| Criteria | **Requirement** | **Compliant / N/A** |
| --- | --- | --- |
| [**Homeless Verification**](https://www.sccgov.org/sites/osh/ContinuumofCare/CoCForms/Documents/Primary%20Eligibility%20Forms/Homelessness%20Documentation%20Checklist.pdf) | Category 1: Literally HomelessCategory 4: Fleeing or Attempting to Flee Domestic Violence* Please note: Eligible only if residing in an emergency shelter or other place described in Category 1
* Use Category 4 standards of documentation (seek third party verification only so long as doing so does not jeopardize the safety of the individual/family)

\*\*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.\*\*  | [ ]  |
| 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: [ ]  | [ ]  |
| SPDAT | The SPDAT is required at intake and then quarterly thereafter | [ ]  |
| Income Restriction | None at initial enrollment30% of Area Median Income (AMI) at annual assessment | [ ]  |
| Required Assessments | Assessment completed that demonstrates Need and Lack of Resources/Lack of Support Networks to retain housing without ESG Assistance, e.g., HMIS Intake or agency-specific enrollment intake  | [ ]  |
| Rent Restrictions | Rental assistance may cover up to the FMR for a unit. 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: \_\_\_\_\_\_\_\_\_\_\_
 | [ ]  |
| 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 [HUD Habitability Standards](https://files.hudexchange.info/resources/documents/ESG-Emergency-Shelter-and-Permanent-Housing-Standards.pdf) and it [passed inspection](https://www.hudexchange.info/resource/3766/esg-minimum-habitability-standards-for-emergency-shelters-and-permanent-housing/) on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | [ ]  |
| 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. | [ ]  |
| 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: [VAWA Lease requirements](https://www.sccgov.org/sites/osh/ContinuumofCare/trainingmaterials/Documents/VAWA%20and%20Strategies%20for%20Working%20with%20Survivors/Federal%2C%20State%2C%20CoC%20Policies_NEW.pdf): Y: [ ]  N: [ ] Terminable only for cause: Y: [ ]  N: [ ] If any responses are no, STOP, non-compliant with ESG  | [ ] [ ]  |
| Move-In Letter  | States Program/Client Rent Portions—Program tiers are different by program/agency and must be approved by OSH before implementation.Ex: ESG: Track A (Six months of assistance)* Month 1-2: 100% of rent paid by program
* Month 3-4: 75% of rent paid by program
* Month 5: 30% of rent paid by program
* Month 6: 25% of rent paid by program

Ex: Track B (Twelve months of assistance)* Month 1-3: 100% of rent paid by program
* Month 4-6: 75% of rent paid by program
* Month 7-9: 30% rent paid by program

Month 10-12: 25% rent paid by program  | [ ]  |