

Continuum of Care Committees

| CONSUMER ADVISORY BOARD (CAB) | |
|-------------------------------|--|
| CHAIR | Kennetha Patterson, Vision Heirs INC |
| FREQUENCY | 3 rd Wednesday of every month from 9:30 to 11am |
| LOCATION | The Contributor (154 Rep. John Lewis Way) |

DESCRIPTION: A diverse group of individuals with lived experience working to provide input on specific CoC matters and connect those experiencing homelessness to resources while addressing barriers and establishing an information network for homeless needs and resources.

STATUS:

- Working with the Lived Experience Director at the National Alliance to End Homelessness (NAEH)
- CAB members have been invited to present their work at an NAEH Conference
- Needing to add the CAB to the CoC Charter and create bylaws/policies (including clear compensation policies)
- Moving meeting to The Contributor to try to recruit members and expand participation

| EQUITY & DIVERSITY | |
|--------------------|--|
| CHAIR | Bobby Watts, National Health Care for the Homeless Council |
| FREQUENCY | 1st Monday of the month from 2:30 to 4pm |
| LOCATION | National Health Care for the Homeless Council (604 Gallatin Ave # 106) |

DESCRIPTION: Evaluates for inequities in homeless services to determine if race, ethnicity, stereotypes, and biases influence how assistance is delivered. Develops/implements strategies, & identifies resources available, to reduce disparities in the homeless system.

STATUS:

- Equity & Diversity coordinated a racial equity training in September. The committee is working with Chair Martin to plan follow-up trainings for the CoC.
- Expanding and updating the Racial Equity Resources webpage
- Brainstorming strategies for promoting equity among CoC member/funded agencies

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| PERFORMANCE EVALUATION (PEC) | |
|------------------------------|--|
| CHAIR | Kerry Dietz, Stranch, Jennings & Garvey, PLLC |
| FREQUENCY | 3 rd Wednesday of every month from 4 to 5pm |
| LOCATION | MDHA Board Room (701 S 6th St) |

DESCRIPTION: Annually prepares scoring matrices for HUD CoC programs, provides trainings for potential grant applicants, scores grant applications, and presents preliminary ranking of grant proposals to the Planning Council for approval.

STATUS:

- Preparing to review and score applications for CoC funding

| STANDARDS OF CARE | |
|-------------------|----------------------------------|
| CHAIR | New chair needs to be identified |
| FREQUENCY | TBD |
| LOCATION | TBD |

DESCRIPTION: The Continuum of Care (CoC) is responsible for establishing and ensuring compliance with Written Standards for administering assistance as outlined by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act for CoC and Emergency Solutions Grant (ESG) funded programs. The CoC Written Standards, therefore, shall be aligned with standards for ESG funded programs within the CoC’s geographic area. The committee will also take on the tasks of the Coordinated Entry Committee as outlined in the current Nashville-Davidson County CoC Charter. Those tasks are to ensure that “community-wide Coordinated Entry policies and procedures are in place and are aligned with HUD requirements.” The Committee identifies relevant key stakeholders for input on the Written Standards draft before presenting it to the Planning Council for approval.

STATUS: DORMANT

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| SHELTER | |
|-----------|---|
| CHAIR | Ryan Lampa, People Loving Nashville |
| FREQUENCY | 1st or 2nd Thursday of the month, from 8:30am to 10am |
| LOCATION | City Road Chapel UMC (701 Gallatin Pike S) |

DESCRIPTION: Coordinates among outreach, shelter, and government providers to ensure people living outdoors have the information they need to access shelter and services during heat, cold, floods, and other extreme weather situations.

STATUS:

- Working to assess and address shelter capacity and challenges
- Ad-hoc committee is reviewing and revising the Encampment Strategy
- Exploring barriers for getting people ‘document ready’ and other challenges that slow down inflow/outflow
- Discussing creating an affordable/attainable housing committee

| HMIS OVERSIGHT | |
|----------------|---|
| CHAIR | Shanley Deignan, Park Center |
| FREQUENCY | 4th Monday of the month from 11am to 12pm |
| LOCATION | Operation Stand Down TN (1125 12th Ave S) |

DESCRIPTION: Recommends policy guidance for the CoC Planning Council on issues related to the implementation and use of the Homeless Management Information System (HMIS). The Committee also ensures that HMIS users adhere to the established policies or requirements.

STATUS:

- **Meeting and collaborating with the Data committee.**
- Working on a data report to promote data-driven funding priorities based on identified needs/gaps
- Exploring collaborating with Shelter Committee to review data from housing surges. Asking HUD TA to provide guidance on evaluating encampment closure strategies.

Continuum of Care Committees

| DATA | |
|------------------|---|
| CHAIR | Alaina Boyer, National Health Care for the Homeless Council |
| FREQUENCY | 4th Monday of the month from 11am to 12pm |
| LOCATION | Operation Stand Down TN (1125 12th Ave S) |

DESCRIPTION: Promotes and ensures the collection of quality, comprehensive and relevant data about: 1) people experiencing homelessness in Nashville/Davidson County; and 2) the efforts of the local Continuum of Care (CoC) to address and end homelessness here. The purpose of these activities is to equip the CoC with the planning, research, communications and related tools needed to ensure that any incidence of homelessness in Nashville will be rare, brief and occur only once.

STATUS:

- **Meeting and collaborating with the HMIS Oversight committee.** See HMIS Oversight notes.

| POINT IN TIME (PIT) COUNT (Data Sub-committee) | |
|--|--|
| CHAIR | Nathan Scarlett, Mental Health Coop |
| FREQUENCY | Frequency depends on needs. Meetings are typically on a Friday from 11am to 12pm . |
| LOCATION | MDHA Board Room (701 S 6th St) |

DESCRIPTION: HUD requires communities across the country to take a census of the people who are literally experiencing homelessness on one night during the last ten days of January. This is a snapshot of the homeless population in Nashville on one night. This committee plans and oversees the annual count, and operates as a subcommittee of the Data Committee.

STATUS:

- Coordinated the PIT Count that took place on the night of January 25th
- The upcoming meeting will focus on reflecting on this year’s PIT Count and brainstorming strategies for next year

Continuum of Care Committees

| GOVERNANCE CHARTER | |
|--------------------|--|
| CHAIR | Jeff Gibson, Bass, Berry & Simms |
| FREQUENCY | As needed |
| LOCATION | MDHA CD Conference Room (712 S 6th St) |

DESCRIPTION: Reviews the Governance Charter and makes any recommendations for change or revision at least annually. Develops, recommends, and revises as needed any bylaws and/or policies and procedures deemed necessary for the ongoing operation of the Planning Council and CoC General Membership.

STATUS:

- Working on finalizing proposed edits to the Charter
- Drafting additional grievance and oversight procedures for the CoC
- Reviewing draft CAB bylaws/policies and updating the Charter to include the CAB

| MEMBERSHIP | |
|------------|--|
| CHAIR | Grant Winter, Safe Haven Family Shelter |
| FREQUENCY | As needed |
| LOCATION | Safe Haven Family Shelter (1234 3rd Ave S) |

DESCRIPTION: Collects and manages membership applications for the CoC General Membership and ensures membership policies and practices are followed. The committee also leads efforts to recruit, retain, and motivate diverse membership participation in the CoC, as well as track attendance at General Membership meetings for the purposes of voting rights and offering committee support.

STATUS:

- Exploring recruitment strategies to expand, diversify, and retain CoC members

Continuum of Care Committees

| NOMINATING | |
|------------|-----------------|
| CHAIR | Ingrid McIntyre |
| FREQUENCY | As needed |
| LOCATION | TBD |

DESCRIPTION: Recruits and selects qualified, willing members of the CoC and/or community at-large to serve as Planning Council members and presents the nominees to the CoC General Membership as requested.

STATUS:

- Created the list of nominees that the CoC General Membership voted on this past fall

| VETERANS WORKGROUP | |
|--------------------|--|
| CHAIR | Whitney Riddell, Nashville VA Medical Center |
| FREQUENCY | 2nd Tuesday of the month from 2:30 to 4pm |
| LOCATION | Operation Stand Down (1125 12th Ave S) |

DESCRIPTION: Works to create a sustainable systems approach that is capable of meeting and maintaining the federal criteria and benchmarks that effectively end veteran homelessness in Nashville.

STATUS:

- Reviewing veteran-specific data from OHS and MDHA
- Strategizing around the federal criteria and benchmarks for ending veteran homelessness
- A working group is participating in the Built for Zero’s Large City Last Mile cohort

| YOUTH & YOUNG ADULT | |
|---------------------|-------------------------------------|
| CHAIR | Lisa Stetar, Crossroads Campus |
| FREQUENCY | TBD |
| LOCATION | Crossroads Campus (1757 16th Ave N) |

DESCRIPTION: Focuses on preventing and ending homelessness for unaccompanied youth and young adults.

STATUS:

- Convened youth service providers in December. Exploring potential scope and objectives for the workgroup.

HUD Technical Assistance Recommendations Proposed Consolidation of Committee Structure

1) **Equity and Diversity Committee**

A newly formed committee with an important mission that aligns with HUD priorities per executive order 13985. TA recommended to retain this committee and seek out TA to help the group formulate goals and objectives.

2) **Consumer Advisory Board (CAB)**

Actively being reformulated to provide training and education to people with lived experience and leverage their perspectives to inform other committees. Engaging people with lived experience is in alignment with HUD priorities. TA recommended to retain the CAB.

3) **Consolidate Data Committee/HMIS Oversight Committee and PIT subcommittee** TA discerned that the Data committee has low attendance and lacked a specific purpose. Having an HMIS Oversight committee is required by HUD and the Point in Time subcommittee is an important but seasonal need. Recently, the Data and HMIS Oversight committees have been meeting at the same time and are exploring consolidating. TA recommended to consolidate all three committees.

4) **Shelter Committee (*Crisis Response Committee*)**

Shelter committee is an active committee that makes recommendations to the HPC and is leading a number of important initiatives on issues such as encampments, shelter capacity, and hypothermia. TA recommended renaming this committee to reflect the broader scope that it covers.

5) **Consolidate Membership, Nominating, and Governance Committee (*Governance*)** All three committees serve Governance purposes, and the nominating committee is only meets during periods where nominations to the HPC are needed. TA recommended combining all three committees to create a Governance committee that would look at all three needs for maintaining an effective CoC (member engagement, nominations, and Charter revisions).

6) **Standards of Care & Coordinated Entry (*Permanent Housing Committee*)**

The Standards of Care committee serves a necessary purpose of establishing Written Standards to ensure compliance with the HEARTH Act. TA recommended formally adding Coordinated Entry to the functions of this committee to ensure community input for Coordinated Entry components of HEARTH Act Requirements. TA suggested to rename the committee to broaden the scope and cover a range of compliance expectations for housing programs.

7) **Performance and Evaluation Committee (PEC)**

The PEC annually prepares scoring metrics for HUD CoC programs, provides trainings for potential grant applicants, scores grant apps, and presents preliminary ranking of grant proposals to the Planning Council for approval. TA recommended to retain the PEC.

8) **Executive Committee**

The Executive committee is a convening of the three officers of the Homeless Planning Council, plus two additional HPC members. The Executive committee sets the HPC agenda and facilitating the completion of tasks assigned to the HPC and/or CoC committees. TA recommended to draft more specific or additional tasks for the Executive committee.

HOMELESSNESS PLANNING COUNCIL STRATEGIC PLAN

JULY 2023 – JUNE 2026

OBJECTIVES

GOAL #1

URGENT AND RESPONSIVE: Recognizing the urgency, Nashville will employ evidence-based, data-driven decisions to serve and empower individuals experiencing homelessness.

Objective 1.1: Reexamine and strengthen collaborative infrastructure and roles played by key stakeholders, including individuals with lived experience, governance, committees, and members.

- a) Committees
 - i. Reexamine, reassess, and redefine focus of HPC committees.
 - ii. HPC Executive Committee, in consultation with HPC committee chairs, assign ownership and tracking of all strategic plan action steps to committees.
 - iii. Schedule quarterly meetings between CoC committee chairs and staff.
 - iv. Require membership on at least one committee for all HPC members.
- b) Individuals with Lived Experience
 - i. Establish an engaged and effective Consumer Advisory Board for individuals with lived experience with dedicated staff support.
 - ii. Implement approaches to attain a welcoming, inclusive environment built on authentic collaboration.
- c) CoC Members
 - i. Create opportunities for CoC members to form mutually beneficial relationships that foster trust and collaboration.
 - ii. Provide opportunities for better communication and alignment of resources and expertise among CoC members.
- d) Other Key Stakeholders
 - i. Identify and engage with critical stakeholders in local, state, and federal government, the business community, and faith-based communities.
 - ii. Focus on raising the funds needed to end homelessness in our community.
 - iii. Utilize effective systems mapping.

Objective 1.2: Identify inventory.

- a) Create and maintain inventories of:
 - i. Housing
 - 1. Affordable housing, including housing affordable to those making 0-30% of AMI
 - 2. Dedicated housing for people experiencing homelessness
 - ii. Available Metro properties
 - iii. Funding sources
 - iv. Support services
- b) Conduct gaps analysis to identify shortfalls in inventories
- c) Develop plans and take necessary actions to maximize inventories
 - i. Use gaps analyses to prioritize housing and service gaps for funding and programming.
 - ii. Review and revise plans on an ongoing basis.

Objective 1.3: Outline a plan to improve data collection, analysis, and presentation for all populations.

- a) Incentivize HMIS participation for providers through additional funding, reporting, and increased community coordination.
- b) Require HMIS participation for funding opportunities, including those from governmental, faith-based, and philanthropic entities.
- c) Reduce barriers to HMIS participation by working with HMIS vendor to conduct regular imports of agency data into HMIS when possible.
- d) Ensure CoC leadership and committee chairs understand data available through HMIS, potential use cases for their work, and strategies for data-driven decision making.

Objective 1.4: Establish effective goals and metrics to report on strategic homelessness initiatives.

- a) Commit to ensuring that people-first language and actions are central to all metrics.
- b) Provide quarterly report on identified metrics to all CoC stakeholders, with all data disaggregated by race, to include HUD System Performance Measures
 - i. Number of homeless persons.
 - ii. Length of time persons remain homeless.
 - iii. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness.
 - iv. Successful placements in permanent housing
 - v. Newly created housing units focused on those making 0-30% AMI
- c) Set specific short and long-term goals for the metrics in this plan, including a universal reduction goal, and review and adjust annually based on data.
- d) Create and share public-facing dashboards of HUD System Performance Measures, Point in Time Count, and Housing Inventory Count.

GOAL #2

ALIGNED & ACCOUNTABLE: The Housing Crisis Resolution System (HCRS) will align resources that close the resource gap and have clear lines of accountability.

Objective 2.1: Mobilize community partners and maximize funding to serve all populations.

- a) Mobilize community partners:
 - i. Partner with the Metro Planning Department, Housing Division, Office of the Mayor, Planning and Zoning Commission, and MDHA to better align local priorities and funding to address this effort.
 - ii. Increase formal collaboration among existing partner agencies and individuals through memoranda of understanding (MOUs), shared investments, and dedicated staff time.
 - iii. Engage with culturally-specific programs and organizations to ensure services and housing opportunities better reflect the needs and preferences of people experiencing homelessness.
 - iv. Work with mainstream systems serving vulnerable Nashvillians (including corrections, foster care, and healthcare) to ensure they do not exit people to homelessness.
 - v. Mobilize and align resources to strengthen prevention and diversion programs, and integrate diversion training into the system, including shelters, outreach teams, and Coordinated Entry access points.
- b) Maximize funding sources
 - i. Engage faith-based, recovery, healthcare, and mainstream employment partners to expand the spectrum of services and funding.
 - ii. Partner with philanthropic organizations, collective impact funding groups, and local corporations to provide ongoing funding and encourage the braiding of resources for community priorities.
 - iii. Work with Metro departments to maximize inventory by simplifying and incentivizing institutional approval of 0-30% AMI housing and to preserve existing affordable housing stock.

Objective 2.2: Work towards ending all homelessness.

- a) Focus on ending chronic homelessness.
 - i. Expand inventory for those experiencing chronic homelessness by incentivizing deeply affordable rehabilitated units and new builds, permanent supportive housing, and tenant-based rental assistance.
 - ii. Increase the number of Housing Choice Vouchers accessed by people experiencing chronic homelessness.
 - iii. Increase the number of SOAR programs in the city to increase income for people experiencing homelessness with disabling conditions.
 - iv. Ensure access to post-housing support services for all individuals exiting homelessness by expanding partnerships with behavioral health treatment services.
 - v. Build a systematic approach for people to move out of permanent supportive housing when they are ready.
- b) Implement a “targeted universalism” approach that promotes a universal reduction goal with tailored solutions for specific subpopulations.
 - i. Work with CoC stakeholders to develop and adopt a targeted universalism framework.
 - ii. Identify targeted solutions based on the structures, cultures, and geographies of groups that face unique barriers.
 - iii. Increase the number of mainstream housing resources accessed by people experiencing homelessness and encourage a local homelessness preference at MDHA.

Objective 2.3: Maximize community wide HMIS data collection, sharing, and use.

- a) Onboard all homeless service providers into HMIS.

- b) Create strategy for onboarding programs that provide services to people experiencing homelessness in non-homeless service sectors into HMIS, including healthcare, recovery, and re-entry, and K-12 education.
- c) Focus on using HMIS data to improve system performance through monitoring program and community-wide goals, and making data-based recommendations to funders, HPC, Metro Council, and city leadership.
- d) Improve data sharing and information exchange to facilitate continuity of care across healthcare, corrections, K-12 education, and child welfare.
- e) Consistently evaluate homelessness data to ensure equity for all sub-populations.

Objective 2.4: Develop an ongoing, robust, and transparent communications strategy to advance collaborative efforts to end homelessness.

- a) Facilitate multi-directional education to learn from and reach individuals with lived experience, agencies, media, government, and the Nashville community at large.
- b) Communicate strategic plans goals and clear community priorities to stakeholders, including individuals with lived experience, advocacy groups, governmental entities, faith-based communities, and philanthropic and business sectors.
- c) Bolster information and referral services so that accurate and useful information is provided to people experiencing homelessness.
- d) Build capacity, train, and support natural points of contact to connect people experiencing homelessness to coordinated entry and available resources.
- e) Generate community energy for ending homelessness by celebrating big and small wins through press releases, public dashboards, and an annual CoC report/newsletter.

HUD Technical Assistance

Technical Assistance (TA) Providers

Overall CoC Structure & Planning

- *Cloudburst*

Family and Veterans Work

- *Built for Zero*

Consumer Advisory Board

- *National Alliance to End Homelessness (NAEH)*

Permanent Supportive Housing Project Management

- *Corporation for Supportive Housing (CSH)*

Recommendations from 2022

1. **Encampment strategy:** Nashville successfully closed three camps using the Outdoor Encampment Strategy drafted by the community.
2. **Moving the collaborative applicant role to the lead entity on homelessness:** Our community drafted an RFP application process. OHS submitted the only application; the Coc elected OHS in November.
3. **Create Bylaws:** They are being reviewed by the Charter Review Committee. They will go out for public comments at the end of the year.
4. **Downsizing the Homelessness Planning Council board and the number of committees:** Currently reviewing pathways for the recommendations.

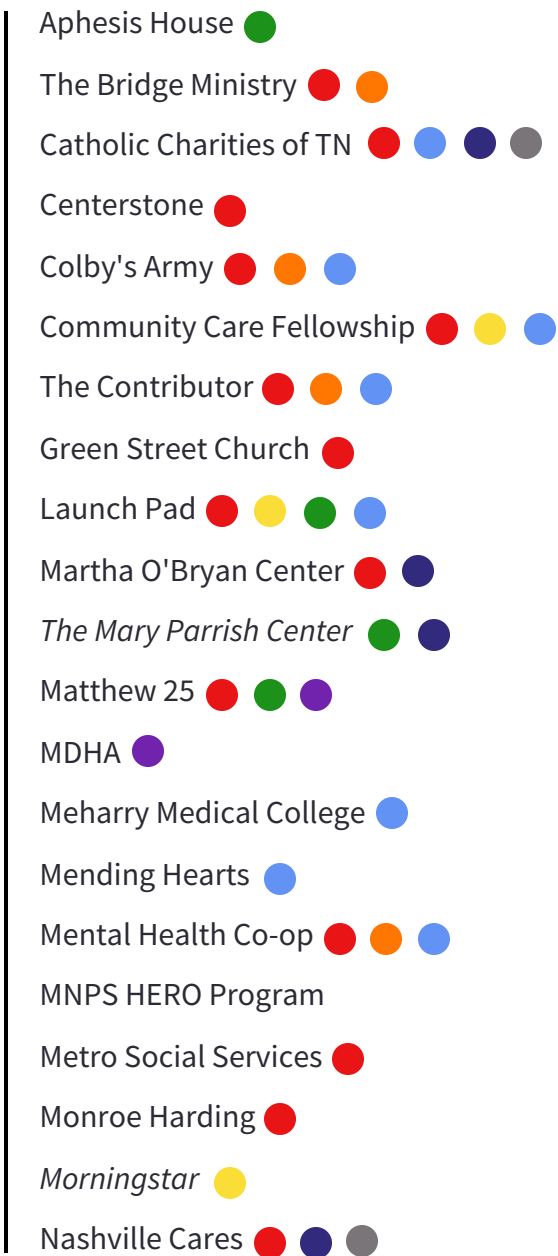
Focus Areas for 2024

1. Training and retooling Nashville's Coordinated Entry (CE) process as OHS acquires new staff and is reviewing needed adaptations to our assessment tool (VISPDAT).
2. Exploring HMIS vs HIPAA data compliance.
3. Creating a seamless process for transitioning the Collaborative Applicant.

Additional Requests

- DV-centered service delivery, Emergency Transfer Plan and VAWA Compliance.
- Permanent supportive housing (PSH) cost analysis and best practices.

Homeless Service Providers and Program Types



| CoC Funded Program Data: 10/1/2022-9/30/2023 | |
|---|------------------------------|
| Park Center: Housing First Collective | |
| Program Type: | Permanent Supportive Housing |
| Populations Served: | Individuals, Chronic |
| # of households served: | 6 |
| # of people served: | 6 |
| Average number of days from program entry to housing move-in: | 23 days |
| Number of program exits: | 0 |
| % of program exits to permanent housing: | n/a |
| % who exited to permanent housing or remained in the program: | 100% |
| % of program stayers who increased income: | 0% |
| % of program leavers who increased income: | n/a |

| CoC Funded Program Data: 10/1/2022-9/30/2023 | | | |
|---|------------------|---|------------------|
| Safe Haven Family Shelter: Consolidated RRH | | Safe Haven Family Shelter: DV RRH | |
| Program Type: | Rapid Re-Housing | Program Type: | Rapid Re-Housing |
| Populations Served: | Families | Populations Served: | Families, DV |
| # of households served: | 137 | # of households served: | 88 |
| # of people served: | 508 | # of people served: | 293 |
| Average number of days from program entry to housing move-in: | 113 days | Average number of days from program entry to housing move-in: | 87 days |
| Number of program exits: | 204 | Number of program exits: | 43 |
| % of program exits to permanent housing: | 95% | % of program exits to permanent housing: | 47% |
| % who exited to permanent housing or remained in the program: | 98% | % who exited to permanent housing or remained in the program: | 92% |
| % of program stayers who increased income: | 10% | % of program stayers who increased income: | 50% |
| % of program leavers who increased income: | 31% | % of program leavers who increased income: | 6% |

| CoC Funded Program Data: 10/1/2022-9/30/2023 | |
|---|--------------------------------|
| MDHA: Shelter Plus Care | |
| Program Type: | Permanent Supportive Housing |
| Populations Served: | Individuals, Families, Chronic |
| # of households served: | 214 |
| # of people served: | 387 |
| Average number of days from program entry to housing move-in: | n/a |
| Number of program exits: | 28 |
| % of program exits to permanent housing: | 15% |
| % who exited to permanent housing or remained in the program: | 94% |
| % of program stayers who increased income: | 77% |
| % of program leavers who increased income: | 33% |

| CoC Funded Program Data: 10/1/2022-9/30/2023 | |
|---|--------------------------------|
| Urban Housing Solutions: Homeless Recovery Program | |
| Program Type: | Permanent Supportive Housing |
| Populations Served: | Individuals, Families, Chronic |
| # of households served: | 84 |
| # of people served: | 75 |
| Average number of days from program entry to housing move-in: | n/a |
| Number of program exits: | 12 |
| % of program exits to permanent housing: | 44% |
| % who exited to permanent housing or remained in the program: | 90% |
| % of program stayers who increased income: | 76% |
| % of program leavers who increased income: | 92% |

| CoC Funded Program Data: 10/1/2022-9/30/2023 | |
|---|------------------------------|
| Room In The Inn: Omega | |
| Program Type: | Permanent Supportive Housing |
| Populations Served: | Individuals, Chronic |
| # of households served: | 22 |
| # of people served: | 22 |
| Average number of days from program entry to housing move-in: | n/a |
| Number of program exits: | 2 |
| % of program exits to permanent housing: | 0% |
| % who exited to permanent housing or remained in the program: | 91% |
| % of program stayers who increased income: | 94% |
| % of program leavers who increased income: | 50% |

| CoC Funded Program Data: 10/1/2022-9/30/2023 | | | |
|---|------------------|---|-------------------------|
| Oasis Center: YHDP RRH | | Oasis Center: YHDP SSO | |
| Program Type: | Rapid Re-Housing | Program Type: | Supportive Service Only |
| Populations Served: | Youth | Populations Served: | Youth |
| # of households served: | 99 | # of households served: | 264 |
| # of individuals served: | 200 | # of individuals served: | 322 |
| Average number of days from program entry to housing move-in: | 301 days | Average number of days from program entry to housing move-in: | n/a |
| Number of program exits: | 82 | Number of program exits: | 43 |
| % of program exits to permanent housing: | 81% | % of program exits to permanent housing: | 42% |
| % who exited to permanent housing or remained in the program: | 91% | % who exited to permanent housing or remained in the program: | 63% |
| % of program stayers who increased income: | 0% | % of program stayers who increased income: | 33% |
| % of program leavers who increased income: | 19% | % of program leavers who increased income: | 4% |

CoC Funded Program Data: 10/1/2022-9/30/2023

The Salvation Army: Joint TH-RRH

| | |
|---|--|
| Program Type: | Joint Transitional Housing – Rapid Re-Housing |
| Populations Served: | Individuals, Families |
| # of households served: | 138 |
| # of people served: | 233 |
| Average number of days from program entry to housing move-in: | 126 days |
| Number of program exits: | 141 |
| % of program exits to permanent housing: | 95% |
| % who exited to permanent housing or remained in the program: | 97% |
| % of program stayers who increased income: | 0% |
| % of program leavers who increased income: | 15% |

CoC Funded Program Data: 10/1/2022-9/30/2023

The Salvation Army: LifNav

The Salvation Army: Escape Equip Empower

| The Salvation Army: LifNav | | The Salvation Army: Escape Equip Empower | |
|---|------------------|---|------------------|
| Program Type: | Rapid Re-Housing | Program Type: | Rapid Re-Housing |
| Populations Served: | Individuals | Populations Served: | DV |
| # of households served: | 23 | # of households served: | 1 |
| # of individuals served: | 31 | # of individuals served: | 7 |
| Average number of days from program entry to housing move-in: | 97 days | Average number of days from program entry to housing move-in: | n/a |
| Number of program exits: | 7 | Number of program exits: | 0 |
| % of program exits to permanent housing: | 83% | % of program exits to permanent housing: | n/a |
| % who exited to permanent housing or remained in the program: | 94% | % who exited to permanent housing or remained in the program: | 100% |
| % of program stayers who increased income: | 0% | % of program stayers who increased income: | 0% |
| % of program leavers who increased income: | 14% | % of program leavers who increased income: | n/a |



HOUSING INVENTORY COUNT

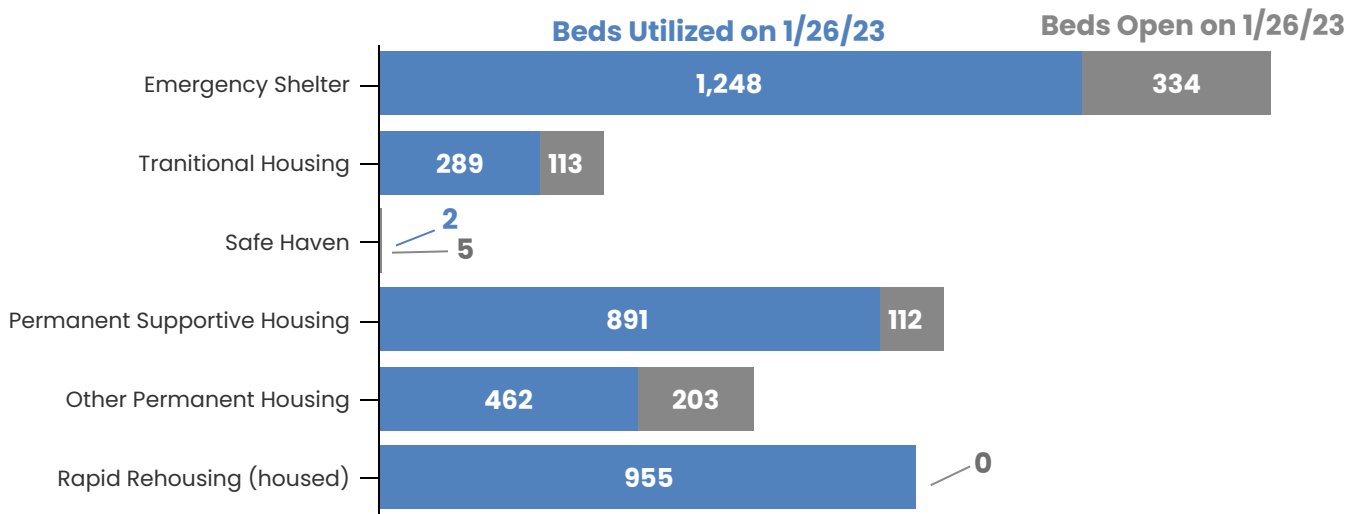
Nashville–Davidson County, Jan. 26 2023

The Nashville-Davidson County Continuum of Care Housing Inventory Count (HIC) is a Point-In-Time (PIT) inventory of the programs dedicated to serving homeless and formerly homeless persons. It is a requirement by the US Department of Housing and Urban Development (HUD) and is used in the annual application process to determine Federal funding for homeless services throughout the country. The data used to make this report is also used to produce the Annual Homelessness Assessment Report (AHAR) to Congress.

The Housing Inventory Count includes the following components:

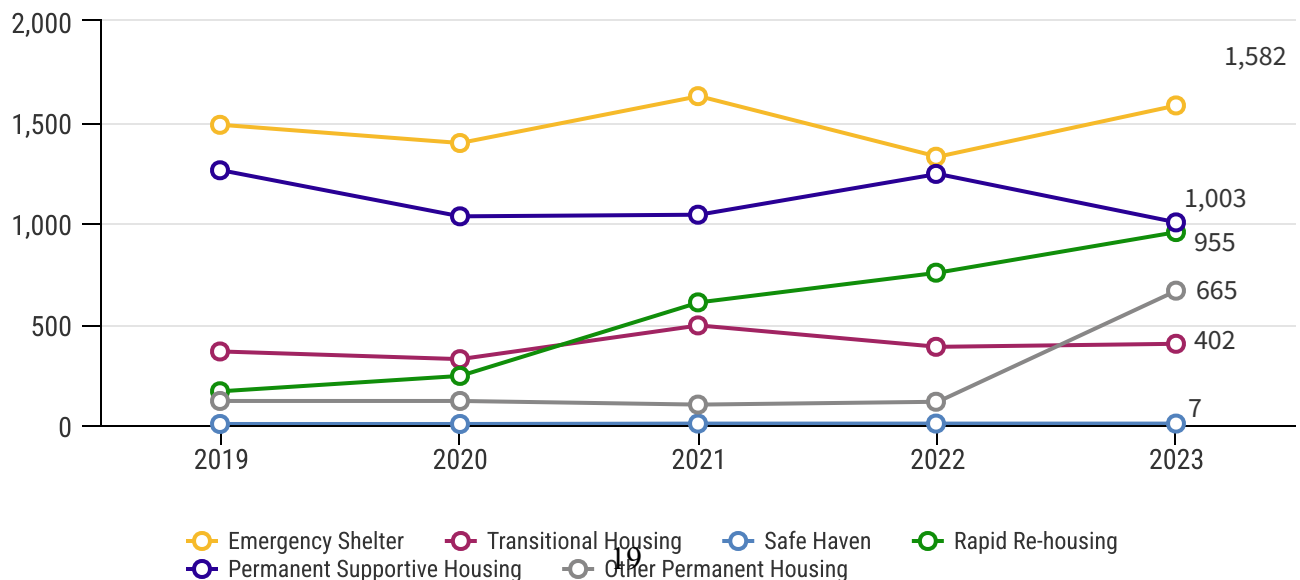
Shelter for people currently homeless persons. This includes **emergency shelter, transitional housing, and safe havens.**

Permanent housing. This includes **permanent supportive housing, rapid rehousing,** and other forms of **permanent housing for persons who were homeless upon entry into the project.**



The night of January 26th, 2023 77% of Nashville's beds to shelter people currently experiencing homelessness were being utilized. On the same night, 88% of the permanent housing beds dedicated to people experiencing homelessness were occupied.

Nashville Housing Inventory Count, 2019-2023



| | 1/26/23 PIT Count | Total Beds Available | Utilization Rate |
|---|-------------------------|----------------------------|---------------------|
| Emergency Shelters | 1,248 | 1,582 | 79% |
| Community Care Fellowship: Mobile Housing Navigation Center: Bellevue | 12 | 14 | 86% |
| Community Care Fellowship: Mobile Housing Navigation Center: Madison | 12 | 15 | 80% |
| Community Care Fellowship: Mobile Housing Navigation Center: Downtown | 8 | 8 | 100% |
| Launch Pad: Winter Shelter | 17 | 20 | 85% |
| Metro Social Services: Cold Weather Shelter | 151 | 250 | 60% |
| Morning Star Sanctuary | 8 | 8 | 100% |
| Nashville Rescue Mission: Men's Guest Services | 458 | 594 | 77% |
| Nashville Rescue Mission: Women's Guest Services | 289 | 334 | 87% |
| Operation Stand Down: SSVF: Emergency Housing Assistance | 3 | 3 | 100% |
| Room In The Inn: Guest House | 41 | 50 | 82% |
| Room In The Inn: Winter Shelter | 71 | 71 | 100% |
| Safe Haven Family Shelter | 90 | 112 | 80% |
| Safe Haven Family Shelter: Priority 1 | 38 | 38 | 100% |
| YWCA Domestic Violence Shelter | 50 | 65 | 77% |
| Transitional Housing | 289 | 402 | 72% |
| Launch Pad: Independent Supported Living Program | 6 | 6 | 100% |
| Matthew 25: GPD | 31 | 41 | 76% |
| Matthew 25: Non-Veteran TH | 7 | 8 | 88% |
| Nashville Rescue Mission: Men's Life Recovery | 77 | 105 | 73% |
| Nashville Rescue Mission: Men's Pathways to Work | 5 | 12 | 42% |
| Nashville Rescue Mission: Women's Life Recovery | 28 | 43 | 65% |
| Nashville Rescue Mission: Women's Pathways to Work | 2 | 8 | 25% |
| Operation Stand Down TN GPD | 38 | 42 | 90% |
| Room In The Inn: GPD: Hospital to Housing | 7 | 5 | 140% |
| Room in The Inn: GPD: Service Intensive | 16 | 22 | 73% |
| The Mary Parrish Center: DV Transitional | 18 | 21 | 86% |
| The Salvation Army: Joint TH | 47 | 75 | 63% |
| The Village at Glenclyff: Tiny Home Village | 7 | 14 | 50% |
| Safe Haven | 2 | 7 | 29% |
| Room In The Inn: GPD: Low Demand | 2 | 7 | 29% |



1/26/23
PIT
Count Total
Beds
Available Utilization
Rate

| | 1/26/23 PIT Count | Total Beds Available | Utilization Rate |
|--|-------------------------|----------------------------|---------------------|
| Permanent Supportive Housing | 891 | 1003 | 89% |
| MDHA: Shelter Plus Care | 314 | 325 | 97% |
| MDHA: VASH | 469 | 570 | 82% |
| Park Center: Nashville Housing First Collective | 1 | 1 | 100% |
| Room In The Inn: Omega | 38 | 38 | 100% |
| Urban Housing Solutions: Homeless Recovery Program | 69 | 69 | 100% |
| Other Permanent Housing | 462 | 665 | 69% |
| Matthew 25: Progressive Housing | 16 | 17 | 94% |
| MDHA: EHV's | 203 | 278 | 73% |
| MDHA: Set Aside Vouchers | 145 | 260 | 56% |
| Urban Housing Solutions: Fisk Court | 18 | 18 | 100% |
| Urban Housing Solutions: Mercury Court | 80 | 92 | 87% |
| Rapid Re-housing | 955 | 955 | 100% |
| Catholic Charities: ESG RRH | 37 | 37 | 100% |
| Oasis Center: YHDP RRH | 81 | 81 | 100% |
| Operation Stand Down TN: SSVF RRH | 78 | 78 | 100% |
| Safe Haven Family Shelter: CoC RRH | 193 | 193 | 100% |
| Safe Haven Family Shelter: DHS RRH | 35 | 35 | 100% |
| Safe Haven Family Shelter: DV CoC RRH | 45 | 45 | 100% |
| The Contributor: ESG RRH | 6 | 6 | 100% |
| The Mary Parrish Center: RRH | 21 | 21 | 100% |
| The Mary Parrish Center: Joint TH-RRH | 11 | 11 | 100% |
| The Salvation Army: ESG RRH | 4 | 4 | 100% |
| The Salvation Army: Joint TH-RRH | 15 | 15 | 100% |
| The Salvation Army: CoC RRH | 17 | 17 | 100% |
| The Salvation Army: Roadway Home | 51 | 51 | 100% |
| ESG-CV RRH (funds completed) | 361 | 361 | 100% |

Inventory of Beds – Nashville/Davidson County

| Organization Name | Project Type | Project Name | Participate In HMIS | Bed Type | Beds HH w/ Children | Units HH w/ Children | Beds HH w/o Children | Year-Round Beds | Total Seasonal Beds | Overflow Beds | Total Beds |
|----------------------------------|--------------|---|---------------------|---------------------|---------------------|----------------------|----------------------|-----------------|---------------------|---------------|------------|
| Catholic Charities | RRH | CC: RRH: ESG | Yes | | 37 | 10 | 0 | 37 | | | 37 |
| Community Care Fellowship | ES | CCF: ES: Mobile Housing Navigation Center - Bellevue | Yes | Facility-based beds | 0 | 0 | 14 | 14 | | | 14 |
| | ES | CCF: ES: Mobile Housing Navigation Center - Madison | Yes | Facility-based beds | 0 | 0 | 15 | 15 | | | 15 |
| | ES | CCF: ES: Mobile Housing Navigation Center "Downtown" | Yes | Facility-based beds | 0 | 0 | 8 | 8 | | | 8 |
| | ES | CCF: ES: Mobile Housing Navigation Center - High Road | Yes | Facility-based beds | 0 | 0 | 40 | 40 | | | 40 |
| | ES | CCF: ES: Mobile Housing Navigation Center - Family | Yes | Facility-based beds | 16 | | 0 | 16 | | | 16 |
| Launch Pad | TH | Launch Pad: TH: Independent Supported Living Program | Yes | | 0 | 0 | 6 | 6 | | | 6 |
| | ES | LP: ES: Winter Shelter: ESG-CV | Yes | Other beds | 0 | 0 | 0 | 0 | 20 | 5 | 20 |
| | ES | Launch Pad: ES: Mobile Housing Navigation Center | Yes | | 0 | 0 | 15 | 15 | | | 15 |

Inventory of Beds – Nashville/Davidson County

| Organization Name | Project Type | Project Name | Participate In HMIS | Bed Type | Beds HH w/ Children | Units HH w/ Children | Beds HH w/o Children | Year-Round Beds | Total Seasonal Beds | Overflow Beds | Total Beds |
|---|--------------|---|---------------------|---------------------|---------------------|----------------------|----------------------|-----------------|---------------------|---------------|------------|
| Matthew 25 | TH | M25: TH: GPD for Veterans | Yes | | 0 | 0 | 41 | 41 | | | 41 |
| | OPH | Matthew 25: PH: Progressive Housing | Yes | | 0 | 0 | 17 | 17 | | | 17 |
| | TH | Matthew 25: TH: Non-Veteran | Yes | | 0 | 0 | 8 | 8 | | | 8 |
| Metropolitan Development & Housing Agency | OPH | MDHA: PH: EHV | No | | 160 | 80 | 118 | 278 | | | 278 |
| | OPH | MDHA: PH: Set Aside Section 8 Vouchers | No | | 192 | 148 | 68 | 260 | | | 260 |
| | PSH | MDHA: PSH: SPC Consolidated | Yes | | 145 | 48 | 180 | 325 | | | 325 |
| | PSH | MDHA: PSH: VASH Vouchers (Tenant-Based) | Yes | | 140 | 108 | 430 | 570 | | | 570 |
| Metropolitan Social Services | ES | MSS: ES: Metro Cold Weather Shelter | No | Facility-based beds | 0 | 0 | 0 | 0 | | 250 | 250 |
| Morning Star Sanctuary | ES | Morning Star Sanctuary: ES | No | Facility-based beds | 5 | 2 | 3 | 8 | 0 | 0 | 8 |
| Nashville Cares | RRH | NC: RRH: ES | Yes | | 0 | 0 | 10 | 10 | | | 10 |

Inventory of Beds – Nashville/Davidson County

| Organization Name | Project Type | Project Name | Participate In HMIS | Bed Type | Beds HH w/ Children | Units HH w/ Children | Beds HH w/o Children | Year-Round Beds | Total Seasonal Beds | Overflow Beds | Total Beds |
|---------------------------------------|--------------|---|---------------------|---------------------|---------------------|----------------------|----------------------|-----------------|---------------------|---------------|------------|
| Nashville Rescue Mission | ES | NRM: ES: Men's Guest Services | No | Facility-based beds | 0 | 0 | 448 | 448 | 0 | 146 | 594 |
| | ES | NRM: ES: Women's Guest Center | No | Facility-based beds | 72 | 9 | 182 | 254 | 0 | 80 | 334 |
| | TH | NRM: TH: Men's Life Recovery | No | | 0 | 0 | 105 | 105 | | | 105 |
| | TH | NRM: TH: Men's Pathways to Work | No | | 0 | 0 | 12 | 12 | | | 12 |
| | TH | NRM: TH: Women's Life Recovery | No | | 0 | 0 | 43 | 43 | | | 43 |
| | TH | NRM: TH: Women's Pathway to Work | No | | 0 | 0 | 8 | 8 | | | 8 |
| Oasis Center | RRH | YHDP: RRH | Yes | | 51 | 21 | 30 | 81 | | | 81 |
| Operation Stand Down Tennessee | RRH | OSDTN: RRH-SSVF | Yes | | 48 | 14 | 30 | 78 | | | 78 |
| | ES | OSDTN: SSVF: EHA | No | Voucher beds | 3 | 1 | 0 | 3 | 0 | 0 | 3 |
| | TH | OSDTN: TH: GPD Program for Vets; ESG-CV | Yes | | 0 | 0 | 42 | 42 | | | 42 |
| Park Center | PSH | Park Center: PSH: Nashville Housing First Collective: CoC | Yes | | 0 | 0 | 1 | 1 | | | 1 |

Inventory of Beds – Nashville/Davidson County

| Organization Name | Project Type | Project Name | Participate In HMIS | Bed Type | Beds HH w/ Children | Units HH w/ Children | Beds HH w/o Children | Year-Round Beds | Total Seasonal Beds | Overflow Beds | Total Beds |
|----------------------------------|--------------|--|---------------------|---------------------|---------------------|----------------------|----------------------|-----------------|---------------------|---------------|------------|
| Room In the Inn | ES | RITI: ES: On-Site Shelter | Yes | Facility-based beds | 0 | 0 | 50 | 50 | 0 | 0 | 50 |
| | ES | RITI: ES: Winter Shelter | Yes | Facility-based beds | 0 | 0 | 0 | 0 | 71 | 0 | 71 |
| | PSH | RITI: PSH: Omega | Yes | | 0 | 0 | 38 | 38 | | | 38 |
| | SH | RITI: SH: GPD-Low Demand | Yes | | | | 7 | 7 | | | 7 |
| | TH | RITI: TH: GPD: Hospital to Housing | Yes | | 0 | 0 | 5 | 5 | | | 5 |
| | TH | RITI: TH: GPD: Service Intensive | Yes | | 0 | 0 | 22 | 22 | | | 22 |
| Safe Haven Family Shelter | ES | SHFS: ES: Emergency Shelter: ESG | Yes | Facility-based beds | 112 | 30 | 0 | 112 | | | 112 |
| | ES | SHFS: ES: Emergency Shelter: Priority 1 | Yes | Voucher beds | 38 | 8 | 0 | 38 | | | 38 |
| | RRH | SHFS: RRH: Consolidated: CoC | Yes | | 193 | 54 | 0 | 193 | | | 193 |
| | RRH | SHFS: RRH: DHS | Yes | | 35 | 10 | 0 | 35 | | | 35 |
| | RRH | SHFS: RRH: DV CoC | Yes | | 45 | 15 | 0 | 45 | | | 45 |
| The Mary Parrish Center | RRH | Mary Parrish: RRH (standalone RRH program) | No | | 16 | 6 | 5 | 21 | | | 21 |
| | TH | TMP: TH: DV Transitional | No | | 17 | 6 | 4 | 21 | | | 21 |
| | RRH | TPM: RRH: Joint TH/RRH | No | | 9 | 2 | 2 | 11 | | | 11 |

Inventory of Beds – Nashville/Davidson County

| Organization Name | Project Type | Project Name | Participate In HMIS | Bed Type | Beds HH w/ Children | Units HH w/ Children | Beds HH w/o Children | Year-Round Beds | Total Seasonal Beds | Overflow Beds | Total Beds |
|--------------------------|--------------|---------------------------------------|---------------------|---------------------|---------------------|----------------------|----------------------|-----------------|---------------------|---------------|------------|
| The Salvation Army | TH | Salvation Army: TH: Joint TH/RRH: CoC | Yes | | 45 | 13 | 30 | 75 | | | 75 |
| | RRH | TSA: RRH: ESG | Yes | | 0 | 0 | 4 | 4 | | | 4 |
| | RRH | TSA: RRH: Joint TH/RRH Project | Yes | | 11 | 4 | 4 | 15 | | | 15 |
| | RRH | TSA: RRH: Lif Nav: CoC | Yes | | 9 | 3 | 8 | 17 | | | 17 |
| | RRH | TSA: RRH: Roadway Home | Yes | | 0 | 0 | 51 | 51 | | | 51 |
| The Village at Glenclyff | TH | TVG: TH: Tiny Home Village | Yes | | 0 | 0 | 14 | 14 | | | 14 |
| Urban Housing Solutions | OPH | UHS: PH-SRO- Fisk Courts | Yes | | 0 | 0 | 18 | 18 | | | 18 |
| | OPH | UHS: PH-SRO- Mercury Courts | Yes | | 0 | 0 | 92 | 92 | | | 92 |
| | PSH | UHS: PSH: Homeless Recovery Program | Yes | | 7 | 3 | 62 | 69 | | | 69 |
| YWCA of Nashville | ES | YWCA - ES-Domestic Violence Shelter | No | Facility-based beds | 44 | 11 | 21 | 65 | 0 | 0 | 65 |

MDHA Application Packet

Documents to Complete

- **Documents Page**
(complete zero income form/ questionnaire for each adult in the household, if applicable)
- **VASH Referral Form**
- **Limited English-Speaking Applicants/Participants**
- **Housing Choice Program-Personal Declaration Form**
- **Declaration of Citizenship or Eligible Immigration Status**
- **Application/Tenant Authorization For Release of Information**
- **Authorization for the Release of Information/Privacy Act Notice**
- **Debts Owed to Public Housing Agencies and Terminations**
(needs to be signed for each adult in the household)
- **RHIP-Rental Housing Integrity Improvement Project**
(needs one signed for each adult in the household)
- **Supplement and Optional Contact Information for HUD-Assisted Housing Applicants**
- **HMIS Release of Information (MDHA)**
- **HMIS Entry Assessment**

Personal Documents

- **Income verification** (SS, VA, employment, unemployment, child support, DHS, benefits, zero income form/questionnaire, etc.)
- **Bank account statements**
- **ID** (front and back)
- ***Social Security card** (front and back)
- ***Birth certificate**
- **DD-214**
- **Any other pertinent documentation** (legal custody paperwork, childcare costs, disability/reasonable accommodation forms, etc.)

*SS cards and birth certificates are preferred but not required for Veterans with a legible DD-214

PROVIDE COPIES OF THE INFORMATION BELOW

Applicant Name: _____

- Birth Certificates for you and all household members
- Social Security Cards **FRONT AND BACK** for you and all household members
- Form I-94 or Green Card **FRONT AND BACK** if born outside of the United States
- Picture ID for you and all adult household members
- DD214 for Veterans

IF YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING PROVIDE COPIES OF THE DOCUMENTATION BELOW

- Social Security or Supplemental Security Award Letter (**DATED WITHIN LAST 90 DAYS**)
- Employment (**PROVIDE LAST 4 CHECK STUBS AND LETTER FROM EMPLOYER STATING YOUR 1)DATE OF HIRE, 2)RATE OF PAY AND 3)NUMBER OF SCHEDULED HOURS**)
- VA Benefits (**DATED WITHIN LAST 90 DAYS**)
- Pension (**PROVIDE VERIFICATION OF PAYMENTS DATED WITHIN LAST 90 DAYS**)
- Unemployment (**PROVIDE UNEMPLOYMENT COMPENSATION INCOME VERIFICATION DATED WITHIN LAST 90 DAYS**)
- If self-employed or own a business (**PROVIDE A COPY OF YOUR MOST RECENT TAX RETURN**)
- Child Support (**PROVIDE CASE ID NUMBER AND 6 MONTH PRINTOUT**)
- Proof of DHS Benefits (**DATED WITHIN LAST 90 DAYS**)
- IF SOMEONE GIVES YOU MONEY (**PROVIDE A SIGNED LETTER FROM THE PERSON WITH THE AMOUNT THEY GIVE YOU, FREQUENCY OF PAYMENTS AND CONTACT INFORMATION**)
- OTHER INCOME (**PROVIDE PROOF OF ANY OTHER INCOME YOU RECEIVE DATED WITHIN LAST 90 DAYS**)
- **PROVIDE PROOF OF ALL ASSETS SUCH AS CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, REAL ESTATE, STOCKS, BONDS, ANNUITIES**
- Elderly or Disabled household member: If the head of household or spouse is 62 or older or if your family includes a member who is disabled, supply the source and proof of medical or disability expenses paid (**PROVIDE LAST 12 MONTH PRINTOUT FROM PHARMACY, RECURRING MEDICAL BILLS WHERE PAYMENTS WERE MADE, ETC**)
- If you pay for child care for children age 12 and UNDER ONLY (**PROVIDE NAME AND ADDRESS OF CHILDCARE PROVIDER AND PROOF OF PAYMENTS**)



Metropolitan Development and Housing Agency
Rental Assistance Department
 620 Dew Street • Nashville, Tennessee 37206
 Mailing Address: P O Box 846 Nashville, Tennessee 37202
 Telephone (615) 252-6500 • TDD (615) 252-8599 • FAX (615) 252-6614
 www.nashville-mdha.org

Limited English Speaking Applicants/Participants

The Metropolitan Development and Housing Agency wants to make sure you understand what we say to you and that you understand any forms we ask you to sign in regard to your application for housing assistance. Please complete the section below so that we may know how to best serve your needs.

- Are you able to speak and understand English? Yes No.
- Are you able to read English? Yes No.
- Are you able to write in English? Yes No.
- Do you need an interpreter to assist you? Yes No.

If yes, please indicate language and dialect, if applicable _____

If yes, you may either designate a friend or family member to act as your interpreter, or MDHA will provide one for you at no cost to you. If you would like for a friend or family member to be your interpreter, please complete the following statement.

I, _____ authorize _____ to act as my interpreter

for the purpose of assisting me in completing an application for housing assistance from the Metropolitan Development and Housing Agency (MDHA). I understand any information given to MDHA by my interpreter, spoken or written, will receive the same consideration as if the information was provided directly by me.

Head of Household _____ Date _____

MDHA Representative _____ Date _____

This form and supporting documents become a part of the applicant/participant file by reference

Metropolitan Development and Housing Agency
Housing Choice Voucher Program - Personal Declaration Form

All sections must be completed - Please Print

First _____ Middle _____ Last Name _____ Social Security Number _____
 Address _____ Apt. # _____
 City _____ State _____ Zip Code _____
 Home Phone: _____ Other Phone: _____
 E-Mail Address: _____

EMERGENCY CONTACT: Person we can contact if unable to reach you

Name _____ Relation to you _____
 Address _____ Phone Number _____
 City _____ State _____ Zip Code _____

HOUSEHOLD MEMBERS

Complete information below for all persons who will live in your household while you are on the program. You must use the legal name for each member as it appears on their Social Security Administration record. All adult members of the household must sign below certifying that the information about them is true and accurate.

| Full Name | Relation | Date of Birth | Age | Place of Birth | Sex | Social Security Number | Race | Marital Status |
|-----------|----------|---------------|-----|----------------|-----|------------------------|------|----------------|
| 1. _____ | Head | | | | | | | |
| 2. _____ | | | | | | | | |
| 3. _____ | | | | | | | | |
| 4. _____ | | | | | | | | |
| 5. _____ | | | | | | | | |
| 6. _____ | | | | | | | | |
| 7. _____ | | | | | | | | |
| 8. _____ | | | | | | | | |

INCOME

EMPLOYMENT INCOME: List all full and part-time employment for all household members 18 and older. Include earnings from self-employment.

| Member # | Employer | Address-City, State, Zip Code | Phone # | Job Title | Start Date | Earnings |
|----------|----------|-------------------------------|---------|-----------|------------|-------------|
| | | | | | | \$ 0.00 Per |
| | | | | | | \$ 0.00 Per |
| | | | | | | \$ 0.00 Per |

OTHER SOURCES OF INCOME: List all other income for all household members including: AFDC (TANF), Social Security, SSI, Pensions, VA, Military Pay, Alimony, Child Support, Unemployment Benefits, Contributions from Outside Sources, Any Other Income

| Household Member's Name | Source of Income | Monthly Amount | Case Number |
|-------------------------|------------------|----------------|-------------|
| | | \$ 0.00 | |
| | | \$ 0.00 | |
| | | \$ 0.00 | |

(cont'd on next page)

Metropolitan Development and Housing Agency
Housing Choice Voucher Program - Personal Declaration Form

| ASSETS | Type of Account | Bank Name | Account # | Current Balance | Yearly Interest |
|--------------------------|-----------------|-----------|-----------|-----------------|-----------------|
| Checking | | | | \$ 0.00 | \$ 0.00 |
| Savings | | | | \$ 0.00 | \$ 0.00 |
| Certificate of Deposit | | | | \$ 0.00 | \$ 0.00 |
| Annuities/Life Insurance | | | | \$ 0.00 | \$ 0.00 |
| Other: | | | | \$ 0.00 | \$ 0.00 |

- Does any household member have Stocks and/or Bonds? Yes No If yes, what is value? \$ _____
- Does any household member have U.S. Savings Bonds? Yes No If yes, what is value? \$ _____
- Does any household member own real estate? Yes No If yes, what is value? \$ _____
- Has any household member ever owned real estate? Yes No If yes, when? _____

VEHICLE INFORMATION

- Do you or any household member own a vehicle(s)? Yes No
- Year/Model? _____ License Plate # _____
- Year/Model? _____ License Plate # _____
- Are there outstanding loans on the above vehicle(s)? Yes No If yes, amount owed? \$ _____

MONTHLY HOUSEHOLD EXPENSES - How much do you pay each month for the following? Please complete all blanks. If not applicable, put none.

| | | | |
|------------|---------|---------------------------|---------|
| Rent | \$ 0.00 | Disability Expenses | \$ 0.00 |
| Gas | \$ 0.00 | Child Care | \$ 0.00 |
| Electric | \$ 0.00 | Household Supplies | \$ 0.00 |
| Water | \$ 0.00 | Cable | \$ 0.00 |
| Trash | \$ 0.00 | Yard Maintenance | \$ 0.00 |
| Telephone | \$ 0.00 | Car Payments | \$ 0.00 |
| Cell Phone | \$ 0.00 | Gasoline | \$ 0.00 |
| Food | \$ 0.00 | Public Transportation | \$ 0.00 |
| Medical | \$ 0.00 | Personal Loan/Credit Card | \$ 0.00 |
| Clothing | \$ 0.00 | Internet Access | \$ 0.00 |
| Insurance | \$ 0.00 | Other | \$ 0.00 |

CHILD CARE EXPENSES

Child care is provided for (names of children) _____
 Child care is paid to: Name of provider _____
 Address _____
 City, St, Zip _____
 Phone/Fax _____
 in the amount of \$ _____ per _____ and enables _____ to work, or _____ to attend school.
 Amount reimbursed \$ _____ per _____ Person/Agency who pays for child care _____

MEDICAL AND UNUSUAL EXPENSES

- Do you have Medicare benefits? Yes No
- Do you have other Health Insurance? Yes No
- Do you make payments on medical bills? Yes No
- Do you pay for prescription medicines? Yes No
- Are there any changes anticipated in health care related expenses in the next 12 months not covered by insurance? Yes No
- If yes, explain: _____

**Metropolitan Development and Housing Agency
Housing Choice Voucher Program - Personal Declaration Form**

STUDENTS – List all household members 17 years old or older who are attending school or other training program.

| Household Member's Name | Name of School or Training Program | Address of School or Training Program | Full Time or Part Time |
|-------------------------|------------------------------------|---------------------------------------|------------------------|
| | | | |
| | | | |

OTHER INFORMATION

Is the owner of the unit you are living in related to you or any member of your household? Yes No
 Have you or any family member living with you ever been charged with drug-related or violent criminal activity? Yes No
 Have you or any family member living with you ever been evicted from federally assisted housing for drug-related or violent criminal activity? Yes No
 Are you or any family member subject to a lifetime sex offender registration requirement in any state? Yes No
 If yes on any of above, explain _____

Do you or any other family member owe a balance to MDHA or any other housing authority? Yes No

Have you or any other household member ever participated in any of the following programs before?

Section 8: Yes No
Public Housing: Yes No
Hope VI: Yes No
Other subsidized program: Yes No

If Yes to any of above: Where? _____ Dates? _____

Does any member of your household have elevated blood-lead level? Yes No
 Are all members of your household U.S. Citizens or legal residents? Yes No
 Are you or any family member a current or former member of the military? Yes No

If Yes, which member and dates of service? _____ From: _____ to: _____
 Have you or other family member been a victim of domestic violence? Yes No
 If Yes, which member and date(s) _____

CERTIFICATION

I/We certify that the information provided to the Metropolitan Development and Housing Agency on this application as well as on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under State and Federal law under Tennessee Code Annotated and Section 1001 of Title 18 of the U.S. Code which provides penalties up to \$10,000 or imprisonment up to five (5) years or both. I/we also understand that false statements or information are grounds for me being charged retroactive rent and/or being denied or terminated from the housing choice voucher Section 8 program.

TENNESSEE CODE ANNOTATED, Copyright © 1955-1986 by The State of Tennessee, All rights reserved. Title 39 CRIMINAL OFFENSES, CHAPTER 3 OFFENSES AGAINST PROPERTY, Part 9 – Fraud and False Dealing

39-14-104. Theft of services [Effective November 1, 1989] – A person commits theft of service who:

- Intentionally obtains services by deception, fraud, coercion, false pretense or any other means to avoid payment for the services;
- Having control over the disposition of services to others, knowingly diverts those services to the person's own benefit or to the benefit of another not entitled thereto;
- Knowingly absconds from establishments where compensation for services is ordinarily paid immediately upon the rendering of them, including, but not limited to, hotels, motels and restaurants, without payment or a bona fide offer to pay. [Acts 1989, ch. 591, section 1.]

I/We also understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation for the purpose of obtaining rental assistance to any department or Agency of the United States as to any matter within its jurisdiction.

"Any person who makes a false statement in writing, knowing it is false, for the purpose of obtaining or maintaining occupancy or for a reduction in rent or rent subsidy shall be guilty of a Felony".

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(cont'd on next page)

**Metropolitan Development and Housing Agency
Housing Choice Voucher Program - Personal Declaration Form**

As Head of Household, I understand that I am required to report any change in my household composition or household income within 14 days to the MDHA Section 8 office. I further understand that my failure to report any change in my household composition or income may result in my household being charged retroactive rent and/or being denied or terminated from the Section 8 Program.

*After verification of your household composition and income is obtained by the Metropolitan Development and Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

FEDERAL PRIVACY ACT STATEMENT

The U. S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD-assisted rental housing. The U. S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Public housing agencies (PHAs) operating such housing send HUD information on their tenants' income, family composition, rent, etc. This information was already given by the tenants to the PHAs when applying or being reexamined. It is transferred to HUD forms used for data collection. The forms may be sent to a contractor who keypunches the information in preparation for processing by HUD computers.

USE: HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent and to verify the accuracy and completeness of the income information.

PUBLIC ACCESS: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families, but does not restrict the PHA from releasing such information. There may be State and local laws or regulations that govern disclosure by the public housing agency.

INFORMATION REQUIREMENTS: Giving your Social Security number to HUD or the PHA is mandatory as per Circular Letter IVNAS-90-085. Failure to give it will affect eligibility or the amount of your payment. HUD uses the Social Security number as an identifier in computer-matching to check the eligibility and rent determinations made by the PHA. The other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure to do so may result in eviction or the withdrawal of housing assistance (depending on the housing program).

AUTHORITY: HUD is permitted to ask for the information by the U. S. Housing Act of 1937 as amended, 42 U.S.C., 1437 et. seq., the Housing and Community Development Act of 1981, Public Law 97-35,85 Stat., 348, 408.

Signature of Head of Household _____ Date _____ Signature of Spouse or Co-Head _____ Date _____

Signature of Other Adult _____ Date _____ Signature of Other Adult _____ Date _____

MDHA Representative _____ Date _____

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**Metropolitan Development and Housing Agency
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www.nashville-mdha.org section8@nashville-mdha.org



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DECLARATION OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS

Instructions: In order to be eligible to receive the housing assistance, each applicant for or recipient of housing assistance must be lawfully within the United States. On the back of this form, print the name of each family member and indicate which category of citizenship each family member has. Before selecting a non-citizen category (B, C or D), please read the Explanation of Non-Citizen Categories carefully. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing. **A Declaration must be entered for each family member.** Each family member who is age 18 or older must sign below. The head of household's signature is valid for all family members under the age of 18.

Explanation of Eligible Non-citizen Categories

Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA). A non-citizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the INA, as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status.

Permanent residence under 249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259).

Refugee, asylum, or conditional entry status under 207, 208, or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) (refugee status); pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) (asylum status); or as a result of being granted conditional entry under 208(a) (7) of the INA (U.S.C. 1153)(a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.

Patrol status under 212(d)(5) of the INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182) (d)(5) (patrol status).

Threat to life or freedom under 243(h) of the INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 153) (h).

Amnesty under 245A of the INA. A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a).

I certify under the penalty of perjury, that to the best of my knowledge, all family members of my household are lawfully within the United States as indicated on this document.

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

(cont'd on next page)

I certify under the penalty of perjury, that to the best of my knowledge, each member of my household is lawfully within the United States because **(please select from the dropdown menu the applicable letter corresponding to the citizenship category for each member):**

| Member Name (Please Print) | Citizenship Category (Select One – A, B, C or D) |
|--|---|
| 1. Head of Household | _____ |
| 2. <input type="checkbox"/> Other Adult <input type="checkbox"/> Minor (please check one) | _____ |
| 3. <input type="checkbox"/> Other Adult <input type="checkbox"/> Minor (please check one) | _____ |
| 4. <input type="checkbox"/> Other Adult <input type="checkbox"/> Minor (please check one) | _____ |
| 5. <input type="checkbox"/> Other Adult <input type="checkbox"/> Minor (please check one) | _____ |
| 6. <input type="checkbox"/> Other Adult <input type="checkbox"/> Minor (please check one) | _____ |
| 7. <input type="checkbox"/> Other Adult <input type="checkbox"/> Minor (please check one) | _____ |
| 8. <input type="checkbox"/> Other Adult <input type="checkbox"/> Minor (please check one) | _____ |
| A Member is a citizen (born in the USA), naturalized citizen, or national of the United States; or | |
| B Member has eligible immigration status and is 62 years of age or older (see reverse side) | |
| C Member has eligible immigration status as checked below (see reverse side for explanations). Member must provide their Alien Registration Number. | |
| D Immigration status under 101 (a) (15), or 101 (a) (20) of the INA. | |

- Permanent residence under 249 of INA
- Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA
- Patrol status under 212(d) (5) of the INA
- Threat to life or freedom under 243(h) of the INA
- Amnesty under 245A of the INA

In addition, one of the following must be attached for any member claiming eligible immigration status:

- Form I551, Alien Registration Receipt Card
- Form I-94, Arrival-Departure Record with appropriate annotations or documents
- Form I-688, Temporary Resident Card
- Form I-688B, Employment Authorization Card
- A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above categories has been made and the applicant's entitlement to the document has been verified.

**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. 07/31/2021

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)
Metropolitan Development and Housing Agency
701 South Sixth Street
Nashville, TN 37206

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN ON BACK OF FORM

HA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

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 |

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(l)(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.

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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)

Item #1879

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)

OMB Control # 2502-0581
Exp. (02/28/2019)

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.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (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 | |
| Commitment of Housing Authority or Owner: 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. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: 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. | |
| <input type="checkbox"/> 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. 3501-3526). The public reporting burden is estimated to average 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.



**Metropolitan Development and Housing Agency
Rental Assistance Department**
620 Dew Street • Nashville, Tennessee 37206
Mailing Address: P O Box 846 Nashville, Tennessee 37202
Telephone (615) 252-6500 • TDD (615) 252-8599 • FAX (615) 252-6614
www.nashville-mdha.org

APPLICANT/TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any information (including documentation and other materials) pertinent to the eligibility for or participation in any housing program.

Information and inquiries about:

- | | |
|--|---|
| Child Care Expenses | Federal, State, Tribal, or Local Benefits |
| Citizenship | Handicapped Assistance Benefits |
| Credit History | Identity and Marital Status |
| Criminal Activity | Medical Expenses |
| Family Composition | Social Security Numbers |
| Employment, Income, Pensions, and Assets | Residences and Rental History |

Individuals or Organizations that may Release Information:

- | | |
|---------------------------------------|--|
| Banks or other Financial Institutions | Providers of Handicapped Assistance |
| Courts | Providers of Medical Care |
| Law Enforcement Agencies | Pensions/Annuities |
| Credit Bureaus | Schools and Colleges |
| Employers, past and present | U. S. Social Security Administration |
| Landlords | U. S. Department of Veteran Affairs |
| Providers of Alimony | U. S. Department of Immigration and Naturalization |
| Providers of Child Care | Utility Companies |
| Providers of Credit | Welfare Agencies |


I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

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


I certify that the above-named individual has read this document fully or that I have read it to him/her and that I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.

| | |
|---------------------|------|
| MDHA Representative | Date |
|---------------------|------|

This form and supporting documents become a part of the applicant/participant file by reference.



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



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

HHS provides HUD with wage and employment information as reported by employers, and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?
Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?
Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (Federal Privacy Act Notice and Authorization for Release of Information) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?
As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?
Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protection yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?
Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identify Theft. Unknown EIV information that you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.


Where can I obtain more information on EIV and the income verification process?
Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/eiv>

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 862); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|



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 04/30/2023.

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.

2

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:

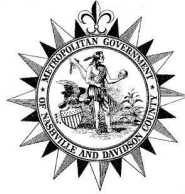
| | |
|---|------|
| I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice: | |
| Signature | Date |
| Printed Name | |

Nashville-Davidson County HMIS: Client Release of Information

MDHA

(Print Agency Name)

is a Participating Agency in the Nashville-Davidson County HMIS.



The Nashville-Davidson County Homeless Management Information System (HMIS) is a secure, encrypted, web-based record-keeping system that maintains information about people experiencing a housing crisis in Nashville, including their service needs. This information is utilized to provide supportive services to you and your household members.

What information is shared in HMIS? We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand your needs. We only collect information that we consider to be appropriate. Relevant information shared by HMIS Participating Agencies upon your consent includes name, date of birth, social security number, gender, race, ethnicity, housing and homelessness history, history of income and benefits, self-reported disabling conditions, your case notes and services, your veteran status, your household composition, your emergency contact information, any history of domestic violence, assessment questions relevant to providing services related to your housing, and, optionally, your photo. The allowable HMIS uses and disclosures of your information include providing or coordinating services; for functions related to agencies' payment or reimbursement for services; to carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions; or for creating de-identified reports. Other uses and disclosures required by law include those necessary to avert a serious threat to health or safety; those related to victims of abuse, neglect, or domestic violence when required by law; for academic research purposes by an institution or organization under agreement with the HMIS lead agency; or disclosures for law enforcement purposes such as a subpoena.

How do you benefit from sharing your information? Data sharing—or the authorization for multiple HMIS Participating Agencies in Nashville to view your data in HMIS—may help limit the number of times you must recount your story, and it improves collaboration and the flow of information among service providers, allowing them to provide faster and better services to you and streamline housing and service referrals.

Who can have access to your information? With your written consent, your information will be shared with other HMIS participating agencies in Nashville. Your HMIS information will not be shared with any agency not participating in Nashville's HMIS. Giving consent for your identifying information to be entered into HMIS and/or shared among partner agencies is voluntary and refusing to give consent will not deny your assistance. With this consent, staff may contact you, your case manager, your housing navigator, or another contact person given, about your assessment information, housing referrals, or service referrals.

How is your personal information protected? Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. Each participating organization and HMIS user has signed an agreement to maintain the security and confidentiality of your information.

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 HMIS Participating Agencies to view and update your information in HMIS when necessary. You may request an updated list of HMIS Participating Agencies from your case manager.
- Your consent is valid for three (3) years from the date given.
- You may revoke this consent at any time by contacting your case manager or Housing Navigator, and from that date forward, your information will no longer be shared, though the originally entered information will stay in HMIS.
- Aggregate or statistical data that is reported from HMIS will not disclose any of your personal identifying information. For the purposes of reporting requirements and advocacy, your information will be de-identified.
- If you believe that your information in HMIS is incorrect or incomplete, you have the right to request a correction. You have a right to view information in your electronic HMIS record and to have a copy of that information provided to you. You may also ask to see a list of the persons who have viewed or updated your client record.

For more information or to review your client record, ask your Housing Navigator or contact the HMIS Lead Agency at 615-862-6929 or HMIShelp@nashville.gov. All HMIS governance documents are subject to change as federal, state or local guidelines demand. Effective February 2020.

Nashville-Davidson County HMIS: Client Release of Information

Signature and Acknowledgement:

By initialing and signing below, I acknowledge that I have read, or have had read to me, all of the information above, and that I have chosen to sign this form voluntarily. I also understand that participating in HMIS does not guarantee that I will be called for housing or that I will receive housing. I also hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization outside of HMIS.

With your consent, your photo may be added to your record and shared with partner agencies for the purpose of identification. Your photo will not be used in any media or promotional materials unless agreed to by you in a separate consent. I consent to sharing my photograph. (Check here)

Printed Name of Client: _____ Date: _____

Client's Authorizing Signature: _____ Date: _____

Name of Agency Representative: _____ Date: _____

Agency Representative Signature: _____ Date: _____

I do not authorize this agency to put my information or my dependents' information into the Nashville-Davidson County HMIS. (Declining to have your information put in HMIS will not restrict you from receiving services).

I do not consent to share information with other HMIS participating agencies.

Complete a form for each adult in the household. Include dependents on Head of Household (HOH)'s form.

Dependents included in this Release of Information:

| | |
|----------------|----------------------|
| Client's Name: | Relationship to HOH: |
| SSN: | Date of Birth: |

| | |
|----------------|----------------------|
| Client's Name: | Relationship to HOH: |
| SSN: | Date of Birth: |

| | |
|----------------|----------------------|
| Client's Name: | Relationship to HOH: |
| SSN: | Date of Birth: |

| | |
|----------------|----------------------|
| Client's Name: | Relationship to HOH: |
| SSN: | Date of Birth: |

| | |
|----------------|----------------------|
| Client's Name: | Relationship to HOH: |
| SSN: | Date of Birth: |

For more information or to review your client record, ask your Housing Navigator or contact the HMIS Lead Agency at 615-862-6929 or HMIShelp@nashville.gov. All HMIS governance documents are subject to change as federal, state or local guidelines demand. Effective February 2020.

CE Preliminary Assessment

Date of Preliminary Assessment: ___/___/___

CLIENT INFORMATION

Name: First _____ Middle _____ Last _____

Name Data Quality: Full Name Reported [] Partial, Street, or Code Name Reported [] Client doesn't know [] Client refused []

Social Security Number: _____ - _____ - _____ SSN Data Quality: Full SSN Reported [] Approximate or Partial SSN Reported [] Client doesn't know [] Client refused []

U.S. Military Veteran? Yes [] No []

Section (1): Complete for All Household Members (Adults & Minors)

Relationship to Head of Household: Self (head of household [] Head of household's child [] Head of Household's Partner or spouse [] Head of household other related member [] Other: non-related []

Date of Birth: ___/___/___ Date of Birth Type: Full DOB Reported [] Approximate or Partial DOB Reported [] Client doesn't know [] Client refused []

Gender: _____ Primary Race: _____

Secondary Race (if reported): _____ Ethnicity: _____

Is the client pregnant? Yes (HUD) [] No (HUD) [] Client doesn't know (HUD) [] Client refused (HUD) []

If yes, does the client know the approximate birth date? Yes [] No [] Client refused []

If client knows birth date, what is the projected birth date? ___/___/___

DISABILITY INFORMATION

Does client have a disabling condition? Yes (HUD) [] No (HUD) [] Client doesn't know (HUD) [] Client refused (HUD) []

If yes to disability, please describe:

Disability Type (check all that apply): Alcohol Abuse (HUD) [] Drug Abuse (HUD) [] Mental Health Problem (HUD) [] Chronic Health Condition (HUD) [] Physical (HUD) [] Developmental (HUD) [] HIV/AIDS (HUD) []

Disability Determination (based on the client's report): Yes (HUD) [] No (HUD) [] Client doesn't know (HUD) [] Client refused (HUD) []

If yes, expected to be of long-continued indefinite duration and substantially impairs ability to live independently?

Note on Disability _____

HEALTH INSURANCE INFORMATION

Covered by Health Insurance? Yes (HUD) [] No (HUD) [] Client doesn't know (HUD) [] Client Refused (HUD) []

Health Insurance Type: MEDICAID [] MEDICARE [] State Children's Health Insurance Program [] Veteran's Administration (VA) Medical Services [] Employer-Provided Health Insurance [] Health Insurance obtained through COBRA [] Private Pay Health Insurance [] State Health Insurance for Adults [] Indian Health Services Program [] Other []

Covered? Yes [] No []

If a veteran, do they qualify for health services through TVHS? Yes [] No [] Client doesn't know [] Client refused []

Section (2): Complete for Head of Household

Client Location: TN-504

HOMELESS HISTORY QUESTIONS

Prior Living Situation (where they stayed the night before intake) _____

Length of stay in previous place _____

Approximate date homelessness started: ___/___/___

Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today: One time (HUD) [] Two times (HUD) [] Three times (HUD) [] Four or more times (HUD) [] Client Refused [] Client doesn't know (HUD) []

Total number of months homeless on the street, in ES or SH in the past three years (round UP to the next month)

INCOME INFORMATION

Total Monthly Income: ** Put minor child's income ONLY on Head of Household. Each adult in family should have income recorded on their individual file

Income from any source: Yes (HUD) [] No (HUD) [] Client doesn't know (HUD) [] Client refused (HUD) []

If yes to cash income, please describe:

Monthly Amount _____ Source of Income _____

Receiving income source? Yes [] No []

Non-Cash INFORMATION

Non-Cash Benefit from any source? Yes (HUD) [] No (HUD) [] Client doesn't know (HUD) [] Client refused (HUD) []

If yes to non-cash benefit, please describe:

Amount of Non-Cash Benefit _____ Receiving Benefit? Yes [] No []

Source of Non-Cash Benefit (check all that apply): Supplemental Nutrition Assistance Program (Food Stamps) (HUD) [] Special Supplemental Nutrition Program for WIC (HUD) [] TANF Child Care Services (HUD) [] TANF Transportation Services (HUD) [] Other TANF-Funded Services (HUD) [] Other Source (HUD) []

Other (Please Specify) _____

Domestic Violence History

Is Client a Survivor of Domestic Violence? _____

If yes for Domestic Violence Victim/Survivor, when did experience occur? _____

If Yes for Domestic Violence Victim/Survivor, are you currently fleeing? _____

If client is currently fleeing domestic violence and the household in in danger, please discuss a safety plan.

Section (3): Complete for All Adults (including Head of Household)

Where did the CE Intake take place? _____

Does the household want to work towards permanent housing? Yes No

Do you want assistance and/or resources finding permanent housing? Yes No

CLIENT CONTACT INFORMATION

Address Type: Emergency Shelter Mailing Physical (Rents or owns) Physical (Staying with friends or family)
Transitional Housing

Address _____

Client Phone Number _____ - _____ - _____ Email _____ Twitter _____

Facebook _____

EMERGENCY CONTACTS

Contact's Name _____ Phone Number _____ - _____ - _____

Contact's Address _____

Relationship to Client: _____

CURRENT LIVING SITUATION

Where did client sleep last night? _____

Is client going to have to leave their current living situation within 14 days? _____

DIVERSION

If a client must leave their currently living situation within 14 days, please answer the following questions

Has a subsequent residence been identified? Yes No

Does individual or family have resources or support networks to obtain other permanent housing? Yes No

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? Yes No

Has the client moved 2 or more times in the last 60 days? Yes No

If yes, how many? _____ Do you owe any money? _____ If yes, indicate amount _____ Who is money owed to? _____

Case Note:

VI-SPDAT

The VI-SPDAT should only be completed with a person or family who is experiencing literal homelessness at Entry (street, shelter both emergency and transitional, place not meant for human habitation) and has answered "Yes" to wanting to work towards housing.

To access the appropriate assessment type, scroll up to the top of the preliminary assessment page and click "VISPDAT" under "Select an Assessment". This can be completed now or later as an Interim Update. Track below when and where the SPDAT was completed.

Date of Assessment: ____/____/____

Assessment Location: _____

Assessment Type: Phone Virtual In Person

Assessment Level: Housing Needs Assessment

Prioritization Status: Placed on Prioritization List



Metropolitan Development and Housing Agency
Rental Assistance Department
 302 Foster Street, Nashville Tennessee 37207
 Mailing Address: P O Box 846 Nashville, Tennessee 37202
 Telephone (615) 252-6500 • TDD (615) 252-8599 • FAX (615) 252-6614
www.nashville-mdha.org section8@nashville-mdha.org

Zero Income Certification

Re: Household of: _____
 Head of Household Name

You and/or another adult member of your household have reported no income. Please sign this certification, complete the attached questionnaire and return in the enclosed envelope within 10 days of the date on this letter. All adult members of the household with no income must sign the form and complete a questionnaire.

 MDHA Representative Date

As an adult member of the above referenced household, I certify that I am not employed and have no source of income, earned or unearned. I understand that should my income status change, I am obligated to report it to the MDHA Rental Assistance Office within 15 days. I further understand that failure to report any income that I receive may result in my family being charged retroactive rent and/or being discontinued from the Section 8 Program.

CERTIFICATION

I/We certify that the information provided on this document is true and complete to the best of my knowledge. I/We understand that false statements or information are punishable under Tennessee Code Annotated and Section 1001 of Title 18 of the U.S. Code which provides penalties up to \$10,000 or imprisonment up to five (5) years or both. I/we also understand that false statements or information are grounds for me being charged retroactive rent and my housing assistance being terminated.

“Any person who makes a false statement in writing, knowing it is false, for the purpose of obtaining or maintaining occupancy or for a reduction in rent or rent subsidy shall be guilty of a Felony”.

 Head of Household Other Family member 18 years old or older

 Date Date

 Other Family member 18 years old or older

 Date



Metropolitan Development and Housing Agency
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Name: _____ Last 4 of SS Number: _____

Address: _____

Please complete the questions below, sign, date & return to our office if you are claiming zero income as an applicant/participant of the Section 8 Housing Choice Voucher Program.

- Do you or any family member:

| | | |
|--|---------|--------|
| Own a business? | Yes ___ | No ___ |
| Work full time? | Yes ___ | No ___ |
| Work part-time? | Yes ___ | No ___ |
| Receive wages, tips, bonuses or commissions for work? | Yes ___ | No ___ |
| Work for someone who pays in cash? | Yes ___ | No ___ |
| Receive worker’s compensation? | Yes ___ | No ___ |
| Receive severance pay? | Yes ___ | No ___ |
| Receive child support through a court order or DHS? | Yes ___ | No ___ |
| Receive child support from an absent parent? | Yes ___ | No ___ |
| Receive alimony payments? | Yes ___ | No ___ |
| Receive public assistance under TANF (formerly AFDC)? | Yes ___ | No ___ |
| Receive Social Security payments? | Yes ___ | No ___ |
| Receive SSI payments? | Yes ___ | No ___ |
| Receive payments from a pension? | Yes ___ | No ___ |
| Receive payments from an annuity? | Yes ___ | No ___ |
| Receive payments from an insurance policy? | Yes ___ | No ___ |
| Receive regular contributions from other persons or organizations? | Yes ___ | No ___ |
| Receive military pay or allotment? | Yes ___ | No ___ |
| Receive any other type of payments not mentioned here? | Yes ___ | No ___ |
| Receive financial aid? (students) | Yes ___ | No ___ |
| Receive disability or death benefits? | Yes ___ | No ___ |
| Receive income from babysitting? | Yes ___ | No ___ |
| Receive winnings paid in periodic payments? | Yes ___ | No ___ |
- Please provide information of your current monthly household expenses as listed below:

| | |
|--|----------|
| Monthly Food Stamp Allotment | \$ _____ |
| Monthly Phone Bill | \$ _____ |
| Monthly Electric Bill | \$ _____ |
| Monthly Gas Bill | \$ _____ |
| Monthly Water Bill | \$ _____ |
| Monthly Cell Phone Bill | \$ _____ |
| Monthly Car Payment | \$ _____ |
| Monthly Car Insurance Payment | \$ _____ |
| Monthly Life Insurance Payment | \$ _____ |
| Monthly Credit Card or other Debt Payments | \$ _____ |
- Do you have a checking account? Yes ___ No ___ If so, where _____
- Do you have a savings account? Yes ___ No ___ If so, where _____



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5. Will you be applying for any of the following benefits?
- | | | |
|---------------------------|---------|--------|
| TANF (AFDC) | Yes ___ | No ___ |
| Unemployment Compensation | Yes ___ | No ___ |
| Disability | Yes ___ | No ___ |
| Workman's Compensation | Yes ___ | No ___ |

6. How do you pay rent & utilities? _____
- How do you pay for food & clothing? _____
- How do you pay for medical expenses? _____
- How do you pay for your transportation expenses? _____

I have stated during this verification process that I have no income at this time. I understand that I must complete this form every 90 days and return it to MDHA.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to immediately to the MDHA Section 8 office.

Head of Household Signature

Date

Printed Name

Date

Other Adult Family Member Signature

Date

Printed Name

Date

Entering name or digital signature in signature field of an electronic version of this form is the same as signing the document.

Office of Homeless Services

ORGANIZATIONAL CHART

April Calvin
OHS Director

Dr. Marvin Trotter
Assistant Director of
Programs

Hannah Cornejo-Nell
HMIS Manager

(5 team members)

Dr. Monte Talley
Coordinated Entry Manager

(6 team members)

Charis Stegall
*Landlord Engagement
Manager*

(4 team members)

Joseph Parker
Outreach Manager

(7 team members)

Tytiauna Ruffin
Shelter Manager

Allison Cantway
*Assistant Director of
Planning & Research*

Bill ClenDening
Grants Coordinator

Raquel de la Huerga
Continuum of Care Manager

Joseph Marsh
*Assistant Director of
Administration*

Antonia Whitfield
Admin Services Manager

Allison Malone
Admin Assistant

Funding Sources Guide

| Continuum of Care (CoC) | |
|------------------------------------|---|
| Program Description | The CoC Program is designed to assist individuals (including unaccompanied youth) and families experiencing homelessness and to provide the services needed to help such individuals move into transitional and permanent housing, with the goal of long-term stability. |
| Eligible Program Components | <ul style="list-style-type: none"> • Permanent Housing (PH) <ul style="list-style-type: none"> ▪ Permanent Supportive Housing (PSH) ▪ Rapid Re-Housing (RRH) • Joint Transitional Housing & Rapid Re-Housing (TH-RRH) • Supportive Services Only (SSO) |
| Funding Information | Yearly HUD Notice of Funding Opportunity (NOFO) - projects are scored and ranked locally according to criteria set by the Performance Evaluation Committee (PEC) |
| Recipients | <ul style="list-style-type: none"> ▪ MDHA: PSH: SPC Consolidated: CoC ▪ Oasis Center: YHDP: SSO: 18-24 ▪ Oasis Center: YHDP: SSO: Under 18 ▪ Oasis Center: YHDP: RRH ▪ Park Center: PSH: Nashville housing First Collective: CoC ▪ RITI: PSH: Omega: CoC ▪ SHFS: DV Bonus Renewal: RRH: CoC ▪ SHFS: RRH Consolidated: CoC ▪ The Mary Parrish Center Joint TH and PH-RRH ▪ The Mary Parrish Center: RRH ▪ The Mary Parrish Center: TH ▪ The Mary Parrish Center CE ▪ TSA: Joint TH/RRH: CoC ▪ TSA: RRH Lif Nav: CoC ▪ TSA : RRH: LifNav Escape Empower Equip DV Bonus: CoC ▪ UHS: PSH: Homeless Recovery Program: CoC ▪ OHS: HMIS ▪ OHS: CE ▪ MDHA: CoC Planning Grant - HUD says do not rank (does not compete w projects above for funding) |
| Reports | Annual Performance Review (APR) |

| ESG (Emergency Solutions Grant) | |
|--|--|
| Program Description | The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly rehouse homeless individuals and families, and (6) prevent families/individuals from becoming homeless. |
| Eligible Program Components | <ul style="list-style-type: none"> ▪ Street Outreach (SO) ▪ Emergency Shelter (ES) ▪ Rapid Rehousing (RRH) ▪ Homelessness Prevention (HP) |
| Funding Information | Administered by MDHA. MDHA runs a RFQ every summer. |
| Recipients | <ul style="list-style-type: none"> ▪ Catholic Charities: Prevention: ESG ▪ Catholic Charities: RRH: ESG ▪ The Contributor: HP: ESG ▪ The Contributor: RRH: ESG ▪ Nashville Cares: Prevention: ESG ▪ Nashville Cares: RRH: ESG ▪ Operation Stand Down TN: TH: GPD Program for Veterans; ESG ▪ Park Center: SO: ESG ▪ Room In The Inn: RRH: ESG ▪ Room In The Inn: SSO: Day Center Services: ESG ▪ Safe Haven: Emergency Shelter: ESG ▪ Safe Haven: Essential Services: ESG ▪ Safe Haven: RRH: ESG ▪ The Salvation Army: Prevention: ESG ▪ The Salvation Army: RRH: ESG |
| Reports | Consolidated Annual Performance and Evaluation Report (CAPER) |

| Housing Opportunities for Persons with AIDS (HOPWA) | |
|--|---|
| Program Description | Under the HOPWA Program, HUD makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families. |
| Eligible Program Components | HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. These include, but are not limited to, the acquisition; rehabilitation; or new construction of housing units; costs for facility operations; rental assistance; and short-term payments to prevent homelessness. An essential component in providing housing assistance for this targeted special needs population is the coordination and delivery of support services. |
| Funding Information | HOPWA formula grants are awarded to eligible States and cities on behalf of their metropolitan areas upon submission and HUD approval of a Consolidated Plan pursuant to the Code of Federal Regulations (24 CFR Part 91), which is published by the Office of the Federal Register. HOPWA competitive program grants are awarded to eligible applicants through the NOFA process, although in some years, funds are available only for renewal projects. |
| Recipients | <ul style="list-style-type: none"> • Urban Housing Solutions, Inc.: PH: HOPWA |
| Reports | APR and CAPER |

Runaway and Homeless Youth (RHY)

| | |
|------------------------------------|---|
| Program Description | Through the Runaway and Homeless Youth Program (RHY), FYSB (Family and Youth Services Bureau) supports street outreach, emergency shelters and longer-term transitional living and maternity group home programs to serve and protect these young people. |
| Eligible Program Components | <ul style="list-style-type: none"> • Street Outreach (SO) • Basic Center Program (BCP) • Transitional Living Program (TLP) • Maternity Group Homes for Pregnant and Parenting Youth (MGH) |
| Funding Information | Funding for the BCP and SO grants is awarded annually in three-year cycles. Funding for the TLP/MGH grants is awarded every three to five years in five-year cycles. |
| Recipients | <ul style="list-style-type: none"> • Oasis Center: ES: Basic Center Program • Oasis Center: SO: RHY Program |
| Reports | Data uploads to the RHY-HMIS Repository are required to be performed on a quarterly basis |

Projects for Assistance in Transition from Homelessness (PATH)

| | |
|------------------------------------|---|
| Program Description | A federal grant program to assist individuals experiencing homelessness who have mental illness or co-occurring disorders; the program funds community-based outreach services to connect individuals to mental health, substance abuse, case management, and other support services as well as limited housing services. |
| Eligible Program Components | <ol style="list-style-type: none"> 1) Outreach services 2) Screening and diagnostic treatment services 3) Habilitation and rehabilitation services 4) Community mental health services 5) Alcohol and drug treatment services 6) Staff training 7) Case management services 8) Supportive and supervisory services in residential settings 9) Referrals for primary health services, job training, educational services 10) Relevant housing services |
| Funding Information | Each year, CMHS issues a Notice of Funding Opportunity (NOFO) prepared and submitted by State PATH Contacts (SPCs) under the signature of the governor (or designee) of a state or territory. While the federal PATH application process for states and territories is noncompetitive, local public or nonprofit organizations may compete for grant award funding. Further, all PATH grant recipients, except U.S. territories, are required to contribute one dollar for every three dollars of federal money received. |
| Recipients | <ul style="list-style-type: none"> • Mental Health Cooperative: SO: Street Outreach: PATH • Mental Health Cooperative: SSO: Case Management: PATH |
| Reports | PATH providers are required to submit annual PATH data reports through the PATH Data Exchange (PDX), an online data collection tool that aggregates PATH provider Homeless Management Information System (HMIS) data. |

Supportive Services for Veteran Families (SSVF)

| | |
|------------------------------------|--|
| Program Description | <p>Supportive services grants are awarded to selected private non-profit organizations and consumer cooperatives that assist very low-income Veteran families residing in or transitioning to permanent housing. Grantees provide a range of supportive services to eligible Veteran families that are designed to promote housing stability. The statutory authority for the SSVF Program is found at 38 U.S.C. 2044. The implementing regulations are found in CFR :: 38 CFR Part 62 – Supportive Services for Veteran Families Program.</p> <p>SSVF grantees work in coordinated partnership with their local Veterans Administration Medical Centers (VAMC). Each VAMC offers a range of housing programs including Housing and Urban Development-VA Supportive Housing (HUD-VASH), Grant and Per Diem Program (GPD), and Health Care for Homeless Veterans (HCHV), which offers both outreach and emergency housing. The organizational structure for each VAMC can vary – it is up to the SSVF grantee to contact the VAMC to establish regular contact with local homeless services.</p> |
| Eligible Program Components | <p>Supportive Services</p> <ul style="list-style-type: none"> ▪ Required by Statute – outreach, case management, connection to VA benefits and programs, and connection to public benefits and mainstream, community resources ▪ Required by NOFA – health care navigation and legal services ▪ Additional Services - Housing navigation, childcare, transportation, incentives, financial assistance, resources to secure permanent housing (landlord incentives), move-in cost, rapid resolution services, shallow subsidy services, emergency housing assistance, rental and utility assistance <p>Rapid Rehousing</p> <ul style="list-style-type: none"> ▪ Unless specified by NOFA or other VA policy, grantees must use a minimum of 60 percent of the temporary financial assistance (TFA) portion of their supportive services grant funds to serve low-income Veteran families who either are experiencing homelessness and are scheduled to become residents of permanent housing within 90 days pending the location or development of housing suitable for permanent housing or have exited permanent housing within the previous 90 days to seek other housing that is responsive to their needs and preferences. <p>Homeless Prevention Assistance</p> <p>Housing First</p> <p>Victims of Domestic Violence and Violence against Women Act (VAWA)</p> <ul style="list-style-type: none"> ▪ Under VAWA, victims of domestic violence, dating violence, sexual assault and stalking have certain protections in SSVF housing. |
| Funding Information | <p>If funding is available, VA will announce renewal opportunities in a NOFA. If funding is available for renewals, a grantee may submit an application for grant renewal in accordance with any requirements set forth in the NOFA. To apply for renewal of a supportive services grant, the grantee’s program must remain substantially the same (otherwise, the grantee should submit a new application instead of a renewal application). VA will use the criteria and selection process described in 38 CFR 62.24 and 38 CFR 62.25 to evaluate and award supportive services grant renewals. Additional information concerning the renewal process will be provided in the NOFA. Grantees receiving renewal awards who have had an ongoing SSVF program in operation for at least one year may be eligible for a 3-year award."</p> |

| | |
|-------------------|--|
| Recipients | <ul style="list-style-type: none"> • Operation Stand Down Tennessee: Prevention: SSVF • Operation Stand Down Tennessee: RRH: SSVF |
| Reports | Grantees are required to enter data on all participants into HMIS. SSVF grantees are required to either enter directly, or export, SSVF client and household data into the HMIS database(s) for each CoC(s) that they serve with their grant. SSVF also has a monthly report requirement using the SSVF export. The SSVF Program Office utilizes an online grants management solution that allows for a streamlined and standardized process for managing all SSVF grant data. |

VA Grant Per Diem (GPD)

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| Program Description | VA's Grant and Per Diem (GPD) Program is offered annually (as funding permits) by the Department of Veterans Affairs to fund community agencies providing services to Veterans experiencing homelessness. The purpose of the transitional housing component of the program is to promote the development and provision of supportive housing and services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. Additionally, the GPD Program offers Case Management grants to support housing retention for Veterans who were previously homeless and are transitioning to permanent housing. Operational costs, including salaries, may be funded by the per diem component. For supportive housing, the maximum amount payable under the per diem is \$68.64 per day per Veteran housed. Veterans in supportive housing may be asked to pay rent if it does not exceed 30% of the Veteran's monthly-adjusted income. In addition, "reasonable" fees may be charged for services not paid with per diem funds. |
| Eligible Program Components | <p>Transitional housing grants</p> <ul style="list-style-type: none"> ▪ Per Diem Only grants provide funding in the form of per diem payments to reimburse grantees for the cost of care provided to Veterans in transitional supportive housing <p>Special Need grants</p> <ul style="list-style-type: none"> ▪ Target housing and services to specific populations of Veterans <p>Other types of grants:</p> <ul style="list-style-type: none"> ▪ Case Management grants support Veterans who were previously experiencing homelessness or who are at risk for homelessness so that they may obtain or retain permanent housing ▪ Capital grants support the costs of acquiring, renovating, or constructing facilities <p>Transitional housing models:</p> <ul style="list-style-type: none"> ▪ Bridge housing, Clinical Treatment, Low Demand, Hospital to Housing, Service-Intensive, Transition in Place |
| Recipients | <ul style="list-style-type: none"> • Operation Stand Down Tennessee: TH: GPD Program for Veterans; ESG • Matthew 25: TH: GPD for Veterans • Room in The Inn: TH: GPD: Hospital to Housing • Room In The Inn: TH: GPD: Low Demand • Room In The Inn: TH: GPD: Service Intensive |
| Reports | Grantees are required to enter data on all participants into HMIS |

| American Rescue Plan (ARP) | |
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| Program Description | The American Rescue Plan (ARP) provides \$5 billion to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability across the country. These grant funds will be administered through HUD’s HOME Investment Partnerships Program (HOME). |
| Eligible Program Components | <ol style="list-style-type: none"> 1. Production or Preservation of Affordable Housing 2. Tenant-Based Rental Assistance (TBRA) 3. Supportive Services, including services defined at 24 CFR 578.53(e), homeless prevention services, and housing counseling. 4. Purchase and Development of Non-Congregate Shelter. These structures can remain in use as non-congregate shelter or can be converted to: 1) emergency shelter under the Emergency Solutions Grant program; 2) permanent housing under the Continuum of Care; or 3) affordable housing under the HOME Program. |
| Funding Information | The \$50 million homelessness allocation by Metro Council. 4 local buckets are: \$25 million in gap loan financing for development of affordable housing, \$9 million in supportive services, \$9 million in interim housing, \$3 million for the low barrier housing collective, and \$4 million for capacity building grants. |
| Recipients | <ul style="list-style-type: none"> • Colby's Army: SSO: Supportive Services: ARP • Community Care Fellowship: SSO: Housing Navigation: ARP • Mending Hearts, Inc. (MH): SSO: Mend Me: ARP • Park Center: SSO: ARP SOAR • Step Up on 2nd: SSO: Supportive Services: ARP |
| Reports | Reports are made monthly in a presentation to the Metro Council Public Health and Safety Committee, as well as on a Tableau dashboard updated monthly. |

| YHDP: Youth Homelessness Demonstration Program | |
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| Program Description | The goal of YHDP is to support selected communities, including rural, suburban, and urban areas across the United States, in the development and implementation of a coordinated community approach to preventing and ending youth homelessness. |
| Eligible Program Components | <ul style="list-style-type: none"> ▪ PSH, RRH, Joint TH-RRH, SSO, and SSO-CE ▪ Communities must bring together a wide variety of stakeholders, including housing providers, local and state child welfare agencies, school districts, workforce development organizations, and the juvenile justice system. ▪ Communities must convene Youth Action Boards, comprised of youth that have current or past lived experience of homelessness, to lead the planning and implementation of the YHDP. ▪ Communities must assess the needs of special populations at higher risk of experiencing homelessness, including racial and ethnic minorities, LGBTQ+ youth, parenting youth, youth involved in the foster care and juvenile justice systems, and youth victims of human trafficking. ▪ Communities will create a coordinated community plan that assesses the needs of youth at-risk of and experiencing homelessness in the community and addresses how it will use the money from the YHDP grant, along with other funding sources, to address these needs. ▪ Communities may propose innovative projects and test new approaches to address youth homelessness. |

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| Funding Information | Nashville received Round 2 YHDP funds in 2018. The demonstration project phase lasted for 2 years, from which point our community's YHDP funds have rolled into our regular CoC NOFO allocation annually. |
| Recipients | <ul style="list-style-type: none"> • Oasis Center: YHDP: RRH • Oasis Center: YHDP: SSO: 18 to 24 • Oasis Center: YHDP: SSO: Under 18 |
| Reports | YHDP projects funded in round four and forward must provide quarterly reports. |