| Criteria | Requirement | **Compliant / N/A** |
| --- | --- | --- |
| **Current Homelessness Verification** | **Third party documentation**   * Place not meant for human habitation * Shelter / safe haven * Institutional care facility (fewer than 90 days)   **Documentation relates to a night within 14 days prior to enrollment** |  |
| **Chronic Homelessness Verification** | **Third party documentation for at least 9 of 12 months**  Total of 12 months of homelessness (continuous or 4 episodes within 3 years)   * Place not meant for human habitation * Shelter / safe haven * Break in homelessness is defined as 7 or more consecutive nights * Stays in institutions are NOT considered a break if the stay is fewer than 90 days and literally homeless immediately prior   \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding eligibility and institutional stay limits.\*\* |  |
| Disability Verification | * Developmental disability; * HIV/AIDS; OR * Physical, mental, or emotional impairment that:   + Is expected to be long term or indefinite duration AND   + Impedes their ability to live independently   \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding disability verification requirements.\*\* |  |
| Required Assessments | Assessment completed that demonstrates Need and Lack of Resources/Lack of Support Networks to retain housing without CoC Assistance, e.g., HMIS Intake or agency-specific enrollment intake |  |
| Income Restriction | There are no income restrictions | Not applicable |
| Income Documentation | Rent Calculation (<30%) Date: \_\_\_\_\_\_\_\_\_\_\_  Annual Recertification Date: \_\_\_\_\_\_\_\_\_\_\_  Participant contributes towards rent  Rent is adjusted because of income changes  Deposit – no more than 2x rent |  |
| Rent Restrictions | This unit meets [OSH Standard](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Policies/CoC%20and%20ESG%20Rent%20Reasonableness%20Policy.pdf) or OSH-Approved Agency Rent Reasonableness Standard   1. Total Unit Rent: \_\_\_\_\_\_\_\_\_\_\_ 2. FMR of the Unit: \_\_\_\_\_\_\_\_\_\_\_ \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding FMR requirement.\*\* 3. Rent Reasonableness Average: \_\_\_\_\_\_\_\_\_\_\_ |  |
| Intake Packet | Intake Form (with all HMIS data elements) Y:  N:  Release of Information Y:  N:  Program Participation & Expectations Y:  N:  [SPDAT](https://www.sccgov.org/sites/osh/ContinuumofCare/CoCForms/Pages/home.aspx) Y:  N:  Grievance Policy Y:  N: |  |
| Landlord Move-In Documents | [W-9](https://www.irs.gov/pub/irs-pdf/fw9.pdf) Y:  N:  [Request for Tenancy Approval](https://www.hud.gov/sites/documents/52517.PDF) Y:  N:  Confirmed ownership of unit Y:  N: |  |
| Housing Standards | This unit meets Housing Quality Standards and it passed inspection on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  See [Housing Quality Standards](https://www.sccgov.org/sites/osh/ContinuumofCare/trainingmaterials/Documents/Housing%20Quality%20Standards/Housing%20Quality%20Standards%20Training.pdf) and [Housing Choice Voucher Inspection Form](https://www.hud.gov/sites/documents/52580.PDF)  \*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding HQS inspection requirements.\*\* |  |
| Housing Assistance Payment Contract | Specifies which utilities and appliances are to be supplied by the owner, and which utilities and appliances are to be supplied by the tenant. See Sample HAP Contract. |  |
| Lease Terms | Lease Start Date on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (This date must be on or after the date the unit passed inspection above)  This unit lease complies with the following:  Initial lease is a one-year term: Y:  N:  \*\*Please see [Addendum 1: COVID-19 Waivers,](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf) for information on temporary COVID-19 HUD Waivers regarding the one-year lease requirement.\*\*  Lease auto-renews to month-to-month: Y:  N:  [VAWA Lease requirements](https://www.sccgov.org/sites/osh/ContinuumofCare/trainingmaterials/Documents/VAWA%20and%20Strategies%20for%20Working%20with%20Survivors/Federal,%20State,%20CoC%20Policies_NEW.pdf): Y:  N:  Terminable only for cause: Y:  N:  If any responses are no, STOP, non-compliant with CoC |  |
| Move-In Letter | States Program/Client Rent Portions |  |

\*\*Please refer to pgs 31-35 of the [Quality Assurance Standards (QAS)](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20CoC%20Quality%20Assurance%20Standards%20-%2010.9.20%20-%20HUD%20Mega%20Waiver.pdf) for further information on the eligibility and documentation requirements for permanent supportive housing