

Section 1 – Overview



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

The Department of Homelessness and Supportive Housing has created a Universal Housing Application (“the application”) to be completed for all Clients within San Francisco’s Homeless Response System who are seeking housing. The application is contained within this document, the **Housing Navigation Process Standards**, which is organized into four sections, as follow:

- ❖ **Section 1 - Overview** includes:
 - An overview of the housing navigation process
 - Guidance on:
 - Which forms to complete for each Client
 - Timing for completing the forms
- ❖ **Section 2 – Instructions** includes detailed instructions for the application and forms.
- ❖ **Section 3 – Application** includes the application, itself, and two (optional) attachments.
- ❖ **Section 4 - Forms** includes forms A – H. These are various forms for verifying or declaring information on history of homelessness, income and assets, disability, etc. to meet the requirements of the various subsidy programs.

For permanent supportive housing referrals, the subsidy programs include:

1	Continuum of Care
2	General Fund/LOSP (includes former NCNC)
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

Note: subsidy programs 1 – 5 subsidize the permanent supportive housing unit. Subsidy program 6 (LIHTC – CTCAC) is a state tax credit program that typically subsidizes the building. As a result, any housing unit may have two subsidy program requirements attached: 1 – 5 **and** 6.

Overview of the Housing Navigation Process

As shown in **Figure 1: Housing Navigation Process Overview**, the housing navigation process consists of five (5) overarching steps:

- ❖ Client Intake/Assessment
- ❖ Housing Match
- ❖ Intake Interview
- ❖ Lease Signing
- ❖ Move-in

Given that the required documentation for each Client and housing match is determined by the subsidy source(s) attached to the housing unit, the documents should typically be collected at three different times during the housing navigation process, as follow:

- ❖ **Group 1 documents:** these documents are required for all Clients regardless of the housing unit's subsidy source(s), gather information that overlaps with questions posed during the intake/assessment process and include critical documentation that is required for determining the Client's eligibility for HRS services and a housing match, as shown in **Table 1: Required Forms by Subsidy Source** and **Figure 2: Group 1 Documents**. Group 1 documents should be completed for all Clients as part of intake/assessment.
- ❖ **Group 2 documents:** these documents are required based on the subsidy source(s) for the housing unit, as shown in Table 1 and **Figure 3: Group 2 Documents**. Group 2 documents should be completed for all Clients after a housing match is made and prior to the intake interview, where possible. Staff should identify the applicable Group 2 documents based on Table 1 and in consultation with the housing provider.
- ❖ **Group 3 documents:** these documents are not required for all housing unit matches. Group 3 documents are provider-specific and/or subsidy-specific (i.e. state or federal) forms that are not part of the UHA packet and will typically include: income/asset certification forms, and/or third-party verification forms, etc. Required Group 3 documents should be identified in consultation with the housing provider either at or prior to the intake interview and will typically need to be completed prior to move-in.

Note: verification and documentation procedures are important for recordkeeping purposes and ensuring that Clients/households are eligible for assistance. However, documentation should never be a barrier to an eligible Client/household being enrolled in a program or moved into housing.

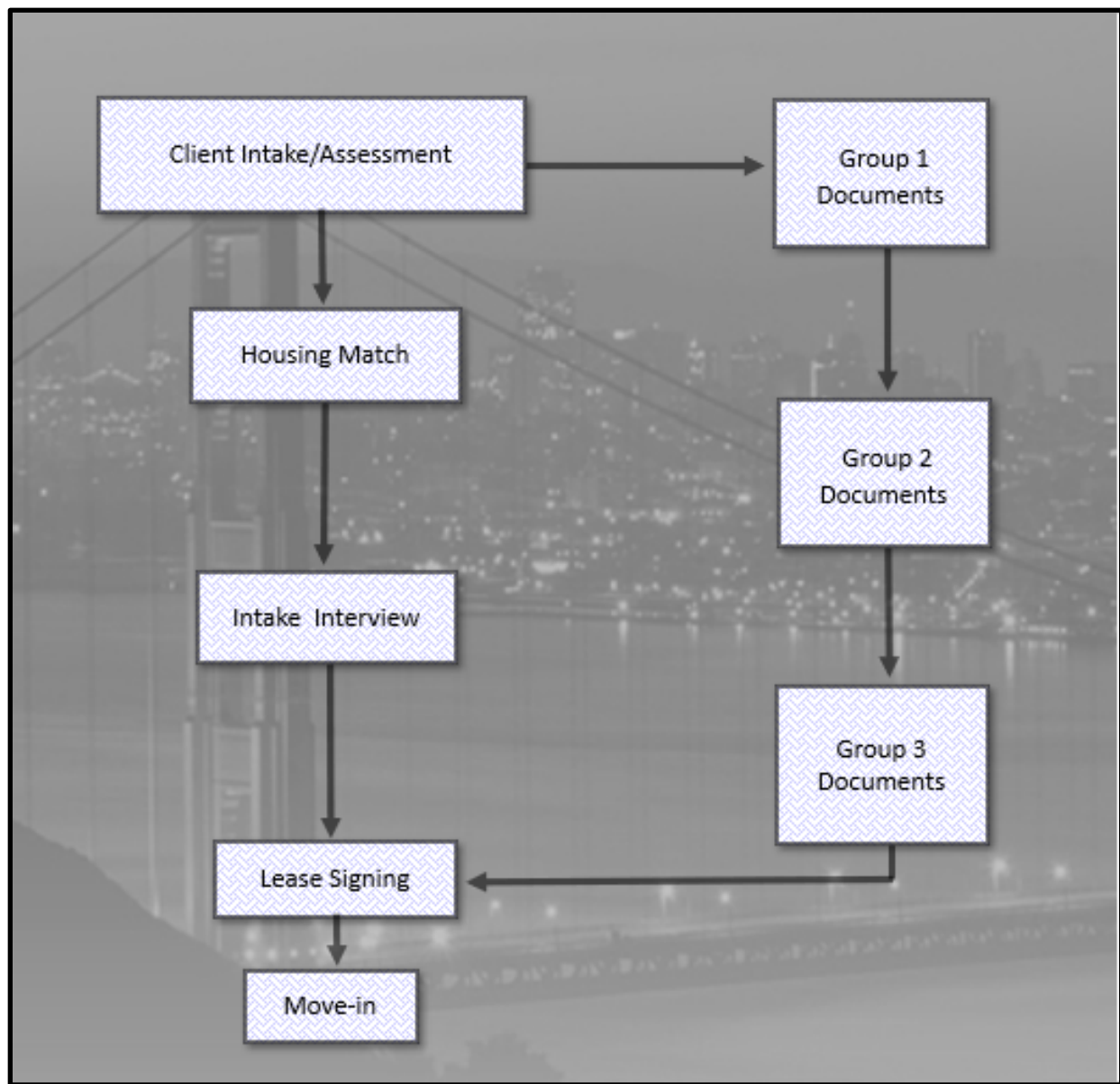


Figure 1: Housing Navigation Process - Overview



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Table 1: Required Forms by Subsidy Source

		1	2	3	4	5	6
		Continuum of Care	General Fund/LOSP	HUD 202/ Section 8 PBV	MHSA-FSP	HSH Fund (formerly CNC)	LIHTC - TCAC
Group 1	Universal Housing Application (UHA)	★	★	★	★	★	
	Form A: HRS Authorization for Use or Disclosure of Information	★	★	★	★	★	
	Form B: Certification of Homeless Status	★	★	★	★	★	
Groups 1 & 2	Form C: History of Homelessness and Housing	★	★	★	★	★	★
Groups 1 & 3	Form D: Income Certification	★	★	★	★	★	◆
	Form E: Asset Certification	★	★	★	★	★	◆
Group 2	Form F: Declaration of Citizenship or Immigration Status	★		◆			
	Form G: Verification of Disability Form	★	○	○	◆		
	Form H: Third Party Rent Payment/Modified Payment Agreement		○	○	○		
Group 3	Consult with PSH Provider	☎	☎	☎	☎		☎

Symbols	
★	Required
○	Required – where applicable (see instructions)
◆	Required – non-HSH form (consult with PSH provider)
☎	Consult with PSH provider
	Not Required



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SUPPORTIVE HOUSING

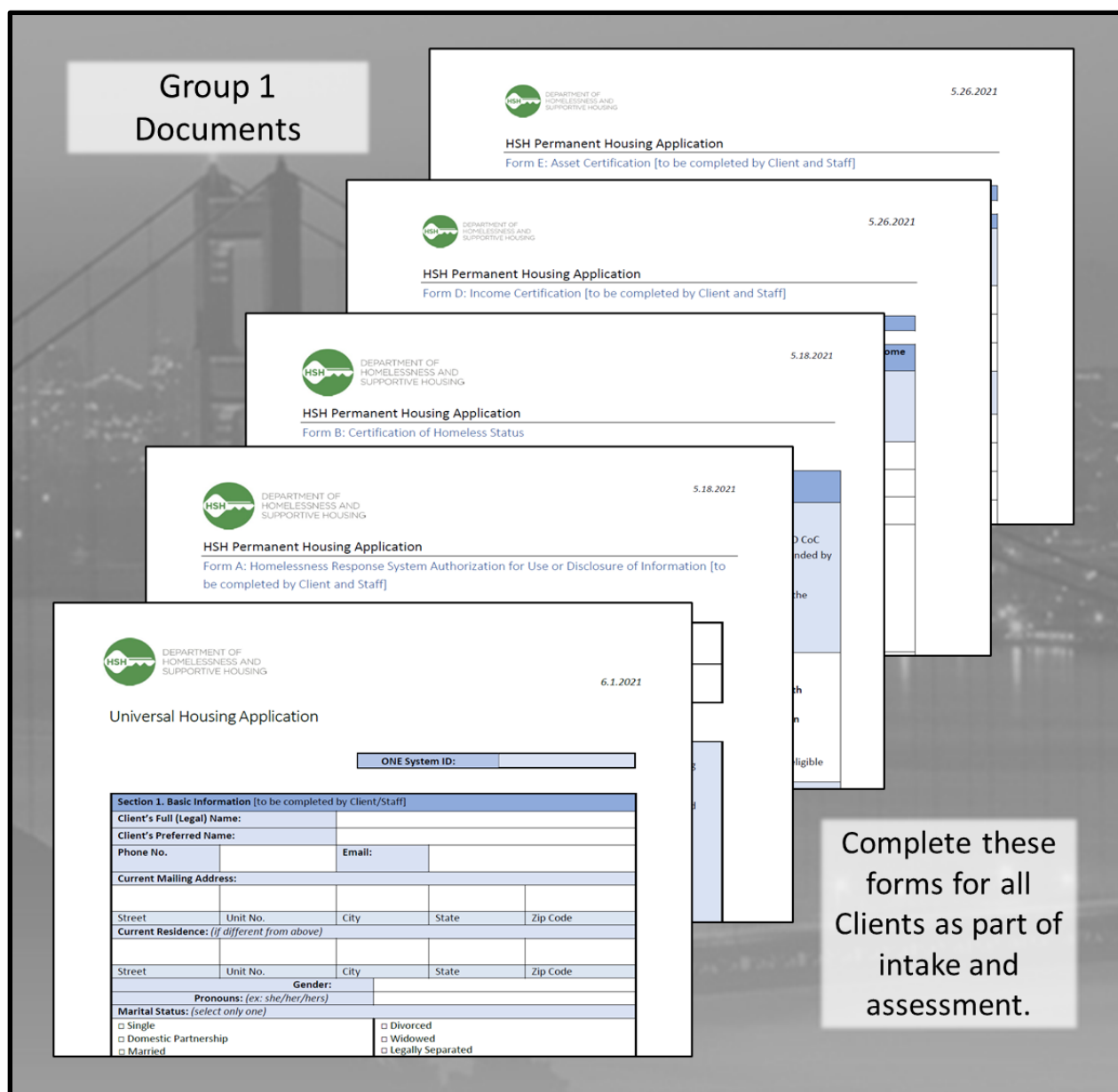


Figure 2: Group 1 Documents

<input checked="" type="checkbox"/>	Universal Housing Application (UHA)
<input checked="" type="checkbox"/>	Form A: HRS Authorization for Use or Disclosure of Information
<input checked="" type="checkbox"/>	Form B: Certification of Homeless Status
<input checked="" type="checkbox"/>	Form C: History of Homelessness and Housing
<input checked="" type="checkbox"/>	Form D: Income Certification
<input checked="" type="checkbox"/>	Form E: Asset Certification



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HOMELESSNESS AND
SUPPORTIVE HOUSING

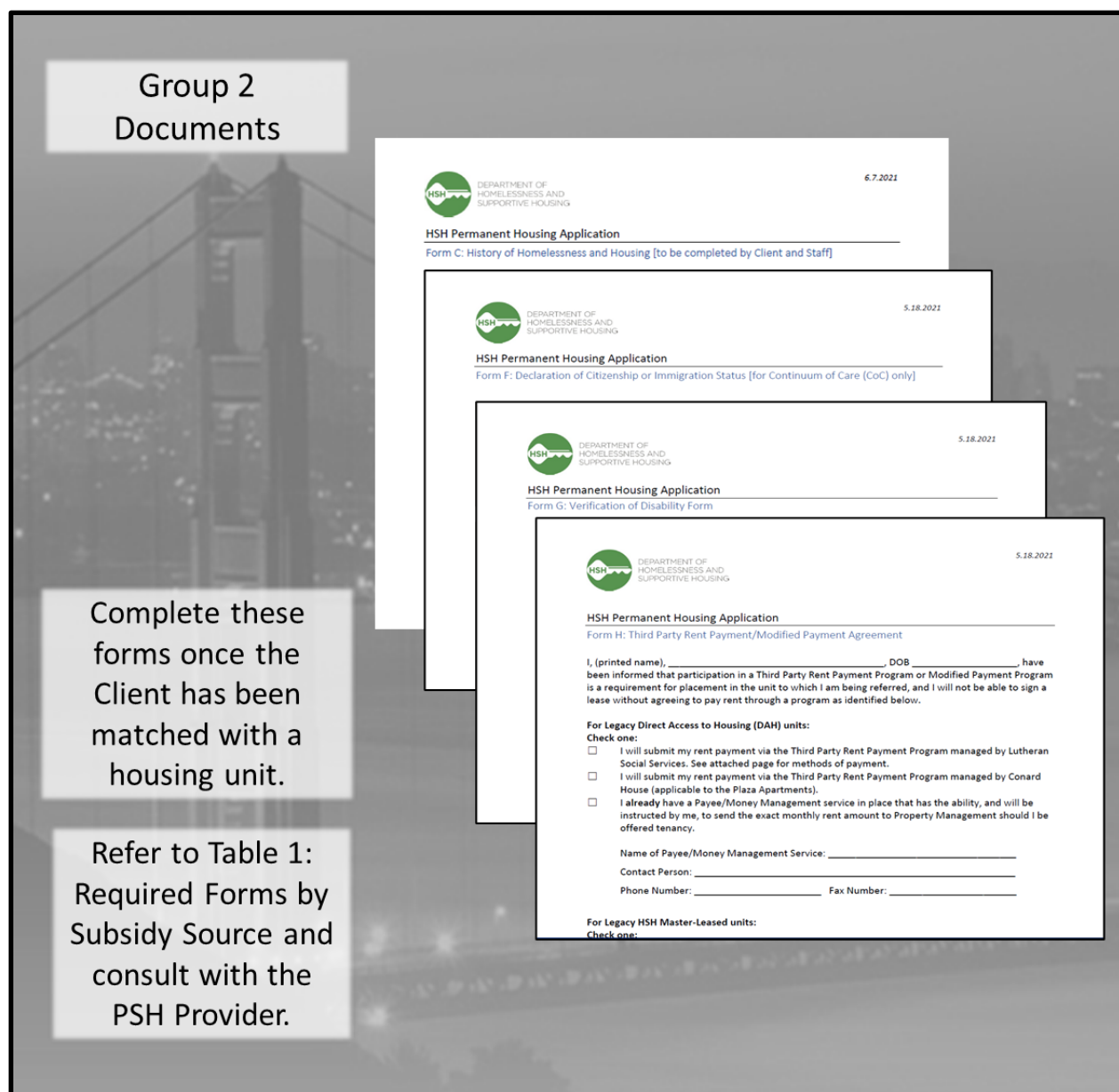


Figure 3: Group 2 Documents

<input checked="" type="checkbox"/>	Form C: History of Homelessness and Housing (w/forms C1 and C2, if needed)
<input checked="" type="checkbox"/>	Form F: Declaration of Citizenship or Immigration Status
<input checked="" type="checkbox"/>	Form G: Verification of Disability Form
<input checked="" type="checkbox"/>	Form H: Third Party Rent Payment/Modified Payment Agreement



DEPARTMENT OF
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Instructions for: The Universal Housing Application



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Description: the Universal Housing Application includes the Client's basic information such as: contact information, household composition, identification and requests for reasonable accommodations. This information should be gathered during the assessment process and should assist with prescreening the Client's eligibility for permanent supportive housing programs and ensuring the right housing unit match.

Applicability: the Universal Housing Application should be filled out for all Clients during the assessment process. The Universal Housing Application is required for the following subsidy programs:

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: the Universal Housing Application form should be filled out by the Client who will be the Head of the Household/Primary Applicant.

The Client should fill out sections 1 through 3, completely, using the instructions, below, and then wait for further instructions. On both the application and these instructions, the Client only needs to focus on the spaces that are white. The instructions included in these spaces are addressed to "the Client" completing the form. These may be read out or shown to the Client.

Spaces that are lightly colored are for **Staff Use Only**. Instructions within these spaces are addressed to "Access Point/Coordinated Entry/Housing Navigation staff" and may include process instructions, ex. "upload into the ONE System."

Section	Topic	Instructions
	For Staff Use Only: ONE System ID	Access Point/Coordinated Entry/Housing Navigation staff: fill in the ONE System ID.
Section 1: Basic Information:	General Information	Fill out this section as completely as possible.

		At a minimum, include your full name and one form of contact information (phone no., email address, or mailing address) is ok.
	Marital Status	Be sure to select (only) one option.
	Language(s) spoken	This is optional, but please tell us if you prefer a language other than English and/or if you need an interpreter.
	Do you need an interpreter?	
	Do you need help to complete the application?	Check this box if you need assistance in completing the application.
	Are you requesting a reasonable accommodation(s) for your housing unit?	Check this box if you are requesting a reasonable accommodation(s) under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.
Note: If you check this box, your Access Point/Coordinated Entry/Housing Navigation staff person will need to fill out Attachment 1: Reasonable Accommodation(s) with input from you.		
You will need to provide a letter from a reliable third party verifying the disability for which you are requesting a reasonable accommodation. The letter may come from a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability. ¹		
	For Staff Use Only: Reasonable Accommodation(s)	Access Point/Coordinated Entry/Housing Navigation staff: if the Client is requesting a reasonable accommodation, please complete and attach:

¹ Source: <https://www.hud.gov/sites/documents/huddojstatement.pdf>

		<ul style="list-style-type: none"> ▪ Attachment 1: Reasonable Accommodation(s) Questionnaire, and then check the box. ▪ A letter from the from a reliable third party verifying the disability for which a reasonable accommodation is being requested, and then check the box. ▪ Note: although this letter is sufficient for staff to rely on for to confirm the initial housing match, additional substantiation of the disability for which the Client is seeking a reasonable accommodation may be required by the provider. ▪ Make sure that all attached documents are uploaded into the ONE System.
	Pets	<p>Do you have any pets that are not considered to be service or support animals? Note: refer to definitions in glossary.</p> <p>If so, please fill out this section with all of the information that you have about each of your pets.</p>
	Head of Household	<p>Fill out this line with your own information, as Head of Household.</p> <p>If any information is unknown, write “unknown”.</p>
	Additional Family Members	<p>Here, you will need to list out all members of your household.</p> <p>This should include everyone who will live with you in your housing unit, even if they currently do not live with you.</p>

6.24.2021

		<p>For each household member please include:</p> <ul style="list-style-type: none"> ▪ Their relationship to you ▪ The last four digits of their social security number ▪ Date of birth ▪ Age ▪ Gender <p>If any information is unknown, write “unknown”.</p>
	Disability	<p>If you or other members or your household have a disability, write “Y” in this column.</p> <p>If not, write “N”.</p>
	For Staff Use Only: Disability	Access Point/Coordinated Entry/Housing Navigation staff: <i>if the Client or a member of the Client’s household has a disability, fill out Form G for each individual member of the household who has a disability.</i>
	Student	<p>If you or other members or your household are (or will be) a student, write “Y” in this column.</p> <p>If not, write “N”.</p>
	For Staff Use Only: Student	Access Point/Coordinated Entry/Housing Navigation staff: <i>if the Client or a member of the Client’s household is/will be a student, fill out Form H for each member of the household who is/will be a student.</i>
	Personal Care Attendant	<p>If you have a personal care attendant that will be residing your housing unit, check “Yes”.</p> <p>If not, check “No”.</p>

	For Staff Use Only: <i>Personal Care Attendant</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>please note that the housing provider will collect the personal care attendant's information (name, SS#, etc.) and will likely require a background check. This information will typically be requested at the intake interview.</i>
Section 3. Identity Verification	Name (First, Middle, Last)	Fill out this column for each member of your household included in Section 2. Household Composition.
	For Staff Use Only: <i>Identification Required</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>use this table to determine what form(s) of identification are required, based on the checklist(s) that apply to the PSH unit.</i>
	For Staff Use Only: <i>Acceptable Forms of Identification</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>use Table 1. Acceptable Forms of Identification to determine what forms of identification are acceptable for each category of required identification (i.e. photo identification, social security #, citizen/legal resident status.)</i>
	For Staff Use Only: <i>Identity Verification</i>	Access Point/Coordinated Entry/Housing Navigation staff: <ul style="list-style-type: none"> ▪ <i>collect the required identification from each adult member of the household</i> ▪ <i>fill in the appropriate information for each ID</i> ▪ <i>upload a copy into the ONE System (and check the box)</i>
Section 4. Certifications	Signatures	STOP – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.

	For Staff Use Only: Signatures	Access Point/Coordinated Entry/Housing Navigation staff: a signature is required from each adult (age 18+) member of the household. If there are more than two (2) adult members of the household, please collect the additional signature(s) on Attachment 2: Additional Signature(s) (and check the box).
Section 5. Housing Navigator Information	For Staff Use Only: Housing Navigator Information	Access Point/Coordinated Entry/Housing Navigation staff: please provide the name and contact information for the Housing Navigator. This should be the individual who will serve as the primary point of contact for the PSH provider during the rehousing process.
Section 6	For PSH Housing Provider Use ONLY	Access Point/Coordinated Entry/Housing Navigation staff: leave this blank, the PSH providers will fill this in if it is required by their subsidy program(s).
Section 7	For PSH Housing Provider Use ONLY	Access Point/Coordinated Entry/Housing Navigation staff: you may leave this blank, the PSH providers will fill this in with Client either at the intake interview, or at lease signing. However, it would be good to advise the Client that this information will be requested by the provider.

<p>Attachment 1</p> <p>Note: Attachment 1 should only be used to help ensure that the Client is matched with an appropriate unit within an appropriate building. For example, a Client who is wheelchair-bound should not only be matched with a unit that is ADA-accessible, the building must have an interior elevator and accessible access from the street (i.e. no stairs at the threshold, unless a lift or ramp is also present).</p> <p>Under the Fair Housing Act, reasonable accommodation requests are not to be considered by the provider as part of the process of confirming a Client's eligibility for a particular unit.</p> <p>Therefore, Attachment 1, and any supporting documentation should be uploaded to the Client's file in the ONE System, but should not be brought to the intake interview, or given to the provider, prior to the lease-signing.</p>	<p>For Staff Use Only: Section 1. Reasonable Accommodation(s) Requested</p> <p>Notes:</p> <ul style="list-style-type: none"> ▪ A letter from a reliable third party is required to verify the disability for which a reasonable accommodation is being requested. ▪ "A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability".² 	<p>Access Point/Coordinated Entry/Housing Navigation staff: if the Client is requesting a reasonable accommodation for the housing unit complete this form including the following:</p> <ul style="list-style-type: none"> ▪ the ONE System ID ▪ Client's Information ▪ Check "Yes" or "No" for each type of accommodation being requested ▪ If you check "Yes" briefly describe the nature of the accommodation being requested ▪ Obtain a letter from a reliable third party and upload it into the ONE system (check the box). ▪ Obtain all signatures in the certifications section.
	<p>Section 2. Service and Support Animal(s)</p>	<p>Do you have one or more service or support animals?</p> <p>Note: refer to definitions in glossary.</p> <p>If so, please fill out this section with all of the information that you have about each of your service or support animals.</p>
	<p>For Staff Use Only: Section 2. Service and Support Animal(s)</p> <p>Note: refer to definitions in glossary.</p>	<p>Access Point/Coordinated Entry/Housing Navigation staff: if the Client has service and/or support animal(s) and does not have complete information (ex. license number, etc.), please initiate the process of obtaining that information, if possible.</p>

² Source: <https://www.hud.gov/sites/documents/huddojstatement.pdf>

Attachment 2	<i>For Staff Use Only:</i> <i>Additional Signatures</i>	<i>Access Point/Coordinated Entry/Housing Navigation staff:</i> <i>many forms (including the application) require signatures from each adult member of the household. If a household includes more than two (2) adults (18+), you will need to use Attachment 2 to capture the additional signatures.</i> <i>For each form requiring signatures from more than two (2) adults, include:</i> <ul style="list-style-type: none">▪ <i>the ONE System ID</i>▪ <i>the application or form for which the signatures are included (check the box and fill in the name of the form)</i>▪ <i>collect the signatures</i>▪ <i>upload into the ONE System</i>
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Table 2: Acceptable Forms of Identification [notes follow]					
1		2		3	
Photo Identification		Social Security #		Citizenship/Legal Resident Status	
<i>Description: A valid US Government-issued photo identification</i>		<i>Description: A valid social security number from the Social Security Administration</i>		<i>Description: Proof of citizenship or legal resident status</i>	
A	B ¹	A	B ²	A	B ³
An original unexpired Government-issued photo ID card, such as: <ul style="list-style-type: none"> CA State ID Out of State ID Passport Permanent Resident Card Work Visa Consular ID San Francisco City ID Card 	A photocopy of the original unexpired Government-issued photo ID card from Column A. OR An expired Government-issued photo ID card from Column A OR Alternative forms ⁴ of photo identification, such as: <ul style="list-style-type: none"> CHANGES printout Jail ID AND Proof that the applicant has applied for a new ID.	An original Social Security card issued by the Social Security Administration.	A photocopy of the original Social Security card. OR Official documents with the client's full name and social security number included, such as: <ul style="list-style-type: none"> DD214 proof of income printout from an official source SSA printout MEDS printout AND Proof that the applicant has applied for a Social Security card.	An original valid document, such as: <ul style="list-style-type: none"> US Birth Certificate Official printout from SSA Form DD214⁵ Current permanent resident card Naturalization Certification 	A photocopy of an original document from Column A. OR An expired original document from Column A.

Notes: Table 2: Acceptable Forms of Identification	
1	In circumstances where the client is unable to get a Government ID, documents from Column B may be accepted with proof that a document from Column A has been requested from the issuer. Client will be responsible for providing a document from Column A within six months of move-in.
2	If obtaining a social security card is not possible, documents from Column B may be accepted with proof that the client has requested a replacement card from the Social Security Administration. Client may be responsible for providing an original Social Security Card within six months of move-in.
3	In circumstances where the client is a US citizen/legal resident but is unable to get proof of citizenship from Column A, documents from Column B may be accepted with proof that a document from Column A has been requested from the issuer. Client will be responsible for providing a document from Column A within six months of move-in.
4	In circumstances where the client is unable to get a Government ID alternative forms of identification may be accepted. Alternative forms of identification can be accepted when all other options to obtain a US Government Issued ID have been exhausted.
5	Certificate of Release or Discharge from Active Duty; for more information about verification and the veteran exemption, see Department of Justice, Interim Guidance on Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 62 Fed. Reg. 61344, 61345 (Nov. 17, 1997)

Instructions for:**Form A: HRS Authorization for Use or Disclosure of Information**DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: Form A: HRS Authorization for Use or Disclosure of Information must be completed for all Clients seeking assistance, it allows Client information to be shared among agencies. This form describes how personal information about you may be used and shared by the City and County of San Francisco's Homelessness Response System.

The Homelessness Response System consists of the City and County of San Francisco's Department of Homelessness and Supportive Housing and partner agencies.

A current list of partner agencies is available at: [hsh.sfgov.org https://hsh.sfgov.org/wp-content/uploads/2020/09/HSH-Partner-Agencies-w-ONE-System-Access.pdf](https://hsh.sfgov.org/wp-content/uploads/2020/09/HSH-Partner-Agencies-w-ONE-System-Access.pdf)

Applicability: One (1) copy of Form A: HRS Authorization for Use or Disclosure of Information should be filled out by all adults over 18 in the household. Form A is required for the following subsidy programs:

1	Continuum of Care
2	General Fund/LOSP (includes former NCNC)
3	HUD 202/Section 8 PBV
4	MHSA-FSP Permanent Supportive Housing
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

Note: A copy of Form A should be completed and on file in the ONE System for each adult (18+ years) member of the household.

General Instructions: Client or Client's legal representative should:

- Print the Client's name + date of birth (top of page 1)
- Review the disclosures (pages 1 – 3))
- Sign and date the form (page 3)
- If the Client would prefer that the form expire sooner than three years from the date the form is signed, include that expiration date under "Expiration" on page 3.

Note: Staff should advise the Client that an additional Release of Information (ROI) agreement may need to be signed once a housing match has been made. If so, the additional ROI will be provided by the PSH provider, typically at the intake interview.

Instructions for:
Form B: Certification of Homelessness Status



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SUPPORTIVE HOUSING

Description: documents the Client's homelessness status and prior living situation and certifies that the Client was homeless upon entering the Homelessness Response System.

Applicability: Form B should be filled out for all Clients during the assessment process and is required for the following subsidy programs:

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: this form should be completed by Staff and signed by the Client (Head of Household/Primary Applicant) and Staff. Verification of the prior living situation should be attached. Third-party verification should be prioritized, where possible. However, this requirement should not extend the time a Client will remain homeless. Acceptable verification of the Client's homeless status may include (but is not limited to) the following:

- **ONE System** record (or record from a comparable database, i.e., CHANGES, RTZ, EPIC, etc.) indicating the Client's current homeless status
- **Institutional Paperwork:** Intake and/or discharge paperwork, etc.
- **Form C1: Third-party Homeless Certification:** completed by Staff, based on a service provider, healthcare professional, law enforcement officer verification of one or more encounter ([FAQ 2760](#)); a community member ([FAQ 2759](#)); or an outreach worker observation ([FAQ 2758](#))
- **Form C2: Self-Certification of Homeless History:** completed by the Client and documenting the conditions where the Client reported they are currently living

Note: For people exiting institutional stays, acceptable evidence includes evidence of homeless status prior to entry (using the forms above) and evidence of the length of time the person has resided there (discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institutional care facility; or a written certification from the Client.)

Section	Topic	Instructions
Section 1: Homeless Status	For Staff Use Only: <i>Which of the below applies to the Client or Family's current living situation?</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>Check only one box (i.e. 1 – 8).</i>
	For Staff Use Only: <i>Chronic Homeless Status:</i> <i>Do you have documentation that the individual or family HoH meets HUD's definition of chronic homelessness?</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>Check only one box:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure/Documentation not Complete. Note: documentation of chronic homelessness is only required for Clients who are matched with HUD CoC housing units and does not need to be determined at the time that Form B is completed.
	For Staff Use Only: <i>For Shelter-in-Place (SIP) Hotel Guests Only</i> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Note: SIP Hotels are considered a shelter or Safe Haven. </div>	Access Point/Coordinated Entry/Housing Navigation staff and Care Coordinators: <i>Insert the name of the SIP Hotel where the Client (Head of Household) resided, and the date the Client was enrolled.</i> <i>Check box "2. Living in a shelter or Safe Haven" above.</i> Notes: there is no need to check a box under "Chronic Homeless Status." <i>Be sure to sign and date the form under "Staff Certifications" and include your title and the name of your organization.</i>

6.24.2021

		<i>Since verification of the Client's stay at a SIP Hotel will be uploaded into the ONE System, there is no reason to include "steps taken to obtain third-party documentation" under "Staff Certifications."</i>
Section 2. Certifications	<i>For Staff Use Only:</i> <i>Staff Certification</i>	<p><i>Access Point/Coordinated Entry/Housing Navigation staff:</i></p> <p><i>Sign and date the form and include your title and the name of your organization.</i></p> <p><i>If you were unable to upload verification of the Client's current living situation as indicated by the box (1- 8) checked, above, please briefly describe the steps taken to obtain third-party documentation.</i></p>
	Head of Household Certification	STOP – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.

Instructions for:**Form C: History of Homelessness and Housing**

DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: Form C creates a timeline for the Client's history of homelessness and housing (residential history) and may be used to collect and track the verification documents for each episode of homelessness. Form C may be used to document **chronic homelessness**, as required for the Continuum of Care (CoC) program and the residential history required for LIHTC-CTCAC.

Applicability: Form C should be filled out as completely as possible for all Clients during the intake/assessment process.

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: Form C should be filled out as completely as possible by Staff based on records in the ONE System and any additional information that the Client is willing and able to share. See detailed instructions on the form.

Only the following two programs require that Form C be filled out **completely** with verification documentation for each episode of homelessness:

1	Continuum of Care
6	LIHTC - CTCAC

Therefore, it may be prudent to complete Form C using only available records, unless/until the Client is matched with a CoC and/or LIHTC-CTCAC unit.

For Continuum of Care (CoC) ONLY:

Proof of **chronic homelessness** is only required under the Continuum of Care (CoC) program. New chronic homelessness documentation standards require evidence that the participant was literally homeless for a total of 12+ months or experienced 4 or more episodes of homelessness in the past 3 years.

On Form C:

- Add up the total number of months that the Client experienced homelessness
- Attach verification documentation for each episode of homelessness

Notes on Verification Documentation:

- There is not a minimum number of months for which third-party documentation is required, but housing navigators should seek to obtain verification for as much of the self-reported history as possible except in instances where doing so will extend the length of time an eligible participant will remain homeless.
- Written self-certification for the full period of time homeless may be sufficient in situations where obtaining third-party verification would impede program enrollment for eligible households or extend the participants' time homeless.
- For participants currently in RRH you must attach evidence that they met these criteria prior to entry into RRH. RRH participants retain their chronically homeless status during the time period that they are receiving the RRH assistance. Time spent in RRH does not count towards an applicants' duration of homelessness.
- Veterans residing in VA-funded transitional housing, including the VA Grant and Per Diem program (GPD), do maintain their homeless and/or chronic homeless status for the purpose of determining eligibility for PSH. Note that this differs from non-veterans living in transitional housing, who are not considered chronically homeless, regardless of their status upon entry into transitional housing.
- Documentation of a single encounter with a service provider on a single day within 1 month is sufficient to consider an individual as homeless for the entire calendar month.

Beginning October 26, 2020, all Continuum of Care (CoC) PSH will be operating under HUD's DedicatedPLUS program designation, which has new requirements for documenting homeless history. Recipients are required to document eligibility of all program participants served at the time of program enrollment. Third-party verification continues to be the preferred method for documentation of homeless history and homeless status ([HUD FAQ 3298](#)), however please note:

In circumstances where obtaining third-party verification would impede eligible households from enrolling in a project or extend the time they would remain literally homeless, certification from the housing navigator and the Client can be used. Housing navigators must document the steps taken to obtain third-party verification in this situation.

Instructions for:
Form C1: Third-Party Homeless Certification



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: Form C1 may be used to provide third-party verification of any episode of homelessness experienced by a Client.

Applicability: Form C1 may be filled out and attached to Form B or C to verify any episode of homelessness for any program:

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: Form C1 may be completed by Staff to document that the Client was homeless at a given time based on: a service provider, healthcare professional, law enforcement officer verification of one or more encounter ([FAQ 2760](#)); a community member ([FAQ 2759](#)); or an outreach worker observation ([FAQ 2758](#)), and/or institutional paperwork, etc.

Staff should complete and sign the form and upload it into the ONE System. Additional instructions are included on the form.

Note: if the Client is fleeing domestic violence, complete the form using only the minimum information necessary and **only if safety would not be jeopardized.**

For Clients fleeing domestic violence, please consult with your supervisor.

Instructions for:**Form C2: Self-Certification of Homeless History**

DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: Form C2 documents allows the Client to self-certify episodes of homelessness that they have experienced.

Applicability: Form C2 may be filled out and attached to Form B or C to verify any episode of homelessness for any program:

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: Third-party verification continues to be the preferred method for documentation of homeless history and homeless status. However, in the event that third-party verification cannot be obtained; this form may be used for the Client to self-certify episodes of homelessness that they have experienced.

Form C2 should be completed and signed by Staff and the Client. See additional instructions, below.

For Continuum of Care (CoC) ONLY:

Beginning October 26, 2020, all Continuum of Care (CoC) PSH will be operating under HUD's DedicatedPLUS program designation, which has new requirements for documenting homeless history. Recipients are required to document eligibility of all program participants served at the time of program enrollment. Third-party verification continues to be the preferred method for documentation of homeless history and homeless status ([HUD FAQ 3298](#)), however please note:

In circumstances where obtaining third-party verification would impede eligible households from enrolling in a project or extend the time they would remain literally homeless, certification from the housing navigator and the Client can be used. Housing navigators must document the steps taken to obtain third-party verification in this situation.

Section	Topic	Instructions
Section 1. Episodes of Homelessness	For Staff Use Only: <i>Episode of Homelessness</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>Insert the time period during which the Client experienced homelessness</i>
	For Staff Use Only: <i>Location Where Applicant Was Living</i> <div style="border: 1px solid black; padding: 5px; text-align: center;">Note: for Clients fleeing domestic violence, please consult with your supervisor.</div>	Access Point/Coordinated Entry/Housing Navigation staff: <i>Check only one box:</i> <input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV Notes: TH = transitional housing DV = domestic violence <i>Refer to definitions in glossary.</i>
	For Staff Use Only: <i>Description of Intake Conversation with Applicant and Reason You Believe They Were Living in a Homeless Situation</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>Insert your notes from your conversation with the Client to substantiate why you believe the Client was experiencing an episode of homelessness.</i>
Section 2. Certifications	For Staff Use Only: <i>Staff Supplement to Certification</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>Briefly describe the steps taken to obtain third-party documentation.</i>
	For Staff Use Only: <i>Staff Certification</i>	<i>Sign and date the form and include your title and the name of your organization.</i>
	Head of Household Certification	STOP – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.

Instructions for:
Form D: Income Certification



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: although income is not a factor in determining eligibility for all PSH programs, income at program entry must be calculated because this is a required ONE System data element. As a condition of eligibility for permanent supportive housing, each Client must agree to supply the information necessary to verify the Client's income; this varies by subsidy program. Programs that charge rent also collect income information in order to calculate the Client's rental portion.

Notes: income recertification occurs annually for applicable programs. Income minimums and maximums apply under CTCAC.

Applicability: all Clients should fill out Form D to document all sources of income during intake/assessment.

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: Form D should be filled out by the Client who will be the Head of the Household. An additional copy of Form D should be filled out by each additional adult (18+) member of the household.

All adult members of the household must identify all sources of income and either:

- Affirm the lack of income, **or**
- Submit proof of income (where required)

The requirements for proof of income vary by subsidy source and may include:

- Documentation: paystubs, tax forms, etc.
- Self-declaration forms/statements
- Third-party verification: letters or statements from case managers, social services agencies, employers, etc.

See Table 3 for additional information.

Table 3 includes:

- Examples of documents and third-party verification
- Additional resources and references

Note: Table 3 is included for advisory purposes, only. The actual documentation/verification that is required will be identified by the PSH provider. Additional documentation/verification may be requested at any time during the application process.

Note: the following funding sources **do not** require third-party verification:

2	General Fund/LOSP
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)

Note: the following funding sources **do** require third-party verification:

1	Continuum of Care
3	HUD 202/Section 8 PBV
6	LIHTC - CTCAC

Consult with the PSH provider for further details.

Section	Topic	Instructions
Section 1. Income Questionnaire	Lines 1 - 16	Review each income type listed (lines 1-16), check “yes” if you have this form of income, and “no” if you do not.
	For Staff Use Only: Lines 1 - 14	On each line (1-14), where the Client checked “yes”, fill in the monthly gross income and (where applicable) the supplemental information (i.e. source(s) of child support, etc.).
	For Staff Use Only: Line 12	Note: if the Client is actively making efforts to collect child support owed, some documentation of the effort will be required, consult with the PSH provider for details.
	For Staff Use Only: Line 15	Whether or not student financial aid is counted toward income, and how this is calculated varies by subsidy source. The Client should simply check “yes” or “no” – the amount will be calculated by the PSH provider.
	For Staff Use Only: Line 16	Whether or not unreimbursed/eligible expenses are deducted from income, and how this is calculated varies by subsidy source. The Client should simply check “yes” or “no” – the amount will be calculated by the PSH provider.
	For Staff Use Only: Total Monthly Gross Income (page 3)	Add up all values in the “Monthly Income (Gross)” column (lines 1-14) and record that in the “Total Monthly Gross Income” box. Note: If the Client has checked “yes” on lines 15 or 16, the amount will be calculated (and deducted) by the PSH provider.
	<div style="border: 1px solid black; padding: 10px;"> Note: income information will need to be kept current throughout the referral process. It may be prudent to wait to fill in the “amount” column and certifications until after a housing match has been made. </div>	

	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>Note: for Checklist 6 (CTCAC) Only. The Client will also need to complete the TICQ. The TICQ contains the same information as Section 1, Income Questionnaire, but the state requires that this be completed on the state form. Please request this form from the PSH provider.</p> </div>	
Section 2. Certifications	Signatures	STOP – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.
	For Staff Use Only: Signatures	Access Point/Coordinated Entry/Housing Navigation staff: once you have reviewed the form and confirmed that it is complete, please ask the Client to sign the form, and do the same.
Section 3. Declaration of Zero Income [Optional]	Signatures	STOP – do not complete this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.
	For Staff Use Only: Signatures <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: it is uncommon for an adult Client to have zero income. For Clients with zero income, please consult with your supervisor.</p> </div>	Access Point/Coordinated Entry/Housing Navigation staff: once you have reviewed the form and confirmed that the Client has zero income, please ask the Client to sign the form, and do the same. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: for Checklist 6 (CTCAC) Only. The Client will also need to sign the Certification of Zero Income (COZI) form and fill out the lower portion. Please request this form from the PSH provider.</p> </div>

Instructions for:
Form C1: Third-Party Homeless Certification



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: Form C1 may be used to provide third-party verification of any episode of homelessness experienced by a Client.

Applicability: Form C1 may be filled out and attached to Form B or C to verify any episode of homelessness for any program:

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: Form C1 may be completed by Staff to document that the Client was homeless at a given time based on: a service provider, healthcare professional, law enforcement officer verification of one or more encounter ([FAQ 2760](#)); a community member ([FAQ 2759](#)); or an outreach worker observation ([FAQ 2758](#)), and/or institutional paperwork, etc.

Staff should complete and sign the form and upload it into the ONE System. Additional instructions are included on the form.

Note: if the Client is fleeing domestic violence, complete the form using only the minimum information necessary and **only if safety would not be jeopardized.**

For Clients fleeing domestic violence, please consult with your supervisor.

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Table 3. Income Verification

	1 - Continuum of Care	3 - HUD 202/Section 8 PBV	6 - LIHTC - CTCAC
1- Employment	Three (3) months of most current consecutive pay stubs, and most current Federal Income Tax Return Form 1040; or if Federal Income Taxes have not been filed include W2(s).	Enterprise Income Verification (EIV) required. Note: If EIV is not available during the application process property staff must rely on third-party verification and 4-6 consecutive paystubs. If the Client does not agree to sign a Consent to Release form (HUD-9886 or HUD-9887) they may be denied for assistance.	Verification (VOE) and three (3) months of most current consecutive pay stubs. Note: the three most recent consecutive months of paystubs are required at move-in. Best Practice: collect tax returns.
New Employment:	If Client has recently started a new job and has not received at least one (1) month of paystubs; employment verification letter from employer, stating current gross wages/hours, overtime pay, and/or salary.	Third-party verification and paystubs.	Note: many owners/agents are not comfortable with approving applicant to move in without the VOE & three (3) months of paystubs as Client could be over income. In this case, the Client could either face waiting to be approved or even denial of their application.
Seasonal/Irregular Employment:	Most current Federal Income Tax Return Form 1040; and most current three (3) months of paystubs for the employment; and employment verification letter from employer, which indicates the period of the year that the Client will work as a seasonal employee, or discontinued employment.	Current income at time of application will be completed with third-party verification and paystubs, also confirm if Client is receiving EDD during off hours and verify that income. When income changes resident will request an Interim Certification and verification of the change will be completed. See also HUD Occupancy Handbook, Appendix 3: Acceptable Forms of Verification (4350.3 REV-1), p.10.	Follow rules for employment verification, plus verify if Client is receiving EDD or any form of public assistance or family support during off times. COVID Verification: Clarification of record that has three(3) documented attempts a minimum of 5 business days apart for VOE and 3 consecutive months paystubs for move in; if a Client or household recently started a job, then 75% test of 4 to 6 consecutive paystubs.
2 - Self-employment/Self-reported income	Self-declaration of type and income (i.e. recycling, gig work, etc.), and most current Federal Income Tax Return Form 1040 with 1040 Schedule C and/or Form 8829, or self-declaration verification letter from customer/client or certified self-affidavit letter, or self-employment (i.e. housekeeping, child care) verification letter from customer/client to prove continuing, discontinued, or temporarily discontinued self-employment services.	Self-Employment Affidavit, and most recent tax return and all schedule and 1099s, or if no tax return: 4506-C (fax confirmation and/or IRS response) and all schedules and 1099s and most recent Profit and Loss Statement. For gig workers that are new to job three (3) most recent consecutive months of printouts showing gross pay. For gig workers that have been with same app and have filed tax return with that income 1040, Schedule C and 1099. See also HUD Occupancy Handbook, Appendix 3: Acceptable Forms of Verification (4350.3 REV-1), pp. 18 and 25.	Self-Employment Affidavit, and most recent tax return and all schedules and 1099s, or if no tax return: 4506-C (fax confirmation and/or IRS response) and all schedules and 1099s and most recent Profit and Loss Statement. Work Number can provide Tax Transcripts with submittal of 4506-C form. For gig workers that are new to job TCAC requires three (3) most recent consecutive months of printouts showing gross pay. For gig workers that have been with same app and have filed tax return with that income 1040, Schedule C and 1099.
3 - Unemployment	If the Client receives unemployment or has recently vacated employment and may be eligible for unemployment benefits: unemployment benefits verification letter from EDD, or verification of unemployment from the last employer indicating the Client's last day of employment, or printout of two (2) check stubs.	Enterprise Income Verification (EIV) required. Note: If EIV is not available during the application process property staff must rely on third-party verification and 4-6 consecutive paystubs. If the Client does not agree to sign a Consent to Release form (HUD-9886 or HUD-9887) they may be denied for assistance. Verification must calculate as if 52 weeks [SCREEN Shot acceptable] or award letter or printout of two (2) check stubs. See also HUD Occupancy Handbook, Appendix 3: Acceptable Forms of Verification (4350.3 REV-1), p.23.	Negative VOE or official business letter/email to confirm the Client is no longer employed/terminated/indefinitely furloughed. Verification (MUST calculate as if 52 weeks) [SCREEN Shot acceptable] or EDD printout of Profile page, payment page and summarypage, or award letter or printout of two (2) check stubs.
4 - Retirement, etc.	Most recent statements, or verification letter/statement from Client's caseworker or the agency indicating the amount of benefits received, and the start and/or end date of the benefit.	See HUD Occupancy Handbook, Appendix 3: Acceptable Forms of Verification (4350.3 REV-1), p.14.	Consult with PSH provider.
5 - Monetary Support	Verification letter/statement from Client's caseworker or the person giving monetary support and the amount of support.	Verification letter from the person giving monetary support and the amount of support (for example "I give my mom X\$/month") and Tenant Affidavit. Best Practice: collect bank statement. See also Tax Credit notes.	Verification letter from the person giving monetary support and the amount of support (for example "I give my mom X\$/month") and Tenant Affidavit. Best Practice: collect bank statement if the money is deposited into the Client's account. If the money is transferred via Paypal, Venmo, CashApp, etc. the Client will need to provide the most recent three (3) consecutive months of history from the app.
6 - Other income	Most recent statements and/or verification letter/statement from the Client's caseworker or the agency indicating the amount of income and the start and/or end date of the income.	Consult with PSH provider.	Third-party verification is always preferred. If that cannot be obtained after three (3) reasonably timed attempts, annual and/or monthly statements and/or printouts may suffice. Note: most property owners/agents have applicable verification forms for the most common sources of income that should be utilized for third-party verification. Consult with PSH provider.
7 - Public Assistance (AFDC/GA/TANF)	Most recent statements.	Typically, a completed verification from HSA or the public assistance agency. Verification must calculate as if 52 weeks (one year) of income. A screenshot may be acceptable; consult with the PSH provider.	Typically, a completed verification from HSA or the public assistance agency. Verification must calculate as if 52 weeks (one year) of income. A screenshot may be acceptable; consult with the PSH provider.

8 - Social Security (SSA & SSDI)	Most recent statements and/or verification letter/statement from Client's caseworker or the agency indicating the amount of benefits received, and the start and/or end date of the benefit.	An Annual Benefit letter is preferred (this will typically include COLA information as well) or a current benefit letter within 120 days of move in or the Client's online S.S. account printout of same. A screen shot may be acceptable; consult with the PSH provider. Note: a cost of living adjustment may be required. See also HUD Occupancy Handbook, Appendix 3: Acceptable Forms of Verification (4350.3 REV-1), p.14.	An Annual Benefit letter is preferred (this will typically include COLA information as well) or a current benefit letter within 120 days of move in or the Client's online S.S. account printout of same. A screen shot may be acceptable; consult with the PSH provider. Note: a cost of living adjustment may be required.
9 - Disability - LTD and STD (EDD - SDI)	Most recent statements and/or verification letter/statement from Client's caseworker or the agency indicating the amount of benefits received, and the start and/or end date of the benefit.	Enterprise Income Verification (EIV) preferred. Note: if EIV is not available during the application process property staff could rely on third-party verification which could include award or benefit letters and/or copies of validated bank deposit slips and/or bank statements and/or 4 - 6 weeks of check stubs for benefits paid. Consult with PSH provider. Note: if the Client does not agree to sign a Consent to Release form (HUD-9886 or HUD-9887) they may be denied for assistance.	Third-party verification preferred which could include award or benefit letters and/or copies of validated bank deposit slips and/or bank statements and/or 4 - 6 weeks of check stubs for benefits paid. Best practice: 4 - 6 weeks of check stubs for benefits paid. Consult with PSH provider.
10 - Supplemental Security Income (SSI)	Most recent SSI statements and/or verification letter/statement from Client's caseworker or the agency indicating the amount of benefits received, and the start and/or end date of the benefit.	Most current benefit printout or award letter; must be current within 120 days. See also HUD Occupancy Handbook, Appendix 3: Acceptable Forms of Verification (4350.3 REV-1), p.14.	Most current benefit printout or award letter; must be current within 120 days.
11 - Veterans Benefits	Third-party verification from the VA office or a printout directly from the VA office or a verification letter/statement from the Client's caseworker indicating the amount of benefits received, and the start and/or end date of the benefit.	Third-party verification from the VA office or a printout directly from the VA office.	Third-party verification from the VA office.
12 - Child Support & 13 - Alimony/Support	Verification letter/statement from Client's caseworker or the agency indicating the amount of benefits received, and the start and/or end date of the benefit. Note: this applies to both DCSS (child support enforcement) and Direct Paid (from custodial parent pays direct to custodial parent) child support.	Verification of child support typically comes from the Department of Child Support, or court order or CASES payment printout/summary page. Note: the Client will need to include as income regardless of whether payments are received or include proof of legal action filing with child support enforcement; in that case only the amount received is included as income. This applies to both DCSS (child support enforcement) and Direct Paid (from custodial parent pays direct to custodial parent) child support. Verification of alimony is typically obtained through the divorce decree and/or the court order. See also HUD Occupancy Handbook, Appendix 3: Acceptable Forms of Verification (4350.3 REV-1), p.2.	Verification of child support typically comes through the Department of Child Support, or a court order, Verification of child support typically comes from the Department of Child Support, or court order or CASES payment printout/summary page or in the event of a private payment agreement, the agreement is verified with the source of the payment. Note: the Client will need to include as income regardless of whether payments are received or include proof of legal action filing with child support enforcement; in that case only the amount received is included as income. This applies to both DCSS (child support enforcement) and Direct Paid (from custodial parent pays direct to custodial parent) child support. Verification of alimony is typically obtained through the divorce decree and/or the court order.
14 - Unearned Income (from minor)	Verification letter/statement from Client's caseworker or the agency indicating the amount of benefits received, and the start and/or end date of the benefit.	Most minor income is not applicable. Consult with PSH provider.	Most minor income is not applicable. Consult with PSH provider.
15 - School	If an adult (18+) member of the Client's household is a full- or part-time student submit a current school schedule and school year financial aid letter. Note: Although financial aid (grants, school loans, work-study program) is not considered income as long as you are in school, the Continuum of Care program requires financial aid statements for record-keeping.	See HUD Occupancy Handbook, Appendix 3: Acceptable Forms of Verification (4350.3 REV-1), p.12.	Consult with PSH provider.
16 - Unreimbursed/Eligible Expenses	Include receipts for eligible unreimbursed expenses.	See HUD Occupancy Handbook, Appendix 3: Acceptable Forms of Verification (4350.3 REV-1), pp. 6 & 16.	Consult with PSH provider.

Instructions for:
Form E: Asset Certification



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: as a condition of eligibility for permanent supportive housing, each Client must agree to supply the information necessary to verify the Client's assets; this varies by subsidy program. Some programs require asset information in order to calculate any household income that is received from assets.

Note: asset recertification occurs annually for applicable programs.

Applicability: all Clients should fill out Form E to document all assets during intake/assessment.

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: Form E should be filled out by the Client who will be the Head of the Household. An additional copy of Form E should be filled out by each additional adult (18+) member of the household.

All adult members of the household must identify all assets and either:

- Affirm the lack of assets, **or**
- Submit proof of assets (where required)

The requirements for proof of assets **vary by subsidy source** and may include:

- Documentation: bank statements, receipts, etc.
- Self-declaration forms/statements (typically allowed when assets are less than \$5,000)
- Third-party verification: verification forms completed by the Client's bank, insurance company, etc. (typically required when assets are \$5,000 or more)

See Table 4 for additional information.

Table 4 includes:

- Examples of documents and third-party verification that may be required
- Additional resources and references

Note: Table 4 is included for advisory purposes, only. The actual documentation/verification that is required will be identified by the PSH provider. Additional documentation/verification may be requested at any time during the application process.

Note: the following funding sources do not require third-party verification:

2	General Fund/LOSP
4	MHSA-FSP
5	HSF Fund (formerly Care Not Cash)

Note: the following funding sources do require third-party verification:

1	Continuum of Care
3	HUD 202/Section 8 PBV
6	LIHTC - CTCAC

Consult with the PSH provider for further details.

Section	Topic	Instructions
Section 1. Asset Questionnaire:	Lines 1 - 11	<p>Fill out this section as completely as possible</p> <p>Review each asset type listed (lines 1-11), check “yes” if you have this asset, and “no” if you do not.</p>
	For Staff Use Only: Lines 1 - 11	<p>On each line (1-11), where the Client checked “yes”, fill in the cash value for each asset.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: asset information will need to be kept current throughout the referral process. It may be prudent to wait to fill in the “cash value” column and certifications until after a housing match has been made.</p> </div>
	For Staff Use Only: Line 4	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: if the Client has an EBT card that is only for food stamps this is not included as an asset.</p> </div>
	For Staff Use Only: Line 7	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: Retirement accounts are sometimes considered income and sometimes considered assets; please review with your supervisor.</p> </div>
	For Staff Use Only: Total Assets (page 3)	<p>Add up all of the values in the “Cash Value” column and record that in the “Total Assets” box.</p>
	<div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Note: for Checklist 6 (CTCAC) Only. The Client will also need to complete the TICQ. The TICQ contains the same information as Section 1, Asset Questionnaire, but the state requires that this be completed on the state form. Please request this form from the PSH provider.</p> </div>	

Section 2. Certifications	Signatures	STOP – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.
	For Staff Use Only: Signatures	Access Point/Coordinated Entry/Housing Navigation staff: once you have reviewed the form and confirmed that it is complete, please ask the Client to sign the form, and do the same.
Section 3. Declaration of Zero Assets [Optional]	Signatures	STOP – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.
	For Staff Use Only: Signatures <div> Note: it is uncommon for an adult Client to have zero assets. For Clients with zero assets, please consult with your </div>	Access Point/Coordinated Entry/Housing Navigation staff: once you have reviewed the form and confirmed that that Client has no assets, please ask the Client to sign the form, and do the same. <div> Note: for Checklist 6 (CTCAC) Only. The Client will also need to complete and sign the under \$5,000.00 Asset Certification form (if applicable). Please request this form from the PSH provider. </div>

	1 - Continuum of Care	3 - HUD 202/Section 8 PBV ¹¹	6 - LIHTC - CTCAC
TOTAL ASSETS: < \$ 5,000.00	Typically, three (3) months of statements are reviewed for all accounts. Statements must include all pages, including blank pages.	<p>HUD typically requires third-party verification of all assets no matter the total.</p> <p>If third-party party verification is not possible after reasonable attempts source documents such as financial statements may be utilized.</p> <p>Typically, six (6) months of statements are reviewed for average balances. Must include the most current statements.</p>	<p>CTCAC typically allows source documents such as financial statements as verification of assets when total assets are less than \$ 5,000.00.</p> <p>Typically, six (6) months of statements are reviewed. Must include the most current statements.</p> <p>Note: <i>some PSH providers may require third-party party verification of all assets no matter the total. Consult the provider.</i></p>
TOTAL ASSETS: ≥ \$ 5,000.00	Typically, three (3) months of statements are reviewed for all accounts. Statements must include all pages, including blank pages.	<p>HUD typically requires third-party verification of all assets no matter the total.</p> <p>If third-party party verification is not possible after reasonable attempts source documents such as financial statements may be utilized.</p> <p>Typically, six (6) months of statements are reviewed for average balances. Must include the most current statements.</p>	<p>CTCAC typically requires third-party party verification of assets when total assets are \$ 5,000.00 or more.</p> <p>Note: <i>PSH providers typically have their own third-party party verification forms. Consult the provider.</i></p>

Table 4: Asset Verification

¹ See also: HUD Occupancy Handbook, Exhibit 5-2. https://www.hud.gov/sites/documents/DOC_35701.PDF

Instructions for:**Form F: Declaration of Citizenship or Immigration Status for Federally Funded PSH Programs**DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: HSH and its contractors must confirm and verify that all federally funded PSH program participants, including CoC PSH and HUD 202/Section 8 PBV, are citizens or qualified aliens, as defined under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“PRWORA”) which restricts eligibility for “federal public benefits” to citizens and qualified aliens. Form F declares that the Client is in the United States lawfully.

Applicability: all federally funded PSH programs.

1	Continuum of Care
3	HUD 202/Section 8 PBV

Note: The San Francisco Housing Authority may require an additional declaration of citizenship, such (particularly for HUD 202/Section 8 PBV units). See OHS Form G-845 <https://www.uscis.gov/sites/default/files/document/forms/g-845.pdf> and consult with the PSH provider for details.

General Instructions: verification of immigration status shall only occur after the participant has otherwise demonstrated eligibility to participate in the program.

Staff shall notify prioritized applicants of all eligibility requirements for supportive housing units, including the need to verify immigration or citizenship status for federally funded units. If the Client is not able to produce documentation of citizenship or immigration status, the Client should be referred to other (non-federally funded) PSH options within the coordinated entry portfolio.

There are two (2) options for verifying the Client’s status as a U.S. Citizen or U.S. Non-Citizen National:

- **Option 1 (preferred):** ask the applicant to present a document demonstrating that he or she is a U.S. Citizen or non-citizen national; or
- **Option 2:** accept a written declaration, made under penalty of perjury, from one or more third parties indicating a reasonable basis for personal knowledge that the applicant is a U.S. citizen or non-citizen national.

Additional Instructions:

- For verification of the status of a Qualified Alien, ask the applicant to provide documentation evidencing his or her status as a qualified alien.
- If the verification is not accepted, the applicant should be provided with instructions to correct or appeal this determination to a qualified evaluator of immigration status.

Instructions for: Form G: Disability Verification



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: Form G documents that the Client (Head of Household) has been diagnosed with a disability.

Applicability:

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP

Notes:

- 1- **Continuum of Care:** Form G is ***always*** required.
- 2- **General Fund/LOSP:** Form G is required ***only*** if the Client is reporting a disability.
- 3- **HUD 202/Section 8 PBV:** Form G is required ***only*** if the Client is reporting a disability.
- 4- **MHSA-FSP:** a disability is required for program eligibility. **Do not fill out Form G**, instead, request the appropriate form from the PSH provider.

For the duration of the COVID-19 pandemic the need for third-party verification of disability has been waived by HSH and HUD effective immediately. Form G provides three options for documenting disability:

- **Option 1:** intake worker and self-certification of a qualifying disability; or
- **Option 2:** written verification from the Social Security Administration; or the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation), or
- **Option 3:** Written verification from a licensed professional (24 CFR 578.103(a))

Note: Housing providers should consult with their funders for other disability verification requirements. While HSH and HUD have waived third-party verification requirements, other funders may still require this documentation.

General Instructions: this form should be completed and signed by the Client and Staff. Under Option 3, Form G also needs to be signed by a qualified licensed professional.

- To be eligible for PSH units in San Francisco that require a disability, evidence that an individual or adult head of household is diagnosed with a disability must be documented and attached to this application form.
- Determine which method of disability verification will be used from the options below and complete all relevant fields under that option.
- Attach all supporting documents to this form.

Staff and the Client should verify the Client's disability status using one of the following options:

- **Option 1:** intake worker and self-certification of a qualifying disability
- **Option 2:** written verification from the Social Security Administration; or the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation)
- **Option 3:** written verification from a licensed professional (24 CFR 578.103(a))

Note: "Disability" is defined by the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) as a condition that:

- Is expected to be long-continuing or of indefinite duration;
 - Substantially impedes the individual's ability to live independently;
 - Could be improved by the provision of more suitable housing conditions; and
 - Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

Instructions for:**Form H: Third Party Rent Payment Agreement/Modified Payment Agreement**DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Description: Form H documents the requirements for how and to whom rent will be paid where payments through a third party are included as terms of the lease agreement.

Applicability:

2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP

Note: the applicability of Form H is on a unit-by-unit basis and should be confirmed with the PSH provider once the housing unit match is made.

General Instructions: Once the housing match is made, Staff should confirm the details of the required Third Party Rent Payment/Modified Payment Agreement with the PSH provider and complete the form accordingly.

Staff should review Form H with the Client and confirm that the Client understands and accepts the terms of the rent payment agreement. If the Client accepts the terms of the rent payment agreement the Client and Staff should sign the form and bring it to the intake interview.

Notes:

- A “Payee” may include:
 - A private third party
 - A Public Guardian (**Note:** refer to definition in glossary)
- If the Client does not agree to the terms of the rent payment agreement, this constitutes a denial of the housing unit match. Staff should note this in the ONE System and notify the PSH provider that the unit has been denied.



Universal Housing Application

ONE System ID:

Section 1. Basic Information [to be completed by Client/Staff]				
Client's Full (Legal) Name:				
Client's Preferred Name:				
Phone No.		Email:		
Current Mailing Address:				
Street	Unit No.	City	State	Zip Code
Current Residence: <i>(if different from above)</i>				
Street	Unit No.	City	State	Zip Code
Gender:				
Pronouns: <i>(ex: she/her/hers)</i>				
Marital Status: <i>(select only one)</i>				
<input type="checkbox"/> Single		<input type="checkbox"/> Divorced		
<input type="checkbox"/> Domestic Partnership		<input type="checkbox"/> Widowed		
<input type="checkbox"/> Married		<input type="checkbox"/> Legally Separated		

Language(s) spoken:		
Do you need an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need help to complete the application? <i>If, YES, please describe:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you requesting a reasonable accommodation for your housing unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Staff Use Only: under the Fair Housing Act a reasonable accommodation is defined as "a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with disabilities to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces, or to fulfill their program obligations." Refer to the glossary for additional detail. If the Client is requesting a reasonable accommodation (including service/support animal(s), please complete and attach:		



Attachment 1: Reasonable Accommodation(s) Questionnaire	<input type="checkbox"/> attached
<p>A letter from a reliable third party verifying the disability for which a reasonable accommodation is being requested.</p> <p>Note: "A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability".¹</p>	<input type="checkbox"/> attached

Do you have any pets that are not considered to be service or support animals? <i>Note: refer to definitions in glossary.</i> <i>If, YES, please include the following information for each pet:</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:	Breed:	Weight:	Age:	Sex:
Spayed/neutered?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:	Breed:	Weight:	Age:	Sex:
Spayed/neutered?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

¹ Source: <https://www.hud.gov/sites/documents/huddojstatement.pdf>



Section 2. Household Composition [to be completed by Client/Staff]								
	Name (First, Middle, Last):	Relationship to the Head of Household/ Primary Applicant:	Last 4 of SSN (leave blank if no SSN provided):	Date of Birth (MM/DD/YYYY):	Age:	Gender:	Disability (Y/N):	Student (Y/N):
Head of Household/ Primary Applicant:		SELF						
Additional Family Members (who will be residing with you):								
Is there a personal care attendant that will be residing in the unit?							<input type="checkbox"/> Yes	<input type="checkbox"/> No



Section 3. Identity Verification [to be completed by Client/Staff]								
	Name (First, Middle, Last):	Photo Identification		Social Security #		Citizen/Legal Resident Status		Uploaded in the ONE System?
		Issuer and ID#	Expiration Date	Number	Document Provided (Y/N)	Document Provided (Y/N)	Expiration Date	
Head of Household/Primary Applicant:								<input type="checkbox"/>
Additional Family Members:								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Identification Required [For Staff Only]				
Checklist(s):		1 - Photo Identification	2 - Social Security #	3 - Citizen/Legal Resident Status
1	Continuum of Care	√ <u>OR</u>	√ <u>OR</u>	√
2	General Fund/LOSP	√ <u>AND</u>	√	
3	HUD 202/Section 8 PBV	√ <u>AND</u>	√ <u>AND</u>	√
4	MHSA-FSP	√ <u>OR</u>	√	
5	HSH Fund (formerly Care Not Cash)	√		
6	LIHTC - TCAC	no additional requirements		



Section 4. Certifications [STOP – do not complete this section until requested by Staff]		
Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the possible termination of your housing opportunity.		
Printed Name of Client (Head of Household/Primary Applicant):		Date:
Signature of Client (Head of Household/Primary Applicant):		
Printed Name of Client (second adult):		
Signature of Client (second adult):		Date:
Staff (Printed Name):	Title:	Organization:
Staff (Signature):		Date:
For Staff Use Only: A signature is required from each adult (age 18+) member of the household. If there are more than two (2) adult members of the household, please collect the additional signature(s) on Attachment 2: Additional Signature(s).		
Attachment 2: Additional Signature(s):		<input type="checkbox"/> attached



Section 5. Housing Navigator Information [to be completed by Staff]

For Staff Use Only: please provide the name and contact information for the Housing Navigator. This should be the individual who will serve as the primary point of contact for the PSH provider during the rehousing process.

Full Name:	
Preferred Name:	
Preferred Pronouns: (ex: she/her/hers)	
Email:	
Phone #:	

Section 6. For PSH Housing Provider Use ONLY:

Application received on:

Date:	Time:
Staff (Printed Name):	Title:
Staff (Signature):	Date:

Section 7. For PSH Housing Provider Use ONLY:

Emergency Contact Information:

Name:
Relationship to Client:
Phone Number:



HSH Permanent Supportive Housing Application

Attachment 1: Reasonable Accommodation(s) Questionnaire [to be completed by Staff]

ONE System ID:

Client's Full Name:			
Client's Preferred Name:		Preferred Pronouns: (ex: she/her/hers)	

Section 1. Reasonable Accommodation(s)

I am requesting the following reasonable accommodation(s) under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act:

Yes	No	Accommodation(s): <i>Please list and briefly describe all accommodation requests.</i>	Documentation uploaded into the ONE System:
<input type="checkbox"/>	<input type="checkbox"/>	Service Animal(s): Note: refer to definitions in glossary. If you currently have a service animal(s) complete Section 2, below.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Support Animal(s): Note: refer to definitions in glossary. If you currently have a support animal(s) complete Section 2, below.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sight Impairment:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Mobility Impairment:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Unit must have an ADA design:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Building must have an interior elevator:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Building must be ADA accessible from the street (i.e. no threshold steps):	<input type="checkbox"/>



<input type="checkbox"/>	<input type="checkbox"/>	In-unit bathroom required:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	A live-in aide is required:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Another accommodation:	<input type="checkbox"/>

For Staff only: required documentation is a letter from a reliable third party verifying the disability for which a reasonable accommodation is being requested.

Note: "A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability".¹

Section 2. Service and Support Animals

Do you have a service/support animal? <i>If, YES, please include your service animal's:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:		
Sex:		
Weight:		
Breed:		
License #:		
Is your service/support animal spayed/neutered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal a service animal or a support animal? <i>Note: refer to definitions in glossary</i>	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Support Animal

¹ Source: <https://www.hud.gov/sites/documents/huddojstatement.pdf>



Do you have another service/support animal? <i>If, YES, please include your other service/support animal's:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:		
Sex:		
Weight:		
Breed:		
License #:		
Is your service/support animal spayed/neutered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal a service animal or a support animal? <i>Note: refer to definitions in glossary</i>	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Support Animal



Section 3. Certifications		
Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the possible termination of your housing opportunity.		
Printed Name of Client (Head of Household/Primary Applicant Name):		Date:
Signature of Client (Head of Household/Primary Applicant Name):		
Printed Name of Client (second adult):		
Signature of Client (second adult):		Date:
Staff (Printed Name):	Title:	Organization:
Staff (Signature):	Signature:	Date:
For Staff Use Only: A signature is required from each adult (age 18+) member of the household. If there are more than two (2) adult members of the household, please collect the additional signature(s) on Attachment 2: Additional Signature(s).		
Attachment 2: Additional Signature(s):		<input type="checkbox"/> attached



HSH Permanent Supportive Housing Application

Attachment 2: Additional Signatures [to be completed by Staff]

ONE System ID:

For Staff Use Only: Include additional signatures for adult (18+) member of the household on this page and indicate, below, which application or form these are attached to (ex. Form A).

- | | |
|--------------------------|-------------|
| <input type="checkbox"/> | Application |
| <input type="checkbox"/> | Form _____ |

Certifications

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the possible termination of your housing opportunity.

Adult Household Member #3 (Printed):

Relationship to Head of Household/Primary Applicant:

Adult Household Member #3 (Signature):

Date:

Adult Household Member #4 (Printed):

Relationship to Head of Household/Primary Applicant:

Adult Household Member #4 (Signature):

Date:

Staff (Printed Name):

Title:

Organization:

Staff (Signature):

Date:



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HSH Permanent Housing Application

Form A: Homelessness Response System Authorization for Use or Disclosure of Information [to be completed by Client and Staff]

Printed name of Client: (Head of Household/Primary Applicant)	
Client's Date of Birth: (Head of Household/Primary Applicant)	

This form and the attached notice describe how personal information about you may be used and shared by the City and County of San Francisco's Department of Homelessness and Supportive Housing (HSH) and its Partner agencies, and the rights you have about your information.

The San Francisco Department of Homelessness and Supportive Housing's (HSH) Online Navigation and Entry (ONE) System (the City's Homeless Management Information System) is a database that allows HSH to save, access, and share client level information with our Partner agencies, which are San Francisco City Departments, including the Department of Public Health and the Human Services Agency, and other community-based housing and service providers who work with people experiencing, or at risk of experiencing, homelessness. Examples include the SF Homeless Outreach Team (SFHOT) or service providers in supportive housing.

To be able to best help you, information is collected in the ONE System and used by or shared with Partner agencies. Partner agencies use the information in the ONE System to:

- Match clients to appropriate housing and other services they might be able to receive
- Improve coordination of your care and related services between City agencies and providers; and
- Continue to look at ways to improve HSH housing and related services
- We will share information with relevant Partner agencies if you access many of the HSH's Homelessness Response System (HRS) services.

A list of HSH's Partner agencies with access to the ONE System can be found at: hsh.sfgov.org
<https://hsh.sfgov.org/wp-content/uploads/2020/09/HSH-Partner-Agencies-w-ONE-System-Access.pdf>

Access to information about you is limited by federal, state, and local laws and anyone who can access the ONE system or information about you must sign an agreement that they will follow privacy laws (which are detailed in the attached Notice of Privacy Practices).



By signing this form:

I authorize HSH and its Partner agencies to use and share information collected about me including length of time homeless and information about my vulnerabilities, such as health information, to assess and coordinate services I may be eligible for including: HSH housing and services, benefits, utility assistance, or other related services.

****For San Francisco Health Plan and Anthem Blue Cross Members Only: Authorization to Share My Information with My Health Plan****

The Department of Homelessness and Supportive Housing may share my contact information and information regarding my housing status with my health plan, San Francisco Health Plan, for purposes of coordinating my health care. San Francisco Health Plan staff will comply with all Federal and State privacy laws when they need to access my protected health and/or personal identifying information for determining my eligibility for services.

By signing this form, I understand that:

- The Partner agencies and their staff have signed agreements to maintain the security and confidentiality of my information. I have the right to review all applicable confidentiality policies.
- I understand that I may refuse to sign this Authorization however it will limit the services I am able to receive from non-health care providers at HSH.
- Authorizing the release of my information does not guarantee that I will receive services.
- Information may be shared to get me help if I am an immediate danger to myself or others or if there is suspected abuse of a minor or disabled adult.
- I may see or get a copy of the information collected about me (see Notice for more information),
- I have a right to get a copy of this Authorization.
- I may cancel this Authorization at any time, but I must do so in writing and submit it to the following address:
- P.O. Box 427400, San Francisco, CA 94142-7400 If I cancel this Authorization, further information about me will not be collected or shared but it will not take back or remove the information that has already been collected or shared.
- My information is protected by federal, state, and local regulations governing the confidentiality of client records. My information cannot be further shared without my written consent, except as under the law.
- If my record includes a picture, it can be seen by partner agencies. The photograph may be cropped or edited as needed.
- Partner agencies and Bitfocus staff (System Administrator for the ONE system) who use the ONE System to evaluate HSH housing and services have signed agreements that they will follow all privacy laws.



- I understand that medical, HIV/AIDS, mental health, and drug and alcohol records are protected under various federal and state regulations, including California Welfare and Institutions Code Section 5328, Confidentiality of Medical Information Act, California Civil Code Section 56.10 (CMIA), the Health Insurance Portability and Accountability Act, 45 C.F.R., parts 160 and 164 ("HIPAA"), and the Federal Regulations Governing Confidentiality of Drug Abuse Patient Records, 42 C.F.R., Part 2,. (See the Notice of Privacy Rights for more information)
- Unless allowed or required by law, information received by HSH and partner agencies cannot be shared with anyone else without my consent.

Expiration:

This Authorization expires three years from the date of signature, below or
the earlier date noted here: _____ (insert alternative date, if applicable)

Signatures

Printed name of Client (Head of Household/Primary Applicant) or Legal Representative	Signature of Client (Head of Household/Primary Applicant) or Legal Representative	Date
<i>If signed by an authorized person other than the client, indicate relationship:</i>		
<i>For Staff Use Only: If Client/legal representative refuses to sign, Staff to state the reason for refusal and add staff signature:</i>		
Reason for refusal:		
Staff (Printed Name)	Staff (Signature)	Date
Title	Organization	



HSH Permanent Housing Application

Form B: Certification of Homeless Status

Section 1: Homeless Status [to be completed by Staff]

Which of the below applies to the client or families' current living situation? (Check Only One)

Note: Client (Head of Household) must meet the selected definition at the time of program entry for HUD CoC PSH and RRH programs or have met the selected definition within the last seven (7) days for programs funded by the City and County of San Francisco.

Please refer to HUD's Definition of Homelessness and the San Francisco Homeless Populations Definitions in the glossary for additional detail.

Chronically homeless households must be 1, 2, 3 or 5.

- ☐ **1. Unsheltered**
- ☐ **2. Living in a shelter or Safe Haven**
- ☐ **3. Living in a transitional housing program for people experiencing homelessness or foster youth**
- ☐ **4. Fleeing domestic violence**
- ☐ **5. Residing in institutional care facility for 90 days or less & met Criteria 1, 2, or 4 pre-institution**
- ☐ **6. At high risk of long-term or intermittent homelessness**
- ☐ **7. At Imminent Risk of Homelessness**
- ☐ **8. Household transferring from permanent supportive housing or Rapid Re-Housing and was an eligible household at time of entry**

Chronic Homeless Status:

Do you have documentation that the individual or family HoH meets HUD's definition of chronic homelessness?

☐ YES ☐ NO ☐ UNSURE/DOCUMENTATION NOT COMPLETE

For Shelter-in-Place Hotel (SIP) Guests Only:

The Client (Head of Household) resided at _____ (insert name of SIP Hotel),
beginning on _____ (insert enrollment date).



Section 2. Certifications [to be completed by Staff and Client]		
Staff Certification: To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.		
Staff (Printed Name)	Staff (Signature)	Date
Title	Organization	
Please indicate steps taken to obtain third-party documentation if verification is not available:		
Head of Household Certification: To the best of my knowledge and ability, all of the information provided in this document is true and complete.		
Printed name of Client (Head of Household/Primary Applicant)	Signature of Client (Head of Household/Primary Applicant)	Date
Printed name of Client (second adult)	Signature of Client (second adult)	Date



HSH Permanent Housing Application

Form C: History of Homelessness and Housing [to be completed by Staff]

Printed Name of Client: (Head of Household/Primary Applicant)	
Printed Name of Client: (second adult)	
Printed Name of Staff:	
Staff Title/Name of Organization:	
Date Completed:	

Instructions: This form documents the Client's history of homelessness and housing. The chart should be filled out starting with the current month and going back **24 consecutive months** (2 years), if possible.

Note: For Continuum of Care referrals, up to 36 months (3 years) of history may be included, if necessary, to meet the requirement for "chronic homelessness" of 12 or more months of homelessness or 4 or more episodes of homelessness within the past 3 years.

Section 1: Timeline of Homelessness and Housing

- Pre-populate the chart with records from the ONE System
 - **Note:** one night in an emergency shelter or Safe Haven or one contact by a street outreach worker is enough to serve as documentation for that entire month.
- Review the chart with the Client to document the Client's location for all months that are not accounted for by the ONE System Records.



Section 2: Verification of Homelessness

- For each line in the timeline, identify whether the Client was **homeless** or **housed**.
- ☒ - Check the “Yes” box in the appropriate column
- Under “Type” write in the number that corresponds to the Client’s living situation.

Homeless
1 - Place not meant for human habitation
2 - Emergency shelter
3 - Safe Haven
4 - Hotel/Motel (paid by an Agency)
5 - Institutional stay (less than 90 days + homeless at entry)

Housed
6 - Transitional Housing
7 - Couch Surfing
8 - Hotel/Motel or other housing (paid by the Client)
9 - Institutional stay (90+ days)
10 - Other

- For each period of **homelessness**:
 - Include the # of months that the Client experienced homelessness
 - Collect documentation to verify the period of homelessness, where possible
 - Under “Type” write in the type of verification documentation you have collected.
Examples include:
 - **HMIS (ONE System) Record:** HMIS or CHANGES enrollment, Staff records of contact, etc.
 - **Institutional Paperwork:** Intake and/or discharge paperwork, etc.
 - **Form C1:** Third – Party Homeless Certification (completed by Staff)
 - **Form C2:** Self-Certification of Homeless History (completed by Client)
 - Upload verification documents into the ONE System
 - ☒ - Check the box under “In ONE System?”

Note: If proof of **chronic homelessness** is required (i.e. for Continuum of Care referrals):

- Add up the total # of months that the Client experienced homelessness (12+ months or 4 or more episodes are required for proof of chronic homelessness)
- Make sure that verification documentation for each period of homelessness is included



Section 1. Timeline of Homelessness and Housing			Section 2. Verification of Homelessness						
From (month/ year)	To (month/ year)	Location (list name of shelter, Safe Haven, hotel/motel, institution, transitional housing complex, encampment location, etc.)	# of months	Homeless		Housed		Verification Type	In ONE system?
				Yes	Type (1-5)	Yes	Type (6-10)		
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>



Section 1. Timeline of Homelessness and Housing			Section 2. Verification of Homelessness						
From (month/ year)	To (month/ year)	Location (list name of shelter, Safe Haven, hotel/motel, institution, transitional housing complex, encampment location, etc.)	# of months	Homeless		Housed		Verification Type	In ONE system?
				Yes	Type (1-5)	Yes	Type (6-10)		
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>



HSH Permanent Housing Application

Form C1: Third-Party Homeless Certification [to be completed by Staff]

If **safety would not be jeopardized**, this form, filled out with only the minimum information necessary, may be used to document if the household is fleeing or attempting to flee domestic violence. **By signing this form or a letter on your agency's letterhead, you are certifying this information to be true.**

Client's Name(s): _____

Access Point: _____

***Chronically homeless households must be currently residing in one of the following:**

- ☐ **SHELTERED:** The person(s) named above was/were living in a supervised publicly or privately operated shelter on the date(s) below:

Name of Shelter: _____

Dates: _____

(i.e. 1/1/19-2/1/19; if client is currently residing here, list as 1/1/19-current)

- ☐ **UNSHELTERED:** The person(s) named above was/were living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for humans, including a car, park, abandoned building, bus station, airport, or campground ("a place unfit for human habitation") on the date(s) below.

Date(s): _____

(i.e. 1/1/19-2/1/19; if client is currently residing here, list as 1/1/19-current)

- ☐ **TRANSITIONAL HOUSING¹:** The person(s) named above stayed in transitional housing for fewer than 24 months.

¹ Veterans residing in VA-funded transitional housing, including the VA Grant and Per Diem program (GPD), do maintain their homeless and/or chronic homeless status for the purpose of determining eligibility for PSH.[#] Note that this differs from non-veterans living in transitional housing, who are not considered chronically homeless, regardless of their status upon entry into transitional housing.

Name of institution: _____

Dates: _____

(i.e. 1/1/19-2/1/19; if client is currently residing here, list as 1/1/19-current)

- ☐ Immediately prior to entering institution the person(s) named above was/were residing in:
- ☐ Emergency shelter
 - ☐ A place unfit for human habitation

- ☐ **INSTITUTIONAL STAY:** The person(s) named above stayed in an institution for fewer than 90 days.

Name of institution: _____

Dates: _____

(i.e. 1/1/19-2/1/19; if client is currently residing here, list as 1/1/19-current)

- ☐ Immediately prior to entering institution the person(s) named above was/were residing in:
- ☐ Emergency shelter
 - ☐ A place unfit for human habitation

Access Point/Coordinated Entry/Housing Navigation Staff: (printed name):

Title/Organization: _____

Access Point/Coordinated Entry/Housing Navigation Staff (signature):

Date: _____

- ☐ **TRANSITIONAL HOUSING²:** The person(s) named above stayed in a transitional housing for fewer than 24 months.

² Veterans residing in VA-funded transitional housing, including the VA Grant and Per Diem program (GPD), do maintain their homeless and/or chronic homeless status for the purpose of determining eligibility for PSH.[#] Note that this differs from non-veterans living in transitional housing, who are not considered chronically homeless, regardless of their status upon entry into transitional housing.

Name of institution: _____

Dates: _____

(i.e. 1/1/19-2/1/19; if client is currently residing here, list as 1/1/19-current)

- ☐ Immediately prior to entering institution the person(s) named above was/were residing in:
 - ☐ Emergency shelter
 - ☐ A place unfit for human habitation

- ☐ **FLEEING DOMESTIC VIOLENCE:** Fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member in the primary nighttime residence or has made the individual afraid to return to their primary nighttime residence, **AND**
 - ☐ Has no other residence, **AND**
 - ☐ Lacks the resources or support networks, such as family, friends, and faith-based or other social networks to obtain other permanent housing

By signing this form or a letter on your agency's letterhead, you are certifying this information to be true.

Access Point/Coordinated Entry/Housing Navigation Staff: (printed name):

Title/Organization: _____

Access Point/Coordinated Entry/Housing Navigation Staff (signature):

Date: _____

Please note: one night in an emergency shelter or Safe Haven or one contact by a street outreach provider is enough to serve as documentation for that entire month.



HSH Permanent Housing Application

Form C2: Self-Certification of Homeless History [to be completed by Client/Staff]

Client's Name(s): _____

Access Point: _____

Section 1. Episodes of Homelessness

Episode of Homelessness:		Location Where Client Was Living:	Description of Intake Conversation with Client and Reason You Believe They Were Living in a Homeless Situation:
From: (month/year)	To: (month/year)		
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	



Episode of Homelessness:		Location Where Client Was Living:	Description of Intake Conversation with Client and Reason You Believe They Were Living in a Homeless Situation:
From: (month/year)	To: (month/year)		
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	
		<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV	



Section 2. Certifications

Staff Supplement to Certification - to be completed by Staff.

I understand that third-party verification is the preferred method of certifying homelessness for an individual or household who is applying for assistance. I understand my declaration at intake is only permitted when I have attempted to but cannot obtain third-party verification, when obtaining third-party verification would impede program enrollment for an eligible households or extent their time homeless, or else when the client(s) is/are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions.

Describe steps taken to obtain third-party verification:

Staff (Printed Name)	Staff (Signature)	Date
Title	Organization	

Client Certification: To the best of my knowledge and ability, all of the information provided in this document is true and complete.

Printed name of Client (Head of Household/Primary Applicant)	Signature of Client (Head of Household/Primary Applicant)	Date



HSH Permanent Housing Application

Form D: Income Certification [to be completed by Client and Staff]

Section 1. Income Questionnaire

#	Source of Income	Yes	No	Monthly Income (gross)
1	Employment. I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and or other compensation.	<input type="checkbox"/>	<input type="checkbox"/>	
	List businesses and/or companies that pay you:			
	1.			\$
	2.			\$
2	Self-employment. I am self- employed.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	List nature of employment:			
3	Unemployment. I receive unemployment benefits.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	Retirement, etc. I receive periodic payments from retirement funds or pensions, trusts, annuities, inheritance, insurance policies, or lottery winnings.	<input type="checkbox"/>	<input type="checkbox"/>	
	List sources:			
	1.			\$
	2.			\$
	3.			\$



#	Source of Income	Yes	No	Monthly Income (gross)
5	Monetary Support. I receive cash contributions of gifts, including rent or utility payments, on an ongoing basis from persons not living with me.	<input type="checkbox"/>	<input type="checkbox"/>	\$
6	Other income. I receive income from real or personal property.	<input type="checkbox"/>	<input type="checkbox"/>	\$
7	Public Assistance. I receive Public (ex. CalWorks, General Assistance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$
8	Social Security (SSA & SSDI). I receive periodic Social Security payments.	<input type="checkbox"/>	<input type="checkbox"/>	\$
9	Disability (LTD and STD – [EDD SDI]). I receive disability or death benefits, other than Social Security.	<input type="checkbox"/>	<input type="checkbox"/>	\$
10	Supplemental Security Income (SSI). I receive Supplemental Security Income.	<input type="checkbox"/>	<input type="checkbox"/>	\$
11	Veterans Benefits. I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	<input type="checkbox"/>	<input type="checkbox"/>	\$
12	Child Support. I am entitled to receive child support payments.	<input type="checkbox"/>	<input type="checkbox"/>	
	I am currently receiving child support from the following persons:	<input type="checkbox"/>	<input type="checkbox"/>	
	1.			\$
	2.			\$
	3.			\$
	I am currently making efforts to collect child support owed to me, as follows (list efforts):	<input type="checkbox"/>	<input type="checkbox"/>	



#	Source of Income	Yes	No	Monthly Income (gross)
13	Alimony/Support. I receive alimony/spousal support payments.	<input type="checkbox"/>	<input type="checkbox"/>	\$
14	Unearned Income (from minor). The household receives <u>unearned</u> income from family members aged 17 or under (example: Social Security, Trust Fund disbursements, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	\$
15	<p>School. A member of my household receives student financial aid (public or private). Do not include student loans and/or student stipends as student financial aid.</p> <p>[NOTE: this only needs to be included as income for households receiving Section 8 Assistance and for buildings with CTCAC financing, for Continuum of Care, financial aid is not considered income, however, documentation is required, see instructions.]</p>	<input type="checkbox"/>	<input type="checkbox"/>	\$ [to be estimated by PSH provider]
16	<p>Unreimbursed/Eligible Expenses. Includes medical expenses/disabled (or handicapped)/child care expenses. Refer to HUD 4350 for a list of eligible expenses.</p> <p>[NOTE: this is applicable to HUD Section 8 PBV units. Non-reimbursed eligible medical/disabled (or handicapped)/child-care expenses must be in excess of 3% of gross annual income to be considered.]</p>	<input type="checkbox"/>	<input type="checkbox"/>	\$ [to be estimated by PSH provider]
Total Monthly Gross Income [to be completed by Staff]:				\$



Section 2. Certifications

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

Printed Name of Client:

Signature of Client:

Date:

Staff (Printed Name):

Title:

Organization:

Staff (Signature):

Date:

Section 3. Declaration of Zero Income [optional]

I have reviewed the Income Questionnaire and I declare that I do not have income from any of the sources listed in Section 1, lines 1-16, or from any other sources.

Printed Name of Client:

Signature of Client:

Date:

Staff (Printed Name):

Title:

Organization:

Staff (Signature):

Date:



HSH Permanent Housing Application

Form E: Asset Certification [to be completed by Client and Staff]

Section 1. Asset Questionnaire

#	Asset	Yes	No	Cash Value
1	Checking Account(s). I have a checking account(s).	<input type="checkbox"/>	<input type="checkbox"/>	
	List bank(s):			
	1.			\$
	2.			\$
2	Savings Account(s). I have a savings account(s).	<input type="checkbox"/>	<input type="checkbox"/>	
	List bank(s):			
	1.			\$
	2.			\$
3	Cash. I have cash on hand.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	EBT, Debit Visa, MasterCard Account(s). I have an EBT, Direct Express, Debit Visa, MasterCard account(s). Including Social Security wages, Unemployment, Public Assistance, Disability, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
	List sources(s) of income being received/type of account(s):			
	1.			\$
	2.			\$
3.				\$



#	Asset	Yes	No	Cash Value
5	Stocks, Bonds, or Treasury Bills(s). I own stocks, bonds, or Treasury Bills. List sources/bank name(s):	<input type="checkbox"/>	<input type="checkbox"/>	
	1.			\$
	2.			\$
	3.			\$
6	CD(s) or Money Market Account(s). I have a Certificate of Deposit (CD) or Money Market account(s). List sources/bank name(s):	<input type="checkbox"/>	<input type="checkbox"/>	
	1.			\$
	2.			\$
	3.			\$
7	Retirement Accounts. I have an IRA/401K/Lump Sum Pension/Keogh or other retirement account(s). List sources/bank name(s):	<input type="checkbox"/>	<input type="checkbox"/>	
	1.			\$
	2.			\$
	3.			\$
8	Life Insurance. I have a whole life insurance policy. How many policies?	<input type="checkbox"/>	<input type="checkbox"/>	
				\$
9	Trust. I have a revocable trust(s). List bank(s):	<input type="checkbox"/>	<input type="checkbox"/>	
	1.			\$
	2.			\$
	3.			\$



#	Asset	Yes	No	Cash Value
10	Real Estate. I own real estate.	<input type="checkbox"/>	<input type="checkbox"/>	
	Provide description:			\$
11	Assets Disposed. I have disposed assets (i.e. gave away money or assets) for less than the fair market value in the past 2 years.	<input type="checkbox"/>	<input type="checkbox"/>	
	List items and date disposed:			
	1.			\$
	2.			\$
	3.	\$		
Total Assets [to be completed by Staff]:				\$



Section 2. Certifications

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. I, the undersigned further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

Printed Name of Client:

Signature of Client:

Date:

Staff (Printed Name):

Title:

Organization:

Staff (Signature):

Date:

Section 3. Declaration of Zero Assets [optional]

I have reviewed the Asset Questionnaire and I declare that I do not possess any of the assets listed in Section 1, lines 1-11 or any other assets.

Printed Name of Client:

Signature of Client:

Date:

Staff (Printed Name):

Title:

Organization:

Staff (Signature):

Date:



HSH Permanent Housing Application

Form F: Declaration of Citizenship or Immigration Status [for Continuum of Care (CoC) only]

Instructions

To be eligible to receive federal housing assistance, each Client must be within the United States lawfully. Please read the declaration carefully and return it as directed. Each adult (age 18+) family member must sign a declaration form. In addition, the Head of Household/Primary Applicant must sign the declaration form for any/all family members under the age of 18.

Certifications

I certify that, under the penalty of perjury and to the best of my knowledge, I am lawfully within the United States because (please check the appropriate boxes):

<input type="checkbox"/>	A	I am a citizen, naturalized citizen, or a national of the United States
<input type="checkbox"/>	B	I have eligible immigration status
<input type="checkbox"/>	C	I am 62 years of age or older
I certify that:		
<input type="checkbox"/>	D	I do not have eligible immigration status
<input type="checkbox"/>	E	I choose not to state my immigration status
<input type="checkbox"/>	F	I am signing this certification on behalf of minor(s) in my household – see Table F1
<input type="checkbox"/>	G	<p>I am signing this certification on behalf of adult family member(s) who do not have eligible immigration status or do not choose to state their immigration status — see Table F2</p> <p>Note: the Head of Household or spouse must be a citizen or have eligible immigration status to qualify for CoC housing assistance.</p>



Table F1: Citizenship Status for Minors

Name	Date of Birth	Relationship to Head of Household	Citizenship Status				Alien Registration
			A	B	D	E	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Table F2: Citizenship Status for Adults

Name	Date of Birth	Relationship to Head of Household	Citizenship Status	
			D	E
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Signature

Warning: 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Printed name of Client (Head of Household/Primary Applicant)	Signature of Client (Head of Household/Primary Applicant)	Date



HSH Permanent Housing Application

Form G: Verification of Disability Form

Instructions

- To be eligible for PSH units in San Francisco reserved for individuals with a disability, evidence that an individual or adult head of household is diagnosed with a disability must be documented and attached to this application form.
- Determine which method of disability verification will be used from the options below and complete all relevant fields under that option.
- Attach all supporting documents to this form.

Disability Status

Disability is defined by the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) as a condition that:

- Is expected to be long-continuing or of indefinite duration;
 - Substantially impedes the individual's ability to live independently;
 - Could be improved by the provision of more suitable housing conditions; **and**
 - Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); **or**
- Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

Reference Documents:

https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

<https://www.hudexchange.info/resource/5182/sample-chronic-homelessness-documentation-checklist/>



Documentation Option #1: Self-Certification with Intake or Referral Staff Observation

Note: During the COVID-19 Pandemic, self-certification and intake or staff observation is acceptable documentation.

Client Certification

I, hereby, certify that I _____ (print name of Client) have been diagnosed with at least one of the following:

- ☐ A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - ☐ Is expected to be long-continuing or of indefinite duration; and substantially impedes my ability to live independently; and could be improved by the provision of more suitable housing conditions; OR
- ☐ A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); OR
- ☐ The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Printed name of Client (Head of Household/Primary Applicant)

Signature of Client (Head of Household/Primary Applicant)

Date

Staff Certification: Intake or referral staff should also attest to the self-certification of disability

I hereby certify that _____ (print name of Client) has a condition that meets the HUD definition of disability as defined in the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)).

Staff (Printed Name)

Staff (Signature)

Date

Title

Organization



Documentation Option #2: Verification from SSA or VA

Evidence attached to this form must include one of the following (check one):

- ☐ Income verification from the Social Security Administration; OR
- ☐ Copy of a disability check (e.g., SSI, SSDI or Veterans Disability Compensation)

Documentation Option #3: Verification by a Qualified Licensed Professional

I, hereby, certify that _____ [Insert Participant Name] has been diagnosed with at least one of the following:

- ☐ A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - ☐ Is expected to be long-continuing or of indefinite duration; and substantially impedes the individual's ability to live independently; and could be improved by the provision of more suitable housing conditions; OR
- ☐ A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); OR
- ☐ The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Notes [for Staff use only]:

Licensed/Credentialed Staff (Printed Name)	Licensed/Credentialed Staff (Signature)	Date
License/Credential	Agency Affiliation	Title



HSH Permanent Housing Application

Form H: Third Party Rent Payment/Modified Payment Agreement

I, (printed name), _____, DOB _____, have been informed that participation in a Third Party Rent Payment Program or Modified Payment Program is a requirement for placement in the unit to which I am being referred, and I will not be able to sign a lease without agreeing to pay rent through a program as identified below.

For Legacy Direct Access to Housing (DAH) units:

Check one:

- ☐ I will submit my rent payment via the Third Party Rent Payment Program managed by Lutheran Social Services. See attached page for methods of payment.
- ☐ I will submit my rent payment via the Third Party Rent Payment Program managed by Conard House (applicable to the Plaza Apartments).
- ☐ I **already** have a Payee/Money Management service in place that has the ability, and will be instructed by me, to send the exact monthly rent amount to Property Management should I be offered tenancy.

Name of Payee/Money Management Service: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

For Legacy HSH Master-Leased units:

Check one:

- ☐ I will submit my rent payment via the Modified Payment Program managed by Tenderloin Housing Clinic (THC). If I am a CAAP recipient, my benefits will be directed to THC for rent payment.
- ☐ I will submit my rent payment via the Third Party Rent Payment Program managed by Conard House (applicable to the McAllister Hotel and the Aranda Hotel).

Client Signature: _____ Date: _____

Housing Navigator Signature: _____

Date: _____