

Effective Date: 2/4/2026

Issue Date: 2/4/2026

- I. **POLICY STATEMENT:** This policy establishes standards and expectations for relocating FHSP participants (except ERC and Federal Voucher¹ Participants). All relocation requests are subject to review and approval based on lease compliance, program participation, and rent payment history. Final decisions will be made by the Funder and Brilliant Corners.

- II. **DEFINITIONS:**
 - A. **Relocation:** refers to the process of transferring an individual or household from their current residence to a different housing unit. This move can occur for various reasons, such as safety concerns, housing instability, the need for more suitable accommodation, or other personal or preference factors.
 - B. **Safety Concerns:** Situations that pose an immediate or ongoing threat to the participant's well-being.
 - C. **Health-Related Issues:** When a participant's physical or mental health is compromised by their current living environment.
 - D. **Domestic Violence:** When a participant is experiencing or at risk of domestic violence or abuse.
 - E. **Landlord Negligence:** Occurs when a landlord fails to address habitability issues or necessary repairs that impact housing stability or health and safety.
 - F. **Household Size Increase:** When the number of household members has grown, requiring a larger or more appropriate housing unit.
 - G. **Reasonable Accommodation:** When a participant's disability or medical condition necessitates a housing change to meet their needs.
 - H. **Other Personal or Preference-Based Factors:** Such as proximity to services, community ties, or other justifiable circumstances, subject to review and approval.

- III. **RELOCATION ELIGIBILITY CONTEXT:**
 - A. FHSP participants may be eligible for relocation if they meet the following criteria:
 - i. **Standard Eligibility:**
 - a. **Desire to Move:** The participant has resided in their current unit for at least 12 consecutive months, and the initial lease term is complete.
 - b. **Good Standing:** Good standing refers to status in relation to lease obligations, including but not limited to (current rent paid, compliance with lease, etc.). It also relates to good standing within the FHSP program in relation to compliance with the FHSP program agreements (ex., no program violations received).
 - c. Meeting standard relocation eligibility criteria does not guarantee eligibility for FHSP-funded move-in assistance (See Section IV.C.iii (Move-In Assistance) for funding restrictions and approval requirements.)

¹ [Federal Voucher Relocation Policy](#)

- ii. **Special Circumstances that Override Eligibility Criteria:**
 - a. **Eviction Prevention:** For participants at imminent risk of losing housing, relocation may be considered when all other stabilization efforts have been exhausted to preserve housing partnerships and prevent tenancy disruptions.
 - b. **Health & Safety Risks:** HSH, DMH, Brilliant Corners, and the Service Provider determine that relocation is necessary for the participant's safety and well-being or if housing stability is at risk (e.g., unit habitability issues, domestic violence, safety concerns etc.).
 - c. **Reasonable Accommodation (RA) Requests:** Relocation can occur with an RA before the first-year lease term ends due to certain circumstances (i.e., disability or medical condition). RA requests must be documented in the relocation request form. ²

*Move-in assistance will be considered based on the participant's circumstances and available funding.

IV. RELOCATION REQUEST PROCESS:

A. Initiating a request:

- i. If a participant is requesting to relocate, the Service Provider should complete a Relocation Request Form and submit it to the Housing Coordinator.
- ii. The Relocation Request Form includes:
 - a. Participant Information, current occupancy information, length of time at address, and tenancy status.
 - b. Reasons for the relocation (e.g., participant meets the standard eligibility requirements, health safety, or formal notice to vacate).
 - 1. Providers must list interventions and results when requesting relocations for special circumstances.
 - c. If a relocation is requested due to reasonable accommodation, provide signed letter from a clinical provider. (See Reasonable Accommodation Policy).
 - d. All sections of the form must be completed in its entirety.

B. Review & Approval

- i. **Standard Requests:** Service Providers will complete Relocation Request Form and submit requests to their Housing Coordinators. Housing Coordinators will review the request with their supervisor within three business days and submit completed request to the funder for final review.
 - a. Relocation may be submitted based on the participant's needs by submitting [Relocations Form](#)²
 - b. Funder will review within five (5) business days based on documented health/safety needs.

² [Relocations Form](#)

- c. Final Decisions: The funder may discontinue the relocation process based on program or funding constraints. Participants who wish to discontinue must notify their ICMS and HC immediately.
 - d. If at any time in this process, the participant voluntarily or involuntarily ceases to participate in the relocation process, the relocation will discontinue.
 - ii. **Urgent Requests:** Service Providers should secure temporary housing using “client needs” funding for hotels/motels or request interim housing through their HSH, DMH, and ODR Program Manager if there is a serious safety/health concern that will only be resolved by immediate removal from the unit until more permanent housing can be secured through relocation.
 - iii. **Approvals:**
 - a. All relocation requests require funder approval and will be processed within five (5) business days.
 - b. Requests may be denied due to ineligibility, lack of documentation, program non-compliance, or funding. Participants may appeal a denial or reapply when new eligibility criteria are met.
- C. **Finding a Unit & Moving** (PBV relocations follow PBV Relocation Matrix; Scattered Sites relocations follow this policy)
 - i. **Unit Matching:** Unit Matching is based on special circumstances; most relocations will be determined through the Unit ID process.
 - a. Per the Unit Matching Policy,³ unit matches are issued based on several factors, including the applicant's Unit Preference Form application: approval date, accessibility needs, household size, location preferences, and rental application screening context (e.g., eviction history, criminal background, and credit history).
 - b. Participants may decline an offered unit with justification. Multiple refusals may result in review by the funder.
 - c. Unit matches for relocations will be based on approval during case conferencing, when funders request them, or when there are urgent requests. While relocations for Unit Matching are not guaranteed, they will be considered.
 - d. Brilliant Corners will prioritize unit matching approved for relocation based on several factors, including health and/or safety concerns, family reunification, or household size changes.
 - ii. **Unit Identification (UID):**
 - a. Participants approved for relocation must follow the Unit Identification Process ([Unit Identification Packet Process](#)⁴).
 - b. Once a unit is identified:

³ [Unit Matching Policy](#)

⁴ [Unit Identification Packet Process](#)

1. Service Providers will coordinate with the Housing Coordinator through the lease signing of the new unit.
2. The existing lease must not be terminated until the new lease is signed.

V. MOVE IN ASSISTANCE (MIA):

- A. FHSP-funded move-in assistance is generally available only after five (5) years from the participant's initial FHSP move-in date and requires Funder approval.
- B. An exception to the five-year requirement may be granted only when the relocation meets an approved prioritization category (e.g., health and safety risks, eviction prevention, reasonable accommodation) and receives explicit prior approval from the funder.
- C. For PBV units, please refer to the Relocations Prioritization chart.