

Rapid Rehousing (RRH) Services and Client File Checklist (Form 2A)

Head of Household Name: _____

Enrollment Date: _____ Exit Date: _____

<b style="color: #0070C0;">Eligibility Determination: <i>All documents in this section must be completed prior to enrolling household in Rapid Rehousing.</i>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<p>RRH Homelessness Status Worksheet (Form 2B) with required documentation attached (check one below):</p> <ul style="list-style-type: none"> <input type="checkbox"/> RRH Third Party Documentation - <i>HMIS Printout, Third Party Documentation Certification (Form 2C), <u>or</u> another written, signed Third Party Statement.</i> <input type="checkbox"/> RRH Self-Certification Documentation– <i>RRH Staff Report and Due Diligence Form (Form 2D) <u>and</u> RRH Participant Self-Certification Form (Form 2E)</i>

<b style="color: #0070C0;">At Enrollment: <i>All documents in this section must be completed prior to providing Housing Relocation and Stabilization Services or Rental Assistance services under Rapid Rehousing.</i>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<p>RRH Intake (Form 2F) (Includes completing HMIS Enrollments for all Household Members – Form 2Fi for each Adult and Form 2Fii for each Child)</p>
		<p>Tehama CoC HMIS Release of Information www.tehamacoc.org/providerresources</p>
		<p>RRH Needs Assessment (Form 2G)</p>
		<p>RRH Housing Stability Plan (Form 2H)</p>

		<p>RRH Participation Packet <i>(Complete all forms listed below that require information entry/signatures. For all forms listed below except the Protect Your Family from Lead in the Home Pamphlet, retain originals in household's file. Provide copies of all forms listed below, including the Protect Your Family from Lead in the Home Pamphlet to participant to keep.)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> RRH Participation Agreement (Form 2I) <input type="checkbox"/> RRH Program Acceptance Letter (Form 2J) – Provide <u>several</u> copies to participant. <input type="checkbox"/> RRH Statement of Participant Rights (Form 2K) <input type="checkbox"/> RRH Termination and Appeals Policy (Form 2L) <input type="checkbox"/> RRH Confidentiality Policy (Form 2M) <input type="checkbox"/> Notice of Occupancy Rights Under the Violence Against Women Act (HUD-5380) <input type="checkbox"/> Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (HUD-5382) <i>(Provide BLANK for future use, if needed)</i> <input type="checkbox"/> Protect Your Family from Lead in Your Home Pamphlet (EPA) <input type="checkbox"/> RRH Acknowledgement of Receipt of Program Notices (Form 2N)
		<p>Document Services Provided <i>(Must be entered into HMIS; Form 2P use optional)</i></p>

<p>Once a potential unit has been identified: <i>All documents in this section must be completed prior to providing Rental Assistance services.</i></p>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		RRH Housing Unit Identification Worksheet (Form 2Q)
		RRH Rent Reasonableness Certification (Form 2R)
		Duplication of Benefits Checklist (Form 2S)
		<p>RRH Release of Information – Property Owner/Manager (Form 2T) <i>The Release of Information must name the prospective landlord as a party with whom the participant's PERSONALLY IDENTIFYING INFORMATION and PROGRAM PARTICIPATION STATUS can be shared.</i></p>
		Proposed Lease (from Property Owner/Manager, directly or via participant)

		<input type="checkbox"/> RRH Lease Compliance Worksheet (Form 2U)
		<input type="checkbox"/> Lease Compliance Notice (Form 2V) <i>This document, along with applicable attachments are to be provided to property owner/manager and a copy retained in client file attached to the Lease Compliance Worksheet (Form N). Do not proceed to conducting the Habitability Standards Inspection until all required attachments have been implemented/returned.</i> <ul style="list-style-type: none"> <input type="checkbox"/> Request for Taxpayer ID Number and Certification (IRS Form W-9) <i>(Include with all Lease Compliance Notices, except where Property Manager is a corporation)</i> <input type="checkbox"/> VAWA Lease Amendment (Form HUD-91067) <i>(Include if proposed lease does not meet VAWA requirements.)</i> <input type="checkbox"/> HUD LBP Acknowledgement Form (Form HUD 12345) <i>(Include if proposed lease requires, but does not include.)</i>
		Document Services Provided (Must be entered into HMIS; Form 2P use optional)

<h3>To Provide Rental Assistance:</h3> <p>All documents in this section must be completed prior to providing Rental Assistance services.</p>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<u>Executed</u> Lease/Rental Agreement <i>RRH Project must have fully executed lease (signed by participant as tenant/lessee and Property Owner/Manager as landlord/lessor) on file prior to providing financial assistance with security deposit or rent payments.</i>
		<u>Completed</u> Request for Taxpayer ID Number and Certification (IRS Form W-9)
		RRH Habitability Standards Checklist (Form 2W)
		<input type="checkbox"/> Lead Based Paint Screening Worksheet (Form 2X) <i>If applicable, include/distribute the following:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Lead Based Paint Visual Assessment Certification (2Xi) <input type="checkbox"/> ESG Lead-Based Paint Property Owner Certification Form (2Xii) <input type="checkbox"/> Instructions for Residents Receiving ESG Assistance (2Xiii) <input type="checkbox"/> Instructions for Property Owners with Tenants Receiving ESG Assistance (2Xiv)
		RRH Rental Assistance Agreement (Form 2Y) <i>(Must be signed by participant, property owner/manager and Program Staff)</i>

		<p>*Document Move-In Date in Head of Household's HMIS Program Enrollment* (Re-print Head of Household's updated HMIS Program Enrollment to retain in file)</p>
		<p>Document Services Provided (Must be entered into HMIS; Form 2P use optional)</p>

<p>Case Management / Re-Evaluations Case Management meetings should be offered no less than monthly. Participation in monthly case management services cannot be required of participants enrolled in RRH using ESG-CV funding.) Re-evaluations should be offered one month prior to the last month of assistance as indicated on the most recent RRH Rental Assistance Agreement.</p>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<p>Updated/new Rapid Rehousing Housing Stability Plan (Form 2H), as applicable. (original to file, copy to participant)</p>
		<p>Updated/new RRH Rental Assistance Agreement (Form 2Y), as applicable. (Must be signed by participant, property owner/manager and Program Staff)</p>
		<p>Document Services Provided (Must be entered into HMIS; Form 2P use optional)</p>

<p>Annual Re-Certification (if applicable) Annual Re-Certification must be conducted for households enrolled in RRH for 365 days or more.</p>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<p>RRH Annual Assessment (Form 2Z) (Information must be entered into HMIS and hard copy retained in participant file. See options described in Form 2Z)</p>
		<p>Income Evaluation (from HUD CPD Income Eligibility Calculator)</p> <p>If result of Income Evaluation indicates that household is no longer eligible for Rapid Rehousing services, do not complete Form 2Z below. Complete the RRH Housing Stability Plan with participant and offer up to 90 days of follow-up Case Management services. At the end of the 90-day period (or earlier, if household is stable and/or declines follow-up services, complete "At Exit" and "To Close File" sections.</p>
		<p>Income Documentation (attach to Income Evaluation in participant file)</p>
		<p>Updated/new Rapid Rehousing Housing Stability Plan (Form 2H), as applicable. (original to file, copy to participant)</p>

		<p>Document Services Provided (Must be entered into HMIS; Form 2P use optional)</p>
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At Exit:		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<p>RRH Termination of Assistance Letter (Form 2AA) Retain a copy in household's file and deliver, or cause to be delivered, original document to participant. Delivery in-person is preferred, however delivery by U.S. Mail to participant's last known address is acceptable in cases in which participant has ceased contact with the program.</p> <p>Check the delivery method used:</p> <p><input type="checkbox"/> Hand delivered to participant on (date): _____</p> <p><input type="checkbox"/> Mailed to participant's last known address on (date) _____</p> <p>If mailed, explain why letter could not be delivered to participant in-person: _____ _____ _____</p>
		<p>RRH Exit Assessment (Form 2AB) (Information must be entered into HMIS and hard copy retained in participant file. See options described in Form 2AB)</p>
		<p>Document Services Provided (Must be entered into HMIS; Form 2P use optional)</p>

To Close File:		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		Print any Services Provided records from Apricot Document Folder(s) for which a Form 2P was not used. Add to household file.
		Review household file against this form and confirm that all documents are present and complete. Add Exit Date to page 1 of this form, then sign below to certify:

RRH Project Staff Name: _____

RRH Project Staff Signature: _____ File Close Date: _____

Rapid Rehousing Homeless Status Worksheet (Form 2B)

This form is to be completed and certified by RRH Project Staff.

Head of Household Name: _____

Enrollment Date: _____ # of persons in Household _____

PART 1: ELIGIBILITY (Complete Part 1A AND Part 1B)

Eligibility for Rapid Rehousing is limited to individuals and families that meet at least one of the categories in PART 1A and one of the categories in PART 1B.

Complete both parts:

PART 1A: Please check the option that best fits the household's circumstances:

- This individual or family does not have a fixed, regular, and adequate nighttime residence.*
- This individual or family is fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and*
 - Has no other residence; and*
 - Lacks the resources or support networks (e.g., family, friends, faith-based or other social networks) to obtain other permanent housing.*
- Neither option above is true of this individual or family's current circumstances.*
If neither option above applies, this individual or family is not eligible for Rapid Rehousing. Skip to Section 3 and check "Not eligible for Rapid Rehousing" then assist the individual or family with problem solving and/or eligibility for other types of assistance.

PART 1B: Please check the option that best fits the household's circumstances:

- OPTION 1 - UNSHELTERED: Is residing in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- OPTION 2 - SHELTERED: Is residing in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- OPTION 3 - EXITING AN INSTITUTION: Is an individual exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- If NONE OF OPTIONS 1-3 APPLY, this individual or family is not eligible for Rapid Rehousing. Skip to Section 3 and check "Not eligible for Rapid Rehousing" then assist the individual or family with problem solving and/or eligibility for other types of assistance.

>>>>>> THIS FORM IS NOT YET COMPLETE. Continue to Page 2 to complete the form. >>>>>>

PART 2: ELIGIBILITY DOCUMENTATION

Status indicated in Part 1 must be documented using either the Third-Party Documentation option or the Self-Certification option below. Please check the option being used and attach all additional forms and documents checked below to **this form in the household's file**:

- Third Party Documentation – Attach at least one of the following to this form:
 - Printout of HMIS records for a current Emergency Shelter or Street Outreach enrollment
 - RRH Third Party Statement Certification Form (Form 2C)
 - A written, signed statement from Third Party **agency staff describing that the participant's** circumstances meet one of Options 1-3 (i.e., letter on agency letterhead, form developed by the Third-Party agency for this purpose, or other written statement)
- Self-Certification Documentation Set - Attach both of the following to this form:
 - RRH Staff Observation and Due Diligence Form (Form 2D)
 - RRH Participant Self-Certification Form (Form 2E)

PART 3: STAFF CERTIFICATION

Based on the information described above, I have determined that this household is (check only one):

- Eligible for Rapid Rehousing
- Not eligible for Rapid Rehousing

Intake Staff Name: _____

Intake Staff Signature _____ Date: _____

Third Party Statement Certification (Form 2C)

This form is to be completed and certified by Project Staff in partnership with Third Party Staff.

NOTE: For the purposes of completing this form, "Third Party Staff" is defined as staff from a project other than the RRH project that has knowledge of the household's current primary nighttime residence. Third Party Staff may be from another agency or a different project within the same agency as the RRH project.

Head of Household Name: _____

Enrollment Date: _____ # of persons in Household _____

Instructions: Complete one option below, then attach to Form 2B in household's file.

OPTION 1: THIRD PARTY STAFF SIGNED STATEMENT (PREFERRED)

This section must be completed and signed by THIRD PARTY STAFF.

Name and position of Third Party Staff: _____

Name of Third Party Staff's agency and project/program: _____

Please describe the primary nighttime residence of the above-named household:

Please describe how you made this determination (i.e., direct observation, referral information, etc.)

Third Party Staff Signature: _____ Date: _____

OPTION 2: ORAL STATEMENT FROM THIRD PARTY

This section to be completed by RRH Project Staff based on oral statement of THIRD PARTY STAFF:

Name, position, and agency/project of Third Party Staff providing oral statement:

Please provide the Third Party Staff's oral description of the above-named household's primary nighttime residence, how they made this determination, how oral statement was obtained, and reason statement could not be provided in writing:

RRH Staff Name: _____

RRH Staff Signature _____ Date: _____

RRH Staff Report and Due Diligence Form (Form 2D)

This form is to be completed and certified by RRH Project Staff.

Head of Household Name: _____

Enrollment Date: _____ # of persons in Household _____

Instructions: Complete all three sections below. Attach completed form and RRH Participant Self-Certification Form (Form 2E), completed by Participant/Head of Household, to Rapid Rehousing Homeless Status Worksheet (Form 2b) in participant file.

PART 1: STAFF REPORT

Describe the household's current primary nighttime residence, as reported to you:

Provide any first-hand observations that support this assertion (i.e., presence of luggage or personal items, clothing/bedding observed in vehicle, familiarity with peers known to be unsheltered, etc.):

PART 2: REASON FOR NOT OBTAINING THIRD PARTY DOCUMENTATION

Complete one or more sections below, as applicable.

- Third Party Documentation is not available because this household is not engaged in services with any other agency or project.
- RRH Project Staff attempted to contact Third Party to request documentation, but attempts were unsuccessful. Describe attempts here: _____

- Obtaining, or attempting to obtain, third party documentation would have posed a safety risk to one or more household members. Explain here: _____

- If none of the options above apply, please complete: Third Party Documentation was not obtained for the following reason: _____

PART 3: STAFF CERTIFICATION

By signing below, I certify that the information contained herein is true and correct to the best of my knowledge.

Intake Staff Name: _____

Intake Staff Signature _____ Date: _____

RRH Homeless Status Self-Certification (Form 2E)

Instructions: This form is to be completed by applicants or program participants only when third-party documentation of homelessness is unavailable and self-certification is the only way to document eligibility.

This section to be completed by the applicant/participant:

Name: _____ Date of Birth: _____

Self-Certification of (check all that apply):

- Unsheltered Homelessness**
Living in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.
- Sheltered Homelessness**
Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).
- Homeless, Exiting an Institution**
Exiting an institution where you resided for 90 days or less and you resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- Homeless, Fleeing Domestic Violence (Eligible only if Unsheltered or Sheltered as defined above.)**
Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; has no other residence, lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing AND is residing in either a place not designed or ordinarily used as a regular sleeping accommodation or is a supervised public or privately operated shelter designated to provide temporary living arrangements.

Please describe, in your own words, your current situation as indicated above:

Certification: *"I hereby certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify homelessness, at risk of homelessness, income or other information hereby provided."*

Participant Signature: _____ Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

RRH Intake (Form 2F)

This form is to be completed by RRH Project Staff with Head of Household.

Intake Date: _____

of Adults in Household _____ # of Children in Household _____

Section 1: HOUSEHOLD PROFILE

Head of Household: Full Name: _____ Date of Birth: _____

Age at Enrollment: _____ Highest level of education attained: _____

*Additional Adult: Full Name: _____ Date of Birth: _____

Age at Enrollment: _____ Highest level of education attained: _____

Relationship to Head of Household: _____

Child 1: Full Name: _____ Date of Birth: _____

Age at Enrollment: _____ School: _____ Current Grade Level: _____

Relationship to Head of Household: _____

Child 2: Full Name: _____ Date of Birth: _____

Age at Enrollment: _____ School: _____ Current Grade Level: _____

Relationship to Head of Household: _____

Child 3: Full Name: _____ Date of Birth: _____

Age at Enrollment: _____ School: _____ Current Grade Level: _____

Relationship to Head of Household: _____

Child 4: Full Name: _____ Date of Birth: _____

Age at Enrollment: _____ School: _____ Current Grade Level: _____

Relationship to Head of Household: _____

Child 5: Full Name: _____ Date of Birth: _____

Age at Enrollment: _____ School: _____ Current Grade Level: _____

Relationship to Head of Household: _____

**Add information for any additional household members using a separate sheet.*

Section 2: CONTACT INFORMATION

Primary Phone Number: _____

Phone type: Mobile Message Only | This phone belongs to: _____

Is it ok to text this phone number? Yes No Does this phone only work on wifi? Yes No

Additional Phone Number: _____

Phone type: Mobile Message Only | This phone belongs to: _____

Is it ok to text this phone number? Yes No Does this phone only work on wifi? Yes No

Mailing Address (if any): _____

This address belongs to: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Relationship to Household: _____

Section 3: CSBG Information

Please check if any member of the household is the following:

Migrant Farm Worker (if yes, name(s): _____)

Seasonal Farm Worker (if yes, name(s): _____)

Farmer (if yes, name(s): _____)

On Parole (if yes, name(s): _____)

Has any household member ever been in Foster Care? Yes No

If yes, name(s): _____)

Section 4: HMIS ENROLLMENT

Option 1: Enter HMIS Data Elements for each household member directly into HMIS then print a copy of each HMIS form from each household member’s Apricot Folder to retain in household file.

Date printed Apricot forms added to household file: _____ Staff initials: _____

Option 2: Collect HMIS Data Elements for each household member using Form 2Fi (for adults) and Form 2Fii (for children), transcribe data from Form(s) 2Fi/2Fii into HMIS and retain Form(s) 2Fi/2Fii in household’s file.

Date entered into HMIS: _____ Staff initials: _____

RRH Project Staff Name: _____

RRH Project Staff Signature: _____ Date: _____



Homeless Management Information System

Client Informed Consent & Release of Information Authorization

I, (print consumer's name) _____, understand that _____ collected information about me and/or dependents listed below to enter it into a database system called the Homeless Management Information System (HMIS).

This database helps providers better understand homelessness, improve service delivery to the homeless, and evaluate the effectiveness of services provided to the homeless. Participation in data collection and release, although optional, is a critical component of the community's ability to provide the most effective services and housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only to participating agencies, who have entered into an Intra-Agency HMIS Data Sharing Agreement and shall be used to:

- Produce a client profile at intake that will be shared by collaborating agencies
- Produce anonymous, aggregate-level reports regarding use of services
- Track individual program-level outcomes
- Identify unfilled service needs and plan for the provision of new services
- Allocate resources among agencies engaged in the provision of new services
- Disclosed if required by court order or as required by law

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the participating agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling and/or other services. The information may consist of the following Protected Identifying Information (PII):

- | | | |
|--------------------------|------------------------------------|----------------------|
| • Name | • Employment Status | • Substance Use |
| • Date of Birth | • Homeless History | • Veteran Status |
| • Social Security Number | • Residence Prior to Project Entry | • HIV/AIDS |
| • Gender | • Domestic Violence | • Program Entry Date |
| • Ethnicity & Race | • Legal History | • Program Exit Date |
| • Family Composition | • Mental Health | |
| • Disabling Condition | | |

I UNDERSTAND THAT:

- Information I give concerning physical or mental health problems will not be shared with other participating agencies in any way that identifies me.
- The participating agencies have signed agreements to maintain confidentiality regarding my information.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the participating agencies. This authorization will remain in effect until I revoke it in writing, and I may revoke authorization by signing a "Revocation of Consent to Release Information Form".
- My records are protected by federal, state, and local regulations governing confidentiality and cannot be disclosed without my written consent unless otherwise provided for in the regulations, law, or court order.
- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing & Urban Development may see my information.
- People using HMIS information to write reports may see my information.
- Participation in data collection is optional, and I may choose not to participate.
- This release is valid for three (3) years from the date of my signature below.
- I understand that my personal information will not be made public and will only be used with strict confidentiality.

Participating agencies: A list of the participating agencies within the Tehama County Continuum of Care Homeless Management Information System (HMIS) may be viewed prior to signing this form.

List all dependent children under 18 in household, if any (first and last names):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Please initial one of the following levels of consent:

_____ I DO consent to the sharing of personal information collected about me, and any dependents listed below, with agencies that participate in HMIS. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.

OR

_____ I DO NOT consent to my information being shared with outside agencies. I understand that any information I provide to this agency will be entered into the HMIS, but that if I refuse consent by signing below, information regarding my current situation and the services I receive from this agency will not be shared with other agencies. I recognize that my information will still be viewable by staff at this agency and the HMIS/CES Administrator(s).

Consumer's Signature

Date

GENDER *[All Clients]*

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender		
<input type="radio"/>	Questioning		

RACE (Select all applicable) *[All Clients]*

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	White
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	Client does not know
<input type="radio"/>	Black, African American, or African	<input type="radio"/>	Client refused
<input type="radio"/>	Native Hawaiian or Pacific Islander	<input type="radio"/>	Data Not Collected

ETHNICITY *[All Clients]*

<input type="radio"/>	Non-Hispanic/ Non-Latin(a)(o)(x)	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latin(a)(o)(x)	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

VETERAN STATUS *[All Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)	
--------------------------------------	--

Year separated from military service (year)	
---------------------------------------------	--

Theater of Operations: World War II

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

Theater of Operations: Korean War

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

Theater of Operations: Vietnam War

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

Theater of Operations: Persian Gulf War (Desert Storm)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

PROGRAM ENROLLMENT

PROJECT START DATE [All Clients]

		-			-			
Month			Day			Year		

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non-relation member

HMIS ASSESSMENT

INFORMATION DATE

(**SAME AS PROJECT START DATE**)

		-			-			
Month			Day			Year		

DISABLING CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

PHYSICAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
-----------------------	----	-----------------------	---------------------

<input type="radio"/>	Yes	<input type="radio"/>	Client refused		
		<input type="radio"/>	Data not collected		
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY					
<input type="radio"/>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
				<input type="radio"/>	Data not collected

HIV-AIDS [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

MENTAL HEALTH DISORDER [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Yes	<input type="radio"/>	Client refused		
		<input type="radio"/>	Data not collected		
IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY					
<input type="radio"/>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
				<input type="radio"/>	Data not collected

SUBSTANCE USE DISORDER [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders		
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know		
		<input type="radio"/>	Client refused		
<input type="radio"/>	Drug use disorder	<input type="radio"/>	Data not collected		
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY					
<input type="radio"/>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
				<input type="radio"/>	Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF "YES" TO DOMESTIC VIOLENCE			
WHEN EXPERIENCE OCCURRED			
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected

Are you currently fleeing?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [*Head of Household and Adults*]

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment, or house	<input type="radio"/>	Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client refused
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

LENGTH OF STAY LESS THAN 90 DAYS

[Institutional Housing Situations]

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

<input type="radio"/>	Yes	<input type="radio"/>	No
-----------------------	-----	-----------------------	----

Approximate Date Homelessness Started	___/___/_____
---------------------------------------	---------------

Number of **times** the client has been on the streets, ES, or Safe Haven in the last 3 years

<input type="radio"/>	One Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two Times	<input type="radio"/>	Client refused
<input type="radio"/>	Three Times	<input type="radio"/>	Data not collected
<input type="radio"/>	Four or More Times		

Total Number of **Months** homeless on the streets, ES, or Safe Haven in the last 3 years

<input type="radio"/>	One month (this time is the first month)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	2--12 months (specify number of months): _____	<input type="radio"/>	Client refused
<input type="radio"/>	More than 12 months	<input type="radio"/>	Data not collected

INCOME, NON-CASH BENEFITS AND HEALTH INSURANCE ASSESSMENT

INFORMATION DATE

(**SAME AS PROJECT START DATE AND HMIS ASSESSMENT INFORMATION DATE**)

		-			-			
Month		Day		Year				

INCOME FROM ANY SOURCE [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	

<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement income from Social Security	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or retirement income from a former job	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child support	
<input type="radio"/>	VA Non-Service-Connected Disability Pension		<input type="radio"/>	Alimony and other spousal Support	
<input type="radio"/>	Private Disability Insurance		<input type="radio"/>	Other income source (specify):	
<input type="radio"/>	Worker's Compensation				
Total Monthly Income for Individual:					

RECEIVING NON CASH BENEFITS [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Child Care Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (specify):	<input type="radio"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/>	MEDICAID If Medicaid (Medi-Cal), which Managed Care Plan? <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> CA Health & Wellness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Health Insurance Obtained Through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veterans Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

CERTIFICATION:

"By signing below, I certify that the information contained herein is true and correct, to the best of my knowledge."

Participant/Head of Household Name: _____

Participant/Head of Household Signature: _____ Date: _____

RRH HMIS Enrollment – Child (Form 2Fii)

This form is to be completed by RRH Project Staff with Head of Household.
Complete a separate Form 2Fii for each CHILD in household.

INDIVIDUAL RECORD:

NAME		N/ A
Last		o
First		
Middle		o
Suffix		o

DATE OF BIRTH

		-			-				Age:
Month			Day			Year			

SOCIAL SECURITY NUMBER [All Clients]

			-			-			
--	--	--	---	--	--	---	--	--	--

NAME DATA QUALITY			
<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

DATE OF BIRTH DATA QUALITY			
<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

SOCIAL SECURITY DATA QUALITY			
<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

INDIVIDUAL RECORD:

GENDER [All Clients]

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender		
<input type="radio"/>	Questioning		

RACE (Select all applicable) [All Clients]

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	White
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	Client does not know
<input type="radio"/>	Black, African American, or African	<input type="radio"/>	Client refused
<input type="radio"/>	Native Hawaiian or Pacific Islander	<input type="radio"/>	Data Not Collected

ETHNICITY [All Clients]

<input type="radio"/>	Non-Hispanic/ Non-Latin(a)(o)(x)	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latin(a)(o)(x)	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

PROGRAM ENROLLMENT

PROJECT START DATE [All Clients]

		-			-				
Month			Day			Year			

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non-relation member

HMIS ASSESSMENT

INFORMATION DATE

(**SAME AS PROJECT START DATE**)

		-			-				
Month		Day			Year				

DISABLING CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

PHYSICAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

HIV-AIDS [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders	
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know	
		<input type="radio"/>	Client refused	
<input type="radio"/>	Drug use disorder	<input type="radio"/>	Data not collected	
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" - SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO DOMESTIC VIOLENCE				
WHEN EXPERIENCE OCCURRED				
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more	
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know	
		<input type="radio"/>	Client refused	
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected	
Are you currently fleeing?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

INCOME, NON-CASH BENEFITS AND HEALTH INSURANCE ASSESSMENT

INFORMATION DATE

(**SAME AS PROJECT START DATE AND HMIS ASSESSMENT INFORMATION DATE**)

		-			-				
Month		Day			Year				

COVERED BY HEALTH INSURANCE [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
<input type="radio"/>	MEDICAID If Medicaid (Medi-Cal), which Managed Care Plan? <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> CA Health & Wellness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Health Insurance Obtained Through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veterans Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

CERTIFICATION:

"By signing below, I certify that the information contained herein is true and correct, to the best of my knowledge."

Participant/Head of Household Name: _____

Participant/Head of Household Signature: _____ Date: _____

RRH Needs Assessment (Form 2G)

This form is to be completed by RRH Project Staff with Head of Household.

Head of Household Name: _____ Assessment Date: _____

Category 1: Documentation

Document	Currently have?		Action needed:	
Social Security Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
Driver's License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
State ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
Green Card/Work Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need

Category 2: Income/Benefits

Non-Cash Benefits

1. Are you currently receiving benefits from any of the following programs?
(Check all that apply).

CalFresh (aka SNAP or Food Stamps)

MEDI-CAL health insurance program

MEDICARE health insurance program (only for those with disabilities or age 65+)

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Veteran's Administration (VA) Medical Services

CalWORKs Child Care services

CalWORKs transportation services

Other CalWORKs-funded services

Section 8, public housing, or other rental assistance

2. Honest Monthly Budget

Things I/we have to spend money on:		Formal ways I/we get money:	
Rent/Lodging		Job	
Utilities		Public Benefits (Cash Aid, GA)	
Food CalFresh <input type="checkbox"/> Y <input type="checkbox"/> N		Disability	
Arrears		Pension	
Repairs		Inheritance	
SUBTOTAL		SUBTOTAL	

Other money goes toward:		Informal ways I/we get money:	
Child Support		Odd Jobs	
Debts		Baby Sitting	
Cigarettes		Day Labor	
Coffee		Friends/Family	
Alcohol		Selling Crafts	
Other Drugs		Honorariums	
Health		Other Income Sources	
Girlfriend/Boyfriend			
Other Friends			
Childcare			
Cable			
Cell Phone			
Gas			
Bus/Taxi/Transportation			
Animals			
Gambling			
Legal/Fines			
Other bills			
SUBTOTAL		SUBTOTAL	

All the ways I/we spend money:		All the ways I/we make money:	
GRAND TOTAL		GRAND TOTAL	

Difference between what I spend and what I make:	
--------------------------------------------------	--

3. Does anyone else pay any of your bills? Yes No

If yes, who and what are they paying? _____

4. Do you have a savings account? Yes No

If yes, what is the balance? _____

- 5. List all outstanding debts (credit card debt, car loans, debts owed to utility companies, student loans, payday loans, etc.), the total amount owed, how much you are supposed to be paying and how often, and how much you actually are paying and how often:

Debt owed to: _____ Total Amount owed: _____

Do you have a payment plan/regular payment? Yes No If yes, how much? _____

How often are you supposed to make a payment? Monthly Weekly Other _____

Date and amount of last payment made: _____

Have you been contacted by a collection agency regarding this debt? _____

Debt owed to: _____ Total Amount owed: _____

Do you have a payment plan/regular payment? Yes No If yes, how much? _____

How often are you supposed to make a payment? Monthly Weekly Other _____

Date and amount of last payment made: _____

Have you been contacted by a collection agency regarding this debt? _____

Debt owed to: _____ Total Amount owed: _____

Do you have a payment plan/regular payment? Yes No If yes, how much? _____

How often are you supposed to make a payment? Monthly Weekly Other _____

Date and amount of last payment made: _____

Have you been contacted by a collection agency regarding this debt? _____

Debt owed to: _____ Total Amount owed: _____

Do you have a payment plan/regular payment? Yes No If yes, how much? _____

How often are you supposed to make a payment? Monthly Weekly Other _____

Date and amount of last payment made: _____

Have you been contacted by a collection agency regarding this debt? _____

TOTAL OUTSTANDING DEBT: _____

- 6. Is there anything on your credit report that might make it difficult for you to get or keep housing? Yes No Don't know

If yes, please describe: _____

7. Reviewing your own credit report in advance of allowing prospective landlords to review it can give you a chance to address any errors and/or to plan for how you will respond to questions or concerns about derogatory items that might appear on your report. You are entitled to request your own credit report from each of the three companies that produce credit reports (Experian, Equifax and TransUnion) each year. You can also use one of several free credit report services available online.

How would you like to review your credit report?

- I will pull my credit report on my own.
 I would like my Case Manager to assist me with pulling and reviewing my credit report.

NOTE: If you have multiple adults in your household, a prospective landlord will likely require that all adults undergo a credit report check prior to approving your household for a rental unit. It's important that each adult review their credit report prior to this process, however, only the person named on the credit report can request that report. Your Case Manager is available to help each adult in your household with this task if needed.

Category 3: Crisis/Bridge Housing

1. Where are you currently sleeping? _____
2. Are you currently staying, or have you ever, stayed in a shelter or transitional housing program? Yes No (If no, skip to question 3)

If yes, please provide the name of the program and dates of your stay: _____

If yes, have you ever been asked to leave a shelter or transitional program? Yes No

If yes, please explain: _____

3. Would you be interested in a shelter or transitional program? Yes No

If yes, please describe preferences/dealbreakers: _____

Category 4: Health/Mental Health

1. Are you or any member of your household disabled and unable to work? Yes No

If yes, is this disability expected to last one year or longer? Yes No

If yes, has this household member applied for SSI/SSDI? Yes No

If yes, what is the status of the SSI/SSDI application? Approved Denied Pending

2. Do you or anyone in your household have any physical or behavioral health conditions for which you/they are currently not receiving adequate treatment? Yes No

If yes, please describe barriers to accessing care that have been encountered: _____

- 3. Do you or any household member have physical or behavioral health issues that make it hard for you to live on your own? Yes No

If yes, please describe any accommodations you might need in order to live on your own: _____

- 4. Describe any other issues that you or your household has with regards to physical or behavioral health concerns and/or accessing healthcare: _____

Category 5: Education/Vocational Training

- 1. Are all children in the household attending school regularly? Yes No N/A
- 2. Have you started any educational programs (community college, vocational certifications, etc.) that you've been unable to finish due to financial or housing difficulties? Yes No
- 5. Do you or anyone in your household have other educational issues or concerns that you would like help addressing? Yes No

If yes, please describe: _____

Category 6: Employment

- 1. Is any household member currently employed? Yes No If yes, please describe:

Employed Household Member Name: _____

Employer: _____ Job Title: _____

How long have you worked there? _____

Rate of Pay _____/hour Hours per week: _____

Employed Household Member Name: _____

Employer: _____ Job Title: _____

How long have you worked there? _____

Rate of Pay _____/hour Hours per week: _____

Employed Household Member Name: _____

Employer: _____ Job Title: _____

How long have you worked there? _____

Rate of Pay _____/hour Hours per week: _____

- 2. What type of work experience/job training do you have? _____

- 3. In addition to housing, are there any items that you need in order to get or keep employment in the field you're trained in (i.e., uniforms, safety gear, interview clothes, etc.)?

- 4. Do you have any specific employment goals or aspirations that you have not had the resources or knowledge to pursue? _____

Category 7: Legal

- 1. Are you currently on any of the following? (check all that apply)
 - AB109 Formal Probation
 - Other Formal Probation
 - Summary Probation
 - Other Post-Release Supervision (describe): _____
- 2. Do you or anyone in your household have past convictions on your record that might come up on a background check? Yes No
 If yes, describe (include the year and type of conviction and any efforts to have your record expunged or convictions vacated, etc.): _____

- 3. Do you or anyone in your household have unresolved legal issues that could result in you having to pay fines or serve time in jail? Yes No
 If yes, please describe any steps that you've taken to resolve any such issues and/or any help you know you need to resolve them: _____

Category 8: Permanent Housing/Housing Stabilization

- 1. When was the last time you had housing that was in your name, or that you knew you could sleep each night? _____
- 2. What factors contributed to you losing that housing? _____

- 3. Are you currently on a waiting list for Housing Choice Vouchers (Section 8)? Yes No

If yes, when was the last time you updated your information with them? _____

- 4. Are you currently on a waiting list for a low-income rental unit? Yes No

If yes, when was the last time you updated your information with them? _____

- 5. Have you ever been evicted? Yes No

If yes, please provide the approximate date this occurred and the details of the situation: _____

- 6. Is anyone in your household required to adhere to any restrictions on where, or near whom, you can live? Yes No

If yes, please provide describe: _____

Category 9: Other (ex. Transportation, Life Skills)

- 1. Do you have a vehicle? Yes No If yes, is it operable? Yes No

Describe any current issues with vehicle use (i.e., repairs needed, registration status, etc.) _____

- 2. Do you have any pets? Yes No If yes, please describe: _____

- 3. Are there any other factors that you feel make it difficult for you to get or keep housing that we haven't already discussed but that you would like to address? Yes No

If yes, please provide describe: _____

To be completed by Head of Household:

By signing below, I certify that I the information I have provided on this assessment is true and correct to the best of my knowledge.

Head of Household Name: _____

Head of Household Signature: _____ Date: _____

Witnessed/transcribed by: RRH Project Staff Name: _____

RRH Project Staff Signature: _____ Date: _____

RRH Housing Stability Plan (Form 2H)

This form is to be completed by RRH Project Staff with Head of Household.

Head of Household Name: _____ Date: _____

Housing Stability Plan (HSP): A standardized housing focused case management plan designed to assist the participant identify strengths and attainable housing focused goals. The Housing & Services Plan will be the road map of services that are needed and to be provided, actions that need to be taken (by both staff and the participant) and referrals that need to be made. Housing Plans identify the participant's strengths, summarize the participant's goals, and immediate action steps towards achieving such goals. The Plans are updated as the person's situation changes, and steps are completed or revised.

Categories:	1. Documentation	4. Health/Mental Health	7. Legal	*insert a number on the Category column. Not all categories are required to complete a HSP. Categories may have additional goals. Each HSP is tailored to the individual and is used to support the participant.
	2. Income/Benefits	5. Education/Vocational Training	8. Permanent Housing/Housing Stabilization	
	3. Crisis/Bridge Housing	6. Employment	9. Other (ex. Transportation, Life Skills)	

Strengths Identified:						
Category	Identified Barrier	Goal	Action Steps	Person Responsible (Participant/Staff)	Anticipated Completion Date	Date Goal Achieved

Category	Identified Barrier	Goal	Action Steps	Person Responsible (Participant/Staff)	Anticipated Completion Date	Date Goal Achieved

Head of Household Name: _____

Head of Household Signature: _____ Date: _____

RRH Project Staff Name: _____

RRH Project Staff Signature: _____ Date: _____

RRH Participation Agreement (Form 21)

This form is to be completed and certified by all adults in participating household.

Head of Household Name: _____

Enrollment Date: _____ # of persons in Household _____

Participant(s) please INITIAL the following:

1. _____ I understand that the ultimate goal of this Program is for each participating household to secure and maintain permanent housing.
2. _____ I agree to keep my Case Manager informed of any changes to my household regarding residency, income status, goal progress, rental payment plans/abilities.
3. _____ I understand that once I sign a rental lease agreement, as the tenant I am required by law to pay my landlord rent on time every month in full until the termination date of the lease.
4. _____ I understand that ongoing rental assistance is reassessed on a month-to-month basis between myself and my Case Manager and is dependent upon the availability of funds, community resources, and my access to resources.
5. _____ I understand that I am responsible for choosing my own housing and responsible for reviewing and understanding the rental lease agreement prior to signing and for abiding by the terms of the lease once it has been signed.
6. _____ I agree to take active steps to achieve self-sufficiency to sustain permanent housing.
7. _____ I understand that Case Management services are available to me throughout my participation to assist me with addressing barriers to obtaining and retaining permanent housing.
8. _____ I agree to seek and/or maintain a stable income sufficient to pay my household bills. Should I lose employment or an income source for any reason, I will immediately seek to obtain a stable income that will sustain my household.
9. _____ I understand that if I have any grievances or appeal any decisions of this program I may submit the necessary paperwork within five working days. A Grievance/Appeal Policy/Procedure packet is included with this contract.
10. _____ I have received and understand the RRH Participants Rights document.
11. _____ I have received and understand the Termination of Assistance and Appeals Policy.

Head of Household Name: _____

Head of Household Signature _____ Date: _____

Additional Adult Name: _____

Additional Adult Signature _____ Date: _____

RRH Program Acceptance Letter (Form 2J)

This letter will be given to prospective landlords/property managers as confirmation that a prospective tenant has been approved for assistance through your project. It should be placed on your organization's/project's letterhead.

Date _____

To Whom It May Concern:

This letter is to inform you that (participant name) _____ is a participant in (project name), operated by (organization name). This letter serves as verification of this participant's continued eligibility for assistance through (project name) for (prescribed period – 60 days, 90 days, etc.) from the date of this letter.

(Project name) offers participating households assistance with move-in support, which may include financial assistance with rental application fees, security deposits, short- to medium-term rental assistance, and ongoing housing stability case management. Housing Stability Case Management is designed to provide the skills needed to successfully maintain permanent housing and includes education on tenant responsibilities and life skills, resource navigation, and features connection to educational resources, employment search and job training and health care through ongoing case planning and goal-setting.

We appreciate your consideration of this participant/participant household as a tenant and are committed to partnering with you both to ensure their success. If you have any questions about (project name) please don't hesitate to contact me, (case manager name) at (contact email) or by phone at (contact phone number).

Due to the funding that supports our program, we are required to confirm that a lease meets certain requirements prior to committing financial assistance. All leases must be legally binding, be between the participant and the landlord/property manager and must meet HUD's VAWA Protections and Lead-Based Paint Disclosure requirements. Please submit a copy of the proposed lease for any unit you wish to rent to this participant/participant household for review prior to entering the agreement. We are happy to provide standard addendums to meet any requirement not already met in your standard lease and to answer any questions you may have about the requirements. In most cases, these addendums simply serve to explicitly state existing tenancy laws.

We thank you sincerely for your consideration.

Sincerely,

Housing Case Manager
(project name)
(contact email)
(contact phone number)

NOTE: If this letter has expired, please do not assume that this participant is no longer eligible for assistance. Please contact us; we are committed to providing timely confirmation.

RRH Statement of Participant Rights (Form 2K)

1. Every participant has the right to be fully informed of all rights and exercise them without retaliation.
2. Every participant has the right to be treated with dignity and respect,
3. Every participant has the right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure.
4. When assigned a case worker, every participant has the right to be treated with self-determination in identifying, setting, and revising goals on one's case plan and to be referred to appropriate community services as needed.
5. Every participant has the right to release confidential information through written permission and may stop the exchange of information at any time.
6. Every participant has the right to receive services only in the context of a professional relationship based on valid, informed consent.
7. Every participant has the right to choose their own housing.
8. Every participant has the right to be clearly informed, in understandable language, about the purpose of the services being delivered, including participants who do not read or who communicate in a language other than English.
9. Every participant has the right to receive a written copy of their Housing Stability Plan.
10. Every participant has the right to have reasonable access to one's own personal records concerning their involvement in the program.
11. Every participant has the right to physical privacy.
12. Every participant has the right to be treated with cultural sensitivity.
13. Every participant has the right to services without existing preconditions such as substance abuse or mental health issues.
14. Every participant has the right to not be discriminated against for receiving services on the basis of race, ethnicity, age, creed, religion, sexual orientation, handicap, veteran status, marital status, developmental disability, or health status.
15. If a participant feels any rights have been violated by staff, they may file a grievance/complaint according to the RRH Program's Participant Grievance Procedure. The Program Grievance Procedure and Grievance Form is available to each participant upon request.
16. Every participant has the right to have an advocate present during the appeals and grievances processes.

RRH Termination and Appeals Policy (Form 2L)

THIS POLICY IS PROVIDED AS AN EXAMPLE ONLY.

*Your organization should use or develop a board-approved Termination and Appeals Policy. Your organization is welcome to use this example as a starting point/template but should consider organization- and program-specific factors when developing your own Termination and Appeals Policy. **Termination policies must comply with 24 CFR § 576.402.***

It is the intent of [RRH Project Name] that all qualified clients receive the full benefit of the program. However, situations and events may occur that would require the [RRH Project Name] to terminate services with a program participant.

- Termination of services can occur any time during program participation.
- Notice will be given to the client in writing at least 30 days prior to termination of assistance and will include a detailed description of any payments that will be cancelled due to the termination.
- 30-day clock starts the day the notice is mailed.
- Termination does not necessarily preclude future program participation.

Any time during the 30-day Notice of Termination time period, the client may contact the [RRH Staff and Contact Number] to schedule an appointment to meet in person to solve the issue(s) necessitating the termination. If no contact is made and/or issue(s) are not addressed, termination of services will occur on the date stated on the Notice of Termination letter.

Reasons for termination:

- The participant is no longer eligible to be served through [RRH Project Name] (example: participant's income is over-limit at annual re-evaluation)
- Knowingly providing false or fraudulent information to [RRH Project Name] for the purposes of receiving assistance.
- Violation of program requirements that endanger staff, any other participant, any other person or the viability of the program as a whole.

Clients who feel that they were terminated from the program in error or for reasons not stated above may appeal the termination of services by sending a letter with their name, address, and the reason for appeal to: [RRH Program Appeals Address]. Written notification of the outcome of the hearing/final decision will be provided within 30 days of the conclusion of the hearing.

RRH Confidentiality Policy (Form 2M)

THIS POLICY IS PROVIDED AS AN EXAMPLE ONLY.

Your organization should use or develop a board-approved Confidentiality Policy. Your organization is welcome to use this example as a starting point/template but should consider organization- and program-specific factors when developing your own Confidentiality Policy.

(Organization name) considers your information confidential and will not release any information about you outside of our agency without your consent with the exceptions noted below. Please **initial** that you understand each line and **sign** at the bottom of the page.

- _____ Communication with third party funders who may be paying for your services;
- _____ Some (organization name) staff and/or volunteers may be mandated reporters and must report known or suspected child abuse, elder abuse, and dependent adult abuse;
- _____ Serious threats to harm yourself or others;
- _____ (Organization name) may confirm if/when we last had contact with you in response to a missing person case or situation in which you are believed to be in danger. In such cases, (Organization name) will make every attempt to notify you prior to releasing such information and if successful, will offer to assist you with resolving the issue on your own if that is your preference.
- _____ (Organization name) must comply if subpoenaed by a court and/or ordered by a judge to disclose written or verbal information. In such a case, (Organization name) will make every attempt to notify you and/or your attorney of the circumstances and will limit disclosure to only the information required by the subpoena/court order.

Participant Name: _____

Participant Signature _____ Date: _____

Witness:

Staff Name: _____

Staff Signature _____ Date: _____

[Insert Name of Housing Provider¹]

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **[insert name of program or rental assistance]** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **[insert name of program or rental assistance]**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If you are receiving assistance under [insert name of program or rental assistance], you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under [insert name of program or rental assistance] solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **[insert name of program or rental assistance contact information able to answer questions on VAWA]**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Empower Tehama's 24-Hour Crisis Hotline at 530-528-0226**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Empower Tehama at 530-528-0226**.

Victims of stalking seeking help may contact **Empower Tehama at 530-528-0226**.

Attachment: Certification form HUD-5382 **[form approved for this program to be included]**

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

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

1. Date the written request is received by victim: _____

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

7. Relationship of the accused perpetrator to the victim: _____

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

10. Location of incident(s): _____

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

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

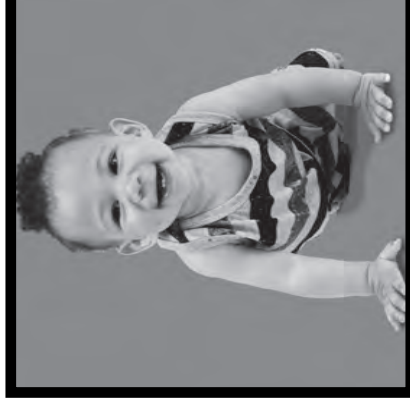
Signature _____ Signed on (Date) _____

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

IMPORTANT!

Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).



Protect Your Family From Lead in Your Home



United States Environmental Protection Agency



United States Consumer Product Safety Commission



United States Department of Housing and Urban Development

FOLD HERE

Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

CPSC

4330 East West Highway
Bethesda, MD 20814-4421
1-800-638-2772
cpsc.gov or saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

HUD

451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
(202) 402-7698
hud.gov/lead

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U. S. EPA Washington DC 20460
U. S. CPSC Bethesda MD 20814
U. S. HUD Washington DC 20410

EPA-747-K-12-001
March 2021

U. S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)
Regional Lead Contact
U.S. EPA Region 1
5 Post Office Square, Suite 100, OES 05-4
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)
Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679
(732) 906-6809

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)
Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103
(215) 814-2088

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)
Regional Lead Contact
U.S. EPA Region 4
AFC Tower, 12th Floor, Air, Pesticides & Toxics
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)
Regional Lead Contact
U.S. EPA Region 5 (LL-17J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 353-3808

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)
Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-2704

Region 7 (Iowa, Kansas, Missouri, Nebraska)
Regional Lead Contact
U.S. EPA Region 7
11201 Renner Blvd.
Lenexa, KS 66219
(800) 223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)
Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop St.
Denver, CO 80202
(303) 312-6966

Region 9 (Arizona, California, Hawaii, Nevada)
Regional Lead Contact
U.S. EPA Region 9 (CMD-4-2)
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4280

Region 10 (Alaska, Idaho, Oregon, Washington)
Regional Lead Contact
U.S. EPA Region 10 (20-C04)
Air and Toxics Enforcement Section
1200 Sixth Avenue, Suite 155
Seattle, WA 98101
(206) 553-1200

Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at epa.gov/lead.
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

For More Information

The National Lead Information Center

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/lead and hud.gov/lead, or call **1-800-424-LEAD (5323)**.

EPAs Safe Drinking Water Hotline

For information about lead in drinking water, call **1-800-426-4791**, or visit epa.gov/safewater for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at cpsc.gov or saferproducts.gov.

State and Local Health and Environmental Agencies

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at epa.gov/lead, or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

Other Sources of Lead, continued

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.⁴
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**," used to treat an upset stomach.

⁴ In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

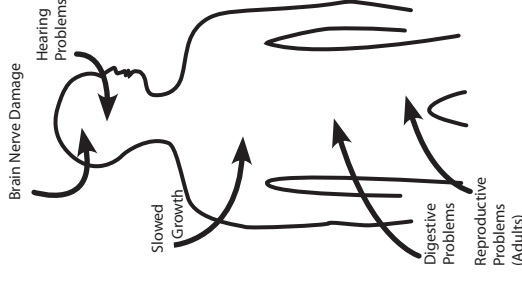
Health Effects of Lead

Lead affects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage

While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.



Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

Other Sources of Lead

Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800-424-LEAD.*

Call your local health department or water company to find out about testing your water, or visit epa.gov/safewater for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

*Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

Renovating, Repairing or Painting a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
 - **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
 - Open-flame burning or torching
 - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
 - Using a heat gun at temperatures greater than 1100°F
 - **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
 - **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.
- To learn more about EPA's requirements for RRP projects, visit epa.gov/getleadsafe, or read *The Lead-Safe Certified Guide to Renovate Right*.

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.¹

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.²

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at epa.gov/lead.

¹ "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm²), or more than 0.5% by weight.

² "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) and higher for floors, including carpeted floors
- 100 $\mu\text{g}/\text{ft}^2$ and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

Reducing Lead Hazards, continued

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) for floors, including carpeted floors
- 100 $\mu\text{g}/\text{ft}^2$ for interior windows sills
- 400 $\mu\text{g}/\text{ft}^2$ for window troughs

Abatements are designed to permanently eliminate lead-based paint hazards. However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), epa.gov/lead, or call 1-800-424-LEAD.

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.



Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
 - Portable x-ray fluorescence (XRF) machine
 - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
 - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
 - Sample dust near painted surfaces and sample bare soil in the yard
 - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.



Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

Always use a certified contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit epa.gov/lead, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.³

What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

³ Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

RRH Program Notices Acknowledgement (Form 2N)

This form is to be reviewed and certified by the Head of Household.

Please initial below to acknowledge that you have been provided with each of the following documents:

_____ RRH Participation Agreement (Form 2I)

_____ RRH Program Acceptance Letter (Form 2J)

_____ RRH Statement of Participant Rights (Form 2K)

_____ RRH Termination and Appeals Policy (Form 2L)

_____ RRH Confidentiality Policy (Form 2M)

_____ Notice of Occupancy Rights Under the Violence Against Women Act (HUD-5380)

_____ Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (HUD-5382)

_____ Protect Your Family from Lead in Your Home Pamphlet (EPA)

Head of Household Name: _____

Head of Household Signature _____ Date: _____

RRH Housing Unit Identification Worksheet (Form 2Q)

This form is to be completed and certified by RRH Project Staff.

Head of Household Name: _____ Date: _____

1. Does household have an RRH Program Acceptance Letter? Yes No
 If yes, when does the letter expire? _____
 How many bedrooms does the household qualify for? _____
2. Address of identified housing unit _____
3. When will the unit be available? _____
4. Year constructed, if known: _____
 If year constructed is prior to 1978, does household include a child under 6? Yes No
5. Landlord/property manager Name: _____
6. Landlord/Property Manager Contact Information: _____
7. Does the project have an existing relationship with this landlord/property manager?
 Yes No
8. Number of Bedrooms in Identified Unit _____
 Is this unit consistent with the number of bedrooms the household qualifies for? Yes No
9. Application Status:
 Household has applied and been offered tenancy.
 Household has applied and is waiting for response.
 Household has not yet applied. Application fee needed: _____
 Other _____
10. Total Move-in costs for this unit: _____
 Breakdown of move-in costs:
 Deposit: _____ Monthly Rent: _____ Fees/Additional costs: _____
11. Has tenant submitted proposed lease? _____
 (If not, be sure to complete a Form 2T RRH Release of Information – Property Owner/Manager with participant so that you can request a copy of the proposed lease directly from the prospective landlord/property manager.)
12. What would the current Fair Market Rent for this unit be? _____
 (see <https://www.huduser.gov/portal/datasets/fmr.html>)

RENT CALCULATION

Household's current monthly income amount	
A	

Amount in Box A x .3	
B	

Gross Rent for Proposed Unit	
C	

Initial Rental Assistance Needed (Amount in Box C minus amount in Box B)	
D	

SUSTAINABILITY

Income needed to sustain (Amount in Box C x 3)	
E	

Monthly Income Increase Needed to Sustain Unit (Amount in Box A minus amount in Box F)	
F	

Sustainability Plan:

Is it reasonable to expect that the household can attain the income level needed to sustain this unit once subsidies end (the amount in Box E) within the next 3-6 months? Yes No

If yes, describe plan for attaining needed income level: _____

If no, can this unit be used as a bridge while the household continues housing search? Yes No

If this housing will be used as a bridge, what is the plan for terminating lease early?

Next Steps (check only one):

- If it is reasonable to expect that the household can attain the income level needed to sustain this unit, proceed to the RRH Rent Reasonableness Certification (Form 2R).
- If it is not reasonable to expect that the household can attain the income level needed to sustain this unit, and it is not feasible for the household to use this housing as a bridge while continuing housing search, assist household with identifying more appropriate housing.

RRH Rent Reasonableness Certification (Form 2R)

This form is to be completed by RRH Project Staff.

Head of Household Name: _____ Date: _____

PART 1: UNIT DETAILS				
Unit Details	PARTICIPANT UNIT	Comparable Unit 1	Comparable Unit 2	Comparable Unit 3
Address				
Number of Bedrooms				
Unit Type				
Census Tract or Neighborhood				
Quality, Amenities, Accommodations				
Contract Rent				
Utility Allowance Amount & Fees				
Gross Rent <small>(Contract + Utility Allowance + Fees)</small>				

PART 2: RENT REASONABLENESS ASSESSMENT:

The Rent Reasonableness (RR) Standard for California's HCD ESG Program requires a unit's gross rent to be no more than \$100 above the average gross rent of three comparable units.

Average Gross Rent of Comparable Units 1-3:	Amount in Box A + \$100	Gross Rent for PARTICIPANT UNIT:						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">A</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	A		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">B</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	B		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">C</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	C	
A								
B								
C								

RRH Project Staff: Complete and sign only ONE of the two boxes below:

If the amount in Box C is more than the amount in Box B, the participant unit DOES NOT meet Rent Reasonableness.

This unit IS NOT ELIGIBLE for RRH assistance.

RRH Staff Name:		
RRH Staff Signature		Date:

If the amount in Box C is equal to or less than the amount in Box B, the participant unit DOES meet Rent Reasonableness.

This unit IS ELIGIBLE for RRH assistance.

RRH Staff Name:		
RRH Staff Signature		Date:

RRH Duplication of Benefits Certification (Form 2S)

This form is to be completed and certified by Participant/Head of Household.

INSTRUCTIONS

This certification is divided into three (3) components:

1. Assistance received from government, bank, and any and all other housing assistance received by or anticipated to be received by the family/individual
2. Attachments
3. Signature(s)

This form is intended to summarize all potential housing assistance you currently receive or anticipate receiving in the next (anticipated number of months of assistance through RRH project) months. If you are not currently and do not anticipate receiving housing assistance in the next (anticipated number of months of assistance through RRH project) months, you should check the box at the top of Part 1 and skip to Part 3.

PART 1: Government, Bank, and Other Funding Sources Duplication of Benefits Certification

This certification must be completed by all participants that will receive any assistance from the ESG/ESG-CV funded (Project Name) being offered by (Organization Name) as well as other services supported by other funding sources, as determined by (Organization Name). The information within this certification will provide the (Organization Name) with vital information for ongoing evaluation of duplication of benefits as required by the Stafford Act Section 312, as amended and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and to ensure efficient use of available resources.

Please indicate the amount of funds received from any and all sources of housing assistance funds that you have received or anticipate receiving including, but not limited to assistance such as rent payments, security deposits, utility payments, moving costs, and back rent. Sources of funds include but are not limited to: Federal, state, and local grant programs, subsidized loans, or nonprofit donations or grants.

If no Current or Anticipated Housing Assistance, check below:

My household does not currently receive or anticipate receiving other housing assistance.

If ANY Current or Anticipated Housing Assistance from any other source, complete one section for each source:

Source of Funds #1

Grant Provider Name	
Purpose / Specific Use	
Amount	
<input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan <input type="checkbox"/> Other: _____	

Source of Funds #2

Grant Provider Name	
Purpose / Specific Use	
Amount	
<input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan <input type="checkbox"/> Other: _____	

Source of Funds #3

Grant Provider Name	
Purpose / Specific Use	
Amount	
<input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan <input type="checkbox"/> Other: _____	

Source of Funds #4

Grant Provider Name	
Purpose / Specific Use	
Amount	
<input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan <input type="checkbox"/> Other: _____	

Source of Funds #5

Grant Provider Name	
Purpose / Specific Use	
Amount	
<input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan <input type="checkbox"/> Other: _____	

PART 2: Attachments

Attached to this certification are copies of the following:

1. Award letter or other documentation for each source of assistance received from other programs or summary of award(s) received
 - a. If award letter is not available, ensure all assistance is documented on this form and attach any supporting documentation (if available)
2. Documentation of use of funds.

PART 3. Signature(s)

By executing this certification, Participant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Further, the participant certifies that if they do not fully disclose all forms of housing assistance on this form, they may be required to return ESG-CV housing assistance and/ or be suspended from participation in this program.

Further, the participant certifies that they will disclose any future rental, utility, security deposit or back rent or other financial housing assistance received within seven days of receipt to their case manager or other assigned individual.

Head of Household Name: _____

Head of Household Signature _____ Date: _____

Additional Adult Name: _____

Additional Adult Signature _____ Date: _____

RRH Release of Information Property Owner/Manager (Form 2T)

This form is to be completed and certified by Participant/Head of Household. An additional instance of this form should be completed by all Adult Household Members.

Participant Full Name: _____ Date of Birth _____

My signature on this form authorizes (project name) to share my information verbally and/or in writing with the following prospective landlords/property managers for the purposes of assisting me with securing permanent housing:

This authorization may include disclosure of information relating to any or all of the following areas: general information (including name, social security number, date of birth, emergency contacts, gender, race, marital status, household composition), history and case management and needs assessment information (including, but not limited to, housing history, employment history, education history, and housing stability plan goals).

I acknowledge that the information may otherwise be considered confidential and/or privileged, and I hereby expressly waive that confidentiality and privilege for any information shared by any of the parties listed above.

I have the right to revoke this authorization at any time by written request except to the extent that action has already been taken. I understand that this release is valid until (**enter expiration date**) _____.

Participant Name: _____

Participant Signature _____ Date: _____

Witness:

Staff Name: _____

Staff Signature _____ Date: _____

RRH Lease Compliance Worksheet (Form 2U)

This form is to be completed and certified by **RRH Project Staff**.

Head of Household Name: _____

Enrollment Date: _____ # of persons in Household _____

Instructions: Prior to approving rental assistance for a potential rental unit identified for a participant household, review the proposed lease for the unit for compliance with the following requirements.

PART A: Basic Lease Compliance

1. To be eligible for RRH assistance, the lease must meet one of the following: (check only one)

This is a written lease between the participant and the property owner (landlord) or an agent/property manager appointed by the property owner to manage the property.
Property owner/manager's name: _____

This is a legally valid, written sublease between the participant and the primary leaseholder for the unit. (The participant is subletting the unit from the primary leaseholder with the knowledge and approval of the property owner/manager)
Primary Leaseholder name: _____
Property owner/manager name: _____

If the lease does not meet one of the above definitions, STOP. RRH assistance cannot be provided for the participant with this unit under this lease.

PART B: VAWA Protections

Does the proposed lease include language that explicitly states each the following statements?

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	The Landlord will not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	The Landlord will not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Continued on Page 2...

VAWA Compliance Determination:

(check one option below and follow the instructions that accompany that option)

- If **“No” or “Unsure”** to **ANY** of the statements above, the lease **DOES NOT** meet VAWA Compliance requirements in its current state and **must be amended**.
Complete the following steps:
 1. On the Lease Compliance Notice (Form 2V) check **“Requires amendment”** under **“VAWA Lease Compliance”**
 2. Attach a blank [VAWA Lease Addendum](#) to the Lease Compliance Notice (Form 2V)
- If **“Yes”** to **ALL THREE** statements above, **the proposed lease meets VAWA Lease Compliance requirements as is**.
On the Lease Compliance Notice (Form 2V) check **“Compliant as-is”** under **“VAWA Lease Compliance”** and move on to Part 2 of this form.

PART C: Lead Paint Disclosure

1. Was the unit constructed before 1978?
(See <https://assr.parcelquest.com/impl/TEHASSR>, Property Characteristics section)
 - No.** This unit was constructed in 1978 or later.
On the Lease Compliance Notice (Form 2V) check “Not Applicable” under “Lead Paint Disclosure Requirements”. Skip Question 2 and go directly to the Part D: Certification section of this form.
 - Yes.** This unit was constructed **before 1978**.
Proceed to Question 2 below.
2. If the unit was constructed before 1978, the landlord must provide the tenant with a [HUD LBP Acknowledgement Form](#).

Is a completed [HUD LBP Acknowledgement Form](#) included as part of this lease?

- No.** Complete the following steps:
 3. On the Lease Compliance Notice (Form 2V) check **“Requires amendment”** under **“Lead Paint Disclosure Requirements”**
 4. Attach a blank [HUD LBP Acknowledgement Form](#) to the Lease Compliance Notice (Form 2V)
- Yes.**
On the Lease Compliance Notice (Form 2V) check “Compliant as-is” under “Lead Paint Disclosure Requirements” and go to the Part D: Certification section of this form.

PART D: Certification

Intake Staff Name: _____

Intake Staff Signature _____ Date: _____

ATTACH COPY OF PROPOSED LEASE TO THIS FORM AND PLACE IN HOUSEHOLD’S FILE.

PART E: Follow-Up and Approval

1. VAWA Lease Compliance achieved on (date): _____
(If compliant when reviewed, enter same date as in Part D: Certification above)
2. Lead Paint Disclosure Compliance achieved on (date): _____
(If compliant when reviewed, enter same date as in Part D: Certification above)

RRH Lease Compliance Notice (Form 2V)

Dear (Property owner/manager name) _____,

(Project Name) appreciates the opportunity to partner with you and (participant/head of household name)_____.

To provide Rapid Rehousing assistance to any household, our program's funders require that a lease comply with certain additional requirements. (Project Name) staff have reviewed the proposed lease for your rental unit located at (unit address) _____ for compliance with Rapid Rehousing requirements.

Please review the results below and amend as requested. Submit amendments, along with the attached Request for Taxpayer ID Number and Certification to (Project Name) using the contact information provided at the bottom of the page.

PART A: VAWA Lease Compliance

Per Emergency Solutions Grant regulations, [24 CFR § 576.106\(q\)](#): Each lease executed on or after December 16, 2016 must include a lease provision or incorporate a lease addendum that includes all requirements that apply to tenants, the owner or lease under [24 CFR part 5, subpart L](#) (Protection for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking), as supplemented by [24 CFR 576.409](#), including the prohibited bases for eviction and restrictions on construing lease terms under [24 CFR 5.2005\(b\)](#), and (c).

- Compliant as-is
- Requires amendment: This requirement can be met by adding a completed Form HUD-91067 (attached, and available at <https://www.hud.gov/sites/documents/91067.doc>) to the existing lease.

PART B: Lead Paint Protections Compliance

Per Emergency Solutions Grant regulations, [24 CFR § 576.403\(a\)](#): **Lead-based paint remediation and disclosure**. The Lead-Based Paint Poisoning Prevention Act ([42 U.S.C. 4821-4846](#)), the Residential Lead-Based Paint Hazard Reduction Act of 1992 ([42 U.S.C. 4851-4856](#)), and implementing regulations in [24 CFR part 35, subparts A, B, H, J, K, M](#), and R apply to ... all housing occupied by program participants.

- Compliant as-is
- Requires amendment: This requirement can be met by adding a completing a [HUD LBP Acknowledgement Form](#) (attached, and available at https://www.hud.gov/sites/documents/DOC_12345.PDF) to the existing lease.

Please don't hesitate to contact (Project Name) with any question you may have.

Staff Signature _____ Date _____

Staff Name _____ Phone: _____

Please submit amendments and completed Request for Taxpayer ID Number and Certification to one of the following:

Email address _____ Fax # _____

Drop-off location _____

Mailing Address: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					
	<input type="checkbox"/> Other (see instructions) ▶ _____					Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)			
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
					-			-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

LEASE AMENDMENT

DOMESTIC VIOLENCE PROTECTIONS FOR EMERGENCY SOLUTIONS GRANT PROGRAM PARTICIPANTS

I. Purpose

This lease amendment (“Amendment”) adds the provisions listed in Section IV, “Provisions,” to the lease (“Lease”) for the property located at _____ (“Unit”) between _____ (“Tenant”) and _____, whose business address is _____ (“Landlord”).

II. Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of the Amendment and other sections of the Lease, the provisions of the Amendment shall prevail.

III. Term of the Amendment

The effective date of the Amendment is _____. The Amendment shall remain in effect until the Lease is terminated.

IV. Provisions

The following provisions provide protections for people who are victims of domestic violence (which includes dating violence, stalking, sexual assault, and human trafficking). These protections descend from federal regulations that apply to all leases subsidized by the Emergency Solutions Grant (ESG) Program and are either required by those regulations or required to successfully implement those regulations under the State of California’s ESG Program.

1. The Landlord cannot evict or terminate the tenancy, assistance, or occupancy rights of any person in the Tenant’s household on the basis or as a direct result of the fact that they are or have been a victim of domestic violence.
2. The Landlord cannot evict or terminate the tenancy, assistance, or occupancy rights of a person in the Tenant’s household solely based on criminal activity directly relating to domestic violence if both of the following are true:
 - a. The criminal activity is engaged in by a member of the Tenant’s household or any guest or other person under control of the Tenant;
 - b. The Tenant or an affiliated individual of the Tenant (e.g. a member of their household or family) is the victim or threatened victim of the aforementioned domestic violence.
3. If the Tenant applies for, qualifies for, and receives an emergency transfer from the Unit to another housing unit in accordance with a Violence Against Women Act (VAWA)-compliant emergency transfer plan (ETP) approved by the California Department of Housing and Community Development (CA HCD), and if no members of the Tenant’s original household remain in the Unit, the Tenant may terminate the Lease as of the date on which they relinquish occupancy.
4. To receive protections listed under the Violence Against Women Act (VAWA) as contained in this Amendment, the Landlord may submit a request in writing to the victim or a family member acting on the victim’s behalf to certify that the person in question is a victim of abuse within 14

business days (or within a mutually agreed timeframe longer than 14 days). Certification shall be provided via Form HUD-5382 or other documentation as noted on that Form. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

V. Execution

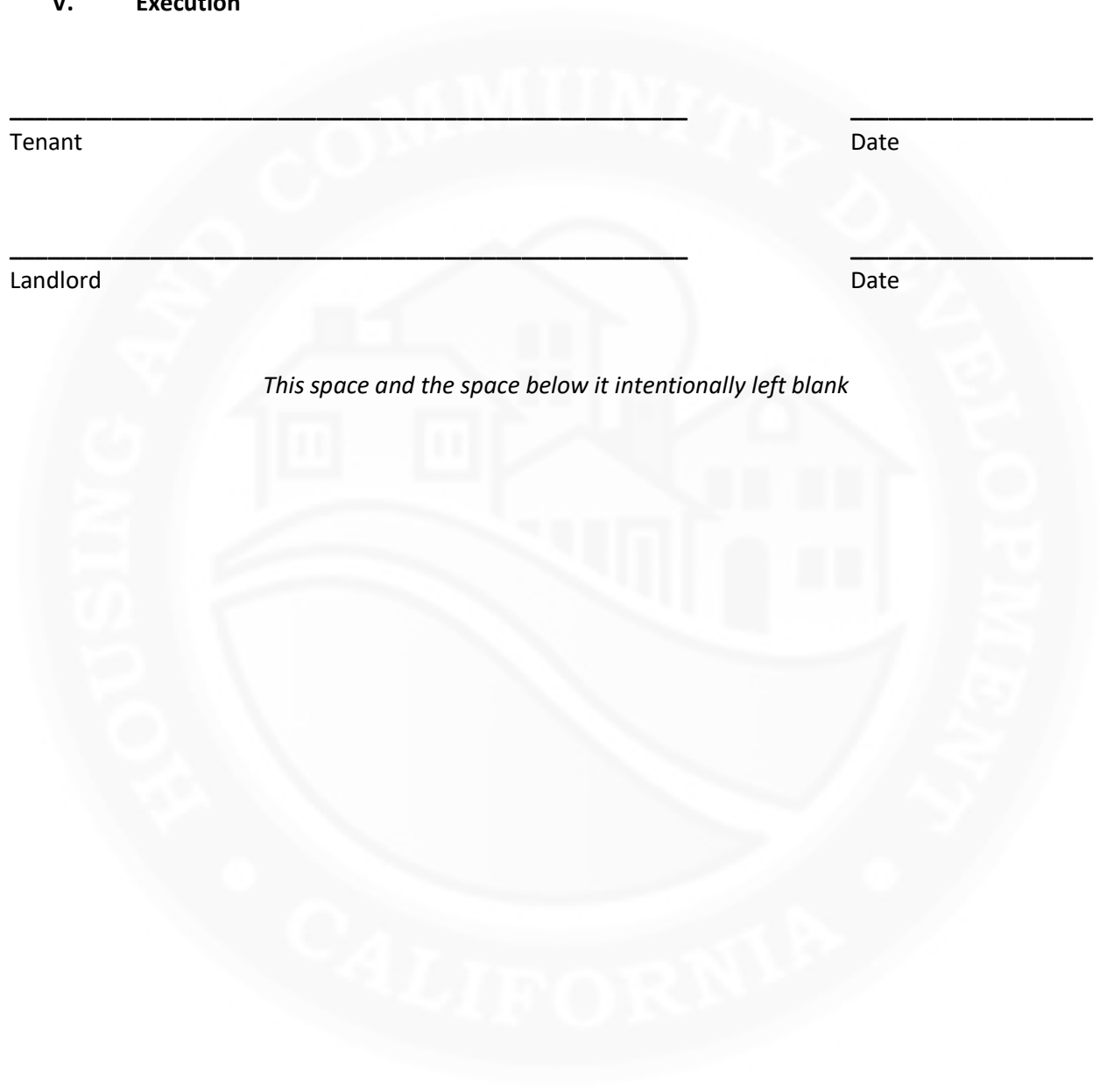
Tenant

Date

Landlord

Date

This space and the space below it intentionally left blank



Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

RRH Services Provided (Form 2P)

This form is to be completed and certified by RRH Project Staff.

Participant Name: _____ Date of Service: _____

Time Spent _____ Service Location: _____

Service Type:

- Intake/Assessment
- Financial Assistance: Rent \$ _____ Deposit \$ _____ Other (describe below)\$ _____
- Case Management
 - Advocacy (contacting someone else on client's behalf)
 - Assessing medical/mental health/substance use recovery needs
 - Completing and submitting rental applications
 - Coordinating moving arrangements/utility hook-up
 - Developing Service Plan
 - Developing Housing Plan
 - Housing search
 - Income development (employment)
 - Income development (public benefits)
 - Financial literacy/budget help
 - Monitoring progress towards Service/Housing Plan goals
 - Referrals to other resources
 - Other _____

Service Notes: _____

Date entered in Apricot _____ Entered by: _____

RRH Habitability Standards Checklist (Form 2W)

Inspections must be conducted upon initial occupancy and then on an annual basis for the term of Rapid Rehousing assistance. Inspections must be conducted in-person, on-site at the rental unit being inspected by program staff or by a contracted inspector approved by Empower Tehama.¹

Participant Name: _____

Unit Address: _____

City/Zip Code: _____

Instructions: Mark each statement as 'A' for approved or 'D' for deficient. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved (A) or Deficient (D)	Element
	1. <i>Structure and materials</i> : The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
	2. <i>Access</i> : The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
	3. <i>Space and security</i> : Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
	4. <i>Interior air quality</i> : Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
	5. <i>Water Supply</i> : The water supply must be free from contamination.
	6. <i>Sanitary Facilities</i> : Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
	7. <i>Thermal environment</i> : The housing must have adequate heating and/or cooling facilities in proper operating condition.
	8. <i>Illumination and electricity</i> : The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
	9. <i>Food preparation and refuse disposal</i> : All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.

¹ When conducting on-site inspection is inconsistent with current public health guidance, inspections may be conducted via video conferencing and/or based on video or photographic documentation. Alternate inspection procedures should be documented in detail and attached to this form, if applicable, and all video or photographic documentation used to make habitability determinations should be retained in client's file.

	10. <i>Sanitary condition:</i> The housing and any equipment must be maintained in sanitary condition.
	11. <i>Fire safety:</i> Both conditions below must be met to meet this standard. <ul style="list-style-type: none"> a. Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.

CERTIFICATION STATEMENT

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

Property meets all of the above standards.

Property does not meet all of the above standards.

(If property does not meet all standards but deficiencies are to be remedied, do not complete the rest of this form. Instead, complete a new Housing Habitability Standards Inspection Checklist once deficiencies have been remedied and property meets all of the above standards.)

Therefore, I make the following determination:

Property is approved.

Property is not approved.

Name of Evaluator: _____

Date: _____

Signature: _____

ESG and ESG-CV Lead Screening Worksheet

INSTRUCTIONS

To prevent lead-poisoning in young children, ESG and ESG-CV subrecipients must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file.

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

BASIC INFORMATION	
Name of Participant _____	
Address _____	Unit Number _____
City _____	State _____ ZIP _____
ESG/ESG-CV Program Staff _____	

PART 1: DETERMINE WHETHER THE UNIT IS SUBJECT TO A VISUAL ASSESSMENT

If the answer to one or both of the following questions is 'no,' a visual assessment is not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

If the answer to both of these questions is 'yes,' then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?
 - Yes
 - No

2. Will a child under the age of six be living in the unit occupied by the household receiving ESG/ ESG-CV assistance?
 - Yes
 - No

PART 2: DOCUMENT ADDITIONAL EXEMPTIONS

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

If the answer to all of these questions is 'no,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?
 - Yes
 - No

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

Please describe the exemption and provide appropriate documentation of the exemption.

PART 3: DETERMINE THE PRESENCE OF DETERIORATED PAINT

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing ESG and ESG-CV financial assistance to the unit as outlined in the following training on HUD's website at:

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

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?
 Yes
 No
2. Were any problems with paint surfaces identified in the unit during the visual assessment?
 Yes
 No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

PART 4: DOCUMENT THE LEVEL OF IDENTIFIED PROBLEMS

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

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

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
 - 20 square feet on exterior surfaces Yes No
 - 2 square feet in any one interior room or space Yes No
 - 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim Yes No

If *any* of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

PART 5: CONFIRM ALL IDENTIFIED DETERIORATED PAINT HAS BEEN STABILIZED

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

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

1. Has a follow-up visual assessment of the unit been conducted?
 - Yes
 - No
2. Have all identified problems with the paint surfaces been repaired?
 - Yes
 - No
3. Were all identified problems with paint surfaces repaired using safe work practices?
 - Yes
 - No
 - Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
4. Was a clearance exam conducted by an independent, certified lead professional?
 - Yes
 - No
 - Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

5. Did the unit pass the clearance exam?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant's file.

ATTACHMENT 1: LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE

I, _____, certify the following:

- I have completed HUD’s online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at _____ on _____.
- No problems with paint surfaces were identified in the unit or in the building’s common areas.

(Signature)

(Date)

Client Name: _____

Case Number: _____

LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION

I, _____, certify the following:

- I have completed HUD’s online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at _____ (address) on _____ (date_of assessment).
- No problems with paint surfaces were identified in the unit or in the building’s common areas.

(Signature)

(Date)

Client Name: _____

Case Number: _____

ESG Lead-Based Paint Property Owner Certification Form

About this Tool

The *ESG Lead-Based Paint Property Owner Certification Form* is a tool program staff can use to have property owners/managers certify that all paint stabilization activities have been completed in accordance with guidelines when formal clearance is not required (or as additional documentation when formal clearance *is* required). A copy of the completed form along with any additional documentation (i.e., a copy of the clearance report) should be kept in each program participant's file.

INSTRUCTIONS

To prevent lead-poisoning in young children, the ESG program must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. If a visual assessment reveals problems with paint surfaces, property owners/managers must repair all identified problems with paint surfaces in accordance with the guidelines of 24 CFR 35, Parts A, B, M, and R, prior to a unit receiving ESG assistance. Property owners/managers should complete this form to certify that all identified problems with paint surfaces have been repaired/stabilized in accordance with the guidelines.

1. Have all identified problems with the paint surfaces been repaired?
 Yes No
2. Have all identified problems with paint surfaces been repaired using safe work practices?
 Yes No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
3. Was a clearance exam conducted by an independent, certified lead professional?
 Yes No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
4. Did the unit pass the clearance exam?
 Yes No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Name of Tenant

Address

Unit Number

City

State Zip

Name of Property Owner/Manager

Property Owner/Manager Signature

Date

Name ESG Program Staff

ESG Program Staff Signature

Date

Instructions for Residents Receiving ESG Assistance

About this Tool

This tool provides residents with an overview of the Lead-Based Paint Poisoning Prevention Act, the responsibilities of property owners/managers, and their rights as tenants. Program staff should consider sharing this resource with program participants living in units constructed prior to 1978.

The purpose of this notice is to inform you that because your home was built prior to January 1978, it may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women.

Your landlord should have already provided you with a pamphlet on lead poisoning prevention, as well as a disclosure form on the lead-based paint or lead-based paint hazards in your home. The attached handout - entitled *What Are the Sources of Lead in Your Home?* - provides important information. For additional information on lead-based paint and lead hazards, please call the National Lead Information Center at 1-800-424-LEAD or visit the web at:

- <http://www.hud.gov/offices/lead/index.cfm>; or
- <http://www.epa.gov/lead/>

Regulations under The Lead Safe Housing Rule helps to ensure that your home is safe for occupancy. In order for you to help keep your home safe, please notify the management if you see any paint that is chipping, peeling, flaking, or otherwise damaged.

The bottom of this page can be detached and submitted to the management to bring attention to any lead-based paint concerns.

Lead-Based Paint Concern

To _____
(Landlord/Property Management Company)

I am submitting this notice because I have observed the following:

Paint in bad condition (chipping, peeling, flaking, etc.)

Other _____

Location of Paint Concern:

Exterior (location): _____

Interior (location): _____

Name: _____

Address: _____

Date: _____

WHAT ARE THE SOURCES OF LEAD IN YOUR HOME?

There are four major sources of lead that can pose a health hazard to people in and around the home. The sources are:

1. **Lead-based paint.** Lead-based paint can be found in housing built prior to 1978. It can be a hazard, especially if it deteriorates or if it is disturbed during maintenance or through normal wear and tear. If lead-based paint is peeling, chipping, chalking, or cracking, it will create lead-contaminated dust that poisons children through normal hand-to-mouth activity. Children may also eat paint chips or chew on painted surfaces that are accessible to them, resulting in poisoning. Even lead-based paint that appears to be in good condition can be a problem if it is on surfaces that get a lot of wear and tear, such as door jambs and window tracks. It is important to remove the causes of deteriorating paint such as water leaks. Lead paint that is deteriorating can be repaired by repainting with a good latex paint or lead sealer.
2. **Lead-contaminated dust.** Lead-contaminated dust is created when lead-based paint is sanded or scraped during maintenance or repair, or just through every day wear and tear. When maintenance or renovations take place, the dust from these operations settles on surfaces such as floors, countertops, window-sills, and furniture. If the paint being worked on contains lead, the lead is deposited on surfaces as dust. Window tracks and door jambs can be another source of lead-contaminated dust. If these components rub during normal opening and closing, lead-contaminated dust can be created and deposited on surfaces throughout the home. Lead from work done on house exteriors can be tracked into the home, becoming an additional source of lead dust. After routine home maintenance or remodeling/renovation and painting, the home should be thoroughly cleaned to remove any dust that may be left behind because it may contain lead. Lead dust sampling should then be performed to verify that the cleaning was effective.
3. **Lead-contaminated soil.** Soil can become contaminated when exterior lead-based paint deteriorates and gets in the soil. Homes near certain industries such as smelters or battery manufacturers may have lead into the soil as a result of these operations. Past use of leaded gasoline has also left lead deposits in our nation's soil. Playgrounds and gardens should not be placed in areas where the soil is contaminated with lead. Soil can be tracked into the home so it is important for workers to clean shoes or remove them before entering the home.
4. **Lead-contaminated drinking water.** Drinking water can be contaminated with lead, regardless of the water's source. Many faucets in homes and on store shelves contain leaded components that can leach lead into the water. Leaded solder in household piping and leaded components in well pumps have been in use for many years, and continue to leach lead into the drinking water of thousands of homes even today. Many public water delivery systems still have old lead piping through which the water must pass before it reaches the home. Water with a high pH has a tendency to leach more lead than water with a neutral pH, and warm water leaches more lead than cold. Allow cold water to run before drinking.

The following are sources of information about lead-based paint in your home:

- [②National Lead Information Center](#) (NLIC) is a clearinghouse for information on lead that provides copies of pamphlets, reports, and other resources. (1-800-424-LEAD)
- [Safe Drinking Water Hotline](#) provides information and assistance to the public on safe drinking water. (1-800-426-4791)

Instructions for Property Owners with Tenants Receiving ESG Assistance

About this Tool

This tool summarizes and outlines responsibilities of property owners/managers under Lead-Based Paint Poisoning Prevention Act of 1973 (24 CFR 35). Program staff should consider sharing this tool with property owners/managers to inform them of their responsibilities.

Lead-based paint remains a serious threat to children's health and well-being. Consider the following facts:

- An estimated 890,000 U.S. children have too much lead in their bodies.
- Nationwide, an estimated 38 million homes have lead-based paint.
- The most common sources of lead hazards are generated in a residential environment.

To better protect young children from the dangers of lead-based paint in their homes, the Department of Housing and Urban Development (HUD) has issued The Lead Safe Housing Rule (24 CFR 35). Under the new Homelessness Prevention and Rapid Re-Housing Program (funded under the American Recovery and Reinvestment Act of 2009), grantees administering ESG financial assistance must comply with the Lead Safe Housing Rule. ESG financial assistance includes short- and medium-term rental assistance, as well as one-time rent payments, rental and utility arrears payments, security deposits, utility deposits, and utility assistance. The rule applies to all units built before January 1978 in which children under the age of six years will be living in the next 12 months.

The Lead Safe Housing Rule affects ESG grantees and landlords in the following ways:

- The ESG grantee must conduct a visual assessment before assistance can be approved and annually thereafter during the period of assistance.
- All painted surfaces, interior and exterior, must be inspected for deteriorated paint (not just those surfaces within reach of a child).
- If deteriorated paint is identified, the paint must be stabilized. If the area of paint to be stabilized exceeds the "de minimus" level,¹ paint stabilization must be done by qualified workers using safe work practices. See Attachment 1. Note that ESG funds cannot be used for stabilization activities.
- Once work on the defective paint surface is completed and the surrounding area cleaned, a certified lead professional must conduct a clearance examination (if the area of deteriorated paint exceeded the de minimus level).² If the area of deteriorated paint did not exceed the de minimus level, the grantee

¹ Safe work practices and clearance are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds defined below:

- 20 square feet (2 square meters) on exterior surfaces;
- 2 square feet (0.2 square meters) in any one interior room or space; or
- 10 percent of the total surface area on an interior or exterior type of component with a small surface area (such as window sills, baseboards, and trim).

² A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician.

will conduct a follow-up visual assessment. Note: The grantee and landlord should coordinate to identify a certified lead professional and schedule the examination.³

- The [ESG grantee (or) landlord] will pay for the first clearance examination.⁴
- If a unit fails the clearance examination, the landlord is responsible for re-cleaning the unit and hiring a certified clearance examiner to perform a second clearance.
- No ESG assistance can be provided until the unit passes the follow-up visual assessment or clearance exam, as appropriate.
- After work is complete, the landlord must provide a *Notice of Lead Hazard Reduction* to the resident. See Attachment 2.
- The ESG grantee will conduct an annual re-inspection for deteriorated paint throughout the course of the ESG assistance.
- As long as ESG assistance continues, the landlord is required to stabilize any deteriorated paint in a lead-safe manner. See Attachment 3.

The following resources are provided to help you implement these requirements:

- Attachment 1: Instructions on how to stabilize paint
- Attachment 2: Sample Notice of Lead Hazard Reduction
- Attachment 3: Instructions for Ongoing Maintenance

The ESG grantee will work with landlords to facilitate compliance. For more information, please contact

_____ at _____.

Staff name Telephone Number

³ To locate a certified lead professional in your area: (1) Call your state government (health department, lead poison prevention program, or housing authority). (2) Call the National Lead Information Center at 1-800-424-LEAD (5323). (3) Go to the US Environmental Protection Agency website at <http://cfpub.epa.gov/flpp/> and click on "certified abatement/inspection firms."

⁴ Note to grantees: ESG funds cannot be used for lead-based paint stabilization and clean-up work, however funds can be used to pay for one clearance examination. It is up to the grantee to decide if they wish to use funds for the exam. Based on their local decision, grantees should circle the appropriate response prior to providing this guidance to landlords.

ATTACHMENT 1: PAINT STABILIZATION INSTRUCTIONS

Repairing, removing, or maintaining lead-based paint improperly can spread lead-contaminated dust throughout the home. It is very important to use safe work methods when working on surfaces that may contain lead-based paint.

1. **Use qualified workers.** In homes receiving HUD assistance and where deteriorated paint exceeds the de minimus thresholds defined in Attachment 3, **paint stabilization must be done by workers who are specially trained in lead safe work practices.** Alternatively, the workers may be supervised by a state-certified abatement supervisor. The ESG grantee can help you identify properly trained contractors. Note, the use of qualified workers is not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimus thresholds, though use of lead-safe work practices is always recommended.
2. **Use the proper equipment.** You will need the proper tools and supplies to do the job correctly. In addition to tools such as scrapers and putty knives, it is important to have: A HEPA vacuum (a vacuum equipped with a very fine filter capable of filtering very small particles of lead); double-sided mop bucket and mop; a good household detergent; ample disposable paper towels or rags; plastic sheeting; tack cloth; disposal waste bags; wet sanding blocks; and misting bottle filled with water.
3. **Set up the work area properly.** The key is to contain the dust and debris created by the work. Create a barrier between the work area and the rest of the house. Use plastic sheeting over the doorways to seal off the area and protect the rest of the house from exposure. Work over a plastic drop cloth (never use cloth) to catch any debris created as a result of paint removal. Wear disposable shoe covers and remove them before exiting the work area, or step onto a tack cloth to remove paint chips and dust from the soles of shoes. Keep doors and windows closed to prevent dust from blowing and close off vents to central air or heating systems to avoid spreading dust to other parts of the house. Remove all furniture, or cover tightly with plastic sheeting. Do not allow children or pregnant women into the work area.
4. **Use safe work practices.** If the deteriorated paint surfaces exceed the de minimus thresholds defined in Attachment 3, then safe work practices must be used. Never remove lead-based paint by dry-sanding, dry scraping or burning. Use power sanders, grinders, and planers only with a HEPA exhaust attachment. Using your misting bottle, wet the painted surface before sanding with a wet sanding block or scraping. Be sure to work over a plastic drop cloth to catch any large particles. Do not eat, smoke, or chew gum while working. Note, safe work practices are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimus thresholds.
5. **Clean as you work.** Be sure to wet clean the areas you are working on as you go along. Though it will be necessary to clean the entire house at the end of the project, it is important to clean as you work in order to keep lead-contaminated dust from spreading. Clean using a good household detergent. Rinse your cleaning utensils in clean water.
6. **Dispose of waste properly.** When the work is done, mist the plastic sheeting with water to keep down the dust. Roll the plastic sheet up, keeping the dirty side in. Pick up any paint chips or other debris that may have fallen elsewhere. Be sure to place all disposable items used in the repair and clean up into plastic waste bags. The bags must be tightly sealed and can generally be disposed of with the household trash.* Once the bags are sealed, do not reopen them.
7. **Obtain clearance.** If the deteriorated paint surfaces exceed the de minimus thresholds defined in Attachment 3, then clearance must be obtained after the paint has been stabilized and the work area cleaned. The results of this test will tell you if your work practices and final cleaning have been effective at removing lead-contaminated dust. Clearance is not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimus thresholds.

*Check with your State lead program to ensure there is no state regulation prohibiting disposal with household trash.

ATTACHMENT 2: SAMPLE NOTICE OF LEAD HAZARD REDUCTION

Property Address: _____

Today's Date: _____

Summary of the Hazard Reduction Activity:

Start Date: _____

Completion Date: _____

Location and type of activity. (List the location and type of activity conducted, or attach a copy of the summary page from the clearance report providing this information.)

Date(s) of clearance testing: _____

Summary of results of clearance testing:

- (a) _____ Clearance testing was not performed as paint stabilization did not exceed de minimus levels.
- (b) _____ Clearance testing showed clearance was achieved.
- (c) _____ Clearance testing showed clearance was not achieved.

List any components (e.g., kitchen-door, bedroom-windows) with known lead-based paint that remain in areas where activities were conducted.

Person who prepared this summary notice

Printed Name: _____

Signature: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

Owner: _____ Date: _____

(Give to Property Owner with work write-up)

If you have any questions about this summary, please contact

_____ at _____.

ATTACHMENT 3: ONGOING MONITORING AND MAINTENANCE REQUIREMENTS

Property owners/landlords should take the following steps to ensure that paint is not deteriorating and creating lead-contaminated dust and paint chips, as it will help prevent children from being lead poisoned.

1. Regularly Check Repairs for Deterioration, Paint Chips, and Dust

Property owners must monitor painted surfaces at least annually and at unit turnover. Check to see if:

- New evidence of deterioration or paint failure is present.
- The cause of the problem was corrected.

2. Maintain Surfaces and Work Safely

- Stabilize deteriorated paint;
- Use safe work practices and qualified workers for all maintenance activities;**

3. Conduct Clean-Up and Clearance Activities

- Clean thoroughly after all maintenance work;
- Seek clearance of the work area using a certified lead professional (risk assessor, clearance examiner, or lead sampling technician);**
- If the work area does not pass clearance, re-clean and perform clearance again.

**** Note** – Safe work practices and clearance are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds defined below:

- 20 square feet (2 square meters) on exterior surfaces;
- 2 square feet (0.2 square meters) in any one interior room or space; or
- 10 percent of the total surface area on an interior or exterior type of component with a small surface area (such as window sills, baseboards, and trim).

RRH Rental Assistance Agreement (Form 2Y)

This form is to be completed by **RRH Project Staff** and certified by **Participant/Head of Household, Property Owner/Manager, and RRH Project Staff.**

Date: _____

Tenant/Participant Head of Household Name: _____

Rental Unit Address: _____

Property Owner/Manager Name: _____

Payment Remittance instructions/address: _____

The Tenant named above is a participant in [RRH project] ("Program"), a housing assistance program that will provide limited rental assistance directly to Property Owner/Manager named above on the tenant's behalf. By accepting this assistance, all parties agree to the following:

1. A copy of the approved, executed Lease/Rental Agreement for the Tenant's rental of the unit listed above, executed on _____ (date) has been provided to, reviewed by, and approved by [RRH project]. Any additions or modifications to the Lease/Rental Agreement during the period covered by this agreement will nullify this agreement unless reviewed and approved by [RRH project] prior to going into effect.
2. [RRH project] will issue payments on behalf of the Tenant, consistent with the approved Lease/Rental Agreement, as follows:

Description:	Total Amount Due	Program will pay:	Tenant will pay:
Security Deposit			
Rent for (month):			
Rent for (month):			
Rent for (month):			
Other:			
Other:			

3. Payment due dates, grace periods and late payment penalties afforded to or imposed upon [RRH project] are the same as those afforded to or imposed upon Tenant per the executed Lease/Rental Agreement and are as follows:
 - Rent is due on the _____ day of each month.
 - Rent not paid within _____ days of the due date are subject to a late payment penalty as described here: _____ .
4. Property Owner/Manager will provide [RRH project] with a copy of any notice provided to Tenant to vacate the unit, or any complaint used under state or federal law to commence an eviction action against the tenant, within 24 hours of providing such notice to Tenant. Copies of notices can be submitted to [RRH project] by email at [RRH project email address] or by fax at [RRH project fax number].

- 5. Continued payment of rental assistance is contingent on Tenant's continued eligibility for and participation in [RRH project]. If [RRH project] anticipates initiating any changes to the payment amounts detailed above, [RRH project] will notify the Tenant and the Property Owner/Manager no less than 30 days prior to the due date of the payment.
- 6. Continued payment of rental assistance is contingent on Tenant's continued right to occupy the unit. [RRH project] is not responsible for submitting any of the above detailed payments for months in which tenant's right to occupy the unit has been terminated or limited by Property Owner/Manager.
- 7. In addition to the Tenant/Head of Household listed at the top of this form, the following household members are approved by [RRH project] and Property Owner/Manager to occupy the rental unit described in the Lease/Rental Agreement (include name and age for each household member):

Tenant is responsible for notifying and receiving prior approval from both [RRH project] and Property Owner/Manager prior to making any additions to the composition of the household occupying the unit. Failure to do so may nullify this agreement and result in non-payment of rental assistance. Further, Tenant is responsible for notifying [RRH project] and Property Owner/Manager within 24 hours of any household member permanently vacating the unit.

- 8. For the duration of this agreement, the following provisions, set forth in 24 CFR part 5, subpart L, as supplemented by 24 CFR § 576.409, shall apply:
 - a. The Landlord will not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
 - b. The Landlord will not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
 - c. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

(Certification on page 3 must be completed and signed by all parties)

CERTIFICATION:

By signing below, all parties acknowledge:

- Rental assistance provided by [RRH project] may include use of federal funds.
- Fraud regarding use of federal funding is investigated by the Department of Housing and Urban Development, Office of Inspector General and may be punished under federal laws that may include, but are not limited to, 18 USC 1001 and 18 USC 641.
- If it is found that any information provided herein or as part of any other submission to [RRH project], the party furnishing such information may be subject to criminal, civil and/or administrative penalties and sanctions.

Tenant Head of Household Name: _____

Tenant Head of Household Signature: _____ Date: _____

Property Owner/Manager Name: _____

Property Owner/Manager Signature: _____ Date: _____

RRH Project Staff Name: _____

RRH Project Staff Signature: _____ Date: _____

RRH Annual Assessment (Form 2Z)

This form is to be completed by RRH Project Staff with Head of Household.

Annual Assessment Date: _____

of Adults in Household _____ # of Children in Household _____

Housing Move-in Date: _____

Section 1: CURRENT HOUSEHOLD PROFILE

Please complete all applicable fields below, even if this information has not changed in the last 12 months, to ensure that the household's file contains up-to-date information.

Head of Household: Full Name: _____ Date of Birth: _____

*Additional Adult: Full Name: _____ Date of Birth: _____

Relationship to Head of Household: _____

Child 1: Full Name: _____ Date of Birth: _____

Relationship to Head of Household: _____

Child 2: Full Name: _____ Date of Birth: _____

Relationship to Head of Household: _____

Child 3: Full Name: _____ Date of Birth: _____

Relationship to Head of Household: _____

Child 4: Full Name: _____ Date of Birth: _____

Relationship to Head of Household: _____

Child 5: Full Name: _____ Date of Birth: _____

Relationship to Head of Household: _____

Section 2: CONTACT INFORMATION

Primary Phone Number: _____

Phone type: Mobile Message Only | This phone belongs to: _____

Is it ok to text this phone number? Yes No Does this phone only work on wifi? Yes No

Additional Phone Number: _____

Phone type: Mobile Message Only | This phone belongs to: _____

Is it ok to text this phone number? Yes No Does this phone only work on wifi? Yes No

Mailing Address (if any): _____

This address belongs to: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Relationship to Household: _____

Section 4: HMIS ANNUAL ASSESSMENT

- Option 1: Enter HMIS Data Elements for each household member directly into HMIS then print a copy of each HMIS Annual Assessment record **from each household member's Apricot Folder to retain in household file.**

Date printed Apricot forms added to household file: _____ Staff initials: _____

- Option 2: Collect HMIS Annual Assessment Data Elements for each household member using Form 2Zi (for adults) and Form 2Zii (for children), transcribe data from Form(s) 2Zi/2Zii into HMIS and retain Form(s) 2Zi/2Zii in household's file.

Date entered into HMIS: _____ Staff initials: _____

If any members have left the household or been added to the household on or before the date of the Annual Assessment, be sure to enroll any new household members through the Household Record in Apricot and/or exit the enrollments of any departing household members in Apricot.

RRH Project Staff Name: _____

RRH Project Staff Signature: _____ Date: _____

RRH Termination of Assistance

Dear [Participant/Head of Household Name],

This letter is to remind you that the financial assistance you have received as a participant of the Rapid Rehousing program will end effective [date]. You will be responsible for all rent due after this date. This determination was made due to the following factor(s):

- [Project name] has completed payments for all financial assistance listed on the Rental Assistance Agreement executed on [date].
- You have the supports and resources needed to sustain housing on your own.
- Your income exceeds the maximum amount allowable per program guidelines.
- You have received the maximum amount of assistance available through [Project name].
- You have not responded to attempts by your Case Manager to contact you to schedule a re-evaluation.
- You are otherwise no longer eligible to receive financial assistance through [Project name] for the following reason: _____

Although financial assistance is ending, you are still eligible to receive up to 3 months of follow-up Case Management services starting on [date]. Follow-up Case Management is a light-touch check-in from your Case Manager intended to maintain housing stability and does not include any further financial assistance.

If you are interested in receiving follow-up Case management, please notify your Case Manager by [date]. Lack of notification by this date will be considered declining follow-up Case Management services and your case will be closed.

You have the right to appeal this determination by following the process described below:

[enter grievance and appeals process here]

Thank you for participating in our program. It has been a pleasure providing you with the tools to achieve your goals. If you have any questions about this letter, please feel free to contact me.

Sincerely,
[Insert CM Name]
[Insert CM Contact Information]

RRH HMIS Exit – Adult (Form 2ABi)

This form is to be completed by RRH Project Staff with Head of Household.

*Complete a separate Form 2ABi for each ADULT in household.
Complete a separate Form 2ABii for each CHILD in household.*

INDIVIDUAL RECORD:

NAME		N/A
Last		○
First		
Middle		○
Suffix		○

DATE OF BIRTH

		-			-					Age:
Month			Day			Year				

PROGRAM ENROLLMENT

PROJECT EXIT DATE *[All Clients]*

		-			-				
Month			Day			Year			

HMIS ASSESSMENT

INFORMATION DATE

(SAME AS PROJECT START DATE**)**

		-			-				
Month			Day			Year			

DISABLING CONDITION *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

PHYSICAL DISABILITY *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "YES" TO PHYSICAL DISABILITY – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

HIV-AIDS *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug use disorders
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO DOMESTIC VIOLENCE

WHEN EXPERIENCE OCCURRED

<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more		
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know		
		<input type="radio"/>	Client refused		
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected		
Are you currently fleeing?		<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
				<input type="radio"/>	Data not collected

DESTINATION [All Clients]

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client in public housing unit
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, no ongoing housing subsidy

<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy
<input type="checkbox"/>	Host Home (non-crisis)	<input type="checkbox"/>	No exit interview completed
<input type="checkbox"/>	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	<input type="checkbox"/>	Other
		<i>If Other, please specify:</i>	
<input type="checkbox"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)	<input type="checkbox"/>	Deceased
		<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Staying or living with friends, permanent tenure	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Staying or living with family, permanent tenure	<input type="checkbox"/>	Data not collected

INCOME, NON-CASH BENEFITS AND HEALTH INSURANCE ASSESSMENT

INFORMATION DATE

		-			-				
Month			Day			Year			

INCOME FROM ANY SOURCE [*Head of Household and Adults*]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source		Amount	Income Source		Amount
<input type="checkbox"/>	Earned Income		<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/>	Unemployment Insurance		<input type="checkbox"/>	General Assistance (GA)	
<input type="checkbox"/>	Supplemental Security Income (SSI)		<input type="checkbox"/>	Retirement income from Social Security	
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)		<input type="checkbox"/>	Pension or retirement income from a former job	
<input type="checkbox"/>	VA Service-Connected Disability Compensation		<input type="checkbox"/>	Child support	
<input type="checkbox"/>	VA Non-Service-Connected Disability Pension		<input type="checkbox"/>	Alimony and other spousal Support	
<input type="checkbox"/>	Private Disability Insurance		<input type="checkbox"/>	Other income source	

<input type="radio"/>	Worker's Compensation		(specify):	
Total Monthly Income for Individual:				

RECEIVING NON CASH BENEFITS [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Child Care Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (specify):	<input type="radio"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/>	MEDICAID If Medicaid (Medi-Cal), which Managed Care Plan? <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> CA Health & Wellness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Health Insurance Obtained Through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veterans Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

CERTIFICATION:

"By signing below, I certify that the information contained herein is true and correct, to the best of my knowledge."

Participant/Head of Household Name: _____

Participant/Head of Household Signature: _____ Date: _____

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

CHRONIC HEALTH CONDITION [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

HIV-AIDS [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

MENTAL HEALTH DISORDER [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

SUBSTANCE USE DISORDER [All Clients]

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug use disorders
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Yes	<input type="radio"/>	Client refused		
		<input type="radio"/>	Data not collected		
IF "YES" TO DOMESTIC VIOLENCE					
WHEN EXPERIENCE OCCURRED					
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more		
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know		
		<input type="radio"/>	Client refused		
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected		
Are you currently fleeing?		<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
				<input type="radio"/>	Data not collected

DESTINATION [All Clients]

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client in public housing unit
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	No exit interview completed

<input type="radio"/>	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Other
		<i>If Other, please specify:</i>	
<input type="radio"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)	<input type="radio"/>	Deceased
		<input type="radio"/>	Client doesn't know
<input type="radio"/>	Staying or living with friends, permanent tenure	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living with family, permanent tenure	<input type="radio"/>	Data not collected

INCOME, NON-CASH BENEFITS AND HEALTH INSURANCE ASSESSMENT

INFORMATION DATE

		-			-				
Month		Day			Year				

COVERED BY HEALTH INSURANCE *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/>	MEDICAID If Medicaid (Medi-Cal), which Managed Care Plan? <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> CA Health & Wellness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Health Insurance Obtained Through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veterans Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

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Participant/Head of Household Name: _____

Participant/Head of Household Signature: _____ Date: _____