

## MIAMI-DADE CoC MOVING UP APPLICATION AND ASSESSMENT

The Moving Up partnership between Housing Choice Voucher (HCV) Programs in Miami-Dade and the Miami-Dade County Homeless Continuum of Care (CoC) is designed for Permanent Supportive Housing (PSH) participants who have demonstrated housing stability in their PSH unit, are no longer in need of intensive services and ready and able to move up into area Section 8 HCV Programs.

### Threshold Criteria

**Disqualification:** The following disqualifies persons from the HCV Program and a Moving Up Application should not be submitted.

- Methamphetamine manufacturers on premises of federally assisted housing or other premises.
- Sex offenders subject to a lifetime registration under a state sex offender registration program. The nationwide sex offender registration check will be conducted online using a database available at [www.nsopw.gov](http://www.nsopw.gov) (PIH Notice 2012-28).
- Violent-related, including but not limited to murder, arson, aggravated battery and sex-related crimes not subject to lifetime registration under a state sex offender registration program.

### Instructions

The Miami-Dade Homeless Trust's Housing Coordinator makes all Moving Up referrals to the HA's HCV Program. The Assessment below will determine whether the Housing Coordinator will refer the PSH Applicant to the HCV Program. The Moving Up Application and Assessment must be completed by both the Applicant and their PSH provider.

The Moving Up Application and Assessment must be accompanied by a signed Supplement to Application for Federally Assisted Housing (HUD Form 92006). Upon completion, Application documents should be submitted via email to Carlos Laso, Miami-Dade Homeless Trust Housing Coordinator at [claso@miamidade.gov](mailto:claso@miamidade.gov)

<b>Basic Applicant Information</b>	
<b>Referral Date</b>	
<b>Applicant Name</b>	
<b>Applicant Address, Phone, Email</b>  ***Formerly homeless applicants living on Miami Beach or initially homeless on Miami Beach as evidence by the Homeless Management Information System (HMIS) are subject to additional housing thresholds for referral to the Housing Authority of the City of Miami Beach Section 8 Housing Choice Vouchers (non-Mainstream).	
<b>Current Permanent Supportive Housing Provider</b>	
<b>Case Manager Name and Phone</b>	
<b>Date moved into PSH program</b>	
<b>Number of months living in supportive housing</b>	
<b>Is the Applicant in a scattered-site apartment or a project-based building?</b>	
<b>Letter of recommendation from case manager &amp; property manager (if applicable) enclosed with application?</b>	
<b>Moving Up Assessment – Applicant meets Threshold?</b>	

## ASSESSMENT

<b>Financial</b>		
	<b>Threshold</b>	<b>Yes/No</b>
<b>Income</b>	Has the Applicant received benefits or been employed for at least 18 months?	
<b>Budgeting</b>	Does the Applicant have strong budgeting skills and a clear understanding of current financial and debt matters?	
<b>Debt Obligations</b>	Does the Applicant have significant debt that would require over 50% of his/her income or debt that is unmanageable?	

<b>Housing</b>		
	<b>Threshold</b>	<b>Yes/No</b>
<b>***PSH Participation</b>	How many months has the applicant been in a supportive housing program? (Housing Authority of the City of Miami Beach Section 8 Housing Choice Voucher [non-Mainstream]: at least 36 months in PSH) OR (Hialeah, Homestead and Miami-Dade Housing Authorities: at least 18 months in PSH.	
<b>***Lease History</b>	How many months has maintained a lease and has had no evictions or unit abandonment? (Housing Authority of the City of Miami Beach Section 8 Housing Choice Voucher [non-Mainstream]: at least 36 months in PSH) OR (Hialeah, Homestead and Miami-Dade Housing Authorities: at least 18 months in PSH.	
<b>***Rent Payment</b>	How many months has paid rent on-time? (Housing Authority of the City of Miami Beach Section 8 Housing Choice Voucher [non-Mainstream]: at least 36 months in PSH) OR (Hialeah, Homestead and Miami-Dade Housing Authorities: at least 18 months in PSH.	
<b>Utility Bills</b>	How many months has paid utility bills on-time? (Housing Authority of the City of Miami Beach Section 8 Housing Choice Voucher [non-Mainstream]: at least 36 months in PSH) OR (Hialeah, Homestead and Miami-Dade Housing Authorities: at least 18 months in PSH.	
<b>Outstanding Rent Arrears</b>	Applicant has no current arrears and does not have a current payment plan for past bills.	
<b>Outstanding Utility and other bills</b>	Applicant has no current arrears and does not have a current payment plan for past bills.	

<b>Safe Living Environment</b>	Applicant has not had any police visits or landlord complaints regarding disruptive activities in unit, excluding instances related to domestic violence as defined under VAWA (Violence Against Women Act).	
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<b>Services &amp; Mainstream Resources</b>		
	<b>Threshold</b>	<b>Yes/No</b>
<b>Connection to Mainstream and Primary Health Care</b>	Applicant is connected to a primary health care provider and, if applicable, behavioral health and/or other mainstream providers and keeps appointments as needed.	
<b>Connection to Community Supports</b>	Applicant seeks out community supports when needed and has many connections in place.	
<b>Service Utilization</b>	Applicant is willing and able to seek community-based services when needed.	
<b>Applicant has the skills necessary to maintain housing stability</b>	Based on their current tenancy, Applicant has the skills necessary to maintain housing stability.	

**Eligibility for Referral:**

If any response above is “No”, other than the question regarding Debt Obligations in the Financial Section, the PSH participant is not eligible for a Moving Up voucher.

**HCV MOVING UP APPLICANT CERTIFICATION**

**I understand and acknowledge the following:**

- I currently reside in Permanent Supportive Housing (PSH) operated by an agency that provides me with case management and other program services.
- I am applying for a Housing Choice Voucher (HCV), which will subsidize my rent toward a rental unit in the community, but will not provide me with case management and other program supportive services.
- The HCV Program allows me to take my housing voucher with me whenever I move to a new rental unit pre-approved by the HCV Program under the rules of the HACMB Section 8 Housing Choice Voucher Administrative Plan.
- Once I sign a lease for a unit to be subsidized by the HCV Program, I may not transfer back to my former PSH provider or to any other PSH program that is part of the Miami-Dade Homeless Continuum of Care (CoC).
- I may withdraw this application for a HCV anytime before I sign a lease for a unit approved by the HCV Program.
- I am voluntarily applying for the HCV Program.
- I understand that the HCV Program will screen me for eligibility and that submitting this HCV Program application does not guarantee acceptance into the program.
- I understand that my former PSH Provider will assist me in transitioning to the HCV Program for ninety (90) days following the start of my HCV assistance and will follow up with me at 30, 60, 90, and 180 days after my HCV assistance begins.

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

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

**PSH AGENCY CERTIFICATION**

The information contained in this application and assessment is as accurate as possible. The Applicant, case manager, and property manager (as applicable) have met to discuss this application and complete this Assessment. We find that the Applicant is a good candidate for moving up into the Housing Choice Voucher Program. The Applicant’s case manager explained the nature of the HCV Program and that the Applicant would no longer receive the PSH Provider’s case management and other program services. The PSH Provider certifies that the Applicant is applying for a HCV voluntarily. As set forth and in accordance with the Moving Up Handbook, the PSH Provider will assist the Applicant in transitioning to the HCV Program for ninety (90) days upon HCV assistance commencement and will conduct follow up with the Applicant at 30, 60, 90, and 180 days after HCV assistance begins.

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

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