



HEARTLAND CONTINUUM OF CARE

Permanent Supportive Housing Community Standards

Approved by HCoC Board on September 4th, 2025
Developed in partnership with Homebase

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- Heartland HOUSED
- Helping Hands of Springfield
- Contact Ministries
- Salvation Army
- Phoenix Center
- Fifth Street Renaissance
- MERCY Communities

Rationale

Permanent Supportive Housing (PSH) is service-enhanced housing in a safe environment that encourages maximum independence for persons who do not need 24-hour care. PSH programs are designed to increase clients' ability to live independently, promote community integration, and support recovery and wellness.

PSH helps individuals and families to maintain stable residency in the community, develop personal support systems, and live as independently as possible. PSH programs are expected to provide decent, safe, affordable housing for homeless, disabled persons and to help such individuals maintain long-term, stable, and successful tenancies.

Program Standards serve as a common policy framework for the Heartland Continuum of Care (HCOC) Permanent Supportive Housing Programs. These policies have been developed through a working consensus process. Ultimately, the intent is to bring the policy to the Continuum of Care Board for system wide adoption. While the Permanent Supportive Housing Program standards are not policies and procedures, they may be used as an outline for local agency policies and procedures. Adopted policies should be incorporated into local manuals.

Target Groups for Permanent Supportive Housing

Individual agency missions or funding may designate eligibility of specific disabled homeless subpopulations (for example, transition-aged youth, persons with mental illness, etc.). To the extent potential residents are otherwise eligible for a project, and consistent with Fair Housing law, all PSH providers are expected to establish preferences for persons who are chronically homeless and/or medically vulnerable per the Coordinated Entry Assessment or a written medical assessment.

Please refer to HUD Notice CPD-14-102, issued July 28, 2014 at <https://www.hud.gov/sites/documents/14-12cpdn.pdf>

Evaluating eligibility for assistance

a. Homeless per federal definitions

- i. Continuum of Care-funded PSH projects may not serve Category 2 homeless (“imminent risk”) or Category 3 homeless persons per the tool attached at page 17. Continuum of Care-funded PSH projects may not serve persons defined as “at risk of homelessness.”

b. Documents required at intake

- i. *Documentation should not constitute a barrier to housing.* HCoC Permanent Supportive Housing providers will request the documents listed below; but if any are not available, the housing provider will work to obtain all documents within 45 days.
- ii. One (1) form of identification (see list of acceptable forms of identification, which includes temporary identification, pg. 20). Assisting residents to access other services requires obtaining a form of official identification.
- iii. **Documentation of Homelessness:** Please see the chart on pg. 18 for acceptable documentation. PSH providers should make every effort to meet federal standards of documentation. The preference is for third party documentation; second party documentation (observation by a homeless services provider) is acceptable if third party documentation is not available. At a minimum, client self-certification will be accepted. If the project is dedicated to persons who are experiencing chronic homelessness, at least 75% of the participants must have third party documentation for at least nine months of 12 months of homelessness. The full text of HUD’s homeless definition and

record-keeping requirement is located at <https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/>

1. Lack of third-party documentation must not prevent an individual or family from being admitted to a permanent supportive housing program. Records contained in HMIS or a comparable database used by a victim service or legal service provider are acceptable evidence of third-party documentation and intake worker observations.

iv. Disability documentation: Required documentation includes one of the following:

1. Verification of disability benefits;
2. Written statement from a qualified source that:
 - a. Identifies the physical, mental, or emotional impairment; why the impairment is expected to be of long-continued or indefinite duration; how the impairment impedes the individual's ability to live independently; and how the individual's ability to live independently could be improved by more suitable housing conditions; or
 - b. Identifies a developmental disability; or
 - c. Identifies AIDS or related conditions.

The statement must be signed by a state licensed qualified source: medical service provider, certified substance abuse counselor, physician or treating health care provider. See pg. 20 for a listing of credentials required to diagnose, followed by a sample disability certification form for agency use.

3. *Lack of disability documentation must not prevent an individual or family from being admitted to a permanent supportive housing program.* Housing programs may enroll the person in a permanent supportive housing program without such documentation, but documentation must be obtained within 45 days. To document disability, it is not necessary for the nature of the disability to be disclosed: a disability benefit check is adequate documentation. Per guidance from HUD staff, permanent supportive housing can serve households in which either an adult, or a child, has a disability.

4. **Chronically homeless documentation:** In addition to disability documentation as above, providers must gather evidence of length of homelessness or number of times homeless. HMIS provides an official 3rd party record of homelessness that can be used for this purpose.
- v. **Income verification:** At the time of initial application, permanent supportive housing program staff will collect information on the client's income, including obtaining third-party documentation from all sources (SSI letters, W2s, etc.).
 1. Most programs have no income requirement at entry: the Continuum of Care has a preference for no income requirement to enter PSH programs. Income should be established as soon as possible.
 2. As a group, Permanent Supportive Housing projects have no minimum or maximum income levels per se. There is no maximum amount of income to reside in permanent supportive housing. Depending on the funding that supports the housing, housing providers may establish maximum incomes to be eligible for a specific unit.
 3. Most residents will have or establish disability income and are unlikely to have income above the extremely low-income level (30% of AMI). Income increases are part of the annual assessment of service needs that may contribute to a discussion of moving to more independent housing. Providers should note: this requires a mid-term update in HMIS.
 4. Income level must be documented at the time of admission to calculate the participants share of the rent. The following are acceptable forms of documentation:
 - a. Bank Statements
 - b. If employed, three most recent pay stubs (both spouses if applicable)
 - c. Social Security Statements (or Award Letter if SS recently awarded)
 - d. VA Award Letter (if applicable)
 - e. General Assistance Paperwork (if applicable)
 - f. Child Support documentation (if applicable)
 - g. Documentation of Legal Cash Income (e.g., letters)
 - h. 3rd party verification of other regular legal income

- i. Zero Income Affidavit (see sample on pg. 25)
- 5. Forms of income that do not count toward income documentation: lump sum payments (with few exceptions); student financial assistance. If there is a question, consult with Heartland HOUSED staff.

c. Eligibility screening

- i. Initial screening will be done in partnership with Coordinated Entry(CE), using the community's screening and assessment tool for families or individuals as appropriate. In consultation with CE, local providers will be able to conduct the screening and assessment with individuals and families seeking services on site and will be empowered to schedule appointments for deeper assessment for such persons seeking assistance. Through initial screening and deeper assessment, CE will determine the client's eligibility for specific HCoC programs, including subpopulation or disability-specific eligibility requirements.
- ii. Criminal background checks are often conducted by housing providers, typically only if the funding for the housing requires it (for example, certain offenses may be required to be screened out). The CoC preference is to screen according to funding requirements only, and that criminal background not become a barrier to housing. Therefore criminal background should be reviewed case by case, primarily as a case management tool.
- iii. A credit report may be required for certain affordable housing projects if property management requires it. Otherwise, the primary use of credit reporting is in case management. Again, preference is for problematic credit not to be a barrier, but it is part of understanding the participant's situation.

d. Comprehensive Assessment

- i. Coordinated Entry will conduct a comprehensive assessment at intake using the community's screening and assessment tool.

e. Changes to forms and procedures

- i. The Permanent Supportive Housing Task Group (PSHTG) will propose any necessary changes to the HCOC. These proposals will include revisions to existing forms and procedures. Proposed changes to forms will be brought to the PSHTG meetings. Changes will be considered and agreed to by working consensus. If any conflicts arise, they will be discussed and resolved in person. In all cases, relevant regulations will take precedence. For other

issues, achieving a working consensus will be our primary method for resolving disputes. If a consensus isn't reached within a reasonable timeframe, a majority vote will determine the outcome.

Coordination with other providers

a. Coordinated Entry (CE)

- i. Universal pre-screening and referral by Coordinated Entry agency
- ii. Permanent Supportive Housing programs will receive prescreened referrals as appropriate from Coordinated Entry.
- iii. If a referral is turned away or no slots are available, the person will be routed back to Coordinated Entry for follow-up. See “Inappropriate Referrals” below on pg 12.
- iv. **Grievance procedure:** A standard grievance form is attached at page 23, for providers to put on their own letterhead and customize for specific agency practice. If a common pattern of grievance emerges, the Supportive Housing Task Group will take up possible changes of policy.

b. Street Outreach/Shelter/Transitional Providers

- i. Street outreach/Shelter/Transitional shelter providers who are skilled assessors will complete a Coordinated Entry as quickly as possible, prescreen clients for PSH, and support clients until PSH placement is identified, and facilitate the placement as possible. On occasion this may mean accompanying PSH staff in visits on the street. Service providers who are not skilled assessors must refer clients for a Coordinated Entry assessment as soon as possible.
- ii. Street Outreach teams will work closely with service providers to ensure individuals are connected to housing through a streamlined referral process. By prioritizing warm handoffs and consistent coordination, the goal is to minimize re-traumatization and reduce barriers, creating a more supportive and effective pathway to housing.
 1. Street outreach staff will participate in joint meetings with PSH service providers and the client to ensure a smooth transition and shared understanding of the clients history, needs and next steps.

- iii. Street Outreach/Shelter/ Transitional service providers will regularly attend case conferencing meetings to discuss specific client challenges, needs, barriers and housing plans.

c. Permanent Supportive Housing Providers

- i. PSH program staff will actively participate in regular case conferencing meetings to foster collaboration, support housing stability planning, and leverage community partnerships and resources to better serve participants.
- ii. If a PSH client experiences a crisis that puts their housing at risk and they are disengaged from PSH services, the PSH case manager should consult with Street Outreach Coordinator for assistance in re-engaging the client, particularly if the client has returned to unsheltered homelessness. The PSH program will maintain an open line of communication and continue to offer support, recognizing that Housing First emphasizes re-housing as quickly as possible.
- iii. PSH case managers and Street Outreach workers will collaborate on strategies to re-engage the client, including joint outreach visits if appropriate and safe, to encourage the client to return to their housing or explore alternative housing solutions.
- iv. If the social security process has been started with another case manager/street outreach provider, that process/documentation should remain with the original provider until the process is completed. In some circumstances, the client may wish the housing case manager to take over.

Staff Training and Ethics

All training should be standardized across all agencies providing PSH services and coordinated through the Heartland Continuum of Care in partnership with Heartland HOUSED. The following trainings should be completed within the first month of employment with the Heartland Continuum of Care in partnership with Heartland HOUSED playing a lead role in the development and delivery of trainings, drawing in outside experts as necessary.

These training sessions shall be refreshed every 2 years:

- Trauma-informed care
- Problem solving/diversion
- Harm reduction
- Documentation
- Assessment and Coordinated Entry practices

- First aid and CPR (unless current certification is already in place; refreshed as necessary to ensure staff maintain certification)
- Collaborative Approaches to Housing Placement Training

The following trainings should be completed within the first **3 months** of employment with the Heartland Continuum of Care in partnership with Heartland HOUSED playing a lead role in the development and delivery of trainings, drawing in outside experts as necessary.

These training sessions shall be refreshed every 2 years:

- Skilled Assessor Training
- Motivational interviewing
- Assertive engagement training
- Cultural humility

The following trainings should be completed within the first **6 months** of employment with Heartland Continuum of Care in partnership with Heartland HOUSED playing a lead role in the development and delivery of trainings, drawing in outside experts as necessary.

These training sessions shall be refreshed every 3 years.

- Self-care
- Professional Boundaries

If changes are made in the Heartland Continuum of Care Coordinated Entry process, training will be provided on a basis to ensure compliance with local policies and procedures.

Determining and prioritizing accepted clients vs. other forms of assistance

a. Assessment by Coordinated Entry provider

- i. As noted above, each adult referred will be assessed by the Coordinated Entry using the screening and assessment tool. The housing needs and acuity indicated by this tool will establish the priority for any given client to be housed, in relation to other clients and within the eligibility requirements for any given Permanent Supportive Housing program. Permanent Supportive Housing providers should note HUD guidance on establishing priorities for chronically homeless persons at

<https://www.hud.gov/sites/documents/16-11cpdn.pdf>

b. Agency assessment & admission documents

- i. In addition, each local Permanent Supportive Housing provider may utilize its own assessment tools and admission documents to be administered at, or shortly after, intake.

c. Screening people in

- i. HCoC Permanent Supportive Housing (PSH) providers will operate from a “screening in” approach, presuming individuals eligible for PSH unless there is a clear and documented reason they do not meet HUD’s criteria (e.g., chronic homelessness and a qualifying disability). Eligibility will not be denied based on past behavior such as criminal history, substance use, or poor rental history. Providers commit to being responsible stewards of public resources, prioritizing client well-being, and maintaining transparency about program limitations.
 - 1. Background checks (criminal, credit, rental) are to be used for landlord-tenant considerations and as tools for individualized support planning and risk mitigation, not as automatic disqualifiers for program entry. Any identified issues will be addressed through supportive case management and creative problem-solving to secure housing.
 - 2. Programs will not require clients to demonstrate “housing readiness.” All clients referred through Coordinated Entry will be considered “housing ready.”
- ii. Housing is the primary intervention. All eligible participants will be offered immediate access to safe, affordable, and independent housing without preconditions, such as sobriety, participation in mental health treatment, compliance with medication, or completion of income-based training.
 - 1. Housing placement will occur as rapidly as possible after a referral is provided typically within 30 days of identification through Coordinated Entry. Housing programs will minimize all non-essential requirements and paperwork that delay housing placement.

d. Housing First

- i. **“Housing First”** is a philosophy that homelessness can be most efficiently ended by providing someone with access to safe, decent and affordable housing. Although an individual experiencing homelessness may benefit from supportive services such as mental health or substance abuse counseling,

participation in these services is not a prerequisite to access housing, nor a condition of maintaining it.

- ii. In fact, the stability that a housing unit provides bolsters a tenant's ability to participate in these services. The **Housing First** philosophy focuses on simplifying the process of accessing housing through streamlining the application process and removing unnecessary documentation or site visits. It also ensures that supportive housing tenants are not subject to conditions of tenancy exceeding that of a normal leaseholder, including participation in treatment or other services. Research has demonstrated that this approach is effective in promoting housing stability, particularly among people who have been homeless for long periods of time and have serious psychiatric disabilities, substance use disorders and/or other disabilities.
- iii. Participation in supportive services is entirely voluntary and not a condition for obtaining or retaining housing. Services will be offered based on client choice, assessed needs, and self-identified goals, respecting individual autonomy and self-determination. Clients will have the right to decline any or all services at any time without fear of reprisal or housing termination.

e. Harm Reduction

- i. All PSH programs will operate using a harm reduction philosophy, recognizing that substance use is a complex issue and that incremental positive changes are valuable. The goal is to reduce negative consequences associated with substance use rather than demanding abstinence.
- ii. PSH program staff will provide non-judgmental support to clients regarding substance use, offering resources and referrals for treatment if desired by the client, but never coercing participation.
- iii. Clients will not be evicted or denied housing solely due to active substance use or relapse. Tenancy issues stemming from substance use will be addressed through supportive, client-centered interventions aimed at maintaining housing.
- iv. PSH programs should educate staff and landlords on harm reduction principles and their application within a housing context.

f. Inappropriate referrals

- i. Families and individuals who cannot be assisted due to inappropriate fit or lack of beds, will be routed back to Coordinated Entry for follow-up. As possible (e.g., funding

available), permanent supportive housing providers will provide ongoing support in accessing appropriate services. Even if not funded for such services, all permanent supportive housing providers will aim to assess the most critical needs and perform a “warm handoff” with appropriate services.

- ii. If the referral might be qualified in the future (for example, they are at risk but not literally homeless), permanent supportive housing providers will offer phone or other support while helping to research other options.

Percentage or amount of rent and utilities costs each participant pays

a. 30% of Monthly Income

- i. Rent shall be set at 30% of the participant’s current monthly income per HUD guidelines, adjusted annually. There shall be no set rental fees or program fees in permanent supportive housing projects. A rent calculation form is attached at pages 34-37. For purposes of calculating the participant contribution, “rent” refers to both the occupancy charge and utilities.

b. Utilities

- i. Utilities include water, garbage, heat and electricity. As a matter of general policy to keep the unit habitable, permanent supportive housing projects should ensure that all utilities are paid for, either as part of the rent (preferred) or directly paid by the provider. Agencies may make a local decision to pay utilities to ensure the unit remains habitable; this may also be accomplished through a representative payee service.
- ii. For cases where utilities are not included in the rent, HUD determines utility allowances annually based on consumption data, tariff rates and information from the municipalities. Allowances vary based on bedroom size of the unit, type of utility (gas, propane, electricity), and whether the unit is attached to another unit or a detached unit. Current utility allowances are listed at <http://www.springfieldhousingauthority.org/documents/section8/utilityAllowanceFY2025HCV.pdf>
- iii. Utilities may include a basic telephone for individuals affected by domestic violence or individuals with disabilities. A reasonable accommodation may be requested.

How long program participants will be provided with assistance

a. Typical length of assistance

- i. Because Permanent Supportive Housing is permanent, there is no time limit to assistance.

b. Limit on time to locate rental housing

- i. Where a program provides rental assistance, extensions to the standard 90-day period to locate housing may be approved, up to 180 days. If housing cannot be located within 180 days, a case conference should be convened by the service provider and Coordinated Entry Task Group, and an alternate strategy developed.

c. If the disabled person leaves the household

- i. If the qualifying disabled person leaves the household, and other household members do not have a qualifying disability, assistance must end within the contract year or when they move out of the unit.¹ (The following language appears in 24 CFR 582.5 (3) (Definitions – Persons with Disabilities): ¹ ... with respect to the surviving member or members of a household, the right to rental assistance under this part will terminate at the end of the grant period under which the deceased member was a participant.)

d. Number of times a person may exit and re-enter

- i. There is no limit to the number of times a person may exit and re-enter a program. Readmission is by evaluation by the program clinical director or similar senior management staff. Re-entry must be thoughtful in assessing the client's needs at time of re-entry and whether the person will be more successful in the program this time. In congregate or shared housing programs, the peaceful enjoyment of the premises by other occupants or neighbors must also be considered.

e. Eviction

- i. Eviction should be a last resort, pursued only after all reasonable efforts to support tenancy have been exhausted and the client's actions pose a direct and imminent threat to the safety of others or the structural integrity of the property. Case managers should engage collaboratively with such clients on how to resolve the situation. If necessary, a case conference with all relevant providers can come up with a new strategy.
- ii. A program may issue a no-cause eviction (90-day notice) if the resident is no longer appropriate for services. Every effort should be made to ensure there is the appropriate level of supportive services if the resident leaves.

- iii. Program staff should implement a system for early identification of potential tenancy issues (e.g., missed rent, lease violations, neighbor complaints). Staff should be trained in conflict resolution, mediation, and diversion strategies to address tenancy issues before they escalate to eviction.

- 1. This could involve regular check-ins with landlords and clients, and clear communication channels.

f. Housing Retention or PSH Eviction vs Termination

- i. The primary goal of Permanent Supportive Housing is to provide long-term housing stability and support. Consistent with Housing First principles, housing is considered unconditional and permanent. Program termination and eviction are absolute last resorts, pursued only after all reasonable efforts to support tenancy and address challenges have been exhausted. The program's responsibility is to maintain housing for individuals, even when significant challenges arise.

- 1. **Program Termination:** Refers to a client's exit from the PSH program's supportive services and/or rental assistance. This may or may not coincide with an eviction from the housing unit.

- 2. **Eviction:** Refers to the legal process initiated by a landlord to remove a tenant from a housing unit due to a lease violation. PSH programs will actively work to prevent evictions and uphold tenant rights.

- ii. Program termination, without eviction from the housing unit, may occur only under the following circumstances:

- 1. **Voluntary Exit:** The client independently chooses to leave the PSH program and/or housing unit. This includes:

- a. The client requested to move to another permanent housing option (e.g., Section 8 voucher, independent housing).

- b. The client chose to disengage from the program and move out of the unit.

- i. **Procedure:** Document the client's expressed intent, provide information on available resources, and facilitate a smooth transition if moving to another housing option.

- 2. **Death of the Client:** The client passes away.

- a. **Procedure:** Follow all legal and agency protocols for notification and closure.

- 3. **Client No Longer Meets HUD PSH Eligibility (Extremely Rare):** If, after initial housing placement, it is definitively determined through a review of original documentation that the client never met the HUD PSH eligibility criteria (e.g., was never chronically homeless, did not have a

qualifying disability at entry).

a. Procedure: This determination must be made by program leadership in consultation with the CoC, with clear documentation. All efforts will be made to connect the client to alternative housing resources.

Note: Loss of income or disability after initial eligibility is not a reason for termination.

iii. Eviction from the housing unit is a legal process initiated by the landlord for serious and persistent lease violations. PSH programs will only support or allow an eviction process to proceed in extremely limited circumstances, after all prevention and intervention efforts have been exhausted, and when the client's actions:

- 1.** Threaten the Safety of Others: Documented, direct, and imminent threats of physical harm to the landlord, other tenants, program staff, or the community.
- 2.** Cause Significant and Repeated Property Damage: Extensive and intentional damage to the property beyond normal wear and tear, or repeated minor damages that are not addressed by the client despite intervention.
- 3.** Engage in Illegal Activity on the Premises: Documented illegal activities (e.g., manufacturing illegal drugs, violent felonies) that endanger the property or other residents.
- 4.** Persistent Non-Payment of Tenant's Share of Rent: After all efforts to address financial challenges, provide financial literacy, and offer payment plans or temporary assistance have failed.

iv. The following are NOT grounds for program termination or eviction:

- 1.** Active substance use or relapse (unless it directly leads to one of the serious lease violations listed above)
- 2.** Refusal to engage in supportive services.
- 3.** Mental health symptoms (unless they directly lead to one of the serious lease violations listed above).
- 4.** Poor hygiene or housekeeping (unless it creates a severe health hazard that cannot be mitigated through support).
- 5.** Having guests (unless it violates occupancy limits or leads to documented serious lease violations).
- 6.** Minor or isolated lease violations that do not pose a significant threat to safety or property.

g. Prevention and Intervention

i. Before any consideration of program termination or supporting an eviction, PSH programs must implement and exhaust the following intervention strategies:

- 1.** Early Identification and Proactive Engagement: Case

managers will maintain regular contact with clients and landlords to identify potential issues (e.g., missed rent, conflict with neighbors, changes in behavior) early.

2. **Intensified Case Management:** Increase the frequency and intensity of case management support, including more frequent home visits and check-ins.
3. **Mediation and Conflict Resolution:** Facilitate mediation between the client and landlord, neighbors, or other parties involved in conflicts.
4. **Reasonable Accommodation:** For clients with disabilities, explore and implement all possible reasonable accommodations to address the challenging behavior or lease violation (e.g., modified payment plans, increased support, different communication methods). Document all attempts.
5. **Financial Assistance and Budgeting Support:** If non-payment of rent is an issue, provide intensive budgeting support, connect to emergency financial assistance, or explore temporary payment arrangements.
6. **Referrals to Specialized Services:** Facilitate connections to mental health treatment, substance use treatment, legal aid, financial counseling, or other community resources as needed and desired by the client.
7. **Peer Support:** Engage peer specialists to provide additional support, mentorship, and advocacy.
8. **Re-engagement Efforts:** If a client disengages from services, the case manager will make persistent and varied attempts to re-engage them, including outreach to previous contacts (with consent).
9. **Multi-Disciplinary Case Conferencing:** All potential program terminations or evictions must be reviewed in a multi-disciplinary case conference involving the client's case manager, supervisor, and program director. This conference will document all interventions attempted, their outcomes, and the rationale for any decision to proceed with termination/eviction.

h. Annual Assessments –

- i. Appropriate and individualized services should be provided as identified through needs assessment on intake and updated annually. Service plans will be developed collaboratively with the client, are fluid, and can be adjusted at any time based on the client's evolving needs and preferences. Housing is never to be conditioned on participation in services. Fair Housing rules apply: if the resident refuses to participate in services, a program cannot

evict on that basis. Services must be voluntary; in this, motivational interviewing is a critical strategy.

- ii. Annual assessments are a required element per HUD and consist of updating the 'entry' via an 'interim' even if the data has not changed. Income, non-cash, insurance, the things that are fluid and may change over the course of the time in the programs.
- iii. This must be done roughly 365 days from the PROGRAM START DATE and not move-in date.
- iv. Standard interim updates can be done at any time for any reason and should be done regularly to update the income, non-cash benefits and insurance as it changes for the client.
- v. [Data Collection Stage: 5.03 from HUD's FY 24 HMIS Data Standards](#) - starts page 157
 - 1. Data elements required for collection at annual assessment must be entered with an Information Date of no more than 30 days before or after the anniversary of the Head of Household's 'Project Start Date,' regardless of the date of the most recent 'update' or any other 'annual assessment.' Information must be accurate as of the 'Information Date.' The Data Collection Stage may not be inferred from the 'Information Date,' although the field must have an 'Information Date' recorded with it. To be considered reportable to HUD as an annual assessment, data must be stored with a Data Collection Stage of 'annual assessment.' The Annual Assessment must include updating both the Head of Household's record and any other family members at the same time. There should be one and only one record for each data element annually with a Data Collection Stage recorded as 'annual assessment' associated with any given client and Enrollment ID within the 60-day period surrounding the anniversary of the Head of Household's Project Start Date. Regardless of whether the responses have changed since project start or the previous annual assessment, a new record must be created for each subsequent annual assessment such that it is possible to view a history, by date, of the values for each data element. Data may be edited by users associated with the project to correct errors or omissions; such edits will change neither

the Data Collection Stage nor the information date unless they are explicitly altered by the user.

i. Increasing Income and Insurance Connections

1. Case managers should work with clients without SSI/SSDI income to access benefits they are eligible for utilizing the SOAR process.
2. Case managers should support clients in enrolling in Medicaid and all state benefits they are eligible for.
3. Clients who are able should be supported in pursuing employment opportunities through connections to supportive employment programs and workforce development programs.
4. HMIS records should be updated to demonstrate increases in income and insurance coverage.
 - a. Standard interim updates can be done at any time for any reason and should be done regularly to update the income, non-cash benefits and insurance as it changes for the client.

j. Moving On to Subsidized Housing

- i. The CoC recommends that all permanent supportive housing providers sign up all participants for independent subsidized housing (e.g., the Housing Choice Voucher program, Emergency Housing voucher and other low-income housing waiting lists). If and when a time comes that the participant no longer needs the services provided, this will establish an option to move out of the project with continued rental assistance.
 1. Housing providers should develop a clear "moving on" plan with each client from the outset, if appropriate and desired by the client, setting goals and timelines for transitioning to more independent housing options when they are ready and able.
- ii. Supportive Housing providers should provide ongoing support and navigation assistance for clients applying for and transitioning to other subsidized housing programs, ensuring a smooth and successful move.

Whether & how the amount of assistance will be adjusted over time

a. Annual Assessments

- i. Income assessments must be done at least annually, and adjustments may be made once income is established or

increases significantly, at agency discretion. If income drops, adjustments must be made within a month.

- ii. Service needs must be assessed at least annually.

b. Limits on assistance

- i. Other than the requirement that the resident pay 30% of their monthly income, there is no maximum length of assistance. Housing assistance is provided without any maximum amount of time, or number of times the program participant may receive assistance. For this reason, no extensions are necessary. See note at g above, on graduation to Independent Subsidized Housing.

Due Process and Appeal Procedures

- a. Clients have the right to due process in all program termination and eviction proceedings. PSH programs should provide clients with:
 - i. **Written Notice of Concerns:** Clients will receive clear, written notice of any lease violations or program concerns, detailing the specific issue, the steps required to cure the issue, and a reasonable timeframe for resolution.
 - ii. **Opportunity to Cure:** Clients will be given a reasonable opportunity to address and resolve the identified issues.
 - iii. **Informal Grievance/Conference:** Before any formal termination or eviction action, the client will be offered an opportunity to meet with program management to discuss the concerns, present their perspective, and explore alternative solutions.
 - iv. **Formal Appeal Process (Program Termination):** If the program decides to terminate services (not eviction from the unit), the client will be informed in writing of their right to appeal the decision through a formal grievance process, as outlined in the CoC's Grievance Policy.
 - v. **Legal Aid Referral:** Clients will be informed of their right to seek legal counsel and provided with referrals to local legal aid services if facing eviction.
 - vi. **Adherence to Landlord-Tenant Law (Eviction):** Any eviction process initiated by the landlord must strictly adhere to all applicable federal, state, and local landlord-tenant laws and regulations. The PSH program will not participate in or support an eviction that does not follow proper legal procedures.

Occupancy standards

a. Shared housing

- i. Single adults will not share bedrooms: each resident shall have their own bedroom. In shared housing, common areas may be shared with the other residents in the unit. Coordinated Entry staff and/or permanent supportive housing program staff will screen each client to assess whether he or she has the skills needed to live in a shared situation. Where possible, permanent supportive housing program staff will provide an opportunity for potential housemates to meet each other and assess compatibility before a shared household is formed or when a new housemate is being added to an existing household. Residents may be assigned to rooms by the permanent supportive housing provider and may not have a choice of housemates.

Shared Housing		
Unit Size	Minimum Occupancy	Maximum Occupancy
Two Bedroom	2 people	2 people
Three Bedroom	3 people	3 people

b. Rental Assistance units

- i. PSH programs assign one bedroom to two people within the following guidelines: One bedroom will be allowed for adult(s) Head of Household. Foster children will be included in determining unit size. Live-In Aides who reside in the unit full-time will be provided a separate bedroom. This must be their only residence. No additional bedrooms are provided for the Aide's family. Aides who reside in the unit part-time and who maintain a separate residence will not be provided a separate bedroom. At the discretion of the Housing Authority, a child who is away at school but who lives with the family during school recesses, up to age 22, may be counted as part of the family in determining unit size. Verification must be provided to document that they are residing in the residence during school breaks.

UNITS OCCUPIED BY ONE HOUSEHOLD (NOT SHARED)		
Unit Size	Minimum Occupancy	Maximum Occupancy
One Bedroom	1 person	4 people
Two Bedroom	2 people	6 people
Three Bedroom	3 people	8 people

Habitability Standards

a. Inspections

- i.** Program staff will conduct a habitability (HQS) inspection of each PSH unit:
 1. Prior to signing the initial master-lease agreement with the landlord; and
 2. Annually at the time of each client's recertification; and
 3. Each time a unit is vacated, before being leased to a new client.
- ii.** Program staff and/or a designated Housing Inspector will conduct the inspection using either a "primary" or "secondary" method of inspection (as described in the Habitability Standards Guide at page 28) and complete the Habitability Standards Worksheet. The worksheet must be signed by the person conducting the inspection. A copy must be kept in the client file.

The Universal Inspection Checklist from HUD can be accessed at:
<https://www.hud.gov/sites/dfiles/OCHCO/documents/52580.pdf>

Federal Definitions of Homelessness & At Risk Status



Homeless Definition

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <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	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <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	<p>(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:</p> <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	<p>(4) Any individual or family who:</p> <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

Federal Definitions of Homelessness & Recordkeeping Requirements



Homeless Definition

RECORDKEEPING REQUIREMENTS 	Category 1	Literally Homeless	<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
	Category 2	Imminent Risk of Homelessness	<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 hotel or motel—evidence that they lack the financial resources to stay; <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
	Category 3	Homeless under other Federal statutes	<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
	Category 4	Fleeing/ Attempting to Flee DV	<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.

Federal Definition of At Risk of Homelessness



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.

Acceptable Forms of Identification for Permanent Supportive Housing Programs

Identification:

- iii.** Valid driver's license or identification card issued by DMV.
- iv.** Valid driver's license or identification card from the state or county of origin
- v.** Birth Certificate
- vi.** United States Passport
- vii.** Foreign passport
- viii.** Verification of Citizenship, alienage, or immigration status
 - 1.** Permanent Resident Card or Alien Registration Receipt Card
 - 2.** Employment Authorization Document (Card) that contains a photograph
 - 3.** Green Card
 - 4.** Work Visa
- ix.** Certificate of Naturalization or Citizenship
- x.** American Indian Card
- xi.** Voter's registration card
- xii.** US military card
- xiii.** Military dependent's ID card
- xiv.** Social Security Card or Tax ID number
- xv.** State Benefits Card
- xvi.** Veterans Administration DD-214

On a temporary basis the following may be accepted:

- xvii.** Behavioral Health Medical Record number
- xviii.** Hospital identification bracelet
- xix.** Student ID
- xx.** Identification by local law enforcement

Credentials for Certifying Disability in the State of Illinois

A person shall be considered to have a disability if such person (1) has a mental or emotional impairment which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such nature that such ability could be improved by more suitable housing conditions, or (2) has AIDS or conditions arising from its etiological effects.

The person who verifies the disability must:

1. be trained to make such a diagnosis or determination
2. have part of their ongoing job responsibilities to make such determinations which they also do so for all their clients, not just PSH
3. hold any required license or certification for a person who makes these determinations

Acceptable Credentials:

- Licensed Medical Doctor
- Licensed Nurse Practitioner
- Licensed Psychiatrist
- Licensed Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage Family Therapist (LMFT)
- County Mental Health Clinician
- Psychiatric Social Worker (PSW)
- Marriage Family Therapist (MFT)
- Master Social Worker (MSW)
- County Alcohol and Drug Clinician
- Certified Alcohol and Drug Counselor (CAADAC Certified)
- PHD in appropriate field
- Resident Nurse (RN)

Disability Verification Form

To: _____ (Name of Medical Practitioner)

Case: _____

Address: _____

RE: _____

I authorize you to complete the appropriate lower portions of this form. Please return this form directly to _____.

[permanent supportive housing provider name]

Tenant's Signature

Date

***** **DISABILITY VERIFICATION** *****

I certify that the above-named individual meets the HUD definition of a disabled person. (See below for definition.)

YES ☐ NO ☐

Person with disabilities:

1. Means a person who:
 - a. Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
 - i. Is expected to be of long-continued and indefinite duration;
 - ii. Substantially impedes his or her ability to live independently, and
 - iii. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
 - b. Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;
 - c. For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence.

Signature of professional verifying disability status

Date

Title Telephone number

DISABILITY VERIFICATION 0311.D

Zero Income Affidavit

Name: _____

Date: _____

Address: _____

Project: _____

This form is required only if an adult member of the household has no income from any source. THIS IS A STATEMENT OF NON-INCOME FOR A HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER.

I, _____, do hereby certify that I DO NOT receive income from any source.

I understand sources of income may include, but are not limited to:

EMPLOYMENT INCOME

SOCIAL SECURITY INCOME

SOCIAL SERVICES, INCLUDING:

S.S.I (SUPPLEMENT SOC. SEC)

TANF - TEMPORARY ASSISTANCE

V.A. PENSION

TO NEED FAMILIES

GENERAL ASSISTANCE

RETIREMENT INCOME

DISABILITY BENEFITS

INCOME FROM ASSETS

SPOUSAL SUPPORT

SCHOOL GRANTS

FAMILY SUPPORT (PARENTS, ETC.)

SELF EMPLOYMENT, INCLUDING:

INTEREST FROM SAVINGS ACCOUNTS

CHILD CARE, HOUSEWORK

INTEREST FROM CHECKING A/CS

ANY WORK DONE FROM HOME

UNEMPLOYMENT BENEFITS

ANY OTHER INTEREST RECEIVED

I further understand that, should I become employed or begin receiving income from any other source, the income must be reported to the owner or property manager.

NAME (Please print)

Signature

DATE

PHONE

NOTE: Failure to fully disclose all income could result in the loss of a restricted rent level or the ability to continue occupying the unit.

Heartland CoC Client Grievance Procedure

Rationale: Client concerns and grievances should be resolved promptly and fairly, in the most informal and appropriate manner. Agencies should inform clients of the following process for filing a grievance. Clients will be free from agency interference, coercion or reprisal should they choose to file a complaint.

DEFINITIONS:

Complaint – When a client or community member doesn't like procedures, the outcome of a process, style differences between staff, time frame of staff responses, or behavioral styles that may feel abrupt or too direct when compared to other staff styles. A complaint may be handled in an informal conversation with staff person or supervisor, if necessary.

Grievance – When a client or community member states that they have been harmed by staff behavior and that behavior significantly deviates from appropriate, professional behavior or when a client's complaint is not resolvable with the staff person's supervisor. Filing a grievance is a formal procedure that will include management involvement and possible oversight from the relevant agency's Executive Director.

POLICY:

It is important to have a mechanism for clients to address grievances or complaints promptly. Clients' concerns should be heard, and the agency should make every effort to formally investigate complaints in a fair and thorough manner. Clients need to know that we are engaged in continuous improvement of our services. Clients will not experience retaliation or negative consequences for submitting a grievance.

Policy: Heartland Continuum of Care will respond to grievances in the following manner, depending on the nature of the concern or grievance.

A. Housing Program Grievance – Grievances about experience(s) with homeless housing programs will be redirected back to the program to follow grievance policies and procedures of that organization. Agencies should maintain internal documentation of all complaints received. This information should be sent to the Heartland Continuum of Care as requested. The foregoing procedures are in addition to, and not in lieu

of, the anti-discrimination policies established by the Department of Housing and Urban Development (HUD).

- a. If you are not satisfied with the housing program's response to your grievance, contact the Heartland Continuum of Care following the directions listed in section C below. The Heartland Continuum of Care Board of Directors will review the grievance, and if needed, schedule a grievance mediation. You may make your request by telephone or in writing.

B. Coordinated Entry Experience Grievance – Grievances about Coordinated Entry policies and procedures should be sent to the Heartland Continuum of Care following the procedures below. A grievance is an expression of dissatisfaction about any aspect of the Coordinated Entry service experience. It is an informal process that can be initiated orally or in writing. Upon receipt of an informal complaint, reasonable assistance will be provided by the Heartland Continuum of Care and may include supervisory or administrative staff to help obtain a satisfactory resolution to the concern.

Procedures: Please send your grievance letter to: _____

For all grievance letters, emails, or phone voice messages, please include:

1. Your name
2. The date
3. Your contact information
4. The best times and ways you can be reached
5. An explanation of your concern/grievance
6. What action you believe would solve the problem

The Heartland Continuum of Care will respond to grievances in writing within 14 days.

Rent Calculation Worksheet

Permanent Supportive Housing Program:					
Name of Resident/Household:					
Address of Unit:					
Date Prepared:					
Prepared by: (Print/Sign)					
	Effective Date:				
		Household Member	Household Member	Household Member	Household Member
	Name:				
ANTICIPATED ANNUAL INCOME					
1	Wages, Salaries				
2	Social Security/Pensions (Periodic Payments)				
3	Payments in Lieu of Earnings				
4	Public Assistance				
5	Periodic Allowances				
6	Business Income - Net				
7	Net Income-Real/Personal Property				
8	Armed Forces Pay				
9	Subtotal by Family Member				
10	TOTAL ANNUAL INCOME (Add all subtotals from Line 9)				
DEPENDENT ALLOWANCE (N/A for Single Adults)					
11	Number of Dependents				
12	DEPENDENT ALLOWANCE (Multiply Line 11 by \$480)				

CHILD CARE ALLOWANCE (N/A for Single Adults)		
13	Expense to enable family member to work	
	Household member enabled:	
14	Expense to enable family member to further education	
	Household member enabled:	
15	Total child care reimbursed by another agency (i.e. TANF) work	
	Name of agency:	
16	Total child care reimbursed by another agency (i.e. TANF) education	
	Name of agency:	
17	Family Member Earnings from work which are dependent on the child care	
18	CHILD CARE ALLOWANCE - (a) if child care allows household to work only, Line 15 from Line 13, but not higher than line 17; (b) if child care allows household to further education, Line 16 from Line 14; if child care allows both, sum of (a) and (b)	
DISABLED (OR HANDICAPPED) ASSISTANCE ALLOWANCE		
19	Disabled Assistance Expenses (attendant care plus auxiliary apparatus)	
20	Total Amount of Disabled Assistance Expenses Reimbursed	
21	Net Disabled Assistance Expenses (Subtract Line 20 from Line 19)	
22	(Multiply Line 10 (Total Annual Income) by 0.03)	
23	(Subtract Line 22 from Line 21)	

24	Family Member Earnings which are dependent on the disabled assistance expenses	
25	DISABLED ASSISTANCE/ADJUSTED INCOME SUBTOTAL (Lesser of Lines 23 or 24)	
MEDICAL EXPENSES OF ELDERLY OR DISABLED ALLOWANCE		
26	Medical Expenses	
27	Total Amount of Medical Expenses Reimbursed	
28	Net Medical Expenses (Subtract Line 27 from Line 26)	
29	MEDICAL EXPENSES/ADJUSTED INCOME SUBTOTAL (If Line 23 is more than 0, enter the amount from Line 28, otherwise add Lines 21 and 28 and subtract Line 22)	
ELDERLY OR DISABLED PERSONS HOUSEHOLD (FAMILY) ALLOWANCE		
30	ELDERLY OR DISABLED ALLOWANCE (\$400 if applicable)	
ADJUSTED INCOME		
31	Total Income Adjustments (Add Lines 12, 18, 25, 29, and 30)	
32	Annual Adjusted Income (Subtract Line 31 from Line 10)	
RESIDENT RENT DETERMINATION		
33	30% of Monthly Adjusted Income (Divide Line 32 by 12 and multiply by 0.3)	
34	10% of Monthly Income (Divide Line 10 by 12 and multiply by 0.1)	
35	For PSH Programs ONLY if applicable: lesser amount of rent the program has chosen to charge- Insert Monthly	

	Rental Amount calculated per your programs' formula.	
36	AMOUNT PER MONTH TO BE CHARGED FOR RESIDENT RENT (Larger of Lines 33 or 34 except for PSH programs which choose to charge less, then Line 35)	
DETERMINING RESIDENT RENTS FOR UNITS IN WHICH UTILITIES ARE NOT INCLUDED IN RENT		
37	Utility Allowance	
38	Resident Rent (Subtract Line 37 from Line 36). THIS IS THE MAXIMUM AMOUNT PER MONTH THAT CAN BE CHARGED FOR RESIDENT RENT	
39	Utility Reimbursement (Only if Line 38 is less than 0). THIS IS THE AMOUNT THAT MUST BE PAID TO THE RESIDENT AS A UTILITY REIMBURSEMENT.	
IF RESIDENT WILL PAY RENT AND WILL NOT RECEIVE A UTILITY REIMBURSEMENT		
40	Annual Rental Amount	\$0.00
41	Daily Rental Amount	\$0.00

Habitability Standards Guide

Habitability Standard	Primary method of inspection	Secondary method of inspection
Structure and Materials	Review of current local building and occupancy permits, housing/health code inspection certifications.	Walk-through inspection by program staff and observations whether structure appears sound and poses no threat to health and safety of residents and protects residents from the elements.
Access	Observations by program staff whether space is accessible (including accessible to handicapped), is not able to be utilized by unauthorized persons, and has alternate means of egress in case of fire.	
Space and Security	Review of current building and occupancy permits, housing/public health code inspection certifications.	Observation by program staff whether residents are afforded adequate space and security (i.e., residents and their property are reasonably safe from harm), and are provided adequate places to sleep.
Interior Air Quality	Review of current building and occupancy permits, housing/public health code inspection certifications, plus results of any air testing that has occurred (to measure levels of pollutants).	Observations by program staff that all individual rooms and common areas have natural or mechanical ventilation that appear to allow for adequate air circulation.
Water Supply	Review of current building and occupancy permits, housing/public health code inspection certifications, plus results of any water testing that has occurred.	Observations by program staff regarding use of filtration systems, and the nature of circulation/distribution systems used for potable water.
Sanitary Facilities	Review of current building and occupancy permits, housing/public health code inspection certifications.	Observations by program staff whether sanitary facilities are clean, in working order, and may be used in privacy.
Thermal Environment	Review of current building and occupancy permits, housing/public health code inspection certifications, plus any records of inspections, tune-ups, repairs, or replacement of heating/cooling systems.	Observations by program staff regarding temperature being maintained throughout the facility.
Illumination and Electricity	Review of current building and occupancy permits, housing/public health code inspection certifications.	Observations by program staff regarding the quality of illumination and the availability (and condition) of electrical outlets throughout the facility.
Food Preparation	Review of current building and occupancy permits, housing/public health code inspection certifications.	Observations by program staff regarding the cleanliness of food preparation areas, adequacy of food storage area, and whether there are any indications of infestation.
Sanitary Conditions	Review of housing/public health code inspection certifications.	General observations by assessment team.
Fire Safety – Individual Units	Observations by program staff of smoke detectors in each unit, and testing of said equipment by program staff. (Note: in units occupied by hearing-impaired persons, smoke detectors must have an alarm designed for hearing-impaired persons.)	
Fire Safety – Common Areas	Observations by program staff of at least one smoke detector in each public space, and testing of said equipment by the program staff.	

Habitability Standards Under the Federal Code of Regulations under Subpart D Program Requirements

Habitability standards. Except for such variations as are proposed by the recipient and approved by HUD, supportive housing must meet the following requirements:

- 1. Structure and materials.** The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from the elements.
- 2. Access.** The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
- 3. Space and security.** Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided an acceptable place to sleep.
- 4. Interior air quality.** Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
- 5. Water supply.** The water supply must be free from contamination.
- 6. Sanitary facilities.** Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
- 7. Thermal environment.** The housing must have adequate heating and/or cooling facilities in proper operating condition.
- 8. Illumination and electricity.** The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
- 9. Food preparation and refuse disposal.** All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
- 10. Sanitary conditions.** The housing and any equipment must be maintained in sanitary condition.
- 11. Fire safety.**
 - a. Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
 - b. The public areas of all housing must be equipped with a sufficient

number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.

HUD RESOURCES:

- a. [NSPIRE Webinars and Webcasts](#)
- b. [NSPIRE National Standards for the Physical Inspection of Real Estate](#)
- c. [HUD Housing Quality Standards](#)

Written Standards for Order of Priority

Heartland Continuum of Care Written Standards on Notice of Priority for Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

The Heartland HOUSED Continuum of Care Board formally adopts HUD Notice CPD-16-11 “Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing” for all CoC funded projects. The following guidelines will be utilized for all CoC funded projects in these revised standards in a manner consistent with each project’s current grant agreements.

Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority will be followed:

- **First Priority** – Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Risks and Barriers to Housing, as documented in the Coordinated Entry Assessment.
- **Second Priority** – Chronically Homeless Individuals and Families with the Most Risks and Barriers to Housing, as Documented in the Coordinated Entry Assessment.
- **Third Priority**–Chronically Homeless Individuals and Families with the Longest History of Homelessness.
- In the event a further point of prioritization is needed, the next available resource should go to the household with the earliest date of Coordinated Entry assessment.