

# Public Housing Agency & Affordable Housing HOMELESS REFERRAL ASSESSMENT

To connect people experiencing homelessness to permanent affordable housing, the Miami-Dade County Homeless Continuum of Care (CoC) partners with multiple Public Housing Agencies (PHAs) that administer Housing Choice Voucher (HCV) Programs, as well as other owners/operators of affordable housing in the Miami-Dade region. Unlike permanent supportive housing or rapid rehousing, affordable housing and HCV opportunities do not typically include supportive services, and therefore, are intended primarily for individuals with extremely low incomes who only require affordable housing or a housing subsidy in order to exit and stay out of homelessness, but would not need services in order to maintain housing.

## Instructions

The Miami-Dade Homeless Trust makes all affordable housing homeless referrals to partnering PHAs and affordable housing operators. The assessment below will help to determine whether the household that is currently experiencing homelessness is a fit for referral to a partnering agency. The Homeless Referral Assessment must be completed by both the Applicant and the referring shelter, outreach, or other provider.

Please note that passing the assessment does not guarantee referral, and that getting a referral to a partnering agency does not guarantee acceptance to the housing opportunity.

## Threshold Criteria

Before completing an Affordable Housing Homeless Referral Application, please review the following criteria for various opportunities. The Household must be eligible for at least one of the listed programs in order to apply for a referral.

### 1. PHA Resources: Public Housing or Housing Choice Voucher Program

Please review the criteria below. Applicant households must meet all criteria in order to be eligible for referral to PHA resources.

- No member of the applicant household is subject to a *lifetime* registration requirement under a State sex-offender registration program. Providers can check using the online database available at [www.nsopw.gov](http://www.nsopw.gov). (PIH Notice 2012-28).
- No member of the applicant household has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.
- No member of the applicant household owes money to any PHA in connection with Section 8 or public housing assistance.
- At least one member of the household is a citizen, or has eligible immigration status, per 42 [U.S. Code § 1436a](#) (includes permanent residents, people who have been granted asylum, and people granted permission to stay by an act of discretion of the Attorney General).
- No member of the household has been evicted from federally-assisted housing in the last 5 years for drug-related criminal activity, OR, if they have, the person who committed the crime attended a PHA-approved substance use program or is no longer a part of the household.

### Income Criteria - PHAs

In addition to the criteria above, the household must have annual income that **does not exceed 50% of the area median income** to be eligible for a voucher.

Source: <https://www.huduser.gov/portal/datasets/il/il2020/2020summary.odn>

Miami-Miami Beach-Kendall, FL HUD Metro FMR Area FY 2020 Very Low (50%) Income Limits by number of persons in family				
1	2	3	4	5
\$32,000	\$36,600	\$41,150	\$45,700	\$49,400

### How to Determine Appropriate PHA for the Homeless Referral

The Miami-Dade Homeless Trust has referral relationships with multiple Public Housing Agencies (PHAs) in the area. Please provide the following information to help identify to which PHA the client should be referred.

Criteria	Response
Where does the tenant currently live? <b>Choose only one.</b>	<input type="checkbox"/> City of Hialeah <input type="checkbox"/> Elsewhere in Miami-Dade County <input type="checkbox"/> City of Miami Beach
Where did the tenant enter the homeless system from (outreach, shelter, etc.)?	<input type="checkbox"/> City of Hialeah <input type="checkbox"/> Elsewhere in Miami-Dade County <input type="checkbox"/> City of Miami Beach
Is the tenant, or any member of the household, a non-elderly person with disabilities (defined as a person 18 years of age or older and less than 62 years of age with a disability)?	<input type="checkbox"/> Yes <input type="checkbox"/> No *Mainstream Vouchers
Has any member of the household been convicted of first- or second-degree arson, kidnapping, or a violent sex-related offense (sexual assault, sexual battery, and/or child molestation)? <i>Please note: if the answer is yes and within the last 5 years, PHAs may deny the application; however, as each is reviewed on a case-by-case basis, if a tenant is otherwise eligible, please submit the application.</i>	<input type="checkbox"/> Yes, within the last 5 years <input type="checkbox"/> Yes, within the last 10 years <input type="checkbox"/> Yes, but more than 10 years ago <input type="checkbox"/> Yes, I have received rehabilitative services for the conviction <input type="checkbox"/> No

**2. Extremely Low Income (ELI) Set-Aside Program**

Please review and complete the criteria below.

Applicant households must meet all criteria in order to be eligible for referral to an ELI unit.

- The Applicant is currently experiencing homelessness
- The applicant household's income **does not exceed the 30% AMI** ELI program limits:

Miami-Miami Beach-Kendall, FL HUD Metro FMR Area				
FY 2020 Extremely Low (30%) Income Limits by number of persons in family				
1	2	3	4	5
\$19,200	\$21,950	\$24,700	\$27,400	\$30,680

Source: <https://www.huduser.gov/portal/datasets/il/il2020/2020summary.odn>

ELI units are project based and geographically dispersed throughout Miami-Dade. In what area of Miami-Dade is the applicant willing to live in order to secure non-time limited permanent housing? (Check all that apply.)

- North Miami-Dade
- South Miami-Dade
- East Miami-Dade
- West Miami-Dade
- Central Miami-Dade

Is the applicant (check all that apply):

- 55-61
- 62+
- Disabled
- Youth Aging out of Foster Care
- Single
- Couple
- Households with children
- Willing to share a multi-room unit (2 or 3 bedroom)?

Has the client been evicted previously?

- Yes       No
- Eviction was more than 5 years ago
- Eviction was less than 5 years ago, but not more than one (1) eviction on applicant's record

Household's Monthly Income \$ \_\_\_\_\_ (Some ELI units require minimum income).

### Basic Applicant Information

*Application Date	
*Applicant Name (Program Participant)	
*Applicant Contact Information (Phone, Email, etc.)	
*Referring Provider Agency	
*Case Manager Name and Phone Number	
Is tenant residing in shelter or another temporary housing program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, provide date moved into temporary housing program.	Temporary Housing Move-In Date:
Including the applicant, what is the size of the household?	
*Approximate annual income	\$

### Assessment

	Threshold	Yes / No
*Budgeting	Has the Applicant demonstrated the ability to manage their personal budget	
*Debt Obligations	Does the Applicant have significant debt that would require over 50% of his/her income or debt that is unmanageable?	

### Services & Mainstream Resources

	Threshold	Yes/No
*Connection to Mainstream and Primary Health Care	Applicant is connected to a primary health care provider and, if applicable, behavioral health and/or other mainstream providers and keeps appointments as needed.	
*Service Utilization	Applicant is willing and able to seek community-based services when needed.	
*Applicant has the skills necessary to maintain housing stability	Based Case Manager assessment, the applicant has the skills necessary to maintain housing stability without on-site services, if provided with affordable housing.	

### Referral Eligibility Determination:

If any response above – to the Assessment or Services/Mainstream Resources – is “No”, the program participant is deemed ineligible for a homeless referral.

## HOMELESS REFERRAL APPLICANT CERTIFICATION

I understand and acknowledge the following:

- I am currently experiencing homelessness.
- I am applying for a referral to an affordable housing opportunity, which will subsidize my rent toward a rental unit in the community or provide me with an affordable unit, but will not be required to provide me with case management and other program supportive services.
- I understand that my referring provider will help me with the application for an affordable housing opportunity, if I am referred, but will not be required to provide any services or support once I am in housing.
- I am confident that if referred and accepted to an affordable housing program, I will be able to maintain my housing without case management or other supportive services or resources.
- I am voluntarily applying for affordable housing through the HCV Program or another affordable housing provider.
- I may withdraw this application for an HCV or affordable housing any time before I sign a lease for a unit.
- I understand that the program I am referred to will screen me for eligibility and that submitting this application does not guarantee a referral, and that if I am referred, that does not guarantee me acceptance into the program.

\*Applicant (Participant) Signature: \_\_\_\_\_

\*Print Name: \_\_\_\_\_

\*Date: \_\_\_\_\_

## REFERRING AGENCY CERTIFICATION

The information contained in this application and assessment is as accurate as possible. As a representative of the Referring Agency, I certify the following;

- The program participant being referred is currently experiencing homelessness as defined by the Department of Housing and Urban Development (HUD): [Homeless Definition](#).
- We have explained to the program participant that in affordable housing, rent will be based on income and that no supportive services are required or will be provided.
- We have explained to the program participant that the application is voluntary for referral to affordable housing through the HCV Program or another affordable housing provider.
- We believe that the program participant will be successful in maintaining housing stability in a program that will subsidize their rent toward a rental unit in the community or provide an affordable unit, but will not provide case management and other program supportive services.
- We agree to provide support to assist the participant with the application for an affordable housing opportunity, if referred, and to transition to the new housing, if accepted.

\*Signature: \_\_\_\_\_

\*Print Name and Title: \_\_\_\_\_

\*Date: \_\_\_\_\_