



# U.S. Department of Housing and Urban Development

## Public Housing Authority (PHA)

### Engagement with Homeless Households Study

#### **Welcome to the survey of PHA Engagement with Homeless Households.**

The U.S. Department of Housing and Urban Development (HUD) has contracted with Abt Associates and its subsidiary Abt SRBI to conduct this survey. The information collected will allow researchers to explore and document how Public Housing Authorities (PHAs) currently serve homeless households. Our purpose is to establish a baseline level of PHAs' current engagement in serving homeless households and to better understand the current opportunities provided by PHAs that have an explicit preference for homeless households.

Findings of this study will enable HUD to:

- identify the variety of mechanisms that PHAs employ to target homeless households for assistance;
- highlight innovative ways in which PHAs may be engaging with homeless households;
- highlight the broader set of community partners providing services to homeless people.

Through this study PHAs will learn from each other about different approaches to assisting homeless families.

Responses to this survey will be used for research purposes only and will NOT be used for compliance monitoring.

If you have questions about the survey please call 1-866-626-9805 or email us at PHASURVEY@srbi.com. If you have questions about the study itself, please contact Ms. Anne Fletcher, Social Science Analyst, Office of Policy Development and Research, HUD at (202) 402-4347 or Ms. Eliza Kean, the Abt Associates Project Director at (301) 634-1743.

This survey was approved by the Office of Management and Budget. The OMB control number is 2528-0284 and expires on 5/13/2015. We estimate that the survey will take about 20 minutes to complete. We have provided definitions for terms used throughout the survey, which you may consult by clicking on terms highlighted in blue, underlined font. Doing so will open a new window containing the definitions, which you may consult for the duration of the survey.



## Instructions

This survey asks questions about your PHA’s housing program operations, eligibility determination, admissions preferences, and your interactions with community service providers offering services to homeless households.

In order to respond to the survey, you will need to understand your PHA’s admission policies as described in the agency’s Housing Choice Voucher Administrative Plan and/or Public Housing Admissions and Occupancy Policy. In addition, you will need to respond to questions about partnerships with community service providers that provide services to homeless people. Generally, you should provide information about the agency’s policies and operations as they exist today; however, some questions will specifically ask for historical information (e.g. the question may include a phrase such as “over the past two years”).

Please answer all the questions on the following pages as completely as possible.

- ◆ If you are unsure about how to answer a question, please give the best answer you can.
- ◆ Answer each question unless you are asked to skip to another question.
- ◆ Mark only one box for each question , unless it instructs you to “Select all that apply” .

Depending on how your agency is organized, **different people may need to complete different sections**. If more than one person works on the survey, please make sure that each respondent enters his/her name, title, email address, and phone number at the end of each section. If only one person completes the survey, you may complete the contact information in Section A.

Throughout the survey you will see terms in blue, underlined font. Definitions for these terms appear at the end of the survey in alphabetic order.

### SECTIONS

Instructions	1
Agency Information	2
SECTION A. Your Agency’s Housing Choice Voucher (HCV) Program	2
SECTION B. Your Agency’s Public Housing Program	14
SECTION C. Other Programs Administered By Your PHA	22
SECTION D. Identifying Newly Admitted Households As Homeless	25
SECTION E. PHA Experience with Community Partners Providing Services to Homeless People	30
SECTION F. Barriers To Engaging With Homeless Households	33
SECTION G. Moving To Work Agencies	36
Definitions of Terms and Phrases Used in the Survey	39

## Agency Information

**ARI.4. How many Section 8 Voucher Units Count Housing Choice Vouchers (HCVs) does your PHA have under Annual Contributions Contracts (ACCs) with HUD. (If none, please enter “0”.)**

Number of HCVs: \_\_\_\_\_

**ARI.5.a. How many public housing units does your PHA have under Annual Contributions Contracts (ACCs) (If none, please enter “0”.)**

Number of public housing units: \_\_\_\_\_

## SECTION A. Your Agency’s Housing Choice Voucher (HCV) Program

**A.1.1 As of today, approximately how many households are on your agency’s waiting list for Housing Choice Vouchers? (Do not include separate waiting lists for Project-Based Vouchers in your answer. Project-Based Vouchers are addressed in a later section of the survey.)**

Number of households on HCV waiting list (approximately): \_\_\_\_\_



**A.1.2. What is the current status of your PHA’s waiting list for HCVs?**

- <sub>01</sub> Open to the general public on an ongoing basis [**SKIP TO A.2**]
- <sub>02</sub> Open to particular category/categories of applicant on an ongoing basis [**SKIP TO A.1.2.a**]
- <sub>03</sub> Open to the general public during the past year only for a limited period of time [**SKIP TO A.2**]
- <sub>04</sub> Open to particular category/categories of applicant(s) during the past year only for a limited period of time [**SKIP TO A.1.2.a**]
- <sub>05</sub> Other (Explain): \_\_\_\_\_ [**SKIP TO A.2**]
- <sub>06</sub> Closed → **A.1.2.b. For how long has the list been closed?**
  - <sub>01</sub> 0 – 6 months
  - <sub>02</sub> 7 – 12 months
  - <sub>03</sub> Longer than 12 months
  - <sub>04</sub> Longer than 24 months

**A.1.2.a. What is/are the category/categories of applicant?**

*The next few questions are about admission preferences to your PHA’s HCV program. A preference places a household higher on a waiting list for housing assistance than would be the case if selection*



were strictly by date of application or by lottery. Preferences can also be limited to a certain number of applicants who may qualify for the preference. These limited preferences may sometimes be described as a “set-aside”.

**A.2.1. Other than based on income targeting (for example, households below 30 percent of Area Median Income or AMI), do you have any preferences for admission to your HCV program?**

Please do **NOT** include Preferences required for Special Purpose Vouchers OR -Preferences for Project-Based Vouchers. If you have a Project-Based Voucher program, questions about that program will be asked in a later section.

- 01 Yes
- 02 No [SKIP TO A.3.1]

**A.2.2. Have you established a limited preference for homeless households or for households referred by a program that serves them? Please do not include the VASH program.**

- 01 Yes [SKIP TO A.2.2.a]
- 02 No [SKIP TO A.2.3]

**A.2.2.a What is the maximum number of HCVs allocated to the limited homeless preference?**

Maximum limited homeless preference HCVs \_\_\_\_\_

**A.2.2.b Is your limited homeless preference for a specific type of homeless applicant?**

- 01 Yes [SKIP TO A.2.2.b.1]
- 02 No specific type of homeless applicant [SKIP TO A.2.3]
- 03 Don't know [SKIP TO A.2.3]

**A.2.2.b.1 Please specify the type of homeless applicant.**



- <sub>01</sub> Homeless people (as defined by PHA)
- <sub>02</sub> [Chronically homeless](#) people
- <sub>03</sub> Homeless veterans
- <sub>04</sub> Homeless people referred by homeless service agencies not under any formal agreement(s) with your PHA
- <sub>05</sub> Homeless people referred by homeless service agencies under agreement(s) with PHA

**A.2.3 Do your HCV preferences include an unlimited (no specific number) preference for one or more of the following types of homeless applicants? (Please note that this question is not asking about any preference tied to the [VASH program](#) or any other [Special Purpose Voucher](#).) Please check all that apply.**

- <sub>01</sub> Homeless people (as defined by PHA)
- <sub>02</sub> [Chronically homeless](#) people
- <sub>03</sub> Homeless veterans
- <sub>04</sub> Homeless people referred by homeless service agencies not under any formal agreement(s) with your PHA
- <sub>05</sub> Homeless people referred by homeless service agencies under agreement(s) with PHA
- <sub>06</sub> Households made homeless by domestic violence
- <sub>07</sub> Households made homeless due to previous incarceration
- <sub>08</sub> Households aging out of foster care and about to become homeless
- <sub>09</sub> Households “timing out” of transitional housing
- <sub>10</sub> Other (Describe): \_\_\_\_\_
- <sub>11</sub> No unlimited preference for any of these types of homeless people **[SKIP TO A.3.1]**



A.2.4. Is your preference specific to homeless households or part of a preference that can apply to both homeless households and other types of households? For example, under the mandatory federal preferences in effect until the late 1990s, a preference for homeless households was part of a preference for households in [substandard housing](#). Some PHAs have chosen to continue to use that preference. ***Please check all that apply.***

- <sub>01</sub> Specific preference for homeless households--not part of a broader preference
- <sub>02</sub> Part of a preference for displaced households and those in [substandard housing](#)
- <sub>03</sub> Part of another preference that can include both homeless households and other types of households



**A.2.5. What other unlimited (no specific number or set-aside) HCV waiting list preferences do you have in effect? (Note: Please do not check if you only have Special Purpose Vouchers for this population but no waiting list preference.) Please check all that apply.**

- 01 Current residents of the jurisdiction (not homeless)
- 02 Those with [severe rent burden](#)
- 03 Those living in [substandard housing](#)
- 04 Those displaced by public action
- 05 Those displaced by declared national disaster
- 06 Veterans (not homeless) (Not counting [Special Purpose Vouchers](#))
- 07 Elderly people
- 08 People with disabilities
- 09 Non-elderly people with disabilities
- 10 People with disabilities transitioning from nursing homes or institutions
- 11 Victims of domestic violence
- 12 Families referred by public child welfare agencies for family unification
- 13 Youth aging out of foster care
- 14 Shelter Plus Care households transitioning to HCV
- 15 [VASH](#) households transitioning to HCV
- 16 Housing Opportunities for People with AIDS (HOPWA) households transitioning to HCV
- 17 [SRO Mod Rehab](#) households transitioning to HCV
- 18 Other (Specify): \_\_\_\_\_
- 19 No other preferences





**A.2.6. Do you rank order your preferences to establish a hierarchy of applicants within your system of preferences?**

- <sub>01</sub> Yes
- <sub>02</sub> No [SKIP TO A.3.1]

**A.2.7. How does the unlimited (no specific number) preference for homeless households fit into your ranking of preferences?**

- <sub>01</sub> Homeless households receive **the highest ranking**, ahead of all other households [SKIP TO A.3.1]
- <sub>02</sub> Homeless households receive **the same ranking** [SKIP TO A.2.7.a]
- <sub>03</sub> Homeless households receive a **lower ranking** [SKIP TO A.2.7.b]

**A.2.7.a Please select all households that receive the same ranking as homeless households. Please check all that apply.**

- <sub>01</sub> Current residents of the jurisdiction (not homeless)
- <sub>02</sub> Households with [severe rent burden](#)
- <sub>03</sub> Households with [substandard housing](#)
- <sub>04</sub> Households displaced by public action
- <sub>05</sub> Households displaced by declared national disaster
- <sub>06</sub> Veterans (not homeless) (not counting Special Purpose Vouchers)
- <sub>07</sub> Elderly households
- <sub>08</sub> Non-elderly people with disabilities
- <sub>09</sub> People with disabilities transitioning from nursing homes or institutions
- <sub>10</sub> Victims of domestic violence
- <sub>11</sub> Families referred by public child welfare agencies for family unification
- <sub>12</sub> Youth aging out of foster care
- <sub>13</sub> Other (Specify): \_\_\_\_\_



**A.2.7.b Please select all households that receive a lower ranking than homeless households. *Please check all that apply.***

- 01 Current residents of the jurisdiction (not homeless)
- 02 Households with [severe rent burden](#)
- 03 Households with [substandard housing](#)
- 04 Households displaced by public action
- 05 Households displaced by declared national disaster
- 06 Veterans (not homeless) (not counting [Special Purpose Vouchers](#))
- 07 Elderly households
- 08 Non-elderly people with disabilities
- 09 People with disabilities transitioning from nursing homes or institutions
- 10 Victims of domestic violence
- 11 Families referred by public child welfare agencies for family unification
- 12 Youth aging out of foster care
- 13 Other (Specify): \_\_\_\_\_

*The next set of questions focus on your Project-Based Voucher (PBV) program.*

**A.3.1. Has your PHA implemented a [Project-Based Voucher \(PBV\) program](#)?**

- 01 Yes
- 02 No [SKIP TO LOGIC AFTER A.4.1]



**A.3.2. Does the [PBV program](#) have a waiting list (or lists) separate from the HCV waiting list?**

<sub>01</sub> Yes

<sub>02</sub> No, our PHA has one waiting list for both the [PBV program](#) and HCV [SKIP TO A.3.3]

**A.3.2.a Does the [PBV program](#) have one waiting list for the entire PBV program/building or separate lists for each PBV program/building?**

<sub>01</sub> One list for the entire PBV program/building

<sub>02</sub> Separate waiting lists for different PBV program/buildings

**A.3.3. Does the [PBV program](#) have preferences for admission that are different from the HCV program preferences?**

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO A.4.1]



**A.3.4. Do your PBV program admission preferences include a preference for one or more of the following types of homeless applicants? *Please check all that apply.***

- <sub>01</sub> Homeless people (as defined by PHA)
- <sub>02</sub> Chronically homeless people
- <sub>03</sub> Homeless veterans
- <sub>04</sub> Homeless people referred by a homeless service agency (or agencies) not under any formal agreement(s) with your PHA
- <sub>05</sub> Homeless people referred by a homeless service agency (or agencies) under agreement(s) with PHA
- <sub>06</sub> Households made homeless by domestic violence
- <sub>07</sub> Households made homeless due to previous incarceration
- <sub>08</sub> Households aging out of foster care and about to become homeless
- <sub>09</sub> Households “timing out” of transitional housing
- <sub>10</sub> Homeless families with children
- <sub>11</sub> Other (Describe): \_\_\_\_\_
- <sub>12</sub> No preference for any of these types of homeless people [**SKIP TO A.4.1**]

**A.3.5. How many Project-Based Voucher units are set aside for homeless households through a separate waiting list or a limited preference?**

- <sub>01</sub> None
- <sub>02</sub> Number of Project-Based Vouchers (PBVs): \_\_\_\_\_



**A.4.1. How do the households for which you have established a [limited preference](#) use their vouchers? Please answer this question for both Housing Choice Vouchers and [Project-Based Vouchers](#). If you don't know enough about the specifics of program design, check: "Don't know." To change or clear your response, click on the check box again. *Please check all that apply.***

- <sub>01</sub> Homeless households use their vouchers to move directly from emergency shelters or unsheltered locations to rental housing in the community (no special services)
- <sub>02</sub> Homeless households use their vouchers to move to, or stay in, rental housing in the community after successfully completing a transitional housing program for homeless people
- <sub>03</sub> Homeless households use their vouchers to live in permanent supportive housing for homeless households with disabilities (with ongoing special services)
- <sub>04</sub> Other (Specify): \_\_\_\_\_
- <sub>05</sub> Don't Know



## Thank you for completing Section A!

Please complete the contact information table for Section A. This will help us know who to contact in case we have any questions about responses in Section A.

Please check here if the same person has completed all sections of this survey.

Name	
Title	
Telephone Number	
Email Address	



## SECTION B. Your Agency's Public Housing Program

**B.1.1.** As of today, approximately how many households are on your agency's waiting list for public housing? \_\_\_\_\_

**B.1.2.** What is the current status of your PHA's waiting list for public housing?

- <sub>01</sub> Open to the general public
- <sub>02</sub> Open to particular category/categories of applicant [**SKIP TO B.1.2.a**]
- <sub>03</sub> Open to the general public during the past year only for a limited period of time
- <sub>04</sub> Open to particular category/categories of applicant during the past year only for a limited period of time [**SKIP TO B.1.2.a**]
- <sub>05</sub> Other (Explain): \_\_\_\_\_
- <sub>06</sub> Closed [**SKIP TO B.1.2.b**]

**B.1.2.a** What is/are the category/categories of applicant?

**B.1.2.b** For how long has the list been closed?

- <sub>01</sub> 0 – 6 months
- <sub>02</sub> 7 – 12 months
- <sub>03</sub> Longer than 12 months
- <sub>04</sub> Longer than 24 months



**B.2.1 Are ALL of your public housing developments exclusively for occupancy by elderly households or households with disabilities?**

- <sub>01</sub> Yes, all of our PHA's public housing development(s) are for occupancy by elderly households or households with disabilities.
- <sub>02</sub> No, our PHA has at least one development that may be occupied by families with children. **[SKIP TO B.3]**

**B.2.2. Please describe your public housing inventory designated for elderly households and/or disabled households. To change or clear your response, click on the check box again. *Please check all that apply.***

- <sub>01</sub> **Officially Disabled:** These are units for which a PHA submitted a Designated Housing Plan (DHP) to HUD Headquarters and received approval
- <sub>02</sub> **Officially Elderly:** These are units for which a PHA submitted a DHP to HUD Headquarters and received approval
- <sub>03</sub> **Officially Mixed Elderly and Disabled:** These are units for which a PHA submitted a DHP to HUD Headquarters and received approval
- <sub>04</sub> **Mixed Elderly and Disabled Not HUD Officially Designated:** These are units that were built before 1996 and have been reserved for elderly and disabled households since they were built

*The next few questions are about admission preferences to your PHA's public housing program. (A preference places a household higher on a waiting list for housing assistance than would be the case if selection were strictly by date of application or by lottery.)*

**B.3.1 Other than based on income targeting (for example, households below 30 percent of Area Median Income or AMI), do you have any preferences for admission to your public housing program or to particular public housing developments?**

- <sub>01</sub> Yes
- <sub>02</sub> No





**B.3.2 Does your PHA have [site-based waiting lists](#)?**

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO B.3.3]

**B.3.2.a Do any of your preferences apply only to certain developments?**

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO B.3.3]

**B.3.2.a.1 For preferences that apply only to certain developments, is homelessness included as a preference?**

<sub>01</sub> Yes

<sub>02</sub> No

**B.3.3 Have you established a [limited preference](#) for admission to one or more of your public housing developments for homeless households or for households referred by a program that provides services to those households? A [limited preference](#) sets a maximum number of units that will be made available to applicants who qualify for the preference and are ready to move in.**

<sub>01</sub> Yes [SKIP TO B.3.3a]

<sub>02</sub> No [SKIP TO B.3.4.]

**B.3.3.a. What is the maximum number of units to be made available under this preference? \_\_\_\_\_**



**B.3.4. Do your public housing preferences include an unlimited (no specific number of units) preference for one or more of the following types of homeless applicants? To change or clear your response, click on the check box again. Please check all that apply.**

- <sub>01</sub> Homeless people (as defined by PHA)
- <sub>02</sub> [Chronically homeless](#) people
- <sub>03</sub> Homeless veterans
- <sub>04</sub> Homeless people referred by homeless service agencies
- <sub>05</sub> Households made homeless by domestic violence
- <sub>06</sub> Households made homeless due to previous incarceration
- <sub>07</sub> Households aging out of foster care and about to become homeless
- <sub>08</sub> Households “timing out” of transitional housing
- <sub>09</sub> Other (Describe): \_\_\_\_\_
- <sub>10</sub> No unlimited preference for any of these types of homeless applicants [**SKIP TO C1**]



**B.3.5. Is your preference specific to homeless households, or is it part of a preference for both homeless households and other types of households? For example, under the mandatory federal preferences in effect until the late 1990s, a preference for homeless households was part of a preference for households who are in [substandard housing](#). Some PHAs have chosen to continue to use that preference. Our preference is...**

- <sub>01</sub> Specific for homeless households--not part of a broader preference
- <sub>02</sub> Part of a preference for displaced households and those living in [substandard housing](#)
- <sub>03</sub> Part of another preference that can include both homeless households and other types of households



**B.3.6. What other unlimited (no specific number) public housing waiting list preferences do you have for your public housing waiting list? *Please check all that apply.***

- <sub>01</sub> Current residents of the jurisdiction (not homeless)
- <sub>02</sub> Those with [severe rent burden](#)
- <sub>03</sub> Those with [substandard housing](#)
- <sub>04</sub> Those displaced by public action
- <sub>05</sub> Those displaced by declared national disaster
- <sub>06</sub> Veterans (not homeless) (not counting [Special Purpose Vouchers](#))
- <sub>07</sub> People with disabilities transitioning from nursing homes or institutions
- <sub>08</sub> Victims of domestic violence
- <sub>09</sub> Families referred by public child welfare agencies for family unification
- <sub>10</sub> Youth aging out of foster care
- <sub>11</sub> Other (Specify): \_\_\_\_\_
- <sub>12</sub> No other preferences

**B.3.7. Do you rank order your preferences to establish a hierarchy of applicants within your system of public housing preferences?**

- <sub>01</sub> Yes
- <sub>02</sub> No [SKIP TO C.1]



**B.3.8. How does the unlimited (no specific number) preference for homeless households fit into your ranking of preferences?**

- <sub>01</sub> Homeless households receive **the highest ranking**, ahead of all other households **[SKIP TO C.1]**
- <sub>02</sub> Homeless households receive **the same ranking** **[SKIP TO QUESTION B.3.8.a]**
- <sub>03</sub> Homeless households receive a **lower ranking** **[GO TO B.3.8.b]**

**B.3.8.a Please select all households that receive the SAME ranking as homeless households. Please check all that apply.**

- <sub>01</sub> Current residents of the jurisdiction (not homeless)
- <sub>02</sub> Households with [severe rent burden](#)
- <sub>03</sub> Households with [substandard housing](#)
- <sub>04</sub> Households displaced by public action
- <sub>05</sub> Households displaced by declared national disaster
- <sub>06</sub> Veterans (not homeless) (not counting [Special Purpose Vouchers](#))
- <sub>07</sub> People with disabilities transitioning from nursing homes or institutions
- <sub>08</sub> Victims of domestic violence
- <sub>09</sub> Families referred by public child welfare agencies for family unification
- <sub>10</sub> Youth aging out of foster care
- <sub>11</sub> Other (Specify): \_\_\_\_\_



**B.3.8.b Please select all households that receive a lower ranking than homeless households. *Please check all that apply.***

- <sub>01</sub> Current residents of the jurisdiction (not homeless)
- <sub>02</sub> Households with [severe rent burden](#)
- <sub>03</sub> Households with [substandard housing](#)
- <sub>04</sub> Households displaced by public action
- <sub>05</sub> Households displaced by declared national disaster
- <sub>06</sub> Veterans (not homeless) (not counting [Special Purpose Vouchers](#))
- <sub>07</sub> People with disabilities transitioning from nursing homes or institutions
- <sub>08</sub> Victims of domestic violence
- <sub>09</sub> Families referred by public child welfare agencies for family unification
- <sub>10</sub> Youth aging out of foster care
- <sub>11</sub> Other (Specify) \_\_\_\_\_

**Thank you for completing Section B!**

**Please complete the contact information table for Section B. This will help us know who to contact in case we have any questions about responses in Section B.**

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	



## SECTION C. Other Programs Administered By Your PHA

*The next set of questions is about other ways your PHA may assist homeless households. Specifically, this section captures information about programs that your PHA may administer other than HCV and public housing. Please include the work of your PHA's non-profit subsidiaries, if applicable.*

**C.1 Please indicate whether or not you administer any of the programs displayed below, either currently or at any time within the past three years (PHA fiscal years). For those programs that you do administer, please indicate *approximately* how many units are for homeless households. If no units are designated for homeless households, enter 0 (zero).**

	Currently (or in the last three years) administer this type of program?	C.1.x.1. How many units or slots are for homeless households? If no units are designated for homeless households, enter "0"
a. HOME Tenant-Based Rental Assistance	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	a. Number of units: _____
b. State or locally funded rental assistance	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	b. Number of units: _____
c. Section 202	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	c. Number of units: _____
d. Section 811	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	d. Number of units: _____
e. Low-Income Housing Tax Credit units (no rental assistance)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	e. Number of units: _____
f. HUD McKinney-Vento Supportive Housing	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	f. Number of units: _____
g. HUD McKinney-Vento Shelter Plus Care	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	g. Number of units: _____
h. HUD McKinney-Vento Section 8 SRO Moderate Rehabilitation	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	h. Number of units: _____
<i>Table continues on next page.</i>		



	Currently (or in the last three years) administer this type of program?	C.1.x.1. How many units or slots are for homeless households? If no units are designated for homeless households, enter "0"
i. Homeless Prevention and Rapid Re-housing (HPRP) – <i>homelessness prevention</i>	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	i. Total Number of households served to date: _____
j. HPRP— <i>rapid re-housing</i>	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	j. Total Number of households served to date: _____
k. Section 8 Moderate Rehabilitation (not McKinney-	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	k. Number of units for homeless: _____
l. Rural Housing Service Section 515 housing	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	l. Number of units for homeless: _____
m. HUD multifamily private assisted housing (Section 8, 236,	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	m. Number of units for homeless: _____
n. Housing Opportunities for People with AIDS (HOPWA)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	n. Number of units for homeless: _____
o. Other (Specify)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	o. Number of units: _____
p. Other (Specify)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	p. Number of units: _____
q. Other (Specify)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	q. Number of units: _____
r. Other (Specify)	<input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	r. Number of units: _____





**Thank you for completing Section C:**

**Please complete the contact information table for Section C. This will help us know who to contact in case we have any questions about responses in Section C.**

<b>Name</b>	<i>(If one person completed the whole survey, please leave blank)</i>
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	



## SECTION D. Identifying Newly Admitted Households As Homeless

*There are a number of ways to define a household as homeless. The next series of questions focuses on how your PHA defines homelessness.*

**D.1 Question 4c on the HUD Form 50058 asks whether a household was homeless at the time of admission to a housing assistance program. Do you ask this question of every admitted applicant?**

<sub>01</sub> Yes

<sub>02</sub> No

**D.2 When entering “no” to Question 4c on the HUD Form 50058 (indicating that the applicant is not homeless), which of the following occurs:**

<sub>01</sub> You yourself check “no” to Question 4c of the HUD Form 50058.

<sub>02</sub> Software auto-populates the answer as “no” when you leave it blank.

<sub>03</sub> Other (Specify): \_\_\_\_\_

**D.3 When answering Question 4c on the HUD form 50058, does your PHA use the following definition of homelessness?**

*An individual who lacks a fixed, regular, and adequate nighttime residence and whose primary nighttime residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; OR an institution that provides a temporary residence for individuals intended to be institutionalized; OR a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.*

<sub>01</sub> Yes [**SKIP TO D.4**]

<sub>02</sub> No [**SKIP TO D.3.a**]



**D.3.a. What definition of homelessness does your PHA use?**

- <sub>01</sub> We rely on whatever definition the homeless service agency that refers households to us uses **[SKIP TO D.4]**
- <sub>02</sub> We mark everyone as 'N' (not homeless) to Question 4c, since we do not have a preference or special program for homeless applicants **[SKIP TO D.4]**
- <sub>03</sub> We do not have a definition of homeless, but will sometimes mark a household as homeless on Question 4c if they tell us they are homeless, or if they provide documentation to verify that they are homeless **[SKIP TO D.4]**
- <sub>04</sub> A different definition of homelessness **[SKIP TO D.3.b]**

**D.3.b What criteria are included in the definition of homelessness that you use?**  
*Please check all that apply.*

- <sub>01</sub> About to be evicted
- <sub>02</sub> Staying with another family or with friends
- <sub>03</sub> Living on the street
- <sub>04</sub> Living in a homeless shelter
- <sub>05</sub> Youth aging out of foster care
- <sub>06</sub> Other (Specify): \_\_\_\_\_
- <sub>07</sub> Other (Specify): \_\_\_\_\_
- <sub>08</sub> Other (Specify): \_\_\_\_\_



**D.4 Is there a minimum amount of time that a person has to be homeless in order to meet your PHA's definition of homeless?**

- <sub>01</sub> Yes, 30 consecutive days
- <sub>02</sub> Yes, at least 30 total days within the past 12 months
- <sub>03</sub> Yes, 90 consecutive days
- <sub>04</sub> Yes, at least 90 total days within the past 12 months
- <sub>05</sub> Yes, other amount of time: \_\_\_\_\_
- <sub>06</sub> No minimum amount of time

**D.5 What information do you use to verify whether a newly admitted household is homeless? *Please check all that apply.***

- <sub>01</sub> Documentation (written or oral) provided by a homeless services provider or other agency
- <sub>02</sub> Self-declaration by the household
- <sub>03</sub> Other documentation provided by the household (e.g. eviction letter, letter from temporary housing, letter from homeless shelter)
- <sub>04</sub> Verification through the local [Homeless Management Information System \(HMIS\)](#)
- <sub>05</sub> Other (Specify) \_\_\_\_\_



**D.6** Do you currently provide information to the [Homeless Management Information System \(HMIS\)](#) operated through your local homeless [Continuum of Care](#) about homeless households served by your HCV, [PBV](#) or public housing program? (Please note that reporting into [HMIS](#) for [HUD-VASH](#) will be covered in the next question.)

<sub>01</sub> Yes

<sub>02</sub> No

**D.6.a** Do you currently enter information into the [HMIS](#) about homeless households served by your PHA's [HUD-VASH program](#)? [Please note: PHAs are not required to report information into [HMIS](#) for [HUD-VASH](#).]

<sub>01</sub> Yes

<sub>02</sub> No

**D.7** Do you have any plans to enter or provide information on homeless households served by your HCV program or your public housing program into the [HMIS](#)?

<sub>01</sub> Yes

<sub>02</sub> No



**Thank you for completing Section D!**

**Please complete the contact information table for Section D. This will help us know who to contact in case we have any questions about responses in Section D.**

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	



## SECTION E. PHA Experience with Community Partners Providing Services to Homeless People

Answers to the next group of questions will provide insight into the different types of partnerships that some PHAs may have with other community partners to better serve homeless people. When responding, please think about your PHA's involvement with different types of agencies.

**E.1.1 Does your PHA have any formal relationships (as indicated by a [Memorandum of Understanding, Memorandum of Agreement](#), or other such document) with public or non-profit community organizations that provide services to homeless people?**

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO E.1.3]

**E.1.2. With how many community organizations providing services to homeless people does your PHA have formal relationships?**

<sub>01</sub> 1 – 2

<sub>02</sub> 3 – 4

<sub>03</sub> More than 4. Specify number: \_\_\_\_\_

**E.1.3 Does your PHA have any informal relationships with community organizations that provide services to homeless people?**

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO E.1.6.]

**E.1.4. With how many community organizations providing services to homeless people does your PHA have informal relationships?**

<sub>01</sub> 1 – 2

<sub>02</sub> 3 – 4

<sub>03</sub> More than 4. Specify number: \_\_\_\_\_



**E.1.5 For organizations with which your PHA has either formal or informal relationships, on what type of activities or functions do you collaborate? Check all that apply. A community organization...**

- <sub>01</sub> Verifies that homeless households are eligible for a preference and refers them to your PHA.
- <sub>02</sub> Helps homeless households find housing that qualifies for the HCV program.
- <sub>03</sub> Provides housing for households who previously were homeless.
- <sub>04</sub> Provides services to tenants/residents currently housed by your PHA who were previously homeless.
- <sub>05</sub> Other collaborative action (Describe): \_\_\_\_\_
- <sub>06</sub> Other collaborative action (Describe): \_\_\_\_\_
- <sub>07</sub> Other collaborative action (Describe): \_\_\_\_\_

**E.1.6 Does your PHA participate in the local [Continuum of Care \(CoC\)](#), or any organized planning body that attempts to end homelessness?**

- <sub>01</sub> Yes
- <sub>02</sub> No [SKIP TO E.1.8.]

**E.1.6a Please specify the [CoC\(s\)](#) in which your PHA participates**





**E.1.7. Please describe how your PHA participates and collaborates with the CoC(s):**

--

**E.1.8. Has your PHA reviewed the [CoC's Ten Year Plan](#)?**

- <sub>01</sub> Yes
- <sub>02</sub> No
- <sub>03</sub> The [CoC](#) does not have a plan.

**Thank you for completing Section E!**

**Please complete the contact information table for Section E. This will help us know who to contact in case we have any questions about responses in Section E.**

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	



## SECTION F. Barriers To Engaging With Homeless Households

*Working with homeless households can pose a number of challenges to an organization. The next set of questions asks about the types of challenges your PHA may face now, or faced in the past, when working with homeless households.*

### **F.1.1 What barriers has your PHA experienced in serving homeless households?**

**Check all that apply.**

- <sub>01</sub> Screening and eligibility determination requirements for HCV and public housing prevent our PHA from serving some homeless households
- <sub>02</sub> Homeless applicants with no fixed address often get removed from the waiting list
- <sub>03</sub> Working with homeless applicants requires more staff time and increases the staff workload
- <sub>04</sub> Our PHA does not know how to get in touch with homeless applicants for follow-up
- <sub>05</sub> Our PHA does not have service resources or partners that can provide the services
- <sub>06</sub> Homeless households do not have the needed eligibility documentation
- <sub>07</sub> Our PHA cannot afford to serve homeless households that are zero income or extremely low income (ELI)
- <sub>08</sub> Because of their barriers, homeless households need housing search and landlord negotiation assistance in the HCV program
- <sub>09</sub> There is higher turnover among homeless households, resulting in higher administrative and/or operating costs
- <sub>10</sub> Our PHA does not have service resources to help homeless households maintain housing
- <sub>11</sub> Our PHA is concerned about potential lease compliance issues experienced with homeless households in our HCV program that might harm relationships with landlords
- <sub>12</sub> Our PHA is concerned about enforcing lease compliance
- <sub>13</sub> Other (Specify): \_\_\_\_\_

*Table continues on the next page*



<sub>14</sub> Other (Specify): \_\_\_\_\_

<sub>15</sub> Other (Specify): \_\_\_\_\_

<sub>16</sub> None

**F.1.2. Has your PHA modified or made exceptions to [tenant screening](#) or other policies in order to provide housing assistance to homeless households?**

<sub>01</sub> Yes

<sub>02</sub> No → [SKIP TO INSTRUCTIONS AFTER F.1.3]

**F.1.3. What were the exceptions or changes made to [tenant screening](#) or other policies and procedures, and what issues did they address?**



**Thank you for completing Section F!**

**Please complete the contact information table for Section F. This will help us know who to contact in case we have any questions about responses in Section F.**

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	



## SECTION G. Moving To Work Agencies

*This section contains question specifically for those agencies that are part of the Moving to Work (MTW) Demonstration program.*

**G.1.1 As a MTW agency, does your PHA currently (or has your PHA within the past three years) operate(d) or implement(ed) any programs specifically aimed at homeless households?**

<sub>01</sub> Yes

<sub>02</sub> No [SKIP TO G.1.2]

**G. 1. 1. a Please describe the program(s) specifically aimed at homeless**

**G.1.2. How did the authority granted to you under your MTW Agreement enable you to implement this program/these programs?**



**G.1.3. Could your PHA have done the same thing under current HUD rules without being an MTW site?**

<sub>01</sub> Yes [SKIP TO END]

<sub>02</sub> No

**G.1.4 Specifically, what regulation(s) would need to be changed in order to allow non-MTW sites to implement this program/these programs?**



**Thank you for completing Section G!**

**Please complete the contact information table for Section G. This will help us know who to contact in case we have any questions about responses in Section G.**

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

**Thank you for taking the time to complete this survey!**



## Definitions of Terms and Phrases Used in the Survey

Term or Phrase	Definition
<b>Annual Contributions Contract (ACC)</b>	An annual contributions contract (ACC) is a written contract between HUD and a PHA. For the Housing Choice Voucher program under the ACC, HUD agrees to make payments to the PHA, over a specified term, for housing assistance payments to owners and for the PHA administrative fee. The ACC specifies the maximum payment over the ACC term. The PHA agrees to administer the program in accordance with HUD regulations and requirements. For the Public Housing Program, the ACC is an annual contract between HUD and the PHA for payments toward rent, financing debt service, and financing for modernization.
<b>Chronically Homeless</b>	A “Chronically Homeless Person” is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.
<b>Continuum of Care (CoC)</b>	“Continuum of Care (CoC)” is a community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS implementations through Continuums of Care grants.
<b>Homeless Management Information System (HMIS)</b>	A Homeless Management Information System (HMIS) is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.
<b>Limited Preference</b>	A “limited preference” is a term used to describe a preference that is limited to a certain number of applicants who may qualify for the preference. Some PHAs may use the term “set-aside” to describe a limited preference.
<b>Memorandum of Understanding/ Memorandum of Agreement</b>	A Memorandum of Understanding (MOU) is defined as an agreement of cooperation between two or more organizations defining roles and responsibilities of each with respect to developing a partnership or project.
<b>Project-Based Voucher (PBV) program</b>	Under the Project-Based Voucher program, a PHA enters into an assistance contract with the owner for specified units and for a specified term. The PHA refers families from its waiting list to the project owner to fill vacancies. Because the assistance is tied to the unit, a family who moves from the project-based unit does not have any right to continued housing assistance. However, they may be eligible for a tenant based voucher when one becomes available.
<b>Severe rent burden</b>	Unassisted renters with very low incomes paying more than half of their income for housing.
<b>Site-based waiting lists</b>	For public housing, a PHA may adopt a community-wide or (if the PHA qualifies and elects to do so in its Annual Plan) a “site-based waiting list.” A site-based waiting list is a separate list for a specific site or sites. Although it may be centrally administered, a system of site-based waiting lists allows applicants to select the developments where they will accept unit offers.





<p><b>Special Purpose Vouchers</b></p>	<p>Special Purpose Vouchers are specifically provided for by Congress in line item appropriations which distinguish them from regular vouchers.</p> <p>Examples of Special Purpose Vouchers are:</p> <ul style="list-style-type: none"> <li>• Veteran Affairs Supportive Housing (VASH)</li> <li>• Family Unification Program (FUP)</li> <li>• Non-Elderly Disabled (NED)</li> <li>• Enhanced Vouchers</li> <li>• Tenant Protection Vouchers (TPV)</li> </ul>
<p><b>SRO Mod Rehab</b></p>	<p>The Section 8 Moderate Rehabilitation Single Room Occupancy Program for Homeless Individuals (commonly known as the Section 8 SRO program) is authorized by the McKinney-Vento Homeless Assistance Act and administered by the U.S. Department of Housing and Urban Development (HUD). The program was created in 1987 to provide rental assistance to homeless individuals in rehabilitated single room occupancy (SRO) housing. Under this program, HUD enters into Annual Contributions Contracts with public housing authorities (PHAs) in connection with the moderate rehabilitation of residential properties that, when rehabilitation is complete, will contain multiple single room units. Participating PHAs make Section 8 rental assistance payments to participating owners on behalf of homeless individuals who rent the rehabilitated units. The rental assistance payments cover the difference between a portion of the tenant’s income (normally 30 percent) and the unit’s rent, which must be no more than the fair market rent established by HUD. The Section 8 SRO Program provides rental assistance for a period of 10 years, with the possibility of renewal. The rental assistance payments compensate owners for the cost of some of the rehabilitation, as well as the other costs of owning and maintaining the property. The McKinney-Vento Act requires that homeless individuals receive first priority for occupancy of SRO units.</p>
<p><b>Substandard Housing</b></p>	<p>A dwelling unit that is either dilapidated or unsafe, thus endangering the health and safety of the occupant, or that does not have adequate plumbing or heating facilities.</p>
<p><b>Ten Year Plan</b></p>	<p>A comprehensive plan developed by a coalition of community partners to outline an approach to eliminate homelessness in the community within 10 years. The plan should include: a plan for outcomes, closing the front door to homelessness, opening the back door to supportive housing, and building appropriate infrastructure to prevent homelessness.</p>
<p><b>Tenant Screening</b></p>	<p>A PHA describes the agency’s selection policies for public housing in the Admissions and Continued Occupancy Policy (ACOP). Many PHAs also have separate procedures that describe in detail the methods that staff are expected to use to implement the policy. Applicant selection or screening procedures typically address: the lease requirement being evaluated by the screening process; how the screening is done; verifications required in support of the screening process; and the weight and consideration given to the information received.</p>
<p><b>VASH Program</b></p>	<p>The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics.</p>



