HOMELESSNESS PREVENTION

**Homelessness Prevention** is funding and programming for low-income individuals and households who are imminently at risk of becoming homeless. **Please completely respond to Parts 1-3 of the Application** to describe how your agency would use Homelessness Prevention funds.For more information about eligible services, client populations, and project requirements, please see the EHH website.

**Eligible Activities:**

**Housing Payments**

* **Rent Payments:** Up to 24 months of rental assistance may be provided during a 3-year period. This assistance must be tenant based, where clients select housing and receive rental assistance.
* **Utility Payments:** Up to 24 months of utility payments (gas, electric, water, sewage) may be provided during a 3-year period, including up to 6 months of utility payments in arrears.
* **Arrearages:** One-time payment of up to 6 months of rent in arrears may be provided, including any late fees on the arrears.

**Housing Services**

* **Housing Search and Placement** may involve assessment of housing barriers, negotiation with owner, assistance with submitting rental applications, ESG habitability assessments, lead based paint, and rent reasonableness, assistance with obtaining utilities and making moving arrangements, and tenant counseling.
* **Housing Stability Case Management** may involve using coordinated entry, conducting the initial evaluation and re-evaluation, counseling, securing and coordinating services including Federal, state, and local benefits, monitoring and evaluating client progress, providing information and referrals to other providers, developing an individualized housing and service plan.
* **Mediation** is between the client and the owner or person(s) who the client is living with, to prevent the client from losing their current housing.
* **Legal Services** may be provided to resolve a legal problem that prevents the client from obtaining or maintaining permanent housing.

**Key Requirements:**

* For clients to be considered **eligible**, there must be documentation that:
  + **Client income is no more that 30 percent of County Median Income (CMI).**
  + Clients meet the criteria in paragraph (2), (3) or (4) of the ‘‘homeless’’ definition in § 576.2 which means they are at imminent risk of homelessness, homeless under other federal statutes, or fleeing domestic violence. Clients who are defined as “at risk of homelessness” under § 576.2 may also be served.
  + Clients lack sufficient other resources or support networks to sustain housing without assistance.
  + Additionally, providers are strongly encouraged to target homelessness prevention funds to households who are **most likely to become homeless without assistance**. Though this is difficult to define, it may mean targeting assistance to persons with multiple barriers to housing stability, or a history of past homelessness, or another factor. Because persons in shelters did become homeless, providers may assess the characteristics of households in shelters, and target prevention funds to households who have those characteristics.
* Client eligibility for homelessness prevention must be re-evaluated **once every 3 months**.
* Financial assistance cannot be provided to a project participant receiving the same type of assistance for the same period of time from another public project (except one-time payment of up to 6 months of arrears).
* A **legally binding, written lease between tenant and landlord** is required to receive rental assistance. Note that “Master-leasing” not allowed (recipient/subrecipient may not sign the lease and sub-lease it to the project participant).
* Assisted units must meet **BOTH Rent Reasonableness** standards and criteria established under HUD’s published **FMRs**. *Remember: FMR ≠ Rent Reasonableness*
* **Lead-Based Paint standards** apply in that a visual assessment is required for ALL units if constructed before 1978 and a child under 6 or a pregnant woman will live there.
* **Written standards** passed by the area’s HUD COC must be followed.
* Case managers must create a **housing stability plan** with each client; must **refer clients to mainstream and other resources**; and must meet with clients at least **monthly**.

# Part 1: Applicant Information

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| --- | --- |
| AGENCY/PROJECT NAME |  |
|  |  |
| PROJECT CONTACT NAME |  |
| PHONE NUMBER |  |
| E-MAIL |  |
| MAILING ADDRESS |  |
|  |  |
| LOCAL CONTINUUM OF CARE |  |
| PRIMARY CITIES OR COUNTIES SERVED |  |

# Part 2: Homelessness Prevention Funding Request

Fill out the chart below with the request for funding. Please return to page one for information on eligible activities under “Housing Payments” and “Housing Services.” On the EHH Payment Request form, requests will be made under each of the eligible activities under “Housing Payments” and “Housing Services.”

**\*\*\*\*There are several budgetary minimums and maximums that the entire application must follow, which can be found on the “Consolidated Budget” \*\*\*\*** Please work with other applicants to ensure that your homelessness prevention funding request, when combined with all other funding requests, abides by all minimums and maximums.

|  |  |  |  |
| --- | --- | --- | --- |
| ACTIVITY | **ESG** | **HPP** | **OVERALL TOTAL** |
| Prevention Housing Payments |  |  |  |
| Prevention Housing Services |  |  |  |
| **OVERALL TOTAL** |  |  |  |

**Part 3: Project Design**

**Description**

**Briefly** describe the homelessness prevention project. This description should include what the project is and who it serves. Describe populations targeted and how your organization will reach these populations. If this project is new describe when it began or will begin and how it complements and does not duplicate other services in the continuum of care.

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| BRIEF DESCRIPTION OF THE PROJECT |
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**Budget and Staffing**

Enter information about the existing project for 01/01/2017 through 12/31/2017. If you did not have a homelessness prevention project in this year, write N/A in the tables

|  |  |
| --- | --- |
| FISCAL YEAR | 01/01/2017-12/31/2017 |
| Total Prevention Project Budget |  |
| Total Homeless Project Budget |  |
| Total Agency Budget: |  |

Indicate the number of staff and/or volunteers utilized in the period 01/01/2017 through 12/31/2017 for this project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STAFF: (# of individuals) & | | | VOLUNTEERS: (# of individuals) | | |
| FULL- TIME |  | PART-TIME |  | VOLUNTEERS |  |

|  |  |  |  |
| --- | --- | --- | --- |
| FULL –TIME EQUIVALENT (total hours / 2080 hours) | | | |
| PAID STAFF |  | VOLUNTEERS |  |

**Project Experience and Design**

Please briefly respond to the following.

|  |  |  |
| --- | --- | --- |
| TYPE OF RENTAL PAYMENT | | |
| Select the average duration of Rent Payment assistance: | | |
| 1 month  1-3 months  4-6 monthly  more than 6 months | | |
| Select which type of rent subsidy model the project uses, and then describe the parameters and flexibility of the model. No more than one type of model may be selected. | | |
|  | **INCOME-BASED SUBSIDY** is where household pays a fixed percentage of their income for rent (e.g. 20%, 30% or 40%). |  |
|  | **FLAT SUBSIDY** is based on a client’s rent or on the apartment size (e.g. $200 for a two-bedroom or $300 for a three bedroom unit); the subsidy is fixed. |  |
|  | **DECLINING SUBSIDY/ PROGRESSIVE ENGAGEMENT** is income-based or flat and the subsidy would decline in “steps” based upon a fixed timeline or when the individual has reached specific goals. |  |
|  | **COMPLETE SUBSIDY** there is no expectation that clients contribute to their rent until after the subsidy period has ended. |  |
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| STAFF EXPERIENCE |
| Provide a brief description of the staff that will be assigned to this project. In the description talk about staffing availability, knowledge, and capacity. |
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| ELIGIBILITY |
| Describe how you determine which eligible households will receive Homelessness Prevention assistance. |
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| COLLABORATION WITH OTHER HOMELESS SERVICE PROVIDERS |
| Describe how clients are referred to your project. Which other projects or shelters make the most referrals? From which agencies/projects did you accept the most referrals? Are there providers in your community that do not refer clients to this project? Why?  Note: HMIS is not required to answer this question, this question asks generally about the collaboration this homelessness prevention project has with other service providers in the community. |
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| LANDLORDS |  |
| What strategies are used to mediate disputes and/or issues with landlords? | |
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| COMPLETING PROJECT AND FOLLOW-UP |
| Describe how you assess when a household is ready to exit the project. Describe how you follow up with households that have completed the project. |
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| CASE MANAGEMENT AND HOMELESS AND MAINSTREAM SERVICES: |
| Describe the provision of case management and homeless and mainstream services to clients *(frequency, on site, off site, other agencies involved, etc.).* |
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| OTHER RESOURCES |
| Describe all other resources leveraged or used other than HUD or State funds in providing Homelessness Prevention. |
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