

**Expanding Opportunities to House Individuals and Families Experiencing Homelessness through the Public Housing (PH) and Housing Choice Voucher (HCV) Programs**

**Questions and Answers (Q&As)**  
**September, 2013**

The following Q&As supplement the guidance found in Notice PIH 2013-15 (HA), *Guidance on housing individuals and families experiencing homelessness through the Public Housing and Housing Choice Voucher programs*.<sup>1</sup> If you have questions that are not answered by the Notice or these Q&As, or need technical assistance implementing a homeless strategy in your community, please contact your local Public Housing Field Office.

Please note that the term family is used throughout this document to refer to both individual persons experiencing homelessness and to homeless families, which may include children.

**Homeless Definition and Reporting**

**1. What is the HUD definition of "Homeless" and how does it apply to PIC Reporting?**

The HEARTH Act, passed in May 2009, amended the McKinney-Vento Homeless Assistance Act, and included a revised definition of homeless that applied to HUD's Homeless Assistance Programs. On December 5, 2011 HUD commenced its rulemaking process by publishing the Final Rule Defining Homeless (76 FR 75994). This rule amended the definition of HUD's existing homeless programs - the Shelter Plus Care Program (24 CFR 582), the Supportive Housing Program (24 CFR 583), the Emergency Solutions Grants Program (24 CFR Part 576) - and incorporated the revised homeless definition into the Consolidated Plan regulation (24 CFR Part 91). Subsequently, HUD adopted the same definition in its Continuum of Care Program (24 CFR 578).

As described in the preamble of the Final Rule Defining Homeless, the final rule establishes four categories of homelessness. These categories are:

- (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution;
- (2) Individuals and families who will imminently lose their primary nighttime residence;

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<sup>1</sup> <http://portal.hud.gov/hudportal/documents/huddoc?id=pih2013-15.pdf>

- (3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or
- (4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**The new PIH Notice 2013-15 adopts Category (1) and Category (4) of the definition of Homeless used by HUD's Homeless Programs for PIC reporting purposes. See Section 5 of PIH Notice 2013-15 for an expanded definition of Category (1) and (4).**

## **2. Where can I find the HUD definition of “Homeless”?**

HUD’s definition of “homeless” was changed in 2009, when the HEARTH Act amended the McKinney-Vento Homeless Assistance Act. HUD’s Final Rule implementing the new definition can be found at 24 CFR Part 91, 582 and 583. Further information and an explanation of the homeless definition is in the Final Rule published in the Federal Register (76 FR 75994 (December 5, 2011)). PIH Notice 2013-15 adopts two of the four categories of HUD’s homeless programs definition of homeless for PIC reporting purposes (as described in Question 1 above).

## **3. Are Public Housing Agencies required to collect documentation or third-party verification of an applicant’s homeless status for purposes of PIC reporting?**

HUD does not require Public Housing Agencies (PHA) to collect documentation or third-party verification of any kind in order to verify an applicant’s homeless status for purposes of reporting in 4C of the HUD Form 50058. Verbal self-verification by the applicant is sufficient. However, in order to verify the homeless status for a waiting list preference, PHAs must follow the verification requirements established in their written policies. This may include requiring documentation or third-party verification.

## **4. What can I do if the family reporting software used by my PHA to edit Form HUD 50058 data and prepare it for submission to HUD is automatically reporting “no” or not prompting a response on whether a family was homeless at admission to the program?**

The Form HUD 50058 Family Report Technical Reference Guide (Reference Guide) provides the data descriptions and requirements for third-party software vendors to develop software to capture and edit Form HUD 50058 data and prepare it for submission to HUD. The Reference Guide includes the technical specifications for reporting in 4C

(homeless at admission indicator) of the HUD Form 50058. If a PHA determines that their third-party software is inaccurately reporting “no” or not prompting a response for whether a family was homeless at admission to the program the PHA should contact its software vendor to get the problem corrected.

### **Waiting List Management and Preferences<sup>2</sup>**

#### **5. My PHA has a homeless preference and has used the former definition of homelessness in the McKinney-Vento Homeless Assistance Act. Does my PHA need to change my homeless preference to comply with this Notice?**

No. PHAs can adopt or maintain a definition of “homeless” for the purposes of a preference that differs from the new HUD definition under the McKinney-Vento Homeless Assistance Act and PIH Notice 2013-15. A PHA that has a homeless preference where they are using a definition that is different than the definition adopted in PIH Notice 2013-15 (HA), such as the former definition of homelessness under the McKinney-Vento Homeless Assistance Act, does not have to change a preference in its administrative plan in order to comply with the Notice. The McKinney-Vento Homeless Assistance Act definition of homeless was amended by the HEARTH Act. HUD clarified the statutory definition and adopted the amended definition in the regulations for its Supportive Housing Program (24 CFR Part 583), Shelter Plus Care Program (24 CFR Part 582), Emergency Solutions Grants Program (24 CFR Part 576), and Continuum of Care Program (24 CFR Part 578). The definition in PIH Notice 2013-15 (HA) adopts a portion of this definition for data collection purposes only (see Question 1 above for more details). PHAs that wish to use a consistent definition for both reporting purposes and for a homeless preference and are currently using an alternative definition of homeless for their preference will be required to amend their administrative plan to adopt the definition included in the Notice.

#### **6. Is a waiver from HUD needed to establish a waiting list preference or a limited preference?**

No. A waiver is not needed to establish a waiting list preference or limited preference. PHAs may set local preferences based on local housing needs and priorities (24 CFR 982.207 (a) for the HCV program and 24 CFR 960.206 (a) for the PH program), and may limit the number of applicants that may qualify for any local preference (24 CFR 982.207 (a) (3) for the HCV program, and 24 CFR 960.206 (a) (2) for the PH program). PHAs are encouraged to specifically include people experiencing homelessness and to work with their local Continuum of Care when assessing its local housing needs and establishing their preference system.

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<sup>2</sup> All preferences and definitions utilized must comply with fair housing and nondiscrimination laws. See 24 CFR 5.105(a) and Section 7(g) of PIH Notice 2013-15.

**7. How can PHAs target the most vulnerable homeless people for assistance when waiting lists are often many years long, and homeless people are typically not on the waiting list?**

HUD recognizes that in most communities the demand for affordable housing often exceeds the supply, but there are strategies that PHAs can implement to target their existing housing resources to serve the homeless population. For example, PHAs may create a waiting list preference or limited preference for persons experiencing homelessness, or a PHA may partner with a homeless service organization to implement such a preference. A PHA may choose to create permanent supportive housing using PH and HCV resources, or as part of a “move-up” strategy in coordination with the Continuum of Care (CoC) (the concept of “move-up” strategies is discussed in Section 7 of [Notice PIH 2013-15 \(HA\)](#), and in the “Move-up” Strategy section of these Q&As). PHAs interested in participating in local efforts to end homelessness may work with the [CoC in which they are located](#) as well as other community partners to determine where the PHA’s investment will have the most impact.

**8. Can PHAs allow homeless households to bypass the waiting list in order to receive certain set-aside units?**

No. PHAs cannot allow homeless households to bypass the waiting list; all recipients of HCV or PH assistance must be selected from the PHA’s waiting list in accordance with admissions policies established by the PHA, including any preferences. However, PHAs may establish a preference for families experiencing homelessness and may limit the number of families that qualify for that preference. For example, a PHA may adopt a homeless preference and limit the number of families that qualify for the preference to 200. If the PHA is currently serving 200 families under the preference, and one family leaves the program, the next family on the waiting list who qualifies for the preference criteria will be served. If there are no families who qualify for the preference the PHA can take the steps described in Question 9 below.

**9. What steps can I take if I don’t have enough applicants who qualify for the homeless preference?**

PHAs can reach out to local partners, such as the CoC, for referrals when the waiting list is open. If the PHA has not limited the preference to only people referred by certain organizations or agencies, the PHA must also accept applications from anyone who self-identifies as eligible to meet the preference criteria, however the PHA must verify that the person qualifies for the preference prior to assistance being offered. If there is no one on

the waiting list who qualifies for the homeless preference, PHAs must issue the voucher to the next applicant on the waiting list in accordance with the PHA's admissions policies.

**10. Can PHAs allow families to apply for a homeless preference when the waiting list is closed, or open the waiting list without following the regular public notice procedures?**

No. A PHA's waiting list must be open for families or individuals to apply for a homeless preference, and any waiting list opening must follow regular public notice procedures. If there are not enough applicants on the PHA's waiting list who qualify for a preference and the waiting list is closed, the PHA must open its waiting list, and must provide public notice as per the regulations, to accept applications. The PHA can limit the waiting list opening to the families eligible for the homeless preference.

Once the PHA has opened the waiting list to people who meet the criteria and has provided the required public notice, the PHA may keep the waiting list open specifically for those who qualify for the homeless preference without having to close and reopen the waiting list every time a new slot under the preference is available.

**11. When opening the waiting list for applicants who qualify for a particular preference, how can PHAs avoid receiving a significant number of applications from persons that do not qualify for the preference?**

As stated in Notice PIH 2013-15 (HA), the PHA may consider a preference specifically for people who are referred by a partnering homeless service organization or consortia of organizations, such as a CoC. Such a preference may help reduce the number of applications that do not qualify for the preference because the partnering organization would only refer people who qualify for the preference.

PHAs may also help mitigate this effect by clearly outlining what is required to qualify for the preference in any public announcement of a waiting list opening. Maintaining information on the PHA's website on who may apply and what qualification requirements they must meet, and including the contact information for any partnering referral organizations, may also help mitigate getting a significant number of applicants who do not qualify for the preference.

If an organization provides services targeted to people with a specific disability or diagnosis, the PHA cannot restrict referrals for a preference to only referrals from that organization. The PHA also may not limit referrals to an agency, organization, or

consortia that deny its services to members of any federally protected class under fair housing laws, *i.e.*, race, color, religion, national origin, sex, disability, or familial status.

**12. What are some strategies PHAs can use to improve the chances of reaching people on the waiting list who experience homelessness and/or frequent moves due to their unstable housing situation?**

When trying to reach people experiencing homelessness to apply to the program(s), PHAs could consider reaching out to shelters, homeless service providers, agencies that work closely with people experiencing homelessness and homeless consumer advocacy groups to assist with advertising the opening of the waiting list, to seek referrals, and/or to provide assistance with the application processes. The PHA could also work directly with the CoC to help coordinate referrals to the PHA from all of its homeless service providers. The CoC Program interim rule requires Continuums of Care to establish and operate a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services with the intention of matching the homeless individual or family with the most appropriate resources. PHAs are strongly encouraged to participate in the coordinated assessment system that covers the PHA's geographic location in order to establish a means for referrals once the coordinated assessment has been established

A list of Continuum of Care contact persons is available on the HUD HRE site at: <http://www.hudhre.info/index.cfm?do=viewCocContacts>.

Other strategies that PHAs could employ to reach persons on their waiting list experiencing homelessness are:

- Use alternative ways of communication such as by email or phone.
- If partnering with a homeless service provider for referrals, contact your partner organization for assistance.
- Allow applicants the opportunity to identify a service provider as a "buddy" to receive information on their behalf.

Please note that CoCs are subject to requirements related to confidentiality for participants' information. While not an exhaustive list of applicable program requirements and privacy laws, the requirements include the following: The current Homeless Management Information Systems (HMIS) Data and Technical Standards impose confidentiality, security, and privacy requirements on HMIS data. Additionally, the Continuum of Care is required to review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS per 24 CFR 578.7(b)(3). Specific HUD programs also impose confidentiality requirements,

including the requirements found at 24 CFR 576.500(x) for the Emergency Solutions Grant (ESG) Program and 24 CFR 578.103(b) for the Continuum of Care (CoC) Program.

### **Admissions Policies**

#### **13. Can a PHA establish different admissions policies for different populations? For example, could a PHA wishing to establish a preference for people experiencing chronic homelessness establish different admissions policies related to criminal history for persons with special needs experiencing homelessness?**

All discretionary admission (and program termination) policies must be applied to all applicants broadly. In other words, a PHA cannot have a certain set of admission/termination policies that apply specifically to a certain population, such as the homeless population, which are different than the admission/termination policies for all other applicants, unless there is express legal authority to do so (e.g. HUD-VASH program). However, PHAs are strongly encouraged to review their general discretionary admission policies such that they reduce barriers to admission among people experiencing homelessness as much as possible. (See Section 8 of [Notice PIH 2013-15 \(HA\)](#).)

### **Income Requirements and Minimum Rent**

#### **14. Can a PHA require applicants to have income in order to qualify for assistance?**

No. There is no statutory or regulatory authority that allows PHAs to establish minimum income requirements for the HCV program, the PH program, or any other program authorized by the U.S. Housing Act of 1937 (42 U.S.C. 1437). HUD encourages PHAs to carefully examine families that report little to no income in order to prevent program fraud through the intentional under-reporting of income. Under the Rental Housing Integrity Improvement Project (RHIIP), HUD has taken aggressive steps to address the root causes of fraud and improper rental assistance payments to ensure that the right benefits go to the right people (see the [RHIIP website](#) for more information). However, PHAs must not interpret HUD's guidance on reducing improper payments to mean that minimum income levels may be established for low and very-low income families.

While 24 CFR 5.630 allows a PHA to charge a minimum monthly rent (up to \$50 for the Public Housing, Moderate Rehabilitation, and HCV programs), the PHA must grant an exemption from payment of minimum rent if the family is unable to pay it because of financial hardship. HUD's regulation, 24 CFR 5.630 (b), identifies situations that are considered a financial hardship, such as when a death has occurred in the family, or when the income of the family has decreased because of changed circumstances (e.g. loss of

employment). The PHA may also determine that there are other circumstances where a financial hardship exemption may be given. If the family includes a person with disabilities, this policy is subject to reasonable accommodation requirements in accordance with Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, and their implementing regulations at 24 CFR part 8 and 28 CFR part 35, respectively.<sup>3</sup>

**15. Can a zero income family select a unit where the gross rent exceeds the payment standard under the HCV program?**

In the HCV program, a PHA must not approve a tenancy for initial occupancy of a dwelling unit if the gross rent (rent and utilities) of the unit exceeds the applicable payment standard and the family share of the rent exceeds 40 percent of the family's adjusted monthly income. The payment standard is the maximum monthly assistance payment for a family assisted in the voucher program (before deducting the total tenant payment by the family) which is set by the PHA by unit size anywhere between 90 and 110 percent of Fair Market Rent. If a family has zero income and the gross rent for the unit exceeds the payment standard, the family will not qualify for the unit because the family share would exceed 40 percent of the family's monthly adjusted income. This limitation is only applicable at initial occupancy, and it means that the unit will be denied, not that the family will not be assisted. The family will need to search for a unit for which it qualifies.

**Public Housing Tenant Selection Policies and HCV Administrative Plans**

**16. Can PHAs amend their public housing tenant selection policies and/or HCV administrative plan more than once per year as needed?**

Yes. A PHA can amend its public housing tenant selection policies and/or HCV administrative plan as often as it would like. However, with the public housing tenant selection policies, in accordance with 24 CFR 960.202(c), all revisions must be duly adopted and implemented. With HCV administrative plans, in accordance with 24 CFR 982.54 (a), all revisions to the plan must be formally adopted by the PHA Board of Commissioners or other authorized PHA officials. For both public housing and HCV, if the amendment or modification is a significant amendment to the PHA Plan (which includes the administrative plan as a supporting document), the PHA may not adopt the amendment or modification until the PHA gives an opportunity for public comment on the plans (see 24 CFR 903.17 for more details), the PHA has duly called a meeting with its

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<sup>3</sup> For FAQs on reasonable accommodations under the Fair Housing Act, see <http://www.hud.gov/offices/fheo/library/huddojstatement.pdf>.



board of directors (or similar governing body) to adopt the amendment or modification and the meeting is open to the public, and notification of the amendment or modification is provided to HUD and is approved by HUD (see 24 CFR 903.21 for more details). If the change or modification is not a significant amendment, then the PHA may adopt the amendment without formal approval from HUD or a public comment period. See 24 CFR 903.21.

### **Project-based Vouchers**

#### **17. How can a PHA with limited staff capacity manage the Request for Proposal (RFP) process to project-based vouchers for permanent supportive housing?**

In general, before implementing a project-based voucher (PBV) program, PHAs should ensure staff is familiar with program rules and requirements. Staff should be required to read regulations, notices, and other HUD directives pertaining to the PBV program. PHAs experiencing limited staff capacity should tailor their PBV program in a way that does not overwhelm staff and should provide clear guidance to staff of their roles and responsibilities in developing and administering the PBV program.

PHAs must adopt a written owner proposal selection policy for the PBV program as part of its administrative plan. The policy must describe the procedures for owner submission of PBV proposals and for PHA selection of PBV proposals. PHAs may select PBV proposals by either of two methods. PHAs may advertise for owner proposals or elect to select projects for PBV assistance based on a previous competition as outlined in program regulations at 983.51(b)(2). Whichever method a PHA chooses to select PBV proposals, it is imperative that staff members performing responsibilities related to the PBV program are well trained prior to implementation of the program. PHAs should reach out to their respective HUD field contacts within the Office of Public Housing for technical assistance. PHAs may also want to reach out to fellow PHAs who have active PBV programs for sample selection policies, RFPs, and other administrative policies related to PBV.

#### **18. Can PHAs establish separate waiting lists for the project-based voucher program or separate site-based waiting lists for each PBV development?**

A PHA may establish a separate waiting list for the PBV program and may also establish project specific waiting lists for individual PBV projects or buildings in accordance with program regulations at 24 CFR 983.251. The PHA is responsible for maintaining waiting lists for the PBV program. The PHA may establish criteria or preferences for occupancy of particular units. PHAs must take reasonable measures to assure that site-based waiting

lists are consistent with efforts to affirmatively further fair housing and conduct reviews to ensure continued compliance with fair housing and civil rights laws.

**19. Does HUD require PHAs to offer everyone on the tenant-based waiting list the opportunity to be on their project-based waiting list? How can a PHA target people experiencing chronic homelessness for these projects and remain compliant with HUD rules?**

If a PHA opens a separate waiting list for its PBV program, or site-based waiting list for a specific PBV building (or set of units in the building), all families currently on the PHA's tenant-based waiting list must be provided with the option to have their names placed on this list as well (see 24 CFR 982.251(c)(2)). However, consistent with Notice PIH 2011-54, Guidance on the Project-Based Voucher Program, PHAs do not have to notify each family on the tenant-based waiting list by individual notice. A PHA could notify these applicants by the same means it would use in opening its waiting list under 24 CFR 982.206 (a), including advertising through local and minority newspapers and the internet, posting at local post offices, libraries, and community centers, and through social service organizations, such as homeless shelters.

A PHA can target people experiencing [chronic homelessness](#) for these projects or units by adopting a waiting list preference. Although other people will have the opportunity to get on the waiting list, a PHA can adopt a preference for chronic homelessness and make clear in its written policies and in any posting or advertising of opening the waiting list exactly what the criteria are in order to qualify for the preference (in other words, what population the PBV units are intended to serve).

**20. How can a PHA manage the requirement to provide a tenant-based voucher to any tenant that wishes to move from a project-based unit after 12 months, and prevent families from using this as a method to “skip ahead” on the waiting list?**

PBV regulations, which implement the statutory mobility option, require that first priority be given to families moving from a PBV project. When a family or individual in the PBV program chooses to exercise their mobility rights after 12 months in the project-based unit and provide advance notification to the landlord and PHA of its intent to vacate the PBV unit, the PHA must offer the family or individual the opportunity for continued tenant-based rental assistance. Housing Choice Vouchers and other continued tenant-based rental assistance is subject to availability. If a voucher or other continued tenant-based rental assistance is not immediately available at the time the family requests to move with continued tenant-based rental assistance, the PHA must give the family or individual priority to receive the next available opportunity for continued tenant-based rental

assistance (e.g., giving the family or individual priority on the tenant-based waiting list in accordance with the PHA's admin plan).

Many PHAs have found that, if the PBV unit meets the needs of the individual or family, it is less likely they will want to move and request a tenant-based voucher. Higher quality units, and units with supportive services that are tailored to the people who need them, will likely have lower turnover.

## **21. What are some techniques for gaining Board of Directors buy-in for permanent supportive housing projects and/or preferences for people experiencing homelessness, especially when the Board and staff may be resistant?**

It is important to explore the reasons behind resistance so that an approach can be tailored to the specific concerns expressed by Board members, staff, and/or other key stakeholders. Communities around the country have found the following practices to be helpful to build support for programs and policies designed to assist people experiencing homelessness:

- Leverage the support of influential elected officials and business leaders to help make the case.
- Invite the public (including key stakeholders) to comment at Board meetings, and when public comment is solicited during the adoption of new policies.
- Invite the Board to join the Continuum of Care governing body.
- Establish information sharing and learning sessions between the Continuum of Care and Board members.
- Volunteer to make presentations to the Board during briefings and retreats.
- Use data to demonstrate the costs of homelessness, including costs incurred by shelters, hospitals, jails, police departments, and other public institutions. Many of these costs are incurred at the county level, so this approach may be particularly helpful with county government representatives.
- Use peer-to-peer information exchanges with PHAs that have implemented similar programs or policies in other communities.
- Organize tours of local Permanent Supportive Housing programs, and encourage Board members and staff to participate in community efforts like HUD's Point-in-Time count and/or the 100,000 Homes Campaign Registry Week to cultivate personal connections to the issue.
- To relieve any anticipated burden on PHA staff, partner with homeless service providers that can help manage the application and lease-up process and ensure that residents have the ongoing supports and services necessary to remain successfully housed.

### **Resources and Incentives**

#### **22. Are there any new funding sources from HUD to incentivize PHAs to participate in plans to end homelessness, especially in light of the recent reduction in administrative fees and program funding under sequestration?**

While there is no new HUD funding available at this time, PHAs are encouraged to leverage multiple sources of funds, including local and state government resources, philanthropic grants, and existing federal funds, and to think strategically about how mainstream housing resources can be used to expand housing opportunities for persons experiencing homelessness. Partnering with homeless service providers early in the planning phase is a key to success. See Question 24 for more information about potential partnerships and programs that can be targeted to serve the homeless.

### **HUD Resource Coordination**

#### **23. What is HUD doing to work through its offices (Community Planning and Development and Public and Indian Housing) internally to achieve better resource coordination that might result in helping more persons who are homeless to obtain public housing units/vouchers?**

One of HUD's major goals is focused on cross-cutting initiatives that break silos and effect change to end homelessness. HUD's Office of Community Planning and Development (CPD), and the Office of Public and Indian Housing (PIH) are collaborating to make this goal a reality. CPD and PIH are committed to balancing how investments are made, and to helping communities leverage Federal funds to prevent and end homelessness. In addition, CPD and PIH are committed to creating housing strategies that drive and incentivize communities to effectively and collaboratively house homeless people and families most in need. CPD and PIH will be issuing joint guidance and training materials to their stakeholders to provide more information on ways that CoCs and PHAs can work together.

### **Partnerships**

#### **24. What kind of partnerships/programs should PHAs be targeting when planning programs for households experiencing homelessness?**

As outlined in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, ending homelessness in America will require us to work together in new ways. Experience around the country has shown that it is typically easier to secure and organize service commitments once a housing commitment has been made. For instance, housing

commitments can often generate investments of funding for supportive services, as well as leverage local and state capital resources for new development. When planning programs for households experiencing homelessness, including those that experience chronic homelessness PHAs should start identifying and working with partners early in the planning phase. Partnering with homeless service providers and CoCs, gives PHAs an opportunity to gain assistance with referrals, the application process, housing search and placement, case management and landlord mediation. .

There are many Federal government programs dedicated to providing primary and behavioral health care and other services to low-income households, some of which are targeted specifically to individuals and families experiencing homelessness, like the U.S. Department of Health and Human Services' Cooperative Agreements to Benefit Homeless Individuals (CABHI) Program, Projects for Assistance in Transition from Homelessness (PATH), Healthcare for the Homeless, and Services in Supportive Housing.

Other programs – referred to as “mainstream” programs – are designed to serve individuals and families that meet certain eligibility criteria, but are generally for use in serving low-income populations more broadly (including most if not all households experiencing homelessness). These programs include Temporary Assistance for Needy Families (TANF), the Substance Abuse Prevention and Treatment Block Grant, the Community Mental Health Services Block Grant, the Supportive Services Block Grant, and the Community Services Block Grant – all administered by HHS – just to name a few. Additionally, unprecedented opportunities lie ahead with the passage of the Affordable Care Act (ACA). The most significant impact of Health Reform for people experiencing homelessness will come in 2014, when more adults—including those without dependent children—will be able to enroll in Medicaid. This creates the opportunity for Medicaid to cover many of the types of services people need to maintain housing including flexible case management and care coordination. HHS recently released a paper on how PHAs can effectively leverage Medicaid and other services for people experiencing chronic homelessness. This paper is available at <http://aspe.hhs.gov/daltcp/reports/2012/ChrHomls2.shtml>.

Many communities around the country have proven very savvy in braiding resources together to assist special needs populations. For instance, some PHAs have partnered with their local welfare office to use Emergency Assistance from the Temporary Assistance for Needy Families (TANF) program to cover arrears for households that owe money to the PHA. Other PHAs have partnered with local banks to create loan programs for Veterans in the HUD-VASH program to pay for security deposits and other move-in costs.

## **Housing Choice Vouchers**

### **25. Has HUD considered providing housing choice vouchers on a temporary basis for households who need just enough assistance to get them back on their feet?**

Non-MTW PHAs cannot place time limits on Housing Choice Vouchers because there is no existing authority to do so. However, HUD does provide funding for short-term subsidies – typically referred to as Rapid Re-Housing or Transition In Place. Rapid Re-Housing was a local innovation that was brought to a national scale by the Recovery Act-funded Homelessness Prevention and Rapid Re-Housing Program (HPRP). Data from HPRP grantees has shown that short-term (up to 24 months) rental assistance is generally sufficient to help families transition from homelessness to permanent housing. While the program is still being evaluated, it appears that most families are able to remain in permanent housing after the rental subsidy has ended and only a small percentage return to homelessness. The HPRP Program ended as of September 30, 2012. HUD has made rapid re-housing and homelessness prevention eligible program components under the Emergency Solutions Grant Program. Applicants may be eligible for up to 24 months of rental assistance if they meet eligibility requirements for either of these program components. Rapid re-housing is also an eligible use of program funds under the Continuum of Care Program interim rule. Additionally, the VA is providing temporary rental assistance to homeless Veterans and their families through the Supportive Services for Veteran Families (SSVF) program, and TANF emergency assistance can also be used to fund short-term rental assistance.

The CoC Program interim rule requires that the Continuum of Care (CoC), in consultation with recipients of ESG program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system. The ESG and CoC interim rules require recipients and subrecipients to use the centralized or coordinated assessment system, which is to be developed by the CoC in accordance with minimum requirements established by HUD. The centralized or coordinated assessment systems are intended to help communities effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs. Data from HUD's Annual Homeless Assessment Report to Congress tells us that many households are able to resolve their homelessness on their own within a relatively short period of time. Many other households can, as mentioned, regain housing stability with a short-term subsidy and services. Others will likely need an ongoing subsidy (and perhaps transitional services), and a small percentage – those that experience chronic homelessness – will often need an ongoing subsidy and ongoing, intensive services to remain stably housed. Particularly in a world where need is greater than available resources, targeting is extremely important. Because different programs fund these different interventions, and at the local level, different agencies typically administer these different types of assistance, collaboration among partners is very important.

### **Move- Up Strategy**

**26. The Notice states that a “PHA may also have a preference for individuals and families transitioning, or “moving up”, from Permanent Supportive Housing (PSH) units”.  
What is a “move up” strategy?**

PSH is a type of permanent housing in which housing is combined with supportive services for homeless persons with disabilities. Although many persons assisted with this type of housing need both the housing and supportive services indefinitely, others may reach a point where they no longer require the supportive services even though they continue to need the housing assistance. Under a “move-up” strategy, a PHA could establish a preference for formerly homeless participants residing in PSH who no longer require the supportive services so that they can continue to receive a housing subsidy without the supportive services through the PH or HCV programs, thus freeing up the PSH subsidy so that a homeless person with a disability that needs both the housing and services can be served.

A PHA that establishes this type of preference should do so in partnership with their local CoC. The CoC would work with its PSH providers to identify persons that would benefit from this type of preference. Persons in PSH cannot be required to exit the PSH and would participate in a “move-up” preference only on a voluntary basis. In some cases, it would require the person to move out of their current unit; in others, where a voucher is being provided, the person could likely remain in their unit. PHAs can also choose to limit this preference to a certain number of units and/or vouchers.

**27. What are the benefits of a “move up” strategy?**

Under a “move up” strategy, PHAs will contribute to the local efforts of ending homelessness by assisting persons moving up from PSH, thereby freeing up a unit of PSH for an eligible household. CPD plans to issue separate guidance to CoCs and CoC Program recipients on filling units that are vacated through a ‘move-up’ strategy. This approach would enable PHAs and CoCs to significantly contribute to the goal of ending chronic homelessness—the first goal in *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness*—without new resources. PHAs that wish to create permanent supportive housing on their own may do so through preferences and project-based vouchers and are strongly encouraged to fully explore how to partner with Continuums of Care in such an effort (see Question 19 above and Section 12 of PIH Notice 2013-15 for details).

**28. How will I identify PSH units in my area and who would I partner with to carry out such a preference?**

PHAs may reach out to the CoC that covers the geographic area in which the PHA is located in order to discuss how they could partner together to create a “moving up” strategy. CoC contact information may be found at <http://hudhre.info/index.cfm?do=viewCocContacts>.

**29. Is it possible that residents “moving up” from a PSH unit would need to pay a higher rent when assisted through public housing or with a voucher?**

While tenant contribution is calculated much the same under the CoC Program, Shelter Plus Care (S+C) Program, Supportive Housing Program (SHP), and the HCV program, there are some circumstances that would result in a person formerly served under the CoC Program, S+C, or SHP being required to pay more under the voucher program. Under the CoC Program, S+C, and SHP, persons assisted with rental assistance or leasing funds are generally only required to pay up to 30 percent of their adjusted income towards rent. If a project participant currently served in a PSH project under the CoC Program, S+C, or SHP were to be selected under a preference to be assisted under the voucher program, they may have to pay up to 40 percent of adjusted income at initial occupancy if the gross rent (rent and utilities) for the unit exceeds the PHA’s payment standard (the maximum monthly assistance payment for a family assisted in the voucher program (before deducting the total tenant payment by the family) which is set by the PHA by unit size anywhere between 90 and 110 percent of Fair Market Rent). PHAs and CoCs should consider this issue carefully when determining which individuals and families are best suited to remain stably housed after “moving up.”

PHAs also have the discretion to set minimum rents, which may cause PSH residents with no income to pay a higher rent in the public housing or voucher programs. However, residents must be exempted from minimum rents under circumstances of hardship, defined at 24 C.F.R. § 5.630(b).