

# Prevention

ESG 2018-2019

# Prevention

- **Prevention** is most efficiently implemented when targeted to those at greatest risk of losing housing. Households receiving this funding must have an income level below 30% AMI and must demonstrate that they do not have sufficient resources or support networks to prevent them from moving to an emergency shelter or other place defined under Category 1 of the homeless definition.

# Eligibility Criteria-Housing Status

## □ Prevention

- “At-risk” definition (21 days)
- CATEGORY 2 – Imminent Risk (14 days) including hotel stays with own money
- CATEGORY 4 – Fleeing/Attempting to Flee DV

# Eligibility Criteria

- Below 30% AMI
- Meets requirements for At Risk of Homelessness; or Category 2 or 4 of Homeless definition
- CATEGORY 2 hotel stays (evidence they can't stay 14 days from application date)
- Eligibility must be re-assessed every 90 days and annually for those enrolled in the program 1 year after initial enrollment date

# At-Risk of Homelessness

- ❑ The household has income below 30 percent of median income for the geographic area;

**AND**

- ❑ the individual or family has insufficient resources immediately available to attain housing stability.

- ❑ Sufficient resources or support networks are family, friends, or faith-based or other social networks immediately available to prevent them from moving to a shelter or living outside

**AND**

# At-Risk of Homelessness

## ...AND

### ▣ Meets one or more of following:

1. Moved 2 or more times in previous 60 days for economic reasons
2. Living with others due to economic hardship
3. Notice of eviction (within 21 days)
4. Living in hotel/motel (at own cost)
5. Living in overcrowded housing (more than 2 persons for SRO/efficiency, more than 1.5 persons per room for larger housing)
6. Exiting an institution
7. Otherwise lives in housing that is unstable (see ESG Guidebook for more info)

# At Risk of Homelessness Verification

- ❑ Documentation of income calculation in accordance with 24 CFR 5.609
  - ❑ DCA Income Verification forms
- ❑ Documentation showing lack of sufficient resources and risk factors
  - ❑ DCA At-Risk of Homelessness Certification
  - ❑ Termination letter, bank statement, bills showing arrears, etc.
  - ❑ Written statement by relevant third party
  - ❑ Written statement by intake staff

# DCA At-Risk of Homelessness Certification

Georgia Department of Community Affairs

## AT-RISK OF HOMELESSNESS CERTIFICATION

This is to certify that the above named individual or household is currently at risk for homelessness based on the information indicated below and signature indicating their current housing status.

**THIRD PARTY EVIDENCE, INCLUDING WRITTEN STATEMENTS, [(B) and (C) below], MUST BE ATTACHED TO THIS FORM IN ORDER TO CERTIFY AT-RISK STATUS.**

**ESG Applicant Name:**

Address from which applicant is being evicted:

- Individual without dependent children (complete one form for each adult household member)
- Household with dependent children (complete one form for each adult household member)

Number of persons in the household: \_\_\_\_\_

### Living Situation and Risk Factors

The person/household named above is currently living in housing from which he/she/they is/are being evicted. ESG assistance provided will not overlap with other federal funding sources.

The individual or family:

1. Has income below 30 percent of median income for the geographic area (see income documentation form);  
**AND**
2. Lacks sufficient resources to attain housing stability. [e.g., family, friends, faith-based or other social networks immediately available] to prevent them from moving to an emergency shelter or another place described in category 1 of the homeless definition.

Evidence of the second eligibility criterion (#2 above) for this applicant is:

- Source documents (e.g., *notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears*).
- To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., *former employer, public administrator, relative*) or written certification by the intake staff of the oral verification by the relevant third party that the applicant meets one or both of the criteria of the definition of "at risk of homelessness" or
- If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

The person(s) listed above meet one or more of the following risk factors:

- Has moved frequently because of economic reasons
- Is living in the home of another because of economic hardship
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application
- Lives in a hotel or motel; "and the cost of the hotel or motel is not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations"
- Lives in severely overcrowded housing; (in a single-room occupancy or efficiency apartment unit in which more than two persons, on average, reside or another type of housing in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau.)
- Is exiting a publicly funded institution; or system of care, (such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution)

# Homeless Verification

## CATEGORY 2

An individual or family who will imminently lose their primary nighttime residence provided for whom:

- ❑ A court order resulting from an eviction action that requires the individual or family to leave their residence within 14 days after the date of their application for homeless assistance OR
- ❑ The equivalent notice under applicable state law, a Notice to Quit, or a Notice to Terminate issued under state law.

### AND

- ❑ DCA Staff Certification, DCA Self Certification of Homelessness, or other written documentation stating that the individual/family lacks financial resources and support, and has not identified a subsequent residence

# Homeless Verification

## CATEGORY 2

For applicants whose primary nighttime residence is a hotel or motel room **not** paid for by charitable organizations or federal, state, or local government programs:

- ❑ Evidence that the individual or family lacks the resources necessary to reside there for **more than 14** days after the date of application for homeless assistance **OR**
- ❑ An oral statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay for more than **14 days** after the date of application for homeless assistance. The intake worker must record the statement and certify that it was found credible on the DCA Staff Certification of Homelessness form.
- ❑ To be found credible, the oral statement must:
  - ❑ Be verified by the owner or renter of the housing in which the individual or family resides at the time of application for homeless assistance **and**
  - ❑ Be documented by a written certification by the owner or renter or by the intake worker's recording of the owner or renter's oral statement

# Homeless Verification

## CATEGORY 2

If the intake worker is unable to contact the owner or renter:

- ❑ The intake worker must provide written documentation certifying that he/she performed due diligence in attempting to obtain verification and written certification that the applicant's statement was true and complete.
- ❑ Certification by the individual or head of household that no subsequent residence has been identified; **and**
- ❑ Certification or other written documentation that the individual or family lacks the resources and support networks needed to obtain other permanent housing.

# Homeless Verification

## CATEGORY 4

Is fleeing, or is attempting to flee some form of family violence, 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:

- If services are provided by a victim services provider:
  - DCA Staff Certification of Homelessness or
  - DCA Self Certification of Homelessness
  - Third party documentation (law enforcement, referrals, etc.) should be obtained whenever possible

# Homeless Verification

## CATEGORY 4

- ❑ If services are not provided by a victim services provider:
  - ❑ DCA Staff Certification of Homelessness or
  - ❑ DCA Self Certification of Homelessness
  - ❑ Where the safety of the individual/family is not jeopardized, the client's statement must be verified by the intake worker or a written referral.

# DCA Homeless Verification Form

Georgia Department of Community Affairs

## VERIFICATION OF HOMELESSNESS

### PREVENTION

Participant Name:	Participant HMIS #:	ESG Project Entry Date:

**Instructions:** Identify the housing status applicable to the participant household below and indicate the attached documentation for that housing status. If the participant is being verified as "at-risk of homelessness," and does not meet the housing status qualifications below, use the DCA At-Risk of Homelessness Certification form instead.

Unless otherwise noted, the general order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certification by the person seeking assistance third.

### CATEGORY 2: IMMINENT RISK OF HOMELESSNESS

Housing Status	Documentation Attached
<input type="checkbox"/> Will imminently lose primary nighttime residence within 14 days <b>AND</b> No appropriate subsequent housing options have been identified <b>AND</b> Household lacks the financial resources and support networks necessary to obtain immediate housing or remain in existing housing	<input type="checkbox"/> Court order resulting from eviction action notifying the individual or family that they must leave <b>AND</b> <input type="checkbox"/> DCA Self Certification form stating that no subsequent residence has been identified and the applicant lacks the financial resources and support necessary to obtain permanent housing  <b>For applicants living in a hotel/motel paid by applicant</b> <input type="checkbox"/> A letter from the hotel/motel manager, or third party oral statement documented on the DCA Staff Certification form, showing that costs are paid by the applicant <b>AND</b> <input type="checkbox"/> DCA Self Certification form stating that no subsequent residence has been identified and the applicant lacks the financial resources and support necessary to obtain permanent housing  <b>Whenever possible, include further written documentation showing lack of financial resources (e.g. financial documents).</b>

### CATEGORY 4: FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE

Housing Status	Documentation Attached
<input type="checkbox"/> Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence <b>AND</b> Has no other residence <b>AND</b> Lacks the resources or support networks to obtain other permanent housing	<input type="checkbox"/> Completed DCA Staff Certification form stating that the applicant is fleeing, has no subsequent residence, and lacks resources <b>OR</b> <input type="checkbox"/> Completed DCA Self Certification form stating that the applicant is fleeing, has no subsequent residence, and lacks resources  <b>For non-victim service providers, where the safety of the applicant is not jeopardized, oral statements must be verified. Whenever possible, include further written documentation showing lack of financial resources (e.g. financial documents).</b>

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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 am not a HUD certified inspector and 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.

Therefore, I make the following determination:

- Property is approved.  
 Property is not approved.

Case Name:

Street Address:

Apartment:                      City:

State:                      Zip:

Evaluator's Signature: \_\_\_\_\_ Date:

Please Print Name: \_\_\_\_\_

Exec. Dir. Initial:

# Documenting Homeless Status

HUD prefers this order for homeless verification:

1. Third Party verification
    - ❑ Written, including documents already available
    - ❑ Oral
  2. Intake Staff Observations
  3. Self-Certification (with staff certifying due diligence)
- 
- ❑ Lack of third party documentation **MUST NOT** prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider.

# Written Third Party Verification

- ❑ Written verification from a third party must be by an official communication on agency stationery from a housing or homeless services provider.
- ❑ The written communication must be signed and dated by an appropriate agency representative.
- ❑ If the verification is from an emergency shelter, the shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).
- ❑ If the certification is for unsheltered homelessness, the certifying agency must be recognized by the local CoC as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.).

# DCA Third Party Written Homeless Verification

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## THIRD PARTY WRITTEN HOMELESS VERIFICATION

If documentation on agency stationery is not available, this document may be used by housing and service providers (such as emergency shelters, institutional care facilities, police officers, business owners, etc.) to document the housing status of a homeless applicant for DCA ESG services. Only an authorized individual from the agency that provided the housing or services to the applicant can complete this form. Complete **EITHER Option 1 OR Option 2.**

**ESG Applicant Name:**

Individual without dependent children (complete one form for each adult household member)  
 Household with dependent children (complete one form for each adult household member)  
 Number of persons in the household: \_\_\_\_\_

**Option 1: Documentation of Stay at a Facility/Program**

**Verification of Stay:**  
 I certify that the above named individual(s) resided at our facility as follows:  
 Entry Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_ or  Currently staying at facility/program

**Facility or Program Type:**  
 This facility or homeless service program is classified as one of the following:  
 Emergency shelter  
 Transitional Housing  
 Institutional care facility (e.g. jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days)  
 Other (describe): \_\_\_\_\_

*Certifying emergency shelters must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).*

**Option 2: Documentation of Unsheltered Living Situation**

I certify that the above named individual(s) is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g. a car, park, abandoned building, bus station, airport, or camp ground).

Description of current living situation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*The certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)*

**Verifying Agency/Person**  
 I certify that the information documented above is true and accurate.

Printed Name:	Signature:
Date:	Title:
Organization:	Address:
Phone:	Email Address:

- This form is required for third party written verification when sufficient written verification is not otherwise available.

# DCA Staff Certification of Homelessness and Domestic Violence

- This form is required for homeless certification by oral third party statements or staff observation.

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<b>STAFF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE</b>	
This document is required for DCA ESG sub-grantees verifying homelessness and/or domestic violence status through oral third party verification or staff observation. Complete <b>EITHER</b> Option 1 <b>OR</b> Option 2.	
<b>ESG Applicant Name:</b>	
<input type="checkbox"/> Individual without dependent children (complete one form for each adult household member)	
<input type="checkbox"/> Household with dependent children (complete one form for each adult household member)	
Number of persons in the household: _____	
<b>Option 1: Third Party Oral Verification</b>	
I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance, but cannot obtain source documents. Below I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.	
Oral verification by the relevant third party was made on _____ (date) through a conversation with _____ (Relevant Third-Party Representative).	
Verification of homelessness was provided: <input type="checkbox"/> Over the phone <input type="checkbox"/> In person	
The following information was provided regarding the ESG applicant's homeless status, victim status, and available resources: _____ _____ _____ _____ _____ _____ _____	
I understand that obtaining third party documentation of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for ESG assistance, but cannot meet this standard. I made the following efforts to obtain third party documentation: _____ _____ _____ _____ _____	
<b>Option 2: Staff Observation Verification</b>	
I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status and available resources. Due to the following factors I certify this applicant's eligibility for ESG assistance: _____ _____ _____	

# DCA Self Certification of Homelessness and Domestic Violence

Georgia Department of Community Affairs

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**SELF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE**

This is to certify that the below named individual or household is currently homeless based on the check mark, other included information, and signature indicating their current living situation. **The entire form must be completed.**

**ESG Applicant Name:**

Individual without dependent children (complete one form for each adult household member)  
 Household with dependent children (complete one form for each adult household member)  
Number of persons in the household: \_\_\_\_\_

**Self-Certification**

**ESG applicant check only one:**

I [and my children, if applicable] am/are currently homeless and living on the street (e.g. a car, park, abandoned building, bus station, airport, or camp ground).

I [and my children, if applicable] am/are the victim(s) of domestic violence and am/are fleeing from abuse, have not identified a subsequent residence, and lack the resources or support networks, e.g., family, friends, faith-based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized.

I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next 14 days.

**I certify that I have insufficient financial resources and support networks; e.g., family, friends, faith-based or other social networks, immediately available to obtain housing or to attain housing stability without ESG assistance. I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.**

ESG Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ESG Staff Due Diligence**

I understand that third-party verification is the preferred method of certifying homelessness/risk for homelessness/victim status for an individual who is applying for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempts made for third party verification:*

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

ESG Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ❑ This form is required for client self declaration of homelessness or domestic violence.

# Income Verification

- ❑ Source documents should be the primary type of income verification (bank statements, pay stubs, etc.).
- ❑ All Prevention households must be below 30% AMI at entry and at each 90 day recertification
- ❑ HUD AMI website:  
[https://www.huduser.gov/portal/datasets/il.html#2017\\_data](https://www.huduser.gov/portal/datasets/il.html#2017_data)
- ❑ HUD guidance for ESG:  
<https://www.hudexchange.info/resource/5079/esg-income-limits/>

# DCA Verification of Income

- This form must be used to verify income for households entering the program.

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## VERIFICATION OF INCOME

ESG Applicant Name: \_\_\_\_\_

**Instructions for Employer/Payment Source Representative:** This is to certify the income received by the above named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility status and level of household benefit. **Complete only the selected section below that includes an authorization to release information.**

**Please return this form to:**  
Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Employment Income

**ESG Applicant Release: I hereby authorize the release of the following employment information.**  
ESG Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer representative to complete this section:**  
The person named above is employed by \_\_\_\_\_ since \_\_\_\_\_. He/she is paid \$ \_\_\_\_\_ on a \_\_\_\_\_ basis and is currently working an average of \_\_\_\_\_ hours per \_\_\_\_\_.

Additional compensation please specify (if any): \_\_\_\_\_  
Probability of continued employment: \_\_\_\_\_

Authorized Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, Title: \_\_\_\_\_  
Address and Phone: \_\_\_\_\_

Payments and/or Benefit Income (complete one form for each distinct source of income for each adult member of household and attach supporting evidence to this form in case file)

**CIRCLE ONE:**

Social Security/SSI	Pension /Retirement	TANF
Public Assistance	Unemployment Compensation	Workers Compensation
Alimony Payments	Foster Care Payments	Child Support Payments
Armed Forces Income		
Other (pls. specify): _____		

**ESG Applicant Release: I hereby authorize the release of the following payment and/or benefit information.**  
ESG Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment source representative to complete this section:**  
Payments or benefits in the amount of \$ \_\_\_\_\_ are paid on a \_\_\_\_\_ basis. The expected duration of the payments or benefits is \_\_\_\_\_.

Authorized Payment Source Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, Title: \_\_\_\_\_  
Address and Phone: \_\_\_\_\_

# DCA Income Self Declaration

Georgia Department of Community Affairs

## SELF-DECLARATION OF INCOME

ESG Applicant Name: \_\_\_\_\_

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

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

**Check only one box and complete only that section**

I certify, under penalty of perjury, that I currently receive the following income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

ESG Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify, under penalty of perjury, that I do not have any income from any source at this time.

ESG Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ESG Staff Verification \*This section MUST be completed.

I understand that third-party verification is the preferred method of certifying income for ESG assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempt made for third-party verification:*

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

ESG Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

□ This form may be used for clients to declare income **ONLY** if other documentation is not available.

# DCA Household Recertification

- This form must be used to recertify households every 90 days and annually.

Georgia Department of Community Affairs

### HOUSEHOLD RECERTIFICATION FORM

Households receiving ESG Prevention and Rapid Re-Housing assistance must be recertified every 90 days. At the end of each recertification the case manager must attach the new evidence to this form demonstrating the household is still eligible for the program. It is not acceptable to reattach the evidence from previous eligibility decisions.

*\*NOTE: Recertification criteria for rapid re-housing and prevention programs are different. See the DCA ESG Guidebook for further details.*

**ESG Client Name:** \_\_\_\_\_

Client is enrolled in:

- Prevention Program and must have household income below 30% AMI
- Rapid Re-Housing Program and must have household income at or below 50% AMI
- Rapid Re-Housing for one year and must have household income below 30% AMI

Date of entry into program: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Number of months (including arrears) household has received assistance: \_\_\_\_\_

Date of this Re-Certification: \_\_\_\_\_

List the member(s) of this household:

Adult(s):	Children (under 18):
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

**Status**

Please update the household's current housing status AND attach the appropriate documentation:

- Literally homeless
- Imminently losing housing
- Unstably housed and at risk of losing housing

Documentation list:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Income**

Please update the household's current income status AND attach the appropriate documentation:

- Household Income meets AMI requirements for program
- Household Income does not meet AMI requirements for program

Documentation list:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Households that do not meet the AMI requirements are no longer eligible to receive ANY ESG SERVICES. They must be discharged from the program.

# Financial Services

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- Moving costs
- Rent application fees
- Security deposit
- Last month's rent
- Utility deposit
- Utility payments

# Housing Relocation and Stabilization Services

- Housing Search & Placement
- Housing Stability Case Management
- Mediation
- Legal Services
- Credit repair

# Rental Assistance

- Short-term – Up to 3 months
- Medium-term – More than 3 months, up to 24 months (BoS Written Standards generally limits to 12 months)
- Rental arrears – One-time payment for up to 6 months of arrears
- Typically tenant-based for Prevention
- Total monthly rent must not exceed FMR

# Case Management Requirements

- At least 1 X per month
- Changes in income/household composition
- Re-certification every 90 days (No advances)
- Re-cert annually
- Housing stability plan at discharge
- Increase incomes and acquisition of mainstream benefits (Georgia Gateway)

# Property Related Items

1. Lease (in client name)
2. Rent reasonableness
3. Fair Market Rent (FMR) assessment
4. Habitability inspection
5. Lead based paint if: financial assistance and
  - Built before 1978
  - Child under 6 or pregnant woman
6. Rental assistance agreement

# Rent Reasonableness Form

Georgia Department of Community Affairs

## RENT REASONABLENESS CHECKLIST AND CERTIFICATION

The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private, unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units. Rent reasonableness can be assessed by comparing properties from: <http://www.georgiahousingsearch.org/>

	Proposed Unit	Unit #1	Unit #2	Unit #3
ADDRESS				
NUMBER OF BEDROOMS				
SQUARE FEET				
TYPE OF UNIT/CONSTRUCTION				
HOUSING CONDITION				
LOCATION/ ACCESSIBILITY				
AMENITIES: UNIT: SITE: NEIGHBORHOOD:				
AGE IN YEARS				
UTILITIES (TYPE)				
MONTHLY UNIT RENT				
HANDICAP ACCESSIBLE?				

A. Compliance with Payment Standard:

$$\text{Contract Rent} + \text{Utility Allowance} = \text{Proposed Gross Rent}$$

Approved rent does not exceed applicable Payment Standard of \$\_\_\_\_\_.

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

is reasonable.       is not reasonable.

Name:	Signature:	Date:
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- This form must be used to document rent reasonableness.

# Client Intake Form (Adult)



Collection Point: Entry  
 Projects/grants: ESG and CoC  
 Clients who are: Head of Households & Adults

### Step 1: Client Demographics - all fields with an "\*" are required.

First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ HoH:\* \_\_\_\_\_

<b>Name Data Quality:*</b> <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, or Street Name <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Social Security Number:*</b> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Birthdate:*</b> <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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<b>Ethnicity:*</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Race:*(Select all that apply)</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Gender:*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Client Doesn't Identify Male, Female, or Transgender <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
--	---	--

<b>If Female, Pregnancy Status:*</b> <input type="checkbox"/> Yes Due Date: _____ <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Veteran Status:*(18 &amp; over)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Relationship to Head of Household:*</b> <input type="checkbox"/> Self <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family Member
---	---	---

**Client Contact Information:**  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Step 2: Project Enrollment

Project Start Date:\* \_\_\_\_\_ Case Manager: \_\_\_\_\_  
 Housing Move-in Date: \_\_\_\_\_ (Only for Permanent Housing projects, including RRH)  
 Date of Engagement: \_\_\_\_\_ (Only for Street Outreach projects)

### Step 3: Entry Assessments

<b>Disabling Condition:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Client Location (The CoC the client is being served in):*</b> <input type="checkbox"/> Athens/Clarke County (GA-503) <input type="checkbox"/> Atlanta (GA-500) <input type="checkbox"/> August (GA-504) <input type="checkbox"/> Columbus/Russell County (GA-505) <input type="checkbox"/> Dekalb County (GA-508) <input type="checkbox"/> Fulton County (GA-502) <input type="checkbox"/> Ballance of State (GA-501) <input type="checkbox"/> Marietta/Cobb (GA-506) <input type="checkbox"/> Savannah/Chatham County (GA-507)
---	---



### Step 4: Living Situation\*

Living Situation - Identify the residence just prior to (i.e., the night before) enrollment (ONLY SELECT ONE):

**COMPLETE THESE STEPS FOR ALL PROJECT TYPES**

<b>HOMELESS SITUATION</b> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	Length of stay in this living situation?:*	<b>COMPLETE THESE ADDITIONAL STEPS FOR ALL PROJECT TYPES EXCEPT EMERGENCY SHELTERS, &amp; STREET OUTREACH</b> Proceed to Step 5 at bottom of page  Is this less than 90 days?:* <input type="checkbox"/> No <input type="checkbox"/> Yes Proceed to next page  On the night before did you stay on the _____? <input type="checkbox"/> No <input type="checkbox"/> Yes Proceed to Step 5 at bottom of page  Is this less than 7 days?:* <input type="checkbox"/> No <input type="checkbox"/> Yes Proceed to next page
<b>INSTITUTIONAL SITUATION</b> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, Prison or Juvenile Detention Center <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center	Length of stay in this living situation?:*	
<b>TRANSITIONAL AND PERMANENT HOUSING SITUATION</b> <input type="checkbox"/> Hotel or motel paid for without emergency shelter <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent Housing (other than RRH) for Formerly <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no home- <input type="checkbox"/> Staying or living in a family member's room, apart- <input type="checkbox"/> Staying or living in a friend's room, apartment or <input type="checkbox"/> Transitional Housing for Homeless Persons <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Length of stay in this living situation?:*	

### Step 5: History of Homelessness

Approximate date homelessness started (The beginning of *this* continuous period of homelessness): \* \_\_\_\_\_

Total # of *times* the client has been on the streets, in ES, or SH in the past three years including today: \* \_\_\_\_\_

Total # of *months* homeless on the street, in ES, or SH in the past three years: \* \_\_\_\_\_

# Client Intake Form (Adult)



## Step 6: Health Insurance:\*

Health Insurance	
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
If client has Health Insurance, check all that apply below:	
<input type="checkbox"/> Private	<input type="checkbox"/> State Children's Health Insurance Program S-CHIP
<input type="checkbox"/> Private - Employer	<input type="checkbox"/> Military Insurance
<input type="checkbox"/> Private - Individual	<input type="checkbox"/> State Funded
<input type="checkbox"/> Medicare	<input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Indian Health Service (IHS)

## Step 7: Barriers/Special Needs:\* Identify whether a client has each individual barrier or not

<b>Alcohol Abuse*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Chronic Health Condition*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Developmental Disability*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Expected to substantially impair ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Drug Abuse*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>HIV/AIDS*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Expected to substantially impair ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Mental Health*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Physical Disability*</b> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected



## Step 8: Domestic Violence:\*

Has the client been a victim of Domestic Violence?:*	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	
If "Yes", please answer the following questions:	
<b>When did the experience occur?</b>	
<input type="checkbox"/> Within the past three months	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Three to six months ago (excluding 6 months exactly)	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Six months to one year ago (excluding 1 year exactly)	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> One year ago or more	
<b>Is the client currently fleeing?:</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

## Step 9: Income and Non-Cash Benefits:\*

Income Sources:	
<input type="checkbox"/> No Income	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
If client has income, check all that apply below, and record MONTHLY amount:	
<input type="checkbox"/> Earned Income (i.e., employment income) \$* _____	<input type="checkbox"/> General Assistance \$* _____
<input type="checkbox"/> Unemployment Insurance \$* _____	<input type="checkbox"/> Retirement income from Social Security \$* _____
<input type="checkbox"/> Supplemental Security Income (SSI) \$* _____	<input type="checkbox"/> Veteran's Pension \$* _____
<input type="checkbox"/> Social Security Disability Insurance (SSDI) \$* _____	<input type="checkbox"/> Other Pension \$* _____
<input type="checkbox"/> Veteran's Disability Payment \$* _____	<input type="checkbox"/> Child Support \$* _____
<input type="checkbox"/> Private Disability Insurance \$* _____	<input type="checkbox"/> Alimony or other spousal support \$* _____
<input type="checkbox"/> Worker's Compensation \$* _____	<input type="checkbox"/> Other: _____ \$* _____
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) \$* _____	
Non-Cash Benefit Sources:	
<input type="checkbox"/> No Non-Cash Benefits	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
If client receives non-cash benefits, check all that apply below:	
<input type="checkbox"/> Supplemental Nutrition Assistance Program \$ _____ (SNAP) (Food Stamps)	<input type="checkbox"/> TANF Transportation Services
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-funded Services
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> Other Source (Specify: _____)

## Step 10: Contact Service: (Required for Street Outreach projects ONLY)

Is the client currently Staying on Streets, ES, or SH?:	
<input type="checkbox"/> Yes	<input type="checkbox"/> Worker unable to determine
<input type="checkbox"/> No	

# Client Intake Form (Child)



Collection Point: Entry
Projects/grants: ESG and CoC
Clients who are: Children (under 18, not HoH)

## Step 1: Client Demographics - all fields with an "\*" are required.

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ HoH: \* \_\_\_\_\_

**Name Data Quality:\***

Full Name Reported  
 Partial, or Street Name  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected

**Social Security Number:\***

Full SSN Reported  
 Approximate or Partial SSN  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected

**Birthdate:\***

Full DOB Reported  
 Approximate or Partial DOB  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected

**Ethnicity:\***

Hispanic/Latino  
 Non-Hispanic/Latino  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected

**Race: \* (Select all that apply)**

American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected

**Gender:\***

Male  
 Female  
 Transgender Female to Male  
 Transgender Male to Female  
 Client Doesn't Identify Male, Female, or Transgender  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected

**If Female, Pregnancy Status:\***

Yes Due Date: \_\_\_\_\_  
 No  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected

**Relationship to Head of Household:\***

Son  Foster Child  
 Daughter  Grandchild  
 Dependent Child  Other Family Member  
 Spouse  Other Non-Family Member

**Client Contact Information:**

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Step 2: Project Enrollment

Project Start Date: \* \_\_\_\_\_ Case Manager: \_\_\_\_\_

## Step 3: Entry Assessments

**Disabling Condition:\***

Yes  
 No  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected



Intake Form

## Step 4: Health Insurance:\*

**Health Insurance**

No Health Insurance  Client Doesn't Know  
 Client Refused  Data Not Collected

If client has Health Insurance, check all that apply below:

Private  State Children's Health Insurance Program S-CHIP  
 Private - Employer  Military Insurance  
 Private - Individual  State Funded  
 Medicare  Combined Children's Health Insurance/Medicaid Program  
 Medicaid  Indian Health Service (IHS)

## Step 5: Barriers/Special Needs: \* Identify whether a client has each individual barrier or not

<b>Alcohol Abuse*</b>	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<b>If "Yes", answer this:</b>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Chronic Health Condition*</b>	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<b>If "Yes", answer this:</b>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Developmental Disability*</b>	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<b>If "Yes", answer this:</b>	Expected to substantially impair ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Drug Abuse*</b>	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<b>If "Yes", answer this:</b>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>HIV/AIDS*</b>	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<b>If "Yes", answer this:</b>	Expected to substantially impair ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Mental Health*</b>	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<b>If "Yes", answer this:</b>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Physical Disability*</b>	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<b>If "Yes", answer this:</b>	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected

# HMIS Client Consent to Share Form

## Georgia Homeless Management Information System (GA HMIS) Collaborative Client Consent to Share Information

The Georgia Homeless Management Information System ("GA HMIS") is an online database that is used to collect information (data) about clients accessing housing and homeless services throughout the State of Georgia. Organizations that receive homeless funding from the US Department of Housing and Urban Development (HUD) and other federal and state partners are required to collect and store basic information about the persons who receive their services. This organization participates in the GA HMIS and by requesting and accepting services from them you are providing consent to enter your personal information into the GA HMIS. This information is utilized to determine your needs and provide supportive services to you and your household, and information is shared with other organizations that use this database, based on your signed consent.

### What type of information may be shared in the HMIS?

We collect general and Protected Personal Information about you and record it in GA HMIS. The information shared through HMIS is dependent on your situation, and may include, but is not limited to:

- Your basic identifying information (including name, Social Security Number, date of birth, gender, race/ ethnicity, marital and family status, household relationships, contact information, veteran status, disability status);
- Your history of homelessness and housing (including your current housing status, present and/ or prior living situation, and where and when you have accessed services);
- Your income information (sources and amounts of household income, employment information, work skills) and other resources, such as non-cash or public benefits;
- Your legal history/information;
- Your general, self-reported medical history including any mental health and substance abuse issues or HIV status (detailed medical or treatment information will never be shared, however), and type of health insurance;
- Your reasons for seeking services, your service needs, and the outcomes of services provided to you;
- Your emergency contact information;
- Other information needed for eligibility of certain types of projects (such as military history, educational background, employment background, sexual orientation, etc.)

### How do you benefit from sharing your information?

The information you provide to GA HMIS helps us coordinate the most effective services for you and/or your family. By sharing your information, you may be able to avoid being screened more than once, get faster and more personalized services, and minimize how many times you have to tell your "story." Collecting this information also gives us a better understanding of homelessness in your local area and the effectiveness of the services provided in your area.

### Who may be given access to your information?

The GA HMIS participating organizations may have access to your data on a need-to-know basis. These organizations may include homeless service providers, other social services organizations, housing providers, healthcare providers and administrators of the system. In other rare cases, such as when required by law, or for purposes of research, your information may be shared outside of the GA HMIS participating organizations (but never to the general public). For more information, please request a copy of our privacy policy.

### How is your personal information protected?

Your information in the HMIS is secured by passwords and encrypted transmission technology. In addition, each participating organization and system user must sign an agreement to maintain the security and confidentiality of the information. Your information is protected by the federal HMIS Privacy Standards. In some instances, depending on the services provided by a participating organization, your information may also be protected by additional Federal and/or State regulations, which may require additional written consent prior to any disclosure.

### By signing this form, you understand that:

- You have the right to receive services even if you do not agree to share your information.
- Consenting to share your information does not automatically guarantee you services.
- You have the right to receive a copy of this consent form.
- Your consent allows your record to be updated by any participating organization with which you interact without your being required to sign another consent form.

- Your consent does not expire, but you may cancel your consent at any time, by completing the Client Revocation of Consent to Share Information form. You further understand that any cancellation of this consent will not retroactively change information that has already been disclosed or actions already taken under your previous authorization.
- The GA HMIS Privacy Policy contains more detailed information about how your information may be used and disclosed.
- Upon your request, we are required to provide you with, as applicable:
  - A copy of the Client Revocation of Consent to Release Information;
  - A copy of the GA HMIS Privacy Policy;
  - A copy of your full HMIS records (apart from case notes) within five (5) business days of your request;
  - A current list of participating organizations that have access to your data.
- If you find inaccurate or incomplete Protected Personal Information in your records, you have the right to request a correction.
- Aggregate or statistical data that is released from HMIS will not disclose any of your Protected Personal Information.
- You have the right to file a grievance against any organization you feel has violated your confidentiality.
- If you need to be referred to another agency for services, certain information may need to be forwarded through HMIS to facilitate a referral. If you do not provide consent to share your information, it may negatively affect participating providers from addressing your service needs in a coordinated fashion.
- You are not waiving any rights protected under Federal and/or Georgia law.

### SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or have been read) this client consent form and have received answers to your questions. Please indicate your sharing preference by choosing one of the options below:

- I consent to allow my information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS as described in this consent form.
- I consent to allow my basic identifying information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS; however, I wish to limit the sharing of other information as specified in the Client Consent to Share Information – Supplemental form.
- I do not consent to allow my information to be shared via the GA HMIS. I understand that this choice may negatively affect the quality of services the GA HMIS participating providers are able to provide.

Client/ Legal Guardian Name (Please print): \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Minor Children (if any):

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS: \_\_\_\_\_

### For Agency Personnel Use Only:

\_\_\_\_\_  
Print Name of Organization

\_\_\_\_\_  
Print Name of Organization Staff

\_\_\_\_\_  
Signature of Organization Staff

\_\_\_\_\_  
Date

# Rental Assistance Agreement

- This form is required for all households receiving RRH.

Georgia Department of Community Affairs

## EMERGENCY SOLUTIONS GRANT (ESG) RENTAL ASSISTANCE AGREEMENT

An ESG grant from the U. S. Dept. of Housing and Urban Development was provided to the Georgia Department of Community Affairs and sub-awarded to the following service agency:

\_\_\_\_\_

Through this agreement rental assistance is being provided to the following individual or head of household:

Name of program participant: \_\_\_\_\_

For the following address: \_\_\_\_\_

Unit number: \_\_\_\_\_

Name of apartment complex, as applicable: \_\_\_\_\_

Monthly rent for this unit is \$ \_\_\_\_\_. Payment is due on the \_\_\_\_\_ day of the month every month. Payments received after the \_\_\_\_\_ day of the month will be penalized with a late fee in the amount of \$ \_\_\_\_\_.

Term of Agreement (dates) \_\_\_\_\_

*During the term of the agreement, the owner/landlord must give the agency named above a copy of any notice to the program participant (tenant) to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant. [24 CFR 576.106(e).]*

Typed/Printed Name of landlord/owner: \_\_\_\_\_

Landlord/Owner Signature: \_\_\_\_\_

Typed/Printed Name of Agency Representative: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

*If assistance consists of the payment of rental arrears only:  
The total amount of \$ \_\_\_\_\_ will be paid by the agency named above to the landlord/owner of the property for a total of \_\_\_\_\_ months of rent. Other terms and conditions of this agreement include: (attach additional documentation as necessary)*

*Please note: The rental assistance agreement does not take the place of the lease, or vice versa.*

# VAWA Lease Addendum

Revised January 2018  
Georgia Department of Community Affairs

Revised January 2018  
Georgia Department of Community Affairs

## Addendum to Lease Violence Against Women Act (VAWA)

This Addendum supplements the terms of the Lease between \_\_\_\_\_ ("Owner") and \_\_\_\_\_ ("Tenant") dated \_\_\_\_\_, including any all amendments and addendums thereto.

### 1. VAWA Protections.

#### a. Owner shall not:

- i. Evict or otherwise deny assistance to Tenant on the basis or as a direct result of the fact that Tenant is a victim of domestic violence, dating violence, sexual assault or stalking. *Exception: Owner may evict upon showing that an actual and imminent threat<sup>1</sup> to other tenants or those employed at or providing service to the property would be present if Tenant is not evicted. Owner must document or otherwise be able to prove the actual and imminent threat based on words, gestures, actions or other indicators. Owner may only use eviction in this situation when there are no other actions that could be taken to reduce or eliminate the threat, including, but not limited to, transferring Tenant to a different unit, barring the perpetrator from the property, contacting law enforcement to increase police presence or develop other plans to keep the property safe, or seeking other legal remedies to prevent the perpetrator from acting on a threat. Restrictions predicated on public safety cannot be based on stereotypes, but must be tailored to particularized concerns about individual residents.*
  - ii. Deny tenancy or occupancy rights solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking if: (1) the criminal activity is engaged in by a member of the household of the tenant or any guest or other person under the control of the tenant and (2) the tenant or an affiliated individual of the tenant is the victim or threatened victim of such domestic violence, dating violence, sexual assault or stalking.
  - iii. Construe an incident of actual or threatened domestic violence, dating violence, sexual assault or stalking as: (1) a serious or repeated violation of the lease by the victim or threatened victim of such incident or (2) good cause for terminating the assistance, tenancy or occupancy rights of the victim or threatened victim of such incident.
- b. When providing notification of eviction to Tenant, Owner shall provide HUD's notice of occupancy rights under VAWA and certification form to Tenant in the appropriate language consistent with Owner's duty to provide meaningful access to services for limited English proficient persons.
- c. This addendum shall not limit Owner in complying with a court order regarding (i) the rights or access or control of property, including civil protection orders issued to protect a victim of domestic violence, dating violence, sexual assault or stalking or (ii) the distribution or possession of property among members of a household.
- d. If Tenant requests VAWA protections, Owner may only request documentation in accordance with 24 CFR 5.2007. Owner may request in writing that the victim certify that the person is a victim of abuse and that HUD's certification form 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 VAWA protections. Failure to provide the certification or other supporting documentation may result in eviction.

- e. Any information submitted to Owner by Tenant, including the fact that Tenant is a victim of domestic violence, dating violence, sexual assault or stalking shall be maintained in strict confidence. Owner shall not allow any individuals in owner's employ or under contract to have access to confidential information unless explicitly authorized by Owner for reasons that specifically call for these individuals to have access under applicable Federal, State or local law. Owner shall not disclose such information to any other entity or person unless (i) requested or consented to by Tenant in a time-limited release, (ii) required for use in an eviction proceeding or hearing regarding termination of rental assistance, or (iii) otherwise required by applicable law.
  - f. Consistent with \_\_\_\_\_ [name of agency providing rental assistance]'s Emergency Transfer Plan, Tenant may request an emergency transfer if (i) Tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit or (ii) Tenant was a victim of sexual assault that occurred on the premises within 90 days prior to requesting transfer.
2. Supplemental Terms. Except as supplemented herein, all remaining terms and provisions of the Agreement remain in full force and effect. Notwithstanding the foregoing, to the extent there is any inconsistency between the provisions of the Agreement and the provisions of this Addendum, the provisions of this Addendum shall control.
3. Term. The term of this Addendum shall be coterminous with the Lease.

Owner and Tenant agree to and accept this Addendum as evidenced by the following signatures:

\_\_\_\_\_  
Owner  
Printed Name: \_\_\_\_\_ Date

\_\_\_\_\_  
Tenant  
Printed Name: \_\_\_\_\_ Date

<sup>1</sup> Actual and imminent threat is a physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, Owner should consider: The duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur.

# Lead Based Paint Required Forms

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<b>ESG Lead-Based Paint Document Checklist</b>		
<p><b>About this Tool</b></p> <p>The following checklist provides ESG grantees with an overview of common documents that can be used to verify compliance with the Lead-Based Paint Poisoning Prevention Act. Note that this checklist does not cover all of the documentation that providers would want to include in all instances. For example, additional documentation may be required if the property is found to meet exemptions listed under Part 2 of the Lead Screening Worksheet.</p>		
DOCUMENT NAME	PURPOSE	✓
Application	Documents age of children	
Screenshot of property record from online tax database	Documents age of property	
Lead Screening Worksheet	Documents exemptions (additional documentation will vary based on exemption)	
Lead-Based Paint Visual Assessment Certification	Documents that a visual assessment was conducted and problems with paint surfaces were not identified	
Owner Certification (if applicable)	Documents owner certification that any identified problems with paint surfaces have been repaired and that safe work practices were followed, as applicable	
Clearance Report (if applicable)	Documents that unit passed clearance	
Documentation of ongoing maintenance activities: <ul style="list-style-type: none"> <li>Visual Assessment Certification Forms</li> <li>Clearance report from each maintenance job involving painted surfaces above the de minimis threshold</li> <li>Notice of lead hazard reduction for each maintenance job involving painted surfaces</li> </ul>	Documents that a visual assessment is performed at least annually during the assistance period and that any deteriorated paint was appropriately addressed (including clearance and notice of lead hazard reduction)	
Documentation of response to EIBLL child: <ul style="list-style-type: none"> <li>Copies of risk assessment</li> <li>Abatement or clearance report</li> <li>Relocation documents</li> <li>Correspondence with health department</li> </ul>	Documents that if an EIBLL child was identified in the unit, the situation was addressed in accordance with the Lead Safe Housing Rule.	

- ▣ This form is required for all households receiving RRH.

# Lead Based Paint Required Forms

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## Lead Screening Worksheet

### About this Tool

The *Lead Screening Worksheet* is intended to guide grantees through the lead-based paint inspection process to ensure compliance with the rule. ESG staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant's case file. Please see the *ESG Lead-Based Paint Requirements Summary* for additional information.

### INSTRUCTIONS

To prevent lead-poisoning in young children, ESG grantees 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

City

State Zip

ESG Program Staff

Unit Number

### 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 assistance?

Yes  No

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### 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 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

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# Lead Based Paint Required Forms

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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 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.

continued...

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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.

**LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE**

I,           (print name)          , 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           (property address and unit number)           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: \_\_\_\_\_

# Lead Based Paint Required Forms

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## 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

- This form is required for all households receiving RRH.

# Lead Based Paint Required Forms

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## 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,<sup>1</sup> 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).<sup>2</sup> If the area of deteriorated paint did not exceed the de minimus level, the grantee

<sup>1</sup> Safe work practices and clearance are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimus 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).

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

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- will conduct a follow-up visual assessment. Note: The grantee and landlord should coordinate to identify a certified lead professional and schedule the examination.<sup>3</sup>
- The [ESG grantee (or) landlord] will pay for the first clearance examination.<sup>4</sup>
  - 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

<sup>3</sup> 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/fpp/> and click on "certified abatement/inspection firms."

<sup>4</sup> 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.

# Lead Based Paint Required Forms

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## 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 minimis 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 minimis 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 minimis 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 minimis 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 minimis 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 minimis thresholds.

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

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## 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 minimis 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 \_\_\_\_\_.

# Lead Based Paint Required Forms

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## 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).

□ This form is required for all households receiving RRH.

# Fair Market Rent (FMR)

- ❑ For the FMR comparison, rent includes the lease price plus the utility allowance for utilities not included in the rent and are paid separately by the client.
  - ❑ Utilities do not include telephone, cable or satellite television, or internet service.
- ❑ Local housing authorities provide utility allowances for Fulton, DeKalb, Cobb, Clayton, Muscogee, Bibb, Richmond, Sumter, Chatham, and Glynn counties.
- ❑ DCA provides utility allowances for all counties not listed above.
- ❑ Always use the most recent available utility allowance calculations.

# Late Payment Fees

- Make timely payments to each owner in accordance with the rental assistance agreement
- Sub-recipient is responsible for paying late payment penalties that it incurs with non-ESG funds
- Arrears payments can be made up to 6 months rent, including late fees, and 6 months utilities, per service

# Maximum Amounts and Periods of Assistance

- ❑ Recipient may set a maximum amount of financial and/or rental assistance
- ❑ Total period for any service must not exceed 24 months during a 3 year period
  - ❑ Rental arrears and last month's rent must be included in this calculation
  - ❑ This is based on regulation, Written Standards are more restrictive.
- ❑ Housing stability case management may be provided beyond the limitation stated above.

# Use with Other Subsidies

- ❑ Collaborations with other programs are allowable if services are unduplicated (VASH, SSVF, etc.)
- ❑ Cannot receive same type of assistance from 2 public sources (federal, state, local, etc.)
- ❑ Rental assistance cannot be provided to a program participant who is receiving tenant-based or project-based rental assistance or URA
- ❑ Payment for client's part of rent arrears allowable (1 time)

# Written Standards for Prevention

- ❑ Organizations must work to remove barriers to project entry and participation, as these barriers both deny housing to individuals and families that really need intensive services and often result in low occupancy rates.
- ❑ Project applicants receiving assistance should receive a case management plan from the provider in order to ensure long term stability.
- ❑ Best practice agencies will be able to negotiate with landlords as the first step in resolving eviction crises.
- ❑ Best practice agencies will demonstrate an effective plan to increase household income.
- ❑ Length of stay should be based on the needs of individual households.

# Written Standards for Prevention

- ❑ Agencies should have a goal of providing 100% subsidy to participating households for no more than 6 months, and to provide any rental subsidy for no more than 12 months.
- ❑ Assistance for households with no income or special circumstances could be extended to 18 months.
- ❑ The BoS CoC Written Standards policy for Prevention projects is to provide a declining rental and utilities subsidy based on a reasonable percentage of a household's income.
- ❑ Rental and utilities subsidy determinations will be evaluated no less than monthly.
- ❑ Individual projects have discretion to determine how the subsidy will be reduced based on income, household needs, and what is in the best interest of the household's housing stability.
- ❑ ESG projects will determine, based on the documented needs of the household, the type, amount, and duration of financial assistance for housing stabilization and/or relocation services.

# Performance Measures-Prevention

1. Increase in discharged households that maintained permanent housing at project exit.
2. Increase in discharged households remaining in permanent housing 3 months after exit.
3. Increase in households that acquire cash and non-cash income during project enrollment.

# Implementation Steps

1. Read manual and regulations
  - a) Homeless Definition Rule
  - b) Interim ESG Rule
  - c) DCA ESG Guidebook
2. Read your contracts!
3. Familiarize yourself with ESG Grantees Only website
4. Watch pre-recorded ESG webinars on HUD Exchange website
5. Incorporate Housing Support Standards into practice

# Implementation Steps

6. Establish relationships with landlords
7. Hire and train staff
8. Adopt intake, etc. forms from DCA website
9. Participate in 2018 ESG trainings
10. Establish partnerships with shelters, hotels/motels, service agencies, DoL, etc.
11. Master the FMR equation (found in the ESG Guidebook)

# Implementation Steps

12. Set up HMIS
13. Coordinate with your Prevention peers
  - DCA lists, webinars
14. Set staff and project goals for the year
15. Make project participants' long term success your main goal

# Resources

- HMIS webinars, trainings and technical assistance throughout the year
- ESG webpage for sub-grantees
- Peer support
- HUD Exchange website:  
<https://www.hudexchange.info/>
- Reach out to DCA and HMIS staff for assistance please!



Questions?



Georgia<sup>®</sup> Department of



# Community Affairs