



Application for Approval as a HousingCLT Participating Agency

I. ABOUT

HousingCLT is a community-based collaboration among rental property owners and managers and homeless services agencies to provide housing opportunities for people who are homeless and have significant barriers to securing safe, permanent, and affordable housing. HousingCLT connects social services agencies needing housing options for homeless clients to private sector property owners and professional property managers who have available housing units.

HousingCLT property owners and property managers (“Housing Providers”) agree to use alternate screening criteria for prospective tenants who are referred by social services providers (“Participating Agencies”). Participating Agencies seeking housing placements for their homeless clients agree to provide ongoing supportive services for at least one year to clients who are housed with a HousingCLT Housing Provider.

II. KEY OBJECTIVES

- House people as soon as possible with appropriate supportive services in place to keep them housed;
- Build mutually beneficial, collaborative, long-term relationships between housing providers, homeless services providers, and people experiencing homelessness;
- Help housing providers better understand homelessness;
- Help social services providers and people experiencing homeless to better understand housing providers’ business model and needs;
- Make data-driven strategic program decisions;
- Regularly monitor and evaluate the effectiveness of HousingCLT.

III. APPLICATION PROCESS

This document is presented to familiarize the applicant agency with HousingCLT goals, objectives, and expectations. It also provides HousingCLT with information needed to assess the capacity of the applicant agency to be an effective collaborative entity within the HousingCLT network.

The agency application process steps are:

1. Agency requests an application package from HousingCLT.
2. After reviewing the documents and deciding if the HousingCLT model is of benefit, the agency completes the application and submits it to HousingCLT.
3. After reviewing the agency’s completed application, the HousingCLT Project Director then schedules an interview and orientation with agency staff. This meeting must (minimally) be attended by:
 - Agency Executive Director or Chief Executive Officer or party authorized to sign a formal Memorandum of Understanding (MOU);
 - The agency’s designated staff member who will serve as the liaison for all agency referrals for housing placement and housing provider contact/concerns.
4. The interview and orientation may also be attended by other agency staff, members of its board of directors, or legal counsel. Plan on approximately two hours for this meeting. Please have everyone attending the meeting familiarize themselves with the application/guidelines. This is the opportunity for agency leadership and staff to ask questions about HousingCLT referral processes, guidelines, and expectations.
5. Approval as a certified HousingCLT Participating Agency will be provided in writing within 5 business days of the interview and orientation.
6. Formal Memorandum of Understanding is executed, after which the agency may immediately begin making referrals.

IV. DEFINITIONS

- A. The “PROGRAM,” is HousingCLT, operating under the umbrella of Non-Profit Industries D.B.A. Socialserve.com. The PROGRAM is a formal referral conduit between “HOUSING PROVIDERS” and approved “PARTICIPATING AGENCIES” seeking permanent housing placements for their clients who are experiencing homelessness.
- B. A “HOUSING PROVIDER,” is a rental property owner or professional rental property manager that has agreed to make rental housing units available to homeless individuals or families referred by a PARTICIPATING AGENCY. HOUSING PROVIDERS agree to attend a program orientation conducted by PROGRAM staff, and make safe, habitable, quality affordable housing available and provide such housing in accordance with terms and conditions detailed in a formal agreement with HousingCLT. HOUSING PROVIDERS agree to use more flexible, alternate screening criteria to review applications from homeless applicants.
- C. A “PARTICIPATING AGENCY,” is a social services agency providing supportive services to individuals and families who meet specific definitions of “homeless.” PARTICIPATING AGENCIES agree to undergo orientation provided by the PROGRAM to ensure their capacity to comply with the terms of their respective agreements with the PROGRAM and provide (or contract for) supportive services to assist formerly homeless clients’ stability in housing placements achieved through the PROGRAM.
- D. “CLIENTS,” are individuals or families being served by a PARTICIPATING AGENCY who meet one or more of the definitions of “HOMELESS” described below.
- E. “HOMELESS,” is defined under one or more the following categories:
- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. People are considered homeless if they are exiting an institution where they resided for up to 90 days or were in shelter or a place not meant for human habitation immediately prior to entering that institution.
 - People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing.
 - Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
 - People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.
- F. “RENTAL BARRIER,” is defined as any condition, including but not limited to poor credit or other adverse financial circumstances, eviction history, or criminal background that limits, impedes, or precludes the CLIENT’S ability to access safe, affordable housing without the assistance of HousingCLT and its network of HOUSING PROVIDERS.
- G. “HOUSING” is defined herein as a safe, habitable, local code compliant, and appropriately zoned rental housing unit either owned or professionally managed by an entity who has signed a Memorandum of Understanding with the PROGRAM and has undergone orientation from the PROGRAM to be an approved HOUSING PROVIDER. For the purposes of this agreement, “HOUSING” includes units that are master-leased by a “PARTICIPATING AGENCY” or those leased directly to the qualifying homeless individual or family.

V. APPLICANT AGENCY – GENERAL INFORMATION

Applicant organization: _____

Program name (if applicable): _____

Are you applying for approval as an applicant organization or for a specific program?

Agency Specific Program

Person completing application: _____

Agency contact for HousingCLT: _____

Phone # _____ Email _____

Address: _____

STREET

CITY

STATE

ZIP

VI. APPLICANT AGENCY – OBLIGATIONS AND GUIDELINES

Please indicate if your agency is able to provide the following required services as part of HousingCLT:

Able to provide?

Agency Responsibility

Yes No

Designate a single point of contact to oversee PROGRAM participation within your AGENCY or program AND/OR identify a single point of contact for any supportive services agency you intend to provide services on your AGENCY'S behalf.

Yes No

Participate in PROGRAM orientation and periodic trainings.

Yes No

Before referring clients for tenancy through the PROGRAM, work closely with clients to obtain preliminary background screening and conduct individualized goal plan development to address issues that led to barriers to access and retain housing.

Yes No

Ensure clients meet these PROGRAM eligibility criteria before referring them for housing placement through HousingCLT:

- Homeless or chronically homeless (as defined in Section C above) with at least 1 rental barrier (e.g., criminal history, previous evictions, poor or non-existent credit, bankruptcy);
- Have or obtain certification from an appropriately credentialed source that at least one household member suffers from a disabling condition that requires reasonable accommodation in consideration of a rental housing application;
- Have not been convicted of a sex offense or an offense against a minor requiring registration in compliance with the North Carolina Sex Offender and Public Protection Registration Programs governed by Chapter 14, Article 27A of the North Carolina General Statutes;
- Have not been convicted of manufacture of methamphetamine;
- Eligible to receive supportive services for at least 1 year OR as long as the rental subsidy remains in effect.

Yes No

Provide the PROGRAM with written confirmation of client's homeless status, criminal background report, credit report, confirmation of disabling condition(s), and a release of information signed by the client at the time of referral to HousingCLT.

Yes No

Use the HousingCLT client referral form when making a housing referral to the Program.

Yes No

Before and during tenancy, encourage clients to participate in the PROGRAM'S trainings on subjects related to responsible tenancy, including but not limited to: will have access to trainings on, including but not limited to:

- Money management and budgeting;
- How to be assets to your residential community by being good neighbors and tenants;
- Conflict resolution;
- How to avoid eviction or other disputes with owners/manager.

Yes No

With assistance from the PROGRAM as needed, help clients identify properties for which they would like to apply and assist them in submission of rental applications.

Yes No

Assist HOUSING PROVIDERS with preparation of all documents needed to enable them to receive rent payments from any voucher or rental assistance programs being provided to the AGENCY'S clients.

Yes No

Notify the PROGRAM of date(s) of application(s) for tenancy with any HousingCLT approved Housing Provider within 5 business days of such application(s).

Yes No

Notify HousingCLT of date(s) and disposition(s) of application(s) made to approved HousingCLT Housing Providers within 5 business days of such disposition(s).

Yes No

Assist HOUSING PROVIDERS in coordination and scheduling of all required inspections, obtain and maintain a copy of all inspection reports, and furnish a copy of all inspection reports to the PROGRAM. (HousingCLT staff can provide this service on request, for a fee).

VII. APPLICANT AGENCY – OTHER INFORMATION

- A. Identify the population that your agency would like to be served through HousingCLT, including general characteristics and primary housing barriers.

- B. Describe the support services your agency provides (or will have provided via contract with outsourced support services providers). Include information on the typical frequency of client contacts and the client/case manager ratio.

- C. What is the PRIMARY reason your agency wants to become a HousingCLT approved Participating Agency?

- D. Describe the training/education that your agency or another agency provides to your clients related to rental responsibilities and money management.

E. Housing placements:

- i. On average, how many homeless clients does your agency place in permanent housing each year? _____
- ii. What assistance does your agency currently provide (or can access) to help clients with application fees, background checks, deposits, move-in costs, furnishings, and eviction prevention assistance?

- iii. What assistance does your agency provide to help place homeless clients in permanent housing and help them be successful in permanent housing (housing search assistance, application assistance, etc.)?

F. What is your agency's current capacity to provide rental subsidy/assistance for your clients?

- i. How many clients are receiving rental assistance through your agency this year? _____
- ii. How long does the rental assistance last (number of months)? _____
- iii. What is the maximum monthly amount of assistance available to your clients (dollar amount)? _____
- iv. What are the funding sources for the rental assistance? (please list all that apply) _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

- v. What are the inspection requirements associated with the various types of rental assistance available to your clients? Please list all that apply, and describe in detail.

VIII. APPLICANT AGENCY – NEEDS

Please tell us what you need from HousingCLT. Check all that apply.

- Referrals to HousingCLT Housing Providers who have agreed to use alternate screening criteria.
- Assistance with housing search for your homeless clients.
- Tenant Preparation for Housing Placement and Eviction Prevention trainings.
- Other (please specify):

IX. OTHER GUIDELINES AND DETAILS

- A. Either the PROGRAM or the AGENCY may terminate this agreement by providing 30 days written notice to the other party. However, both parties must abide by all program guidelines and the executed MOU for all HousingCLT referral tenants housed under this agreement prior to the date of such termination notice until those tenants' leases naturally conclude.
- B. The AGENCY will assist the HOUSING PROVIDER in the scheduling and coordination of any inspection of the unit by the PROGRAM or any other entity required by the source providing any rental subsidy, assistance, or voucher.
- C. The AGENCY will notify the PROGRAM should they become aware of any damages in the housing caused by the tenant for which a Risk Mitigation Fund claim may be filed.
- D. The AGENCY may not refer clients for housing through HousingCLT or represent itself as a HousingCLT approved Participating Agency until HousingCLT has provided written notification to the agency of its approval as a HousingCLT Participating Agency.
- E. If at any time the AGENCY is unable to provide the minimum services described in Section VI above, the Agency will immediately notify HousingCLT.
- F. The AGENCY'S inability or failure to provide the responsibilities in Section V may result in disqualification as an approved HousingCLT Participating Agency. Disqualified agencies may not refer clients for housing through HousingCLT or access any other HousingCLT benefits.

Please return this completed form to:

Brian Huskey / Project Director, HousingCLT
brian@socialserve.com
PO Box 35305 / Charlotte, NC 28235
Office 704.323.5540
<http://HousingCLT.com>

HousingCLT Administrative Use Only

Application for approval was received on _____ via email snail mail hand-delivery

Approved as HousingCLT Participating Agency effective _____. Agency notified on _____.

Not approved as HousingCLT Participating Agency. Agency notified on _____.

Comments:

(Brian Huskey, HousingCLT Project Director)

(Date)