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Introduction

The Emergency Solutions Grant (ESG) is a federal program that provides funding to states and local governments for emergency services and housing supports for homeless and at-risk households. Under the 2009 HEARTH Act, eligible activities under ESG were expanded from traditional shelter and outreach services to also include rapid rehousing and targeted homeless prevention. Per the ESG regulations (§576.400) ESG recipients must consult with the Continuum of Care entity in their region to determine how to allocate ESG funds, develop performance standards and evaluate the outcomes of projects and activities funded with ESG. They also must develop written policies and procedures for determining which households will receive assistance and for determining the type, amount, and length of assistance to be offered to eligible households.

Program Purpose

The primary purpose of local ESG-funding for prevention and/or rapid rehousing is to serve households as close to the “front door” of homelessness as possible – either by diverting them from entry into homelessness, and particularly to shelter, through prevention assistance, or assisting persons as soon as possible after becoming homeless, including after entering shelter, to end their homelessness quickly and shorten lengths of stay in shelter and time spent homeless. In some cases, particular subpopulations may be targeted for this assistance, consistent with plans to end homelessness.

This manual of policies and procedures covers all ESG recipients and subrecipients operating prevention and/or rapid rehousing programs in Alameda County, as these areas are all contained in HUD-recognized Continuum of Care 502. ESG entitlement recipients in Alameda County currently include the Cities of Berkeley and Oakland and the County of Alameda on behalf of the Urban County. Additional ESG subrecipients within the County may be selected by the State of California or, from time to time, additional cities may become entitlement for ESG. This manual was developed collaboratively by the CoC Entity, EveryOne Home, and all current entitlement recipients and State ESG subrecipients.

Interim Guidelines

The ESG and CoC regulations require that the Continuum of Care develop and implement a centralized or coordinated assessment system, and a set of written standards for CoC funded activities. Once coordinated assessment is established, each ESG-funded program or project must use the assessment system, and recipients and subrecipients must work with the Continuum of Care to ensure that screening, assessment and referral of program participants are consistent with the written standards required for ESG programs. This manual and the written standards contained herein for prevention and rapid rehousing are considered interim for the period until a broader coordinated assessment system and written standards for assistance have been developed and adopted across the Continuum.

A complete version of the ESG Interim Regulations can be found here: https://www.onecpd.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf
**Structure of the Manual**

This manual is for ESG recipients, subrecipients, and interested parties. It provides a detailed description of the steps that will be taken to determine eligibility, calculate financial assistance, recertify for eligibility, provide support and terminate ESG assistance for rapid rehousing and prevention. Required and/or recommended forms and documents are provided in an Appendix of Forms and Documents at the end of the manual. In some cases, recipients or subrecipients may target their programs more specifically to subpopulations, such as survivors of domestic violence or seniors who are otherwise eligible.

A document icon appears by every form that is referred to and clicking on the highlighted hyperlinks on the names of the form will take the reader directly to the referenced documents in the Appendix.

Some key forms and information are entered into the county-wide InHOUSE Homeless Management Information System. Forms that are provided by InHOUSE are not included in this manual but are indicated by a computer icon.

**Acknowledgments:** The development of the ESG Manual was supported by Alameda County EveryOne Home and the City of Berkeley. For more information related to the ESG Manual or about the Priority Home Partnership, please contact Elaine DeColigny, EveryOne Home Director, at (510) 670-5944 or email everyonehome@acgov.org. The manual was prepared by Katharine Gale Consulting with input from local government and community agency staff including the following persons: Kerry Abbot, Erika Bernheimer, Elaine DeColigny, Geoff Green, Kristin Lee, Susan Shelton, Liz Varela, Jennifer Vasquez, and Riley Wilkerson.
1: Participant Eligibility

As stated above, the primary purpose of ESG-funded rapid rehousing and prevention is to reduce entries into homelessness and/or shorten stays in homelessness to the greatest extent feasible.

To be eligible to receive ESG prevention or rapid rehousing assistance, participant households in Alameda County must meet both national and local requirements, and this eligibility must be documented with an application and supporting documentation kept in a client file. These requirements include:

- Participants must be homeless or at imminent risk of homelessness, per the applicable HUD definitions in the ESG regulation (§576.2) supported by documentation;
- Participants must be one of the locally targeted populations for the program, as specified on the application and eligibility determination form;
- Participants must be willing to participate in the program and to meet the terms of a self-developed Housing Stability Plan;
- Participants may not have already received 24 months of ESG assistance during the past 36 months (§576.105(c));
- Participants must meet the local asset policy, including having cash or equivalent assets of less than $2,000 per single individual and $3,000 per couple;

In addition:

- Participants receiving prevention assistance must have incomes at or below 30% of the Area Median Income (§576.103).

Eligibility for Rapid Rehousing

Rapid rehousing provides financial assistance and supportive services to individuals or families that are literally homeless, staying in shelter or transitional housing or on the streets or other places not suitable for human habitation, or exiting institutions and having entered from one of these locations. Eligibility for rapid rehousing includes those fleeing domestic violence who are living in one of the places named above.

In keeping with the intentions of the program, rapid rehousing assistance will be used primarily to serve households that are:

1) Adults or family households able to be rehoused rapidly without anticipation of an ongoing subsidy, with ESG financial assistance anticipated to be of six months or less duration;
2) Adults or family households able to be rehoused rapidly with an ongoing subsidy from another source anticipated within six months of ESG program participation
3) Transition-age youth, especially those recently discharged from foster care, who are able to be rehoused rapidly without anticipation of an ongoing subsidy, with ESG assistance of eighteen months or less duration.

Eligibility for Prevention Assistance

Prevention assistance will be directed to persons who are not literally homeless but are at imminent risk of homelessness per the HUD Homeless definition (Category 2). Prevention assistance may include support to a household to retain its current housing or to move to other housing without
having to become literally homeless. While the ESG regulations allow for ESG prevention to be provided to those categorized as “at-risk” but not necessarily at “imminent risk”, Alameda County ESG programs will target prevention services specifically to those that are at “immediate risk” defined as:

“An individual or family who will imminently lose their primary nighttime residence, provided that:
- the primary nighttime residences will be lost within 14 days of the day of application for homeless assistance;
- no subsequent residence has been identified; and,
- the individual or family lacks the resources of support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.”

Within the category of “imminent risk” special attention and outreach will be done to target those households that are:
1) doubled up with family and friends, must move within 14 days and are seeking to enter shelter;
2) living in a hotel or motel using their own resources, must leave within 14 days, and are seeking to enter shelter;
3) living in their own housing, are being evicted for non-payment of rent, must leave within 14 days, and are seeking shelter;
4) fleeing domestic violence;
5) imminently leaving foster care, or have recently left foster care and are at imminent risk of losing their current housing.

**Eligibility Determination**

Program operators must determine that potential participants are eligible for assistance, and document this eligibility, including verifying income and housing status. The Program Application and Eligibility Determination Form contains key questions and documentation requirements.

A copy of the ESG Program Application and Eligibility Determination Form can be found in the Appendix. This document and all supporting documentation should be placed in the Participant’s File.

A cover sheet for participant files with a list of all of the program documents can be found here.

**Ineligible applicants:** If a household is assessed and determined to be ineligible, the program operator must notify the household that they have been determined to be ineligible, provide them with appropriate referrals which should be noted on the application form, and create a client file documenting the assessment process and determination.
2: Enrollment

Once found eligible, to enroll the head of household must sign the ESG Participation Agreement complete the HMIS ROI and staff must complete an HMIS Standard Intake Form (SIF) for all household members.

A copy of the ESG Program Participation Agreement can be found in the appendix, immediately following the Application form.

The HMIS Release of Information (ROI), and the Standardized Intake Form (SIF) are developed and updated by the InHOUSE staff at Alameda County Housing and Community Development Department, in accordance with HUD regulations. Housing Agency staff must ensure that the forms in use are the most recent ones, as HUD and local requirements change periodically. If you are unsure that the forms are the most recent, email HMIS@acgov.org.

Budget and Housing Stability Plan

The purpose of ESG Prevention and/or Rapid Rehousing assistance is to provide the support necessary to help the household retain or gain housing in the shortest period of time possible. Critical to being able to retain the housing is a budget and a housing plan. The budget is also needed to determine the amount of financial assistance to be provided.

The Housing Stability Plan should be updated as frequently as necessary to reflect changing situations. Once a participant has moved into housing, the housing specialist and participant should prepare a new Housing Stability Plan that emphasizes those steps or actions needed to retain housing.

A Sample Budgeting Worksheet and a sample Housing Stability Plan format can be found in the Appendix of Forms. ESG-funded programs may use another version of these forms if approved by the recipient. Be sure to make a copy of the Budget and Housing Plan for the participant and insert a signed copy in the participant’s file.

3: Financial Assistance for Housing

Eligible Financial Assistance Expenses

The ESG program has the ability to provide temporary financial assistance to participants on a short or medium-term basis. This assistance may include:

Security Deposits: The housing agency may provide a maximum of two times the monthly rent for a unit as a security deposit to assist a participant to secure housing. At such time as the participant may leave the unit and the landlord return all or part of the deposit to the participant, the participant may retain any balance to use toward a new housing situation.
**Utility Deposits:** If, in order to begin utility service, the household must provide a deposit to a utility company, the program may assist with this deposit.

**Rental Assistance Payments:** If the participant cannot currently afford to rent a unit in the community but is reasonably anticipated to have sufficient income, either through employment or benefits, within approximately six months the program may provide a rental subsidy for the participant. Such subsidies will be as low as possible:

- If the participant has an income he/she is expected to contribute at least 50% of his/her income toward the rent, unless the participant is expected to receive a permanent housing subsidy within approximately six months, in which case the participant may pay only 30% of their income. Documentation of the expectation of a permanent subsidy should be included in the file.
- If the participant has no income, the program may subsidize the entire rent for the first three months.

Rental assistance may be conditioned on the participant fulfilling his or her agreements as part of the Housing Stability Plan and is never offered for more than three months at a time. To continue rental assistance after three months, the program must recertify the participant. See Section 6: Three Month Reassessment of Eligibility.

**Past Due Rent Arrears:** If in order for a household to retain their housing they must pay past due rent the program will cover up to three months of rent arrears not to exceed $3,000.

**Past Due Utility Arrears:** In rare cases, the ESG program will provide funding for past due utilities. The program will only provide such funding for prevention clients if failure to do so will result in the loss of utilities and under the terms of the participants lease this would be grounds for eviction. The program will only provide utility arrears assistance to rapid rehousing clients if utility arrears mean that the household will be unable to establish utility service in their new housing.

In addition, ESG funds may be used to cover the costs of rental applications provided this is a fee that is charge by the owner to all applicants.

**Determining the Amount of Financial Assistance**

The amount of financial assistance is determined by the amount needed to secure the housing and by the amount of contribution the household is able to make toward the housing costs.

For one-time costs, such as security deposits, and rent and utility arrears, the program will pay the entire amount if the household will have less than 50% of income available after paying rent, the household’s budget does not contain any disposable income, and the household assets are less than $500.00. If the household has assets greater than $500, and/or the household budget indicates income is available to make a portion of the payment, the household should be required to provide a portion of the deposit and/or arrears. The household’s payment may be made through a payment plan with the landlord or utility company if that is possible.

For rental assistance payments, households with any income are expected to contribute either 50% of their income, or 50% of the rent, whichever is lower. An exception to this rule may be made for
persons with disabilities who are anticipated to receive a permanent subsidy within six months of their ESG program enrollment.

With supervisor approval, households may be permitted to contribute less toward the rent for a brief period to cover other extraordinary costs. The program may pay the entire rent on behalf of households that have no income.

The ESG Financial Assistance Calculation Form can be found in the appendix. The program should complete the form with the participant and the participant should sign it. This calculation needs to be prepared every three months for households receiving medium-term rental assistance.

All financial assistance provided must be recorded in HMIS.

4: Supportive Services and Connection to Mainstream Resources
Whether covered by ESG funds or other sources, ESG programs are expected to assist clients with housing stability case management and with housing search and placement services as needed.

Housing stability case management includes:
- conducting the official evaluation of eligibility and need, including verifying and documenting eligibility
- counseling
- developing, securing, and coordinating services and assistance in obtaining Federal, state and local benefits
- monitoring and evaluating participant progress;
- providing information and referral to other providers;
- developing an individualized housing plan to permanent housing stability; and
- conducting reevaluations.

These services may not exceed 30 days during the period the program participant is seeking permanent housing, and may be provided for up to a total of 24 months within a 36 month period.

While providing prevention or rapid rehousing financial assistance, the program must ensure that the participant meets with a case manager not less than once per month to assist the participant in ensuring long-term housing stability. Case management should be provided more frequently if needed.

Housing search assistance are those services intended to assist program participants in locating, obtaining, and retaining suitable permanent housing, and are expected to be offered to all participants receiving rapid rehousing assistance or prevention assistance that includes moving to another unit. These include:
- assessment of housing barriers, needs, and preferences;
- development of a plan for locating housing;
- housing search;
- outreach and negotiations with landlords; and
- assistance with submitting rental applications and understanding leases.
Links to Mainstream Services

As part of the stability case management, each participant is expected to be assisted, as needed to obtain other services and mainstream benefits including:

- appropriate supportive services including assistance in obtaining permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services essential for achieving independent living, and
- other federal, state, local, and private assistance available to assist the program participant in obtaining housing stability, including
  - Medi-Cal or other medical insurance
  - TANF
  - Food stamps/Supplemental nutrition assistance (SNAPS)
  - WIC
  - Unemployment insurance
  - SSI/SSDI
  - Child and adult care food program
  - Other mainstream benefit programs from which the participant household could benefit.

While no specific form is provided for this documentation, all case management meetings must be documented in the participant file, and/or in the HMIS case management module. Documentation should include evidence of assistance provided to obtain mainstream resources and the results of that assistance. Subrecipients are encouraged to check with the recipient for approval of documentation.

Legal Services

ESG funds may be used for legal services that are necessary to resolve a legal problem that prohibits the program participant from obtaining permanent housing or will likely result in the program participant losing the permanent housing in which the program participant currently resides. More detail on eligible legal services activities can be found at §576.102 (a)(1)(vi) and §576.105(b)(4)).

While legal services providers that do not provide financial assistance are not required to complete the financial assistance calculation form, they must ensure that all households assisted meet program eligibility (Section 1 above) including completing the application for assistance to document participant eligibility, and must ensure that the units assisted meet the habitability standards in Section 5 below.

5: Housing Unit Requirements

In addition to the household being eligible, the unit to be assisted must also meet eligibility requirements. These include that the rent is both reasonable and at or below the Fair Market Rent market rent, and that the unit meets habitability standards.
A. Rent Reasonableness and Compliance with Fair Market Rent

ESG programs must perform both a rent reasonableness determination and document that the rent falls at or below the Fair Market Rent on every unit assisted, whether for prevention or rehousing.

“Rent reasonableness” means that the total rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not be in excess of rents being charged by the owner during the same time period for comparable non-luxury unassisted units.

To make this determination, the recipient or subrecipients should consider
(a) the location, quality, size, type, and age of the unit; and
(b) any amenities, housing services, maintenance and utilities to be provided by the owner.

Comparable rents can be checked by using a market study, by reviewing comparable units advertised for rent, or with a note from the property owner verifying the comparability of charged rents to other units owned (for example, the landlord would document the rents paid in other units). NOTE that not every element in the suggested list of nine things to check for must be known to establish a comparable unit. See more guidance at http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_11753.pdf

The Fair Market Rent (FMR) is a benchmark established by HUD for regions. For ESG, the FMR is the maximum rent permitted even if other similar units rent for more.

<table>
<thead>
<tr>
<th>Final FY 2013 FMRs By Unit Bedrooms</th>
<th>Oakland-Fremont, CA HUD Metro FMR Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>Studio/Efficiency</td>
</tr>
<tr>
<td>$669</td>
<td>$892</td>
</tr>
</tbody>
</table>

Source: http://www.huduser.org/portal/datasets/fmr.html

The above chart displays the Fair Market Rents applicable during FY2013. Fair Market Rents are updated and published by HUD every year. Programs must ensure that they are using the FMR’s in effect at the time of their determination.

A copy of a Rent Reasonableness and FMR Certification form can be found in the forms appendix. Subrecipients may use an alternative rent reasonableness determination form meets the requirements of the ESG regulations §576.106 and has been approved by the ESG recipient.

B. Housing Inspection

In order to ensure that ESG funds are used in housing that meets minimum habitability standards, an inspection must be performed on every unit assisted, whether for prevention or rehousing. This inspection includes compliance with the Lead Paint Poisoning Prevention Act.

A copy of a suggested Habitability Standards Inspection Form can be found in the forms appendix. Subrecipients may use an alternative inspection form as long as it covers all of topic areas required under ESG regulations §576.403 and has been approved by the ESG recipient.
C. Rental Assistance Agreement

Relationships with landlords are a central component of the program. The housing specialist assists both the participant and the landlord to make the housing successful.

Once a unit has been identified and inspected, the housing agency must ensure that:

a) The tenant receives a written lease or rental agreement from the landlord which clearly outlines the terms of tenancy and conforms with applicable California and local law; and

b) The landlord is apprised of the nature of the program, the anticipated support to the participant, the obligations of the landlord, and the manner in which the landlord may contact the program if there are concerns.

At a minimum, the housing agency will provide the landlord with a copy of the Rental Assistance Agreement Letter describing the program and outlining the basic support the participant is anticipated to receive. The landlord must sign the letter and return it to the agency. Some agencies may prefer to use a contract or housing assistance payments (HAP) agreement that outlines in greater detail the rights and obligations of the parties. Use of such an agreement is fine if it covers all requirements in the ESG regulations §576.106 and has been approved in advance by the ESG recipient.

In order to determine that the landlord named on the lease is the legitimate owner of the property, the housing agency will use a database service, such as Realquest, or another manner to verify and document the ownership. In addition, the housing agency shall collect a W-9 from the landlord or property management agency and follow all IRS reporting requirements.

A copy of the Rental Assistance Agreement Letter is included in the appendix. A copy of this letter or an acceptable substitute agreement should be kept in the participants file, along with a copy of the tenant’s lease and printout from the database used to verify the ownership of the unit and a copy of the W-9. The original W-9 must be given to the housing agency’s finance division.

6: Three Month Reassessment of Eligibility

Any participant who receives more than three months of assistance from the program needs to be formally reassessed. This is distinguished from the more frequent check-ins and meetings with the client, which should occur frequently and as needed, and are recorded in case notes.

During the reassessment process, the program is, at a minimum, confirming:

- The participant has not received more than 24 months of assistance, including any arrears coverage.
- The participant’s income level is such that there is still a need to provide financial assistance in order to maintain housing stability.
  - Income is not greater than 30% of the Area Median Income (AMI)
  - Rent is more than 50% of participant income (unless the participant is awaiting a permanent subsidy and is currently paying 30% of income.)
• The participant is making documented progress on their housing plan and taking the steps needed towards housing stability without program financial assistance.

• The participant lacks the financial resources or support networks to secure their housing without continued assistance.

The three month reassessment is also used to update the participant’s HMIS record with current information about housing and income. Once the three month reassessment of eligibility is completed, the household should be notified whether they will continue to receive assistance or not, including signing the reassessment form. If continuing to receive assistance, new documents, including an updated housing stability plan, budget and financial assistance calculation should be prepared and discussed with the client.

A copy of the Three Month Reassessment of Eligibility is included in the appendix. The Reassessment requires updated documentation of income, which should be attached to the form and included in the file.

Key pieces of information from the Three Month Reassessment Form, including any change in income or address is to be entered into HMIS. (In the future, the Three Month Reassessment may be an HMIS provided form.)

7: Termination of Housing Assistance or Program Participation

Housing assistance under this program is intended to be temporary and to help participants secure housing that they can remain in without long-term financial support. Any housing assistance is contingent on the participant’s active participation in carrying out the terms of his/her Housing Stability Plan. Failure to take steps agreed to in the plan, such as seeking work, applying for benefits, looking for housing or accepting housing that meets the participant’s criteria are a reasonable basis for recommending termination of financial assistance.

If a program participant is found to be violating the participation agreement, reasonable efforts will be made and documented by staff to assist the participant to address the issue or correct the violation prior to terminating services. Violations that endanger staff, any other participant, any other person, or the viability of the program as a whole will be acted upon immediately.

If a participant is determined to be in continued or grave violation of the program rules, a written Notice of Termination of Assistance will be provided to the program participant containing a clear statement of the reasons for termination, the date on which the termination will become effective, and the process for appealing the decision.

Participants receiving a Notice may request that the decision to terminate participation be reviewed by making a request to the designated supervisor within the agency. This request must be made in writing and must be reviewed the request within 14 calendar days. A written notice of the final decision will be issued to the participant.

The program may also resume assistance to a program participant whose assistance was previously terminated with the approval of the Program Manager.
A sample **Notification of Termination of ESG Assistance** is provided in the Appendix of Forms. Subrecipients may use an alternative Termination form as long as it covers all of topic areas required under ESG regulations §576.402 and has been approved by the ESG recipient.

**Grievances and Appeals**

ESG subrecipients must notify participants of the agency’s grievance policy at the time of program enrollment, including providing them with a written copy of the policy and keeping a copy of a signed version of the policy or other notification in the participant file. Housing agencies will follow their agency grievance and appeals process, through to the level of the highest ranking staff member of the agency or as may be otherwise specified in the agency’s approved policy and procedures.

If there is a grievance specific to the ESG which has not been resolved through the agency grievance process, ESG program participants may appeal to the local recipient. Recipients will follow their appeal process.

**8: Program Exit**

Upon completion of the program, or upon termination prior to completion, all members of the household should be exited from the program in HMIS. At this time all information including household income, final address and housing status are recorded and updated.

The Exit Form is an HMIS-provided form. A printed copy of the form(s) should be kept in the participant file and all data entered into HMIS.
ESG Rapid Rehousing and Prevention

Appendix of Forms and Documents

(click here to return to the main section of manual)
ESG Client File Document Check List
(click here to return to relevant section of manual)

Last Name: ____________________ First Name: _______________ HMIS ID: ________

I. **Eligibility Documentation** (check or indicate date completed in blank to left)
   - Application for Assistance and Eligibility Screening Form
   - Homeless Status/At-Risk Housing Status and Back up Documentation
   - Income Eligibility Determination and Back up Documentation
   - Asset Verification Documentation
   - Intake on Head of Household (HMIS SIF form)
   - Intake(s) on other household members *(if applicable)* (HMIS SIF form)
     - Intake on other adult ___________
     - Intake on child: _______________
   - Other: __________________________
   - Current ROI ___________ Date:__________

II. **Documentation on the Housing Unit and/or Utilities** (check or indicate date completed in blank to left)
   - Documentation of rent or utility arrears *(if applicable)*
   - Rent Reasonableness and Payment Standard determination for rental unit
   - Habitability Inspection (includes Lead Assessment)
   - Lease between Participant and Landlord
   - Rental Assistance Agreement with Landlord
   - W-9 Form
   - Other: __________________________
   - RealQuest or other owner verification documentation

III. **Documentation of Assistance/Ongoing Services** (check or indicate date completed in blank to left)
   - Household Budget
   - Housing Stability Plan
   - Financial Assistance Calculation Form
   - Links to Mainstream Resources
   - Case Management Notes
     - Three Month Reassessment(s) *(if applicable, insert dates)*
       - 1. ____________ 2. ____________ 3. ____________ 4. ____________
   - Exit Form (HMIS form)
   - Termination of Housing Assistance Form *(if applicable)*
   - Other: __________________________
ESG Application for Assistance and Eligibility Determination Form
(click here to return to relevant section of the manual)

Complete this form and have the head of household sign it. This form will determine eligibility and act as an application by the household for assistance.

Assessment Date: __ __ / __ __ / __ __ __ __

Staff: ____________________________________________________________________ Agency: ____________________________________________________________________

A. General Information

1. Head of Household:

First: ___________________ Middle: ____________ Last: ___________________ Suffix: ____

Complete ROI for Head of Household or check here _________if current ROI on file

2. Other Members of Household

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Relationship to Head of Household</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Total number of persons in household: ______

If applicant is determined to be eligible for assistance, you must complete an HMIS Standard Intake Form (SIF) for every household member.

3. Why are you seeking assistance? Please choose an option, then describe below.

☐ I am living on the streets, or a place not meant for human habitation
☐ I am in a shelter or TH housing program and have been referred for rapid re-housing
☐ I am applying for shelter because I must leave where I am currently staying
☐ I want to keep the housing I have and am at imminent risk of losing it

Explanation: ______________________________________________________________________________

I understand that I am applying for assistance from the federally-funded Emergency Solutions Grant Program. I understand that I am required to certify that all information in this application is true and to provide all required documents to determine eligibility and to enter into a housing stability plan if I am eligible for assistance. I also understand that financial assistance is not guaranteed, is time-limited, and may be terminated or adjusted at any time. I declare that all information I have provided in this application is true to the best of my knowledge.

Head of Household Signature: _________________________ Date: ____________________
B. Rapid Rehousing Assessment (Cross through and skip this section if applicant household is applying for prevention assistance)

Homeless Status Documentation: To receive rapid rehousing assistance, clients must be homeless by the HUD Homeless Definition and eligible for assistance under certain categories. Use this portion of the form if the applicant client household is Literally Homeless (Category 1), or is fleeing/attempting to flee domestic violence (Category 4) and also meets the category of Literally Homeless. Otherwise, complete Section B. of this form for Homeless Prevention.

1. Is household among the eligible target population for this program?
   □ Living/staying in a shelter.
   □ Living on the streets, a car, an encampment or a place not meant for human habitation.
   □ Living/staying in transitional housing.
   □ Exiting an institution where s(he) resided for 90 days or less and previously resided in a shelter or the streets of place not mean for human habitation.
   □ Fleeing or attempting to flee domestic violence and also meets one of the above conditions.

<table>
<thead>
<tr>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literally Homeless – on the streets or in a shelter (in order of preference for documentation)</td>
</tr>
<tr>
<td>□ Written observation by an outreach worker (attached), or</td>
</tr>
<tr>
<td>□ Written referral by another housing or service provider (attached)HMIS intake for shelter/TH, or</td>
</tr>
<tr>
<td>□ Self- certification that s(he) was living on the streets or in a shelter (attached)</td>
</tr>
<tr>
<td>Exiting an institution and entered from literal homelessness</td>
</tr>
<tr>
<td>One of the forms of evidence above and</td>
</tr>
<tr>
<td>□ Discharge paperwork or written/ or documented oral referral (attached), or</td>
</tr>
<tr>
<td>□ Written report of intake workers due diligence to obtain above evidence and certification by the individual that they exited institution (attached)</td>
</tr>
</tbody>
</table>

Be sure to attach the supporting documentation to the application in file.

2. This household is a candidate for ESG rapid rehousing because:
   □ They are homeless but have adequate income to afford a place if assisted to obtain one with short-term assistance (deposit and up to one to three month’s rent subsidy).
   □ They are homeless and don’t currently have adequate income for housing but have potential to increase income to be self sustainable within approximately 6 months and are willing to commit to a housing stability plan.
   □ They are currently homeless but with assistance can move into a stable situation with friends or family or another situation that doesn’t require an increase in income.
   □ They are currently homeless and are expected to receive a housing subsidy within six months from another source but need financial assistance to gain housing and/or support services

Subsidy anticipated:
□ OPRI  □ VASH □ Shelter Plus Care  □ Other: __________________________

Note: ESG funds may not be used to cover any cost covered by another subsidy source. For rapid rehousing candidates with a subsidy, ESG may only be used to pay security deposit and utility deposits if needed to secure housing.

□ Current Subsidy ____________ pays for: __________________________

□ No other subsidy currently

Proceed to Part D: Income Verification Section
C. Homelessness Prevention (Cross through and skip this section if applicant household is applying for Rapid Rehousing)

To receive Prevention assistance, clients may either be homeless under certain categories of the HUD Homeless Definition or At risk of Homelessness under any category of that definition. Use this portion of the form if the applicant client household is at Imminent Risk of Homelessness (Category 2), fleeing/attempting to flee domestic violence but does not meet the category of Literally Homeless (Category 4) or is At Risk of Homelessness. Households who do not qualify for rapid rehousing or prevention assistance under these definitions are not eligible for ESG assistance under this program.

1. This household is a candidate for prevention assistance because:
   □ They are currently seeking shelter, and have been staying with family or friends who will no longer let them remain there. (Must be required to leave within 14 days.)
   □ They are staying in a hotel or motel using their own resources, have no other residence and lack the resource and support networks to obtain other permanent housing.
   □ They are fleeing or attempting to flee domestic violence, have no other residence and lack the resource and support networks to obtain other permanent housing.
   □ They have a place to live with their name on the lease from which they are being evicted (must be required to leave within 14 days.)
   □ The are about to be discharged from foster care, or have recently been discharged from foster care, and the residence where they are currently living will be lost within 14 days

<table>
<thead>
<tr>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imminent Risk of Homelessness</td>
</tr>
<tr>
<td>□ A court order resulting from an eviction action notifying the individual or</td>
</tr>
<tr>
<td>family that they must leave (attached), or</td>
</tr>
<tr>
<td>□ Leaving a hotel or motel – evidence that household has been staying in</td>
</tr>
<tr>
<td>hotel/ motel (attached), and this application documents lack of resources</td>
</tr>
<tr>
<td>□ A documented and verified oral statement that residence will be lost within</td>
</tr>
<tr>
<td>14 days of the date of this application (attached), and this application</td>
</tr>
<tr>
<td>documents lack of resources</td>
</tr>
<tr>
<td>Leaving an institution, including foster care</td>
</tr>
<tr>
<td>□ One of the forms of evidence above and</td>
</tr>
<tr>
<td>□ Discharge paperwork or written/oral referral (attached), or</td>
</tr>
<tr>
<td>□ Written report of intake workers due diligence to obtain above evidence</td>
</tr>
<tr>
<td>and certification by the individual that they exited an institution or</td>
</tr>
<tr>
<td>foster care (attached)</td>
</tr>
<tr>
<td>Fleeing domestic violence</td>
</tr>
<tr>
<td>For victim services providers:</td>
</tr>
<tr>
<td>□ An oral statement, by the individual or head of household self-certified or</td>
</tr>
<tr>
<td>certified by the intake worker, which states they are fleeing and have no</td>
</tr>
<tr>
<td>subsequent resident or resources.</td>
</tr>
<tr>
<td>For non-victim services providers:</td>
</tr>
<tr>
<td>□ An oral statement, by the individual or head of household self which states</td>
</tr>
<tr>
<td>they are fleeing and have no subsequent resident or resources. Where the</td>
</tr>
<tr>
<td>safety of the individual or family is not jeopardized, the oral statement</td>
</tr>
<tr>
<td>must be verified.</td>
</tr>
</tbody>
</table>
2. Housing Assessment (Prevention Only)

If household intends to keep current housing, what is the monthly rent? _____________

If the household intends to remain in their current unit, does the rent amount exceed the FMR payment standard (based on the chart below)?
☐ No: Proceed to next page.
☐ Yes: Client is not eligible to be subsidized in their current unit. Ask the client if they are interested in relocating to less expensive housing and if so, proceed with assessment. Otherwise, stop here; client is not eligible. Proceed to end of form

<table>
<thead>
<tr>
<th>Final FY 2013 FMRs By Unit Bedrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland-Fremont, CA HUD Metro FMR Area</td>
</tr>
<tr>
<td>SRO</td>
</tr>
<tr>
<td>$669</td>
</tr>
</tbody>
</table>

Source: [http://www.huduser.org/portal/datasets/fmr.html](http://www.huduser.org/portal/datasets/fmr.html) 2/5/12

Is your name on a rental agreement?
☐ No ☐ Yes

If your name is not on a rental agreement, are you living with someone who has a rental agreement and who has notified you in writing that you must leave?
☐ No ☐ Yes

If you owe back rent, how much do you owe? __________

How many month’s rent is that?
☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six or more ☐ Don’t Know

Is your landlord willing to accept rent from you?
☐ No ☐ Yes ☐ Don’t Know ☐ Does Not Apply

If you are at risk of eviction, where are you in the eviction process?
☐ Have not been served formal notice ☐ Served a 3-day notice to pay rent or quit ☐ Served an Unlawful Detainer summons ☐ Eviction judgment has been issued
☐ Does not apply

Do you currently receive any type of housing or utility subsidy or assistance from any other source?
☐ No ☐ Yes

Subsidy pays for: ____________________________________________________________

Note: ESG funds cannot be used to cover any cost covered by another subsidy source. For prevention candidates with a housing subsidy, ESG may only be used to pay the tenant portion of overdue back rent.

Be sure to attach housing status verification form and supporting documentation in file. Proceed to Part D: Income Verification Section

D. Income Verification

What is the combined income of this applicant household? ____________

Household size: __________
Alameda County, California  
FY2013 Income Limits  

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
<th>5 Person</th>
<th>6 Person</th>
<th>7 Person</th>
<th>8 Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Low Income (30% of AMI)</td>
<td>$18,750</td>
<td>$21,400</td>
<td>$24,100</td>
<td>$26,750</td>
<td>$28,900</td>
<td>$31,050</td>
<td>$33,200</td>
<td>$35,350</td>
</tr>
</tbody>
</table>


☐ At or below 30% AMI for household size

☐ Above 30% AMI for household size and seeking rapid rehousing assistance. Authorization of recipient may be required to proceed.

Required Authorization: _______________________________ (if applicable)

☐ Above 30% AMI for household size and seeking prevention assistance – INELIGIBLE: Proceed to end of form.

*You may use the ESG Income Eligibility Calculation Form or another similar form to determine income. Be sure to include income verification form and supporting documentation for determination in file.*

E. Resources, Networks and Asset Determination

In addition to meeting the housing status and income requirements, applicants must demonstrate that they do not have sufficient support or resources to retain or gain housing on their own.

ii. Asset Assessment

To determine whether the applicant household has resources that could be used to prevent or end their homelessness, and to determine the amount of financial assistance to be provided, the program must review their assets. This portion of the form applies to all adults in the household listed on page 1.

☐ No Bank accounts

**Bank Accounts (attach appropriate third party documentation for all accounts listed below)**

1. Name of Financial Institution: ________________________ Type of account: __________
   Name(s) on Account: ______________________________________________________________
   Acct #: ___________  Acct. Balance: _________________ as of ____/____/____

2. Name of Financial Institution: ________________________ Type of account: __________
   Name(s) on Account: ______________________________________________________________
   Acct #: ___________  Acct. Balance: _________________ as of ____/____/____
Investment Accounts *(obtain appropriate third party documentation for all accounts listed below)*

1. Name of Financial Institution: __________________________ Type of account:_____________

Name(s) on Account: __________________________________________________________________________

Acct #:______________ Acct. Balance:_______________________ as of ____/_____/_____

Other Assets

# of Vehicles:_____ □ No Vehicles

Make: ______________________ Model: ________________Year:________

Make: ______________________ Model: ________________Year:________

For cars that are 2007 or newer, note blue book value: __________________________

Property (describe and note value): __________________________________________________________________________

Other (describe): __________________________________________________________________________

Be sure to attached copies of bank statements or other asset verification

STOP

If assets exceed $2,000 per individual or $3,000 per couple, if any vehicle is worth more than $10,000, or if household has more working cars than adult drivers, the household is ineligible.

□ No □ Yes: ineligible. Proceed to end of form

ii. Personal Resource and Networks

Other subsequent housing options

What steps have you taken to identify other appropriate housing options that you can afford without any assistance from this program?

Summary of assessment: __________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________

Does the household have any other appropriate housing options? □ Yes □ No

2) Financial Resources

Do you have any other resources that you could use to help your household gain housing or remain in your housing? (See asset assessment; discuss use of participants personal resources to resolve situation.)

Summary of assessment: __________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Does the household have other financial resources sufficient to obtain other appropriate subsequent housing or remain in their existing housing? □ Yes □ No

3) Support Networks

Do you have any other support networks that could help you gain housing or remain in your housing? (This would include family or friends who can lend or give money, a faith-based organization that can assist you, someone with whom you can live, etc.)?

Summary of assessment: ____________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Does the household have support networks needed to obtain other appropriate subsequent housing or remain in their existing housing? □ Yes □ No

F. Approach to housing stability

How did your current situation of homelessness or housing instability come about?

Describe: _______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Are you currently doing anything to increase your household income or decrease your costs?

□ No □ Yes □ Does Not Apply

Describe: _______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

If you are to be assisted, are you willing to participate in services to increase your income or decrease your costs?

□ No □ Yes □ Does Not Apply

**Note:** If household is not currently working toward increasing income or decreasing costs and is unwilling to do so, the household may be determined as ineligible. (Note that households with a fixed income may not need to increase income to remain stable.)

Please add any other information pertinent to eligibility determination:
FOR STAFF USE ONLY:

Last Name: ____________________ First Name: ____________________ HMIS ID: _______

Eligibility Determination

A. Household is not eligible to receive ESG assistance due to:

☐ Not among target population for local program
☐ Ineligible Housing Status
☐ Over Income
☐ Households Assets exceed asset limit
☐ Household is already receiving a subsidy for the same cost for which the household is seeking assistance
☐ Adults in household unwilling to engage in activities or participate in services designed to support housing stability plan
☐ Household as already received 24 months of ESG assistance in last 36 months

If client is not eligible, inform client of determination and refer client to other programs that may be able to assist the household. Programs referred to:

1. Program: ______________________ How was referral made?: ______________________
2. Program: ______________________ How was referral made?: ______________________
3. Program: ______________________ How was referral made?: ______________________
4. Program: ______________________ How was referral made?: ______________________

B. Household is eligible to receive ESG assistance.

☐ Eligibility for rapid rehousing verified; household will be enrolled and housing search assistance will begin.
☐ Eligibility for prevention assistance verified; new housing has been identified or current housing is to be retained and program will proceed to check on unit eligibility and to offer financial assistance and housing stability support.

Staff signature: ____________________________ Date: _______________

Proceed to enroll the Household:

- Complete ROI and HMIS Intake,
- Sign the participation agreement,
- Complete the Household Budget and develop Housing Stability Plan,
- If housing unit is identified, complete unit documentation, Financial Assistance Calculation Form and other required documentation.
ESG Program Participation Agreement
(click here to return to relevant section of the manual)

The ESG Program provides support services and limited financial resources to help households gain housing or remain housed. I understand that this program may provide me with some or all of the following services:

- Assistance finding and obtaining housing
- Assistance developing a housing plan
- Assistance to stay in housing I currently occupy, including legal assistance and/or negotiations with family members, friends or landlords;
- One-time or short-term financial assistance to support gaining or retaining housing which may include rental deposits, rental or utility arrears, or short to medium term rental assistance payments designed to secure or retain housing;
- Referrals and support to apply for benefits for which I or a member of my household may be eligible.
- Other services related to securing housing, such as, but not limited to, assistance getting identification, preparing housing applications, searching for housing, negotiating with landlords and other services.

I agree to do the following:

- Provide accurate and honest information to my housing specialist and other program staff.
- Work with a housing specialist to develop a housing plan.
- Take all necessary steps to achieve the goals outlined in the plan.
- Meet with my housing specialist at intervals established in my housing plan, and not less than monthly during my participation in the program.
- Permit home visits and inspections of my housing during my participation in the program. (Advance notice will be provided.)
- Provide current proof of income when requested.
- Pay my portion of rent on time every month and immediately advise the housing specialist if I have any trouble in doing so.
- Provide any documentation required by the housing specialist as it pertains to progress on my housing plan, my rent status or income (i.e. attendance record for job training program, proof of application for benefits, etc.)
- Be contacted for follow-up phone calls about my participation in ESG for up to 24 months after I complete the program.

I understand that neither ___________________ (agency name) nor any party to the ESG Program is responsible for my rent or lease. I understand that assistance will only be provided if I am in compliance with the program requirements including the terms of my Housing Stability Plan.

Client Name: ___________________________ Client Signature: ________________ Date: ____________  
Housing Specialist: _________________________ Agency Name: ___________________ Date: ________
# Sample Budgeting Worksheet

(click here to return to relevant section of the manual)

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual (with current income)</td>
<td>Proposed (with anticipated income and/or subsidy)</td>
</tr>
</tbody>
</table>

## Housing Expenses
- Rent
- PG&E
- Water
- Other:

## Car Expenses
- Loan payment
- Insurance
- Gas
- Maintenance & repairs
- Debt
- Creditor 1
- Creditor 2

## Miscellaneous
- Groceries, Lunches, meals
- Childcare
- School supplies
- Prescriptions
- Cable TV
- Internet Connection
- Telephone
- Clothing
- Hair supplies/Toiletries
- Other:
- Other:

## Expense Total

## Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings</td>
<td></td>
</tr>
<tr>
<td>Social Security related $</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

## Income Total

## Total Income Minus Expenses

Participant Signature: ______________________ Date: _____________

Case Manager/Housing Specialist Name ______________________ Signature _____________ Date ________

---

ESG Manual and Forms - Ver 1 2/1/13
ESG Housing Stability Plan
(click here to return to relevant section of the manual)

Client/Head of Household Name: ___________________________  Initial Plan Date _____________

My 30 day housing goal is: ____________________________________________________________

If different, my 90 day goal is __________________________________________________________

If different, my permanent housing goal is ______________________________________________

I have or will have the following resources to help me achieve my goals:
1. 
2. 
3. 

In order to reach these goals, I commit to take the following steps:

<table>
<thead>
<tr>
<th>Step</th>
<th>Actions</th>
<th>What I’ll do</th>
<th>Help I’ll Receive</th>
<th>Done by:</th>
<th>Notes at Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Client Signature: ___________________________  Date: _____  Housing Specialist: ___________________________  Date: _____
ESG Financial Assistance Calculation Form
(click here to return to relevant section of the manual)

Before preparing this calculation, complete the budget form with the Head of Household. Use this form and information from the application, the budget and the lease and/or arrears documentation to determine the amount of financial assistance that the household will receive. **This form must be prepared every three months during the time in which the household receives financial assistance.**

Head of Household: ________________________________ Service Point ID: ________________

Assessment date: ______________________ Staff: ________________________________

☐ First financial assistance calculation ☐ Reassessment of financial assistance

**A. GENERAL**

Enter the information below from the budget and assets form to determine the amount of financial assistance.

Combined Household income: _________________ (from application) Rent: _____________ (from lease)

Income minus Rent: ______________ * Percent of income for rent without subsidy: _____________

Total Expenses ___________________ (from budget)

* Difference between income and expenses: ______________

* Current Assets: _____________________ (from application)

* Use information indicated with * to determine financial assistance below

**B. SECURITY DEPOSIT** (skip if not applicable)

New residence requires a Security Deposit of: _______________ (This may include up to two months rent if required as deposit but should not include first month’s rent in this calculation. Assistance with First month’s rent should be part of the Rental Assistance in section C. below)

Based on income and assets, **household will make:**

☐ No contribution to the deposit without jeopardizing housing stability (household has less than 50% of income left after paying rent and household budget has no disposable income; household has assets of less than $500.)

☐ A one-time payment toward the security deposit of: _______ (household has assets of greater than $500 and/or budget indicates disposable income available for a payment.)

**Program will make a payment on behalf of household of: _________**
B. UTILITY DEPOSIT (cross through and skip if not applicable)

To receive utilities at the new residence, one or more utility companies require a Utility Deposit of:
Utility: ___________________ Required Deposit: ___________________
Utility: ___________________ Required Deposit: ___________________
Utility: ___________________ Required Deposit: ___________________

Based on income and assets, household will make:

☐ No contribution to the deposit without jeopardizing housing stability (household has less than 50% of income left after paying rent and household budget has no disposable income; household has assets of less than $500.)

☐ A one-time payment toward the security deposit of:______ (household has assets of greater than $500 and/or budget indicates disposable income available for a payment.)

Program will make a payment on behalf of household of: ________

C. SHORT OR MEDIUM TERM RENTAL ASSISTANCE (cross through and skip if not applicable)

Client has no income

☐ Program will pay 100% of the rent for up to three months or until a change in income occurs

Household has income and will make payments to the landlord of:

☐ 50% of the rent. Amount: _________________

☐ 50% of their income toward the rent: Amount _________________

☐ Another amount: _________________ (Requires supervisor or recipient approval.)

Authorized Approval: ________________________

☐ Household is awaiting an anticipated permanent subsidy and will pay 30% of their income for rent: Subsidy anticipated: _________________ Date anticipated: _________________

Program will make a monthly rental assistance payment of $ __________ (Rent minus client contribution) for up to three months or until a change in income occurs. Projected length of rental assistance: _____ months.

D. PREVENTION ARREARS (skip if not applicable)

Household owes _________ in rental arrears. (From documentation of rent arrears. The document must be dated within the same month that the application is being considered or proof of rent payment must be provided.)

Based on income and assets available, Household will make:

☐ No payments without jeopardizing housing stability (household pays more than 50% of income for rent and/or household budget has no disposable income; household has assets of less than $500.)

☐ A one-time payment toward the arrears of: ______ (household has assets of greater than $500 and/or budget indicates disposable income available for a payment.)

☐ A monthly payment toward the arrears of: ________________ Payment agreement negotiated with landlord. (budget indicates disposable income available for a payment or household has a housing subsidy.)
Program will make a payment on behalf of household of: _________
Note Program will not pay more than three months or $3,000 in rental arrears.

E. UTILITY ARREARS (skip if not applicable)

This type of support will only be provided if the household will be unable to have utilities in their housing if they do not pay past due arrears.

Household owes _________ in past utility arrears (from documentation of utility arrears)
Based on income and assets available, Household will make:

☐ No payments without jeopardizing housing stability (household pays more than 50% of income for rent and/or household budget has no disposable income; household has assets of less than $500.)

☐ A one-time payment toward the arrears of:_______ (household has assets of greater than $500 and/or budget indicates disposable income available for a payment.)

☐ A monthly payment toward the arrears of: ______________ Payment agreement negotiated with landlord.(budget indicates disposable income available for a payment or household has a housing subsidy – attached copy of payment agreement.)

Program will make a payment on behalf of household of ______________

F. FINANCIAL ASSISTANCE AGREEMENT

The participant and the program agree to the terms of payment designated above. The program will make payments on behalf of the participant as long as the participant is in good standing with their portion of the agreement and making progress on their Housing Stability Plan.

This agreement expires: ________________ (not later than 3 months from first expected payment.)

Participant Signature: ______________________________ Date: ______________

Housing Specialist Signature: __________________________ Date: ______________

(Attach this agreement to a copy of lease or occupancy agreement and, if past due rent or utilities, a copy of a record from the landlord/lessor or utility company indicating the amount of arrears.)
Rent Reasonableness and FMR Certification
(click here to return to relevant section of the manual)

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>PROPOSED UNIT</th>
<th>COMPARISON UNIT #1</th>
<th>COMPARISON UNIT #2</th>
<th>COMPARISON UNIT #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF BEDROOMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQUARE FEET</td>
<td></td>
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<tr>
<td>TYPE OF UNIT/CONSTRUCTION</td>
<td></td>
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</tr>
<tr>
<td>HOUSING CONDITION</td>
<td></td>
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<tr>
<td>LOCATION/ACCESSIBILITY</td>
<td></td>
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</tr>
<tr>
<td>AMENITIES</td>
<td></td>
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</tr>
<tr>
<td>UNIT:</td>
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<tr>
<td>SITE:</td>
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<tr>
<td>NEIGHBORHOOD:</td>
<td></td>
<td></td>
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<tr>
<td>AGE IN YEARS</td>
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<tr>
<td>UTILITIES (TYPE)</td>
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<tr>
<td>UNIT RENT</td>
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<tr>
<td>UTILITY ALLOWANCE</td>
<td></td>
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<tr>
<td>GROSS RENT</td>
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<tr>
<td>HANDICAP ACCESSIBLE?</td>
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</tbody>
</table>

CERTIFICATION:

A. Compliance with Payment Standard

Proposed Contract Rent + Utility Allowance = Proposed Gross Rent

Approved rent does not exceed applicable Payment Standard of $__________.

B. Rent Reasonableness

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit [ ] is [ ] is not reasonable.

<table>
<thead>
<tr>
<th>NAME:</th>
<th>SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
</table>
## Habitability Standards Inspection Form

(see here to return to relevant section of the manual)

(based on HUD’s HQS and the HPRP Notice; Certified HQS Inspectors may use an HQS form instead)

<table>
<thead>
<tr>
<th>Name of Participant</th>
<th>Participant Phone Number</th>
<th>Date of Request (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspector</td>
<td></td>
<td>Date of Initial Inspection (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Type of Inspection</td>
<td></td>
<td>Date of Last Inspection (mm/dd/yyyy)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agency</td>
</tr>
</tbody>
</table>

### A. General Information

#### INSPECTED UNIT

<table>
<thead>
<tr>
<th>Full Address</th>
<th>Year Constructed (yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Housing Type (check as appropriate)</td>
</tr>
<tr>
<td></td>
<td>Single Family Detached</td>
</tr>
<tr>
<td></td>
<td>Duplex or two family</td>
</tr>
<tr>
<td></td>
<td>Row House or Town House</td>
</tr>
<tr>
<td></td>
<td>Low Rise; 3,4 stories including garden apt.</td>
</tr>
<tr>
<td></td>
<td>High Rise; 5 or more stories</td>
</tr>
<tr>
<td></td>
<td>Manufactured Home</td>
</tr>
<tr>
<td></td>
<td>Congregate</td>
</tr>
<tr>
<td></td>
<td>Cooperative</td>
</tr>
<tr>
<td></td>
<td>Independent Group Residence</td>
</tr>
<tr>
<td></td>
<td>Single Room Occupancy</td>
</tr>
<tr>
<td></td>
<td>Shared Housing</td>
</tr>
<tr>
<td></td>
<td>Other: ________________________________</td>
</tr>
</tbody>
</table>

#### Number of Children in Family Under 6:

<table>
<thead>
<tr>
<th>OWNER NAME</th>
<th>OWNER PHONE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS OF OWNER/AGENT</th>
</tr>
</thead>
</table>

**Is Lead Paint inspection required?**  (unit was constructed prior to 1978 and children under age 6 or a pregnant woman are in the household.)  ■ Yes  ■ No

### B. Summary Decision on Unit (to be completed after form is filled out)

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
<th>Inconclusive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of bedrooms</th>
<th>Number of sleeping rooms</th>
<th>Signature of Inspector</th>
</tr>
</thead>
</table>

**How to use this form**

1. Review each room in the house as listing in the form (1. Living Room; 2. Kitchen; 3. Bathroom; 4. Other Rooms Used for Living or Halls (use as many as needed); 5. All Secondary Rooms Not Used for Living; 6. Building Exterior; 7. Heating, Plumbing and Installation; 8. General Health and Safety.  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).

2. In the space to the right of the item, if the decision is “Fail,” write what repairs are necessary.

3. If the item passes inspection, check the “Pass” box.

4. A final summary page to note repairs needed is provided on the final page. If owner/manager is present at inspection, gather signature on final page.

5. For lead paint inspections, if not required, mark “not applicable.” Otherwise, note if the unit is a “pass” or “fail.”
## INSPECTION CHECKLIST

### 1. LIVING ROOM

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>DECISION</th>
<th>Repairs Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>LIVING ROOM PRESENT</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>ELECTRICITY Are there at least two working outlets or one working outlet and one working light fixture?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>ELECTRICAL HAZARDS Is the room free from electrical hazards?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>SECURITY Are all windows and doors that are accessible from the outside lockable?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>WINDOW CONDITION Is there at least one window, are all windows free of signs of severe deterioration or missing or broken out panes?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>1.6</td>
<td>CEILING CONDITION Is the ceiling sound and free from hazardous defects?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>1.7</td>
<td>WALL CONDITION Are the walls sound and free from hazardous defects?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>1.8</td>
<td>FLOOR CONDITION Is the floor sound and free from hazardous defects?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>LEAD PAINT Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed more than two square feet per from and/or is more than 10% of a component?</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

### 2. KITCHEN

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>DECISION</th>
<th>Repairs Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>KITCHEN AREA PRESENT</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>ELECTRICITY Is there at least one working electric outlet and one working, permanently installed light fixture?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>ELECTRICAL HAZARDS Is the kitchen free from electrical hazards?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>SECURITY Are all windows and doors that are accessible from the outside lockable?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>WINDOW CONDITION Are all windows free of signs of deterioration or missing or broken out panes?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td>CEILING CONDITION Is the ceiling sound and free from hazardous defects?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>WALL CONDITION Are the walls sound and free from hazardous defects?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>2.8</td>
<td>FLOOR CONDITION Is the floor sound and free from hazardous defects?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>2.9</td>
<td>LEAD PAINT Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed more than two square feet per from and/or is more than 10% of a component?</td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>2.10</td>
<td>STOVE OR RANGE WITH OVEN Is there a working oven and a stove (or range) with top burners that work?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
<tr>
<td>2.11</td>
<td>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?</td>
<td>Yes, PASS</td>
<td></td>
</tr>
</tbody>
</table>
### 2.12 SINK
Is there a kitchen sink that works with hot and cold running water?

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>DECISION</th>
<th>Repairs Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes, PASS</td>
<td>No, FAIL</td>
</tr>
</tbody>
</table>

### 2.13 SPACE FOR STORAGE AND PREPARATION OF FOOD
Is there space to store and prepare food?

### 3. BATHROOM

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>DECISION</th>
<th>Repairs Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>BATHROOM PRESENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>ELECTRICITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td>ELECTRICAL HAZARDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td>SECURITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>WINDOW CONDITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6</td>
<td>CEILING CONDITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7</td>
<td>WALL CONDITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8</td>
<td>FLOOR CONDITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.9</td>
<td>LEAD PAINT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.10</td>
<td>FLUSH TOILET IN ENCLOSED ROOM IN UNIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.11</td>
<td>FIXED WASH BASIN OR LAVATORY IN UNIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.12</td>
<td>TUB OR SHOWER IN UNIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.13</td>
<td>VENTILATION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. OTHER ROOMS USED FOR LIVING OR HALLS

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>DECISION</th>
<th>Repairs Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>ROOM CODE and ROOM LOCATION:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes, PASS</td>
<td>No, FAIL</td>
</tr>
</tbody>
</table>

**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
<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>Yes, PASS</th>
<th>No, FAIL</th>
<th>Repairs Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>ROOM CODE and ROOM LOCATION:</td>
<td>ROOM CODES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>right/left</td>
<td>1 = Bedroom or any other room used for sleeping (regardless of type of room)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>front/rear</td>
<td>2 = Dining Room, or Dining Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>floor level</td>
<td>3 = Second Living Room, Family Room, Den, Playroom, TV Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = Entrance Halls, Corridors, Halls, Staircases</td>
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<td></td>
<td></td>
<td>5 = Additional Bathroom</td>
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<td></td>
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<td></td>
<td></td>
<td>6 = Other</td>
<td></td>
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<tr>
<td>4.2</td>
<td>ELECTRICITY</td>
<td></td>
<td></td>
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<tr>
<td>4.3</td>
<td>ELECTRICAL HAZARDS</td>
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<tr>
<td>4.4</td>
<td>SECURITY</td>
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<tr>
<td>4.5</td>
<td>WINDOW CONDITION</td>
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<tr>
<td>4.6</td>
<td>CEILING CONDITION</td>
<td></td>
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<tr>
<td>4.7</td>
<td>WALL CONDITION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.8</td>
<td>FLOOR CONDITION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.9</td>
<td>LEAD PAINT</td>
<td></td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td>4.10</td>
<td>SMOKE DETECTORS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. OTHER ROOMS USED FOR LIVING OR HALLS

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>Yes, PASS</th>
<th>No, FAIL</th>
<th>Repairs Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>ROOM CODE and ROOM LOCATION:</td>
<td>ROOM CODES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>right/left</td>
<td>1 = Bedroom or any other room used for sleeping (regardless of type of room)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>front/rear</td>
<td>2 = Dining Room, or Dining Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>floor level</td>
<td>3 = Second Living Room, Family Room, Den, Playroom, TV Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = Entrance Halls, Corridors, Halls, Staircases</td>
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<td></td>
<td></td>
<td>5 = Additional Bathroom</td>
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<td></td>
<td>6 = Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item #</td>
<td>Description</td>
<td>Yes, PASS</td>
<td>No, FAIL</td>
<td>Repairs Required</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>4.4</td>
<td>SECURITY</td>
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<tr>
<td>4.5</td>
<td>WINDOW CONDITION</td>
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<td>4.6</td>
<td>CEILING CONDITION</td>
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<td>4.7</td>
<td>WALL CONDITION</td>
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<tr>
<td>4.8</td>
<td>FLOOR CONDITION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.9</td>
<td>LEAD PAINT</td>
<td>Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.10</td>
<td>SMOKE DETECTORS</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5.1</td>
<td>NONE. GO TO PART 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td>SECURITY</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5.3</td>
<td>ELECTRICAL HAZARDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4</td>
<td>OTHER POTENTIALLY HAZARDOUS FEATURES IN ANY OF THESE ROOMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>ALL SECONDARY ROOMS NOT USED FOR LIVING</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5.6</td>
<td>5. ALL SECONDARY ROOMS NOT USED FOR LIVING</td>
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<td></td>
</tr>
<tr>
<td>5.7</td>
<td>DECISION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.8</td>
<td>Item #</td>
<td>Description</td>
<td>Yes, PASS</td>
<td>No, FAIL</td>
</tr>
<tr>
<td>5.9</td>
<td>5.1 NONE. GO TO PART 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.10</td>
<td>5.2 SECURITY</td>
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</tr>
<tr>
<td>5.11</td>
<td>5.3 ELECTRICAL HAZARDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.12</td>
<td>5.4 OTHER POTENTIALLY HAZARDOUS FEATURES IN ANY OF THESE ROOMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>6. BUILDING EXTERIOR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>CONDITION OF FOUNDATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>6.2 CONDITION OF STAIRS, RAILS, AND PORCHES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.4</td>
<td>6.3 CONDITION OF ROOF AND GUTTERS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.5</td>
<td>6.4 CONDITION OF EXTERIOR SURFACES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.6</td>
<td>6.5 CONDITION OF CHIMNEY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.7</td>
<td>6.6 LEAD PAINT: EXTERIOR SURFACES</td>
<td>Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.8</td>
<td>6.7 MANUFACTURED HOMES: TIE DOWNS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>7. HEATING, PLUMBING AND INSULATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td>ADEQUACY OF HEATING EQUIPMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3</td>
<td>a. Adequate heating equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b. Is the heating equipment oversized by more than 15%?

c. Are pipes and ducts located in unconditioned space insulated?

<table>
<thead>
<tr>
<th>7.2 SAFETY OF HEATING EQUIPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the unit free from unvented fuel burning space heaters, or any other types of unsafe heating conditions?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.3 VENTILATION AND ADEQUACY OF COOLING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this unit have adequate ventilation and cooling by means of operable windows or a working cooling system?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.4 HOT WATER HEATER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is hot water heater located, equipped, and installed in a safe manner?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.5 WATER SUPPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the unit served by an approvable public or private sanitary water supply?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.6 PLUMBING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.7 SEWER CONNECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back up?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. GENERAL HEALTH AND SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item #</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>8.1 ACCESS TO UNIT</td>
</tr>
<tr>
<td>8.2 EXITS</td>
</tr>
<tr>
<td>8.3 EVIDENCE OF INFESTATION</td>
</tr>
<tr>
<td>8.4 GARBAGE AND DEBRIS</td>
</tr>
<tr>
<td>8.5 REFUSE DISPOSAL</td>
</tr>
<tr>
<td>8.6 INTERIOR STAIRS AND COMMON HALLS</td>
</tr>
<tr>
<td>8.7 OTHER INTERIOR HAZARDS</td>
</tr>
<tr>
<td>8.8 ELEVATORS</td>
</tr>
<tr>
<td>8.9 INTERIOR AIR QUALITY</td>
</tr>
</tbody>
</table>
### 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?

### 8.11 LEAD PAINT: OWNER CERTIFICATION
If the owner of the unit is required to treat or cover any interior or exterior surfaces, has the certification of compliance been obtained?

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Yes, PASS</th>
<th>No, FAIL</th>
<th>Repairs Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1</td>
<td>Is there sufficient sleeping place for each individual?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.2</td>
<td>Is there adequate natural or artificial illumination to permit activities in the home?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.3</td>
<td>Is home and equipment maintained in a sanitary condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary of Repairs Needed:**

<table>
<thead>
<tr>
<th>Item Number:</th>
<th>Repair Needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Owner/Manager’s Signature:

____________________________________________________________________________________
Rental Assistance Agreement Letter
(click here to return to relevant section of the manual)

(date)

(landlord address)

____________________________________________________________________ (Head of Household) has been approved to receive temporary financial assistance through the Emergency Solutions Grant program. The program is designed to help the participant secure and/or retain housing and be a successful tenant. Our agency will maintain regular contact during his/her time in the program to assist him/her with any problems related to his/her housing or tenancy. The program does not, however, assume any responsibility for the tenant’s rent or for compliance with the lease. The tenant is fully responsible for complying with the terms of the lease he/she has with you.

The person named above has been approved for assistance with (check all that apply):

☐ A rental deposit in the amount of $__________
☐ A short-term rent subsidy in the amount of $__________ (currently approved until __________ date. This subsidy may be extended at the program’s discretion)
☐ Assistance with past due rent in the amount of $__________

All other payments under the terms of the lease are the responsibility of the tenant.

[Name of Housing Agency]__________, will provide the above housing assistance payments to you beginning [date]. By signing below, you agree to apply all payments you receive on the tenant’s behalf toward the specified housing-related costs on the check. The termination of housing assistance payments shall not affect the household's other rights under the lease.

The tenant is required to notify us if he or she moves; however, if you ever receive a subsidy check for a tenant who has moved, it is your responsibility to return the check to us. Financial assistance from this program can only be used toward the housing-related costs of the tenant named above while he/she resides in your housing. You also must notify us if during the term of this agreement you notify the tenant to vacate or if you lodge any complaint under state or local law to commence an eviction.

You are welcome to contact me if you have any questions or concerns regarding the program or this tenant’s housing. [name, title at 510 XXX-XXXX or housing specialist @ agency.org]. Thank you for working with us.

Sincerely,

I have read this agreement and I agree to accept payments on behalf of the tenant listed above as described in this letter. I have provided a W-9 form to the agency.

Property Owner/Property Manager Name:______________________________________________

Signature:_________________________________________ Date: ______________________________

ESG Manual and Forms - Ver 1 2/1/13
Three Month Reassessment of Eligibility

(click here to return to relevant section of the manual)

Reassessment Date: __ __ / __ __ / __ __ __ __

Staff Name: ________________________________________________

Agency: ____________________________________________________

Program: ☐ ESG ☐ FRHP ☐ PRCS ☐ Other: ________________________

Head of Household Name: __________________________________________

Service Point ID: ____________________________

Before beginning this Reassessment form, collect copies of updated income documentation for the household.

Has there been a change in address or phone since the last assessment?

☐ No Change

☐ Address and/or phone has changed; new information below (Enter into HMIS InHOUSE Housing Sub-assessment)

Current STREET Address: ____________________________________________

Apartment or Unit Number: __________________________________________

City: _____________________________________ State: __________ Zip: __________

Phone Number: ____________________________ Alternate Phone: ____________________________

Start Date (Date moved into Permanent Housing) __ __/ __ __/ __ __ __ __

a) Total Household Members living/will live at this address: ______

b) Total ADULTS living/will live at this address: ______

c) Total CHILDREN living/will live at this address ____ (NOTE: a – b = c)

Time in Program

Has household a) received 24 months of ESG assistance in last 36 months or b) exceeded other program time limits?

☐ Yes ☐ No

STOP If household has exceeded eligible time in program, record the determination below, and complete the HMIS Exit Form for all adults.

Income Status Eligibility (Complete the income reassessment form attached for each adult and enter into HMIS)

What is the total gross household monthly income (include all household members)? $ __________

What is the total gross household annual income? $_________ (monthly amount x 12)

Using the chart below, circle the household size and determine the percent of Area Median Income (AMI)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% AMI</td>
<td>$18,750</td>
<td>$21,400</td>
<td>$24,100</td>
<td>$26,750</td>
<td>$28,900</td>
<td>$31,050</td>
<td>$33,200</td>
<td>$35,350</td>
</tr>
<tr>
<td>50% AMI</td>
<td>$31,250</td>
<td>$35,700</td>
<td>$40,150</td>
<td>$44,600</td>
<td>$48,200</td>
<td>$51,750</td>
<td>$55,350</td>
<td>$58,900</td>
</tr>
</tbody>
</table>

AMI information current as of 12/11/2012

Please check the household’s current income status AND the documentation attached

☐ No Income

☐ 1-30% AMI

☐ 31-50% AMI

☐ Over 50% AMI

Other Documentation

Copy of Payment Statement / Benefit Notice

☐ Alimony, spousal or child support

☐ GA, SSI, SSDI, or TANF

☐ Private Disability

☐ Pension / Retirement

☐ Unemployment or Workers’ Comp

☐ Interest / Dividend Income

Copies of Pay Stubs

☐ Earned Income

Copy of Federal or State Tax Return

☐ Self-Employment

Income Self-Certification

☐ No Income
If household has income greater than 30% of Median Income for the ESG program, or greater than 50% of AMI for the PRCS or FRHP program, discontinue assistance. Record the determination below, and complete the Exit Form for all adults. (For other programs, check program guidelines.)

Is household receiving now or going to begin to receive a housing subsidy from another program?

☐ Yes  ☐ No

Subsidy: ___________________________________________  Start date: __ / __ / __ __ __ __

If household will be starting another subsidy, household is not eligible for continued financial assistance. Household may continue to receive supportive services if needed to prevent homelessness. Skip to Housing Stability Plan Progress.

Rent as Portion of Income

Is the household receiving Financial Assistance to remain housed?

☐ Yes  ☐ No

What is the TOTAL monthly rent? ____________ (the total rent, not the portion currently paid by tenant)

Rent to Income ratio: Total Monthly Rent (__________) X 100 = __________ %

Gross Monthly Household Income (__________)

If the income to rent ratio is lower than 50% for ESG and PRCS and 40% for FRHP, discontinue financial assistance. Household may continue to receive supportive services if needed to prevent homelessness.

Housing Stability Plan Progress

Progress toward Obtaining or Maintaining Appropriate Housing:

☐ Achieved and Complete  ☐ Making adequate progress  ☐ Not making adequate progress

Progress toward Income or Employment Goals:

☐ Achieved and Complete  ☐ Making adequate progress  ☐ Not making adequate progress  ☐ Does Not Apply

Progress toward Other Stability Goals:

☐ Achieved and Complete  ☐ Making adequate progress  ☐ Not making adequate progress  ☐ Does Not Apply

Comments on Plan Progress, Accomplishments and Barriers:

If the household has achieved/completed all goals, they are no longer in need of assistance; discontinue assistance. If the household is not making adequate progress on the Housing Stability Plan, and the household has been offered all assistance necessary to make progress and has refused such assistance, you may discontinue assistance. Indicate in comments below efforts made and current status of plan. Programs are strongly encouraged not to discontinue assistance if household is making appropriate efforts but progress is delayed. If discontinuing assistance, record the determination below, and complete the Exit Form for all adults.
Does household have financial resources and/or support networks that can help them gain/remain in housing?

<table>
<thead>
<tr>
<th>Head of Household Signature: ________________________________</th>
<th>Date: _________________</th>
</tr>
</thead>
</table>

If household has other resources or support networks that can help them gain or remain in housing that are adequate to secure their housing, **discontinue assistance**. Record the determination below, and complete the HMIS Exit Form for all adults.

**RESULT OF REASSESSMENT:**

**Discontinuing Program Assistance:**

- □ Received maximum permitted assistance
- □ Over Income
- □ Below targeted rent to income ratio and does not require services.
- □ Receiving housing subsidy and does not require services.
- □ Completed Housing Stability Plan Goals
- □ Not making adequate progress
- □ Has other resources or support networks that can secure the housing
- □ Other: _______________________

**After completing the reassessment of eligibility, I have been informed that I/my household am/are no longer eligible for assistance from this program. I understand that I and my household will be exited from the program. I understand that if I am in need at a later time I may reapply for assistance (as long as I have not exceeded the maximum length of assistance and continue to be eligible.)**

Head of Household Signature: ________________________________ Date: _________________

Staff member signature: ________________________________ Date: _________________

**Continuing Assistance:**

- □ Continue housing stabilization services only. Revise/update Housing Stability Plan, and prepare new household budget if income has changed.
- □ Continue financial assistance and housing stabilization services. Complete new financial assistance calculation, revise/update housing stability plan and prepare new budget.

**Attached:**

- □ Revised Housing Stability Plan
- □ New Budget (if applicable)
- □ New Financial Assistance Calculation form (if applicable)

**After completing the reassessment of eligibility, I have been informed that I/my household am/are eligible for continued assistance from this program. I understand that my participation agreement remains in force and that a new stability plan, budget and financial contribution may be required. I understand that I will be reassessed again within three months or less and that assistance may be discontinued at any time.**

Head of Household Signature: ________________________________ Date: _________________

Staff member signature: ________________________________ Date: _________________
**InHouse — 3 Mo. Income Reassessment Form — 01/22/2013**

**Assessment Date: ____/____/_______ (For backdate mode)**

**Program/Provider:** ________________________________

**Client Profile**

First: ___________________ Middle: _______ Last: __________________ Suffix: __

---

**Monthly Income**

Have you received income from any source in the past 30 days?

- [ ] No
- [ ] Yes
- [ ] Don’t Know
- [ ] Refused

<table>
<thead>
<tr>
<th>Source</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony or other spousal support</td>
<td>$________.00</td>
</tr>
<tr>
<td>Child support</td>
<td>$________.00</td>
</tr>
<tr>
<td>Earned Income</td>
<td>$________.00</td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td>$________.00</td>
</tr>
<tr>
<td>Pension from a former job</td>
<td>$________.00</td>
</tr>
<tr>
<td>Private disability insurance</td>
<td>$________.00</td>
</tr>
<tr>
<td>Social Security (retirement income)</td>
<td>$________.00</td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td>$________.00</td>
</tr>
<tr>
<td>Supplemental Security Income or SSI</td>
<td>$________.00</td>
</tr>
<tr>
<td>(TANF) Temporary Assistance for</td>
<td>$________.00</td>
</tr>
</tbody>
</table>

Needy Families

- [ ] Unemployment Insurance                | $________.00   |
- [ ] A veteran’s disability payment        | $________.00   |
- [ ] Veteran’s pension                      | $________.00   |
- [ ] Worker’s compensation                  | $________.00   |
- [ ] Other source                          | $________.00   |

**Total monthly income**

$________.00

---

**Non-Cash Benefits**

Have you received any of the non-cash benefits listed below in the past 30 days?

- [ ] No
- [ ] Yes
- [ ] Don’t Know
- [ ] Refused

<table>
<thead>
<tr>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)</td>
</tr>
<tr>
<td>Medical health insurance program (MEDICAID)</td>
</tr>
<tr>
<td>MEDICARE health insurance program</td>
</tr>
<tr>
<td>Healthy Families Insurance program (SCHIP)</td>
</tr>
<tr>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
</tr>
<tr>
<td>Veteran’s Administration (VA) Medical Services</td>
</tr>
<tr>
<td>TANF/CalWORKS Child Care services</td>
</tr>
<tr>
<td>TANF/CalWORKS transportation services</td>
</tr>
<tr>
<td>Other TANF/ CalWORKS-funded services</td>
</tr>
<tr>
<td>Section 8, public housing, or other rental assistance</td>
</tr>
<tr>
<td>Other source</td>
</tr>
<tr>
<td>Temporary Rental Assistance</td>
</tr>
</tbody>
</table>

Complete one income reassessment for each adult in the household and combine for total household income for program reassessment purposes.
Notification of Termination of ESG Assistance
(click here to return to relevant section of the manual)

You/your household has violated the terms of your ESG Participation Agreement, signed by ____________________ on ______________ (date.) The program violation(s) consist of ________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________.

The program is hereby advising you that as of ___/____/______ no further 
☐ financial assistance
☐ housing stabilization services

will be provided to you/your household.

You/your household will be solely responsible for covering all housing/utility costs as of that date.

__________________________ (staff signature)  _________________________ (date)

I have reviewed and authorized this notification:

__________________________ (Supervisor signature)  _________________________ (date)

Procedure for due process: If you disagree with this determination, you may request a review of this decision within 10 days of the date of this notice by making a request in writing* to:

{job title}
{Address}
{Address}

The {job title} will review your request and may investigate your claims, ask to interview you, members of your household, your landlord, or call a hearing with yourself, agency staff, and any others that may be needed to review this decision. The {job title} must review your request and make a final determination within 14 calendar days. A written notice of the final decision will be provided to you.

*Reasonable accommodation: If you are unable to prepare a request in writing due to a disability and need a reasonable accommodation, you may request a specific accommodation, such as assistance in preparing the request, from the program manager or another staff member.