



**DUPAGE COUNTY
CONTINUUM of CARE**

**Emergency Solutions Grant
Program Plan**

**Street Outreach, Emergency Shelter,
Rapid Re-Housing & Homelessness Prevention
January 2024**

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Emergency Solutions Grant Program Plan Purpose

This document provides a summary of The U.S. Department of Housing and Urban Development (HUD) Emergency Solution Grant (ESG) rules and agreed upon procedural guidelines for program implementation in DuPage County. The intent of this document is to provide a framework through which ESG funds will be used in DuPage County and how DuPage County Continuum of Care (CoC) agencies providing Emergency Shelter, Street Outreach, Rapid Re-housing (RRH), Homelessness Prevention (HP), and other targeted homeless programs coordinate services to meet Continuum objectives of making homelessness rare, brief and one-time in DuPage County.

The ESG Program Plan is intended to guide all ESG subrecipients, both County and State, in implementation of their respective ESG program. This document, in no manner, should be seen as an alternative to or replacement of HUD rules and guidance which can be found at:

<https://www.hudexchange.info/>.

ESG specific information is maintained at: <https://www.hudexchange.info/programs/esg/>. This website is updated regularly by HUD, and it is the responsibility of each subrecipient to keep apprised of any and all new and revised guidance. Community Planning and Development (CPD) listservs help stakeholders stay informed about programs, competitions, awards, policy updates and more. Sign up for the CPD listserv and select the topics for which you would like to receive more information. To sign up, follow the link: <https://www.hudexchange.info/maillinglist/>

County subrecipients are given an opportunity to apply for ESG funds annually. Subrecipient Eligibility is subject to Community Development Commission Policy, the annual Action Plan, and 5-year Consolidated Plan.

State subrecipients submit applications following directives of the State ESG Recipient.

Federal Impacts on Provision of ESG Assistance

HUD issued the 09/21/16 final rule entitled “Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs” The final rule, effective October 21, 2016, requires that recipients and subrecipients of HUD CPD funding, as well as owners, operators, and managers of shelters, and other buildings and facilities and providers of services funded in whole or in part by any HUD CPD program to grant equal access to such facilities, and other buildings and facilities, benefits, accommodations and services to individuals in accordance with the individual's gender identity, and in a manner that affords equal access to the individual's family.

DuPage County Continuum of Care housing and service providers have reviewed and considered the final rule and the impact the requirements will have on operations and best practices. Each provider has or is currently refining policies and procedures to ensure that equal access is available to all eligible individuals and families regardless of their actual or perceived sexual orientation and gender identity.

The VAWA Final Rule expanded housing protections for survivors of domestic abuse, dating violence, sexual assault, and stalking in CoC and ESG projects. The rule was created to help ensure all individuals had access to a safe home without the fear of violence and to reduce the risk of

homelessness among survivors. The Final Rule identifies the protections and rights outlined in the rule including the protection from refusal of assistance, termination of assistance, or eviction based on being a survivor. A survivor has the right to an emergency transfer when there is a safe and available unit and the option to bifurcate a lease to help keep a survivor safely housed. ESG providers must adhere to the most recent Community Development Commission VAWA Policy and Emergency Transfer Plan and incorporate the VAWA addendum for Homelessness Prevention and Rapid Rehousing providers.

In the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("PRWORA" or "the Act"), Congress restricted immigrant access to certain public benefits, but also established a set of exceptions to these restrictions. In 2001, after consulting with other Federal agencies, including HUD and U.S. Department of Health and Human Services (HHS), the Attorney General issued an Order reiterating the three-prong test established in PRWORA and specifying the types of programs, services, or assistance determined to be necessary for the protection of life or safety. Specifically included is, "short-term shelter or housing assistance for the homeless, for victims of domestic violence, or for runaway, abused, or abandoned children."

HUD has determined Street Outreach Services, Emergency Shelter, and Rapid Re-Housing are not subject to the Act's immigration-based restrictions. As such, DuPage County CoC ESG program resources will provide these programs without regard to immigration or U.S. residency status. ESG Homeless Prevention Assistance, however, is subject to the Act. PRWORA includes an exemption for nonprofit charitable organizations but not for government organizations. Title IV of the Act provides that nonprofit charitable organizations are not required under the Act to verify the immigration status of applicants for federal, state, or local public benefits. 8 U.S.C. § 1642(d). In order to ensure equal access and non-discrimination, if immigration or US residency status may become a factor in determining ESG eligibility for an applicant household, a non-exempt subrecipient shall promptly facilitate a transfer of the application to an exempt subrecipient. For more information, subrecipients or stakeholders may refer to HHS, HUD, and DOJ joint-agency letter: [HHS-DOJ-Letter-Regarding-Immigrant-Access-to-Housing-and-Services.pdf](#).

Components of the Emergency Solutions Grant

In DuPage County, the Consolidated Planning Process and Citizen and Agency Participation are organized and conducted in close coordination with the DuPage County Continuum of Care. This process includes ESG as well as non-ESG funded programs. The Consolidated Planning process assesses the community's homeless assistance and housing needs, examines available resources, sets 3-5 year strategies, and develops an annual action plan to meet priority needs with citizen's participation and consultation with various organizations, including the DuPage County CoC.

The Emergency Solutions Grant provides a variety of supports (*See Eligible Supports for Emergency Solutions Grant*) to achieve the following five assistive elements: 1) engaging homeless individuals and families living on the street; 2) improving the number and quality of emergency shelters for homeless individuals and families; 3) helping operate these shelters while providing essential services to shelter residents; 4) rapidly re-housing homeless individuals and families; and 5) preventing individuals and families from becoming homeless.

DuPage County's ESG programs consist of: Street Outreach, Emergency Shelter, Rapid Re-housing, Homelessness Prevention, and the Homeless Management Information System (HMIS).

Street Outreach

Street outreach is currently provided through emergency shelter providers with established targeting and essential services procedures. Street outreach teams reach out to unsheltered homeless persons to connect them with emergency shelter, housing, and/or critical services, and provide them with urgent, non-facility-based care. One shelter provider has an active street outreach program, funded by ESG; one shelter provider has an active outreach program for unsheltered veterans referred and engaged during site visits to veteran service facilities. Street and site outreach providers participate on the CoC Service and Program Coordination Committee, establishing best practices for meeting the needs of the homeless in DuPage County. Standards for targeting unsheltered persons and providing essential services related to street outreach are maintained by the providers according to the program scope of services in the following ways:

Street outreach teams target and locate unsheltered persons through leads that may include concerned citizens; community businesses; community-based organizations; local authorities including police, schools, heating and cooling centers, government agencies; veterans' facilities and services; and by observation of persons at local areas known to attract homeless persons and seen sleeping in vehicles overnight or in other places not meant for human habitation. Street outreach is mapping the sites where persons have been contacted or observed and collecting information from community sources toward refined targeting.

Street outreach teams initiate contact with referred or observed persons, determining eligibility (unsheltered homeless persons) through self-report or direct observation by outreach teams. Street outreach is an essential access point in the Continuum of Care's Coordinated Entry System (CES). Street outreach covers the entire geographical area of DuPage County and ensures, to the best of its ability that non-sheltered, chronically homeless persons are engaged in and remain engaged in the CES even if they repeatedly decline housing services.

Activities include: initial assessment of needs and eligibility; providing or obtaining immediate crisis counseling; addressing urgent physical needs such as, meals, blankets, clothing, and toiletries; and actively referring/connecting to homeless assistance, mainstream social services, veteran services and housing. Housing programs may include emergency shelter, transitional housing, permanent supportive housing, and rapid re-housing programs. Transportation is provided as needed.

Street outreach contacts are entered into the Homeless Management Information System (HMIS) adding client information if and as it becomes available. Street Outreach is required to record both contacts¹ and engagement² dates. It is not until the client is engaged that the full assessment must be completed. There should be no more than one engagement date per enrollment, but at minimum there must be one contact if not more. Contact information in HMIS and case notes will at minimum include eligibility, referral source, service transactions with specific provisions of basic needs, information and referrals, direct connection to housing, and outcome of each contact.

¹ A contact is defined as an interaction between a worker and a client. Contacts may range from simple a verbal conversation between the Street Outreach worker and the client about the client's well-being or needs or may be a referral to service. In other words, any and every meaningful interaction, no matter how small.

² Date of engagement is defined as the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. The date of engagement should be entered into HMIS at the point that the client has become engaged. It may be on or after the project entry date and prior to project exit. If the client exits without becoming engaged the engagement date should be left blank.

Data Collection Challenges: A street outreach project is likely to encounter difficulty engaging homeless persons. Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time by editing data in an HMIS as they engage the client. The initial entry may be as basic as the project entry date and a de-identified name that would be identifiable for retrieval by the worker in the system. However, Street Outreach projects are prohibited from establishing protocols that only require outreach workers to collect minimal client data. Over time, outreach workers must attempt to collect all data required for street outreach projects and edit recorded data for accuracy as the worker learns more about the client.

De-Duplication of Client Records: Local protocols should be established to determine how coordination among street outreach projects effectively manage the identification and data collection of clients. In a smaller CoC, it may be possible to coordinate street outreach efforts and reduce duplication of client records through case conferencing or other efforts to coordinate outreach services. The use of temporary de-identified names should not be an excuse for excessive duplicate clients or poor data quality. Street Outreach projects and local HMIS leadership should work together to minimize the use of de-identified names and attain high data quality.

Project start vs enrollment: For Street Outreach projects, the project start date is the date of first contact with the client. The project start date is a required UDE that indicates when a client has joined the project.

Contacts: A street outreach project is expected to record every contact made with each client in the HMIS via 4.12 Current Living Situation. A contact is defined as an interaction between a worker and a client designed to engage the client. Contacts may include activities such as a conversation between the street outreach worker and the client about the client's well-being or needs, an office visit to discuss their housing plan, a phone call, or a referral to another community service. A contact must be recorded anytime a client is met, including when an engagement date or project start date is recorded on the same day.

Engagements: Per the HMIS Data Standards and by agreement across all federal partners, an engagement date is the date when an interactive client relationship results in a deliberate client assessment or beginning of a case plan. The date of engagement should be entered into HMIS at the point when the client has been engaged by the outreach worker. This date may be on or after the project start date and must be prior to project exit. If the client exits without becoming engaged, the engagement date should be left blank. If the client was contacted on the date of engagement, a contact must also be entered for that date.

Data Quality: Reporting to HUD on data quality for street outreach projects is limited to clients with a date of engagement. Therefore, it is important that outreach workers record the engagement date and also review all of the UDE and applicable Common Program Specific Data Elements for completeness and accuracy. The Date of Engagement coincides with the requirement for HMIS data quality, therefore all UDE should be entered into HMIS at or before the Date of Engagement.

Project Exit: Project exit represents the end of a client's participation with a project. Clients are exited from street outreach programs when engaged with homeless assistance providers in temporary or permanent housing, or after contact is lost for more than 30 days.

Essential services and activities related to street outreach include the case management process of using the Coordinated Entry System. The street outreach entry in HMIS is not prioritized for housing interventions until sufficient assessment information is obtained. Additional information regarding Street Outreach data collection instructions is available at:

<https://www.hudexchange.info/resource/4447/esg-program-hmis-manual/>

Verifying and documenting eligibility; counseling; developing, securing, and coordinating services; obtaining public mainstream benefits; monitoring and evaluating program participant progress; providing information and referrals to other providers; and developing an individualized housing and service plan, including planning for permanent housing stability will be provided by street outreach teams directly or referred to appropriate homeless assistance providers, according to the street outreach program scope of service.

Street outreach teams will directly connect interested unsheltered homeless persons to homeless assistance providers and social service providers in accordance with the accepted CoC coordination of services plan, providing transportation to the resource as needed. Persons of special populations will be connected to providers according to program specific guidelines. In situations of immediate crisis needs such as, severe mental illness and behavioral episodes that may result in harm to the individual or others, substance abuse induced episodes, and/or physical health crisis, the street outreach teams will directly contact DuPage County Health Department crisis line, local police, or emergency medical providers, on behalf of the individual. Street outreach teams encountering single, unaccompanied youth under the age of 25 will contact local police and or Illinois Department of Children and Family Services (DCFS) for appropriate intervention.

Site outreach teams directly connect willing unsheltered homeless persons to the appropriate homeless assistance and social service providers according to program specific guidelines and the accepted CoC coordination of services plan, providing transportation to resources as needed. Immediate crisis needs as stated above, will be met by the team if qualified, or connected directly to appropriate emergency assessment and treatment providers.

Follow up contacts between street and site outreach teams toward relationship building, assessment, and referral to services, will be conducted in public places as selected or agreed on by the homeless persons, for the safety of the homeless persons and the street outreach and site outreach teams.

Emergency Shelter

Emergency shelter is currently provided in DuPage County, funded with ESG and/or other funding sources, to meet the needs of homeless persons/families including veterans, victims of domestic violence, and unaccompanied youth. A transitional housing program in DuPage also meets the criteria for ESG shelter funding. There are five active shelter providers within DuPage County.

The shelter providers conform to the CoC coordination of services plan, participate in CoC planning, and enter data in HMIS unless using a comparable database for domestic violence shelters. All shelter providers have written or verbal Release of Information to assist in referrals to other providers. Shelter providers will ensure that all clients are aware of their adopted Privacy Policy, have access to it, and are notified of their rights regarding data sharing.

Shelter providers meet the local health and safety inspection requirements for the facilities and services offered, and meet minimum safety, sanitation, and privacy standards as specified in [24 CFR 576.403\(a\)\(b\)](#) when funded by ESG for shelter operations or renovations. Emergency shelter providers participate on the CoC Service and Program Coordination Committee, establishing best practices for

meeting the needs of the homeless in DuPage County. State Subrecipients must submit documentation verifying that the shelter facility has passed an inspection by a local or state fire department within the last 12 months. Verification of a passed inspection by a local or state health department must be provided, as well, if meals are prepared by shelter staff.

In addition to providing shelter supports, shelter sites will introduce the coordination and prioritization process to those who are literally homeless. Protocol includes a standard authorization to share information. A standard demographic assessment is entered into HMIS and a standard assessment, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), is completed 7 or more days after shelter entry to determine the severity of need. This information is used to prioritize persons into the housing which best fits their needs. Tools used: Severity of Need Triage Tool, Client Consent to Participate, Homeless Management Information System, and Determination of Chronic Homelessness.

The CES does not delay access to Emergency Shelter to the extent that shelter is available.

ESG funded emergency shelter activities include provision of essential services to individuals and families in shelter; renovation of shelter facilities; and shelter operations.

Essential Services

Essential services are provided by the DuPage County shelters whether funded by ESG and/or other funding sources. Essential services may include case management, childcare, education services, employment services and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, and transportation. Services for special populations include homeless youth, victims of domestic violence, and services for people living with HIV/AIDS. Program/provider specific policies may require participation in the essential services offered.

Case management is provided by all shelter providers and includes: an initial assessment of needs with continuous program/specific reassessment points throughout the shelter stay; counseling; assistance with obtaining public benefits – completing applications, accompanying clients to offices, or providing transportation to the offices, obtaining needed documentation to complete the application process; monitoring participant progress toward self-sufficiency; prioritizing needs as circumstances change during the program participation; establishing a housing stability plan; and providing information, referral, and connection to housing providers.

Education services are provided directly by shelter providers or referrals and connections to these services are made available to program participants, as needed, especially to remove barriers to sustained housing. These may include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language (ESL), GED, and tenant/landlord issues. Shelter providers coordinate with the Illinois State Board of Education Homeless Liaisons, to ensure that the educational needs are met for school-age youth participating in the program, in accordance with the McKinney-Vento Act as amended by the Every Student Succeeds Act (ESSA) of 2015.

Employment assistance, in the form of job seeking skills at minimum, is provided directly by shelter providers and referrals and connections to other resources are made available to program participants for specific needs identified beyond those provided at the shelter.

Legal services are made available by all shelter providers to participants through referral and connection to Prairie State Legal Services primarily, and other resources for legal services as needed.

Life skills training are provided by all shelter providers and may include budgeting, money management, household management, conflict resolution, shopping practices, nutrition guidance, use of public transportation, and parenting, as appropriate to the participant.

Transportation is provided by all shelter providers in the form of vouchers, gas cards, bus/train passes, taxi vouchers, staff transport, and donated cars. Limits on amounts, types, and uses are program/provider specific.

Admission, Diversion & Discharge

Shelter providers have written procedures for admission, diversion, referral, voluntary and involuntary discharge, and coordination with homeless assistance providers within the CoC.

Admission policies are program/provider specific; all shelter providers use an intake process by phone or walk-in, and three agencies will send staff out to meet with potential participants in public places. The Homelessness Eligibility and Verification form located in the appendix has been developed to document verification and eligibility for assistance. Additionally, ESG regulations allow for records contained in an HMIS as acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made. Entry into the shelter system is coordinated through self-referral, walk-in, referral from other shelter and homeless prevention providers, and referral through community based homeless assistance providers, social service agencies, public-benefit providers, and other resources throughout DuPage County.

An initial assessment is conducted that includes verifying and documenting eligibility for the program. Homeless persons found to be ineligible for the program are referred to other appropriate resources and provided transportation to those resources where the individual/family is willing to accept that referral. Persons admitted to shelter are assessed for entry into the CES in accordance with current CES procedures. Length of stay standards are program/provider specific and detailed within the provider policy/procedures manuals. Safeguards to meet the safety and shelter needs of special populations – victims of domestic and other violence, are program/provider specific. In instances where the shelter is unable to provide safeguards for the safety of program participants already in the shelter, or those requesting admission, referrals, and connection to the domestic violence shelter providers for appropriate alternatives are provided.

Diversion practices are program/provider specific; all shelter providers refer and connect appropriate homeless individuals/families to housing assistance providers for permanent supportive housing, rapid re-housing, and tenant rental assistance, and/or develop a temporary housing situation with family or friends to avoid entry into the homeless services system.

Discharge practices are program/provider specific; all shelter providers post and/or provide participants with written notice of required behaviors, rules, or expected conduct for all participants while in the shelter program and consequences of disregard. Where possible, voluntary and involuntary discharges include planned next steps for the participant, referrals and information to housing assistance providers and community-based agencies for social services, follow up procedures, and the shelter provider's policy for continued assistance in the case of return to homelessness or the participant's inability or unwillingness to remain within the program.

Unplanned discharges are experienced by all shelter providers and there are program/provider specific practices for these instances. All shelter providers are continually assessing participants' needs and progress, providing information and guidance on next steps throughout the shelter stay. Should the participant become unable or unwilling to continue in the program, some knowledge has been provided.

Shelter Renovation & Operations

Shelter Renovation is an ESG funded activity for buildings owned by government entities or non-profit organizations. The renovation may include rehabilitation or conversion of a building into an emergency shelter. DuPage County ESG funds are not used for this purpose. State ESG funds may be available.

Shelter Operations

Are funded by ESG for the cost of maintenance, rent, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless individual or family a hotel or motel voucher for that individual or family is included. DuPage County ESG funds are not used for shelter operations. State ESG funds are available for that purpose.

Homelessness Prevention

Homelessness Prevention under ESG may include assistance in the form of short-term and medium-term rental assistance, rental arrears, rental application fees, security deposits, and other housing needs to prevent them from moving into an emergency shelter or place not intended for human habitation. Written policies and procedures are found in the Consistent Procedures and Policies, Outreach and Coordination of Services, and Procedural Guidance, sections below. During the 2021 program year, Homelessness Prevention funds were not available through State funding.

Rapid Re-Housing

Rapid Re-housing under ESG may include assistance in the form of short-term and medium-term rental assistance as needed to help persons living in an emergency shelter or other place not meant for human habitation. In the Coordinated Entry System, those literally homeless persons who scores recommend short-term interventions or rapid re-housing will be added to the prioritization process. Those who have found a unit to rent and can obtain sufficient income in the future to sustain housing will be referred to a rapid re-housing provider for additional eligibility determination, assessment of needs and service provision. Written policies and procedures are found in the Consistent Procedures and Policies, Outreach and Coordination of Services, and Procedural Guidance, sections below.

Homeless Management Information System (HMIS)

Homeless Management Information System (HMIS) is our local information technology system used to collect client-level data, resource data, data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. All funded provider agencies within the Continuum of Care Homeless Provider Program, with the exception of domestic violence shelter and service providers, are required to complete client-level data entry into HMIS and follow other procedures outlined in the Standard Operating Procedures (SOP), which can be found here:

<https://dupagehomeless.org/hmis/sop/>. The SOP provides the policies, procedures, guidelines, and standards that govern the DuPage County Continuum HMIS operations, and the roles and responsibilities for participating agency staff. The Emergency Solutions Grants Program (ESG) HMIS Manual is intended to support data collection and reporting efforts of Homeless Management Information System (HMIS) Lead Agencies and ESG recipients and subrecipients. This manual provides information on HMIS project setup and data collection guidance specific to the ESG Program.

<https://www.hudexchange.info/resource/4447/esg-program-hmis-manual/>

Homelessness Assistance Through the ESG Program

The Homelessness Prevention and Rapid Re-housing (HP-RRH) components of ESG are intended to have a meaningful impact on homelessness and housing stability for participating households by preventing people from becoming homeless; diverting people into housing if they are currently applying for shelter; and helping people who become homeless to quickly return to permanent housing (See Eligible Supports for Emergency Solutions Grant). ESG consists of a Rapid Re-Housing component for those who are currently literally homeless and a Homelessness Prevention component for those who meet homeless criteria categories 2 & 4 (Imminent Risk of Homelessness, Fleeing or Attempting to Flee Domestic Violence) or those who meet the HUD at risk of homeless criteria (*see Homeless Eligibility & Verification Form in Appendix*). Eligible households under HP will be those with extremely low incomes, below 30% of the Area Median Income (AMI) (*See Appendix for current guidelines*) who lack resources and support networks for housing and who are at risk of homelessness. Participating households must agree to allow household demographic and service information to be shared between the participating agencies of the Service and Program Coordination Committee of the DuPage Continuum of Care as well as those participating in the Northeast Illinois HMIS system as defined in the *Baseline Privacy Notice* and the *DuPage County Continuum of Care – Authorization to Exchange Information for the Homeless Prevention Provider Network* (*see Appendix or <https://dupagehomeless.org/hmis/forms/>*). Agencies will enter client level information into the DuPage County’s Homeless Management Information System (HMIS) (*See Confidentiality & HMIS Standards section in this document*). Participating households must complete a case management assessment to determine eligibility and to develop goals toward housing stabilization. Agreeing to and participating toward achieving these goals are a requirement of both one-time and ongoing assistance. Goals may be outlined in a Personal Recovery Plan, Housing Stability Plan or comparable document. The DuPage County Continuum of Care will target and prioritize households that have a demonstrated housing crisis, and that are assessed as likely to remain stably housed after this assistance. Eligibility must be re-assessed every 90 days (or less) for all HP participating households and annually (or less) for RRH participating households (*See Eligibility Criteria section in this document*). Households receiving any type of rent assistance under this program must reside or plan to reside in an eligible unit (*See Eligible Units section in this document*).

ESG is not a mortgage assistance program, and it is not intended to serve persons who need long-term and or intensive supports. ESG assistance is intended to stabilize housing. Except for housing stabilization case management, maximum assistance under this program is 24 months in any 3-year period. The limits on the assistance apply to the total assistance an individual receives, either as an individual or as part of a family.

Consistent Procedures and Practices

ESG – Homelessness Prevention and Rapid Re-Housing Providers (HP-RRH) agree to actively participate in the Service and Program Coordination Committee of the DuPage County Continuum and to follow this plan and all HUD rules, to make certain that households meet the eligibility criteria of the program, to eliminate duplication, and to ensure seamless homelessness prevention coverage in the county. All HP-RRH providers must enter client and service level data into the HMIS system in accordance with HUD rules, operating standards set by the DuPage Continuum of Care and confidentiality laws (*See Confidentiality under HMIS Standards section in this document*).

All eligible supports are outlined in the ESG Notice dated December 5, 2011. These supports are intentionally focused on housing –financial assistance to help pay for housing services designed to keep people in housing, or services to locate housing. DuPage HP-RRH provider agencies are required to follow the ESG Notice, HUD’s guidance, and the policies and procedures within this program plan. Agency providers will comply with all applicable Fair Housing and Civil Rights Laws. An agency may

not develop stricter guidelines for screening eligibility and service provision without approval of the DuPage County CoC and DuPage County Community Development.

Outreach and Coordination of Services

Other available resources will be used before ESG funds are used in homeless prevention. In addition, the Service and Program Coordination Committee will collaborate with other agencies to ensure that all households at risk will have full access to the HP-RRH program, including people who are unsheltered, or residing in area shelters, transitional housing programs, residing in temporary housing assisted by townships and other human service entities.

The Service and Program Coordination Committee has developed a uniform brochure (*see CoC Homelessness Prevention and Re-housing Brochure in appendix*) on all Homelessness Prevention and Re-housing Programs including HP-RRH.

The Service and Program Coordination Committee has developed a referral system between shelter providers and providers of homelessness prevention and rapid re-housing. Shelter providers enter client information into the HMIS Coordinated Entry System. In addition, written referrals with authorizations to share information are sent to a designated location when a person experiencing a housing crisis is seeking to be rapidly re-housed and needs assistance (currently the People's Resource Center for PADS, Catholic Charities for Family Shelter Services and DuPage County Community Services for Charitable providers paying for hotels). The written referral is assessed and sent to the most appropriate ESG provider based on the household's needs, and the agencies' budgets, services and capacity at the time of the referral. Agencies promptly reach out to the household to facilitate the assistance.

The DuPage County Continuum of Care is utilizing a CES to prioritize placements in DuPage County Continuum of Care Programs and to achieve better outcomes for those experiencing a housing crisis. The CES policy aims to minimize the time one experiences a housing crisis; link clients to the most appropriate housing intervention; prioritize entry of those most vulnerable to scarce housing resources supported by the CoC; and provide system level outcomes and reporting.

Contained in this policy are expectations of community-wide standardization of assessment, placement, and prioritization resulting in the ability to target HUD funded programs most effectively to those with the highest needs and the greatest barriers. The policy addresses standard processes for assessment and recording of eligibility factors within HMIS, outreach, application, and prioritization. The CoC agencies work together under the direction of the CoC Needs Assessment Committee, to develop policies and procedures following HUD's most recent guidance.

The most recent CES policy reflects the definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining "Chronically Homeless" and accepts the orders of priority established in prior notice CPD-16-011. The DuPage County Continuum of Care Coordinated Entry System Written Standards can be found at <https://dupagehomeless.org/strategies/coordinated-entry-system/>³ and defines coordinated entry Access Points, standardized tools and assessments, response, referral, and prioritization (where applicable) for a CoC housing interventions including Permanent Supportive Housing, Transitional Housing, Rapid Re-Housing, and Homelessness Prevention for the homeless and at-risk populations, including youth and victims of domestic violence.

Continuum agencies will provide quality services and appropriate referral linkages to assist homeless individuals and those who are at risk of homelessness obtain appropriate support services. This includes referrals and linkages to permanent housing, medical and mental health treatment, counseling, and similar type services essential to achieve independent living.

Eligible Supports for Emergency Solutions Grant

Procedural Guidance

- I. HP- ESG will only provide assistance to households residing in, homeless within or moving to DuPage County.
- II. HP- ESG will utilize geographic boundaries as outlined in the *Agency List and Community Served (see Appendix)* for all services other than Financial Education and Legal Services which will be provided by DuPage County Community Services Family Self-Sufficiency Program and Prairie State Legal Services respectively. Exceptions may be made for clients who have an ongoing relationship with any ESG agency. However, exceptions must be decided in coordination with the agency responsible for that geographical area & the agency providing the service. The *Agency List and Community Served* document is updated as necessary at the discretion of the Service and Program Coordination Committee or Leadership Committee of the DuPage County Continuum of Care. Geographic boundaries are not applicable to clients who are homeless (*see Outreach and Coordination of Services*). There are two cost types: Housing Relocation and Stabilization Services (Includes: Moving costs, rental application fees, security deposit, last month's rent, utility deposit and utility payment) and Rental Assistance (includes arrears, short and medium-term rent). Eligible households may be served using these two cost types in the categories of Rapid Re-housing assistance or Homelessness Prevention assistance. Except for a one-time payment of rental arrears on the tenant's portion of the rental payment, ESG assistance cannot be provided to eligible individuals or families for the same period of time and for the same cost types that are being provided through another federal, state, or local housing program. It could be used to pay for another cost type such as security deposit or utility payments. For example, a homeless veteran entering a HUD-VASH project that will assist him with his monthly rent may receive security deposit assistance through ESG funds.
- III. When providing rental assistance and security deposit, the lease must be in the client's name and signed by the tenant and the landlord. The assistance (voucher and payment) is made to the property owner/property complex only and is not to exceed the amount owed to the owner for rent and/or security deposit.
- IV. Rent may not exceed Fair Market Rents for that unit size and must meet rent reasonableness standards for that specific unit (*appendix: Fair Market Rent Limits and the Rent Reasonableness Standard*).
- V. Total rent assistance is not to exceed 24 months in any 3-year period.
- VI. Total utility assistance is not to exceed 24 months in any 3-year period.
- VII. Other ESG assistance must also be reasonable. ESG documentation should demonstrate that the ESG provider completed due diligence to ensure reasonable costs.
- VIII. Financial assistance under HP-RRH is provided in voucher form only, and no payments are made directly to participating households.
- IX. ESG providers must track ESG services separately from other funds. Likewise, services provided under the components of Homelessness Prevention and Rapid Re-housing must be tracked independently of each other. ESG funds provided via the State of Illinois must be tracked separately from ESG funds received by the County. Finally, funds must be tracked separately by grant Fiscal Year.

³ <https://dupagehomeless.org/wp-content/uploads/2023/12/2023-DuPage-County-CES-Written-Standards-Nov-23.pdf>

Rental Assistance

HUD advises that ESG assistance should be “need-based”, meaning that providing agencies should determine the amount of assistance based on the amount necessary to prevent the program participant from becoming homeless or returning to homelessness in the near future. In no case is the ESG assistance provided to exceed 24 months in any 3-year period.

The goals for housing stabilization set by the case managers with the adult household members will include an assessment of income, expenses and the basic necessities required to maintain housing and stability. A budget will be developed and agreed upon prior to the approval of rental assistance. If ongoing rent assistance is projected, the budget will be monitored by the case manager. Rent assistance may be planned and approved in advance, but approvals are not to exceed the 90-day eligibility period for households receiving homeless prevention or one-year for households receiving rapid-re- housing assistance. Rent payments to the landlord will not be paid significantly in advance.

All ESG Providers will determine assistance based on identified variables, including income, rent, other financial issues, etc. Client rental payment for tenant- based rent assistance will be determined based on the amount of assistance required to meet their monthly expenses (i.e. total monthly income (-) minus total monthly expenses monthly = rent assistance amount). A lesser amount of rent may be required of the client in accordance with the program plan (such as establishing savings for housing stability or planned debt payments - i.e., client has a garnishment, pay day loan, child support arrearage, or is working with legal or credit repair for debt reduction, etc.).

To ensure a consistent application of standards in determining rent amounts for ESG participating households the ESG provider will be responsible for determining and communicating the amount of rent to be provided within this formula as well as empowering the participating household to assume graduating levels of financial responsibility.

ESG providers will obtain new income verification for the household as planned on a quarterly or annual basis. All households must meet income and risk criteria for continued assistance. The family’s rent portion will be recalculated accordingly and will be reflected in the assistance.

Agencies have the option of reviewing income and rent assistance prior to the planned recertification date when such a recertification would impact assistance needed for housing stabilization. Agencies will provide assistance with the expectation that households will be able to sustain housing independently in the foreseeable future.

All CoC and ESG funded provider agencies are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success. The CoC will make available information on low barrier and Housing First best practices.

Rental Assistance is available to both HP and RR households. It consists of the following cost types:

Short-term Assistance

Short-term assistance is provided for up to a maximum of 3 months. A housing stability plan will be

developed with the household with the expectation that the household will be stable after assistance. A household that initially qualifies for short-term (1-3 months) assistance can transition into medium term assistance at the discretion of the case manager.

Medium-term Assistance

Medium-term assistance can be provided from 4 months up to a maximum of 24 months.

Rent Arrears

Rent arrearage assistance is not to exceed a one-time payment of up to 6 months. Rent arrearage is counted toward the 24-month maximum. When providing rental arrearage assistance, the ESG agency must ensure and document that the payment will enable the eligible household to remain in the housing unit for which the arrears are being paid or enable the household to move to another unit. ESG funds cannot be used to pay for rental arrearage assistance in which there was no written lease in place at the time unless an oral lease is enforceable by State law.

Late Payment Fees

Payment of late fees is only allowed with one-time rent arrears assistance.

Housing Relocation & Stabilization Services (HRSS)

Housing Relocation and Stabilization Services consist of Financial Assistance and Stabilization Services and are available to both HP and RR households.

Financial Assistance

Eligible financial assistance costs covered under housing relocation & stabilization services are listed below (HRSS)

Rental Application Fee

ESG providers may assist program participants with rental applications fees as long as they are only fees charged by the property owner/manager to all applicants.

Security Deposit

There is no expectation that security deposits be returned to the ESG provider agency. Security deposits may be used for damages as defined in the lease or returned to the tenant for use on the next unit should the tenant move in the future. Security Deposits are to be used for permanent housing only. Clients that are moving into a halfway house or need “program fees” are not eligible. Per HUD guidelines, ESG agencies will only provide the equivalent of 2 months’ rent maximum for security deposit to eligible households. Exceptions are not allowed.

Last Month’s Rent

If necessary, an ESG provider agency may assist with last month’s rent payment at the time the owner is paid the security deposit and first month’s rent. The payment must not exceed one month’s rent.

Utility Deposits

There is no expectation that utility deposits be returned to the ESG provider agency. ESG provider agencies may only assist program participants with the standard deposit required by utility companies for gas, electric, water and sewage service.

Utility Payment and Arrearage Assistance

To receive assistance with utility deposit or utility arrearage a household must meet applicable housing risk and income eligibility. Agencies will document that utilities cannot be maintained or connected without assistance. ESG agencies will only provide eligible individuals or households with up to 24 months of utility payments within any 3-year period, including up to 6 months of arrears per service, provided that the client or a member of his/her household has an account in his/her name with a utility company. ESG funds can only be utilized for provision of gas, electric, water, sewer, and garbage collection services; not phone or cable. As with rent assistance, utility assistance cannot be provided to eligible individuals or families for the same period of time and for the same cost types that are being provided through another federal or state subsidy program (LIHEAP). When assisting with utility arrearages, ESG Providers must complete due diligence to determine monthly costs and document the method used.

Moving & Storage Costs

Reasonable moving costs, such as truck rental, hiring a moving company, or temporary storage fees can only be provided to eligible households for a maximum of 3 months, provided that fees are accrued after participant is deemed eligible and before the participant moves into permanent housing. Storage fee arrears are not eligible. ESG agencies must ensure moving costs are reasonable and document due diligence in finding a reasonable cost.

Stabilization Services

Housing Search and Placement

ESG providers may provide services or activities necessary to assist program participants in locating, obtaining, and retaining suitable permanent housing. Housing should be mutually agreed upon by both the Case Manager and the participants Head of Household. Housing options selected by the participants will be verified by the provider as meeting grant requirements. At a minimum, housing should be clean, decent, well-maintained, affordable, and in a neighborhood, that meets the needs of the family. Locating adequate housing is the responsibility of the family with assistance from a Case Manager as needed. The Case Manager may contact landlords directly if advocacy is needed. If needed, financial assistance with application fees is available. The Case Manager should keep abreast of current rental markets, landlords to avoid, and appropriately refer families to partnering landlords. Referrals will not be made to landlords that have repeatedly proven uncooperative with the ESG provider or a partner agency, have refused to reimburse due funds, do not adequately maintain properties, or have otherwise abused tenants' rights.

Per HUD, costs under Housing Stability Case Management include assessing (initial and periodic re-evaluations), arranging, coordinating, and monitoring the delivery of services to facilitate housing stability for participants. ESG services cannot exceed 30 days during the period participant is seeking permanent housing and 24 months' during the period participant is living in permanent housing.

During short-term assistance, case management includes assessment; housing stability planning; and referrals. The household is expected to achieve stability goals in 90 days or less. Suggestions may be made for goals to be completed by the ESG participants without case management support. However, per HUD Guidelines, each household receiving ongoing assistance must meet with the case manager on a monthly basis, unless prohibited by Violence Against Women Act (VAWA) or Family Violence and Prevention Services Act (FVSPA).

Medium-term case management calls for regularly defined (monthly or more frequent is acceptable)

face-to-face contact between household and case manager. Case management activities may include the same activities of short-term case management. Medium term case management is required during the months of medium-term assistance and is appropriate when considerable barriers or need for considerable coordination and advocacy, case plan is expected to last more than 90 days.

Mediation

Mediation services between the participant and property owner/manager are only eligible, if necessary, to prevent loss of permanent housing.

Credit Repair

Per HUD, Credit Repair can include credit counseling and other services necessary to assist with critical skills related to household budgeting, managing money, accessing a free personal credit report, and resolving personal credit problems. ESG participants will have access to attend DuPage County Community Services Family Self-Sufficiency Money Management and Credit Repair workshops. Additional credit counseling services will be available at the discretion of ESG providers according to need and available resources.

Legal Services

Legal Services must be necessary to resolve a legal problem that prohibits the participant from obtaining permanent housing or will likely result in the loss of permanent housing. It may include landlord/tenant matters; child support; guardianship, paternity, emancipation, and legal separation; orders of protection and civil remedies for victims of domestic violence; appeal of veteran's and public benefit claim denials; and the resolution of outstanding criminal warrants. Legal services related to immigration and citizenship, or mortgages are ineligible under ESG. Prairie State Legal Services (PSLS) is no longer the ESG Legal Services provider in DuPage County; however, the agency is supported by different funding sources. Therefore, participants requiring housing related legal services can still be referred to PSLS for available services and legal advice.

Bed Vacancies and Prioritization

As vacancies arise in any CoC program, the housing provider will contact HMIS for a referral. The HMIS System Administrator will generate a list from HMIS based on order of priority as outlined in the "Prioritization" section per project type and based upon target populations served by the requesting program. The HMIS System Administrator will send the requesting agency the top 5 prioritized participants for further assessment. The agency with the vacancy must make a suitable effort to complete outreach to the candidates in order of priority. The provider will contact the participant to further determine eligibility and to assess for client choice to participate in the program. Providers shall exhaust all efforts to reach the client, including reaching out to the original referring agency and any other partnering agencies. If the participant declines, is found to not be eligible, or is unable to be located, the participant will be returned to the priority list. All participants have the option to not apply or decline the housing which is offered.

Determining and Documenting ESG Eligibility

Although households may be prioritized for referral for ESG housing assistance, all households must be assessed for eligibility and appropriateness of ESG services, via an initial consultation and eligibility assessment with a case manager or other authorized representative who can determine eligibility and the appropriate type of service needed, upon entry. Households receiving Rapid Re-housing services must be re-assessed at least annually and households receiving HP-RRH services must be reassessed for eligibility at least once every 90 days. Households which do not meet all eligibility criteria are not eligible to receive any ESG services - including financial assistance and housing relocation and DuPage

stabilization services. Households may become ineligible for ESG services if they do not meet the terms of the Recovery Plan at any point as determined by the ESG provider, or if ESG services are no longer the most appropriate service to stabilize housing. (*See Separation Guidelines*).

After initial eligibility, the ESG household is determined to remain eligible until 90 days or file closure, whichever comes first. ESG providers can choose to require re-evaluation each time a program participant experiences a change in income, household composition, or need for assistance.

ESG case files must show sufficient documentation of eligibility and determination of assistance. Guidance on acceptable documentation may be found at <https://www.hudexchange.info/> (Refer to HUD's issued guidance). The expectation will be that documentation standards are of the highest standard reasonable. In order of preference: 1. Written third-party documentation, 2. intake worker observations second and 3. certification from the person seeking assistance.

If a lower standard of documentation is used (for example, self-statement of income) the agency will document attempts made to secure documentation and proceed only when reasonable and necessary to avoid or alleviate a homeless situation of the applicant household. Based on this guidance, the Continuum has developed a format to document homeless status and define the necessary documents to verify. (*See Homeless Eligibility & Verification Form.*) Oral, third party and self-certification are not appropriate documentation for determination of a disability.

Eligibility criteria other than listed in HUD guidance or this program plan must be approved by DuPage County CoC, documented in written policies and procedures, and must be applied consistently.

Households must be eligible under each and all categories below:

Minimum Eligibility Criteria:

Homeless Prevention (HP)

- I. ESG HP assistance can be available to individuals and families that are in Homeless Categories 2, 3, and 4, but are not literally homeless (*see Appendix*) OR those in At-Risk of Homelessness Categories 1, 2, and 3. (*see At-a-Glance – Criteria for Definition of At Risk of Homelessness in Appendix*)
- II. At initial assessment, households must have income below 30% Area Median Income (AMI) (*see <https://www.huduser.gov/portal/datasets/il.html>*) and must lack resources and support networks that would prevent them from moving into an emergency shelter or other place described in Category 1 of the homeless definition.
- III. At each 90-day re-certification, to continue receiving ESG service households must have income that is at or below 30 % of AMI and must lack sufficient resources and support networks to retain housing without ESG assistance.

Rapid Re-Housing (RRH)

Rapid Re-housing assistance is only available to individuals and families who meet the definition for Literally Homeless Category 1 under the Homeless Definition Final Rule as follows (*see Appendix*).

Individual or family who lacks a fixed, regular, and adequate residence, meaning:

- a) Has a primary nighttime residence that is a public or private place not meant for human habitation; or

- b) Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs) or
- c) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

There is no income threshold at initial assessment. At annual re-certification, households must have income at or below 30 % of AMI and must have no appropriate subsequent housing options and must lack sufficient resources and support networks to retain housing.

All Households (HP or RRH)

- I. Must agree to allow information to be shared with participating agencies of the Service and Program Coordination Committee and Northeast Illinois HMIS RRH/HP providers as defined in the *Authorization to Exchange Information for the Homelessness Provider Network* and the *Agency Privacy Notice*; ESG funding recipients must be entered into HMIS for reporting requirements.
- II. Complete a comprehensive assessment of needs and service plans for housing stabilization
- III. ESG funding recipients must be willing to create and engage in a Recovery Plan and case management as needed to acquire and maintain stable housing (independent of this assistance within a defined time period not to exceed 24 months).
- IV. Households may be required to complete critical goals prior to being approved for ESG financial assistance. Such goals may include obtaining a source of income in the household as ESG financial assistance for rent will not stabilize a household alone.
- V. If receiving assistance with utility deposit or utility arrearage, household must show, in addition to imminent risk or homelessness, financial need, valid disconnect notice or proof that utilities will not be connected without assistance. As with all activities under ESG, assistance must be sought first from other resources Low Income Home Energy Assistance Program (LIHEAP) and ESG assistance cannot be for the same cost type or time period as other assistance.
- VI. If receiving rental arrears, short-term. or medium-term rent assistance, the household must be living in or planning to move to a residence which meets HUD’s Rent Reasonableness Standard, Fair Market Rent Standards, and housing habitability standards. (*See Eligible Units*).

Guidance for Determining & Documenting Housing Options, Resources & Support Networks

In addition to determining homeless status and other eligibility criteria, ESG agencies are required to assess whether an applicant has alternatives to ESG assistance to obtain or maintain housing. This includes an assessment of financial resources, assets, family, or support networks which may translate to alternative housing options. DuPage County CoC understands, due to the diversity and complexity of resident’s needs and resources, there is no standardized tool which will accurately predict the future housing situation for all applicants. DuPage County CoC will rely on the professional judgment of ESG agency staff to assess, during their interview, housing options, resource, and support networks and whether households need ESG assistance. The conclusion of this assessment will be documented in the file by the staff person conducting the assessment using the Housing Options, Resource & Support Networks portion of the standardized tool Homeless Eligibility & Verification Form.

To provide guidance on specific manners of assessment see below.

Financial Resources

Each file will contain a monthly budget which incorporates a household's income, resources, and expenses. The budget is only required to look at expenses necessary to maintain housing and basic needs. However, agencies may also include debt payment or other expenses, including savings for housing stability, if deemed appropriate by the housing stabilization plan. When mainstream resources are available in the community, the ESG provider may require the participating household to obtain or maintain these resources as a condition of assistance.

Assets

Household assets are always to be assessed to determine income eligibility as defined by HUD. A review of assets is also a relevant piece of determining whether a household has financial resources to obtain or maintain housing.

Cash, savings and checking accounts are to be considered tangible assets available for the household budget as described above. Household reported cash, and bank accounts must be reviewed in the initial and recertification assessment process. Tangible assets such as furnishings, automobiles, jewelry, and clothing may be retained by the household and are not required to be a part of this analysis.

Assets designed by law for retirement (e.g., IRA, Roth IRA, 401K accounts) will not be a required aspect of the determination of the household's resources for any applicant younger than 59 ½. For financial assistance, arrears and short-term rent assistance, agencies are not required to consider other assets (e.g. retirement accounts, certificate of deposit) in their assessment of the household's resources.

For ongoing tenant based rental assistance, agencies are required to consider available assets (e.g., Certificate of Deposits, Investments) in determining whether to include use of these assets in the housing stabilization plan. The following questions are used as guidance for assessing and documenting this decision:

- a. Does the household report any assets?
- b. Can the assets be converted to cash quickly and without excessive penalty?
- c. Is the asset substantial enough, in and of itself, to assist the household in independently sustaining housing without risk?

If the answer is yes to all of the above, the agency will require the household to strategically use the assets to stabilize future housing. ESG funded Housing Relocation and Stabilization Services may be offered at this time. If the assets are not substantial or may not be converted to cash quickly and without cost and the household would only reasonably delay homelessness, the agency may plan strategic use of these assets in the housing stabilization plan, but use of assets is not required by the CoC.

For the purpose of this guidance, 'substantial' refers to assets which exceed 2-months of basic household expenses as defined in financial resources above. 'Without significant penalty' means a loss of 25% or more of available assets, including potential tax penalties.

Social Support Networks including Family and Friends

At the time of application, ESG providers will explore housing options with all applicants. It is the clear intention of the DuPage County CoC that viable housing alternatives will be safe, and adequate.

Case managers will explore current or future alternatives that participants have to ESG assistance. These alternatives include financial resources toward the monthly budget, such as family support, church contributions, or housing alternatives which may include staying with family or friends. Case managers

will explore these options in their interview and document, in the file, their concluding assessment of whether these are viable alternatives now or in the future. Viable options would include those which are safe, adequate, and unlikely to place the household members at future risk of homelessness (e.g. breaking a lease where the landlord will enter a financial judgment).

Non-Duplication

ESG specifies a household previously deemed ineligible, but which becomes eligible may continue to receive assistance but is not to exceed a total of 24 months of assistance within a 3-year period. Additional financial supports will be determined at the discretion of the ESG agency using geographic boundaries and criteria for *Non-selection/Non-continuation*.

Current Service and Program Coordination Committee guidelines state: “Households should not receive assistance from any homelessness prevention provider fund (IDHS, ESG, CSBG, and EFSP) more than one time in any twelve-month period. Exceptions may be considered in extraordinary circumstances, when necessary, to put a multi-month package together for the client, or when funding is near depletion.”

This guideline will stand true in DPC for ESG financial assistance only. Services under ESG Housing Relocation and Stabilization Services may be provided to eligible clients regardless of previous financial assistance received by the household. Exceptions are at the discretion of the ESG providing agency. Best practices call for any exception to be made in coordination with the first providing agency.

ESG providers report on all adults receiving financial assistance for inclusion in the non-duplication list and in HMIS. ESG providers must have valid authorization to share information via the non-duplication list and HMIS. (*See Confidentiality & HMIS Standards*).

Non-Selection/Non-Continuation (Initial/Continuing Eligibility)

The ESG agency will make decisions regarding non-selection for participation in ESG at initial application or at recertification due to any of the reasons defined below. Criteria apply to both initial application and at time of quarterly or annual reassessment. Likewise, misrepresentation of eligibility by any household also provides reason for immediate separation from any program assistance.

- I. Household does not meet all eligibility criteria; or
- II. Household does not complete all steps to establish eligibility in a timely manner; or
- III. Misuse of program services by any household member; or
- IV. Household does not complete or refuses to engage in Recovery Plan objectives; or
- V. Household non-readiness, as determined by the ESG providing agency, due to:
 - a. Lack of “key” resources from service providers in the community or unwillingness/inability by the household to link to such key services; and/or
 - b. Household’s misuse of resources, including personal resources such as income and benefits

For the purpose of this guidance, key resources are those resources or services that are integral to the household’s ability to achieve self-sufficiency. Self-Sufficiency is defined as the household’s ability to maintain rent and household expenses independent of the ESG within a defined period of time.

- VI. At the discretion of the ESG providing agency, if the participant is deemed unable to participate in case management service toward independent housing and where there is a need to maintain a safe work environment for staff. This determination may be based on the household’s use of

current and past agency services - including but not limited to a review of the client's previous participation in similar agency services, such as homelessness prevention services, short-term case management or some equivalent data.

The ESG providing agency will make all reasonable efforts to link clients to services or advocate for provision of services before making a decision of non-selection.

Separation Guidelines

All assistance provided under ESG is subject to eligibility requirements and program guidelines. Final decisions regarding non-continuation will be relayed in writing, to the household, by the ESG providing agency. The ESG agency will provide, when appropriate, information about helpful outside resources and the opportunity to re-apply to the program or to enter the program at a later date.

Per HUD guidelines, provider agencies must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination, so that a program participant's assistance is terminated only in the most severe cases.

A formal separation process will, at a minimum, consist of the following:

- a. Written notice which includes date of termination, reason for termination, opportunity for appeal, and, if appropriate, any helpful resources to assist the participating household to maintain housing stability.
- b. Opportunity to appeal – Participating households which are selected for non-continuation are entitled to request a review of the decision with the opportunity to present oral or written objections before a person other than the person (or a subordinate of the person) who made or approved the termination decision. Final decisions regarding the appeal will be provided promptly in writing.

Eligible Units

See ESG [Interim Rule 24 CFR Parts 84, 85, 91, & 576.404](#) for information regarding conflicts of interest, Non-discrimination and Equal Opportunity Requirements, Fair Housing, and Civil Rights laws.

Conflict of Interest

Organizational

The provision of any type or amount of ESG assistance may not be conditioned on an individual's or household's acceptance or occupancy of emergency shelter or housing owned by the subrecipient or an affiliated organization. The subrecipient is prohibited from conducting a participant's intake assessment required under [§ 576.401](#) to determine program eligibility or administer homelessness assistance under [§ 576.103](#), if the participant resides in housing where the subrecipient, of any parent or subsidiary of the subrecipient, has ownership interest. The subrecipient would need to find another independent organization that is also an ESG subrecipient to conduct the intake assessment and ensure that all program participants are eligible as well as to administer homelessness prevention assistance. The subrecipient must maintain written standards of conduct covering organizational conflicts of interest required under [2 CFR 200.318](#).

Individual

For the procurement of goods and services, the subrecipient must comply with the codes of conduct
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and conflict of interest requirements under [2 CFR 200.318](#). Persons for whom the Conflict-of-Interest requirements apply include any person who is an employee, agent, consultant, officer, or elected or appointed official of the subrecipient agency. No person who exercises or has exercised any functions or responsibilities with respect to activities under the ESG program, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under the program, may obtain a financial interest or benefit from an assisted activity; have a financial interest in any contract, subcontract, or agreement with respect to as assisted activity; or have a financial interest in the proceeds derived from an assisted activity, either for themselves or for those with whom they have family or business ties, during their tenure.

Fair Market Rent Limits and the Rent Reasonableness Standard

All units which receive short and/or medium-term rental assistance under the Emergency Solutions Program must have a monthly gross rent which is at or below the most recently published HUD Fair Market Rent Standards⁴. The monthly gross rent must also meet HUD's rent reasonableness standard, meaning the landlord attests that the gross rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private, unassisted market and must not be in excess of rents being charged by the owner for comparable non-luxury unassisted units. These standards of Fair Market Rent and Reasonableness apply to arrearages as well as rent going forward. (*See, in Appendix, HUD guidance: Rent Reasonableness and Fair Market Rent Under the Emergency Solutions Grant Program*).

As the HUD Fair Market Rent is low for DuPage County, the DuPage County Continuum may request a waiver for this regulation. Any change in the Fair Market Standard will be added as an addendum to this plan. In the absence of an addendum, the Fair Market Rent standard is as set by HUD and may be found with the published datasets.

Fair Market Rent refers to a calculation to determine the Gross Rent. Gross rent is the sum of the rent paid to the owner plus, if the tenant pays separately for utilities, the monthly allowance for utilities established by the public housing authority for the area in which the housing is located. For purposes of calculating the FMR, utilities include electricity, gas, water and sewer, and trash removal services but not cable or satellite television service, or internet service. If the owner pays for all utilities, then gross rent equals the rent paid to the owner.

The FMRs for unit sizes larger than four bedrooms are calculated by adding 15 percent to the four-bedroom FMR, for each extra bedroom. For example, the FMR for a five-bedroom unit is 1.15 times the four-bedroom FMR, and the FMR for a six -bedroom unit is 1.30 times the four-bedroom FMR. FMRs for single-room occupancy units are 0.75 times the zero-bedroom (efficiency) FMR.

Small Area Fair Market Rents (SAMFRs) do not apply to the ESG Program.

To document rent reasonableness, the agency must determine rent reasonableness using one of the following methods:

- a. Reviewing comparable units advertised for rent
- b. Written verification from the property owner of comparability of rent charged for other units

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<https://www.huduser.gov/portal/datasets/fmr.html>

The ESG providing agency should consider the following when determining rent reasonable:

- a. The location, quality, age, size, and type of the unit
- b. Any amenities, services, and utilities to be provided by the owner.

Documentation of the comparable review will be retained in the participant file. An optional form is located in the Appendix (*Rent Reasonableness Checklist and Certification*).

Minimum Habitability Standard

HUD has set minimum standards for permanent housing. ESG funds may only be used to help a program participant remain or move into housing which meets these minimum habitability standards. This includes funds for Housing Stabilization Services as well as Rental Assistance.

As stated in the Federal Register, minimum habitability standards the housing must meet all the following criteria: (1) *Structure and materials*. The structures must be structurally sound to protect residents from the elements and not pose any threat to the health and safety of the residents. (2) *Space and security*. Each resident must be provided adequate space and security for themselves and their belongings. Each resident must be provided an acceptable place to sleep. (3) *Interior air quality*. Each room or space must have a natural or mechanical means of ventilation. The interior air must be free of pollutants at a level that might threaten or harm the health of residents. (4) *Water supply*. The water supply must be free from contamination. (5) *Sanitary facilities*. Residents must have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste. (6) *Thermal environment*. The housing must have any necessary heating/cooling facilities in proper operating condition. (7) *Illumination and electricity*. The structure must have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There must be sufficient electrical sources to permit the safe use of electrical appliances in the structure. (8) *Food preparation*. All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. (9) *Sanitary conditions*. The housing must be maintained in a sanitary condition. (10) *Fire safety*. (i) There must be a second means of exiting the building in the event of fire or other emergency. (ii) Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit.

Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. (iii) 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, community rooms, day care centers, hallways, stairwells, and other common areas.

Inspections will include a visual lead-based paint inspection when tenants include a pregnant female, or a child under six years of age and in houses built prior to 1978. This is in compliance with HUD's lead-based paint regulations which appear within title 24 of the Code of Federal Regulations as part 35(24 CFR 35).

Lead Based Paint Requirements

The lead-based paint requirements exist to protect vulnerable families from potential health hazards. 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, H, J, K, M, and R. As agencies that provide assistance to and advocate on behalf of disadvantaged populations, it is important to understand that the lead rule is a tool that helps you ensure the safety and well-being of persons served. Under ESG, the rule is that a lead-based paint visual assessment must be completed for all units that meet all of the three following conditions:

- The household living in the unit is being assisted with ESG financial assistance (rent assistance, utilities assistance, utility/security deposits, or arrears); and
- The unit was constructed prior to 1978; and
- A child under the age of six is or will be living in the unit.

Under ESG, the lead requirements apply regardless of whether a household is remaining in an existing unit or moving to a new unit. The visual assessment must be completed prior to ESG assistance being provided, and annually thereafter. Grantees (ESG program staff) are responsible for ensuring that property owners and managers meet the lead-based paint requirements.

Disclosure Requirements

Disclosure requirements are triggered for ALL properties constructed prior to 1978. These requirements require that landlords, property owners, or managers provide tenants with:

- HUD’s disclosure form for rental properties disclosing the presence of known and unknown lead-based paint; and
- A copy of the “Protect Your Family from Lead in the Home” pamphlet.

This requirement relates to property owners/managers but sharing this information with clients (or ensuring they have received it) is important. ESG assessments are an important opportunity to educate clients about the potential hazards related to lead and their rights as tenants. Informed tenants are more likely to watch for potential problems in their home and proactively work with landlords to address any issues.

Visual Assessment

Per regulations found in [24 CFR 35](#), visual assessments for ESG funded units are only triggered under certain circumstances:

- The leased property was constructed before 1978; and
- A child under the age of six will be living in the unit occupied by the household receiving ESG assistance.

Depending on the results of the visual assessment, additional steps may be required before assistance can be provided for that unit.

It is a requirement of all agencies to have lead base paint certification and inspections completed, whether you have a shelter or office space serving clients. Each agency should have at least one staff certified to complete visual lead-based paint assessments. Agency staff are required to give lead-based paint disclosures to clients for rental assistance with Homeless Prevention and Rapid Rehousing. The link to the HUD Lead Based Paint Training is below.

Housing Rule, and other documents can be accessed at:

<https://www.hudexchange.info/programs/lead-based-paint/resources/>

The Lead Safe Housing Rule can be accessed at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/enforcement/lshr

DuPage County’s HP-RRH program will utilize County staff members who have completed Housing Quality Standard training to perform the requisite habitability inspections. The habitability inspection forms are appended to this plan. Should an inspection be necessary outside of DuPage County, DuPage County staff will either perform the habitability inspection or contact the local participating jurisdiction or housing authority for assistance in obtaining an inspection.

For ongoing ESG assistance, the Provider must take reasonable measures to ensure the unit meets the minimum habitability standards for permanent housing for the duration of the assistance. This can include case managers meeting monthly open to address concerns, landlords regularly attesting that no significant problems exist, and clients are educated to notify their landlord and case managers of issues that impact the habitability of the unit.

The intent of these measures is to be proactive; to become aware and have the opportunity to address and resolve of any potential issue impact safe, sanitary living conditions. ESG providers have the option of withholding rent and requesting a formal reinspection.

Housing inspections completed by the DuPage or Aurora Housing Authorities for units that will receive a HUD-VASH, or Housing Choice Voucher (formerly Section 8) are acceptable as long as they have been completed within 60 days of the client’s ESG application. Client files must contain documentation from the respective Housing Authority to confirm that the unit passed inspection prior to a provider issuing financial assistance.

Habitability Inspection Referral Process

The Provider will complete a written referral on the form provided and will fax/email the completed form to DuPage County Community Services, Single Family Rehabilitation Program. A qualified inspector will coordinate and complete the housing inspection. The inspector will return the completed

Habitability Standard Form, as needed, in addition to the completed referral form, to verify the inspection status. The forms will be returned to the original Provider for the participant’s file.

NSPIRE

HUD has developed National Standards for the Physical Inspection of Real Estate (NSPIRE) to prioritize health, safety, and functional defects of properties over appearance. The Economic Growth Regulatory Relief and Consumer Protection Act: Implementation of National Standards for Physical Inspection of Real Estate (NSPIRE) final rule (“NSPIRE final rule”) was published on May 11, 2023 (88 FR 30442). The NSPIRE final rule strengthens HUD’s physical condition standards and re-envisioned how HUD-assisted housing is inspected by aligning and consolidating the inspection regulations. HUD intends to publish, through a Federal Register notice, guidance on which NSPIRE standards apply to ESG and CoC programs. In anticipation of further guidance, HUD has extended the original NSPIRE compliance date from October 1, 2023 to October 1, 2024. Recipients choosing not to adopt the NSPIRE standards on October 1, 2023 must continue using the standards for assessing housing quality in accordance with the current requirements under 24 CFR Part 574, 576, or 578, as appropriate.

Lease Requirements

The provision of ESG rent assistance and security deposits seeks to ensure permanent housing stabilization:

- I. The landlord must agree to work with the ESG agency to accept vouchered rent payment and to stop eviction proceedings upon receipt of signed voucher.
- II. Households may be assisted at the end of their lease term if a move to another housing unit is necessary in order to ensure future housing stabilization.
- III. Month-to-Month leases – month-to-month leases reflect transience and should be avoided in general. HUD does not specifically exclude month-to-month leases. The ESG agency will attempt to engage the landlord to work on a long-term lease arrangement when this benefits the client.
- IV. ESG agencies must have a copy of the valid lease to assist with rent unless financial assistance is limited solely to payment of rental arrears. Valid leases must include signatures of both the client and/or a member of the household and the owner/authorized representative and must be dated.
 - a. Recipients of ESG funds must have a written lease or rental agreement, the legal right to reside in the unit and prove responsibility for paying the rent. As a general matter, if the eligible person is not named on a valid lease/rental agreement either as a tenant or an authorized occupant, the person has no legal right to reside in the unit and is therefore not eligible for rental assistance. However, if an applicant is listed as an occupant on a lease agreement and can prove through paid receipts in their name, money orders or cancelled checks that they pay rent or utility bills, even if the accounts are in the name of another household member, it is permissible to assist the applicant. The Grantee and project sponsor have responsibility for ensuring the eligibility of each household assisted with ESG funds.
 - b. Oral leases, if enforceable by State law, are acceptable when assistance is *solely* for arrears.
 - c. A sublease is considered a legal lease. However, the grantee should be sure that the relationship between the participant/grantee/sub grantee and the landlord is not in violation of the conflict of interest provisions as stated in the ESG Notice. For example, the sublease agreement should not be between relatives or other parties where there is a potential conflict of interest. Only the owner of record or Management Company may be paid.
 - d. Rooms to rent and shared housing arrangements with separate leases - applicants residing in shared housing programs that provide separate leases for each tenant may be eligible for assistance if they are a valid leaseholder. Single room occupancy rent reasonableness and FMR Limits apply.

Rental Assistance Agreement

Rental Assistance cannot be provided without an agreement between the ESG provider and the owner/property manager.

- a. ESG provider will ensure that a rental assistance agreement between the provider and the owner/property manager is completed for each participant household receiving rental assistance.
- b. ESG providers must ensure timely rent payments are made on behalf of participant households receiving ongoing financial assistance. ESG regulations specifically prohibit the use of ESG funds for late payment fees incurred by the ESG provider under Rental Assistance Agreement with the owner/property manager.
- c. The Agreement must contain the same rent payment due date, grace period and late payment penalty requirements as the program participant's lease.
- d. A rental assistance agreement between the ESG HP Provider and property owner or property management will include a requirement that the owner copy the agency on any notice to the

- e. program participant to vacate housing or any complaint to commence an eviction. The agreement will specify the term of the anticipated assistance to be provided.
- f. The rental assistance agreement will terminate, and no further rental assistance payments may be made under that agreement if the program participant moves out of the housing unit, the lease terminates and is not renewed, or the program participant becomes ineligible to receive ESG rental assistance.

HMIS Standards

The purpose of a Homeless Management Information System (HMIS) is to gather information about the extent and nature of homelessness to assist planners, policy makers and providers of services to the homeless to design the most effective policies and programs, to coordinate care, and better serve clients. HMIS provides an effective and usable case management tool and by collecting and analyzing client, program, and system-level data to report on the extent and nature of homelessness.

HMIS provides the ability to: develop unduplicated counts of clients served at the local level; analyze patterns of use of people entering and exiting the homeless system; and evaluate the effectiveness of those systems.

The DuPage County Continuum of Care participates in the “Northeast Illinois Collaborative HMIS” (NIL HMIS). The NIL HMIS is a shared, regional HMIS managed by a Technical Lead Agency. DuPage County Continuum of Care Leadership Committee oversees the DuPage County HMIS Lead and is primarily responsible for all local HMIS activity.

All DuPage ESG providing agencies, with the exception of domestic violence shelter and service providers, must enter client-level data into the NIL HMIS. A Standard Operating Procedure (SOP) provides the policies, procedures, guidelines, and standards that govern the DuPage County Continuum HMIS operations, and the roles and responsibilities for participating agency staff. The SOP addresses roles and responsibilities, privacy, data quality, security and offers standardized forms for agency use. The SOP is reviewed annually and updated as necessary by the Data Performance Committee in coordination with other committees and approved by the Leadership Committee of the DuPage County Continuum of Care.

All DuPage ESG programs are governed by the same minimum standards of client privacy protection within HMIS. A Baseline Privacy Notice describes how client information may be used and disclosed and how clients can get access to their information. Each ESG agency will either adopt the Baseline Privacy Notice or develop a Privacy Notice which meets and exceeds all minimum requirements set forth in the Baseline Privacy Notice.

ESG funded agencies will ensure all clients are aware of the adopted Privacy Notice, have access to it and are notified of their rights regarding data sharing. ESG funded agencies will make reasonable accommodations for persons with disabilities, language barriers or education barriers. If the agency has a website the Privacy Notice will be published on that website. Agencies review their program requirements to determine what industry privacy standards must be met that exceed the minimum standards outlined in this Privacy Plan and Baseline Privacy Notice (examples: Substance Abuse Providers covered by 24 CFR Part 2, HIPPA Covered Agencies, Legal Service Providers) and review the most updated HUD HMIS Privacy Standards (currently: 2004 HUD HMIS Privacy Standards (69 Federal Register 45888)). Agencies assign only end users who can meet End User responsibilities and designate one user that has been trained to technologically uphold the agency’s privacy responsibilities.



HMIS End Users will uphold the client’s privacy. End Users have the responsibility to understand their agency’s Privacy Notice, be able to explain their agency’s Privacy Notice to clients, follow their agency’s Privacy Notice, know where to refer the client if they cannot answer the client’s questions, and present their agency’s Privacy Notice to the client before entering any information.

End Users will be trained to consistently enter data that is complete, timely and accurate according to approved workflows documents. Workflow documents are used for both training and reference to ensure proper understanding and use of the Homeless Management Information System. End Users are encouraged to contact the HMIS Help Desk for support as needed, www.dupageco.org/HMISHelp.

In addition to a valid authorization to release information from the head of household and each adult member, each HP-RRH agency has agreed to participate in Homeless Prevention and/or RRH provider groups within HMIS to share information required for reporting purposes and to prevent duplication of services. (See *2022 Service and Program Coordination Community Partnership Agreement* or most recent version in Appendix).

Effective May 1, 2015, the CoC expanded data sharing for service providers who offer Rapid Re-housing (RRH) and Homelessness Prevention (HP) service type activities. Data elements shared will include client demographics, case manager, entry exit information and service information. The purpose of this expanded data sharing is to improve service collaboration and increase effectiveness of funds through reduced duplication of data collection and improved referral linkages.

Additional information can be found at <https://dupagehomeless.org/hmis/> and <https://www.hudexchange.info/>.

Tracking Services and Outcomes

Services and program outputs must be tracked according to HMIS standards. The annual DuPage County CoC Homelessness Prevention Reporting Tool and the ESG CAPER are completed to track services. Regarding outcomes, all HP-RRH agencies will complete a follow up call in 90 days from the date households were exited from HP-RRH to determine whether the household remained stably housed. Additional performance outcomes may be proposed by the Continuum of Care Leadership Committee.

Client Confidentiality

Each subrecipient must implement procedures to ensure the security and confidentiality of records pertaining to any individual provided with assistance and that the address or location of any assisted housing, including domestic violence shelters, will not be made public. To facilitate coordination, to ensure non-duplication and to aid in the consistent reporting of DPC HP- ESG services provided within the HMIS service system, all participating adults must be informed of the HMIS Privacy Policy. Participant’s information will be utilized and shared per the standards in the Privacy Plan and policy. All participating adults are required to sign an Authorization to Release Information, including household demographics, income, and service information and case plan that may be shared amongst all providers in the Service and Program Coordination Committee. Participating household members may decline sharing of certain assessment information which is not essential to coordination/non-duplication. It is the responsibility of the HP-RRH provider agency to protect the confidential nature of



such information. However, participant refusal to share essential information for service coordination/non-duplication will affect eligibility for HP-RRH services.

Recordkeeping Requirement

Sufficient records must be established and maintained by ESG Providers to demonstrate that all ESG requirements are being met. For more information about recordkeeping requirements, refer to [24 CFR 576.500](#).

Record Retention Period

ESG providers must maintain documentation on all households seeking assistance. If determined ineligible, documentation must reflect reasons. Documentation of participant eligibility and assistance provided must be retained for a minimum of 5 years after the expenditure of all funds from the grant under which the program participant was served. Subrecipients will refer to applicable agreements with State and County ESG recipients for specific instruction on records management.

Reporting Requirements

ESG Recipients will submit annual performance reports to HUD via Consolidated Annual Performance and Evaluation Reporting (CAPER). DuPage HP-RRH providers will ensure necessary data is available in the required format per the grantors (State of Illinois and/or DuPage County) requests.

Monitoring

DuPage ESG providers have received funding from either or both state and county grantees. As with program implementation guidance, monitoring requirements are expected to be met as they are outlined by each grantor. The requirements may be included in contracts, Memorandum of Understanding, or manuals. As ESG program has been in development, some updates to procedures may be provided via email.

County guidance for direct federal allocation states the following: Sub-grantee monitoring reinforces accountability; provides for continuous improvement; and is required by the ESG Notice. Monitoring goals include the improvement of program and financial performance and ensure regulatory compliance in all areas. Monitoring ESG in the County is done through a variety of measures consisting of desk top review, which includes evaluation of requests for payment, and on-site visits with program and file review.

Match

The requirements for matching ESG funds are described in section [576.201](#) of the [ESG Interim Rule](#), and the requirements for documenting matching contributions are described in section 576.500(o). The matching requirement applies to the ESG recipient. HUD provides the recipient with the discretion to pass the match requirement on to the sub recipients. In the DuPage County Continuum of Care, sub recipients of State funds are required to allocate, track and report on match funds. Sub recipients of County ESG funds are also required to allocate, track and report on match funds with the exception of agencies providing Homelessness Prevention and Rapid Rehousing services as these funds are “pooled” and provided only on as reimbursement of eligible costs. Match for County funded ESG HP and RR is allocated and tracked by the County ESG recipient.

Violence Against Women Act (VAWA)

Providing Notice of VAWA Protections

All CoC and ESG funded Homelessness Prevention and Rapid Rehousing providers must provide notice to program applicants and participants of their rights under VAWA. ESG program grantees must document that clients were informed of their rights and provided copies of the notices. A signed copy of acknowledgement must be maintained in client files. HUD provides detailed guidance on the scope and timing of this requirement in [24 CFR 578.99\(j\)\(4\)](#) and [24 CFR 5.2005\(a\)](#).

1) All CoC and ESG funded programs must provide applicants and participants HUD Form 5380: Notice of Occupancy Rights under the Violence Against Women Act form that explains the VAWA protections including the right to confidentiality, and any limitations on those protections.

a) HUD form 5380 must be provided to each person seeking or receiving CoC or other HUD-funded housing assistance at the following times:

- When an individual or family is denied permanent or transitional housing;
- When a program participant is admitted to permanent or transitional housing;
- When a program participant receives notification of eviction; and
- When a program participant is notified of termination of assistance.

b) If a program participant in an ESG or CoC funded program has not been notified of their rights under VAWA, and none of the above conditions apply, the program must provide HUD form 5380 at re-certification or lease renewal.

2) ESG and CoC funded programs using funds for rental assistance are required to include language in agreements with housing owners or landlords detailing VAWA protections, including notification, prohibited bases for eviction, limitations, and other requirements. This is covered in the HUD Lease Addendum HUD-91067 found in the Appendix Documents.

All rental assisted units need to have the VAWA lease addendum signed by the landlord unless the lease agreements incorporated the following as found in the VAWA Rule:

- Right for the lease to be broken without penalty, if the tenant qualifies for an emergency transfer, except for tenant based rental assistance
- Language that protects individuals from being denied access to housing and/or evicted from their housing on the basis of or as a direct result of being a survivor
- Construction of lease terms and terms of assistance
- Limitation of VAWA protections
- Confidentiality requirements

In the event that a landlord/property owner/management company is not willing to execute the VAWA Lease Addendum, alternative housing options and assistance should be presented to the household.

Emergency Transfer Plan

One of the key provisions the 2013 VAWA updates and subsequent HUD regulations is the ability of an eligible program participant to be offered information about VAWA protections and the opportunity to request an Emergency Transfer from their housing unit to another, safer housing unit. The DuPage County Community Development Commission has responded to this requirement by developing an



Emergency Transfer Plan for victims of domestic violence, dating violence, sexual assault or stalking

and an emergency response protocol for addressing incidents of domestic violence, dating violence, sexual assault, or stalking. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that DuPage County Community Development Commission is compliant with VAWA. A copy of the Emergency Transfer Plan is included in the Appendix Documents.

Additional information is available at: <https://www.justice.gov/tribal/2013-and-2022-reauthorizations-violence-against-women-act-vawa>

Plan Approval History

Service and Program Coordination Committee and CDC review: October to November 2023

Service and Program Coordination Committee Approval: November 2023

Leadership Review of Document: December 2023

Leadership Approval of Final Document: January 2024

Approved Plan is inclusion in DuPage County Action Plan: March 2024

Note: Public Comment or HUD suggested changes may warrant further review or changes to this plan.



Appendix Documents

1. Agency List and Communities Served
2. At a Glance Criteria for Definition of At Risk of Homelessness
3. Baseline Privacy Notice
4. Universal Intake Form
5. DuPage Continuum of Care Homelessness Prevention and Rapid Re-Housing Brochure
6. DuPage County CoC Authorization to Exchange Information for the Homelessness Prevention Provider Network
7. DuPage Homelessness Prevention Partnership Agreement (2018 - 2021)
8. At a Glance Criteria for Definition of Homelessness and Recordkeeping
9. Homelessness Eligibility and Verification Form
10. HUD Guidance Rent Reasonableness and Fair Market Rent
11. Rent Reasonableness and Certification Checklist
12. Income Limits, Fair Market Rents and Utility Allowance Schedule revised November 2021
13. CDC VAWA Policy
14. CDC Emergency Transfer Plan
15. CDC VAWA Addendum

HPP AGENCY LIST AND COMMUNITIES SERVICED

Revised April 2023

Grant Funded			Privately Funded
<p>PEOPLES RESOURCE CENTER Grants: IDHS, EFSP and agency funds</p>	<p>CATHOLIC CHARITIES Grants: ESG, IDHS, SSVF (Veterans) and agency funds</p>	<p>DUPAGE COUNTY Grants: ESG, IDHS</p>	<p>Loaves & Fishes Community Services (Naperville Cares) (630) 355-3663 X4</p>
<p>(630) 682-5402</p> <p>Serves all current PRC Clients in DuPage County</p>	<p>(630) 495-8008</p> <p>Addison Bensenville (SA)** Bolingbrook** Burr Ridge Clarendon Hills Darien Downers Grove Elmhurst Itasca - Lombard Medinah Oakbrook Oakbrook Terrace Villa Park Wood Dale Woodridge</p>	<p>(630) 407-6500</p> <p>1-800-942-9412</p> <p>Aurora** Bartlett** Bloomingdale Glen Ellyn Glendale Heights Hanover Park** Hinsdale Keeneyville Lemont** (unincorp) Lisle Naperville Ontarioville Roselle Wayne West Chicago Westmont Wheaton Willowbrook Winfield</p> <p style="text-align: center;">** Multi County</p>	<p>Residents of Naperville, Aurora residents in DuPage County, members of a Naperville congregation, or households with children in District 203 or 204 schools</p>
<p>OUTREACH COMMUNITY MINISTRIES</p> <p>Grants: IDHS, ESG agency funds</p>			<p>LOVE Christian Clearinghouse</p>
<p>(630) 260-7600 Carol Stream</p>			<p>(630) 512-8665 Addison Bensenville Burr Ridge Clarendon Hills Darien Downers Grove Elmhurst Glen Ellyn Hinsdale Itasca Lisle Lombard Oakbrook Oakbrook Terrace Villa Park Westmont Willowbrook Wood Dale Woodridge</p>
<p>(630) 682-1910 Glen Ellyn & Wheaton</p>			
<p>(630) 393-7057 Warrenville & surrounding unincorporated areas</p>			

Veterans Assistance		
<p>CATHOLIC CHARITIES Grant: SSVF (Veterans)</p>	<p>Midwest Shelter for Homeless Veterans Grant: SSVF (Veterans)</p>	<p>DuPage Veterans Assistance Commission of DuPage County</p>
<p>(630) 495-8008</p>	<p>(630) 871-8387</p>	<p>(630) 407-5655</p>
<p>Supportive Services for Low-Income Homeless & At-Risk Veteran Families in DuPage, Kankakee and Will County</p>	<p>Supportive Services for Low Income Homeless & At-Risk Veteran Families in DuPage</p> <p>Multiple Counties Served: DeKalb, DuPage, Kane, Kendall, Grundy, LaSalle & Will</p>	<p>DuPage County Veterans and their Widows, Spouses, or Dependents</p>



At Risk of Homelessness

CRITERIA FOR DEFINING AT RISK OF HOMELESSNESS	Category 1	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u> (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; <u>AND</u> (iii) Meets one of the following conditions: <ul style="list-style-type: none"> (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u> (B) Is living in the home of another because of economic hardship; <u>OR</u> (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u> (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u> (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u> (F) Is exiting a publicly funded institution or system of care; <u>OR</u> (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Con Plan
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	Category 3	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

HMIS Notice of Privacy Practices

Effective [SELECT A DATE]

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

[Agency Name] and the Northeast Illinois Homeless Management Information System (HMIS)

Overview

When you request services from [Agency Name], information about you and members of your family is entered into a computer system called HMIS, or Homeless Management Information System. HMIS is a project of DuPage County Community Services in partnership with many organizations in northeast Illinois that provide homeless, health care, medical, and social services to persons and families in need. The information collected in HMIS will help us coordinate and provide better service, document the need for additional services, and generate reports such as the number of persons who are homeless or at risk of homelessness in northeast Illinois.

We intend our policy and practices to align with the Housing and Urban Development's (HUD) HMIS Data and Technical Standards and HMIS Data Standards¹.

What is Being Shared

This agency's staff and the Software Administrators have access to all data collected in HMIS, and the participating agencies have limited access as described below and online, dupagehomeless.org/HMIS/Forms. If further information is to be shared and is not covered by this notice, then a separate authorization will be required.

Information shared to the participating agencies include:

- Protected Personal information (PPI) - Name, Date of Birth, and Social Security Number. PPI is information that allows identification of an individual directly or indirectly, can be manipulated by a reasonably foreseeable method to identify a specific individual, or can be linked with other available information to identify a specific client.
- Demographics – Race, Ethnicity, Gender, Veteran Status
- Project Enrollments – Project Name, Enrollment dates, Reason for Leaving a program, and the Housing Destination you left to.
- Case Manager's contact information (if one is assigned)

How Your Information May Be Used

Unless restricted by law, the information can be used by:

- Authorized people who work in [Agency Name], HMIS partner organizations for administrative purposes related to providing and coordinating services to you or your family, or for billing or funding purposes.
- Auditors or others who review the work of [Agency Name] or need to review the information to

¹ <https://www.hudexchange.info/programs/hmis/>

HMIS Notice of Privacy Practices

Effective [SELECT A DATE]

provide services to [Agency Name].

- The HMIS system administrator(s), DuPage County Community Services and its designees, and the HMIS developer (WellSky) for administrative purposes (for example, to assist [Agency Name] by checking for data errors and identifying your potential eligibility for services).
- Individuals performing academic research who have signed a research agreement with [Agency Name] or DuPage County Community Services. Your name, social security number or other identifying information may be used to match records but will not be used directly in the research unless you sign a separate consent.
- [Agency Name] or the DuPage County Community Services may use your information to create aggregate data that has your identifying information removed. Also, [Agency Name] may disclose to a third-party aggregate data so that the third party can create data that does not include any of your identifying information.
- Government or social services agencies that are authorized to receive reports of homelessness, abuse, neglect or domestic violence, when such reports are required by law or standards of ethical conduct.
- A coroner or medical examiner or funeral director to carry out their duties.
- Authorized federal officials for the conduct of certain national security or certain activities associated with the protection of certain officials.
- Law enforcement officials, but the disclosure must meet the minimum standards necessary for the immediate purpose and not disclose information about other individuals. A court order or search warrant may be required.
- Others, to the extent that the law requires a specific use or disclosure of information. Information may be released to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; if the disclosure is made to a person or persons reasonably able to prevent or lessen the threat or harm, including the target of a threat.

Other uses and sharing of your information will be made only with your written consent.

Your Rights Regarding Your Information in HMIS

- You have the right to opt-out of having your and your household members' information shared to partnering agencies in the Northeast Illinois Homeless Management Information System (HMIS). To do so, you must request and sign the "Client Data Sharing Refusal Form." Any information in the HMIS prior to signing the Sharing Refusal form will continue to be shared with the agencies as described in this notice.
- You may request a list of current HMIS partner organizations from [Agency Name] or DuPage County Community Services or review the current list at suburbancook.org/hmis. DuPage County Community Services may add new HMIS partner organizations to this list at any time.
- You have the right to inspect and obtain a copy of your own protected personal information for as long as it is kept in the HMIS, except for information compiled in reasonable anticipation of, or for use in, a legal proceeding.

HMIS Notice of Privacy Practices

Effective [SELECT A DATE]

- You have the right to request a correction of your protected personal information when the information in the record is inaccurate or incomplete.

Enforcement of Your Rights

If you believe your privacy rights have been violated, you may send a written complaint to [Agency Name]. If your complaint is not resolved to your satisfaction, you may send your written complaint to DuPage County Community Services. Addresses are listed at the end of this Notice. You will not be retaliated against for filing a complaint.

[Agency Name] is required by law to maintain the privacy of your protected personal information, and to display a copy of the most recent Notice. [Agency Name] reserves the right to change the Notice from time to time, and if it does, the change will affect all the information in the HMIS, not just the information entered after the change. The revised Notice will be posted at [Agency Website]. You may request a copy of it from [Agency Name].

[Agency Contact Information]	DuPage County Community Services
[Address]	HMIS System Administrator
[Address]	421 N County Farm Road
[Phone Number]	Wheaton, IL 60187
[Website]	630-407-6397
	dupagehomeless.org/HMIS

Change History

- October 2009- Initial Policy was a part of client consent documents
- October 2012 - Adopted HUD's baseline privacy notice and detailed our implied consent disclosure process
- October 2014 – Updated HUD's baseline privacy notice to include Suburban Cook County, address the name change of DuPage County HMIS to Northeast Illinois HMIS, and reflect the changes to the list of shared data elements.
- June 2021 – Complete reorganization, re-formatting, deduplication of statements, and adjusted level of language used. Added language around sharing of pre-existing data after a client refuses to share any new information. Moved to using Effective date rather than version numbers.
- April 2022 – Updated websites.

DuPage CoC Initial Intake Assessment

Head of Household / All Adult HH Members

HMIS Client ID#

Fill in after HMIS Project Entry

Project Name

Entry Date (Project Start)

Month / Day / Year

Date of Engagement (ES/SO)

Month / Day / Year

Housing Move-in Date (PH, PSH, RRH)

Month / Day / Year

HEAD OF HOUSEHOLD (A client's full and accurate name should be used, but the recording of a legal name is not required, unless specified by a funder.)

				Client doesn't know	Client prefers not to answer
First Name		Middle Name		<input type="checkbox"/>	<input type="checkbox"/>
Last Name		Suffix (e.g. Jr, Sr, III)		<input type="checkbox"/>	<input type="checkbox"/>
		Alias			
SSN			Approx. or Partial SSN Reported <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Veteran Status is on the Client Profile Tab and may need to be updated if the client is already in the HMIS.</i>			<input type="checkbox"/>	<input type="checkbox"/>
Relationship (to HoH)	<input type="checkbox"/> SELF (Head of Household) <input type="checkbox"/> HoH's Child <input type="checkbox"/> HoH's Other Relation <input type="checkbox"/> HoH's Spouse/Partner <input type="checkbox"/> Other: Non-Relation		Use a separate Initial Intake Assessment or HH Member Supplemental page for each additional HH member.		
Date of Birth			Approx. or Partial DOB Reported <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<i>A client's gender may not match the sex they were assigned at birth.</i> <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Non-Binary <input type="checkbox"/> Different Identity, specify:	<input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (e.g. Two Spirit)	<input type="checkbox"/> Transgender <input type="checkbox"/> Questioning	<input type="checkbox"/>	<input type="checkbox"/>
How does the client identify their sexual orientation?	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other, specify:			<input type="checkbox"/>	<input type="checkbox"/>
Race and Ethnicity	<input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> White		<input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Additional Race and Ethnicity Detail <i>The question allows the client to share additional specificity about how they identify or express their ethnicity, race, or nationality, using terms that may not be addressed by the standard responses above (e.g. Potawatomi Tribe, Hmong, Haitian, Arab-American).</i>					
Translation Assistance Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Other preferred language, specify:			<input type="checkbox"/>	<input type="checkbox"/>

VICTIM OF DOMESTIC VIOLENCE (DV) <i>DV includes "domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual's or family's current housing situation." (HEARTH Act)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	(If Yes) how long ago was the last incident? <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer (If Yes) are you currently fleeing? (This includes currently attempting to flee.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not know <input type="checkbox"/> Client prefers not to answer
General Health Status (RHY and VASH projects only)	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

DISABILITY ASSESSMENT						
Does the client have a disabling condition expected to be of long duration and impedes ability to live independently?						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer						
Disability Type	(If Yes) Start Date	Will the Condition be long term?	Disability Determination		If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	
Alcohol Use Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____ / ____ / ____ Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Chronic Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____ / ____ / ____ Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Developmental Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____ / ____ / ____ Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Drug Use Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____ / ____ / ____ Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
HIV/AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____ / ____ / ____ Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Mental Health Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____ / ____ / ____ Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Physical Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____ / ____ / ____ Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Chronic Homelessness (CH) Assessment

PRIOR LIVING SITUATION: *Where was the client sleeping last night? Or, in other words, what was the client's living situation just prior to entering this project? For non-residential programs (like HP), this is their current situation.*

Choose from Literally Homeless Situation OR Institutional Setting OR Temporary/PH Situation. Once chosen, stay in that column.

<p>1A. Homeless Situation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency Shelter (including hotel or motel paid for with emergency shelter voucher, or Host Home shelter) <input type="checkbox"/> Safe Haven <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <p style="text-align: center;">↓ <i>Next Answer 2A: Length of Stay.</i> ↓</p>	<p>1B. Institutional Situation</p> <ul style="list-style-type: none"> <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 facility <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 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <p style="text-align: center;">↓ <i>Next Answer 2B: Length of Stay.</i> ↓</p>	<p>1C. Temporary Situation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential/halfway house, NO homeless criteria <input type="checkbox"/> Hotel or motel paid for without ES voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apt, or house <input type="checkbox"/> Staying or living in a family member's room, apt, or house <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <p style="text-align: center;">-OR-</p> <p>1C. Permanent Housing Situation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rental by client, NO ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing subsidy <p>IDENTIFY SUBSIDY TYPE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <ul style="list-style-type: none"> <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, NO ongoing housing subsidy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <p style="text-align: center;">↓ <i>Next Answer 2C: Length of Stay.</i> ↓</p>
<p>2A: LENGTH OF STAY: <i>How long was the client in a Homeless Situation?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <p style="text-align: center;">↓ <i>Next Answer 3: Chronic Questions</i> ↓</p>	<p>2B: LENGTH OF STAY: <i>How long was the client in an Institutional Situation?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less^p <input type="checkbox"/> Two to six nights^p <input type="checkbox"/> One week or more, but less than one month^p <input type="checkbox"/> One month or more, but less than 90 days^p <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <p style="text-align: right;">} 90 days or less</p> <p>^p<i>If the client reported 90 days or less, then answer the question below. If the client reports more than 90 days, the client is NOT considered to be experiencing CH at this point in time, skip the rest of this page.</i></p> <p>On the night before the Institutional Situation, did the client stay on the streets, in ES or SH?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (proceed below to 3: Chronic Questions) <input type="checkbox"/> No (the client is NOT considered to be experiencing CH at this point in time, skip the rest of this page) 	<p>2C: LENGTH OF STAY: <i>How long was the client in a Housing Situation?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less^p <input type="checkbox"/> Two to six nights^p <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One Year or Longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <p style="text-align: right;">} 6 nights or less</p> <p><i>If Client is entering ES, SH, or SO, then answer the question below OR...</i></p> <p>^p<i>If the client reported 6 nights or less, then answer the question below.</i></p> <p><i>If the client reports 7 days or more AND is NOT entering ES, SH, or SO, then the client is NOT considered to be experiencing CH at this point in time, skip the rest of this page.</i></p> <p>On the night before the TH/PH Housing Situation, did the client stay on the streets, in ES or SH?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (proceed below to 3: Chronic Questions) <input type="checkbox"/> No (the client is NOT considered to be experiencing CH at this point in time, skip the rest of this page)

3: CHRONIC HOMELESSNESS (CH) QUESTIONS: <i>(depending on your answer in the above questions).</i>	
3.1: When did the client first become homeless? <i>Have the client look back to when they first became homeless (not this episode, but the very first time) and enter that approximate date.</i>	M/D/Y
3.2: Approximate Date <u>this current episode</u> of homelessness began? <i>Have the client look back to the date of the last time the client had a place to sleep for more than 7 days that was not on the streets, in ES, or SH.</i>	M/D/Y
3.3: Regardless of where they stayed last night -- Number of times (episodes) the client has been homeless on the streets, in ES, or SH in the past three years including today. <i>If this is the first time the client has been homeless in the past 3 years then the response is One Time.</i> <ul style="list-style-type: none"> • <i>A NEW EPISODE SHOULD BE COUNTED AFTER EACH TIME THE CLIENT HAD HOUSING FOR 7 DAYS OR LONGER (AT A FRIEND'S OR FAMILY MEMBER'S OR OTHER NON-HOMELESS SITUATION) OR WAS IN AN INSTITUTIONAL SETTING FOR 90 DAYS OR MORE.</i> 	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
3.4: Total number of months on the street, in ES or SH in the past 3 years: <i>the number of cumulative but not necessarily consecutive months spent homeless.</i>	Number of Months

ENROLLMENT COC

Client Location should always be IL-514 DuPage except for SSVF when a client is in a non-DuPage project

- | | |
|---|---|
| <input type="checkbox"/> IL-502 Waukegan/North Chicago/Lake Cty | <input type="checkbox"/> IL-512 Bloomington/Central Illinois/Kankakee |
| <input type="checkbox"/> IL-506 Joliet/Kendall/Grundy/Will County | <input checked="" type="checkbox"/> IL-514 DuPage |
| <input type="checkbox"/> IL-509 De Kalb | <input type="checkbox"/> IL-517 Aurora/Elgin/Kane |
| <input type="checkbox"/> IL-511 SubCook | <input type="checkbox"/> IL-518 Northwest/LaSalle |

Enter City the client most closely associates with—this might be the city of their last permanent address, or it might be the city where the client currently spends the most time.

CLIENT ZIP: _____

CLIENT CITY: _____

CLIENT'S RESIDENCE

Client's Street Address				Apt #	
City, Township		State		Zip	
Address Data Quality	<input type="checkbox"/> Full Address Reported <input type="checkbox"/> Client Does Not Know		<input type="checkbox"/> Incomplete or estimated address reported <input type="checkbox"/> Client Refused		
Home Phone #		Cell Phone #		Alternate Contact	
Email Address					
Start Date		End Date			
Address Type	<input type="checkbox"/> After Program <input type="checkbox"/> Before Program-Last Permanent		<input type="checkbox"/> Before Program <input type="checkbox"/> Program (while in your project)		
Client's Residence Notes					

EMERGENCY CONTACT (OPTIONAL)

Contact's Name					
Contact's Address				Apt #	
Contact's City		Contact's State		ZIP	
Phone #		Second Phone #			
Relationship to Client					
Start Date		End Date			
Is there a release of information to contact this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Continue to Household Income

HOUSEHOLD INCOME

Does the household have any current income?

- Yes No Client doesn't know Client prefers not to answer

If **No**, answer the following question and move on to Household Income for AMI Below:

If **Yes**: Please indicate in each source if the household receives the income, and if they do, the household member receiving the income, the monthly amount (to the nearest dollar) of each source, and the income start date.

			HH Member	Amount	Start Date	HH Member	Amount	Start Date
Earned Income								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
				\$			\$	
Unemployment Insurance								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
SSI: Supplemental Security Income								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
SSDI: Social Security Disability Income								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
VA Service Connected Disability Compensation								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
Private Disability Insurance								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
Worker's Compensation								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
TANF: Temporary Assistance for Needy Families								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
General Assistance								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
Retirement Income from Social Security								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
VA Non-Service Connected Disability Pension								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
Pension or retirement income from another job								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
Child Support								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
Alimony or Other Spousal Support								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	
Other Source (specify):								
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:			\$			\$	

For Each **Individual** Household Member with income, record their individual total income from all sources below

Household Member	Total Monthly Income	Household Member	Total Monthly Income

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

NUMBER OF HOUSEHOLD MEMBERS _____

FY2023 AREA MEDIAN INCOME (AMI)

Household Size	1	2	3	4	5	6	7	8
15% AMI	\$967	\$1,104	\$1,242	\$1,379	\$1,490	\$1,600	\$1,711	\$1,821
30% AMI	\$1,933	\$2,208	\$2,483	\$2,758	\$2,979	\$3,200	\$3,421	\$3,642
50% AMI	\$3,221	\$3,679	\$4,138	\$4,596	\$4,967	\$5,333	\$5,700	\$6,067
80% AMI	\$5,150	\$5,883	\$6,621	\$7,354	\$7,946	\$8,533	\$9,121	\$9,708
100% AMI	\$6,442	\$7,358	\$8,275	\$9,358	\$9,933	\$10,667	\$11,400	\$12,133

TOTAL MONTHLY HOUSEHOLD INCOME AS PERCENTAGE OF AMI:

30% OR LESS
 31%-50%
 51%-80%
 81% OR GREATER

NON-CASH BENEFITS

Does the household currently receive any Non-Cash Benefits?

Yes
 No
 Client doesn't know
 Client prefers not to answer

Please indicate which of the following non-cash benefits you have received over the last 30 days.

(You may use "All" if all household members receive the benefit)

	Start Date	Amount (optional)
Supplemental Nutrition Assistance Program (Food Stamps)		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Household Members:		
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Household Members:		
TANF childcare services		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Household Members:		
TANF transportation services		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Household Members:		
Other TANF-Funded Services		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Household Members:		
Other Source (specify):		
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Household Members:		

COVERED BY HEALTH INSURANCE

Do household members currently have health insurance?

Yes
 No
 Client doesn't know
 Client prefers not to answer

Continue to the Health Insurance Sub-Assessment

Complete the following (You may use "All" if all household members receive the benefit)

Start Date

Medicaid		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Household Members:	
Medicare		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Household Members:	
Illinois All Kids (State Children's Health Insurance Program)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Household Members:	
Veteran's Health Administration (VHA)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Household Members:	
Employer Provided Health Insurance		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Household Members:	
Health Insurance obtained through COBRA		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Household Members:	
Private Pay Health Insurance		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Household Members:	
State Health Insurance for Adults		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Household Members:	
Indian Health Services Program		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Household Members:	
Other		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Household Members:	
If "Yes" to Other, Specify Source:		

end of health insurance questions

All Applicants Must Sign Below

By signing below, I attest that the information I have provided for eligibility and intake is a true and accurate account of the current situation, income and household.

Client signature: _____ Date: _____

Agency Representative signature: _____ Date: _____

Agency Representative Name (print): _____

DuPage HP and IDHS ETH Supplemental Assessments

HOMELESSNESS PREVENTION SUPPLEMENTAL (ALL HP PROJECTS)

Food Stamp status at time of intake: Currently Enrolled Enrolled at Intake Ineligible

LIHEAP status at time of intake: Currently Enrolled Enrolled at Intake Ineligible

Reason client is seeking assistance:
 Maintain current housing
 Move from current residence to other permanent housing
 Move from shelter to permanent housing

IDHS ETH/EF&S SUPPLEMENTAL (IDHS ETH ONLY)

Number of other shelters used in prior year: None 1 2 3 4 5 or more

Food Stamp status at time of intake: Currently Enrolled Enrolled at Intake Ineligible

Emancipated minor or unaccompanied youth? Yes No

Ex-offender? Yes No

Have you ever been convicted of a felony? Yes No

Pregnant Now? Yes No Client Does Not Know Client Refused

Is juvenile a parent (under age 18)? Yes No

Initial Intake Assessment HH Member Supplemental

Head of Household Name: _____

HMIS CLIENT ID#

Fill in after HMIS Project Entry

Entry Date (Project Start)

Month / Day / Year

NAME OF HOUSEHOLD MEMBER (A client's full and accurate name should be used, but the recording of a legal name is not required, unless specified by a funder.)

				Client doesn't know	Client prefers not to answer
First Name		Middle Name		<input type="checkbox"/>	<input type="checkbox"/>
Last Name		Suffix (e.g. Jr, Sr, III)		<input type="checkbox"/>	<input type="checkbox"/>
		Alias			
SSN			Approx. or Partial SSN Reported <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Veteran Status is on the Client Profile Tab and may need to be updated if the client is already in the HMIS.</i>		<input type="checkbox"/>	<input type="checkbox"/>
Relationship (to HoH)	<input type="checkbox"/> HoH's Child <input type="checkbox"/> HoH's Other Relation <input type="checkbox"/> HoH's Spouse/Partner <input type="checkbox"/> Other: Non-Relation			NA	NA
Date of Birth			Approx. or Partial DOB Reported <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<i>The client may share more than one response and all should be recorded. Except, if the client "doesn't know" or "prefers not to answer," only record this response.</i>	<i>A client's gender may not match the sex they were assigned at birth.</i>	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Culturally Specific Identity (e.g. Two Spirit) <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity, specify:	<input type="checkbox"/>	<input type="checkbox"/>
How does the client identify their sexual orientation?	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other, specify:			<input type="checkbox"/>	<input type="checkbox"/>
Race and Ethnicity	<input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			<input type="checkbox"/>	<input type="checkbox"/>
Additional Race and Ethnicity Detail					
<i>If provided, record additional specificity about how the client identifies or expresses their ethnicity, race, or nationality, using terms that may not be addressed by the standard responses above (e.g. Potawatami Tribe, Hmong, Haitian, Arab-American).</i>					

VICTIM OF DOMESTIC VIOLENCE (DV)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
<i>DV includes "domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual's or family's current housing situation." (HEARTH Act)</i>	(If Yes) how long ago was the last incident? <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer (If Yes) are you currently fleeing? (This includes currently attempting to flee.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		

Continue to Disability Assessment

Client Name: _____

DISABILITY ASSESSMENT

Does the client have a disabling condition expected to be of long duration and impedes ability to live independently? Yes No Client doesn't know Client prefers not to answer

Disability Type	(If Yes) Start Date	Will the Condition be long term?	Disability Determination		If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	
Alcohol Use Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Notes:						
Chronic Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Notes:						
Developmental Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Notes:						
Drug Use Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Notes:						
HIV/AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Notes:						
Mental Health Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Notes:						
Physical Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Notes:						

General Information

The DuPage County Continuum of Care Homelessness Prevention & Re-housing Services are designed to stabilize individuals and families in their existing homes, shorten the amount of time families and individuals stay in shelter, and assist individuals and families with securing affordable housing. Eligible households experiencing a short-term economic crisis may receive assistance to avoid eviction and homelessness. Services can also assist homeless individuals or families in securing housing by providing short-term financial assistance and/or other supports.

A network of collaborating community agencies receive and distribute an array of funding. The eligibility guidelines described within apply to government grants. Community Partners assist to expand options for assistance. As funds are limited, financial assistance from any provider may make a household ineligible for further financial assistance.

Services offered through this program include:

- Rental Assistance
- Mortgage Assistance
- Security Deposit Assistance
- Supportive Services to help obtain and maintain housing

Eligibility Criteria

All households must be able to meet and document the following eligibility criteria.

Additional eligibility criteria may apply:

- Must be moving into or currently residing in DuPage County
 - Must be in danger of eviction, foreclosure or currently homeless
 - Must document ability to meet future rent and monthly expenses through current income or the development of a Personal Recovery Plan
 - Must disclose any assistance received in the past 24 months
 - The landlord or mortgage company must agree to accept payment and stop current eviction/foreclosure proceedings upon receipt of signed rent assistance voucher
- Most grants require the household to:
- Document an unexpected recent drop in income, economic crisis or extenuating circumstance
 - Have a current lease
 - Meet income guidelines
 - Reside in a unit which meets standards of habitability and cost

DuPage County Continuum of Care Providers also offer the following to assist individuals and families establish or stabilize their housing:

- Referrals to emergency shelter or transitional housing programs
- Housing resources and subsidized housing information within DuPage County
- Tenant/landlord rights information
- Educational rights of homeless students information
- Referrals for legal services
- Referrals for food, clothing and other basic needs
- Referrals for healthcare coverage
- Referrals for education and employment services
- Referrals for financial & credit education
- Short-term case management services

To apply for services:

Call DuPage County Community Services at (630) 407-6500 or (800) 942-9412 to speak with an Information & Referral Specialist about services and a referral to a community agency near you.

Some funding is limited to target populations, such as veterans or those currently residing in an emergency shelter.

Funding is dependent on grants received from various sources.

DuPage County Continuum of Care

Homelessness Prevention & Re-housing Service Providers

DuPage County Community Services

People's Resource Center

Catholic Charities

Outreach Community Ministries

Midwest Shelter for Homeless Veterans

Community Partners

DuPage PADS

LOVE Christian Clearinghouse

Loaves and Fishes Community Services

360 Youth Services

Veterans Assistance Commission of

DuPage County

*Legal assistance to maintain housing
may be available through
Private State Legal Services*

*Foreclosure mitigation and homeownership
counseling is available through
HOME DuPage*

Funding provided in part by the Illinois Department of Human Services, the Emergency Food and Shelter Program, Community Services Block Grant, Community Development Block Grant, and the U.S. Department of Housing & Urban Development

The DuPage County Continuum of Care- Homelessness Prevention & Re-Housing Program does not discriminate in admission to programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Acts; The Fair Housing Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions.



Homelessness Prevention & Re-housing



www.dupagehomeless.org

**DU PAGE COUNTY CONTINUUM OF CARE
AUTHORIZATION TO EXCHANGE INFORMATION**

For: _____
 Applicant - Print First, Middle, & Last Name _____
Date of Birth

REQUIRED CONSENT- SHARING WITHIN THE HOMELESS PREVENTION PROVIDER NETWORK

- o The following authorization is required for all adults applying for homeless prevention and re-housing services.
- o I authorize participating agencies in the Homeless Prevention Provider Network to receive, release or otherwise exchange information disclosed or received about me during my application for homeless prevention and re-housing services. These agencies include: Catholic Charities, Diocese of Joliet, DuPage County Community Services, HOME DuPage, Inc., Love Christian Clearinghouse, DuPage PADS, Loaves & Fishes Community Services, Outreach Community Ministries, People’s Resource Center, Prairie State Legal Services, Warrenville Youth & Family Services, Wheaton Youth Outreach, DuPage County Veteran’s Assistance Commission, Midwest Shelter for Homeless Veterans and 360 Youth Services. This authorization may extend to and include agencies that may join the Homeless Prevention Provider Network as well as agencies who provide direct referrals to our coordinated entry for Rapid Rehousing including: Metropolitan Family Services-Family Shelter Services.
- o If the agency accepting my application is an authorized user of HMIS: I acknowledge receipt of this agency’s Privacy Notice notification. I understand relevant information about me and the services I apply for may be shared through the Northeast Illinois HMIS system as described in this Privacy Notice. As an applicant for homelessness prevention and re-housing services, I authorize Rapid Rehousing and Homelessness Prevention Service Providers of the Northeast Illinois HMIS system to view the additional data of: needs, referrals, services, the name of program enrolled in; program enrollment dates; reason for leaving the program; and housing destination after leaving the program.
- o Furthermore, I authorize participating agencies to exchange information disclosed by previous, current or future employer[s], landlord[s], mortgage companies, utility companies, other social service agencies and/or any other relevant source.
- o I understand the purpose of any disclosure to include sharing of the aforementioned information is to verify information, determine eligibility, avoid duplication of and facilitate services for my household.
- o To the extent allowed by law, disclosure to include the exchange of the following specific information may be made: information included in application for assistance, personal identifying information about household members, wages and other income received or projected to be received; eligibility and receipt of services; information relating to housing stability or risk; educational and employment information; household goals, concerns and progress towards goals; current program and employment status; services approved and file documentation.
- o The information to be exchanged will be relevant to my request for assistance and/or to my household’s Personal Recovery or Housing Stability Plan. I understand I have the right to inspect the information disclosed.
- o This authorization is valid until: three (3) years from the date of last service. Refusal to authorize the disclosure to include the exchange of the aforementioned information may result in an inability to receive homeless prevention and re-housing services for this application.

SIGNATURE OF CLIENT OR GUARDIAN DATE SIGNATURE OF AGENCY WITNESS DATE

**DUPAGE COUNTY SERVICE AND PROGRAM COORDINATION PARTNERSHIP
COMMUNITY PARTNERSHIP AGREEMENT
2022 - 2025**

The DuPage County Service and Program Coordination Partnership is a vehicle for communication and coordination among agencies involved in providing assistance to prevent homelessness among DuPage County residents. It began in 1984 as the Homeless Prevention Partnership and consists of a commonly agreed upon set of principles, as well as consistent practices for distributing homeless prevention funding and avoiding duplication of services. Partner agencies in the Service and Program Coordination Partnership for 2022 – 2025 are: 360 Youth Services, Catholic Charities/Diocese of Joliet, DuPage County Community Services, DuPagePads, H.O.M.E DuPage, Inc., Loaves & Fishes Community Services, LOVE Christian Clearinghouse, Outreach Community Ministries, People’s Resource Center, Prairie State Legal Services, the Midwest Shelter for Homeless Veterans and the Veterans Assistance Commission of DuPage County. This mutual commitment and partnership promotes accessibility, leveraging, wrap around services, collaboration, and effectively addresses homelessness through rapid re-housing and by preventing homelessness before it happens.

Goals of the Service and Program Coordination Partnership include:

- Rapidly re-house and prevent homelessness for at-risk residents in all geographic areas of DuPage County, ensuring accessibility to resources in high need locations
- Maximize effectiveness of assistance through a strong community partnership that ensures best practices and eliminates duplication of benefits
- Distribute direct housing assistance funds and provide supportive services to those individuals and families already homeless or in danger of eviction or foreclosure in a client-centered environment, providing limited case management, wrap around services, referrals to other mainstream programs, budgeting assistance, and resource linkage
- Maximize coordination of efforts through a shared Homeless Management Information System (HMIS) database and non-duplication list

DuPage Service and Program Coordination Partnership agencies agree to the following:

- Annually review and plan homeless prevention and rapid re-housing partnership principles, guidelines, policies and best practices
- Maintain regular and frequent contact and communication to ensure high quality, efficient delivery of services
- Promote cooperative planning and service delivery as collaborative partners, ensuring that assistance is accessible and efficient
- Work to ensure overall continuance of homeless prevention funds and effective strategies to prevent homelessness

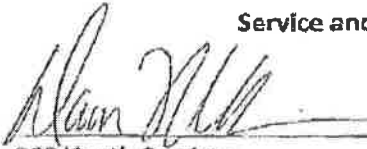
- Attend DuPage Service and Program Coordination Committee meetings to continually review partnership agreements and participate in working groups and committee activities
- Follow written standards as established in related policies as determined by specific funding sources (i.e., each ESG-funded program or project within the CoC's jurisdiction must participate in that CoC's coordinated entry and assessment system.)
- Collaboratively work to review and update an Action Plan for Emergency Services in the DuPage County Continuum of Care Plan to End Homelessness
- Participate in the HMIS as appropriate following the Standard Operating Procedures, (<https://www.dupageco.org/hmis/sop/>), and data sharing to avoid duplication of services, utilizing the appropriate referral process. Data sharing will occur only with proper authorization as appropriate by obtaining a signed "Authorization to Exchange Information for the Homeless Prevention Provider Network", (<https://www.dupageco.org/HMIS/Forms/>) or a comparable form. Those distributing shared funds must fully participate in data sharing to avoid duplication of shared funds
- Complete monthly "Homeless Prevention Providers Non-Duplication & Service Coordination List", (<https://dupagehomeless.org/strategies/homelessness-prevention/>)
- Complete annual DuPage CoC Homeless Prevention Report, providing agency HP/RRH program outcomes

Each Partner Agency will provide the following services:

- Accept appropriate client referrals from Service and Program Coordination partner agencies
- Screen and provide guidance for clients for eligibility, financial assistance and direct housing assistance including case management and budgeting assistance as appropriate, accessing all services available through the community partnerships in the Service and Program Coordination Partnership
- Assess and refer clients to mainstream, government, and other community resources that can increase their self-sufficiency
- Comply with all local, state and national policies, procedures, guidelines, and requirements


2022 - 2025

Service and Program Coordination Partnership Members



360 Youth Services

Title: Interim CEO



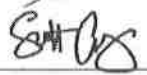
Catholic Charities/Diocese of Joliet

Title: Executive Director



DuPage County Community Services

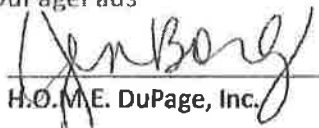
Title: Administrative Housing Support



Scott Austgen

DuPagePads

Title: Vice President, Programs



H.O.M.E. DuPage, Inc.

Title: Executive Director



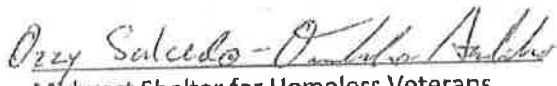
Loaves & Fishes Community Services

Title: Associate Director CARES Programs



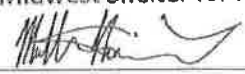
LOVE Christian Clearinghouse

Title: Executive Director



Midwest Shelter for Homeless Veterans

Title: PSH case manager



Outreach Community Ministries

Title: Senior Program Officer



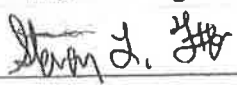
People's Resource Center

Title: Chief Executive Officer



Prairie State Legal Services

Title: Marisa Wiesman, Managing Attorney



Veterans Assistance Commission of
DuPage County

Title: Superintendent



Homeless Definition

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing



Homeless Definition

RECORDKEEPING REQUIREMENTS



<p>Category 1</p> <p>Literally Homeless</p>	<ul style="list-style-type: none"> • Written observation by the outreach worker; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution—one of the forms of evidence above <u>and</u>: <ul style="list-style-type: none"> ○ discharge paperwork <u>or</u> written/oral referral, <u>or</u> ○ written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution 	
	<p>Category 2</p> <p>Imminent Risk of Homelessness</p>	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> • For individual and families leaving a <u>hotel</u> or <u>motel</u>—evidence that they lack the financial resources to <u>stay</u>; <u>or</u> • A documented and verified oral statement; <u>and</u> • Certification that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
	<p>Category 3</p> <p>Homeless under other Federal statutes</p>	<ul style="list-style-type: none"> • Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> • Certification of no PH in last 60 days; <u>and</u> • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> • Documentation of special needs <u>or</u> 2 or more barriers
	<p>Category 4</p> <p>Fleeing/ Attempting to Flee DV</p>	<ul style="list-style-type: none"> • <i>For victim service providers:</i> <ul style="list-style-type: none"> ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. • <i>For non-victim service providers:</i> <ul style="list-style-type: none"> ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> ○ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> ○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Homeless Eligibility & Verification Form

Head of Household: _____

Date of Eligibility: _____

Number of Adults: _____

Number of Children: _____

Imminent Risk of Homelessness (Category 2): Will imminently lose their primary nighttime residence including those with family or friends and being asked to leave within 14 days, provided that:

The individual or family must meet ALL THREE criteria below:

- Residence will be lost within 14 days of the date of application for homeless assistance; and
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing

Required Documentation for criteria above:

- o Self-certification that no subsequent residence has been identified; AND
- o Self-certification other written documentation that the individual or family lacks the financial resource and support necessary to obtain permanent housing or if a Youth, lacks safe, alternate housing, financial or other resources and lacks other support networks
AND
- o A court order resulting from an eviction action notifying the individual or family that they must leave; or
- o For individuals and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
- o A documented and verified oral statement indicating how and when the residence will be lost. For Youth, Statement by youth that they cannot continue to stay at the place they have been AND written or oral verification from owner or renter of housing obtained by intake worker OR documentation of intake worker’s attempts to verify information

Attach documentation and completed SELF-DECLARATION OF HOUSING STATUS, OPTIONS & SUPPORT NETWORKS

Homeless Eligibility & Verification Form

Head of Household: _____

Date of Eligibility: _____

Number of Adults: _____

Number of Children: _____

- Fleeing or Attempting to Flee Domestic Violence (Category -4); Any individual or family fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence Or Youth fleeing or attempting to flee their housing or a place they are staying due to such conditions which have taken place in the household or has made them afraid to return to the housing including trading sex for housing, is being trafficked or physical abused, or fears violence due to his or her sexual orientation, and the youth has no safe, alternative housing, resources or support networks to obtain or maintain permanent housing who:**

Must meet all three criteria below

- Is fleeing, or is attempting to flee, domestic violence; and
- Has no identified subsequent residence; and
- Lacks the resources or support networks to obtain other permanent housing.

Required Documentation for criteria above:

For Victim Service Providers

- An oral statement by the individual or head of household seeking assistance which states; they are fleeing; that they have not subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.

For non-Victim Service Providers

- Self-certification or certification by case worker of an oral statement by the individual, head of household or Youth seeking assistance that they are fleeing. If safety of the person(s) fleeing is not jeopardized, the oral statement must be verified through written observation by the intake worker or staff at other organizations including law enforcement, housing or service provider, social worker, homeless liaison or legal assistance provider has sought assistance from OR documentation of intake worker's attempts to verify information and certification of the statement by the youth or intake worker and
- Self-certification that no subsequent residence has been identified; and
- Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Attach documentation and completed SELF-DECLARATION OF HOUSING STATUS, OPTIONS & SUPPORT NETWORKS

Homeless Eligibility & Verification Form

Head of Household: _____

Date of Eligibility: _____

Number of Adults: _____

Number of Children: _____

**HUD must approve CoC Program
funded projects to serve youth under Category 3.**

- Homeless under Other Federal Statutes (Homeless Category 3); Unaccompanied youth under 25 years of age; or families with children (0-18) and youth (18-25), who do not otherwise qualify as homeless under definition, but who:**

Must meet all four criteria below

- Are defined as homeless under the other listed Federal Statutes; and

Required Documentation for criteria above:

- Certification by the nonprofit or state or local government that the individual or head of household seeking assistance meet the criteria of homelessness under another Federal Statute;

- Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; and

Required Documentation for criteria above:

- Certification of no permanent housing in the last 60 days

- Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and

Required Documentation for criteria above

- Certification by the individual or head of household, and any available documentation, that (s)he has moved two or more times in the past 60 days;

- Can be expected to continue in such status for an extended period of time due to special needs or barriers

Required Documentation for criteria above

- Documentation of special needs or two or more barriers

Homeless Eligibility & Verification Form

Head of Household: _____

Date of Eligibility: _____

Number of Adults: _____

Number of Children: _____

At Risk of Homelessness

Individuals & Families (At Risk -Category -1 – Individual or family or Youth who:

Meets ALL Three below

- Has an annual income below 30% of median family income for the area; AND
 - Attach Income Eligibility Calculation
- Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND
 - Certification that no subsequent residence has been identified; and
 - Self-certification or other written documentation that the individual or family lacks the financial resource and support necessary to obtain permanent housing (attach
- Meets one of the following conditions (provide appropriate documentation):
 - Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; or
 - Is living in the home of another because of economic hardship; or
 - Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; or
 - Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; or
 - Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; or
 - Is exiting a publicly funded institution or system of care; or
 - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in DuPage County approved Con Plan

Unaccompanied Children and Youth (At Risk -Category 2); A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute

Must meet one criteria below

- Certification by the nonprofit or state or local government that the individual or head of household seeking assistance meet the criteria of homelessness under another Federal Statute;

Families and Children with Youth (At Risk –Category 3);) An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

Must meet one criteria below

_____ *Certification by the nonprofit or state or local government that the individual or head of household seeking assistance meet the criteria of homelessness under another Federal Statute.*

Attach documentation and completed SELF-DECLARATION OF HOUSING STATUS, OPTIONS & SUPPORT NETWORKS

Homeless Eligibility & Verification Form

Head of Household: _____
Number of Adults: _____

Date of Eligibility: _____
Number of Children: _____

Literally Homeless (Category 1;) Lacks a fixed, regular, and adequate nighttime residence, individual or family:

Must meet ONE of three criteria below:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;

Required Documentation for criteria above:

- o *Self-certification stating individual or household was living on the streets or in shelter*

- Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);

Required Documentation for criteria above:

- o *Written observation by the outreach worker, shelter provider or (if youth, the statement may be made by a homelessness liaison; OR*
- o *Written referral by another housing or service provider; OR*

- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Required Documentation for criteria above:

- o *One of the above forms of documentation of evidence and*
- o *Discharge paperwork or written/oral referral,*
OR
- o *Written record of the intake worker's due diligence to obtain above, and*
- o *Certification by the individual that they exited the institution*

Is this client chronically homeless? ____ Yes ____ No
The individual adult or adult in a family MUST: ____ Be currently literally homeless; AND ____ Have a Disability; AND Meet Duration Criteria: ____ Continually literally homeless for 12 months more; OR ____ Be literally homeless on 4 separate instances in the past 3 years totaling 12 months of literal homelessness

Attach documentation and completed SELF-DECLARATION OF HOUSING STATUS, OPTIONS & SUPPORT NETWORKS

Homeless Eligibility & Verification Form

Head of Household: _____

Date of Eligibility: _____

Number of Adults: _____

Number of Children: _____

Housing and Homelessness History Self-Certification

Case Manager Instructions: This template for a Self-Statement Certification of housing/homelessness for the past 12 months or more. Use this template to gather information on where and how the client was (un)sheltered. Documentation and verification of homelessness is important for CES Prioritization and to demonstrate eligibility for certain types of housing. This Self-Certification and related documentation should be maintained in the client's file and may be uploaded to the CES within HMIS.

I certify that I was homeless (sleeping in a homeless emergency shelter, a place not meant for human habitation, in a hotel paid for by a charity, or on the streets) OR sheltered (in my own housing, temporary housing or hotel) during the following period(s) of time:

Between _____ and _____ I lived _____
Between _____ and _____ I lived _____
Between _____ and _____ I lived _____
Between _____ and _____ I lived _____
Between _____ and _____ I lived _____
Between _____ and _____ I lived _____
Between _____ and _____ I lived _____

What else would you like to share about your history?

For example, "I cannot remember the name of the place where I was living in the fall of 2016. I think it was it was a homeless emergency shelter. I have problems with my memory from that time due to an illness."

I certify the above information is correct.

(Signature of Client)

(Date)

I reviewed the above statement with the client.

(Signature of Staff Witness)

(Organization)

(Date)

Time Period	Location of Literal Homelessness	Documented?
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No

Rent Reasonableness and Fair Market Rent Under the Emergency Solutions Grants Program

ABOUT THIS RESOURCE

Providing rental assistance through the Emergency Solutions Grants (ESG) program requires understanding and adherence to **both** Fair Market Rents (FMRs) and rent reasonableness standards, to determine whether a specific unit can be assisted with short- or medium-term rental assistance. This resource provides an explanation of both concepts and describes how to determine and document compliance with each. In addition, it briefly describes some of the differences and similarities between rental assistance provided under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) and ESG. ESG recipients and their subrecipients can use this resource to develop policies, procedures, and documentation requirements to comply with HUD rules.

OVERVIEW

The ESG program Interim Rule allows short- and medium-term rental assistance to be provided to eligible program participants only when the rent, including utilities (gross rent¹), for the housing unit:

1. Does not exceed the Fair Market Rent (FMR) established by HUD for each geographic area, as provided under 24 CFR 888 and 24 CFR 982.503; **and**
2. Complies with HUD's standard of rent reasonableness, as established under 24 CFR 982.507.²

This requirement is in the ESG program Interim Rule at 24 CFR 576.106(d).

HPRP & ESG: Key Difference

HPRP: Rent must meet rent reasonableness standards.

ESG: Rent must meet rent reasonableness standards **and** cannot exceed HUD's published FMRs for the area.

In some communities, the reasonable rent for a specific unit may be lower than the FMR that has been established for the community.

Bottom line: The rent for the unit assisted with ESG funds must not exceed the **lesser** of the FMR or the rent reasonableness standard.

¹ Gross rent is the sum of the rent paid to the owner plus, if the tenant pays separately for utilities, the monthly allowance for utilities established by the public housing authority for the area in which the housing is located. For purposes of calculating the FMR, utilities include electricity, gas, water and sewer, and trash removal services but not cable or satellite television service, or internet service. If the owner pays for all utilities, then gross rent equals the rent paid to the owner.

² The rent must be reasonable when compared to other units of similar location, type, size, and amenities within the community.

DETERMINING IF RENT IS ACCEPTABLE FOR ESG RENTAL ASSISTANCE

Whether a household is seeking to maintain its current housing or relocate to another unit to avoid homelessness (Homelessness Prevention), or exiting homelessness into new housing (Rapid Re-Housing), the process for determining acceptable rent amounts is the same:

- The recipient or subrecipient first compares the gross rent (see box below) for the current or new unit with current FMR limits, which are updated annually.
- If the unit's gross rent is at or below FMR, the recipient/subrecipient next uses current data to determine rent reasonableness (more information is provided below on how to determine and document this).

If the gross rent is at or below both the FMR **and** the rent reasonableness standard for a unit of comparable size, type, location, amenities, etc., ESG funds may be used to pay the rent amount for the unit.

If the gross rent for the unit exceeds either the rent reasonableness standard or FMR, ESG recipients are prohibited from using ESG funds for **any** portion of the rent, even if the household is willing and/or able to pay the difference. However, because the FMR and rent reasonableness requirements apply only to rental assistance, ESG funds may be used:

1. to pay for financial assistance and services to help the eligible program participant stay in the unit, or
2. to pay for financial assistance and services to locate and move to a different unit that meets the rent reasonableness standard and is at or below FMR and pay rental assistance in that unit.

Rent reasonableness and FMR requirements **do not apply** when a program participant receives only financial assistance or services under Housing Stabilization and Relocation Services. This includes rental application fees, security deposits, an initial payment of "last month's rent," utility payments/deposits, and/or moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, legal services, and credit repair. (**Note:** "Last month's rent" may not exceed the rent charged for any other month; security deposits may not exceed 2 months' rent.)

Calculating the GROSS RENT AMOUNT

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

$$\begin{array}{r} \text{Total contract rent amount of the unit} \\ + \\ \text{Any fees required for occupancy under the lease (excluding late fees and pet fees)} \\ + \\ \text{Monthly utility allowance* (excluding telephone) established by local PHA} \\ = \\ \text{Gross Rent Amount} \end{array}$$

***Note:** The monthly utility allowance is added only for those utilities that the tenant pays for separately (for more information on utility allowances established by the local public housing agency (PHA), see 24 CFR § 982.517). The utility allowance does not include telephone, cable or satellite television service, and internet service. If all utilities are included in the rent, there is no utility allowance.

WHAT IS THE FMR REQUIREMENT?

HUD establishes FMRs to determine payment standards or rent ceilings for HUD-funded programs that provide rental assistance, which it publishes annually for 530 metropolitan areas and 2,045 non-metropolitan county areas. Federal law requires that HUD publish final FMRs for use in any fiscal year on October 1—the first day of the fiscal year (FY). FMRs for each fiscal year can be found by visiting HUD’s website at www.huduser.org/portal/datasets/fmr.html and clicking on the current “Individual Area Final FY20__ FMR Documentation” link. This site allows recipients/subrecipients to search for FMRs by selecting their state and county from the provided list. The site also provides detailed information on how the FMR was calculated for each area.

Recipients/subrecipients must consult the most current FMR published for their geographic area and document FMR for all units for which ESG funds are used for rental assistance.

To calculate the gross rent for purposes of determining whether it meets the FMR, consider the entire housing cost: rent plus the cost of utilities that must, according to the lease, be the responsibility of the tenant. Utility costs may include gas, electric, water, sewer, and trash. However, telephone, cable or satellite television service, and internet service are not included in FMRs, and are not allowable costs under ESG. The FMR also does not include pet fees or late fees that the program participant may accrue for failing to pay the rent by the due date established in the lease.

HUD sets FMRs to ensure that a reasonable supply of modest but adequate rental housing is available to HUD program participants. To accomplish this objective, FMRs must be both high enough to permit a selection of units and neighborhoods and low enough to serve as many low-income families as possible.

Note: Once a unit is determined to meet the FMR and rent reasonableness requirements, ESG funds may be used to pay for the actual utility costs. The utility allowance calculation is only used to determine whether the unit meets the FMR standard.

Determining and Documenting FMR

Recipients/subrecipients must ensure that the rent for units assisted under the ESG Program does not exceed current HUD-published FMRs for their particular geographic region.

Determining FMR standards is straight forward; no geographic area has more than one FMR standard. However, if a recipient/subrecipient covers multiple cities or counties, they must use the appropriate FMR for the geographic area in which the assisted rental unit is located. Recipients/subrecipients should print and place in case files a copy of the applicable FMR data to document the FMR for that participant’s unit size and geographic area.

Example:

A case manager is looking to rapidly re-house a mother and son, and has identified a 2-bedroom unit at a rent of \$1,200 per month, not including utilities (the tenant’s responsibility). The utility allowance established by the PHA is \$150. Therefore, the gross rent is \$1,350. A check of three similar units in the neighborhood reveals that the reasonable rent is \$1,400 for that area of the city. However, the FMR for the jurisdiction is \$1,300. This means the family cannot be assisted with ESG in this unit because the gross rent exceeds the FMR.

WHAT IS THE RENT REASONABLENESS REQUIREMENT?

HUD's rent reasonableness standard is designed to ensure that rents being paid are reasonable in relation to rents being charged for comparable unassisted units in the same market. Methods of determining and documenting rent reasonableness are described in the section below. For units within the FMR limit, if a rent reasonableness determination supports a **lower** rent than the advertised rent, then ESG funds may not be used to rent the unit (unless the landlord is willing to lower the rent). However, as with FMR, ESG funds could be used to assist the program participant to move to a different unit that meets both the FMR and rent reasonableness standards. If the rent reasonableness determination supports the advertised rent (and is within the FMR limit), rental assistance with ESG funds may be provided for the unit, as long as all other program requirements are met.

Determining and Documenting Rent Reasonableness

Recipients are responsible for determining what documentation is required in order to ensure the rent reasonableness standard is met. Recipients and subrecipients should determine rent reasonableness by considering the location, quality, size, type, and age of the unit, and any amenities, maintenance, and utilities to be provided by the owner. Comparable rents can be checked by using a market study of rents charged for units of different sizes in different locations or by reviewing advertisements for comparable rental units. For example, a participant's case file might include the unit's rent and description, a printout of three comparable units' rents, and evidence that these comparison units shared the same features (location, size, amenities, quality, etc.). Another acceptable method of documentation is written verification signed by the property owner or management company, on letterhead, affirming that the rent for a unit assisted with ESG funds is comparable to current rents charged for similar unassisted units managed by the same owner.

Caution

Comparable rents vary over time with market changes, so it is important to ensure that the comparison you are using is up-to-date and appropriate for each prospective unit.

Recipients must establish their own written policies and procedures for documenting comparable rents and ensure that they are followed when documenting rent reasonableness in the case file. A recipient may require all subrecipients to use a specific form or a particular data source. Use of a single form to collect data on rents for units of different sizes and locations will make the data collection process uniform. A sample "Rent Reasonableness Checklist and Certification" form is available at:

www.hud.gov/offices/cpd/affordablehousing/library/forms/rentreasonablechecklist.doc

Note: This sample form is used across different housing programs.

Before conducting its own study of rent levels in its community, a recipient/subrecipient should consult existing sources of rental housing data that can be used to establish comparable rents. The section below describes some different sources of information on rental units to help recipients and subrecipients meet rent reasonableness requirements. Each recipient must determine which approach is appropriate for its jurisdiction, given the size of its program, other housing programs it administers, local staff capacity, and other resources available within the community.

Rental Housing Data Sources

Public sources of data: There may be organizations within the recipient’s jurisdiction that collect and aggregate data on the rental housing stock, such as a state or local Public Housing Agency (PHA) or the local Chamber of Commerce.

Real estate advertisements and contacts: Ads in newspapers or online are simple ways to identify comparable rents. The following are potential sources of information:

- Newspaper ads (including internet versions of newspaper ads);
- Weekly or monthly neighborhood or “shopper” newspapers with rental listings;
- “For Rent” signs in windows or on lawns;
- Bulletin boards in community locations, such as grocery stores, laundromats, churches, and social service offices;
- Real estate agents;
- Property management companies that handle rental property; and
- Rental Listing websites like:
www.apartmentguide.com
www.apartments.com
www.forrentmag.com
www.move.com/apartments/main.aspx

Tip: Real estate ads and contacts might not provide all the information the recipient requires to determine rent reasonableness. In such instances, a follow-up call to obtain the missing information may be required. Newspaper and internet listings often contain either the lowest rent or the range of rents when there is variation among units with the same number of bedrooms. The recipient should follow up to determine what causes the rents to vary (e.g., unit size, location within the development, number of bathrooms, amenities), and then document these factors.

Rental market study: A rental market study is an in-depth analysis of a particular rental market that is often prepared by independent organizations for specific communities. Commercial firms will frequently conduct these studies before developing rental housing in a particular location. They can provide a good source of data to use as the basis of a rent reasonableness policy. However, some rental market studies may be narrowly focused on a particular type of rental housing (such as housing for seniors or rental condominiums) and might be useful only for certain housing units assisted with ESG funds.

Tip: When using either a market study or a market survey, it is very important to understand what is and is not included in the rent reported. For example, surveys/studies may report rents with all, some, or no utilities included. When comparing unassisted market units with ESG-assisted units, it is important to consider whether utilities and other amenities are included in the rent.

Rental market survey: A rental market survey provides a comparison of various landlords and property management companies in the area. Some local governments conduct surveys to assist with planning activities. Additionally, local associations of rental owners and managers may survey their members periodically and publish the results. Many of these surveys report average rents and/or rent ranges by the number of bedrooms and submarket location. However, such surveys frequently do not contain the detailed information required for rent reasonableness comparisons, such as amenities (free parking, laundry, etc.) or additional fees that must be paid. Rental market surveys are designed to show the overall picture of the rental market and may not be useful in evaluating the rent for a particular unit type.

Rental database: For HPRP, some grantees found it useful to build their own rental database in order to perform more efficient searches for comparable rents. Building a rental database allows the majority of work to be completed on the front end, which increases the efficiency of making

rent reasonableness determinations and allows assistance to be provided more quickly. However, there are serious resource issues to consider for this option, including updating the data and maintaining the database, which can be labor-intensive and costly. If choosing this option, ESG recipients in close proximity to one another may choose to collaborate on a regional database.

Rural Housing Data Sources

While there may be fewer rental units in rural areas than in urban and suburban areas, it is possible to find comparable rents for different unit types located in these areas using various data sources, including:

- **U.S. Department of Agriculture’s Rural Development Agency (USDA):** USDA provides direct and guaranteed loans for single and multi-family housing development in rural areas and for farm laborers. Contact information for Rural Development State and Local Offices or USDA Service Centers is available at www.rurdev.usda.gov/recd_map.html. Each Rural Development Office, if it has a Rural Housing component, should provide information on the types of rental housing available in communities throughout the state, and include unit sizes and rental rates.
- **PHAs:** If a rural community is also under the jurisdiction of a PHA, the PHA may be a source of comparable rent data.
- **Real estate agents:** Local real estate agents are not only knowledgeable about real estate prices but often are a source of information on rental housing in the area. They may be able to extrapolate rent estimates based on the general cost of housing in the area. To find real estate agents active in particular communities, recipients can consult the National Association of Realtors on the web at www.realtor.org. For demographic information on the housing stock, market trends, etc., recipients should access www.realtor.org/research.

COMPONENTS OF AN EFFECTIVE POLICY

For monitoring purposes, HUD will determine whether the recipient/subrecipient developed a written policy and followed that policy to determine and document that:

1. The rent was reasonable; **and**
2. The rent was within the established FMR limit.

The basis for the determination must be supported by the evidence documented in the case file. Therefore, adequate documentation will enable a supervisor or other entity charged with monitoring the program to readily identify the factors and process that resulted in the determination that each unit met HUD requirements.

Recipients’/subrecipients’ policies and procedures must be transparent and consistently applied across their program, and result in decisions that comply with HUD requirements. At a minimum, an effective policy includes a methodology, documentation requirements, staffing assignments, and strategies for addressing special circumstances.

This means that policies and procedures should provide step-by-step guidance on making comparisons between the program participant’s rent, the FMR, and the rent reasonableness standards for comparable units in that community. This includes the documentation to be included in each case file, such as forms and/or case notes from the staff making the

determination. For example, a recipient could create a policy where a provider must consider the rents of three comparable units and allow as “reasonable” only rents that fall within \$50 of the average of the three comparable rents. In this example, a rent could be paid that is slightly higher than some of the individual comparable units. That rent would still be considered “reasonable” under the recipient’s policy—but rent could only be paid if it is **also** at or below the FMR.

STAFF ROLES AND RESPONSIBILITIES

Recipients/subrecipients should have a procedure in place to ensure that compliance with rent reasonableness and FMR are documented prior to a check for rent being approved and/or prepared. The responsibility of determining and documenting each unit’s compliance with these standards may be assigned to one or more program staff, such as the case manager, clerical support staff, or a staff member who is assigned to conduct habitability inspections. One staff person may perform all the checks, or the tasks may be divided among more than one staff. For example, for rent reasonableness, one staff member could conduct a telephone survey of the property owner/landlords, while another searches rental databases for comparable properties.

RENT REASONABLENESS CHECKLIST AND CERTIFICATION

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

CERTIFICATION:

A. Compliance with Payment Standard

_____ + _____ = _____
Proposed Contract Rent Utility Allowance Proposed Gross Rent

Approved rent does not exceed applicable Payment Standard of

\$_____.

B. Rent Reasonableness

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

Name:	Signature:	Date:
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Income Limit Median Family Income for DuPage County

Income Limits for CDBG, ESG, FSS, DHA

Effective 6/15/2023

HOUSEHOLD SIZE	Extremely Low Income 0-30 % AMI*	Very Low Income 31-50% MFI	Low Income 51-80% MFI
1	\$23,200	\$38,650	\$61,800
2	\$26,500	\$44,150	\$70,600
3	\$29,800	\$49,650	\$79,450
4	\$33,100	\$55,150	\$88,250
5	\$35,750	\$59,600	\$95,350
6	\$38,400	\$64,000	\$102,400
7	\$41,050	\$68,400	\$109,450
8	\$43,700	\$72,800	\$116,500

*AMI listed for ESG eligibility purposes effective 06/15/2023

2024 DuPage County HUD Fair Market Rent (FMR)

(Effective 10/01/2023)

Bedrooms	HUD FMR for DuPage County 2024
Single Room	\$1,049
Zero Room/Efficiency	\$1,399
1	\$1,507
2	\$1,714
3	\$2,182
4	\$2,583
5	\$2,970
6	\$3,358

**These are maximum rents, including utilities. If the tenant is to pay utilities, a utility allowance must be subtracted*

***The FMRs for unit sizes larger than four bedrooms are calculated by adding 15 percent to the four bedroom FMR, for each extra bedroom. For example, the FMR for a five bedroom unit is 1.15 times the four bedroom FMR, and the FMR for a six bedroom unit is 1.30 times the four bedroom FMR. FMRs for single-room occupancy units are 0.75 times the zero bedroom (efficiency) FMR.*

<https://www.huduser.gov/portal/datasets/fmr/fmrs/>

Thirty Percent Income Limits Chicago-Joliet-Naperville, IL HUD Metro FMR Area:

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.huduser.gov%2Fportal%2Fdatasets%2Ffil%2Ffil23%2FHUD-IL-NPG-FY23.xlsx&wdOrigin=BROWSELINK>

2022 UTILITY ALLOWANCE SCHEDULE

EFFECTIVE MAY 1, 2022

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
<u>ELECTRIC</u>							
Lights, etc. (Other Electric) Includes Monthly Electric Fee							
Apartments/Townhouse/ Rowhouse/Highrise	\$35	\$38	\$48	\$57	\$66	\$75	\$80
House (single family detached)	\$44	\$49	\$63	\$76	\$90	\$103	\$110
Cooking-All Unit Types	\$5	\$6	\$9	\$12	\$15	\$17	\$19
Water Heating- Apartment, Townhouse, Rowhouse, High-Rise	\$14	\$16	\$21	\$25	\$30	\$34	\$37
Water Heating - House (Single Family Detached)	\$17	\$20	\$26	\$32	\$37	\$43	\$47
<u>Heating</u>							
Apartments / Townhouse / Rowhouse / Highrise	\$24	\$28	\$38	\$49	\$59	\$69	\$74
House (Single Family Detached)	\$57	\$67	\$78	\$90	\$101	\$113	\$122
<u>NATURAL GAS</u>							
Cooking-All Unit Types	\$2	\$2	\$3	\$4	\$5	\$6	\$7
Water Heating- Apartment, Townhouse, Rowhouse, High-Rise	\$5	\$5	\$8	\$10	\$13	\$15	\$17
Water Heating - House (Single Family)	\$6	\$7	\$10	\$13	\$16	\$19	\$20
<u>Heating</u>							
Apartments/Townhouse/ Rowhouse/High-Rise	\$17	\$21	\$24	\$27	\$31	\$35	\$37
House (Single Family Detached)	\$25	\$29	\$35	\$39	\$45	\$49	\$53
Monthly Gas Fee-All Unit Types	\$21	\$21	\$21	\$21	\$21	\$21	\$21
<u>MISCELLANEOUS</u>							
Water-All Unit Types	\$35	\$36	\$48	\$60	\$71	\$83	\$90
Sewer-All Unit Types	\$23	\$23	\$29	\$34	\$40	\$45	\$49
Trash-All Unit Types	\$14	\$14	\$14	\$14	\$14	\$14	\$14
Refrigerator-All Unit Types	\$12	\$12	\$12	\$12	\$12	\$12	\$12
Range-All Unit Types	\$11	\$11	\$11	\$11	\$11	\$11	\$11
TOTAL ALLOWANCES							
SOURCE: DUPAGE HOUSING AUTHORITY 5/1/2022 Expected to update in January 2024							

Notice of Occupancy Rights Under the Violence Against Women Act (VAWA)

Policy (Approved by the HOME Advisory Group on 08/07/2018; Updated and Approved by HOME Advisory Group 09/01/2020; Updated and Approved by HOME Advisory Group 11/07/2023)

1. Overview:

First introduced in 1994 and subsequently reauthorized four times, the Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.

2. Authority – 24 CFR Part 5 – Subpart L:

This subpart addresses the regulation for protections for victims of domestic violence, dating violence, sexual assault, or stalking who are applying for, or are the beneficiaries of, assistance under a Department of Housing and Urban Development (HUD) program covered by the Violence Against Women Act (VAWA), as amended (42 U.S.C. 13925 and 42 U.S.C. 14043e *et seq.*) (“covered housing program,” as defined in § 5.2003). Notwithstanding the title of the statute, protections are not limited to women but cover victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. Consistent with the nondiscrimination and equal opportunity requirements at 24 CFR 5.105(a), victims cannot be discriminated against on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD’s VAWA requirements must be applied in a manner consistent with the definitions found at 34 U.S.C. 122291(a)(12) (Domestic Violence), 34 U.S.C. 122291(a)(13) (Economic Abuse) and 34 U.S.C. 122291(a)(40) (Technological Abuse).

3. Rights, and Responsibility for the Community Development Commission, Subrecipients, Landlords, and Tenants:

- a. **Tenant Protections, Rights, and Responsibilities.** Prospective tenants cannot be denied admission or denied assistance because they have been a victim of domestic violence, dating violence, sexual assault, or stalking. A tenant can be evicted for repeated lease violations that are not related to domestic violence, dating violence, sexual assault, and stalking. Landlords, homeowners, tenants, residents, occupants, and guests of, and applicants for, housing shall have the right to seek law enforcement or emergency assistance on their own behalf or on behalf of another person in need of assistance. The tenant, to the greatest extent feasible, will have the right to work with the landlord, subrecipients, and the Community Development Commission (CDC) to work on a solution on a case-by-case basis while remaining confidential and in the best interest of the tenant.
- b. **Landlord Protections, Rights, and Responsibilities.** The landlord has the ability to adjust the lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking (refer to

section 5). A landlord cannot deny a prospective tenant admission or denied assistance because they have been a victim of domestic violence, dating violence, sexual assault, or stalking. The landlord, to the greatest extent feasible, will have the right to work with the tenant, subrecipients, and the Community Development Commission to work on a solution on a case-by-case basis while remaining confidential and in the best interest of the tenant.

- c. **Subrecipient Protections, Rights, and Responsibilities.** The subrecipient has the responsibility to report any instances where a landlord has denied a prospective tenant admission or denied assistance because they have been a victim of domestic violence, dating violence, sexual assault, or stalking. They also have the responsibility to assist landlords in adjusting the lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking (refer to section 5). The subrecipient, to the greatest extent feasible, will have the right to work with the tenant, landlords, and the Community Development Commission to work on a solution on a case-by-case basis while remaining confidential and in the best interest of the tenant.
- d. **Community Development Commission Protections, Rights, and Responsibilities.** Upon a tenant request, the CDC, to the greatest extent feasible, will work with affiliate agencies providing affordable housing to permit a tenant to move to another unit due to an incidence of domestic violence, dating violence, sexual assault, or stalking, and threats, pending availability of comparable units and need. All requests will remain confidential to the greatest extent feasible.

The CDC, to the greatest extent feasible, will have the responsibility to work with the tenant, landlords, and if needed, victim service providers, legal service providers, or nonprofit agencies to provide services to work on a solution on a case-by-case basis while remaining confidential and in the best interest of the tenant.

Upon guidance issued by HUD, the CDC on behalf of the County will report on its laws or policies, and/or their Subrecipient's laws or policies, that penalize protected persons based on requests for law enforcement or emergency assistance or based on criminal activity that occurred at a property. Certification of compliance with protections or an explanation of how compliance will be met by the County and/or its Subrecipients will be provided as required by HUD in accordance with reporting requirements.

4. **Prohibition on Retaliation:**

Retaliation is prohibited in covered housing. It is illegal for Public Housing Agency (PHA), owner, or manager of covered housing to discriminate against any person because that person has opposed any act or practice made unlawful by VAWA's housing provisions, or because that person testified, assisted, or participated in any real matter.

It is also illegal for Public Housing Agency (PHA), owner, or manager of covered housing to coerce, intimidate, threaten, interfere with, or retaliate against any person who exercises, assists, or encourages a person to exercise any rights or protections under VAWA's housing provisions.

5. Lease Bifurcation:

- a. The housing owner may bifurcate a lease, or remove a household member from a lease in order to evict, remove, terminate occupancy rights, or terminate assistance to such member who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking against an affiliated individual or other individual:
 - i. Without regard to whether the household member is a signatory to the lease; and
 - ii. Without evicting, removing, terminating assistance to, or otherwise penalizing a victim of such criminal activity who is also a tenant or lawful occupant.
- b. If a household occupying a HOME-assisted rental unit separates due to domestic violence, dating violence, sexual assault, or stalking, the remaining tenant(s) may remain in the HOME-assisted unit.
- c. If a household receiving HOME tenant-based rental assistance separates due to domestic violence, dating violence, sexual assault, or stalking, the remaining tenant(s) will retain the HOME tenant-based rental assistance.
- d. A lease bifurcation shall be carried out in accordance with any requirements or procedures as may be prescribed by Federal, State, or local law for termination of assistance or leases and in accordance with any requirements under the relevant covered housing program.

6. Right to Report Crime and Emergencies:

- a. Landlords, homeowners, tenants, residents, occupants, and guests of, and applicants for, housing shall have the right to seek law enforcement or emergency assistance on their own behalf or on behalf of another person in need of assistance. Penalizing or threatening to penalize persons because they request assistance or report criminal activity of which they are a victim or otherwise not at fault under the laws or policies adopted or enforced by covered governmental entities (any municipal, county, or State government that receives funding under section 106 of the Housing and Community Development Act of 1974) is prohibited.
- b. Covered governmental entities are required to report on their laws or policies or their subgrantees' law or policies, that penalize protected persons based on request for law enforcement or emergency assistance or based on criminal activity that occurred at a property. These entities must also certify compliance with these protections or explain how they will come into compliance or ensure compliance among subgrantees within

180 days of submitting the report to HUD. Implementation regulations or guidance will be issued by HUD regarding the timing and process of the reporting.

7. Confidentiality:

Subrecipients, and landlords receiving Federal funds through the Community Development Commission must keep confidential any information related to tenant rights under VAWA. The CDC must not allow any individual administering assistance or other services on behalf of the CDC to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law. The CDC, subrecipients, and landlords receiving Federal funds, however, may disclose information provided if:

- Written permission is received from the tenant to release the information on a time limited basis
- Information is needed in an eviction or termination proceeding, such as to evict an abuser or perpetrator or terminate the abuser or perpetrator from the CDC assisted unit
- A law requires the release of the information

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

8. Other Laws and Non-Compliance:

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. Tenants may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws. All complaints or violations should be submitted to the HUD Chicago Regional Office either by phone at (312) 353-5680 or by mail:

Ralph Metcalfe Federal Building
77 West Jackson Boulevard
Chicago, Illinois 60604

Complaints may also be filed with HUD's Office of Fair Housing and Equal Opportunity (FHEO) electronically at <https://www.hud.gov/fairhousing/fileacomplaint%20>.

9. Appeals:

Appeals of a Federal regulation or requirement cannot be granted by the Commission as the Commission only has the ability to grant appeals based on County policies. However, should a landlord and/or tenant not reach a satisfactory outcome compliant with VAWA, tenant/landlord disputes would be referred to the appropriate local legal resource.

10. Attachments:

The following forms have been developed by HUD and may be provided to tenants by covered housing providers administering one or more covered housing programs. These forms may be updated by HUD from time to time, and the most recent versions must be utilized by housing providers.

- a. Form HUD-5380, Notice of Occupancy Rights under VAWA
- b. Form HUD-5381, Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking
- c. Form HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, and Alternate Documentation
- d. Form HUD-5383, Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

If a covered housing provider wishes to develop and utilize forms outside of those developed by HUD, each form must meet the requirements under VAWA.

[Insert Name of Housing Provider¹]

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

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

Protections for Applicants

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

Protections for Tenants

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

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

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

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

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

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

Removing the Abuser or Perpetrator from the Household

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

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

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

Moving to Another Unit

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

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

OR

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

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

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

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

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

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

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

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

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

Confidentiality

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

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

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

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

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

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

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

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

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

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

Other Laws

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

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

Non-Compliance with The Requirements of This Notice

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

For Additional Information

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

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

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

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **[Insert contact information for relevant local organizations]**.

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

For help regarding sexual assault, you may contact **[Insert contact information for relevant organizations]**

Victims of stalking seeking help may contact **[Insert contact information for relevant organizations]**.

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

[Inserte el nombre del Proveedor de vivienda¹]

Aviso de Derechos de Ocupación bajo la Ley sobre la Violencia contra la Mujer²

A todos los inquilinos y solicitantes

La Ley sobre la Violencia contra la Mujer (VAWA, por sus siglas en inglés) dispone protecciones para las víctimas de violencia doméstica, violencia de pareja, agresión sexual o acoso. Las protecciones de la VAWA no solo están disponibles para las mujeres, sino que están disponibles por igual para todas las personas independientemente del sexo, identidad de género u orientación sexual.³ El Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD, por sus siglas en inglés) es la agencia federal que supervisa que **[inserte el nombre del programa o ayuda para el alquiler]** cumpla con VAWA. Este aviso explica sus derechos bajo VAWA. Un formulario de certificación que ha sido aprobado por HUD se adjunta a este aviso. Puede llenar este formulario para demostrar que usted es o ha sido víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso, y que desea ejercitar sus derechos bajo VAWA”.

Protecciones para los solicitantes

Si también es elegible para obtener asistencia bajo **[inserte el nombre del programa o ayuda para el alquiler]**, no se le puede denegar la admisión ni la asistencia porque es o ha sido víctima de violencia doméstica, violencia de pareja, agresión sexual, o acoso.

¹ El aviso utiliza PV para el proveedor de vivienda, pero el proveedor de vivienda debe insertar su nombre donde PV se utiliza. Las regulaciones específicas del programa HUD identifican a la persona o entidad responsable de proporcionar el aviso de derechos de ocupación.

² A pesar del nombre de esta ley, las protecciones de VAWA están disponibles sin distinción de sexo, identidad de género u orientación sexual.

³ Los proveedores de vivienda no pueden discriminar por razón de ninguna característica protegida, incluidos la raza, color, origen nacional, religión, sexo, estado familiar, discapacidad o edad. Las viviendas con ayuda de HUD y garantizadas por HUD deben estar disponibles para todas las personas elegibles independientemente de su orientación sexual real o percibida, identidad de género o estado civil.

Protecciones para los inquilinos

Si usted recibe asistencia bajo **[inserte el nombre del programa o ayuda para el alquiler]**, no se le puede denegar la asistencia, terminar su participación en el programa o ser desalojado de su vivienda de alquiler porque es o ha sido víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso.

Además, si usted o una persona afiliada a usted es o ha sido víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso por parte de un miembro de su hogar o algún invitado, a usted no se le puede denegar la asistencia de alquiler o derechos de ocupación bajo **[inserte el nombre del programa o ayuda para el alquiler]** exclusivamente sobre la base de actividad delictiva directamente relacionada con tal violencia doméstica, violencia de pareja, agresión sexual o acoso.

Persona afiliada significa su cónyuge, padre/madre, hermano, hermana o hijo/a, o una persona para quien usted cumple la función de padre o guardián (por ejemplo, la persona afiliada está bajo su cuidado, custodia o control); o cualquier persona, inquilino u ocupante legal que viva en su hogar.

Desalojar al agresor o perpetrador del hogar

PV puede dividir (bifurcar) su contrato de arrendamiento para desalojar a la persona o terminar la asistencia de la persona que haya participado en actividades delictivas (el agresor o perpetrador) que se relacionan directamente con violencia doméstica, violencia de pareja, agresión sexual o acoso.

Si PV decide desalojar al agresor o perpetrador, PV no puede quitar los derechos de los inquilinos a la unidad ni castigar de otro modo a los inquilinos restantes. Si el agresor o perpetrador que fue desalojado era el único inquilino con elegibilidad establecida para recibir

asistencia bajo el programa, PV debe permitir que el inquilino que es o haya sido la víctima y otros miembros del hogar permanezcan en la unidad por un período de tiempo, para poder establecer su elegibilidad bajo el programa o bajo otro programa de vivienda HUD cubierto por VAWA, o bien, para encontrar vivienda alternativa.

Al remover al agresor o perpetrador del hogar, PV debe seguir los procedimientos de desalojo federales, estatales y locales. A fin de dividir un contrato de arrendamiento, PV puede, pero no está obligado, pedirle la documentación o certificación de las incidencias de violencia doméstica, violencia de pareja, agresión sexual o acoso.

Trasladarse a otra unidad

A petición suya, PV puede permitirle mudarse a otra unidad, sujeto a la disponibilidad de otras unidades, y aun así mantener su asistencia. Para aprobar una solicitud, PV puede pedirle que proporcione documentación que indique que usted solicita mudarse debido a un caso de violencia doméstica, violencia de pareja, agresión sexual o acoso. Si la solicitud es un pedido de traslado de emergencia, el proveedor de vivienda puede pedirle que presente una solicitud por escrito o llene un formulario donde certifique que usted reúne los criterios para un traslado de emergencia bajo VAWA. Los criterios son:

(1) Usted es víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso. Si su proveedor de vivienda aún no tiene documentación de que usted es víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso, su proveedor de vivienda puede pedirle dicha documentación, según se describe en la sección de documentación a continuación.

(2) Usted solicita expresamente el traslado de emergencia. Su proveedor de vivienda puede optar por requerir que presente un formulario, o puede aceptar otra solicitud escrita u oral.

(3) Usted tiene razón para creer que se encuentra en peligro de daño inminente de violencia adicional si permaneciera en su unidad actual. Esto significa que usted tiene razón para temer que si no recibe el traslado puede sufrir violencia en un futuro muy próximo.

O BIEN

Usted ha sido víctima de agresión sexual y la agresión ocurrió en las instalaciones durante un período de 90 días naturales antes de solicitar el traslado. Si usted ha sido víctima de agresión sexual, entonces además de calificar para un traslado de emergencia porque usted tiene razón para temer que se encuentra en peligro de daño inminente de violencia adicional si permaneciera en su unidad actual, usted puede calificar para un traslado de emergencia si la agresión sexual ocurrió en las instalaciones de la propiedad de la cual usted está solicitando el traslado, y la agresión ocurrió dentro de un período de 90 días naturales antes de usted solicitar expresamente el traslado.

PV mantendrá en confidencialidad las solicitudes para traslados de emergencia hechos por víctimas de violencia doméstica, violencia de pareja, agresión sexual o acoso, y el lugar al que se muden las víctimas y sus familias.

El plan de traslado de emergencia del PV proporciona más información sobre los traslados de emergencia, y PV debe facilitarle una copia de su plan de traslado de emergencia si usted solicita verlo.

Documentar que usted es o ha sido víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso

PV puede, aunque no esté obligado, pedirle que proporcione documentación para "certificar" que usted es o ha sido víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso.

Dicha solicitud de PV debe ser por escrito, y PV debe concederle un mínimo de 14 días laborables (no cuentan los sábados, domingos ni días feriados federales) desde el día que usted reciba la solicitud para proporcionar la documentación. PV puede, pero no está bajo la obligación, extender el plazo para presentar la documentación a petición suya.

Usted puede proporcionar una de las siguientes documentaciones a PV. Es su elección cuál de las siguientes presentará si PV le pide que proporcione documentación que usted es o ha sido víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso.

- Un formulario completo de certificación aprobado por HUD que PV le ha entregado con este aviso, que documenta un incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso. El formulario le preguntará su nombre, la fecha, hora y lugar del incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso, y una descripción del incidente. El formulario de certificación pide el nombre del agresor o perpetrador, en caso de conocer el nombre del agresor o perpetrador y es seguro proporcionarlo.
- Un registro de una agencia policial, administrativa o corte federal, estatal, tribal, territorial o local que documente el incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso. Ejemplos de tales registros incluyen informes de la policía, órdenes de protección y órdenes de restricción, entre otros.
- Una declaración, la cual deberá firmar, junto con la firma de un empleado, agente o voluntario de un proveedor de servicios para víctimas, un abogado, un profesional

médico o un profesional de salud mental (colectivamente, "profesional") de quien usted ha solicitado ayuda por el incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso, o los efectos del abuso, y que el profesional que usted seleccionó atestigüe bajo pena de perjurio que él o ella cree que el incidente o incidentes de violencia doméstica, violencia de pareja, agresión sexual o acoso son motivos para la protección.

- Cualquier otra declaración o evidencia que PV esté de acuerdo en aceptar.

Si usted no cumple o se niega a proporcionar uno de estos documentos dentro del plazo de 14 días laborables, PV no tiene que proporcionarle las protecciones contenidas en este aviso.

Si PV recibe evidencia contradictoria de que se ha cometido un incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso (tales como formularios de certificación de dos o más miembros de un hogar en los que cada uno afirma ser la víctima y nombra a uno o más de los miembros del hogar que también han presentado una solicitud como el agresor o perpetrador), PV tiene el derecho de solicitar que usted proporcione documentación de terceros dentro de 30 días naturales para poder resolver el conflicto. Si usted incumple o se niega a proporcionar la documentación de terceros en caso de haber evidencia contradictoria, PV no tiene que proporcionarle las protecciones contenidas en este aviso.

Confidencialidad

PV debe mantener en confidencialidad cualquier información que usted proporcione relacionada con el ejercicio de sus derechos bajo VAWA, incluido el hecho de que está ejercitando sus derechos bajo VAWA.

PV no debe permitir que ninguna persona que administre asistencia u otros servicios en nombre de PV (por ejemplo, empleados y contratistas) tenga acceso a información confidencial a menos que sea por razones que requieran específicamente que estas personas tengan acceso a esta información bajo la estipulación de leyes federales, estatales o locales aplicables.

PV no debe ingresar su información en ninguna base de datos compartida ni revelar su información a ninguna otra entidad o persona. Sin embargo, PV puede revelar su información si:

- Usted da su autorización por escrito para que PV revele la información por un tiempo limitado.
- PV necesita usar la información en un proceso de desalojo o terminación, tal como desalojar al agresor o perpetrador o dar por terminada la asistencia que el agresor o perpetrador recibe bajo este programa.
- Una ley requiere que PV o su arrendador revele la información.

VAWA no limita la responsabilidad de PV de cumplir con las órdenes judiciales sobre el acceso o control de la propiedad. Esto incluye las órdenes emitidas para proteger a una víctima y las órdenes para la división de bienes entre los miembros del hogar en casos de ruptura familiar.

Razones por las que un inquilino elegible para los derechos de ocupación bajo VAWA puede ser desalojado o su asistencia puede ser terminada

Usted puede ser desalojado o su asistencia puede ser terminada por violaciones serias o repetidas de su contrato de arrendamiento que no estén relacionadas con violencia doméstica, violencia de pareja, agresión sexual o acoso cometido en su contra. Sin embargo, PV no puede exigir que los inquilinos que hayan sido víctimas de violencia doméstica, violencia de pareja, agresión sexual o acoso cumplan con un conjunto de reglas más estricto que el que aplica a los inquilinos que no han sido víctimas de violencia doméstica, violencia de pareja, agresión sexual o acoso.

Es posible que las protecciones descritas en este aviso no sean aplicables, y usted podría ser desalojado y su asistencia terminada, si PV puede demostrar que no el desalojarlo o terminar su asistencia presentaría un peligro físico real que:

- 1) Ocurriría en un plazo inmediato, y
- 2) Podría resultar en la muerte o daño físico grave de otros inquilinos o aquellos que trabajan en la propiedad.

Si PV puede demostrar lo anterior, PV solamente debe terminar su asistencia o desalojarlo si no se puede tomar ninguna otra acción para reducir o eliminar la amenaza.

Otras leyes

VAWA no reemplaza ninguna ley federal, estatal o local que proporcione mayor protección a las víctimas de violencia doméstica, violencia de pareja, agresión sexual o acoso. Usted puede tener derecho a otras protecciones de vivienda para las víctimas de violencia doméstica, violencia de pareja, agresión sexual o acoso bajo otras leyes federales, así como bajo las leyes estatales y locales.

Incumplimiento de los requisitos de este aviso

Usted puede reportar las violaciones de estos derechos por parte de un proveedor de vivienda cubierto y buscar ayuda adicional, si es necesario, mediante comunicarse o presentar una queja a **[inserte la información de contacto de cualquier intermediario, si procede]** o **[inserte la oficina local de HUD].Para obtener más información**

Usted puede ver una copia de la regla VAWA final de HUD en **[insertar enlace al registro federal]**.

Además, PV debe facilitarle una copia de las regulaciones VAWA de HUD si usted solicita verlas.

Si tiene preguntas relacionadas con VAWA, favor de comunicarse con **[inserte el nombre del programa o información de contacto de la ayuda para el alquiler capaz de contestar preguntas sobre VAWA]**.

Para obtener ayuda con respecto a una relación abusiva, puede llamar a la Línea Nacional de Ayuda para la Violencia Doméstica al teléfono 1-800-799-7233 o, para personas con impedimentos auditivos, 1-800-787-3224 (TTY). También puede comunicarse con **[Inserte la información de contacto de las organizaciones locales pertinentes]**.

Los inquilinos que son o han sido víctimas de acoso que están en busca de ayuda pueden visitar el Centro de Recursos para el Acoso del Centro Nacional para Víctimas del Crimen en <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Para obtener ayuda con respecto a la agresión sexual, puede comunicarse con **[Inserte la información de contacto de las organizaciones pertinentes]**.

Las víctimas de acoso que están en busca de ayuda pueden comunicarse con **[Inserte la información de contacto de las organizaciones pertinentes]**.

Adjunto: Formulario de certificación HUD-5382 **[incluir el formulario aprobado para este programa]**.

[Insert name of covered housing provider]

**Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence,
Sexual Assault, or Stalking**

Emergency Transfers

[Insert name of covered housing provider (acronym HP for purposes of this model plan)] is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),¹ HP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of HP to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model

¹ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that **[insert name of program or rental assistance here]** is in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify HP's management office and submit a written request for a transfer to **[HP to insert location]**. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR

2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HP will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

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

Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

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

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

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

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

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

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

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

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

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

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

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

2. Name of victim: _____

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

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

5. Residence of victim: _____

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

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

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

10. Location of incident(s): _____

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

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

Signature _____ Signed on (Date) _____

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

CERTIFICACIÓN DE **Departamento de Vivienda y** Núm. de aprobación de OMB 2577-0286
VIOLENCIA DOMÉSTICA, Desarrollo Urbano de los EE.UU.
VIOLENCE DE PAREJA,
AGRESIÓN SEXUAL O ACOSO,
Y DOCUMENTACIÓN ALTERNATIVA

Expira 30/06/2017

Propósito del formulario: La Ley sobre la Violencia contra la Mujer (VAWA, por sus siglas en inglés) protege a los solicitantes, inquilinos y participantes de ciertos programas de HUD de ser desalojados, denegados asistencia de vivienda o la terminación de su asistencia de vivienda por razón de actos de violencia doméstica, violencia de pareja, agresión sexual o acoso en su contra. A pesar del nombre de esta ley, las protecciones de VAWA están disponibles para las víctimas de violencia doméstica, violencia de pareja, agresión sexual y acoso independientemente del sexo, identidad de género u orientación sexual.

Uso de este formulario opcional: Si está solicitando las protecciones proporcionadas por VAWA de su proveedor de vivienda, su proveedor de vivienda puede darle una solicitud por escrito que le pide que presente documentación sobre el incidente o incidentes de violencia doméstica, violencia de pareja, agresión sexual o acoso.

En respuesta a tal petición, usted o alguien en su nombre puede completar este formulario opcional y presentarlo a su proveedor de vivienda, o usted puede presentar uno de los siguientes tipos de documentación de terceros:

- (1) Un documento firmado por usted y un empleado, agente o voluntario de un proveedor de servicios para víctimas, un abogado, o un profesional médico o un profesional de salud mental (colectivamente, "profesional") de quien usted ha solicitado ayuda en relación con el incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso, o los efectos del abuso. El documento debe especificar, bajo pena de perjurio, que el profesional cree que el incidente o incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso ocurrió y cumple con la definición de "violencia doméstica", "violencia de pareja", "agresión sexual", o "acoso" en las regulaciones de HUD en 24 CFR 5.2003.
- (2) Un registro de una agencia policial, administrativa o corte federal, estatal tribal, territorial o local; o
- (3) A discreción del proveedor de vivienda, una declaración u otra evidencia proporcionada por el solicitante o inquilino.

Presentación de la documentación: El plazo para presentar la documentación es de 14 días laborables a partir de la fecha que usted recibe una solicitud por escrito de su proveedor de vivienda pidiéndole que presente documentación del incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso. Su proveedor de vivienda puede, aunque no está obligado, extender el plazo para presentar la documentación, si usted solicita una extensión del plazo. Si la información solicitada no es recibida dentro de 14 días laborables a partir del momento en que recibió la solicitud de dicha documentación, o de la extensión de la fecha proporcionada por su proveedor de vivienda, su proveedor de vivienda no tiene necesidad de proporcionarle ninguna de las protecciones de VAWA. La distribución o expedición de este formulario no constituye una solicitud por escrito de certificación.

Confidencialidad: Toda la información proporcionada a su proveedor de vivienda con respecto al incidente(s) de violencia doméstica, violencia de pareja, agresión sexual o acoso se mantendrá en confidencialidad y tales detalles no se ingresarán en ninguna base de datos compartida. Los empleados de su proveedor de vivienda no deben tener acceso a estos detalles a menos que sea para concederle o

denegarle las protecciones de VAWA, y dichos empleados no podrán revelar esta información a ninguna otra entidad o persona, salvo en la medida en que su divulgación sea: (i) bajo su consentimiento por escrito para divulgación por un tiempo limitado; (ii) requerida para uso en un proceso de desalojo o audiencia relacionada con la terminación de asistencia; o (iii) de algún otro modo exigido por las leyes aplicables.

PARA COMPLETARSE POR O EN NOMBRE DE LA VÍCTIMA DE VIOLENCIA DOMÉSTICA, VIOLENCIA DE PAREJA, AGRESIÓN SEXUAL O ACOSO

1. Fecha en que la víctima recibió la solicitud por escrito: _____

2. Nombre de la víctima: _____

3. Su nombre (si usted no es la víctima): _____

4. Nombre(s) de otro(s) miembro(s) de la familia en el contrato de arrendamiento: _____

5. Residencia de la víctima: _____

6. Nombre del acusado (si se conoce y se puede divulgar con seguridad): _____

7. Relación del acusado con la víctima: _____

8. Fecha(s) y hora(s) del (los) incidente(s) (si las sabe): _____

10. Lugar del (los) incidente(s): _____

En sus propias palabras, describa brevemente el (los) incidente(s):

Esto es para certificar que la información proporcionada en este formulario es verdadera y correcta de acuerdo con mi mejor saber y entender, y que la persona mencionada anteriormente en el Número 2 es o ha sido víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso. Yo reconozco que presentar información falsa podría poner en peligro mi elegibilidad del programa y podría ser la base para denegar la admisión, terminar la asistencia o el desalojo.

Firma _____ Firmado el (Fecha) _____

Carga de divulgación pública: La carga de divulgación pública para recopilar esta información se estima en un promedio de 1 hora por respuesta. Esto incluye el tiempo para recopilar, revisar e informar

los datos. La información proporcionada debe ser utilizada por el proveedor de vivienda para solicitar la certificación de que el solicitante o inquilino es víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso. La información está sujeta a los requisitos de confidencialidad de VAWA. Esta agencia no puede recopilar esta información, y usted no tiene la obligación de completar este formulario, a menos que muestre un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés).

**EMERGENCY TRANSFER
REQUEST FOR CERTAIN
VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

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

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

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.

If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

(2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

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

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

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

TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____

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

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

4. Name(s) of other family member(s) who would transfer with the victim: _____

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim: _____

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

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

9. Date(s), Time(s) and location(s) of incident(s): _____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

SOLICITUD DE TRASLADO DE EMERGENCIA PARA CIERTAS VÍCTIMAS DE VIOLENCIA DOMÉSTICA, VIOLENCIA DE PAREJA, AGRESIÓN SEXUAL O ACOSO Departamento de Vivienda y Desarrollo Urbano de los EE. UU. Núm. de aprobación de OMB 2577-0286 Vence 30/06/2017

Propósito del formulario: Si usted es víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso, y desea un traslado de emergencia, puede usar este formulario para solicitar un traslado de emergencia y certificar que reúne los requisitos de elegibilidad para un traslado de emergencia bajo la Ley sobre la Violencia contra la Mujer (VAWA, por sus siglas en inglés). Aunque el nombre estatutario hace referencia a la mujer, los derechos y protecciones de VAWA se aplican a todas las víctimas de violencia doméstica, violencia de pareja, agresión sexual o acoso. El uso de este formulario no significa necesariamente que recibirá un traslado de emergencia. Consulte el plan de traslado de emergencia de su proveedor para obtener más información sobre la disponibilidad de traslados de emergencia.

Los requisitos que usted debe reunir son:

(1) Usted es víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso. Si su proveedor de vivienda aún no tiene la documentación que indica que usted es víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso, su proveedor de vivienda puede solicitarle dicha documentación. En respuesta, usted puede presentar el Formulario HUD-5382, o cualquiera de los otros tipos de documentación enumerados en ese Formulario.

(2) Usted solicita expresamente el traslado de emergencia. Presentar este formulario confirma que usted ha solicitado expresamente un traslado. Su proveedor de vivienda puede optar por exigirle que usted presente este formulario, o puede aceptar otra solicitud escrita u oral. Favor de consultar el plan de traslado de emergencia de su proveedor de vivienda para obtener más detalles.

(3) Usted razonablemente cree que se encuentra en peligro de daño inminente de violencia adicional si permanece en la unidad actual. Esto significa que usted tiene razón para temer que si usted no recibe un traslado puede sufrir violencia en un futuro muy próximo.

O BIEN

Usted ha sido víctima de agresión sexual y la agresión ocurrió en las instalaciones durante un período de 90 días naturales antes de solicitar el traslado. Si usted ha sido víctima de agresión sexual, entonces además de calificar para un traslado de emergencia porque usted razonablemente teme que se encuentra en peligro de daño inminente de violencia adicional si permanece en su unidad, usted puede calificar para un traslado de emergencia si la agresión ocurrió dentro de un período de 90 días naturales antes de usted presentar este formulario o de otro modo solicitar el traslado expresamente.

Presentación de la documentación: Si usted tiene documentación de terceros que demuestra por qué usted es elegible para un traslado de emergencia, usted debe presentar dicha documentación a su proveedor de vivienda si es seguro para usted hacerlo. Los ejemplos de documentación incluyen, pero no se limitan a: una carta o documentación por proveedor de servicios para víctimas, trabajador social, proveedor de asistencia legal, consejero pastoral, proveedor de salud mental u otro profesional a quien ha pedido ayuda; una orden de restricción vigente; una orden judicial reciente u otros expedientes judiciales;

Formulario HUD-5383
(30/06/2017)

un informe o registro policial; registros de comunicación del perpetrador de la violencia o miembros de la familia o amistades del perpetrador de la violencia, incluyendo correos electrónicos, mensajes de voz, mensajes de texto y mensajes en las redes sociales.

Confidencialidad: Toda la información proporcionada a su proveedor de servicio con respecto al (los) incidente(s) de violencia doméstica, violencia de pareja, agresión sexual o acoso, y con respecto a su solicitud para un traslado de emergencia deberá mantenerse en confidencialidad. Tales detalles no se ingresarán en ninguna base de datos compartida. Los empleados de su proveedor de vivienda no deben tener acceso a estos detalles a menos que sea para concederle o denegarle las protecciones de VAWA o un traslado de emergencia. Dichos empleados no podrán revelar esta información a ninguna otra entidad o persona, salvo en la medida en que su divulgación sea: (i) bajo su consentimiento por escrito para divulgación por un tiempo limitado; (ii) requerida para uso en un proceso de desalojo o audiencia relacionada con la terminación de asistencia; o (iii) de algún otro modo exigido por las leyes aplicables.

PARA COMPLETARSE POR O EN NOMBRE DE LA PERSONA QUE SOLICITA EL TRASLADO

1. Nombre de la víctima que solicita el traslado de emergencia: _____

2. Su nombre (si usted no es la víctima): _____

3. Nombre(s) de otro(s) miembro(s) de la familia en el contrato de arrendamiento: _____

4. Nombre(s) de otro(s) miembro(s) de la familia que se trasladarían con la víctima: _____

5. Dirección de la residencia de la cual la víctima desea trasladarse: _____

6. Dirección o número de teléfono para comunicarse con la víctima: _____

7. Nombre del acusado (si se conoce y se puede divulgar con seguridad): _____

8. Relación del acusado con la víctima: _____

9. Fecha(s), Hora(s) y lugar(es) del (los) incidente(s): _____

10. ¿Es la persona que solicita el traslado la víctima de una agresión sexual que ocurrió en los últimos 90 días en las instalaciones de la propiedad de la cual la víctima está solicitando el traslado? Si responde Sí, deje en blanco la pregunta 11. Si responde No, conteste la pregunta 11. _____

11. Describa por qué la víctima cree que está bajo la amenaza de daño inminente de violencia adicional si permanece en la unidad actual.

12. Si se proporciona voluntariamente, enumere cualquier documentación de terceros que esté proporcionando con este aviso:

Esto es para certificar que la información proporcionada en este formulario es verdadera y correcta de acuerdo con mi mejor saber y entender, y que la persona mencionada anteriormente en el Número 1 reúne los requisitos establecidos en este formulario para un traslado de emergencia. Yo reconozco que presentar información falsa podría poner en peligro mi elegibilidad del programa y podría ser la base para denegar la admisión, terminar la asistencia o el desalojo.

Firma _____ Firmado el (Fecha) _____

DUPAGE COUNTY COMMUNITY DEVELOPMENT COMMISSION

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

DuPage County Community Development Commission (CDC) and its subrecipients are concerned about the safety of tenants residing in ESG and HOME-assisted units, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),¹ tenants in both ESG and HOME-assisted units who are victims of domestic violence, dating violence, sexual assault, or stalking can request an emergency transfer from their current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of DuPage County and its subrecipients to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

NOTE: DuPage County funds unit-based and voucher-based projects and does not own or maintain an inventory of dwelling units. DuPage County and its subrecipients cannot guarantee dwelling units will be available to offer tenants for temporary or permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that DuPage County Community Development Commission is compliant with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if:

1. The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit.
2. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

¹ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall submit a written request to:

1. Subrecipient agency (Emergency Solutions Grant/Tenant-Based Rental Assistance); **OR**
2. Property management office, landlord, etc. (HOME-assisted units, non-TBRA)

The subrecipient will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the housing providers program; **OR**
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

Both DuPage County and its subrecipients will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives express written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant.³

Emergency Transfer Timing and Availability

DuPage County and its subrecipients cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. DuPage County's subrecipients will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. *DuPage County's subrecipients may be unable to transfer a tenant to a unit if the tenant has not or cannot establish eligibility for that unit.*

If DuPage County's subrecipient has no safe and available units for which a tenant who needs an emergency is eligible, DuPage County's subrecipient will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, DuPage County's subrecipient will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

³ See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

National Resources

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

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

Local Resources

Domestic Violence – Safety Planning, Emergency Shelter, No Contact Orders, etc.
Family Shelter Service
Hotline: 630-469-5650

Sexual Violence – Safety Planning, Advocacy, No Contact Orders, etc.
YWCA Metropolitan Chicago
Hotline: 630-971-3927

Attachment:

1. DuPage County Community Development Commission's VAWA Policy

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

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

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date