the fan not being plugged in.) If electric current to the unit has not been turned on (and there is no operable window), check "Inconclusive." Obtain verification from owner or manager that system works. Note: exhaust vents must be vented to the outside, attic, or crawlspace.

3. Bathroom

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
3.1 Bathroom Present (See description)	Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>			
3.2 Electricity	Is there at least one permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards	Is the bathroom free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
3.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>			
3.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
3.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	
3.10 Flush Toilet in Enclosed Room in Unit	Is there a working toilet in the unit for the exclusive private use of the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory in Unit	Is there a working, permanently installed wash basin with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower	Is there a working tub or shower with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13 Ventilation	Are there operable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Other Room Used for Living and Halls

Complete an "Other Room" checklist for as many "other rooms used for living" as are present in the unit and not already noted in Parts 1, 2, and 3 of the checklist. See the discussion below for definition of "used for living." Also complete an "Other Room" checklist for all entrance halls, corridors, and staircases that are located within the unit and are part of the area used for living. If a hall, entry and/or stairway are contiguous, rate them as a whole (i.e., as part of one space).

Additional forms for rating "Other Rooms" are provided in the check-list.

Definition of "used for living." Rooms "used for living" are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living area or are infrequently entered. Do include any of these areas if they are frequently used (e.g., a finished basement/play-room, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

If the unit is vacant and you do not know the eventual use of a particular room, complete an "Other Room" checklist if there is any chance that the room will be used on a regular basis. If there is no chance that the room will be used on a regular basis, do not include it (e.g., an unfinished basement) since it will be checked under Part 5, All Secondary Rooms (Rooms not used for living).

4.1 Room Code and Room Location

Enter the appropriate room code given below:

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 (also check presence of sink trap and clogged toilet)
- 6 = Other

Room Location: Write on the line provided the location of the room with respect to the unit's width, length and floor level as if you were standing outside the unit facing the entrance to the unit:

right/left/center: record whether the room is situated to the right, left, or center of the unit.

front/rear/center: record whether the room is situated to the back, front or center of the unit.

floor level: identify the floor level on which the room is located.

If the unit is vacant, you may have some difficulty predicting the eventual use of a room. Before giving any room a code of 1 (bedroom), the room must meet all of the requirements for a "room used for sleeping" (see items 4.2 and 4.5).

4.2 - 4.9 Explanations of these items are the same as those provided for "Living Room" with the following modifications:

4.2 Electricity/Illumination

If the room code is not a "1," the room must have a means of natural or artificial illumination such as a permanent light fixture, wall outlet present, or light from a window in the room or near the room. If any required item is missing, check "Fail." If the electricity is turned off, check "Inconclusive."

4.5 Window Condition

Any room used for sleeping must have at least one window. If the windows in sleeping rooms are designed to be opened, at least one window must be operable. The minimum standards do not require a window in "other rooms." Therefore, if there is no window in another room not used for sleeping, check "Pass," and note "no window" in the area for comments.

4.6 Smoke Detectors

At least one battery-operated or hard-wired smoke detector must be present and working on each level of the unit, including the basement, but not the crawl spaces and unfinished attic.

Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards).

If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

If the unit was under HAP contract prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors in compliance with HUD's smoke detector requirements, including the regulations published on July 30, 1992 (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e. the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit). In this case, check "Pass" and note under comments.

Additional Notes

For staircases, the adequacy of light and condition of the stair rails and railings is covered under Part 8 of the checklist (General Health and Safety)

4. Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
- _____ front/rear/center: the room is situated to the back, front or center of the unit.
- _____ floor level: the floor level on which the room is located.

Room Code

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
- _____ front/rear/center: the room is situated to the back, front or center of the unit.
- _____ floor level: the floor level on which the room is located.

Room Code

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
- _____ front/rear/center: the room is situated to the back, front or center of the unit.
- _____ floor level: the floor level on which the room is located.

Room Code

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

- _____ right/left/center: the room is situated to the right, left, or center of the unit.
- _____ front/rear/center: the room is situated to the back, front or center of the unit.
- _____ floor level: the floor level on which the room is located.

Room Code

- 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 (also check presence of sink trap and clogged toilet)
- 6 = Other:

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>			
4.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Do the smoke detectors meet the requirements of NFPA 74? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

5. All Secondary Rooms (Rooms not used for living)

5. Secondary Rooms (Rooms not used for living)

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)." Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit, even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also, be observant of any other potentially hazardous features in these rooms and record under 5.4

5.1 None

If there are no "Secondary Rooms (rooms not used for living)," check "None" and go on to Part 6.

5.2 - 5.4 Explanations of these items is the same as those provided for "Living Room"

Additional Note

In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check the box under "Inconclusive." Discuss the hazard with the HA inspection supervisor to determine "Pass" or "Fail." Include defects like: large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration; and deteriorated paint surfaces.

6. Building Exterior

6.1 Condition of Foundation

"Unsound or hazardous" means foundations with severe structural defects indicating the potential for structural collapse; or foundations that allow significant entry of ground water (for example, evidenced by flooding of basement).

6.2 Condition of Stairs, Rails, and Porches

"Unsound or hazardous" means: stairs, porches, balconies, or decks with severe structural defects; broken, rotting, or missing steps; absence of a handrail when there are extended lengths of steps (generally four or more consecutive steps); absence of or insecure railings around a porch or balcony which is approximately 30 inches or more above the ground.

6.3 Condition of Roof and Gutters

"Unsound and hazardous" means: The roof has serious defects such as serious buckling or sagging, indicating the potential of structural collapse; large holes or other defects that would result in significant air or water infiltration (in most cases severe exterior defects will be reflected in equally serious surface defects within the unit, e.g., buckling, water damage). The gutters, downspouts and soffits (area under eaves) shows serious decay and have allowed the entry of significant air or water into the interior of the structure. Gutters and downspouts are, however, not required to pass. If the roof is not observable and there is no sign of interior water damage, check "Pass."

6.4 Condition of Exterior Surfaces

See definition above for roof, item 6.3.

6.5 Condition of Chimney

The chimney should not be seriously leaning or showing evidence of significant disintegration (i.e., many missing bricks).

6.6 Lead-Based Paint: Exterior Surfaces

Housing Choice Voucher Units If the unit was built January 1, 1978 or after, no child under age six will occupy or currently occupies, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead), check NA and do not inspect painted surfaces. Visual assessment for deteriorated paint applies to all exterior painted surfaces (building components) associated with the assisted unit including windows, window sills, exterior walls, floors, porches, railings, doors, decks, stairs, play areas, garages, fences or other areas if frequented by children under age six.

All deteriorated paint surfaces **more than 20 sq. ft. on exterior surfaces** must be stabilized (corrected) in accordance with all safe work practice requirements. **If the painted surface is less than 20 sq. ft., only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities except for *de minimis level* repairs.

6.7 Manufactured Homes: Tie Downs

Manufactured homes must be placed on a site in a stable manner and be free from hazards such as sliding and wind damage. Manufactured homes must be securely anchored by a tie down device which distributes and transfers the loads imposed by the unit to appropriate ground anchors so as to resist wind overturning and sliding, unless a variation has been approved by the HUD Field Office.

5. All Secondary Rooms (Rooms not used for living) For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
5.1	None <input type="checkbox"/> Go to Part 6					
5.2	Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>			
5.3	Electrical Hazards Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.0	Building Exterior					
6.1	Condition of Foundation Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.2	Condition of Stairs, Rails, and Porches Are all the exterior stairs, rails, and porches sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.3	Condition of Roof and Gutters Are the roof, gutters, and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.4	Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.5	Condition of Chimney Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
6.6	Lead-Based Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
6.7	Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page Yes No

7. Heating and Plumbing

7.1 Adequacy of Heating Equipment

"Adequate heat" means that the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The HA is responsible for defining what constitutes a healthy living environment in the area of the country in which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit's heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a primary source of heat for units located in areas where climate conditions require regular heating.

"Directly or indirectly to all rooms used for living" means:

"Directly" means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)

"Indirectly" means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g. a dining room may not have a radiator, but would receive heat from the heated living room through a large open archway).

If the heating system in the unit works, but there is some question whether a room without a heat source would receive adequate indirect heat, check "Inconclusive" and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine the capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system over time is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed, check "Inclusive." It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances, the adequacy of heat can be determined by a simple comparison of the size of the heating system to the area to be heated. For example, a small permanently installed space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

7.2 Safety of Heating Equipment

Examples of "unvented fuel burning space heaters" are: portable kerosene units; unvented open flame portable units.

"Other unsafe conditions" include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other substance in the chimney); disintegrating equipment; combustible materials near heat source or flue. See Inspection Manual for a more detailed discussion of the inspection of safety aspects of the heating systems.

If you are unable to gain access to the primary heating system in the unit check "Inconclusive." Contact the owner or manager for verification of safety of the system. If the system has passed a recent local inspection, check "Pass." This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g., a boiler in the basement of a large apartment building). In most cases, a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection, or look for an inspection certificate posted on the heating system.

7.3 Ventilation and Adequacy of Cooling

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of air flow. If the tenant is not present or has not occupied the unit during the summer months, test a sample of windows to see that they open (see Inspection Manual for instruction).

"Working cooling equipment" includes: central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

Check "Inconclusive" if there are no operable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

7.4 Water Heater

"Location presents hazard" means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it). Gas water heaters in bedrooms or other living areas must have safety dividers or shields.

Water heaters must have a temperature- pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against build up of steam if the water heater malfunctions. If not, they are not properly equipped and shall fail.

To pass, gas or oil fired water heaters must be vented into a properly installed chimney or flue leading outside. Electric water heaters do not require venting.

If it is impossible to view the water heater, check "Inconclusive."

Obtain verification of safety of system from owner or manager.

Check "Pass" if the water heater has passed a local inspection. This applies primarily to hot water that is supplied by a large scale complex water heating system that serves multiple units (e.g., water heating system in large apartment building). Check in the same manner described for heating system safety, item 7.2, above.

7.5 Water Supply

If the structure is connected to a city or town water system, check "Pass." If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and whether it is approvable by an appropriate public agency.

General note: If items 7.5, 7.6, or 7.7 are checked "Inconclusive," check with owner or manager for verification of adequacy.

7.6 Plumbing

"Major leaks" means that main water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items for "Bathroom" and "Kitchen.")

"Corrosion" (causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the "rusty water" is not a temporary condition caused by city or town maintenance of main water lines.) See general note under 7.5.

7.7 Sewer Connection

If the structure is connected to the city or town sewer system, check "Pass." If the structure has its own private disposal system (e.g., septic field), inquire into the nature of the system and determine whether this type of system can meet appropriate health and safety regulations.

The following conditions constitute "evidence of sewer back up": strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field. See general note under 7.5.

7. Heating and Plumbing

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
7.1 Adequacy of Heating Equipment	Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2 Safety of Heating Equipment	Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.3 Ventilation and Adequacy of Cooling	Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4 Water Heater	Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.5 Water Supply	Is the unit served by an approvable public or private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6 Plumbing	Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.7 Sewer Connection	Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

8. General Health and Safety

8.1 Access to Unit

“Through another unit” means that access to the unit is only possible by means of passage through another dwelling unit.

8.2 Exits

“Acceptable fire exit” means that the building must have an alternative means of exit that meets local or State regulations in case of fire; this could include:

An openable window if the unit is on the first floor or second floor or easily accessible to the ground.

A back door opening on to a porch with a stairway leading to the ground.

Fire escape, fire ladder, or fire stairs.

“Blocked” means that the exit is not useable due to conditions such as debris, storage, door or window nailed shut, broken lock.

Important note: The HA has the final responsibility for deciding whether the type of emergency exit is acceptable, although the tenant should assist in making the decision.

8.3 Evidence of Infestation

“Presence of rats, or severe infestation by mice or vermin” (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous settings of rat poison. If the unit is occupied, ask the tenant,

8.4 Garbage and Debris

“Heavy accumulation” means large piles of trash and garbage, discarded furniture, and other debris (not temporarily stored awaiting removal) that might harbor rodents. This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond the capacity of an individual to pick up within an hour or two.

8.5 Refuse Disposal

“Adequate covered facilities” includes: trash cans with covers, garbage chutes, “dumpsters” (i.e., large scale refuse boxes with lids); trash bags (if approvable by local public agency). “Approvable by local public agency” means that the local Health and Sanitation Department (city, town or county) approves the type of facility in use. Note: During the period when the HA is setting up its inspection program, it will check with the local health and sanitation department to determine which types of facilities are acceptable and include this in the inspection requirements.

If the unit is vacant and there are no adequate covered facilities present, check “Inconclusive.” Contact the owner or manager for verification of facilities provided when the unit is occupied.

8.6 Interior Stairs and Common Halls

“Loose, broken, or missing steps” should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

“Other hazards” would be conditions such as bare electrical wires and tripping hazards.

Housing Choice Voucher Units If the unit was built January 1, 1978, or after, no child under six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under six on the lease or expected, has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings).

Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built in cabinets (sink bases), baseboards, doors, door frames, windows systems including

mullions, sills, or frames and any other painted building component within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room or space, or more than 10% of the total surface area of an interior type of component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs.

8.7 Other Interior Hazards

Examples of other hazards might be: a broken bathroom fixture with a sharp edge in a location where it represents a hazard; a protruding nail in a doorway.

8.8 Elevators

Note: At the time the HA is setting up its inspection program, it will determine local licensing practices for elevators. Inspectors should then be aware of these practices in evaluating this item (e.g., check inspection date). If no elevator check “Not Applicable.”

8.9 Interior Air Quality

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).

8.10 Site and Neighborhood Conditions

Examples of conditions that would “seriously and continuously endanger the health or safety of the residents” are:

- other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse),
- evidence of flooding or major drainage problems,
- evidence of mud slides or large land settlement or collapse,
- proximity to open sewage,
- unprotected heights (cliffs, quarries, mines, sandpits),
- fire hazards,
- abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health, and continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

8.11 Lead-Based Paint: Owner Certification

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.

8. General Health and Safety

For each numbered item, check one box only.

Item No.	Description	Decision			If Fail, what repairs are necessary? If Inconclusive, give details. If Pass with comments, give details.	If Fail or Inconclusive, date (mm/dd/yyyy) of final approval
		Yes, Pass	No, Fail	Inconclusive		
8.1 Access to Unit	Can the unit be entered without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>			
8.2 Exits	Is there an acceptable fire exit from this building that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>			
8.3 Evidence of Infestation	Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>			
8.4 Garbage and Debris	Is the unit free from heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>			
8.5 Refuse Disposal	Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.6 Interior Stairs and Common Halls	Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.7 Other Interior Hazards	Is the interior of the unit free from any other hazard not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>			
8.8 Elevators	Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
8.9 Interior Air Quality	Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>			
8.10 Site and Neighborhood Conditions	Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input type="checkbox"/>	<input type="checkbox"/>			
8.11 Lead-Based Paint: Owner Certification	If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, has the Lead-Based Paint Owner's Certification been completed, and received by the PHA? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number)

Comments continued on a separate page Yes No

[Appendix E: HQS Short Form]

Inspection Checklist
Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(Exp. 9/30/2010)

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. 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.

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 <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection		Date of Last Inspection (mm/dd/yyyy)	PHA

A. General Information		Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy)	
Full Address (including Street, City, County, State, Zip)		
Number of Children in Family Under 6		
Owner		
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)		
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail		
<input type="checkbox"/> Inconclusive		

Inspection Checklist				Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room							
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							

Clear All Form Fields

* 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 Pass	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?				<input type="checkbox"/> Not Applicable	
2. Kitchen						
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?				<input type="checkbox"/> 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					
3. Bathroom						
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?				<input type="checkbox"/> 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/L			(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 is more than 10% of a component?				<input type="checkbox"/> Not Applicable		
4.10	Smoke Detectors						

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 is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
5. All Secondary Rooms (Rooms not used for living)						
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?				<input type="checkbox"/> Not Applicable	
6.7	Manufactured Home: Tie Downs					
7. Heating and Plumbing						
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					
8. General Health and Safety						
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				<input type="checkbox"/> 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.

1. 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)

2. 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)

3. 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)

4. 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)

5. 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)

6. Disabled Accessibility

Unit is accessible to a particular disability. Yes No
Disability _____

D. Questions to ask the Tenant (Optional)

1. Does the owner make repairs when asked? Yes No
2. How many people live there? _____
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) Yes No

E. Inspection Summary/Comments (Optional)

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

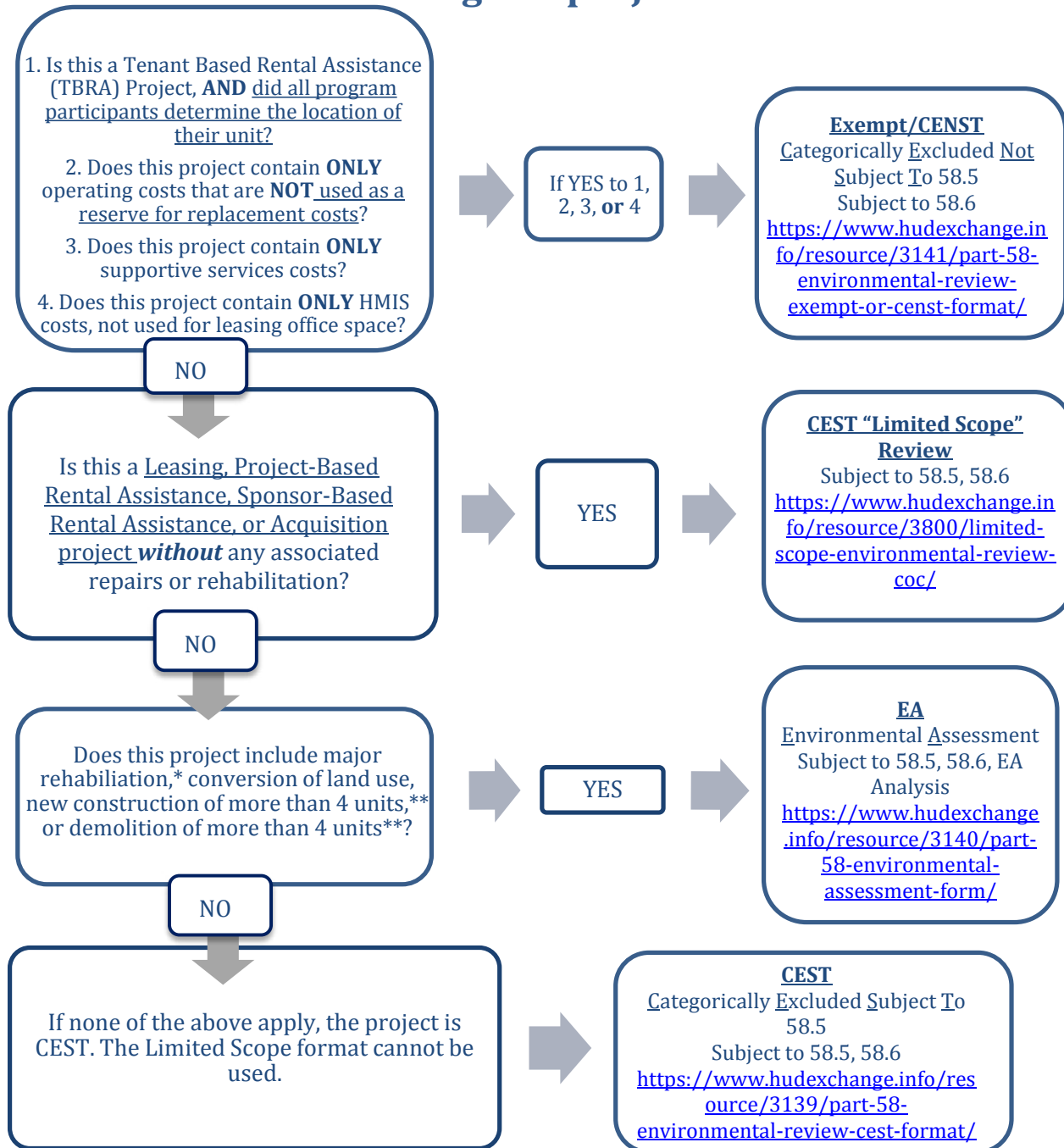
Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments"		Rating

Continued on additional page Yes No

Previous editions are obsolete

[Appendix F: Environmental Review Flowchart]

What level of Environmental Review is needed for CoC Program projects?



This document applies ONLY to CoC Program projects.

For more information on determining level of review, consult 24 CFR 58.

*For purposes of determining level of review, "major rehabilitation" is rehabilitation that does not conform to the limitations listed in 24 CFR 58.35(a)(3).

**Select "yes" if new construction or demolition falls outside the definition of an "individual action" in 24 CFR 58.35(a)(4). If proposed construction or demolition conforms to the requirements in that section, select "no."