Homeless Preference for Housing Choice Vouchers

Memorandum of Understanding between the Michigan State Housing Development Authority (MSHDA) and the Housing Assessment and Resource Agency (HARA)

This Memorandum of Understa	nding (MOU) is to establish the roles entered into between; (a.) MSHDA; and
(b.)	HARA, representing
county/counties. WHEREAS, the	HARA agrees to uphold the integrity of the Program Code which validates that
clients have met the criteria outlin	ed below. WHEREAS, the HARA agrees to not release the Program Code to
any clients. The HARA also agree	ees to not release the Program Code to any staff or individuals not directly
involved in the input of the code	. THEREFORE, the Key Partners agree that it is in the best interests of all
concerned to enter into this Memo	orandum of Understanding.

I. DEFINITION OF HOMELESS

Applicants must meet criteria one of the following categories:

1) Literally Homeless

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

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

2) Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

II. CRITERIA FOR HOMELESS PREFERENCE

- 1) Applicant must meet all Housing Choice Voucher requirements.
- 2) Applicant household is willing to engage in a jointly developed plan supporting housing stability.
- 3) Applicant housed for short term assistance through MSHDA Emergency Solutions Grant, MSHDA Tenant Based Rental Assistance, or any other transitional housing program (less than two years) are still considered homeless.
- 4) Applicants who are homeless at time of application but subsequently housed with a permanent housing subsidy (ie PSH or S+C) are no longer considered homeless. At the time their name is pulled off of the waiting list, they would not be eligible at that time for the homeless preference and their name will be removed from the waiting list.
- 5) Rural communities that have no active sheltering organizations as part of their CoC's may elect to recognize Doubled Up (Imminent Risk) as homeless. Communities must provide official notification to their assigned Homeless Assistance Specialist that their Continuum has voted and approved this additional homeless criterion. Doubled Up (Imminent Risk) is defined as: (i) residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks needed to obtain other permanent housing.

III. DOCUMENTATION OF RESIDENCY

A copy of one of the following items with the applicant's name and current address must be retained in tenant's file: driver's license, state ID card, social security printout, voter's registration card, letter from the homeless service provider on their letterhead, OR other proof of residence. If the applicant or household member works, or has been hired to work, in the county for which he/she is applying, enclose proof of the work address or a letter from the employer verifying employment.

IV. AMENDMENTS

This Agreement may be amended only with the mutual consent of the Key Partners.

V. CERTIFICATION OF AUTHORITY TO SIGN AGREEMENT

The person signing this Agreement on behalf of their agency certify by said signature that they are duly authorized to sign this Agreement. Further, the HARA understands that any violation of the security agreement's contents may result in termination of access privileges and/or recommendation for prosecution.

I hereby certify that prior to referring clients to the HCV waiting list; the following documents will be obtained and retained in the client file:

- 1. Verification of homelessness as defined in this document
- 2. Proof of residency in the county they are applying
- 3. Signed release of information

Printed Name:			
Signature:	Name	Date:	
Director	Name		
Director Email:			
	llowing information as to pro ence from MSHDA and client		e identifying the contact
HARA Agency Name: _			
Address:			
Contact Person Name:			
Contact Person Email:			
Contact Phone Number	r:		
person security agreer	he HARA doing the homeles ment document (on MSHDA's with access to the code m	s website) in order to be se	nt the waiting list entry
I	MSHDA USE ONLY		
	Per approval from MSHDA up as homeless.	A this county is using doubled	
	Initial	Date	