

**County of Los Angeles - Department of Mental Health  
Housing and Job Development Division  
Federal Housing Subsidies Unit**

**HACLA HOMELESS SECTION 8 APPLICATION COVERSHEET & CHECKLIST - (rev. 02/16/23)**

The following forms are **required for every applicant** under the Section 8 Homeless Program. In order for the Housing Authority to expedite the process of reviewing and approving your referrals, **please complete all forms thoroughly**. Place a check mark next to those documents included in this application packet and arrange forms in the following order:

**DMH FORMS**

- \_\_\_\_\_ 1. Homeless Section 8 Application Coversheet and Checklist
- \_\_\_\_\_ 2. Housing Intake and Needs Assessment, *3 pages*
- \_\_\_\_\_ 3. HMIS Intake and Enrollment Form, *11 pages to be completed for each adult and minor in the household*
- \_\_\_\_\_ 4. Authorization for Request or Use/Disclosure of Protected Health Information (*MH 677 HMIS*), *2 pages*
- \_\_\_\_\_ 5. Authorization for Request or Use/Disclosure of Protected Health Information (*MH 677 HACLA*), *2 pages*
- \_\_\_\_\_ 6. Service Provider Responsibility Form, *2 pages*
- \_\_\_\_\_ 7. Homeless Section 8 Client Agreement
- \_\_\_\_\_ 8. Affordable Care Act Certification Form
- \_\_\_\_\_ 9. McKinney Vento Act Notice - Acknowledgement of Receipt
- \_\_\_\_\_ 10. Agency Referral Letter – including a 3-year timeline of housing / homelessness history  
(Include explanation of address on ID if different from current address & why client can't return there.)

**HACLA HOMELESS SECTION 8 FORMS**

- \_\_\_\_\_ 11. Transmittal Form – Homeless Program (HM)
- \_\_\_\_\_ 12. HACLA Homeless Section 8 Application Coversheet and Checklist
- \_\_\_\_\_ 13. CES Referral Form, *completed by the CES Regional Leads for applicants prioritized though CES only*
- \_\_\_\_\_ 14. Request for Criminal History (*form RE-73 S8, 01/18*) *signed by all adults*
- \_\_\_\_\_ 15. Special Programs Application for Rental Assistance, *11 pages This form is not on the web, contact FHSU*
- \_\_\_\_\_ 16. Authorization for Release of Information, *2 pages*
- \_\_\_\_\_ 17. Authorization for the Release of Information/Privacy Act Notice (*form HUD-9886*), *2 pages*
- \_\_\_\_\_ 18. Supplement to Application for Federally Assisted Housing (*form HUD-92006*)
- \_\_\_\_\_ 19. Housing Authority - Authorization to Release of Information, *signed by all adults*
- \_\_\_\_\_ 20. Debts Owed to Public Housing Agencies and Terminations (*form HUD-52675*), *2 pages, signed by all adults*
- \_\_\_\_\_ 21. Declaration of Citizenship/Eligible Immigration Status (*forms NC-100A & NC-101*), *2 pages*
- \_\_\_\_\_ 22. Certified Statement – Events that Led to Homelessness (*form HM, 11/13*)
- \_\_\_\_\_ 23. Certification of Homelessness / Residence (*form Special Programs.HM-1, 7/14*), *2 pages*
- \_\_\_\_\_ 24. Certification of Chronic Homelessness (*form Special Programs.CH-1, 7/14*), *2 pages*
- \_\_\_\_\_ 25. Disability Certification with agency stamp at bottom (*form Special Programs.Dis-1, 7/14*)
- \_\_\_\_\_ 26. Applicant Questionnaire (*form HAPP-13, 01/18*), *completed by each adult*
- \_\_\_\_\_ 27. Authorization for Release of Confidential DPSS Information (*form RE-DPSS*) *completed by each adult*
- \_\_\_\_\_ 28. CalWORKs Homelessness Certification (*form ANC-CW-1, 6/16*), *signed by all adults*
- \_\_\_\_\_ 29. Applicant Agreement to Live in the City of Los Angeles (*form NCLA/NC-12, 6/16*)
- \_\_\_\_\_ 30. Certified Statement – Yes/No Questionnaire (*form ANC-19, 6/16*), *for all adults 18 years of age and older*
- \_\_\_\_\_ 31. Reasonable Accommodation Questionnaire (*form S504-02, 4/16*)
- \_\_\_\_\_ 32. Things You Should Know (*form HUD-1141-OIG, 12/05*), *2 pages, signed by all adults*
- \_\_\_\_\_ 33. Section 8 Family Obligations or Statement of Family (*HAPP-149, 2/2010*), *2 pages, signed by all adults*
- \_\_\_\_\_ 34. Limited English Proficiency Notice – Section 8 (*form LEP-02, 7/11*)
- \_\_\_\_\_ 35. Verification of Income (refer to item #12 on this checklist to provide different types of verification that apply)
- \_\_\_\_\_ 36. Identification Documents
  - \_\_\_\_\_ Current California Photo ID or Current California Driver's License, *for all adults in the household*
  - \_\_\_\_\_ Signed Social Security Cards, *for all household members*
  - \_\_\_\_\_ Birth Certificates, *for all minors in the household*
  - \_\_\_\_\_ Permanent Residence Card – both sides, (if applicable)

**Client Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Agency:** DMH / \_\_\_\_\_

**Agency Phone #:** \_\_\_\_\_

**Service Area:** \_\_\_\_\_

**Supervisorial District:** \_\_\_\_\_

County of Los Angeles - Department of Mental Health  
Housing and Job Development Division  
**HOUSING INTAKE AND NEEDS ASSESSMENT**

\_\_\_\_\_  
Date of Assessment

**Housing History:**

What is client's current living situation?

- Motel                       Board and Care    Streets, car, parks    Transitional residential program  
 Sober living home         Friends/family    Homeless shelter  
 Apartment/SRO    Other \_\_\_\_\_

Specify name or closest street: \_\_\_\_\_

Length of time in current situation?    0-3 months    3-6 months    6-9 months    9-12 months    12 months or longer

How many people does client live with? \_\_\_\_\_

Who does client live with? \_\_\_\_\_

Does client share a room?         Yes    No    If yes, with whom? \_\_\_\_\_

Does client pay rent?                 Yes    No    If yes, how much? \_\_\_\_\_

Does client have a key?               Yes    No    Does client's unit have running water/electricity?         Yes    No

Does client have access to bathroom and cooking facilities?         Yes    No

What kind of agreement does client have to live there? (lease/informal agreement)

\_\_\_\_\_

**Financial Situation:**

What is client's total monthly income? \_\_\_\_\_

- Source of Income:    SSI         GR         VA         SSDI     SDI     CALWORKs/TANF  
 Food Stamps    Child Support    Employment    Other (such as family support)  
 Unemployment Insurance         None

Is income expected in the future?         Yes    No    If yes, how much? \_\_\_\_\_

Does client have a payee?               Yes    No    Does client have a savings/checking account?         Yes    No

Has client ever served in the United States Military?         Yes    No

Is client eligible for Military/Veterans benefits?         Yes    No

**Transportation:**

Does client own a vehicle?         Yes    No    Does client use public transportation?         Yes    No

**Criminal Convictions:**

	Client:	Other Household Members:	Date of Conviction:
Drug-related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Production/manufacture of Methamphetamine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Violence-related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Registered as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Arson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
IS #

DMH / \_\_\_\_\_

\_\_\_\_\_  
Agency/Program

**Independent Living Supports/Assistance Needed:**

<u>Temporary</u>	<u>Ongoing</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Bathing
<input type="checkbox"/>	<input type="checkbox"/>	Care of personal hygiene
<input type="checkbox"/>	<input type="checkbox"/>	Cooking/preparing foods
<input type="checkbox"/>	<input type="checkbox"/>	Laundry
<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping/cleaning
<input type="checkbox"/>	<input type="checkbox"/>	Making/keeping the home safe
<input type="checkbox"/>	<input type="checkbox"/>	Accessing healthcare and medical issues
<input type="checkbox"/>	<input type="checkbox"/>	Grocery shopping
<input type="checkbox"/>	<input type="checkbox"/>	Public/private transportation
<input type="checkbox"/>	<input type="checkbox"/>	Budgeting/banking/money management
<input type="checkbox"/>	<input type="checkbox"/>	Social skills/interpersonal relationships
<input type="checkbox"/>	<input type="checkbox"/>	Exhibiting appropriate behaviors as outlined in lease agreement
<input type="checkbox"/>	<input type="checkbox"/>	Accessing services in crowded places
<input type="checkbox"/>	<input type="checkbox"/>	Paying rent
<input type="checkbox"/>	<input type="checkbox"/>	Maintaining important personal documents and files
<input type="checkbox"/>	<input type="checkbox"/>	Walking a reasonable distance
<input type="checkbox"/>	<input type="checkbox"/>	Ability to wait in line for services
<input type="checkbox"/>	<input type="checkbox"/>	Using public facilities (i.e., post office)

**Housing Plan:**

How much can client afford to pay in rent?  \$0-\$300  \$301-\$600  \$601-\$1,000  \$1,001+

Who will live with the client? \_\_\_\_\_

\_\_\_\_\_ Number of minor children      \_\_\_\_\_ Number of adults      \_\_\_\_\_ Number/kind of pets

Does client have a poor credit history?  Yes  No

Does client have financial resources to pay for move-in expenses?  Yes  No

Does client need household furnishings/appliances?  Yes  No

Where does client want to live? Service Area: \_\_\_\_\_ City: \_\_\_\_\_

Does anyone in the client's family have physical limitations that would require accommodations?  Yes  No

If yes, what accommodations? \_\_\_\_\_

Mark all of the following housing situations that client would consider to be acceptable:

Co-Ed environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sharing a unit/room with another family or individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shared or collaborative housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DMH Temporary Shelter Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residential drug treatment program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sober living home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Apartment unit/SRO?	<input type="checkbox"/> Yes <input type="checkbox"/> No

In what ways does client need help in locating housing?  Housing referrals  Housing search  Transportation  
 Completing application  Other \_\_\_\_\_

Has client ever been evicted from non-subsidized housing?  Yes  No

If yes, how many evictions has client had in the last 10 years? \_\_\_\_\_

Is client interested in applying for any of the following permanent housing options?

Homeless Section 8     Shelter Plus Care (SPC)     Section 8     Project Based Section 8/SPC housing

If yes, complete the questions on the following page: \_\_\_\_\_

Print Client Name	IS #
DMH /	
Agency/Program	

**Shelter Plus Care (SPC) or Homeless Section 8 Eligibility Assessment ( Only Complete If Applicable ) :**

Does the client meet HUD homeless criteria (reside in a place not fit for human habitation such as the streets, a park, a car, abandoned buildings, etc., an emergency shelter, transitional housing for clients who originally came from the streets or an emergency shelter, any of these but is spending a short time in a hospital or other institution, residing in a hospital or institution longer than 30 days if there is no discharge plan and the person would be homeless upon discharge, living in a private dwelling and be within one week of a sheriff's eviction with no resources or subsequent residence identified)?

Yes  No

Has the client been HUD homeless for a continuous year or longer?

Yes  No

Has client ever been evicted from a Governmental subsidized housing program (Sec. 8, SPC etc.)?

Yes  No

If client is currently homeless, how many episodes of HUD homelessness has s/he had in the last three years?

1  2  3  4  5 or more

Is client a US citizen or legal resident?

Yes  No

Does client reside in:

A place not meant for human habitation such as the streets, a car, abandoned buildings, parks, bus stations, doorways, etc.?

Yes  No

A homeless shelter?

Yes  No

Transitional or supportive housing for homeless persons who originally came from the streets or a homeless shelter?

Yes  No

Any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution and would otherwise sleep in the types of places described above?

Yes  No

A hospital or institution longer than 30 days if there are no resources available or discharge plan in place and the individual will be homeless when discharged?

Yes  No

A private dwelling and be within one week of a Sheriff's eviction (has eviction papers) with no subsequent residence identified, and lacks the resources and support networks to obtain housing?

Yes  No

Is client fleeing from domestic violence?

Yes  No

Shelter Plus Care is designed for clients who need intensive supportive services such as those in Full Service Partnerships (FSP).

Is the client expected to receive approximately \$12,000/yr. worth of ongoing supportive services for at least 5 years?

Yes  No

If the client wants to apply for Homeless Section 8:

Will s/he be receiving supportive services for at least 1 year after lease up?

Yes  No

Is client willing to have at least 4 housing visits in the 1st year of occupancy?

Yes  No

What is the client's housing goal? \_\_\_\_\_

What have been/are barriers to permanent housing? \_\_\_\_\_

What are the steps/plan to help client achieve housing goal (include how barriers will be addressed)?

\_\_\_\_\_

Print Client Name

\_\_\_\_\_

IS #

DMH /

\_\_\_\_\_

Agency/Program

Provider Signature: \_\_\_\_\_

Client Signature: \_\_\_\_\_

**GREATER LOS ANGELES & ORANGE COUNTY**  
**HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)**  
**CONSENT TO SHARE PROTECTED PERSONAL INFORMATION**

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The LA/OC HMIS is a local electronic database that securely record information (data) about clients accessing housing and homeless services within the Greater Los Angeles and Orange Counties. This organization participates in the HMIS database and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household members.

**What information is shared in the HMIS database?**

We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your case notes and services
- Your case manager's contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any history of domestic violence
- Your photo (optional)

**How do you benefit from providing your information?**

The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your 'story.' Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

**Who can have access to your information?**

Organizations that participate in the HMIS database can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers.

**How is your personal information protected?**

Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

**By signing below, you understand and agree that:**

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
- This consent is valid for seven (7) years from the date the PPI was created or last changed.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
- The Privacy Notice for the LA/OC HMIS contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
- No later than five (5) business days of your written request, we will provide you with:
  - A correction of inaccurate or incomplete PPI
  - A copy of your consent form
  - A copy of your HMIS records; and
  - A current list of participating organizations that have access to your HMIS data.
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent.
- You are not waiving any rights protected under Federal and/or California law.

**SIGNATURE AND ACKNOWLEDGEMENT**

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

**I consent to sharing my photograph. (Check here)**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Head of Household (Check here)**

**Minor Children (if any):**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

\_\_\_\_\_  
**Print Name of Organization Staff**

\_\_\_\_\_  
**Print Name of Organization**

\_\_\_\_\_  
**Signature of Organization Staff**

\_\_\_\_\_  
**Date**

# HMIS Intake and Enrollment Form

Client Name / HMIS ID: \_\_\_\_\_

## Client Profile (required questions are shaded)

HMIS Consent signed (Release of Information Permission):  No  Yes Date consented (Start Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Social Security Number</b>	_____ - _____ - _____		
<b>Quality of SSN</b>	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Last Name</b>	_____		
<b>First Name</b>	_____		
<b>Quality of Name</b>	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Quality of DOB</b>	<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Date of Birth</b>	____/____/____		
<b>Middle Name</b>	_____		<b>Suffix:</b> _____
<b>Maiden Name</b>	_____		
<b>Alias</b>	_____		
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
<b>Primary Language</b>	_____		
<b>TB Clearance Date</b>	____/____/____		<b>Clinic:</b> _____
<b>Have you ever served in the U.S. Military? (Veteran Status)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

If the client identifies as Yes to veteran status, then the following questions are required:

<b>Dates of military service (Year Only)</b>	_____ to _____			
<b>Branch of Military</b>	<input type="checkbox"/> Army <input type="checkbox"/> Air Force	<input type="checkbox"/> Navy <input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected	
<b>Discharge Status</b>	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under other than honorable conditions (OTH)	<input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
<b>Theater of Operations</b>	World War II	Korean War	Vietnam War	Persian Gulf War
	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused
	Afghanistan (Enduring Freedom)	Iraq (Iraqi Freedom)	Iraq (New Dawn)	Other Operations
	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused

# HMIS Intake and Enrollment Form

Client Name / HMIS ID: \_\_\_\_\_

## Documentation (Files)

**Check all that are in the client's possession:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Birth Certificate         | <input type="checkbox"/> Proof of Residency     | <input type="checkbox"/> VA Release                       |
| <input type="checkbox"/> Certificate of Disability | <input type="checkbox"/> Reference Letter       | <input type="checkbox"/> LACDMH 677 Authorization Consent |
| <input type="checkbox"/> DD214 (Veterans Only)     | <input type="checkbox"/> Social Security Card   | <input type="checkbox"/> DHS Pre-release                  |
| <input type="checkbox"/> Driver's License / CA ID  | <input type="checkbox"/> TB Certification       | <input type="checkbox"/> Other:                           |
| <input type="checkbox"/> Homeless Verification     | <input type="checkbox"/> Verification of Income |   |

## Client Contact Information (Location)

Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Mailing <input type="checkbox"/> Emergency <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Message <input type="checkbox"/> Management Compancy <input type="checkbox"/> Forwarding Address	Name	
	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
	Email	
	Phone 1	
	Phone 2	

## Outreach Contact Information (Location)

Address Type: <input type="checkbox"/> Outreach  Date Contacted: _____ / _____ / _____	Client Name	
	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
	Email	
	Phone 1	
	Phone 2	



# HMIS Intake and Enrollment Form

Client Name / HMIS ID: \_\_\_\_\_

**Program Entry** – All clients, all fields required unless otherwise noted

Program Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_

1. Program Start Date	_____/_____/_____		
2. Relationship to Head of Household	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Head of household's child <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Head of Household's spouse or partner		
4. Client Location (CoC)	<input type="checkbox"/> CA-600 – Los Angeles <input type="checkbox"/> CA-602 – Orange County <input type="checkbox"/> CA-606 – Long Beach	<input type="checkbox"/> CA-607 – Pasadena <input type="checkbox"/> CA-611 – Ventura County <input type="checkbox"/> CA-612 – Glendale	<input type="checkbox"/> CA-614 – San Luis Obispo County

**CES Placement** – Permanent Housing and Transitional Housing only

5. Was the client placed into this housing program through CES?	<input type="checkbox"/> No <input type="checkbox"/> CES for Single Adults <input type="checkbox"/> CES for Families <input type="checkbox"/> CES for Youth
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**Housing Move-In** – Rapid Re-housing, Permanent Housing, and Street Outreach projects only, only required for Head of Household

6. Has the client moved-in to permanent housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Housing Move-In Date: ____/____/____
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**Outreach** – Outreach projects only, all fields required unless otherwise noted

7. Has the client been engaged? Engagement means an interactive client relationship results in a deliberate client assessment.	<input type="checkbox"/> No <input type="checkbox"/> Yes: Engagement Date: ____/____/____
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# HMIS Intake and Enrollment Form

Client Name / HMIS ID: \_\_\_\_\_

**Homelessness** – Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded

**FOR ALL PROJECTS EXCEPT EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH:**

9. What was the situation you were living in immediately prior to project entry? (Type of residence)	10. How long was the client staying in that place? (Length of stay in prior living situation)	10a/b Did the client stay less than...
<p><b>Literally Homeless Situations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Place not meant for habitation</li> <li><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter</li> <li><input type="checkbox"/> Safe Haven</li> <li><input type="checkbox"/> Interim Housing</li> </ul>	<p><b>For literally homeless situations:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One night or less</li> <li><input type="checkbox"/> Two to six nights</li> <li><input type="checkbox"/> One week or more, but less than one month</li> <li><input type="checkbox"/> One month or more, but less than 90 days</li> <li><input type="checkbox"/> 90 days or more, but less than one year</li> <li><input type="checkbox"/> One year or longer</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> <li><input type="checkbox"/> Data not collected</li> </ul>	<p><b>Not Applicable</b> Go to question 11</p>
<p><b>Institutional Situations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foster care home or foster care group home</li> <li><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</li> <li><input type="checkbox"/> Jail, prison or juvenile detention facility</li> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> </ul>	<p><b>For institutional situations:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One night or less</li> <li><input type="checkbox"/> Two to six nights</li> <li><input type="checkbox"/> One week or more, but less than one month</li> <li><input type="checkbox"/> One month or more, but less than 90 days</li> <li><input type="checkbox"/> 90 days or more, but less than one year</li> <li><input type="checkbox"/> One year or longer</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> <li><input type="checkbox"/> Data not collected</li> </ul>	<p><b>10a: 90 days:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes Go to question 10c</li> <li><input type="checkbox"/> No Go to question 20</li> </ul>
<p><b>Transitional &amp; Permanent Housing Situations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</li> <li><input type="checkbox"/> Owned by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Owned by client, with ongoing housing subsidy</li> <li><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</li> <li><input type="checkbox"/> Rental by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Rental by client, with VASH subsidy</li> <li><input type="checkbox"/> Rental by client, with GPD TIP subsidy</li> <li><input type="checkbox"/> Rental by client, with other housing subsidy (including RRH)</li> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria</li> <li><input type="checkbox"/> Staying or living in a family member's room, apartment or house</li> <li><input type="checkbox"/> Staying or living in a friend's room, apartment or house</li> <li><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</li> </ul>	<p><b>For transitional &amp; permanent housing situations:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One night or less</li> <li><input type="checkbox"/> Two to six nights</li> <li><input type="checkbox"/> One week or more, but less than one month</li> <li><input type="checkbox"/> One month or more, but less than 90 days</li> <li><input type="checkbox"/> 90 days or more, but less than one year</li> <li><input type="checkbox"/> One year or longer</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> <li><input type="checkbox"/> Data not collected</li> </ul>	<p><b>10b: 7 nights:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes Go to question 10c</li> <li><input type="checkbox"/> No Go to question 20</li> </ul>
<p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> <li><input type="checkbox"/> Data not collected</li> </ul>		

# HMIS Intake and Enrollment Form

Client Name / HMIS ID: \_\_\_\_\_

**FOR EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH PROJECTS:**

<p><b>9.</b> What was the situation you were living in immediately prior to project entry? (<i>Type of residence</i>)</p>	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p><b>10.</b> How long was the client staying in that place? (<i>Length of stay in prior living situation</i>)</p>	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

**After answering question 10, go to question 11**

If the client is coming from an institution after having stayed less than 90 days or if the client is coming from a transitional, permanent, or other situation after having stayed less than 7 nights, then the following question is required:

<p><b>10c.</b> On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
--	---

If the project being entered is an emergency shelter, safe haven, or street outreach, or if the client answered questions #4 and #5, then the following questions are required:

<p><b>11.</b> What approximate date did you start living on the streets, emergency shelter, or safe haven? (<i>Approximate date homelessness started</i>)</p>	<p>____/____/____</p>
<p><b>12.</b> In the past three years, how many times have you returned to the streets, an emergency shelter, or a safe haven after being housed? (<i>Number of times on the streets, in ES, or Safe Haven in the past three years including today</i>)</p>	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

# HMIS Intake and Enrollment Form

Client Name / HMIS ID: \_\_\_\_\_

<b>13. In those three years, what is the total number of months spent homeless on the streets, in an emergency shelter, or in a safe haven?</b> <i>(Total number of months homeless on the street, in ES, or SH in the past three years)</i>	<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> 7	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> Client refused
	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> 4	<input type="checkbox"/> 10	
	<input type="checkbox"/> 5	<input type="checkbox"/> 11	
	<input type="checkbox"/> 6	<input type="checkbox"/> 12	
		<input type="checkbox"/> More than 12 months	

Continue for all clients:

## **Disabling Conditions and Barriers - All fields required unless otherwise noted**

<b>21. Do you have a physical disability?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
If question #21 was answered as "Yes" (**), then the following questions are <b>required</b> :		
<b>21a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
<b>22. Have you ever been told you have a learning disability or developmental disability?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
If question #22 was answered as "Yes" (**), then the following questions are <b>required</b> :		
<b>22a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
<b>23. Do you have a chronic health condition?</b> <i>A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: <b>heart disease</b> (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); <b>severe asthma</b>; <b>diabetes</b>; <b>arthritis-related conditions</b> (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); <b>adult onset cognitive impairments</b> (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); <b>severe headache/migraine</b>; <b>cancer</b>; <b>chronic bronchitis</b>; <b>liver condition</b>; <b>stroke</b>; or <b>emphysema</b>.</i>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
If question #23 was answered as "Yes" (**), then the following questions are <b>required</b> :		
<b>23a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
<b>24. Have you been diagnosed with AIDS or have you tested positive for HIV?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
If question #24 was answered as "Yes" (**), then the following questions are <b>required</b> :		
<b>24a. Do you expect this to substantially impair your ability to live independently?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
<b>25. Do you feel you currently have a mental health problem?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
If question #25 was answered as "Yes" (**), then the following questions are <b>required</b> :		
<b>25a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

# HMIS Intake and Enrollment Form

Client Name / HMIS ID: \_\_\_\_\_

26. Do you <i>currently</i> have a drug or alcohol problem?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Alcohol* <input type="checkbox"/> Client refused <input type="checkbox"/> Drug* <input type="checkbox"/> Data not collected <input type="checkbox"/> Both*
---	---

If question #26 was answered as "Alcohol", "Drug", or "Both" (\*\*), then the following questions are **required**:

26a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
--	---

27. Have you been a victim of domestic violence or a victim of intimate partner violence?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes** <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	---

If question #27 was answered as "Yes" (\*\*), then the following question is **required**:

27a. If you experienced domestic or intimate partner violence, how long ago did you have this experience?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> From six to twelve months ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

27b. Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---------------------------------	---

<p><b>SURVEYOR ONLY – DO NOT ASK:</b></p> <p><b>28. Is the client chronically homeless?</b>  <i>To be chronically homeless, the client must be an unaccompanied homeless individual (or adult in a family) with a disabling condition who has been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness totaling one year in duration in the past three years. To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.</i></p>	<input type="checkbox"/> Not chronically homeless <input type="checkbox"/> Chronically homeless because of continuous homelessness 1 year or more <input type="checkbox"/> Chronically homeless because of 4 or more episodes of homelessness in 3 years
---	--

**Tuberculosis – Emergency Shelters only, all fields required unless otherwise noted**

29. Do you have a cough that has lasted longer than 3 weeks?	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused
30. Have you recently lost weight without explanation during the past month?	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused
31. Have you had frequent night sweats during the past month, soaking your sheets or clothing?	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused
32. Have you coughed up blood in the past month?	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused
33. Have you been feeling much more tired than usual over the past month?	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused
34. Have you had fevers almost daily for more than one week?	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused

# HMIS Intake and Enrollment Form

Client Name / HMIS ID: \_\_\_\_\_

**Employment - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted**

35. Are you currently employed?		<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
If question #35 was answered as "No" (*), then the following question is <b>required</b> :			
35a. Are you.... (read options to the right)		<input type="checkbox"/> Looking for work	<input type="checkbox"/> Not looking for work
		<input type="checkbox"/> Unable to work	
If question #35 was answered as "Yes" (**), then the following question is <b>required</b> :			
35b. What type of employment do you have?		<input type="checkbox"/> Full-time	<input type="checkbox"/> Seasonal / sporadic (including day labor)
		<input type="checkbox"/> Part-time	

**Cash Income for Individual - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted**

36. Do you receive any cash income?		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	
If question #36 was answered as "Yes", then the following question is <b>required</b> :				
<b>Income Source and Monthly Income: What sources of income do you have, and how much do you get on a monthly basis?</b>				
<input type="checkbox"/> Earned Income (employment wages / cash)	\$	<input type="checkbox"/> CalWorks	\$	
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> General Assistance (GA) / General Relief (GR)	\$	
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> Retirement Income from Social Security	\$	
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$	<input type="checkbox"/> Pension or retirement income from a former job	\$	
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/> Child Support	\$	
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	<input type="checkbox"/> Alimony and other spousal support	\$	
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other Source (Specify: _____)	\$	
<input type="checkbox"/> Worker's Compensation	\$			
36a. Income Documentation Do you have documents that verify income?		<input type="checkbox"/> GR Form	<input type="checkbox"/> CalWORKs Form	<input type="checkbox"/> Pension Letter/Stub
		<input type="checkbox"/> Pay Stub	<input type="checkbox"/> Unemployment Insurance Forms	<input type="checkbox"/> Unemployment Forms
		<input type="checkbox"/> Utility Allowance	<input type="checkbox"/> W-2 Forms	<input type="checkbox"/> Self Declaration
		<input type="checkbox"/> Child Support Forms	<input type="checkbox"/> SSDI Form	<input type="checkbox"/> Employer Printout/Letter
		<input type="checkbox"/> Social Security Forms	<input type="checkbox"/> Workmans Comp	<input type="checkbox"/> VA Documentation
		<input type="checkbox"/> SSI Forms	<input type="checkbox"/> Self Employment Docs	<input type="checkbox"/> Other (Specify: _____)

**Non-Cash Benefits - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted**

37. Do you receive any non-cash benefits?		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	
If question #37 was answered as "Yes", then the following question is <b>required</b> :				
<b>Non-Cash Benefits</b> What non-cash benefits do you receive? (Check all that apply)		<input type="checkbox"/> Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP) <input type="checkbox"/> WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> CalWorks child care services <input type="checkbox"/> CalWorks transportation services <input type="checkbox"/> Other CalWorks-funded services <input type="checkbox"/> Other source (Specify: _____)		

# HMIS Intake and Enrollment Form

Client Name / HMIS ID: \_\_\_\_\_

## **Health Insurance** - All clients, all fields required unless otherwise noted

38. Are you covered by any type of health insurance?		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	
If question #37 was answered as "Yes", then the following questions are <b>required</b> :				
<b>Health Insurance</b> (Check all that apply):	<input type="checkbox"/> Medi-Cal (MEDICAID)	<input type="checkbox"/> Private pay health insurance		
	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> State Health Insurance for Adults		
	<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)	<input type="checkbox"/> Indian Health Services Program		
	<input type="checkbox"/> VA medical services	<input type="checkbox"/> Other health insurance (Specify: _____)		
	<input type="checkbox"/> Employer-provided health insurance			
	<input type="checkbox"/> COBRA			
38a. Health Insurance Provider	<input type="checkbox"/> Health Net	<input type="checkbox"/> VA		
	<input type="checkbox"/> Molina	<input type="checkbox"/> L.A. Care		
	<input type="checkbox"/> My Health LA (DHS)	<input type="checkbox"/> Care 1 <sup>st</sup> Health Plan		
	<input type="checkbox"/> Anthem Blue Cross	<input type="checkbox"/> Other		
	<input type="checkbox"/> Kaiser Permanente	<input type="checkbox"/> Unknown		

## **Youth/TAY** – Clients aged 16-24 only, all fields required unless otherwise noted

39. Did you run away from home or a foster care home?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused		
40. Are you a current or former foster care youth?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused		
41. Have you ever been in the juvenile justice system?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused		
42. Have you ever been on adult probation?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused		
43. Which of the following best represents how you think about yourself?	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual		<input type="checkbox"/> Client refused

## **Health and Education** – All clients, all fields required unless otherwise noted

44. Are you pregnant?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes*	<input type="checkbox"/> Client refused
If question #44 was answered as "Yes" (*), then the following question is <b>required</b> :		
44a. What is your due date?	____/____/____	

## AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

### COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH (LACDMH)

I authorize the use and disclosure of my protected health information (PHI) as described below:

#### CLIENT/INDIVIDUAL IDENTIFICATION

First Name

Last Name

Street Address

City, State, Zip

( )

IBHIS Number

Birth Date

Phone Number

#### DISCLOSING PARTY - RECIPIENT OF PHI

**This authorization allows:** Department of Mental Health to use and/or to disclose my PHI, as described below, to the Los Angeles Homeless Management Information System (HMIS).

#### **REDISCLASURE NOTICE:**

I understand that my PHI which is used or disclosed pursuant to this Authorization may no longer be protected by Federal Law and could be further used or disclosed by the recipient without my authorization. I also understand that once my information is disclosed, it may not be possible to retrieve.

#### DESCRIPTION OF PHI & PURPOSE

##### **Description of PHI to be Disclosed:**

Information contained in the Section 8 Special Programs application such as verification of disability, demographics, financial information, current and previous addresses, social security number, proof of citizenship/legal residency, employment information and any additional information that would assist an individual/family to obtain housing. Also, any information required to maintain housing such as frequency, type and financial value of services.

##### **Purpose of Disclosure:**

My PHI may be used for determination of eligibility for the Section 8 Special Program, assistance with locating and/or maintaining housing, and to meet all of the requirements of the housing program such as entering information into the HMIS managed by the Los Angeles Homeless Services Authority. This information will also be used to coordinate services and track client information.



**AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)**

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH (LACDMH)**

Neither LACDMH nor any person signing this Authorization will receive any direct or indirect remuneration.

**NOTICE**

**COPY OF THIS AUTHORIZATION:** I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

**CONDITIONS:** I understand that I may refuse to sign this Authorization without affecting my ability to obtain treatment.

*LACDMH will not take any intimidating or retaliatory acts against anyone who does not wish to disclose their PHI or sign this Authorization.*

**EXPIRATION DATE**

**Expiration Date:** This authorization remains valid until the Section 8 Special Program participant is no longer receiving housing subsidy services through Department of Mental Health’s grant with City and/or County Housing Authorities.

I have had an opportunity to review and understand the content of this Authorization form. By signing this Authorization, I am confirming that it accurately reflects my wishes.

**Signature of Client/Individual/Personal Representative**

**Date**

If signed by other than client, state relationship and authority to do so: \_\_\_\_\_  
.....

**REVOCATION OF AUTHORIZATION:** I understand that I have the right to revoke this authorization at any time in writing. I may use the Revocation of Authorization Section of this form, mail or deliver the revocation to **LAC-DMH Housing and Job Development Division Federal Housing Subsidies Unit, 510 S. Vermont Ave., 17<sup>th</sup> Floor, Los Angeles, CA 90020**. I also understand that a revocation will be effective upon receipt, but will not be effective as to uses and/or disclosures of my protected health information already made in reliance on this Authorization.

**REVOCATION OF AUTHORIZATION**

**Signature of Client/Individual/Personal Representative**

**Date**

If signed by other than client, state relationship and authority to do so: \_\_\_\_\_

## AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

### COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH (LACDMH)

I authorize the use and disclosure of my protected health information (PHI) as described below:

#### CLIENT/INDIVIDUAL IDENTIFICATION

First Name

Last Name

Street Address

City, State, Zip

( )

IBHIS Number

Birth Date

Phone Number

#### DISCLOSING PARTY - RECIPIENT OF PHI

**This authorization allows:** Department of Mental Health to use and/or to disclose my PHI, as described below, to the Housing Authority of the City of Los Angeles (HACLA), Special Program Operations and Administration.

#### **REDISCLASURE NOTICE:**

I understand that my PHI which is used or disclosed pursuant to this Authorization may no longer be protected by Federal Law and could be further used or disclosed by the recipient without my authorization. I also understand that once my information is disclosed, it may not be possible to retrieve.

#### DESCRIPTION OF PHI & PURPOSE

##### **Description of PHI to be Disclosed:**

Information contained in HACLA's housing subsidy application such as verification of disability, demographics, financial information, current and previous addresses, social security number, proof of citizenship/legal residency, employment information and any additional information that would assist an individual/family to obtain housing. Also, any information required to maintain housing such as frequency, type and financial value of services.

##### **Purpose of Disclosure:**

My PHI may be used for determination of eligibility for housing subsidies assistance, with locating and/or maintaining housing, and to meet all of the requirements of the housing program such as providing quarterly and annual reports.

**AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)**

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH (LACDMH)**

Neither LACDMH nor any person signing this Authorization will receive any direct or indirect remuneration.

**NOTICE**

**COPY OF THIS AUTHORIZATION:** I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

**CONDITIONS:** I understand that I may refuse to sign this Authorization without affecting my ability to obtain treatment.

*LACDMH will not take any intimidating or retaliatory acts against anyone who does not wish to disclose their PHI or sign this Authorization.*

**EXPIRATION DATE**

**Expiration Date:** This authorization remains valid until the housing subsidies program participant is no longer receiving services through Department of Mental Health’s grant with HACLA.

I have had an opportunity to review and understand the content of this Authorization form. By signing this Authorization, I am confirming that it accurately reflects my wishes.

**Signature of Client/Individual/Personal Representative**

**Date**

If signed by other than client, state relationship and authority to do so: \_\_\_\_\_  
.....

**REVOCAION OF AUTHORIZATION:** I understand that I have the right to revoke this authorization at any time in writing. I may use the Revocation of Authorization Section of this form, mail or deliver the revocation to **LAC-DMH Housing and Job Development Division Federal Housing Subsidies Unit, 510 S. Vermont Ave., 17<sup>th</sup> Floor, Los Angeles, CA 90020**. I also understand that a revocation will be effective upon receipt, but will not be effective as to uses and/or disclosures of my protected health information already made in reliance on this Authorization.

**REVOCAION OF AUTHORIZATION**

**Signature of Client/Individual/Personal Representative**

**Date**

If signed by other than client, state relationship and authority to do so: \_\_\_\_\_

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

**HOUSING AND JOB DEVELOPMENT DIVISION**

**HOMELESS SECTION 8 PROGRAM  
SERVICE PROVIDER RESPONSIBILITY FORM**

**To be completed and signed by the DMH Program/Agency Manager:**

Name of Client: \_\_\_\_\_

Name of Client's DMH Treatment Provider Agency: DMH / \_\_\_\_\_

The program manager will ensure that the Homeless Section 8 participant will have an assigned case manager who will be responsible for the following for the duration of client participation in the program:

- Use a Housing First approach to assist clients with immediate access to housing and the supports needed to retain housing.
- Assist the client with completing the required documents by the Housing Authority of the City of Los Angeles (HACLA) and accompany the participant to scheduled meetings at the Housing Authority.
- Assist the client in a housing search.
- Send signed lease agreements to the Federal Housing Subsidies Unit (FHSU) when received.
- Ensure that the agency remains updated regarding participant's current contact information.
- Maintain, at a minimum, monthly contact with the participant and conduct quarterly home visits.
- Conduct needs assessments to determine appropriate linkage to community-based services such as health care, childcare, alcohol and other substance abuse, education and/or job training, and other services essential for achieving and maintaining independent living.
- Conduct ongoing assessments/evaluations to monitor progress and provide appropriate interventions as needed.
- Update the participant's treatment plan and/or problem list annually and include any appropriate housing-related goals.
- Document housing supportive services in clinical file, including but not limited to: CES survey completion and entry into HMIS, assistance with applications,

accompanying client to Housing Authority, housing search and housing stabilization.

- Submit signed MH 677, Authorizations for Request and Use/Disclosure of Protected Health Information (PHI) to allow DMH to disclose PHI to the Housing Authority (MH 677 HACLA) and to the Los Angeles Homeless Services Authority/Homeless Management Information System (MH 677 HMIS)
- Comply with all requirements of McKinney Vento's Homeless Assistance Act (42 U.S.C. 11431 et seq.) including that they ensure and monitor that households with school-aged minors are enrolled in school and receive entitled benefits.
- Complete all required reports and any other requested documentation including the Client Home Visit Progress Report (HACLA) for a minimum of twelve (12) months from the lease-up date for HACLA participants. These records will be subject to audit by HUD and the local Housing Authority administering the grant.
- Participate in regularly scheduled Housing Liaison meetings to obtain updates on program requirements.
- Assist the client with completing his/her paperwork for the Annual Recertification Packet (HACLA).
- If the participant is transferred to another directly-operated or contracted DMH agency/program, ensure that the new program is aware that the client is a Homeless Section 8 participant and that they understand the requirements of the program by gaining the signature of the new Program Manager on the Service Provider Responsibility form and submitting it to FHSU.
- Notify FHSU if the participant abandons his/her unit, is deceased, or terminated from Homeless Section 8.

Case Manager's Name (Print): \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager's Program/Agency Affiliation: \_\_\_\_\_

Program/Agency Manager's Name (Print): \_\_\_\_\_

Program/Agency Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Agency Affiliation: \_\_\_\_\_

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH**  
**HOMELESS SECTION 8 PROGRAM CLIENT AGREEMENT**

As a participant in the Homeless Section 8 Program with the Housing Authority of the City of Los Angeles (HACLA), **I agree to abide by the following program expectations:**

1. Maintain contact and meet, as necessary, with my case manager at a minimum of once monthly for a minimum of twelve (12) months after lease up if I receive my subsidy from HACLA.
2. Participate in the development of my treatment plan and/or problem list with my service provider team to pursue my recovery goals.
3. Participate in supportive services to pursue my recovery goals including vocational and educational assistance, life skills classes, budget and money management classes, nutritional planning, and any other supportive services as deemed necessary.
4. Receive quarterly home visits from my service provider team.
5. Abide by the terms of my lease agreement.
6. Provide a signed lease agreement to my service provider team in a timely manner.
7. Provide my service provider team with updated contact information (phone number, address, emergency contact. etc).
8. If applicable, provide my service provider team with information about any school-aged minors in my household and whether they are enrolled in school and receiving entitled benefits so that DMH can be in compliance w/ McKinney Vento's Homeless Assistance Act (42 U.S.C. 11431 et seq.).
9. \_\_\_\_\_
10. \_\_\_\_\_

Print Client's Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Translated by: \_\_\_\_\_

Date: \_\_\_\_\_

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

**HOUSING AND JOB DEVELOPMENT DIVISION**

**AFFORDABLE CARE ACT CERTIFICATION FORM**

**To be completed and signed by the Case Manager:**

Our agency / program certifies that we are ensuring this program participant is assisted in applying for ACA Health Benefits, if appropriate (or officially opting out) and maintaining documentation indicating if the assistance was provided and completed on-site or if a referral was made to an off-site agency.

Check here if participant already has health insurance such as Medi-Cal or Medicare

Name of Participant: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Print Case Manager's Name: \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Los Angeles County  
**DEPARTMENT OF MENTAL HEALTH**

**ACKNOWLEDGEMENT OF RECEIPT**  
MCKINNEY-VENTO ACT HOMELESS EDUCATION RIGHTS

According to the McKinney-Vento Act, children have the right to:

- Go to school, even if they do not have a permanent address
- Immediate enrollment, even if missing records and documents normally required for enrollment
- Attend the school attended immediately prior to becoming a family or youth that became homeless, if at all possible (taking shelter resources and domestic violence situations into consideration)
- Have access to the same services and programs that are available to all other students
- Receive transportation to school from their current residence
- Automatically be enrolled in free lunch or free meal programs

The following resources can assist you to access educational benefits for your family:

**Los Angeles County Office of Education Website:**

<http://www.lacoe.edu/StudentServices/HomelessFosterYouth/HomelessChildren>

**Los Angeles County Office of Education Contact**

Melissa Schoonmaker

School Attendance Review Board/McKinney-Vento Homeless Education Program Manager

Email: [homeless\\_program@lacoe.edu](mailto:homeless_program@lacoe.edu)

Phone: (562) 922-6233 Fax: (562) 922-6781

Student Support Services - Education Center West (formerly Clark)

12830 Columbia Way, ECW-3236, Downey, CA 90242

**Los Angeles Unified School District (LAUSD):**

**LAUSD Web site**

<http://homelesseducation.lausd.net/>

**LAUSD Contact**

Angela Chandler, Pupil Service and Attendance Coordinator

Phone: (213) 202-7581 Fax: (213) 580-6551

LAUSD Homeless Education Program, Roybal Annex

121 N. Beaudry Ave.

Los Angeles, CA 90012

Please refer to the attached bulletin from the California Department of Education for additional information.

I acknowledge receiving this notice and the attached bulletin: \_\_\_\_\_

Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Los Angeles County  
**DEPARTMENT OF MENTAL HEALTH**

**NOTICE TO HOUSEHOLDS WITH SCHOOL-AGE YOUTH  
MCKINNEY-VENTO ACT HOMELESS EDUCATION RIGHTS**

According to the McKinney-Vento Act, children have the right to:

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- Immediate enrollment, even if missing records and documents normally required for enrollment
- Attend the school attended immediately prior to becoming a family or youth that became homeless, if at all possible (taking shelter resources and domestic violence situations into consideration)
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**Los Angeles County Office of Education Contact**

Melissa Schoonmaker

School Attendance Review Board/McKinney-Vento Homeless Education Program Manager

Email: [homeless\\_program@lacoe.edu](mailto:homeless_program@lacoe.edu)

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**LAUSD Contact**

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Phone: (213) 202-7581 Fax: (213) 580-6551

LAUSD Homeless Education Program, Roybal Annex

121 N. Beaudry Ave.

Los Angeles, CA 90012

Please refer to the attached bulletin from the California Department of Education for additional information.

# You can ENROLL in school!

## Even if you have:

- Uncertain housing
- A temporary address
- No permanent physical address



## You are guaranteed enrollment in school by the federal McKinney-Vento Act and California state law if you live:

- In a shelter (family, domestic violence, or youth shelter or transitional living program)
- In a motel, hotel, or weekly rate housing
- In a house or apartment with more than one family because of economic hardship or loss
- In an abandoned building, in a car, at a campground, or on the street
- In temporary foster care or with an adult who is not your parent or guardian
- In substandard housing (without electricity, water, or heat)
- With friends or family because you are a runaway or an unaccompanied youth



## To enroll in or attend school if you live under any of these conditions, you do NOT need to provide:

- Proof of residency
- Immunization records or tuberculosis skin-test results
- School records
- Legal guardianship papers



## You may:

- Participate fully in all school activities and programs for which you are eligible.
- Continue to attend the school in which you were last enrolled even if you have moved away from that school's attendance zone or district.
- Receive transportation from your current residence back to your school of origin.
- Qualify automatically for child nutrition programs (free and reduced-price lunches and other district food programs).
- Contact the district liaison to resolve any disputes that arise during the enrollment process.



## Parents' responsibilities are to:

- Make sure your child attends school regularly and completes homework and projects on time.
- Attend parent/teacher conferences, Back-to-School Nights, and other school-related activities.
- Stay informed of school rules, regulations, and activities.
- Participate in school advisory/decision-making activities.



## For questions about enrolling in school or for assistance with school enrollment, contact:

### Your local school district liaison:

**Nancy Gutierrez**  
Pupil Service and Attendance Coordinator  
LAUSD Homeless Education Program,  
Roybal Annex  
121 N. Beaudry Ave.  
Los Angeles, CA 90012  
Phone: 1-213-202-7581

### Your county liaison for the homeless:

**Melissa Schoonmaker**  
Homeless Education Program Manager  
School Attendance Review Board /  
McKinney-Vento  
12830 Columbia Way, ECW-3236  
Downey, CA 90242  
Phone: 1-562-922-6233

### Your state coordinator for the homeless:

**Leanne Wheeler**  
State Coordinator  
California Department of Education  
1430 N Street, Suite 6208  
Sacramento, California 95814  
Phone: 1-866-856-8214

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
FEDERAL HOUSING SUBSIDIES UNIT**

**Sample Format for Case Manager / Housing Liaison Referral Letter**

**Must be on Agency letterhead.**

**First Paragraph**

- Just one or two sentences describing your agency's program(s) (Attaching an agency brochure helps.)
- Applicant's entry date into your agency's program
- Applicant's exit date from your agency's program. (If applicable, explain why the Applicant is leaving your agency's program, and identify the linkage schedule and the next provider to whom Applicant will be linked--agency name, case manager name and phone number.)
- Say where the applicant is living at the present time.
  - If he or she is in a shelter ask the shelter to write a letter on their letterhead (and add their pamphlet, if available).
  - If the applicant is living on the "streets," include information specifying where he or she can be found (e.g., "Ms. Jones resides in the alley directly behind the Baja Fresh Restaurant located at 6043 Hollywood Boulevard, Hollywood, CA 90028. I have met with her for case management at this location on the following dates: 01/23/04, 02/06/04, 03/10/04, and 04/13/04. She was noted by police citation for sleeping in this alley on the following dates: 05/23/04, and 05/30/04.")

**Troubleshooting**

- If exit date at shelter has passed, then explain why the Applicant is still in the program.
- *Example:* "Even though Mr. Smith's residential time at XYZ Shelter has expired, we received permission to allow him to stay here until he is approved for a Continuum of Care Certificate. "
- Be mindful if you allow an Applicant to stay at your facility past their expiration date (i.e., identify why and for how long).

**Second Paragraph**

- Narrative outline of the Applicant's homeless history, with **NO** time gaps.
- Identify time periods Applicant can't recall, if any.
- This detailed history should begin from when Applicant began seeing the case manager. If that time is less than two years, then the case manager should include the Applicant's recollection of their homelessness prior to engagement.
- Include (1) the specific date Applicant first became homeless and (2) the event that caused Applicant's to become homeless. If the event is documented (e.g., eviction papers, motel receipts, etc.) reference them here and include them in the application.

- Identify and explain **all** Applicant telephone numbers and addresses disclosed **anywhere** in the application package, including the address on the Applicant's CDL or other photo ID.
- Explain why Applicant cannot live at / return to these addresses

### **Third Paragraph**

- Explain why you think this Applicant meets target population for Continuum of Care (Remember: the Applicant has to require a high level of service enough to meet the service match).
- Mental illness should only be mentioned; do not indicate client's diagnosis (e.g., "Mr. Burnett has a mental illness, attends all appointments regularly at the clinic, and is medication compliant.")
- Explain your Applicant's experience with your program
- Always include strengths and positive points concerning the applicant
- Mention Independent Living Skills, especially money management. (Place the person you have chosen for a Continuum of Care Certificate into a Community Living Program or Independent Living Skills class.)

### **Fourth Paragraph**

- If children are involved, please state: (1) where they are, (2) who is supporting them, and (3) if the child is in placement, attach court paperwork indicating who has custody and a letter from the Children's Social Worker indicating that the child will be allowed to reside with the applicant in the apartment.
- **Criminal Background Checks:** Criminal background checks are required for all adult family members (18 years and over) that will be residing with the applicant. Provide information concerning the following:
  - If the adult family member has been convicted of any drug or alcohol related offense, explain and document what treatment (including residential and out patient substance abuse treatment, 12-step meetings, etc.) he or she has been involved in and completed.
  - If the adult family member has been convicted of a violent offence, explain and document what treatment (including anger management classes, and individual therapy, etc.) he or she has been involved in and completed.

### **Fifth Paragraph**

- Closing remarks and contact information for referring clinician or case manager.

**Salutation,**

**Signature**  
**Title**



# DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.  
Interim Director

Curley L. Bonds, M.D.  
Chief Medical Officer

Connie D. Draxler, M.P.A.  
Acting Chief Deputy Director

## SAMPLE REFERRAL LETTER

November 1, 2022

Eligibility Interviewer  
Housing Authority of the City of Los Angeles  
Special Programs Operation  
2600 Wilshire Blvd., 2<sup>nd</sup> Fl  
Los Angeles, CA 90057

RE: Jane Doe, SS# 123-45-6789

Housing Authority of the City of Los Angeles:

I am writing this letter in support of Jane Doe's Continuum of Care application. Jane has been a client of the ACTION program since October 18, 2017. ACTION is an assertive community treatment program that assists dually diagnosed consumers with psychotherapy, case management, and psychiatry. Jane has a mental illness and has maintained all scheduled appointments with me for counseling and sees her psychiatrist regularly despite her lack of a fixed nightly residence.

Jane became homeless on January 8, 2018 after fleeing from a domestic violence situation. For the past four years, Jane has lived in inpatient psychiatric hospitals, on the street, crisis residential facilities, LAHSA cold/wet weather shelters, and a garage. We recently met and reviewed her psychiatric treatment history and compiled the following list of dates and locations of Jane's living arrangements. Because of the client's cognitive deficits and memory loss, the following represents the best history this client can recollect:

01/08/2019 to 02/07/2019: 1736 Crisis House, Torrance, CA 90000  
02/08/2019 to 03/15/2019: New Image Emergency Shelter, Los Angeles, CA 90000  
03/16/2019 to 06/31/2019: Shady Lady Motel, 3434 Sunset Blvd., Hollywood, CA 90000  
07/01/2019 to 08/31/2019: Client does not remember where she resided  
09/01/2019 to 10/25/2019: Twin Towers Correctional Facility  
10/26/2019 to 12/15/2019: "Streets" – Sidewalk at 4<sup>th</sup> and Main, Los Angeles, CA 90000  
12/16/2019 to 12/19/2019: BHC Hospital, Psychiatric Unit, Rosemead, CA 90000  
12/20/2019 to 01/19/2020: Excelsior House Crisis Residential Treatment, LA, CA 90000  
01/20/2020 to 04/01/2020: "Streets" – Car parked at 1720 E 120<sup>th</sup> St., Los Angeles, CA 90000 (Car was towed)  
04/02/2020 to 04/15/2020: "Streets" – Alley between Augustus Hawkins MHC and King Drew Medical Center, Los Angeles, CA 90000

04/16/2020 to 06/20/2020: Help is on the Way Shelter, Los Angeles, CA 90000  
06/21/2020 to 07/26/2020: Client does not remember where she resided  
07/27/2020 to 08/05/2020: Brotman Medical Center, Psychiatric Unit, LA, CA 90000  
08/06/2020 to 12/15/2020: "Streets" – 2<sup>nd</sup> and Broadway, Santa Monica, CA 90000  
12/16/2020 to 03/15/2021: New Directions Emergency Shelter, West LA, CA 90000  
03/16/2021 to 04/10/2021: Weingart Center Shelter, Los Angeles, CA 90000  
04/11/2021 to 08/04/2021: "Streets" – Sidewalk at 4<sup>th</sup> and Main, Los Angeles, CA 90000  
08/05/2021 to 08/08/2021: Robert F. Kennedy, Psychiatric Unit, Los Angeles, CA 90000  
08/09/2021 to 02/09/2022: Daybreak Transitional Living Program, SM, CA 90000  
02/10/2022 to 05/06/2022: Garage/Abandoned Home -- 1796 Raymond St., Los Angeles, CA 90000. The garage lacked cooking facilities, a restroom or shower, running water, electricity, and insulation to keep warm. The roof often leaked when it rains.  
05/07/2022 to 05/22/2022: Twin Towers Correctional Facility – Arrested for trespassing  
05/23/2022 to 06/15/2022: "Streets" – near Cherokee and Hollywood Blvd., Hollywood, CA 90000  
06/15/2022 to 09/15/2022: Jan Clayton Center Residential Substance Abuse Treatment, Hollywood, CA 90000  
09/16/2022 to present: PATH Specialized Shelter Bed Program, LA, CA 90000

Jane is an appropriate candidate for the Continuum of Care program because she is now medication compliant, has completed courses in parenting, independent living skills, and money management. In the past, Jane successfully maintained a residence and has good independent living skills. Jane is a part of the Money Management Program at Hollywood Mental Health Center, which will also continue to provide the intensive case management that will allow her to maintain independence in the community. In addition, Jane has completed a 90-day residential substance abuse treatment program and continues to maintain a relationship to her facility by attending outpatient groups. Jane also attends 12 Step groups for support and fellowship in recovery.

Jane has an 8-year-old daughter (Sheila Doe) who will live with her mother once she is in a stable living situation. Presently, Sheila resides with client's mother (Marie Doe) at 6703 67<sup>th</sup> Street, Los Angeles. A letter from client's DCFS social worker indicating the child's current location and the social worker's intent to place the child with client at her new residence is attached.

I appreciate your time in reviewing this case. A Continuum of Care certificate would provide an avenue of stability for Jane. If you have any questions or concerns, please feel free to call me at 213-637-5555.

Sincerely,  
Daisy Obetsanov, MSW  
Psychiatric Social Worker

**TRANSMITTAL FORM  
HOMELESS PROGRAM (HM)**



**sample**

*(This form must accompany every application submitted to HACLA. Please retain a copy.)*

TO: Housing Authority of the City of Los Angeles  
Special Programs Operations (SPO)  
2600 Wilshire Boulevard, 2nd Floor  
Los Angeles, CA 90057  
Attention: **Homeless Program Unit**

FROM: DMH / \_\_\_\_\_  
(CONTRACT AGENCY NAME) (SUBCONTRACT AGENCYNAME)

SUBJECT: REFERRAL SUBMITTED FOR REVIEW AND APPROVAL

DATE: \_\_\_\_\_

The following referral is being submitted for approval to the Housing Authority of the City of Los Angeles for assistance under the Section 8 HOMELESS Program.

CLIENT'S NAME: _____	
SSN: _____	SEX: _____ DOB: _____
Assigned Case Manager Contact Information (Required)	
Case Manager Name _____	Telephone Number _____
Mailing Address _____	E-Mail Address _____
City, State, Zip Code _____	

Certification to be completed by the Referring Agency/NPO

**This Referral has been reviewed and approved by:**

\_\_\_\_\_  
Name of Authorized Representative (NPO)

\_\_\_\_\_  
Signature



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
SECTION 8 SPECIAL PROGRAM OPERATIONS  
**SECTION 8 HOMELESS PROGRAM**



DMH-HA-2021-103

**APPLICATION COVERSHEET AND CHECKLIST**

The following forms are required for every applicant under the **Section 8 Homeless Program**. In order for the Housing Authority to expedite the process of reviewing and approving your referrals, please fill in all the forms thoroughly. Place a check mark next to the document included in this application packet and stack forms in the following order:

**Application Coversheet and Checklist Transmittal Form**

1.  Transmittal Form (**Received at time of referral**)
2.  Application Coversheet/Checklist
3.  CES / HFSS / TAY / Other Referral Form
4.  RE – 73 For Each Adult (**Received at time of referral**)
5.  SPO Application  Authorization For Release of Information  HUD – 9886 Authorization for Release of Information / Privacy Act Notice  HUD – 92006 Supplement to Application for Federally Assisted Housing  PHA Authorization to Release Information  HUD – 52675 Debts Owed to Public Housing Agencies and Terminations  NC – 100 Declaration of Citizenship / Eligible Immigration Status  NC – 101 Consent Form To Verify Immigration Status with USCIS
6.  HM Form – Events That Led to Homelessness
7.  Special Programs HM – 1 Certification of Homelessness / Residence
8.  HAPP – 13 For Each Adult
9.  RE – DPSS
10.  ANC – CW – 1 (And confirmation email if sent to DPSS)
11.  NCLA/NC – 12 Applicant Agreement to Live in the City of Los Angeles
12.  ANC – 19 Certified Statement (Income and Assets List)
13.  S504 – 2 Reasonable Accommodation Questionnaire
14.  HUD – 1141 – OIG Things You Should Know
15.  HAPP – 149 Section 8 Family Obligations
16.  LEP – 02 Limited English Proficiency Notice

**Provide the following documents for ALL that apply for each family member. All verification letters must be dated within 60-days of the voucher issuance. To ensure this, all verifications submitted at time of interview must be dated within 30-days of interview date.**

- Employment:** Two most recent and consecutive check stubs
- AFDC/Cal Works and/or General Relief/CAPI/Cal-Fresh:**  
Current Notice of Action / Verification of Benefits
- Social Security/Supplemental Security Income:** Current Award Letter
- Pension/Annuity:** Current Award Letter
- Unemployment/State Disability Insurance:** Current Award Letter  
Most recent and consecutive check stubs
- Child Support:** Payment History Chart / Most recent and consecutive check stubs
- Adoption/Foster Care/Kin-Gap:** Assistance Payment Letter
- Self Employed/Own Business:**  
All pages of most recent year Tax Returns  
W'2s & 1099s
- Bank Accounts**  
Most recent bank statement for all accounts (All Pages)
- Life Insurance**  
All pages of each policy

**Identification Documents**

- Valid Government Issued Identification (All Adults 18 & over)**
- Permanent Residence Card (If Applicable)**
- Social Security Card (All House Hold Members)**
- Birth Certificates (All Minors)**





# CES REFERRAL FORM

This referral **MUST** be completed by your SPA's Coordinated Entry System (CES) Community Coordinator or Community Matcher.

CLIENT NAME: \_\_\_\_\_

CES/HMIS ID: \_\_\_\_\_ DOB: \_\_\_\_\_ SPA: \_\_\_\_\_

REFERRING AGENCY NAME: \_\_\_\_\_

AGENCY CONTACT: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

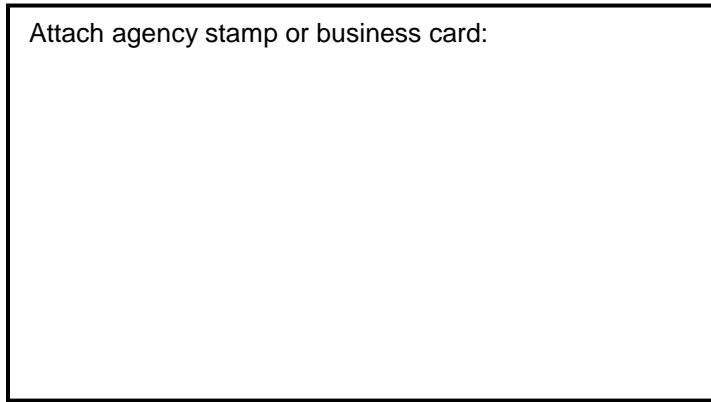
AGENCY PHONE: \_\_\_\_\_

\_\_\_\_\_  
AGENCY CONTACT SIGNATURE

\_\_\_\_\_  
DATE

**Please attach agency stamp or business card of Agency Contact completing this form in the box below:**

Attach agency stamp or business card:



# To OBTAIN A CES REFERRAL FORM:

- Send an email to the CES Matcher in the SPA where client was matched and provide the following information:
  - Purpose of email/request
    - It is highly recommended that the subject line of your email should be “Request for CES Referral Form”
  - Client’s HMIS ID#

For a current list of the CES Leads and Matchers in your SPA,  
please visit:

<https://www.lahsa.org/documents?id=2941-countywide-ces-matcher-list.pdf>

**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
REQUEST FOR CRIMINAL HISTORY**

Date Submitted: \_\_\_\_\_

Initial Interview Date: \_\_\_\_\_

TO: Background Check Processing Personnel

FROM: S8 Admin APO I&C SPO SPA Serv. Delivery SIU

Authorized Representative Signature \_\_\_\_\_

CLIENT NUMBER \_\_\_\_\_ MGR CODE \_\_\_\_\_ PROGRAM \_\_\_\_\_

Pursuant to California Penal Code Section 11105.03 the Housing Authority of the City of Los Angeles requests criminal history summary information on the individual whose name appears below.

**Information Sought**

1. Whether the individual is required to register as a sex offender (S/O)
2. Whether the individual has ever been convicted for the manufacture or production of methamphetamine.
3. Whether the individual has a conviction while an adult during the last 10 years for a serious felony as defined in the California Penal Code 1192.7(c), of any offense punishable under California Penal Code Section 273.5, 422.6, 422.7, 422.75, 422.9, 1170.75, 12020, 12021 or 12021.1, a conviction under Section 273.6 that involves a violation of a protective order as defined in Section 6218 of the Family Code, or a conviction for any felony offense that involves controlled substances or alcoholic beverages, or any felony offense that involves any activity related to controlled substances or alcoholic beverages, or a conviction for any offense that involves domestic violence as defined in Section 13700 of the California Penal Code FURTHER LIMITED TO:
  - a) Convictions within the last year for illegal use of a drug, and
  - b) Convictions within the last year for activity related to alcoholic beverages.

**Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant     Live-In Aide     Adding to HH     Participant since \_\_\_\_\_

<b>CLEARANCE REVIEW (Excludes HUD-VASH applicants)</b>		Y	N
Did the person receive housing assistance in the past? If yes, where? _____ From _____ To _____.			
Does the person currently owe money to HACLA or any other PHA?			
Does the person have a record of any prior terminations from assisted housing for program violations? If yes, Reason _____ Termination Date _____ Eviction Date _____ <small>(Refer to Terminations &amp; Denials Matrix)</small> <span style="float: right;"><small>(if applicable)</small></span>			
Eligibility Date _____ Denied?			
<b>Attach copies of state issued ID and social security card to RE-73</b>			
Signature of PHA Representative: _____		Date: _____	

Last		First		M.I.	Sex	
Social Security	Date of Birth (i.e. 12-03-08)	Driver License/ ID Number		State		
<b>Residence.</b> If you need more space, use a separate sheet of paper.					Dates (mm/dd/yyyy)	
Current Address (Street Number and Name, Apartment Number City, State, Zip Code)					From	To
Previous Address						
Descent	Hair	Eyes	Height	Weight		
Other identifying information (Names, addresses, etc.):					How Long _____	
Other identifying information (Name, addresses, etc.):					How Long _____	
Date:	<input type="checkbox"/> NO HITS	<input type="checkbox"/> NO RECORD MEETING CRITERIA	<input type="checkbox"/> NO EXACT MATCH			
	<input type="checkbox"/> NO S/O	<input type="checkbox"/> MANUAL RECORD				
	<input type="checkbox"/> 1 Year Denial	<input type="checkbox"/> 2 Year Denial	<input type="checkbox"/> 3 Year Denial	Signature: _____		

# PLACE HERE

## **HOUSING AUTHORITY SPECIAL PROGRAMS APPLICATION FOR RENTAL ASSISTANCE (11pgs)**

To get a copy of this form, please refer to the email you received from the DMH/Federal Housing Subsidies Unit (FHSU) staff indicating that your client was approved to complete a housing application.

For any questions, you may contact:

[FHSU@dmh.lacounty.gov](mailto:FHSU@dmh.lacounty.gov)

## HOUSING AUTHORITY

### AUTHORIZATION FOR RELEASE OF INFORMATION (Page 1 of 2)

**INSTRUCTIONS: EACH MEMBER OF THE HOUSEHOLD WHO IS 18 YEARS OF AGE OR OLDER MUST SIGN ON THE FOLLOWING PAGE**

The undersign(s) do hereby authorize any agency, office, group, organization, business firm, financial institution, public or private school, or governmental entity, to release to the Housing Authority, any information or materials which the Housing Authority deems necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8 Certificate Program, Housing Voucher Program, Low Income Housing Programs, or any other housing program that the Housing Authority may administer.

The information needed may include, but is not limited to: verification or inquiries regarding my identity, household members (including minors in my household), employment, income, financial accounts, assets, school records, allowances or preferences I have claimed, and residency.

The entities from which the Housing Authority may request information shall include, but are not limited to: financial institutions (42 U.S.C. Sec 3544); social service agencies; educational institutions; welfare agencies; Veteran's Administration; court clerks; utility companies; workmen's compensation payers; public and private retirement systems; law enforcement agencies; credit providers; postal service; and unemployment insurance agencies.

Records from financial institutions shall include all credit card account statements, loan account statements, mortgage account statements, loan applications, credit applications and any and all other account statements.

It is understood and agreed that this authorization or the information obtained with its use may be given to and used by the Housing Authority in the administration and enforcement of program rules and regulations and that the Housing Authority may in the course of its duties obtain such information from other Federal, State, or local agencies including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration; and welfare and food stamp agencies.

I understand and agree that a photocopy of this authorization may be used for the purposes stated above. This authorization for release of information expires fifteen months from the date signed.

(Signatures and family information required on following page)

## AUTHORIZATION FOR RELEASE OF INFORMATION (Page 2 of 2)

(This consent form expires 15 months from the date signed)

**Instructions:** Provide information requested below for all household members.

_____ Printed Name (Head of Household)		_____ Social Security Number	
_____ Address		_____ City	_____ State    Zip
_____ Telephone Number		_____ Date of Birth	
_____ Other Adult in Household	_____ Date of Birth	_____ Social Security Number	
_____ Other Adult in Household	_____ Date of Birth	_____ Social Security Number	
_____ Other Adult in Household	_____ Date of Birth	_____ Social Security Number	
_____ Minor in Household	_____ Date of Birth	_____ School Attending	
_____ Minor in Household	_____ Date of Birth	_____ School Attending	
_____ Minor in Household	_____ Date of Birth	_____ School Attending	

**INSTRUCTIONS: All members of the household 18 years of age and older must sign below.**

_____ Signature - Head of Household	_____ Date
_____ Signature - Other Adult	_____ Date
_____ Signature - Other Adult	_____ Date
_____ Signature - Other Adult	_____ Date



# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Housing Authority**  
**Authorization to Release Information**

EID#: \_\_\_\_\_

I authorize the Housing Authority to release any requested information, to provide copies of any documents contained in my file, and to discuss any topic relevant to my application for or participation in a Housing Authority assisted program with the following and their agents or employees:

- Legal Aid Foundation or Neighborhood Legal Services  
Attorney's Name: \_\_\_\_\_
- My congressperson or local elected representative  
Representative's Name: \_\_\_\_\_
- My case manager from an agency providing supportive services  
Name of Agency: \_\_\_\_\_
- Other (please name): \_\_\_\_\_

Client's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Releasing Information to the Media:**

The Housing Authority does not release information to the media (television, radio, newspapers, etc.) except as authorized by its Community Relations Division. This form cannot be used to authorize release of any information to the media other than a specific media ombudsperson indicated above.



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

HOUSING AUTHORITY

**DECLARATION OF CITIZENSHIP/ELIGIBLE IMMIGRATION STATUS**

INSTRUCTIONS: In order to be eligible to receive housing assistance, each resident/program applicant must be within the United States lawfully. Please read the certification carefully and return it as directed. Each family member who is age 18 or older must sign a Certification form. The responsible adult who will be living in the unit must sign the Certification form for all family members under the age of 18.

I CERTIFY THAT, under the penalty of perjury, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate boxes):

- A.  I am a citizen, naturalized citizen, or a national of the United States.
- B.  I have eligible immigration status.  
Alien Registration No. \_\_\_\_\_

I CERTIFY THAT:

- C.  I do not have eligible immigration status.
- D.  I choose not to state my immigrant status.
- E.  I am signing the Certification on behalf of minor(s):

Minor's Name	Birth Date	Relationship	Citizenship Status <small>(select the letter that corresponds with the statement above)</small>	Alien Registration
			A B C D	
			A B C D	
			A B C D	
			A B C D	
			A B C D	

- F.  I am signing the certification on behalf of adult family member(s) who do not have eligible immigration status or do not choose to state their immigration status (*head of household or spouse must be a citizen or have eligible immigration status to certify under this category*):

Family Member's Name	Birth Date	Relationship	Citizenship Status <small>(select the letter that corresponds with the statement above)</small>
			C D
			C D
			C D

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. IN ADDITION, MAKING FALSE STATEMENTS IS A FELONY UNDER CALIFORNIA STATE LAW (PENAL CODE SECTIONS:115, 118, 487 AND 532) AND MAY RESULT IN CRIMINAL CHARGES INCLUDING BUT NOT LIMITED TO: PERJURY, GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE AND OBTAINING MONEY UNDER FALSE PRETENSES.**

**SECTION 487i OF THE CALIFORNIA PENAL CODE STATES THAT ANY PERSON WHO DEFRAUDS A HOUSING PROGRAM OF A PUBLIC HOUSING AUTHORITY OF MORE THAN FOUR HUNDRED DOLLARS (\$400) IS GUILTY OF GRAND THEFT.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## AUTORIDAD DE VIVIENDA

**DECLARACIÓN DE CIUDADANÍA/ESTADO INMIGRATORIO ELEGIBLE**

INSTRUCCIONES: A fin de reunir los requisitos legales para continuar recibiendo asistencia de vivienda, cada residente o participante del programa debe radicar en los Estados Unidos legalmente. Favor de leer la certificación cuidadosamente y devuélvala como se indica. Todo miembro de la familia que sea mayor de 18 años de edad debe firmar un formulario de certificación. El adulto responsable que va a residir en la vivienda debe firmar el formulario de certificación por todos los miembros de la familia que sean menores de 18 años.

CERTIFICO QUE, bajo pena de perjurio y según mi leal saber y entender, radico legalmente en los Estados Unidos porque (favor de marcar las casillas pertinentes):

- A.  Soy ciudadano de los Estados Unidos, ciudadano naturalizado o por nacimiento.  
 B.  Tengo un estado elegible de inmigración.  
 Número de cédula \_\_\_\_\_.

CERTIFICO QUE:

- C.  No tengo estado elegible de inmigración.  
 D.  Opto por no declarar mi estado de inmigración.  
 E.  Firmo la certificación por parte de un menor o menores:

Nombre del menor	Fecha de Nacimiento	Parentesco	Estado de ciudadanía (seleccione la letra que corresponde con la frase anterior)	Número de cédula
			A B C D	
			A B C D	
			A B C D	
			A B C D	
			A B C D	

- F.  Firmo la certificación a nombre de miembros adultos de la familia que no tienen estado elegible de inmigración u optan por no declarar su estado de inmigración (*el jefe de familia o cónyuge debe ser ciudadano o tener estado elegible de inmigración para certificar en esta categoría*):

Nombre del familiar	Fecha de nacimiento	Parentesco	Estado de inmigración (seleccione la letra que corresponde con la frase anterior)
			C D
			C D
			C D

ADVERTENCIA: EL TÍTULO 18, SECCIÓN 1001 DEL CÓDIGO DE LOS ESTADOS UNIDOS ESTABLECE QUE UNA PERSONA ES CULPABLE DE UN DELITO GRAVE SI A SABIENDAS Y POR VOLUNTAD PROPIA HACE DECLARACIONES FALSAS O FRAUDULENTAS A UN DEPARTAMENTO U OFICINA DE LOS ESTADOS UNIDOS. HACER DECLARACIONES FALSAS ES UN DELITO GRAVE BAJO LA LEY DEL ESTADO DE CALIFORNIA (CÓDIGO PENAL SECCIONES: 115, 118, 487 Y 532) Y PUEDE TRAER COMO CONSECUENCIA CARGOS PENALES, INCLUYENDO PERO NO LIMITADO A: PERJURIO, HURTO MAYOR, ENTREGAR DOCUMENTOS FALSOS A UNA OFICINA PÚBLICA Y OBTENER DINERO DE MANERA FRAUDULENTO.

EL ARTÍCULO 487I DEL CÓDIGO PENAL DEL ESTADO DE CALIFORNIA ESTABLECE QUE TODA PERSONA QUE DEFRAUDE A UN PROGRAMA DE UNA AUTORIDAD DE VIVIENDA POR MÁS DE CUATROCIENTOS DÓLARES (\$400) ES CULPABLE DE ROBO MAYOR.

Nombre en letra de molde

Firma

Fecha

# HOUSING AUTHORITY

Client No:

## CONSENT FORM TO VERIFY IMMIGRATION STATUS WITH THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS)

**CONSENT:** I consent to allow the Housing Authority to request and to obtain information from the U.S. Citizenship and Immigration Services (USCIS) for the purpose of verifying my eligibility and level of benefits under the Housing Authority's assisted housing programs. I understand that the Housing Authority cannot use it to delay, deny, or terminate housing assistance because of the immigration status of a family member, except as provided in the Department of Housing and Urban Development (HUD) regulations. In addition, I understand I must be given an opportunity to contest the determination with the USCIS or the Housing Authority or both.

### Signatures:

#### ADULT(S): AGE 18 OR OVER

Head of Household (Print Name)	Signature	Date of Birth	Alien Registration No.	Date
Spouse (Print Name)	Signature	Date of Birth	Alien Registration No.	Date
Family Member (Print Name)	Signature	Date of Birth	Alien Registration No.	Date
Family Member (Print Name)	Signature	Date of Birth	Alien Registration No.	Date

#### MINOR(S): UNDER AGE 18

Minor's Name (Print Name)	Signature of Responsible Adult	Date of Birth	Alien Registration No.	Date
Minor's Name (Print Name)	Signature of Responsible Adult	Date of Birth	Alien Registration No.	Date
Minor's Name (Print Name)	Signature of Responsible Adult	Date of Birth	Alien Registration No.	Date
Minor's Name (Print Name)	Signature of Responsible Adult	Date of Birth	Alien Registration No.	Date
Minor's Name (Print Name)	Signature of Responsible Adult	Date of Birth	Alien Registration No.	Date

**Who Must Sign:** In order to be eligible to receive housing assistance, each noncitizen adult or minor applying for, or currently receiving, housing assistance must be lawfully within the U.S. Please read the Verification Consent Form carefully and sign and return as directed. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

**Privacy Act Statement:** The information on this form is being collected by Housing Authority to determine the applicant's or participant's eligibility for housing assistance. The Housing Authority may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) HUD, as required by HUD; and (2) to the USCIS for purposes of verification of the Immigration status of each individual and not for any other purpose.

**Penalties for misusing this Consent:** HUD, the Housing Authority and any owner (or any employee of HUD, the Housing Authority or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected on the consent form is restricted to the purposes cited on the form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or resident/program participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or resident/program participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the Housing Authority or the owner responsible for the unauthorized disclosure or improper use.



**FORMULARIO DE AUTORIZACIÓN PARA VERIFICAR EL ESTADO DE INMIGRACIÓN CON EL SERVICIO DE CIUDADANÍA E INMIGRACIÓN DE ESTADOS UNIDOS (USCIS, por sus siglas en inglés)**

**AUTORIZACIÓN:** Le concedo permiso a la Autoridad de la Vivienda a que solicite información del Servicio de Ciudadanía e Inmigración de Estados Unidos (USCIS, por sus siglas en inglés) con el fin de verificar mi elegibilidad y nivel de beneficios dentro de los programas de viviendas subsidiadas de la Autoridad de Vivienda. Tengo entendido que la Autoridad de Vivienda no puede usar la información para demorar, negar o anular la asistencia de vivienda debido al estado de inmigración de uno de los miembros de la familia, salvo como está estipulado por los reglamentos del Departamento de Vivienda y Desarrollo Urbano (HUD). Además, tengo entendido que se me debe dar una oportunidad para impugnar la determinación con el USCIS o con la Autoridad de Vivienda, o ambas.

**Firmas:**

**ADULTO(S): MAYORES DE 18 Años**

Jefe de familia (letra de molde)	Firma	Fecha de nac.	Número de cédula	Fecha
Cónyuge (letra de molde)	Firma	Fecha de nac.	Número de cédula	Fecha
Miembro de familia (letra de molde)	Firma	Fecha de nac.	Número de cédula	Fecha
Miembro de familia (letra de molde)	Firma	Fecha de nac.	Número de cédula	Fecha

**MENORES DE EDAD: MENORES DE 18 Años**

Nombre del menor (letra de molde)	Firma de adulto responsable	Fecha de nac.	Número de cédula	Fecha
Nombre del menor (letra de molde)	Firma de adulto responsable	Fecha de nac.	Número de cédula	Fecha
Nombre del menor (letra de molde)	Firma de adulto responsable	Fecha de nac.	Número de cédula	Fecha
Nombre del menor (letra de molde)	Firma de adulto responsable	Fecha de nac.	Número de cédula	Fecha
Nombre del menor (letra de molde)	Firma de adulto responsable	Fecha de nac.	Número de cédula	Fecha

**Quién debe firmar:** Para ser elegible para la asistencia de vivienda, cada adulto o menor que no sea ciudadano y que esté solicitando o actualmente reciba asistencia de vivienda, debe estar legalmente en los Estados Unidos. Por favor lea cuidadosamente el formulario de autorización de verificación, firmelo y devuélvalo como se indica. Por favor no dude en consultar a un abogado especializado en asuntos de inmigración u otro perito de inmigración de su elección.

**Declaración de Ley de Confidencialidad:** La información de este formulario la solicita la Autoridad de Vivienda para determinar la elegibilidad del solicitante o participante para la asistencia de vivienda. La Autoridad de Vivienda puede compartir esta información, sin responsabilidad del uso posterior o envío de evidencia por parte de la entidad que la reciba con: (1) HUD, como lo requiere HUD; y (2) el USCIS para fines de verificación del estado de inmigración de cada individuo y no para otros fines.

**Penalidades por el uso inadecuado de esta autorización:** HUD, la Autoridad de Vivienda y cualquier propietario (o cualquier empleado de HUD, de la Autoridad de Vivienda o del propietario) estará sujeto a penalidades por divulgaciones sin autorización o por usos inadecuados de la información, según el formulario de autorización.

El uso de la información contenida en este formulario de autorización está limitado a los fines estipulados en el mismo. Cualquier persona que a sabiendas y deliberadamente solicite, obtenga o divulgue cualquier dato usando falsos pretextos con respecto a un solicitante o residente/participante de programa, estará sujeto a un delito menor y será multado hasta \$5000. Cualquier solicitante o residente/participante de programa que se vea afectado por la divulgación negligente de información, puede presentar una demanda por daños y solicitar otra compensación, según sea apropiado, en contra de HUD, la Autoridad de Vivienda o el propietario responsable por la divulgación sin autorización o el uso inadecuado de la misma.





HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
SECTION 8 HOMELESS PROGRAM

CERTIFIED STATEMENT  
EVENTS THAT LED TO HOMELESSNESS

Knowing the penalty for making a false statement under United States Criminal Code,  
I hereby certify that the following is a true and full statement.

1. How long have you been homeless?

\_\_\_\_\_

2. What circumstances led to you becoming homeless?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is your current situation? (If employed, indicate employer & occupation.  
If in school, include name of school, training occupation & estimate date of  
Training completion)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your career objective? (Where do you see yourself five years from now?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Section 35A of the United States Criminal Code makes it a criminal offense, punishable by a  
maximum of 10 years imprisonment, \$10,000 fine or both, to make a false statement or  
representation to any Department or Agency of the United States as to any matter within their  
jurisdiction.



**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
SPECIAL PROGRAMS  
CERTIFICATION OF HOMELESSNESS/RESIDENCE**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

\_\_\_\_\_ ("Applicant") has applied to receive rent payment assistance provided through the Housing Authority of the City of Los Angeles. To qualify for assistance, the Applicant must be homeless as defined by Federal Program Regulations.

This information will be used only for the purpose of determining the homeless status of the above-named applicant.

Sincerely,

I hereby authorize the release of the requested information

\_\_\_\_\_  
(Signature of HACLA Staff Person)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature of Applicant)

**CERTIFICATION OF HOMELESSNESS**

I certify that \_\_\_\_\_ (Check appropriate box below)  
(Name of Applicant)

- Resides in a place not designed for regular sleeping accommodations for human beings, such as cars, parks, sidewalks, abandoned buildings, etc. (*Attach either: (1) written verification from an outreach worker or organization that has assisted the applicant and knows where the applicant resides; or (2) a written statement about the applicant's living place signed by the applicant*).
- Resides in a supervised publicly or privately owned emergency shelter designated to provide temporary living accommodations (complete page 2 of 2).
- Resides in transitional housing for homeless persons who originally came from the streets or emergency shelters (complete page 2 of 2).
- Resides in a HUD-defined Safe Haven (complete page 2 of 2).
- Resides in any of the above places but most recently spent less than 90 days in a jail or institution (complete page 2 of 2).

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

Organization or Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
SPECIAL PROGRAMS  
CERTIFICATION OF HOMELESSNESS/RESIDENCE**

**CERTIFICATION OF HOMELESS RESIDENCE**

I certify that: \_\_\_\_\_ stayed at \_\_\_\_\_  
(Name of Applicant) (Name of Facility)

for the period \_\_\_\_\_  
(Beginning and Ending Dates of Stay)

Before coming to this facility, the applicant resided at \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Name of Facility Staff Person)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Type of Facility:

- Emergency Shelter
- Transitional Housing
- HUD-defined Safe Haven
- Institution (jail, hospital, etc.)
- Other (specify) \_\_\_\_\_

**SUMMARY**

How did applicant become homeless? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WARNING:** 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
SPECIAL PROGRAMS  
CERTIFICATION OF CHRONIC HOMELESSNESS**

I certify that \_\_\_\_\_ is a Chronically Homeless Individual/Family.  
(Name of Applicant)

Is a homeless individual (a single person who is alone) or part of a homeless family.

**AND**

Has a disabling condition, defined as a diagnosable substance use disorder, serious mental illness, or AIDS and related diseases, including the co-occurrence of two or more of these conditions, which limit an individual's ability to work or perform one or more activities of daily living. (Attach Form Special Programs. Dis-1)

**AND**

Is currently residing in:

A place not designed for a regular sleeping accommodation for human beings, such as cars, parks, sidewalks, abandoned buildings, etc. (*Attach either: (1) written verification from an outreach worker or organization that has assisted the applicant and knows where the applicant resides); or (2) a written statement about the applicant's living place signed by the applicant), or*

A supervised publicly or privately owned emergency shelter designated to provide temporary living accommodations (*complete Special Program HM-1, page 2 of 2*), **or**

A HUD-defined Safe Haven (*complete Special Program HM-1, page 2 of 2*).

**AND**

Has been continuously homeless for one (1) year (*Attach verification as described above documenting at least one year living in a place not designed for regular sleeping accommodation, emergency shelter or Safe Haven*), **or**

Has had at least four (4) episodes of homelessness in the past three (3) years. Each episode must be a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter (complete page 2 of 2).

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Organization or Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
SPECIAL PROGRAMS  
CERTIFICATION OF CHRONIC HOMELESSNESS**

**Definition of Chronic Homelessness**

**Chronically homeless.**

- 1) An individual who:
  - (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **and**
  - (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; **and**
  - (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.
- 2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; **or**
- 3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**SUMMARY: EPISODES OF HOMELESSNESS**

SHELTER NAME/ADDRESS	ENTRY DATE	EXIT DATE

**WARNING:** 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES**  
**Special Programs**  
**DISABILITY CERTIFICATION**

Date: \_\_\_\_\_

Dear Physician/Qualified Health Personnel:

\_\_\_\_\_ has claimed eligibility for a federally funded housing program due to a disabling chronic condition. The claim must be certified by a licensed physician or qualified health professional.

For the purpose of this program, a disabled person is an individual with a physical, developmental or mental impairment that substantially limits one or more major life activities. Such impairments include, but are not limited to, such diseases and conditions as serious mental illness, orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

This disability must be expected to be of a long-continued and indefinite duration, substantially impede independent living, and is of such a nature that daily functioning and the disability could improve under more suitable housing conditions. Please provide the information requested below.

By: \_\_\_\_\_  
Signature of HACLA Staff Person

I authorize release of the information below:

\_\_\_\_\_  
Signature of Applicant

**MEDICAL CERTIFICATION**

In my opinion, as a licensed physician/qualified health professional trained to evaluate such conditions, \_\_\_\_\_ **does not** have a disability as defined above.  
Applicant's Name

In my opinion, as a licensed physician/qualified health professional trained to evaluate such conditions, \_\_\_\_\_ **does** have a disability as defined above.  
Applicant's Name

**Additional information concerning this disability:**

This disability:

Is expected to be of long-continued and indefinite duration.  Yes  No

Substantially impairs his/her ability to live independently.  Yes  No

Is of such nature that daily functioning and the disability could improve under more suitable housing conditions.  Yes  No

This disability is:

Chronic Physical Illness or Disability

Serious Mental Illness,

Developmental Disability

AIDS or HIV Related Diseases,

Chronic Substance Abuse

Co-occurrence of Two or More of these Conditions

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Professional Title: \_\_\_\_\_ License Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medical Group: \_\_\_\_\_

Address of Medical Group: \_\_\_\_\_

Organization Stamp:

**WARNING:** 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

## Housing Authority of the City of Los Angeles Applicant Questionnaire

Registrant's Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Adult's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

California ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**WARNING:** Falsification or concealment of a material fact or submission of false, or fraudulent statements to any Department or Agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S.C. 1001) **The Housing Authority has the right to request criminal history information from law enforcement agencies and information from HUD and public housing agencies to decide whether you are eligible for assistance.**

1. Please list all the States (in the U.S.A.) where you have lived since you were 18 years of age:

States: \_\_\_\_\_

2. Have you ever been convicted of making methamphetamine (speed)?	yes	no
3. Have you ever been required to register as a sex offender in any State?	yes	no
4. Within the last year have you been convicted of a crime that involved abuse of alcohol (such as drunk driving, driving under the influence, drunk and disorderly conduct)? <b>Crime:</b> _____ <b>Date:</b> _____ If yes, what were you convicted for: _____	yes	no
5. During the last 10 years have you been on any Section 8 program? If yes, please provide the following information about the housing authority: Name of the housing authority: _____ State: _____ City: _____ Phone: _____ When did you leave the Section 8 program? Month: _____ Year: _____	yes	no
6. During the last 3 years have you lived in any other federally assisted housing? If yes, please provide the following information: Name of the housing authority or owner: _____ State: _____ City: _____ Phone: _____ When did you leave assisted housing? Month: _____ Year: _____	yes	no
7. Were you removed from Section 8 or evicted from Section 8 or any other federally assisted housing within the last 3 years? If yes, when? _____ Why? _____	yes	no
8. Have you ever been told that you owe money to a housing authority or housing agency? If yes, what housing authority or agency? _____	yes	no
9. Have you ever been told you committed fraud while you were in Section 8 or any other assisted housing program? If yes, when: Month: _____ Year: _____ Where? _____	yes	no

**I certify that all the above answers are correct. I understand that the HACLA has the right to request information from law enforcement and housing agencies to determine my eligibility.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Autoridad de Vivienda de la Ciudad de Los Angeles  
Cuestionario del Solicitante**

Nombre del Solicitante: \_\_\_\_\_ Número de Registro: \_\_\_\_\_

Nombre del Adulto: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Identificación de California: \_\_\_\_\_ Número de Seguro Social: \_\_\_\_\_

**ADVERTENCIA:** Falsificación o encubrimiento de un hecho material, o sumisión de declaraciones falsas o fraudulentas a cualquier Departamento o Agencia del Gobierno Estadounidense puede resultar en una multa de no más de \$10,000 o encarcelamiento por un máximo cinco (5) años, o ambos. (18 U.S.C. 1001) **La Autoridad de La Vivienda tiene el derecho de requerir información de antecedentes penales de agencias del orden público e información de HUD y agencias de viviendas públicas para decidir si usted es elegible para asistencia.**

1. Por favor indique todos los estados (en los E.U.) donde ha vivido desde que cumplió 18 años de edad:

Estados: \_\_\_\_\_

2. ¿Ha sido condenado alguna vez por hacer metanfetamina?	sí	no
3. ¿Se le ha requerido alguna vez registrarse como un agresor sexual en algún estado?	sí	no
4. ¿Durante el último año, ha sido condenado de un crimen que involucró el abuso de alcohol (Por ejemplo conduciendo ebrio, conduciendo bajo los efectos de alcohol, conducta ebria y escandalosa)?  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><b>Delito:</b></span> <span><b>Fecha:</b></span> </div> Si respondió que sí, ¿de qué fue condenado? _____	sí	no
5. ¿Ha participado en algún programa de Sección 8 durante los últimos 10 años?  Si respondió que sí, por favor proporcione la siguiente información sobre la autoridad de vivienda: Nombre de la autoridad de vivienda: _____ Estado: _____ Ciudad: _____ Teléfono: _____ ¿Cuándo dejó el programa de Sección 8? Mes _____ Año _____	sí	no
6. ¿Ha participado en algún otro programa federal de viviendas asistidas durante los últimos 3 años?  Si respondió que sí, por favor proporcione la siguiente información: Nombre de la autoridad de vivienda o propietario: _____ Estado: _____ Ciudad: _____ Teléfono: _____ ¿Cuándo dejó el programa de asistencia? Mes _____ Año _____	sí	no
7. ¿Ha sido eliminado o desalojado de la Sección 8 o algún otro programa federal de viviendas asistidas durante los últimos 3 años?  Si respondió que sí, ¿cuándo? _____ ¿Por qué? _____	sí	no
8. ¿Le han dicho alguna vez que debe dinero a una autoridad o agencia de vivienda?  ¿Si respondió sí, a cuál autoridad o agencia? _____	sí	no
9. ¿Le han dicho alguna vez si cometió fraude mientras participaba en la Sección 8 o algún otro programa de viviendas asistidas?  Si respondió sí, cuando: Mes: _____ Año: _____ Donde? _____	sí	no

**Yo certifico que todas las respuestas mencionadas son correctas. Yo entiendo que HACLA tiene el derecho a pedir información a agencias del orden público y agencias de viviendas para determinar mi elegibilidad.**

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_



Cal/Manager Code	Client #	Household Last Name	Unit #

**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES**

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL DPSS INFORMATION**



(This consent form expires 15 months from the date it is signed)

I understand that I have a right to the privacy of my personal information. I also understand that provisions of law protect my information and identity as an applicant or recipient of public assistance. I have been told that the Housing Authority of the City of Los Angeles ("Authority") wants to use my personal information to determine if I am eligible to receive housing services.

I understand that if I sign this form, the Los Angeles County Department of Public Social Services ("DPSS") will share the information they have about me and the minor children I am the legal guardian of, including whether I receive public assistance, the amount of any assistance, and any sanctions which may have been imposed against me. I understand that by signing this form, I am voluntarily authorizing DPSS, its agents and employees to share the information they have about me and the minor children I am the legal guardian of.

I acknowledge that before signing this form, I have carefully read and fully understand its terms. This authorization will expire 15 months from the date of my signing. I understand that my refusal to sign this form will not impact the services I currently receive or am eligible to receive through DPSS; however, refusal to sign may lead to termination of my housing assistance provided by the Housing Authority. I understand that I have the right to revoke this authorization at any time by saying so in writing.

I understand that the U.S. Department of Housing and Urban Development ("HUD") and Authority conduct computer matching programs to verify the information supplied on my application or recertification. I understand and agree that this authorization and the information obtained with its use will be used by HUD and/or Authority in the administration and enforcement of program rules and regulations.

I understand, agree, and consent that a photocopy of this authorization may be used for the purposes stated above.

First Name	Last Name	Date of Birth	SSN	Signature

**(ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS RELEASE FORM)**

Clave de Cal/Administrador	# del Cliente	Apellido de la Familia	# de Unidad

**AUTORIDAD DE VIVIENDA DE LA CIUDAD DE LOS ANGELES**

**AUTORIZACIÓN PARA REVELAR INFORMACIÓN CONFIDENCIAL DEL DPSS**



(Este formulario de consentimiento caduca a los 15 meses a partir de la fecha en que se firma)

Entiendo que tengo derecho a la privacidad de mi información personal. También entiendo que disposiciones de la ley protegen mi información e identidad como solicitante o recipiente de asistencia pública. Se me ha dicho que la Autoridad de Vivienda de la Ciudad de Los Angeles ("Autoridad") quiere utilizar mi información personal para determinar si soy elegible para recibir servicios de vivienda.

Entiendo que si firmo este formulario, el Departamento de Servicios Sociales Públicos del Condado de Los Angeles ("DPSS") compartirá la información que tiene de mí y de los menores de quienes soy el(la) tutor(a) legal, incluyendo si recibo asistencia pública, la cantidad de cualquier subsidio, y cualesquier sanciones que se hayan impuesto en mi contra. Entiendo que por mi firma de este formulario, estoy autorizando voluntariamente al DPSS, sus agentes y empleados a compartir la información que tienen acerca de mí y de los menores de quienes soy el(la) tutor(a) legal.

Reconozco que antes de firmar este formulario, he leído con detenimiento y entiendo completamente sus términos. Esta autorización caducará a los 15 meses a partir de la fecha de mi firma. Entiendo que mi negativa de firmar este formulario no afectará los servicios que recibo actualmente o para los que soy elegible de recibir a través del DPSS; sin embargo, la negativa de firmar puede conllevar a la terminación de mi subsidio de vivienda proveído por la Autoridad de Vivienda. Entiendo que tengo el derecho de revocar esta autorización en cualquier momento diciéndolo así por escrito.

Entiendo que el Departamento de Vivienda y Desarrollo Urbano de EE.UU. ("HUD") y la Autoridad conducen programas de confirmación informática para verificar la información proporcionada en mi solicitud o una nueva certificación. Entiendo y acuerdo que esta autorización y la información obtenida con su utilización serán usadas por HUD y/o la Autoridad en la administración y cumplimiento de las reglas y reglamentos del programa.

Entiendo, acuerdo y doy mi consentimiento de que una fotocopia de esta autorización puede ser utilizada para los fines expresados anteriormente.

Primer Nombre	Apellido	Fecha de Nacimiento	SSN	Firma

**(TODOS LOS ADULTOS DEL HOGAR DEBEN FIRMAR ESTE FORMULARIO DE REVELACIÓN)**

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

CalWORKS HOMELESSNESS CERTIFICATION

To: Los Angeles County DPSS Office

Date
Cal/Manager Code
Client No./Entity ID No.

Return to: HACLA 2600 Wilshire Blvd, 2nd Floor, L.A. CA 90057
Attention
Phone

Please provide the information requested below. This information will only be used for official business between the Housing Authority of the City of Los Angeles (HACLA) and the Department of Public Social Services (DPSS) to determine eligibility for additional assistance through CalWORKS.

Name: SSN:
Case name, if different: DOB:
Address:

Check all statements that apply:

- I am currently a CalWORKS recipient.
I currently reside in a shelter or transitional housing.
I currently sleep in a public or private place not designed or ordinarily used for that purpose.
I am currently in need of housing in a motel/hotel, shelter, or transitional housing.

Applicant Certification: I hereby certify that all the information above is true and correct to the best of my knowledge. With my signature, I also authorize the Housing Authority of the City of Los Angeles to release to the Department of Public Social Services in writing, by telephone or computer matching the requested information concerning my application. I understand that this authorization is valid for eighteen (18) months from the date below.

Signature Date

DPSS STAMP HERE

Date
DPSS Employee Name
Employee signature
Telephone

WARNING: 18 U.S.C 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
SECTION 8 HOMELESS PROGRAM  
NON-CITY SECTION 8 APPLICANTS

**APPLICANT AGREEMENT TO LIVE IN THE CITY OF LOS ANGELES**

I understand that I have been determined to be a non-city resident of the City of Los Angeles for the Section 8 Homeless Program. I understand that, if I am approved for the Section 8 Homeless Program of the Housing Authority of the City of Los Angeles, I will be required to live within the city limits of Los Angeles during my first year on the Section 8 Homeless Program. I understand that under no circumstances may I live in any area that is not part of the City of Los Angeles.

I, \_\_\_\_\_ (Head)  
(Please Print)

\_\_\_\_\_ (Co-Head/Spouse)  
(Please Print)

**AGREE** to participate in the program if approved, knowing the restriction of having to live within the City of Los Angeles under the Section 8 Homeless Program for at **one (1)** year from the date on my initial lease for a unit under the program. I further understand and agree that if I am approved I will not be eligible to transfer to any other city within or outside the State of California during my initial twelve months on the program.

\_\_\_\_\_  
(Signature of Head)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-Head/Spouse)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(To be completed by HACLA Office personnel)

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ (Head)

\_\_\_\_\_ (Co-Head/Spouse)

Non-City Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
(HACLA Employee Signature)

\_\_\_\_\_  
(Date)





# HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

2600 Wilshire Blvd, 2nd Fl. - Los Angeles, California 90057

www.hacla.org

(213) 252-2500

TTY (213) 252-2646

## CERTIFIED STATEMENT

Knowing the penalty for making a false statement under the United States Criminal Code, I hereby certify that the following is a true statement.

My name is \_\_\_\_\_

My Social Security number is \_\_\_\_\_

I live at \_\_\_\_\_

Write **YES** or **NO** to each of the statements as they apply to you.

- 1. I am working at the present time. \_\_\_\_\_
- 2. I have worked in the past 12 months. \_\_\_\_\_
- 3. I am self-employed (including babysitting, laborer, sales). \_\_\_\_\_
- 4. I attend high school, trade school or college. \_\_\_\_\_
- 5. I receive public assistance (TANF, CalWorks, CAPI, General Relief and/or Food Stamps). \_\_\_\_\_
- 6. I receive unemployment or disability benefits. \_\_\_\_\_
- 7. I receive contributions or child support. \_\_\_\_\_
- 8. I receive SSI, Social Security, and/or Private Pension. \_\_\_\_\_
- 9. I have a bank account (savings and/or checking). \_\_\_\_\_
- 10. I receive income from assets (real estate, stocks, bonds). \_\_\_\_\_
- 11. I receive income from the Veterans Administration. \_\_\_\_\_

Additional comments or information \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Warning:** Section 35A of the United States Criminal Code makes it a criminal offense, punishable by a maximum of 10 years imprisonment, \$10,000 fine, or both, to make a false statement or representation to any Department or Agency of the United States as to any matter within their jurisdiction.

Section 487i of the California Penal Code states that any person who defrauds a housing program of a public housing authority of more than four hundred dollars (\$400) is guilty of grand theft.



**HACLA makes Reasonable Accommodations for Persons with Disabilities**

**TDDs for the Hearing Impaired (213) 252-1639**



# AUTORIDAD DE VIVIENDA DE LA CIUDAD DE LOS ANGELES

2600 Wilshire Blvd, 2nd Fl. - Los Angeles, California 90057  
www.hacla.org (213) 252-2500 TTY (213) 252-2646

## DECLARACION CERTIFICADA

Conociendo la pena por hacer declaración falsa bajo el Código Criminal de los Estados Unidos, por la presente certifico que lo siguiente es una declaración verdadera y completa:

Me llamo \_\_\_\_\_

Mi número de Seguro Social es \_\_\_\_\_

Vivo en \_\_\_\_\_

Escriba **SI** o **NO** después de las siguientes afirmaciones dependiendo si son o no pertinentes a su situación.

- 1. Estoy empleado actualmente. \_\_\_\_\_
- 2. He estado empleado(a) durante los últimos doce (12) meses. \_\_\_\_\_
- 3. Trabajo por mi cuenta (incluyendo cuidar niños, jornalero, ventas). \_\_\_\_\_
- 4. Voy a la preparatoria (high school), a una escuela de oficios, a la Universidad (college). \_\_\_\_\_
- 5. Recibo asistencia social o ayuda del gobierno (TANF, Cal Works, CAPI General Relief y/o Food Stamps). \_\_\_\_\_
- 6. Recibo beneficios de desempleo o discapacidad. \_\_\_\_\_
- 7. Recibo contribuciones o manutención de menores. \_\_\_\_\_
- 8. Recibo beneficios del seguro de ingresos suplementarios (SSI), Seguro Social, y/o pensión de jubilación privada. \_\_\_\_\_
- 9. Tengo cuenta en el banco. \_\_\_\_\_
- 10. Recibo ingresos a través de bienes (bienes raíces, acciones, bonos). \_\_\_\_\_
- 11. Recibo ingresos de la Administración de Veteranos. \_\_\_\_\_

Comentarios o información adicional \_\_\_\_\_

Firma \_\_\_\_\_

Date \_\_\_\_\_

**ADVERTENCIA:** De acuerdo a la Sección 35A del Código Criminal de los Estados Unidos, el hacer una declaración o representación falsa a algún Departamento o Agencia de los Estados Unidos así como a algún asunto dentro de su jurisdicción, es considerada una ofensa criminal que es castigada con un máximo de 10 años de prisión o \$10,000.00 de multa o ambos.

El artículo 487i del Código Penal del estado de California dice que toda persona que defraude mas de cuatrocientos dólares (\$400) a un programa de una autoridad de viviendas es culpable de hurto mayor.



## HOUSING AUTHORITY OF THE CITY OF LOS ANGELES



### NOTICE OF NONDISCRIMINATION BASED ON DISABILITY AND REASONABLE ACCOMMODATION POLICY

The Housing Authority of the City of Los Angeles (HACLA) strives to provide equal opportunity for all individuals to participate in and benefit from its programs in compliance with state and federal fair housing laws. An individual with a physical or mental disability may request a change, exception, or adjustment to a HACLA rule, policy, service, or modification to a dwelling unit or common space also known as a **Reasonable Accommodation** to obtain equal access to the HACLA programs.

A request can be submitted at any time. Request for services, such as sign language interpretation for a meeting, must be made orally or in writing at least five (5) business days in advance of the need.

A reasonable accommodation can only be granted if there is a **verified** disability-related need for the accommodation. HACLA may require verification as to the disability and/or the relationship to the accommodation requested if the disability and/or accommodation requested is not apparent or otherwise known to the HACLA. The HACLA will not inquire about diagnosis or other medical details. You are only required to disclose a disability to the HACLA if you request an accommodation or claim a deduction or eligibility preference for admission to a program based on disability.

Verifications may be provided by an individual who is in position to know of the disability and the need requested such as (but not limited to): a licensed physician, physical therapist, psychiatrist, social worker, caseworker, or counselor.

#### **A. Examples of Exceptions to Services, Policies or Procedures** include, but are not limited to:

- Rescheduling an interview appointment and/or a non-office visit (e.g.: home visit)
- Providing sign language interpreters for meetings or interviews
- Using a text telephone (TTY) for telephone calls or e-mail with hearing or speech impaired persons
- Permitting a person with disabilities to have outside assistance to meet program requirements
- Meeting clients in wheelchair-accessible areas or providing space to accommodate a service animal

#### **B. Examples of Modifications to Dwelling Units and Common Areas** include, but are not limited to:

- Installing grab bars, handrails, wheelchair ramps or lever hardware for a mobility-impaired person
- Modifying units for hearing-impaired and vision-impaired persons (i.e., providing appropriate doorbells, etc.)

**HACLA-owned units** Residents of HACLA-owned units can request modifications to a unit or common area. The HACLA pays for most modifications to HACLA-owned units.

**Section 8 Programs** A tenant with a disability must get the unit owner's permission to modify a unit (preferably in writing) - *the owner may ask for verification of need*. Depending on the building the tenant or the landlord may have to pay for unit modifications - for additional information, go to [www.hacla.org/504](http://www.hacla.org/504).

You may request an accommodation from the HACLA orally to your worker or in writing, preferably using HACLA's, "Reasonable Accommodation Questionnaire" form (S504-02). The form is available at our offices, on the HACLA website, or call (213) 252-1879 to request one be mailed to you. HACLA staff may assist in the completion of the form(s) upon request. Persons with speech or hearing impairments may use the TTY number or email address below or California Relay to contact our office. The HACLA responds to requests within 30 days of receipt of request. HACLA will contact the requestor if more information is needed. The HACLA Reasonable Accommodation policy and related forms are also available on the HACLA website [www.hacla.org/504](http://www.hacla.org/504).

If you believe that you have experienced discrimination in a Housing Authority program due to a disability, complete and submit a *Reasonable Accommodation or Disability Discrimination Grievance* form (S504-08). Denial of a reasonable accommodation request does not necessarily constitute discrimination.

#### **Accessibility (Section 504) Coordinator**

Housing Authority of the City of Los Angeles – Planning Department

2600 Wilshire Boulevard, 3rd Floor, Los Angeles, CA 90057

Telephone: (213) 252-1879 TTY: (213) 252- 5313 E-mail: [coordinator@hacla.org](mailto:coordinator@hacla.org)



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
REASONABLE ACCOMMODATION QUESTIONNAIRE



A person with a disability(ies) may request a change, exception or adjustment to HACLA's rules, policies, practices, procedures or modifications to its housing units or common areas as a reasonable accommodation. Requesting an accommodation does not affect participation in the program. **This form is to be completed and returned to the HACLA as part of the application and annual review process but can be requested and submitted at any time as needed.** Contact your HACLA worker if assistance is needed in completing this form.

Head of Household Name: \_\_\_\_\_ Reg # / Client # \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Other preferred contact information: \_\_\_\_\_

Please check the appropriate box, provide the information as necessary, sign the bottom, and submit to the HACLA.

1. Does anyone in your household need a reasonable accommodation?

No - If No, complete number 3 below

Yes - If Yes, complete numbers 1a, 1b, 1c, 2, and 3 below

1a. Print the name of the family member requiring the accommodation \_\_\_\_\_

1b. Describe the accommodation needed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1c. Is this request to rescind a negative action taken by HACLA because the family did not comply with program requirements and the reason for not complying was due to a household member's disability?  No  Yes

If Yes, how did the disability prevent compliance with the rules and requirements of the program? (Include any applicable dates) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Person who can verify the disability and the disability-related need for the accommodation, such as (but not limited to: a licensed physician, physical therapist, psychiatrist, social worker, caseworker, or counselor).

Name: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail (if known): \_\_\_\_\_

3. Signature: I certify the above information is correct:

\_\_\_\_\_  
Signature of Head of Household or Cohead Date

Please submit the completed form to the HACLA

<b>For HACLA use only</b>		Call/Manager Code _____
Received by: _____	Date _____	Unit No. _____
Notes:		Reg./Client No. _____
		Review Month _____





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

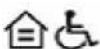
When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.



All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

### Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

### Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

### Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



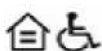
HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
SECTION 8 ASSISTED HOUSING PROGRAM**

**SECTION 8 FAMILY OBLIGATIONS**

When your unit is approved and the Housing Assistance Payments (HAP) contract is signed, your family must follow the rules listed below.

**A. THE FAMILY MUST:**

1. Provide CORRECT AND ACCURATE INFORMATION, including proof of CITIZENSHIP or eligible IMMIGRATION status, and records about your INCOME and the income of all family members living with you. You must report all income such as wages, unemployment benefits, child support, Social Security, SSI, pensions and all ASSETS such as bank accounts, stocks, bonds, property ownership, whether or not you have income from them. (Live-in aides are exempt from providing information regarding income)
2. Provide any INFORMATION that the Housing Authority or HUD tells you is needed for any reexamination of family income and composition. You and all adult family members must sign forms that allow us to verify income, asset and other information required by the Housing Authority. (Live-in aides are exempt from providing income information.)
3. Provide and verify SOCIAL SECURITY NUMBERS for all members of your family including live-in aide. This requirement does not apply to individuals who do not contend eligible immigration status.
4. Provide TRUE and COMPLETE information.
5. PAY gas, electric, water or any other utility bill for which you are responsible. PROVIDE and keep in repair any appliances such as a stove or refrigerator which the owner does not provide. REPAIR or pay for damage to the unit caused by any household member or guest. Pay your portion of the rent on time.
6. Allow the Housing Authority to INSPECT your unit at reasonable times after reasonable notice. We will inspect your unit at least once a year.
7. NOTIFY the Housing Authority and the owner IN WRITING before moving out of the unit, or ending the lease. You must get a new voucher before you can move with Section 8. You must give at least 30 days WRITTEN NOTICE if you plan to move from your unit.
8. Immediately give the Housing Authority a copy of any EVICTION NOTICE.
9. Use the section 8 unit as a place to live and ALLOW ONLY THE PEOPLE AUTHORIZED BY THE HOUSING AUTHORITY TO LIVE THERE. The unit must be a family's only place of living.
10. Immediately TELL the Housing Authority of the birth, adoption or court-awarded custody of a child. You must ask for and get WRITTEN APPROVAL before any other person (including family members, foster children or live-in aides) can live with you.
11. Immediately NOTIFY the Housing Authority IN WRITING if someone moves out or no longer lives in the unit.
12. Give the Housing Authority any information needed to prove that you or other family members are living in the unit or have moved out of the unit. (You must NOTIFY the Housing Authority of any time that you are away from the unit or expect to be away for more than thirty days.)

**B. THE FAMILY MUST NOT:**

1. COMMIT any serious or repeated VIOLATION OF THE LEASE.
2. Use your unit mainly as a place of business rather than as a place to live.
3. SIGN OVER the lease to someone else or GIVE the unit to someone else.
4. SUBLEASE or LEASE or charge someone else rent for the unit or a part of the unit.
5. BE AN OWNER of the unit you are living in (unless it is a mobile home) or have any interest in the unit.
6. Commit any FRAUD, bribery or any other corrupt or criminal act in connection with the program. Section 487i of the California Penal Code states that any person who defrauds a housing program of a public housing authority of more than four hundred dollars (\$400) is guilty of grand theft.

**CONTINUED ON BACK**

-----  
**All members of your family 18 years of age or older must sign this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**THE FAMILY MUST NOT (continued):**

7. GIVE THE LANDLORD any secret or “under-the-table” money or pay more rent than the Housing Authority allows. If a landlord asks you to pay extra rent, notify your Section 8 Advisor at once.
8. USE DRUGS or take part in other DRUG-RELATED CRIMINAL ACTIVITY or in VIOLENT CRIMINAL ACTIVITY. The family must not participate in any other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the area near your unit. This applies to your entire household, whether or not you personally take part in the activity or even know about it.
9. ABUSE ALCOHOL in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing near your unit.
10. RECEIVE ANY OTHER HOUSING ASSISTANCE (SUBSIDY) either to live in YOUR UNIT or to LIVE ELSEWHERE while you have Section 8 with us.

**GROUND S FOR DENIAL OR TERMINATION OF ASSISTANCE**

**The Housing Authority may deny or take away your Section 8 for any of the following:**

1. If you and the members of your household do not follow the family obligations listed above.
2. If as an applicant you or any member of your household is required to have a criminal history record check, but does not sign the consent form or refuses to provide fingerprints if needed.
3. If you or any member of your household must register as a sex offender in any State.
4. If you or any member of your household ever produced or manufactured methamphetamine on the premises of federally assisted housing.
5. If you or any member of your household currently illegally uses drugs, or has a pattern of illegal use that may threaten the health, safety or right to peaceful enjoyment of the premises by other residents, or if you are evicted or convicted for drug related criminal activity.
6. If you or any member of your household abuses alcohol or has a pattern of abuse that threatens the health, safety or right to peaceful enjoyment of the premises by other residents, or if you are evicted for reasons related to alcohol abuse.
7. If you or any member of your household was evicted or removed for good reason from any of our assisted housing programs (including Section 8) within 5 years of your application interview.
8. If you or any member of your household commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program or has done such things within 10 years of your application interview.
9. If you or any household member owes rent or other amounts to any housing authority in connection with Section 8 or public housing assistance or has not repaid a housing authority for money paid to an owner under a Housing Assistance Payments Contract for rent, damages to the unit or other amounts owed under the lease.
10. If your family breaks a repayment agreement with this or any other housing authority to pay amounts you owe to the housing authority.
11. If you or any member of your household is abusive or violent or makes threats against any Housing Authority employee.
12. If you are in the Family Self Sufficiency (FSS) Program and, for no good reason, you do not follow the rules of your FSS contract.
13. If you are in the Welfare to Work Program and willfully and continually fail to meet your responsibilities under that program.
14. If you or any member of your family does not immediately give the Housing Authority a copy of any letter or notice from HUD that gives information about the amount of income you receive or about verifying family income.
15. If you do not move to another unit when the Housing Authority tells you that your family is too large for the Section 8 unit you are living in (or that your family is too small for its unit in the HOPWA and Shelter Plus Care programs).
16. If you do not accept an offer of assistance with conditions (that provides assistance to some family members but forbids others to live in the unit), or if any adult member of your family does not sign the statement of assistance with conditions, or if you violate the conditions.



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

LIMITED ENGLISH PROFICIENCY NOTICE – SECTION 8

The Housing Authority of the City of Los Angeles is sensitive to the needs of individuals with Limited English Proficiency (LEP) and is committed to ensure equal access to its services.

If you are an individual with limited English skills and would like to communicate either orally or in writing in a language other than English, please indicate your language preference on the form on the back of this notice and submit it to your HACLA worker.

NOTIFICACIÓN DE CAPACIDAD LIMITADA EN INGLÉS - Spanish

La Autoridad de Vivienda de la Ciudad de Los Ángeles es sensible a las necesidades de las personas con Capacidad Limitada en Inglés (LEP, por sus siglas en inglés) y está comprometida a asegurar el acceso igualitario a sus servicios.

Si es una persona con habilidades limitadas en inglés y quisiera comunicarse verbalmente o por escrito en un idioma que no sea inglés, por favor, indique la preferencia de su idioma en el formulario en la parte trasera de esta notificación y preséntela a su empleado de la HACLA.

ՄԱՀՄԱՆԱՓՈՎԿ ԱՆԳԼԵՐԵՆԻ ԻՄԱՑՈՒԹՅԱՆ ԾԱՆՈՒՑԱԳԻՐ - Armenian

Լուս Անգլիէս Քաղաքի Բնակարանվորման Իշխանությունը ըմբռնումով է մոտենում Սահմանափակ Անգլերենի Իմացության (LEP) տեր անձանց խնդիրներին և հանձն է առել երաշխավորել իր ծառայությունների հավասար մատչելիությունը:

Եթե դուք ունեք սահմանափակ անգլերենի ունակություններ և ցանկանում եք բանավոր կամ գրավոր հաղորդակցվել ոչ-անգլերեն լեզվով, խնդրում ենք այս ծանուցագրի հետևի էջին գտնվող ձևաթղթի վրա նշել ձեր լեզվական նախասիրությունը և ներկայացնել HACLA-ի ձեր ներկայացուցչին:

СООБЩЕНИЕ ДЛЯ ЛИЦ С ОГРАНИЧЕННЫМ УРОВНЕМ ВЛАДЕНИЯ АНГЛИЙСКИМ ЯЗЫКОМ – Russian

Жилищное Управление Лос-Анджелеса (ЖУЛА) внимательно относится к нуждам лиц с ограниченным уровнем владения английским языком (ОУВА) и прилагает все усилия для обеспечения равной возможности получения информации о его услугах.

Если вы являетесь лицом с ограниченным уровнем владения английским языком и желаете общаться, устно или письменно, на другом (то есть не на английском) языке, просим сообщить о вашем предпочтении в отношении используемого языка вашему работнику ЖУЛА.

제한적 영어 사용자 통지문 – Korean

로스앤젤레스 주택국(The Housing Authority of the City of Los Angeles)은 제한적 영어 사용자 (LEP)의 필요점을 잘 알고 있으며 주택국이 제공하는 서비스를 동일하게 이용할 수 있도록 최선의 노력을 다하고 있습니다.

제한적 영어 구사자로서 영어이외의 언어로 구두나 문서로 통신하고 싶으시면 HACLA 직원에게 원하는 언어를 말씀해 주십시오.

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
**LIMITED ENGLISH PROFICIENCY NOTICE – SECTION 8**

<input type="checkbox"/> I prefer <b>Oral</b> Communication in English	<input type="checkbox"/> I prefer <b>Written</b> Communication in English	<b>English</b>
<input type="checkbox"/> Prefiero comunicación <b>oral</b> en español	<input type="checkbox"/> Prefiero comunicación <b>escrita</b> en español	<b>Spanish</b>
<input type="checkbox"/> Ես նախընտրում եմ <b>Բանավոր</b> հաղորդակցությունը հայերենով	<input type="checkbox"/> Ես նախընտրում եմ <b>Գրավոր</b> հաղորդակցությունը հայերենով	<b>Armenian</b>
<input type="checkbox"/> Я предпочитаю <b>Устное</b> общение на русском языке	<input type="checkbox"/> Я предпочитаю <b>Письменное</b> общение на русском языке	<b>Russian</b>
<input type="checkbox"/> 한국어로 구두 통신을 하고 싶습니다	<input type="checkbox"/> 한국어로 문서 통신을 하고 싶습니다	<b>Korean</b>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date



<b>HACLA USE ONLY</b>	
Cal/Mgr Code: _____	Client No.: _____



## HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

# HUD'S ENTERPRISE INCOME VERIFICATION (EIV) SYSTEM AND HOUSING ASSISTANCE

The Housing Authority uses HUD's EIV system to verify social security numbers for all participants; Social Security and SSI income, earnings from jobs, and unemployment insurance for all Housing Authority public housing residents and Section 8 participants.

### What is EIV?

- EIV is a system from HUD that provides current Social Security data, employment, new hire data, and unemployment insurance income.
- All employers in the State of California report wages and other income to the Federal Government. The California Employment Development Department reports all unemployment benefits. The Social Security Administration records all benefits paid to families. All this information is now available to the housing authority to help us accurately verify income to provide the correct amount of assistance to families.

### Whose information is in the EIV system?

- Current public housing residents and Section 8 participants.

### How will this affect me?

- The Housing Authority will check the EIV system each time you have a review. The Housing Authority will also use EIV information for fraud investigations.
- If **all** members of your household accurately report all income received to the Housing Authority, it will not affect you. **IF THE EIV DATA SHOWS THAT YOU OR A MEMBER OF YOUR HOUSEHOLD FAILED TO REPORT ALL INCOME YOU CAN LOSE YOUR SECTION 8.**
- The Housing Authority will not rely only on the information received from the EIV system. The Housing Authority will require a third-party verification from the source of income if you disagree with information in the EIV system.

### Why is the Housing Authority doing this?

- HUD developed EIV to prevent fraud and to insure that families are reporting income correctly. HUD wants to make sure that needy families get the right amount of assistance.

### Will I have to do anything?

- Report all income of any kind completely and accurately. You still need to bring all family members' most recent income verifications (Social Security/SSI Statement, paycheck stubs, bank statements, etc.) to your reviews. Housing Authority staff will tell you if your help is needed to resolve any differences between what you report and what the EIV reports.
- If you do not understand something on the application or recertification forms, always ask.



## AUTORIDAD DE VIVIENDA DE LA CIUDAD DE LOS ÁNGELES

### EL SISTEMA DE VERIFICACIÓN DE INGRESOS (EIV) Y AYUDA DE VIVIENDA DEL HUD

La Autoridad de Vivienda usa el Sistema de Ingresos (EIV, por sus siglas en inglés) del Departamento de Vivienda y Desarrollo Urbano (HUD, por sus siglas en inglés) para verificar los ingresos por el seguro social, el salario y el seguro de desempleo de todos los residentes de la vivienda pública y los participantes de la Sección 8 de la Autoridad de Vivienda.

#### ¿Qué es EIV?

- EIV es el sistema del HUD que proporciona datos vigentes del Seguro Social, del empleo, de empleados recién contratados y de información sobre ingresos por el seguro de desempleo.
- Todos los empleadores del estado de California informan al gobierno federal los salarios y otros ingresos de sus empleados; el Departamento del Desarrollo del Empleo de California informa de todos los beneficios de desempleo que otorga; y la Administración del Seguro Social informa de todas las cantidades que entrega a las familias. Toda la información anterior se encuentra a disposición de la Autoridad de Vivienda para ayudarle a verificar los ingresos con precisión y ofrecer a las familias una cantidad justa de ayuda.

#### ¿Sobre quién tiene información el sistema de EIV?

- Residentes que actualmente viven en viviendas de la vivienda pública y participantes de la Sección 8.

#### ¿De qué manera me va a afectar esto a mí?

- La Autoridad de Vivienda va a consultar el sistema EIV siempre que le haga una revisión. Además, va a usar la información del EIV en las investigaciones de fraude.
- Si **todos** los miembros de su familia informan con exactitud a la Autoridad de Vivienda todos los ingresos que reciben, esto no le va a afectar. **Si los datos del EIV muestran que usted o un miembro de su familia no reportaron todos los ingresos, puede perder su Sección 8.**
- La Autoridad de Vivienda no va a basarse solo en la información que reciba del sistema EIV. Si usted no está de acuerdo con la información del sistema EIV, la Autoridad de Vivienda va a requerir una verificación de una tercera persona que la fuente de ingresos envíe.

#### ¿Por qué está la HACLA haciendo esto?

- El HUD ideó el EIV para evitar el fraude y para asegurar que las familias informen sus ingresos con exactitud.  
El HUD quiere asegurar que las personas necesitadas reciban la cantidad justa de ayuda.

#### ¿Tengo que hacer algo?

- Informe todos sus ingresos de cualquier tipo con exactitud. Todavía tiene que llevar a las revisiones las verificaciones de ingresos más recientes (Seguro Social/Estado de cuenta del Seguro Social, talones de cheque, estados de cuenta de los bancos, etc.) de todos los miembros de la familia. La Autoridad de Vivienda le va a informar si necesita su ayuda para resolver alguna diferencia entre lo que informa usted y lo que el EIV indica.
- Si hay algo que no entienda en los formularios de solicitud o en los formularios de certificaciones posteriores, pida que se lo expliquen.



# PLACE HERE

## INCOME VERIFICATION including the following:

- Verification of Employment and Earnings (3 months of pay stubs) (if applicable)
- Verification of DPSS Assistance (Notice of Action)
- Verification of Social Security Benefits
- Unemployment / State Disability Insurance Award Letter & 3 consecutive check stubs
- Child Support Payment History Chart & 3 consecutive check stubs
- Adoption / Foster Care / Kin-Gap Assistance Payment Letter
- Self-Employment all pages of most recent year tax Returns, ' s s
- Bank Verification of Income and Assets (1 month bank statement) *for every household bank account*
- Verification of Contributions Received
- Retirement Income Verification Letter
- Life Insurance
- Pension / Annuity Award Letter

# PLACE HERE

Copy of each household member's California Identification Card (ID) or Driver's License. **If the CA ID/DL expires before the client is housed, the application will be withdrawn;** therefore, if the ID/DL is within 6 months of expiration, ask the client to renew their ID at the DMV. Submit a copy of the DMV application/receipt with the HACLA application.

**-and-**

Copy of each household member's **signed** Social Security Card. If it is not signed, the application will be returned to the clinic/agency that submitted it.