



2019-2020 ADDENDUM III: CHECKLIST AND APPLICATION

MICHIGAN'S LOW INCOME HOUSING TAX CREDIT PROGRAM:

PERMANENT SUPPORTIVE HOUSING CATEGORY

PROJECT NAME:

SPONSOR NAME:

LEAD AGENCY NAME:

PROJECT LOCATION:

PROJECT COUNTY:

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ADDENDUM III CHECKLIST

In addition to meeting all Permanent Supportive Housing Category Threshold Requirements, as outlined in the [2019-2020 Addendum III](#), the following checklist should be completed and all applicable exhibits are to be included in the Addendum III submission. To indicate each exhibit submitted, place a check mark in the box provided and return a copy of this checklist with your application. Each submitted exhibit must be tabbed with the appropriate corresponding number from the checklist. Applicants are encouraged to provide a narrative description preceding each exhibit explaining how the submitted document satisfies the requirements, particularly for those exhibits that involve unusual or complex elements.

1. COMPLETED ADDENDUM III APPLICATION - **THRESHOLD**

The [Addendum III Application](#) should be completed in full. This includes all tabs of the Addendum III Application, the [Addendum III Checklist](#), [Supportive Services Commitment chart](#), and all other required or necessary supporting exhibits (such as MOUs, letters of support, explanations). This is not an exhaustive list. Applicants should review the submission before the funding round deadline to ensure that everything is included.

2. PROJECT NARRATIVE - **THRESHOLD**

A detailed and complete narrative description of the project should be provided; this includes, at a minimum, the development team, service providers, number and breakdown of units, populations served, services provided, type of unit, income targeting, and proposed rent schedule.

3. TENANT SELECTION CRITERIA – **THRESHOLD**

Include the property's Tenant Selection Plan and describe how permanent supportive housing tenants will be served. This detailed description should include the targeted populations, any screening processes that will be utilized, along with criminal and credit screening processes and details of any appeal process and eviction diversion plans for the permanent supportive housing tenants. The tenant selection plan must include the Housing First components. [See below for Housing First criteria.](#)

4. INCOME AND AFFORDABILITY – **THRESHOLD**

Include the **Utilities, Income, and Unit Summary** tabs from the [2019-2020 LIHTC Program Application](#) to demonstrate 1) utilities for the permanent supportive housing units are being paid by the owner; 2) the rents and rental assistance for all units; and 3) the unit mix and breakdown. If applicable, provide a description of how the project will make the targeted units affordable to persons whose incomes are extremely low. If there is a current commitment for subsidy, attach the funding commitments or list details of any anticipated applications to provide subsidy to supportive housing tenants. Do **not** include an application for MSHDA project based or housing choice vouchers.

5. HOUSING FIRST CERTIFICATION – THRESHOLD

The [Housing First Certification](#) (found at the end of the Addendum III Application and Checklist) must be completed and filled out by the owner. The commitments in the Housing First Certification must also be included in the Tenant Selection Criteria.

6. SERVICE COORDINATION PLAN – THRESHOLD

6.1 SERVICE COORDINATION PLAN

There should be one specific and comprehensive service plan submitted, regardless of the specific tenants or populations targeted for the supportive housing units. The Service Coordination Plan will describe how the project will meet the supportive service needs of the targeted tenants. It will include the targeted populations, information about the service provider(s), specific types of services provided, and the number of hours of on-site services provided. The Service Coordination Plan or a related narrative or addendum should specifically explain how Housing First elements will be implemented in the development.

Inclusion of a Community Mental Health (CMH) provider in the service team and plan and as a signer on the MOU is required. Service delivery for those with behavioral health needs that are eligible for CMH services must be clearly outlined within the service plan to include how existing Medicaid codes/reimbursable services will be utilized to provide tenancy supports. The service plan should take into account the high level of service need that this target population will likely require to maintain housing stability. Developments that would like to serve this population must clearly outline in their Addendum III how their service delivery will promote achievement of the outlined goals for the project. *****Failure to include the CMH as part of the supportive service team and in the appropriate documents, including MOUs, will be considered a material deficiency and will make the project ineligible for an award of tax credits.*****

6.2 SERVICE COORDINATION FUNDING LETTER(S) OF SUPPORT

A letter of support from the Executive Director of the agency(ies) providing funding for the on-site supportive services hours must be included in the Addendum III submission. The letter(s) of support must be dated within six (6) months of the funding round deadline. It must include the name and location of the development, the number of hours of on-site service committed, and a description of how the agency is funded. The services cannot be funded through the operations of the development.

The onsite services may be funded through partnerships with local service organizations. If so, each participating organization needs to provide a letter of support detailing the partnership, service funding provided, and the number of hours of on-site service provided. Each partner will need to provide a letter as detailed in Section 6.3 below that details the past service funding of the organization.

6.3 SERVICE COORDINATION FUNDING HISTORY

The agency(ies) providing funding for the on-site supportive services must provide a letter detailing their past service funding in order to demonstrate a history of reliable service funding sources in amounts that are sufficient to support their share of yearly project service expenses.

7. ADDENDUM III SUPPORTIVE SERVICES BUDGET - **THRESHOLD**

7.1 ADDENDUM III FUNDING ANALYSIS

The Addendum III Funding Analysis can be found in the [2019-2020 LIHTC Application](#). This tab needs to be completed in its entirety and submitted with the Addendum III exhibits. Projects are required to show documented evidence of service funding to support the projected expenses for a minimum of the initial year with renewals available **and** a detailed description of future funding sources through year 15. The sources included in the Funding Analysis should be supported by the letters of support referenced below and should be included in the [Supportive Services Commitment Chart](#).

7.2 LETTERS OF SUPPORT FOR ALL FUNDING COMMITMENTS

Include documentation for all funding sources listed in the Addendum III Funding Analysis. The letter(s) of support are to be signed by the Executive Director of the entity providing the funding and dated within six (6) months of the application deadline. The letters must include the name of the entity providing the funding, the amount of funding provided, the number of years the funding will be provided, and any other relevant information.

8. CONTINUUM OF CARE (COC) – **THRESHOLD**

8.1 CONTINUUM OF CARE MINUTES

Please include the Continuum of Care minutes from the initial CoC meeting, to confirm the development team met with the local CoC housing planning body at least 120 days prior to the funding round deadline to discuss this particular project. This should include project and developer identification, the member(s) of the CoC housing planning body involved in the discussion, and the date of initial meeting.

8.2 LETTER OF SUPPORT FROM CONTINUUM OF CARE

The letter of support from the CoC should include the total number of units, the number of PSH units, the targeted population(s), description of the housing units, bedroom mix of the PSH units, location of the development, the proposed services and amenities, and identification of the development team. The CoC letter of support must be dated within one year from the funding round deadline.

9. MEMORANDUM OF UNDERSTANDING – THRESHOLD

The development team must submit a Memorandum of Understanding (MOU) between the developer, management company, and service provider(s) that outlines mutual roles and responsibilities in the development. The MOU should incorporate the service coordination plan agreed to by the parties, and provide:

The MOU will include:

- a) Demonstration of an ongoing commitment by the developer and/or landlord to assure sustained availability of supportive services; and
- b) Inclusion of the Housing Assessment Resource Agency (HARA) within the MOU. The HARA's role may include referrals or services. They do not have to be the lead agency; however, their role should be defined within the MOU. If there is a different lead agency, the MOU must define their role in the development and be signed by their Executive Director.
- c) A commitment from the local lead agency to provide, coordinate, and/or act as a referral agent to assure that supportive services will be available to the targeted tenants;
- d) A description of the referral and screening process that will be used to refer tenants to the project, which follows the acceptable guidelines and uses assessment tools such as the SPDAT as required by MSHDA and other State or Federal service funding agencies, and a willingness of all parties to negotiate reasonable accommodations to facilitate the admittance of persons with disabilities into the development;
- e) A communication plan between the management company and the lead agency that will accommodate staff turnover and assuring continuing linkages between the development and lead agency for the duration of the compliance period;
- f) Acknowledgment of the property's rent structure and a description of how supportive housing tenants may access rental assistance, should they require it, to afford the apartment rents;
- g) Certification that participation in supportive services will not be a condition of tenancy unless otherwise required by a Federal subsidy;
- h) Agreement to affirmatively market to persons with disabilities;
- i) Agreement to include a section on reasonable accommodation in the property management's application for tenancy;
- j) Agreement to accept Housing Choice vouchers or other rental assistance for eligible tenants and not require total income for persons with rental assistance beyond that which is reasonably available to supportive housing tenants; and

k) A description of how the project will make the targeted units affordable to supportive housing tenants with very low incomes.

The MOU must be dated within six (6) months of the funding round date.

A sample MOU is available on MSHDA's website as **Sample MOU for Perm Supportive Housing** on MSHDA's Combined Application for Rental Housing Programs webpage.

At the time of submission, the MOU must be in its final form and signed by all parties who provide services to the tenants. These parties should be documented on the [Supportive Services Commitment Chart](#).

10. ACCESSIBLE COMMUNITY SPACE – THRESHOLD

Projects are required to provide accessible community and supportive service space in all PSH projects. The accessible community space must meet the requirements to achieve three points for accessible community space in Section B.8 of the [2019-2020 Scoring Criteria](#).

In addition, permanent supportive housing developments must have at least one additional, separate private meeting space or office of at least 100 square feet per every 20 PSH units. Architectural drawings should be included in the Addendum III application and should clearly show the dimensions of the accessible community space.

11. SITE SELECTION - THRESHOLD

Please provide a narrative that explains and provides additional information/documentation to show how the project location meets MSHDA's Supportive Housing Site Selection Criteria. See **Attachment B: MSHDA Supportive Housing Site Selection Guidelines** in the [2019-2020 Addendum III](#) for more information.

12. SCORING DOCUMENTATION – REQUIRED FOR POINTS

12.1 PERMANENT SUPPORTIVE HOUSING DEVELOPMENTS SECTION OF THE 2019-2020 LIHTC SCORING SUMMARY

Please provide a copy of the Permanent Supportive Housing Developments section of the [2019-2020 Scoring Summary](#) in the Addendum III application.

Note: Support for the Supportive Service Coordination, Service Funding Commitments, and Targeted Supportive Housing Populations should be included in the relevant exhibits. Do not include the information in both sections.

12.2 DATA MATCH POPULATIONS (IF APPLICABLE)

Developments may have chosen to include a Data Match population as one of the targeted populations. Examples of potential Data Match lists might include, but are not limited to:

Medicaid and HMIS; local jail system and HMIS; local drug treatment court and HMIS; local Child Protective Services and HMIS.

The Data Match may also include Medicaid Super Utilizers with complex care needs that are experiencing homelessness. MSHDA has partnered with MDHHS to establish a demonstration project to serve this population with permanent supportive housing with the goal to improve health outcomes, increase access and usage of primary and preventative health care, reduce the usage of emergency services and maintain housing stability. The data match is being conducted with HMIS and Medicaid data within the State Data Warehouse.

If applicable, provide a brief narrative identifying the local Data Match population, how the service team (including the local CoC) will identify and refer households most at need in this population, how the service needs of the targeted population will be met, how those services will be funded, and any other information relevant to the Data Match population. This information should likely also be included in the Tenant Selection Plan, Service Coordination Plan, and referenced in the CoC letter. Evidence of the Addendum III review team's approval of that Data Match list must also be included in this section.

Note: It is intended that Sober Housing developments will be able to qualify under this criteria through implementing a Data Match that would identify individuals that are experiencing a substance use disorder and are experiencing homelessness under HUD Category 1 or HUD Category 4.

12.3 COUNTY HMIS DATA

Provide the county's most recent annual literally homeless (category 1) count. Please contact your local Continuum of Care Chairperson for this report.

12.4 SUPPORTIVE HOUSING DEVELOPMENT TEAM EXPERIENCE

For each of the General Partners/Members, Management Agent, and Lead Agency taking points, provide a listing of the permanent supportive housing developments owned or operated and the populations served, as applicable. Points will only be awarded for prior experience with the target population assisted in the proposed development (ex. Must have prior experience with chronic homeless if electing to serve chronic homeless in proposed development). The [Supportive Housing Development Team Experience](#) form should include name of the development team member, names of the developments, location, number of units, target population served, number of years owned/operated, last year owned/operated, and type of project. Provide a separate list for each development team member requesting points. For each category (General Partner/Member, Management Agency, and Lead Agency) only one team member may receive points. If there are joint venture or other partnership agreements between two or more GPs, management agents, or lead agencies, partners will receive PSH points only if the agreements meet the requirements for LIHTC points as outlined in the [2019-2020 QAP](#) and [2019-2020 Scoring Summary](#).

12.5 SUCCESSFUL PSH OUTCOMES

Owners, management agents, and lead agencies who earn points for their experience under the Experienced Supportive Housing Development Team section of the [2019-2020 Scoring Summary](#) can earn additional points if the applicants can clearly demonstrate their successful outcomes. Points will be award for team members who can demonstrate 85% or more of the permanent supportive housing tenants remained housed for at least 12 months over the last three years. The [Successful PSH Outcomes](#) table must be fully completed for each team member claiming these points. Provide a supplemental report for each development listed, showing the development name, total number of units, permanent supportive housing units, targeted population, and annual move-ins and move-outs for the three fiscal years prior to the funding round deadline. If the support provided for Successful PSH Outcomes does not directly tie to the information provided for that development team member for Experienced Supportive Housing Development Team, provide a narrative explaining why the reports are different. If the information is different and no explanation is provided, the project may not receive points for this item.

12.6 MEDICAID EXPERIENCE

If the project is requesting points for Medicaid experience, the experience must be documented in a narrative, including the types of Medicaid services performed and the approximate number of clients served and Medicaid funds used.


12.7 SPECIFIC ON-SITE SERVICES

Developments with specific supportive services being offered on-site will be eligible for three points for each of the services listed below. If applicable, please provide a narrative and MOU or letter of intent from the partner agency(ies), outlining the specific on-site services, the availability of the services, the funding sources, and other pertinent information. These partners should be included in the Supportive Services Commitment Chart.

- a. Out-patient level substance use rehabilitation services
- b. Physical or behavioral health services provided by a local Federally Qualified Health Center or hospital system
- c. Behavioral health services provided by the local Community Mental Health Provider or partner organization
- d. Child care or Head Start type program, youth programming, or other evidence-based youth development initiative

12.8 RECOVERY HOUSING DEVELOPMENTS

Recovery Housing developments must have been reviewed and approved by the Recovery Housing steering committee prior to the funding round deadline. Those developments should provide an approval letter from the Recovery Housing steering committee in this Section. Applicants should also include a description of the referral process, the treatment courts being utilized, and the number of individuals that are being served by the treatment courts. If there are any changes to the development since the time of the steering committee's review, those changes must be outlined in a narrative.



ADDENDUM III APPLICATION

Project Name:

A. OWNER IDENTIFICATION:

Organization	
Primary Address	
Contact Person	
Contact Phone	
Contact Fax	
Contact Email	
President/CEO	

B. PROPERTY MANAGEMENT COMPANY IDENTIFICATION INFORMATION:

Organization	
Primary Address	
Contact Person	
Contact Phone	
Contact Fax	
Contact Email	
President/CEO	

C. LEAD ORGANIZATION IDENTIFICATION INFORMATION:

Organization	
Primary Address	
Contact Person	
Contact Phone	
Contact Fax	
Contact Email	
President/CEO	

D. SERVICE ORGANIZATION IDENTIFICATION INFORMATION:

Organization	
Primary Address	
Contact Person	
Contact Phone	
Contact Fax	
Contact Email	
President/CEO	

E. CONTINUUM OF CARE IDENTIFICATION (COC) INFORMATION:

Organization	
Primary Address	
Contact Person	
Contact Phone	
Contact Fax	
Contact Email	
President/CEO	

F. HOUSING ASSESSMENT AND RESOURCE AGENCY (HARA) IDENTIFICATION INFORMATION:

Organization	
Primary Address	
Contact Person	
Contact Phone	
Contact Fax	
Contact Email	
President/CEO	

F. UNIT DESCRIPTION, TARGETED SUPPORTIVE HOUSING POPULATIONS AND COMMUNITY NEED

Number of Units	Efficiency	1 Bedroom	2 Bedrooms	3 Bedrooms	4+ Bedrooms	Total Number of units
Total Project						
Supportive Housing						
With PBV						
Barrier Free						

Identify number of buildings and the number of stories per building:

Identify number of units per building:

Identify accessible features available for targeted units:

Identify the type of units:(apartment, single family home, townhouse, duplex)

Does the building have an elevator?

G. TARGETED SUPPORTIVE HOUSING POPULATIONS:

Projects must fill out the following chart. This information should also be clearly outlined in the MOU and Tenant Selection Plan. Please see the Targeted Supportive Housing Populations section of the [2019-2020 Scoring Summary](#) for more information. **Note:** If the required percentage of the units is not a whole number, the development must round up to the next whole unit to meet this criteria. For example, if there are 50 units, there must be at least 18 permanent supportive housing units in the development (35% x 50 units = 17.5, rounded up to 18). Manager or employee units do not count towards either the total number of units or the supportive housing units in the development.

	Targeted Populations	Number of Units	Percentage of Units
Option 1:	<input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Households who meet Category 1 Homeless and have a disability <input type="checkbox"/> Households who meet Category 4 Homeless and have a disability <input type="checkbox"/> Data Match	_____	_____
Option 2:	<input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Data Match <input type="checkbox"/> Top 10% of the Local CoC Prioritized List	_____	_____
Other PSH Populations:	<input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Special Needs <input type="checkbox"/> Homeless <ul style="list-style-type: none"> <input type="checkbox"/> An individual or family who lacks a fixed, regular, and adequate nighttime residence <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Data Match	_____	_____
Other LIHTC/Market Units:	<input type="checkbox"/> LIHTC <input type="checkbox"/> Market	_____ _____	_____ _____

H. SUPPORTIVE SERVICES COMMITMENT

Information is to be provided for all services under “Case Management Service Coordination”. Information should be provided for the applicable services under “Other Services – As Applicable”. Projects that do not provide commitment letters from all of the funding sources will not pass threshold and will not receive an award of credits. For services listed under “Other Services – As Applicable”, mark N/A if the services are not available. The service and funding agencies in this chart should be consistent with the rest of the Addendum III submission, including but not limited to the MOU, letters of support, and funding analysis.

	Name of Agency Providing Service <i><u>Must sign MOU</u></i>	Date of MOU	Included in the Addendum III Submission	Name of Agency Funding Services <i><u>Must provide Letter of Support</u></i>	Date of Letter of Support	Included in the Addendum III Submission
<i>CASE MANAGEMENT SERVICE COORDINATION (ALL SERVICES BELOW ARE REQUIRED TO BE COMPLETED)</i>						
All services under this heading (Tenant Stabilization, Building Support Systems, Basic Needs, Benefit Assistance, Employment Related Services, Mental Health, and Substance Abuse Services) must be supported by an MOU signed by the agency(ies) providing services and a letter of support from the agency(ies) providing funding.						
Tenant Stabilization – Assist tenants to care for their apartment, ADL’s, get along with neighbors, landlord, etc.			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
Building Support Systems – Assist tenants to re-engage with local community.			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes

Basic Needs – Assist tenants to obtain resources (food, clothing, transportation, etc.).			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
Benefit Assistance - Provide on-going support including referrals, assistance obtaining benefits, linkages with services, “whatever it takes”.			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
Employment Related Services			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
Mental Health – ACT, counseling, therapy, medications and medication management.			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
<p align="center"> ***If the targeted populations include chronically homeless and/or various Data Match populations, the CMH MUST be part of the supportive services team and the service commitment MUST be included in the MOU and other documents. Failure to include the CMH as an integral member of the service team when targeting this population will be considered a material deficiency and make the project ineligible for an award of tax credits.***</p>						
Substance Abuse Services – Outpatient treatment, self-help options, and counseling.			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes

Other Services – As Applicable

If any of the following services are provided to the tenants, provide MOU(s) from the agency(ies) providing service and letter(s) of support from the agency(ies) funding the services. If these services are not applicable to the project, please note with an “N/A”.

HIV/AIDS – Specialized health care.			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Legal Services – Related to civil arrears, family law, uncollected benefits.			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Veteran Services			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Domestic Violence Counseling			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Child Care			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
School Related Services			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Other			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes

			<input type="checkbox"/> N/A			<input type="checkbox"/> N/A
Other			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Other			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Other			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Other			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Other			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Other			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A

SUPPORTIVE HOUSING DEVELOPMENT TEAM EXPERIENCE FORM – REQUIRED FOR POINTS

Points will be awarded to a development team that has experience in permanent supportive housing for the targeted populations in the proposed development. Experience can be included for LIHTC PSH units or HUD funded PSH units through programs such as HUD 811 or HUD PSH programs through the Continuum of Care.

This page must be filled out for each member of the Supportive Housing Development Team claiming experience points in **the 2019-2020 Scoring Criteria**. Failure to fully complete this chart or provide all information necessary for experience points for all may result in a loss of points.

Please note that if the Owner/Developer and Management entities are claiming experience points, this section must align with the LIHTC application. Entities will only receive points in this section if they are also eligible for experience points in the Previous Experience of GP/Member section of the [2019-2020 Scoring Summary](#).

Development Team Member:								
Role:								
Name and Project Number	City and State	Total # of Units	# of PSH Units	Population(s) Served	Date of Ownership/Services		Date Project Last Placed In Service	Type of Financing/Vouchers/Etc.
					Begin	End		

SUCCESSFUL PSH OUTCOMES FORM – REQUIRED FOR POINTS

Owners, management agents, and lead agencies who earn points for their experience under the **Experienced Supportive Housing Development Team** of the [2019-2020 Scoring Summary](#) can earn additional points if the applicants can clearly demonstrate their successful outcomes. Points will be award for team members who can demonstrate 85% or more of the permanent supportive housing tenants remained housed for at least 12 months over the last three years. Along with a fully completed Successful PSH Outcomes chart, projects should also provide a chart or report showing the development, total number of units, number of permanent supportive housing units, and permanent supportive housing tenant move-in and move-out dates for the three fiscal years prior to the funding round deadline for each development included for points. Do not include personal, identifying information of the tenants (names, social security numbers, etc.) If the support provided for Successful PSH Outcomes does not directly tie to the information provided for that development team member for Experienced Supportive Housing Development Team, provide a narrative explaining why the information is different. If the information is different and no explanation is provided, the project may not receive points for these items.

Development Team Member:

Role:

Name and Project Number	City and State	Total # of Units	# of PSH Units	Population(s) Served	85% Housed	Support included	Reference
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	

SUCCESSFUL PSH OUTCOMES FORM – PROJECT LEVEL – EXAMPLE OF DOCUMENTATION REQUIRED FOR POINTS

Points will be award for team members who can demonstrate 85% or more of the permanent supportive housing tenants remained housed for at least 12 months over the last three years. Along with a fully completed Successful PSH Outcomes chart, projects should also provide a report showing all of the development’s permanent supportive housing tenant move-in and move-out dates covering the three years prior to the funding round deadline for each development included for points. Do **not** include personal identifying information of the tenants (names, social security numbers, etc.) Do provide enough data to cover the tenants’ total residency periods, which may be over three years of prior data. Please provide additional narrative if items need clarity. Use additional pages as necessary.

Development Team Member:										
Role:										
Project:										
Total Number of PSH Tenant Records:					Total Number Housed for at Least 12 Months:					
Tenant ID	Move-In Date	Move-Out Date	Housed for at Least 12 Months?	Population		Tenant ID	Move-In Date	Move-Out Date	Housed for at Least 12 Months?	Population
			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION OF COMMITMENT TO HOUSING FIRST

The [United States Interagency Council on Homelessness](#) calls Housing First “a proven approach in which people experiencing homelessness are provided with permanent housing directly and with few to no treatment preconditions, behavioral contingencies, or barriers.” The Council has compiled [a Housing First Checklist listing](#) the elements of a Housing First approach at a project and community level. Some of those elements are included in this Certification. By signing this Certification, the development and service teams are committing to applying the Housing First approach in the development. Each member must sign. This approach includes the following elements:

- Tenants have full rights, responsibilities, and legal protections under Federal, state, and local housing laws, tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities, and landlords and providers abide by their legally defined roles and obligations; and
- Admission/tenant screening and selection practices affirm that acceptance of applicants regardless of their sobriety, use of substances, completion of treatment, and participation in services; and
- Applications are seldom rejected for poor credit or financial history, poor or lack of rental history, distant past criminal convictions, or behaviors that indicate a lack of “housing readiness”; and
- Management accept referrals directly from shelters, street outreach, drop-in centers, and other segments of the crisis response system frequented by people experiencing or vulnerable to homelessness; and
- Supportive services emphasize engagement and problem-solving over therapeutic goals, service plans are tenant-driven without predetermined goals, and participation in services or program compliance are not a condition of tenancy (except as required by federal requirements); and
- Use of drugs or alcohol in and of itself is not considered a reason for eviction, unless a requirement under a federal program; and
- The Tenant Selection Plan includes a prioritization of eligible tenants based on high SPDAT score (or other similar coordinated assessment system); and
- Permanent supportive housing tenants are given reasonable flexibility in paying their tenant share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management; and
- A harm reduction philosophy, where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, is in place; and
- Units may include special physical features that accommodate disabilities, reduce harm, and promote health among tenants; and
- Every effort is made to avoid eviction.

These criteria should be found and reaffirmed in the project’s Tenant Selection Plan. Any material differences or inconsistencies between the Tenant Selection Plan and this Certification may be considered reasons for rejection.

The undersigned agree to follow Housing First and incorporate the standards above into the project, management, and Tenant Selection Plan.

Dated: _____

Owner: _____

By: _____

Its: _____

Dated: _____

Management Company: _____

By: _____

Its: _____

Dated: _____

Lead Agency: _____

By: _____

Its: _____